Maternal and Child Health Access

In this monthly mailing:

MATERIALS DISTRIBUTED AT MAY 15 MEETING

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SAVE THE DATE

Saturday, June 21 - 10 AM - 11 AM: Autism Spectrum Disorders:
Saturday, The Autism NOW Center, a project of The Arc and the Autism Society of America, will offer a webinar entirely in Spanish, about autism spectrum disorders. Register **HERE**
Autismo: Una Visión General en Español Sábado, 21 de Junio10 - 11 a.m. El Autism Now Center y el Autism Society se han asociado para ofrecer un recurso gratuito para las familias de habla hispana. Únete a nosotros en este seminario, que será ofrecido completamente en español, para

Next MCH Access Monthly Meeting:

Thursday, June 19, 2014

10am - 12pm

LOCATION:
MCH Access
Patricia Phillips Community Room
1111 W. 6th St., 3rd Floor
Los Angeles, CA 90017
(6th St., and Bixel St.)

TOPIC:
"Changes in Mental Health Services for Medi-Cal Recipients and Others"

BUDGET update - what is in the budget that passed?

GUEST SPEAKER:
Jim Preis, Executive Director, Mental Health Advocacy Services

PARKING:
Free at MCH Access; enter on 5th St. to 2-story parking (between Lucas and Bixel) and walk across the alley to our building

Please contact our office with any questions regarding this email or visit our website for further information about our organization.

aprender más acerca de los trastornos del espectro autista. Registrese **AQUI**.

Wednesdays, July 9, 16 and 23: Advocacy and lobbying are powerful tools that your organization can use to advance its mission. Don't let misconceptions or a fear of rule-breaking hold you back. Join Independent Sector online for **The Fundamentals of Nonprofit Advocacy and Lobbying**, a new three-part interactive training series. Over the course of the series, experts will share their knowledge about advocacy and lobbying, answer your questions about permissible activities, and discuss the importance of successfully engaging in public policy debates.
Register **HERE**; cheaper before 6/20

Wednesday July 9, 9AM - 4 PM. Breastfeeding: Essential Clinical Skills Sponsored by Breastfeed LA and California Hospital Medical CenterCommunity Perinatal Network, held at California Hospital Medical Center. Register **HERE**

EMPLOYMENT

Please click on job title to view full description and the application process. And provide a cover letter and resume with your application that specifically outlines your employment history experience and educational background for which you're applying. Please note: the job descriptions for the employment positions listed below will be posted on our website soon.

- **Community Outreach Worker - Enrollment and Retention in Health Coverage Programs**

Summary of May 15 meeting

Materials Distributed May 15 meeting may be found **HERE**

Summary of May 15 meeting

Guest Speaker: Taylor Dudley and Barbara Facher, Alliance for Children's Rights

Taylor Dudley, Alliance for Children's Rights, spoke on Medi-Cal for Former Foster Youth and the "Covered Until 26" campaign. This is a campaign with multiple statewide partners, including Children Now, that seeks to enroll children 18-26 into Medi-Cal. The packet she distributed, and that is on our website under the meeting materials for May 15, includes several important pieces of information. First, the ACA handout for answers to common questions for foster youth. The **MC250A** is the one-page application former foster youth need to use when applying for Medi-Cal. The Desk Aid and MEDIL are the documents county eligibility workers have - so you can utilize those and ask workers to refer to them.

The Alliance recommends the Desk Aid be taken with the youth when s/he is applying. Finally, the county contact list tells you whom to contact in each county.
Some of the important information imparted includes that qualified youth must have "aged out" of Foster Care at age 18 or older in California or any other state. Prior foster care status can be attested to at application and verified later. Individuals are not required to submit income or asset information, citizenship or ID if previously verified, a Medi-Cal application (only the MC 250A) nor their foster care termination or emancipation paperwork. Ms. Dudley urged our creativity in finding and enrolling eligible youth.

