Maternal and Child Health Access

In this monthly mailing:

SAVE THE DATE

Sat. March 23, 1-4:30 PM: Reproductive Justice Training Black Women for Wellness will be hosting a comprehensive training program for advocates who want to participate with reproductive freedom week and would like to learn more about the

Next MCH Access Monthly Meeting:

Thursday, March 21, 2013 10 AM - 12 noon

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

SPEAKERS/TOPICS:
Reproductive Freedom Week March 23-29! Learn about advocacy trainings, lobby visits to district offices, and more! Hosted in LA by Black Women for Wellness, Reproductive Justice Coalition of Los Angeles, California Latinas for Reproductive Justice and California Family Health Council

Jenny Kattlove, Children's Partnership, Issue Brief, "Fix Medi-Cal Dental Coverage: Half of California's Kids Depend On It"

Updates on the Transition of Healthy Families to Medi-Cal - some 11,000+ transitioned in Los Angeles March 1st, but MANY more will transition April 1 - no foolin'

Materials Distributed at our February 21 meeting may be found HERE on our website

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

RSVP:
While this is not required, you can register HERE so we know you'll be attending

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

lobbying process and reproductive justice values. Space is limited so please RSVP early for the training. Register **HERE** If you have any questions please contact Onyenma@bwwla.com or call 323.290.5955

Thursday, March 28, 10 AM - 12:30: Mother-Friendly Childbirth Initiative Consortium of Los Angeles County; meeting to be held at MCH Access. This quarterly forum is an invitation and call to action for Los Angeles community-based organizations, hospitals and clinics who are ready and willing to implement The Mother-Friendly Childbirth Initiative (MFCI) and to establish the Mother-Friendly Nurse Recognition Program at their institution. Keynote Speaker (via Skype) Amy Romano, CNM,Childbirth ConnectionTopic: The Transforming Maternity Care Project & Listening to Mothers Survey III. Register **HERE**.

April 4, 2013: 10 -11 AM USC UCEDD Webinar: The Taskforce on Equity & Diversity forRegional Center Autism Services This education session is targeting individuals with developmental disabilities and their families, but will be of interest to professionals as well. All participants must register in advance **HERE**.
If you are an agency or organization, please consider hosting several families to participate in the call. You will be provided with presentation materials, sign-in sheet and a discussion guide so that

Notes from Feb 21, 2013
Guest Speaker: Healthy Families to Medi-Cal: State webinar for CAAs: Liz Ramirez, MCHA

Liz reviewed the state's webinar training for CAAs held on February 19. The training can be heard (for a limited time) and the slideshow and toolkit can viewed **HERE**. There will be an additional training on Monday March 18; MCHA will cover issues raised in this training at our meeting 3/21. Note that the training did not cover that some children received **notices in December** about being able to transition early if they may have been incorrectly determined Healthy Families eligible instead of Medi-Cal.

Guest Speaker: WIC in the transition from Healthy Families to Medi-Cal - Blanca Vargas, PHFE WIC

ALL children transitioning from Healthy Families into Medi-Cal who are under the age of 5 should be deemed adjunctively eligible for WIC AND all children newly applying who are up to 250% should be deemed eligible for WIC! ISIS - the WIC computer - has already been updated to accept all Healthy Families transition codes. At a meeting CWA had with Medi-Cal staff, DHCS Deputy Director Rene Mollow readily agreed to include WIC outreach messages in all future "FAQs" and letters going out to HFP households. Unfortunately, it's too late for the eight counties involved in Stage 1A of the transition to include WIC messages to their households, but outreach and communications going out to Stage 1B (the 30-day notices) households (this includes Los Angeles) and beyond will include WIC outreach information.

Speaker: Lynn Kersey, Executive Director CCS in the transition from Healthy Families to Medi-Cal; maintaining provider relationships for pregnant women

Lynn Kersey noted that children on CCS in Healthy Families transitioning should be able to maintain their CCS as well, despite the higher income that Healthy Families families have compared to the CCS eligibility standard, and new applicants should be eligible up to 250% of poverty. We have not seen this in writing, but are searching and will post.

In addition, Ms. Kersey gave a brief presentation on the steps for to recognize which women will start out in Fee for Service Medi-Cal but then will be required to join a managed care plan, who is eligible for Medical Exemption; how to file for a Medical Exemption Request and the steps after that. See materials posted for **February's meeting**.