Barbara Facher, Alliance for Children's Rights, spoke on relative caregivers and the campaign to seek just payments for foster children living with relatives. She provided background to the issue: "Kinship foster care," or "relative foster care," describes the caretaking arrangement when children are in foster care and placed with a relative. Currently, over 36% of California's foster youth are placed with relatives. Additionally, relative placements are the preferred placement for foster youth under federal and state laws, which require that preferential consideration be given, whenever possible, to placing a child with a relative over a non-relative. Studies suggest that children placed in relative foster care experience less trauma and disruption, have fewer negative emotions about being placed in foster care, maintain stronger bonds to siblings and extended family members, have stronger connections to their communities, and are less likely to experience multiple placements than children placed with non-relatives. In California, relative foster parents must be "approved." Although the approval process is different from the licensure process that non-relative foster parents must go through, the exact same requirements that apply to licensure apply to approval. Just like non-relative foster parents, relative foster parents must undergo background checks, meet home approval requirements, and participate in monthly social worker visits and reviews in court every six months.

A relative foster parent will receive the same level of financial support as a non-relative foster parent if the foster child they are caring for has been found eligible for federal foster care benefits. In California, the current "basic rate" is for a 15-

- **Project Coordinator - Pregnancy Policy**
- Administrative Assistant - Pregnancy Policy
- **Information Technology Support Technician**
- **Parent Coach, Level II - Welcome Baby Program**

MCHA is an Equal Opportunity Employer; women and people of color are strongly encouraged to apply.

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year-old foster youth $820 per month. However, if the child is "federally ineligible," a relative foster parent will receive substantially less financial support than a non-relative receives for the same "federally ineligible" child. Currently, the relative foster parent will receive a maximum of $351 dollars a month through CalWORKs, while the non-relative foster parent will receive a minimum of $820 a month through a "state-only" foster care benefit, and more if the child has special needs. The majority of foster children in California (56%) are ineligible for federal foster care benefits.

Update: **VICTORY!** Thanks to the leadership of key California lawmakers, funding to support all foster children placed with relatives was included in the final 2014-15 California budget! (see section 11461.3). All of California's foster children are now eligible for state foster care funding, but counties will have to opt into the program in order to get the funding from the state. For those counties that do, the program will become effective Jan. 1, 2015.

Maternal Health - Budget Trailer Bill

A huge THANK YOU for working so long and so hard to protect Medi-Cal coverage for low-income pregnant women! Without your many invaluable contributions, we would not be where we are today.

On Sunday, June 15, the Legislature adopted a health trailer bill for Medi-Cal (SB 857). Although the bill does not become final until the Governor signs it, along with the Budget Act, we want to be sure you know what **SB 857** does when implemented (Sections 6, 33, 46-47, and 54-55):

- Expands the income eligibility limit for full-scope Medi-Cal under managed care plans for citizen and lawfully present pregnant women from 60% to 138% of poverty. Finally, pregnant applicants will qualify for full-scope Medi-Cal at the same income level as all other adults, a major victory for women's equality and justice.
- Creates a new Medi-Cal "Premium Assistance" program for citizen and lawfully present pregnant women with income over 138% up to 213% of poverty who choose to enroll into both Medi-Cal and a Covered California policy at the same time starting January 1 or later. The bill includes strong consumer protections:
    - The choice on which program(s) to enroll in belongs to the woman, not the state. The bill also specifically requires that complete, clear information be provided to women about their choices at all relevant points in the application and retention process.
    - Plans and providers are prohibited from seeking payment for premiums or co-pays, deductibles or similar charges for pregnancy-related care, including hospital labor and delivery charges, for women enrolling in both Medi-Cal and Covered California.
    - Pregnant women will continue to have access to key reproductive health services, such as certified nurse midwifery, alternative birthing center services, and family planning services. Medi-Cal access to these types of services will no longer be automatically blocked just because a woman has a Covered California plan. Women will also have direct access to all of Medi-Cal's adult and other special pregnancy dental services.
    - A stakeholder process will provide an opportunity for in-put on all of the above before Medi-Cal Premium Assistance is implemented

- **A major challenge remains**: Women could lose access to Medi-Cal's Comprehensive Perinatal Services Program (CPSP) if the Covered California plan they enroll in does not network with the CPSP program.
    - SB 857 includes resolution of the CPSP access issue among the items to be addressed in the pre-implementation stakeholder process.
    - The Governor's office has promised that we will have the opportunity for full, fair and timely in-put in advance of implementation-and along with all of you, we intend to hold the Administration to that promise.

With your unflagging energy, expertise, commitment to maternal and child health, and support, this final CPSP policy piece can be resolved. This latest phase of our CPSP work has already begun-more soon!!! But let us now take a deep breath to appreciate what we have achieved so far, working together for the health and well being of women and their families.

Oral Health Update

Dental Bulletin Explains Pregnant Women in Any Aid Code Get Restored Adult Dental Benefits - A new **Denti-Cal Bulletin** (Vol. 30, #8, May 2014) explains that ALL pregnant women in ANY aid code are entitled to the restored dental benefits. Unfortunately, a qualifying sentence about "provided medical necessity is documented..." was misplaced/connected to a sentence JUST about pregnant women when it was meant for ALL adults, when medical necessity is required. We have asked that a clarification be printed. If anyone gets different information from a call to Denti-Cal about the restored benefits for pregnant women in all aid codes, please inform Monica Ochoa, Oral Health Coordinator at MCHA. We want providers to be comfortable providing these benefits and billing for them!

New Dental Brief: Medi-Cal recipients and providers alike don't necessarily know that Medi-Cal benefits include dental benefits; even fewer are aware that pregnant women have exclusive oral health preventive benefits.

Through a First 5 LA, Policy and Advocacy grant, Maternal and Child Health Access (MCHA) spearheaded the Oral Health Advocacy for Pregnant Women and Children project (see below). Our findings and experiences are shared in this brief. We invite you to read this information since more than half (53%) of births in LA County are covered by Medi-Cal. (Statewide, the figure is about 47%.) This information is valuable and necessary for those who work with pregnant women.

Educate and Advocate: Oral Health During Pregnancy for Low-Income Women in California", highlights the multiple factors and barriers resulting in few low-income pregnant women accessing oral health care benefits. The brief discusses two important pieces of information that are the center of the issue of oral health during pregnancy:

- Medi-Cal benefits include dental benefits and;
- Pregnant women can safely access oral health services during any trimester of pregnancy.

Because this information is not widely known, most low-income women go through their pregnancy without an oral health examination to even assess what may be needed, much less receive any treatment, and many are in pain from needed oral health services. Barriers such as an insufficient number of providers

willing to treat pregnant women; complicated billing processes, low reimbursement rates; and pregnant women fearful of treatment, including x-rays, contribute to low numbers of pregnant women accessing oral health care.

The brief also calls out MCHA's advocacy win - that women with pregnancy-only Medi-Cal are included in the partial restoration of adult dental effective, May 1, 2014. (See the Denti-Cal Bulletin Vol 30, #8, May, 2014.) Note that the sentence about "medical necessity" is misplaced and not meant to apply to pregnant women differently than all other adults. A clarification will be issued.

Take Action We invite you to read the brief in its entirety and join us in advocating for more comprehensive dental benefits for pregnant women. Please note upcoming Dental Stakeholder meetings with state staff (usually the second Thursday bi-monthly), resources (brochures and posters) and coming soon, videos from our first-ever oral health during pregnancy conference in Los Angeles.

Welcome Baby Educates New Mothers About Parenting

The Welcome Baby was featured on a news segment on Friday night and again on Sunday morning. It's great coverage about a great program and we hope to see much more. See the segment from KTLA, Channel 5, **HERE**.

AIM Becomes Medi-Cal Access Program

Existing law transferred the infant element of AIM to the Department of Health Care Services (DHCS) on October 1, 2013, and entitled this program the "AIM-Linked Infants Program". Health Trailer Bill SB 870 transfers the mother element of AIM to DHCS and renames the whole program, including the AIM-Linked Infants Program, the "Medi-Cal Access Program". The bill codifies the increased household income between 208% and 317% of the federal poverty level in order to be eligible.