Guest Speaker: Denti-Cal updates: Monica Ochoa, MCHA Oral Health Advocacy Coordinator

1. Healthy Families Transition - First monthly monitoring report has three dental items:

you can lead a discussion of after the conference call. Please feel free to forward this flyer to your network or families you think might be interested. For more information: Fran Goldfarb at 323 361-3831 or fgoldfarb@chla.usc.edu

Tuesday, April 9: "Say it Right the First Time: Using Plain Language to Address Health Literacy" When our messages are clear and simple our audiences are more likely to understand, retain, and apply them. This interactive workshop will give you an opportunity to learn and practice the principles of Plain Language so you can Say It Right the First Time when communicating with your audience. Highly regarded by MCHA staff!

Plain Language 2013 registration dates/times/location:

April 9th, 2013 at 9:00am - 12:00pm and **April 9th, 2013 at 1:00pm- 4:00pm** (limited spaces) Superior Court Building - 8th Floor, Conference Room B 600 S Commonwealth Ave Los Angeles, CA 90005

April 14-15: R eaching Immunization Equity - 2013 California Immunization Coalition Summit, Doubletree Hilton, Los Angeles. Objectives for this year's Summit are to identify under-immunized populations in California; highlight key data sources and understand their limitations and strengths in persuading decision-makers, the public and other audiences; strengthen

- 50% of the Denti-Cal providers are accepting new referrals
- Now there are only three Dental-Cal Managed Care plans in Los Angeles County: Access Dental, Health Net and LIBERTY Dental.
- Cite 100% success with "warm transfers" for beneficiaries seeking Denti-Cal provider referrals, with 93% of them resulting in appointments.

2. Read the Denti-Cal provider bulletin for February **HERE**: Denti-Cal's latest bulletin restates the recommendation that a child should be seen by a dentist upon the eruption of the first tooth and no later by the child's first birthday - great message. There are parental tips, and resources. There is also a Denti-Cal Provider Customer Service phone number for assistance in referring young patients to a dentist willing to see young children.

- If you know of other barriers to accessing dental care please let us know
- If you work with kids and families, please educate them about the importance of seeing a dentist and assist them in finding dental care when needed by helping them navigate through the Denti-Cal website

Medi-Cal Managed Care Division (MMCD) Updates

Note: the following updates are from quarterly MMCD Advisory Group meetings, which MCHA attends. The next one is Thurs., June 13, 10-12:30 PM. The meetings are held in Sacramento; anyone may receive the materials and attend or call in to the Bridge Line. Contact: Helen MacDonald, atHelen.MacDonald@dhcs.ca.gov to get on the mailing list.

California has been awarded a two-year, $2 million federal grant to test and evaluate adult quality measure reporting: The Department of Health Care Services will report on 15 of the 26 Initial Core Set measures from the Centers for Medicaid and Medicare and stratify on three HEDIS measures: Diabetes HbA1c testing; cervical cancer and postpartum care rates. The latter is of particular interest to MCHA given increases in postpartum care for women shown by both the Best Babies Collaborative programs and MCHA's Welcome Baby pilot program. More to come.

DHCS is conducting a Quality Improvement Strategy with three linked goals: improve the health of all Californians; Enhance quality, including the patient care experience, in all DHCS programs and reduce the Department's per capita health program costs. As part of this effort DHCS has conducted a baseline review of all Quality Improvement Activities, the report from which will be available soon.

Hemophilia and Genetically Handicapped Persons Program (GHPP) Groups Who Requested Exemptions: DHCS will be sending out surveys to the health plans and University of California (UC) Health Centersrequesting information on: their current efforts to treat hemophilia and GHPP beneficiaries who request exemptions from enrollment in Medi-Cal Managed Care; how to address the health needs of beneficiaries who need to be seen in special health centers that are not

partnerships to promote immunizations and decrease inequity across populations; and to describe ways to adapt successful practices for immunizing underserved populations.Register on-line **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

- **Health Programs and Benefits Trainer**
- **Receptionist**

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

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contracted with managed care plans; and what special outreach and care is being provided for this group's COC. DHCS will issue an All Plan Letter after it receives and analyzes the survey responses. DHCS is not currently enrolling these populations into mandatory managed care while this survey is conducted and the All Plan Letter is written.