Maternal and Child Health Access strongly opposed the name change. AIM was left out of the Exchange/Covered CA computer when programmed last summer, and enrollment through the state's computer has been challenging. A lot of lost ground must be made up to inform pregnant women, providers and organizations that work with pregnant women that AIM is a good option. Over 1 million women of childbearing age in California are in the AIM income bracket, yet this program suffers from low enrollment. And now, AIM will lose its name in favor of one that signifies nothing about pregnancy. Women will need a lot of assistance to understand. MCHA will be changing our training materials and sending out more information as we get it.

Reports and Resources

Dental Association Cites Poor Access to Care for Medi-Cal Patients with Special Needs California Healthline reports that the California Dental Association is warning that Medi-Cal patients with special needs are finding it nearly impossible to get access to dental care in hospitals because of low reimbursement rates. Read more...

Insured Young Cancer Patients Fare Better, Live Longer: Reuters, 6/2/14 need

Summer Jobs for Youth Ages 14-21 - Must live in zip codes 90023,26, 31,32,33,39,41,42,63,65 and family receiving Cal Works. Apply at Para Los Ninos YouthSource Center, 3845 Selig Place, #150, LA, 90031. For questions call 323-275-9309

Are you familiar with the UNICEF Baby-Friendly Initiative mailings? See the evidence for immediate or early skin-to-skin contact after a C-section birth, and a systematic review and meta-analysis of breastfeeding and childhood asthma **HERE**

New Survey Documents Women's Health Care, Coverage and Early Experiences with the Affordable Care Act. A comprehensive survey (Need LINK) released today by the Kaiser Family Foundation provides a snapshot of women and their health coverage and care during a time of transition as important Affordable Care Act insurance market changes began to take root. These include many changes that affect women including a prohibition on using gender in setting premiums, as well as broadening access to a more comprehensive range of preventive services benefits without cost sharing.

The Kaiser Women's Health Survey, conducted from Sept. 19 to Nov. 21, 2013, provides a national overview of women's health experiences regarding health care coverage, access, and affordability among nonelderly women (ages 18 to 64) in the United States more than a year after the ACA requirements for preventive and contraceptive coverage affecting women took effect and shortly before the coverage expansions in the law took full effect in January 2014.

Key findings include:

- Among women ages 18 to 64, more than a quarter of women (26%) delayed care in the past year because of cost, compared to 20 percent of men. About one fifth of women also reported skipping recommended tests or treatment (20%), forgoing or skipping prescription medicines (22%), higher rates than men (14% and 12%, respectively). And 28 percent of women say they had problems paying medical bills, compared to 19 percent of men.
- While most women (82%) report a recent checkup or well woman visit, 6 in 10 know that insurance plans must now cover check-ups at no out-of-pocket cost, and 57 percent know that mammograms and pap tests are covered without cost sharing. Most women (70%) report discussing diet and nutrition with a provider in the past 3 years, but rates are lower for talking to a provider about smoking (44%), alcohol or drug use (31%), and mental health (41%).
- Coverage under a parent's plan is now the leading way that women under age 26 get their coverage, with 45 percent of women ages 18-25 reporting that they were covered on a parent's plan as a dependent. According to the survey few women in this age group are aware that private insurers can send documentation to the primary policy holder (often a parent) that details the services they have used, raising privacy concerns for young adults who want their use of health services to be confidential.

The survey also provides a deeper look at reproductive health and other issues affecting women of childbearing age, defined in the survey as those ages 15 to 44. Key findings for this age group include:

- Nearly one in five (19%) sexually active women ages 15-44 who say they do not want to get pregnant report that they are not using contraceptives.

Eighty-six percent of women ages 18 to 44 have heard of emergency contraceptive pills, while 5 percent have used or bought the pills, which became available without a prescription in 2009.

- Among reproductive age women who used birth control and have private insurance (through an employer or an individual policy), 35 percent say their plan covered the full cost of contraception, while 42 percent report that insurance covered part of the costs and 13 percent say they did not have any coverage for birth control. The ACA required that contraception and other preventive services be covered without cost sharing in most non-grandfathered health plans starting with the first plan or policy year beginning on or after August 1, 2012.
- Fifty percent of women of reproductive age (ages 15 to 44) say they had a recent conversation with a provider regarding sexual history, 34 percent reporting one about HIV and 23 percent saying they talked to a provider about intimate partner violence.

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