Continuity of Care: An All Plan Letter (APL) is being developed regarding Continuity of Care (COC), the process by which Medi-Cal beneficiaries may request ongoing care from an out-of-plan provider, who must agree to contract with the plan. DHCS conducted a statewide COC webinar training for the health plans in January 2013. In subsequent months, DHCS will conduct regional trainings for consumers and communities, and in-person trainings for health plans.

Medi-Cal Managed Care Division (MMCD) Dashboard: A "dashboard" is an at-a-glance "easy to read, often single page graphical presentation of the current status and historical trends of an organization's key performance indicators to enable instantaneous and informed decisions to be made at a glance." According to DHCS, 90% of California's Medi-Cal population will be in managed care by the end of 2013, and so a dashboard of information is being developed specific to Medi-Cal Managed Care. It will show information on plan enrollment; quality measures; access measures; financial measures; and will be stratified by population and ethnicity. DHCS hopes to have this up on their website by sometime this summer. MCHA is part of the stakeholder group for this effort; contact Lynn Kersey atlynnk@mchaccess.org for more information.

California Endowment Releases Undocumented California Youth Video, Launches #Health4All Campaign

Despite benefits of health reform to California, millions remain without coverage

LOS ANGELES, CALIF. (Mar. 12, 2013) - Today, The California Endowment released "Dreaming of Health Care", a video made in partnership with a group of Californian undocumented youth. The groundbreaking **60-second spot** airing on television and online across the state, features undocumented youth discussing how they want to live healthy, responsible lives. They describe how that's difficult to do when you don't have health insurance and cannot easily see a doctor.
Young people in the video offer the following observations: "We work hard, and we're strong." "But everyone gets sick sometimes." "And yet many of us...cannot get health insurance." "Now that our country has spoken, saying that everyone should have affordable care, does that mean 'everyone' everyone? Does 'everyone' include me?"
"When Obamacare passed in 2010, America decided that everyone having access to health care was in the best interest of the nation," said Daniel Zingale, Senior Vice President at The California Endowment. "But even when fully implemented, significant numbers of Californians still won't have access to adequate preventive health care. The opportunity to finish this job is now." One young adult in the video asks, "Doesn't it make more sense to keep us all healthy, instead of

treating us after we get sick?" Estimates by the UC Berkeley Labor Center and UCLA Center for Health Policy Research say that even after full implementation of health care reform, more than three million Californians will remain uninsured. About a quarter of this population is undocumented. The California Endowment **proposes** that Low-Income Health Programs (LIHP)-county-run, Medicaid expansion programs set to expire in 2014-be transitioned to provide health care for the remaining uninsured, including undocumented Californians. The video kicks off The Endowment's #Health4All campaign, an effort to drive a dialog about providing a health care solution for the remaining uninsured.The release of this video follows a recent **Field Poll** showing that nine out of 10 Californians support a path to citizenship for undocumented residents. The youth featured in the video are residents of Southern California and the Central Valley.

Legislation in California - Consider supporting:

SB 402 (De Leon, Pavley) would require all California perinatal hospitals to be Baby Friendly by 2020, or adopt an equivalent process recognized by the California Dept. of Public Health. In 2010 California WIC Association (CWA) sponsored SB 502 (Pavley) that passed and requires hospitals by January 2014 to have an infant feeding policy that uses the guidance of the Baby Friendly Hospital Initiative. SB 402 builds on SB 502. While there are 58 Baby Friendly hospitals in the state with dozens more in development, many California hospitals do not have policies in place that promote and support breastfeeding. In addition, many of the hospitals without such policies have low or very low exclusive breastfeeding rates and are in areas which serve low income women of color, which creates health inequities right from the start. Here is a link to CWA's **website** with the bill info, including various templates of support letters, due by March 22. Please send your letter to Senator Hernandez, Senate Health. This is all set up for you on the template letter. Weappreciate your assistance with letters of support for **SB402,** which would improve food security,reduce health disparities, and support widespread efforts to improve breastfeeding and health outcomes for all Californians.

AB 154 (Atkins), a bill to expand access to early abortion services in California

SB 138 (Hernandez), the Confidential Health Information Act, a bill to protect confidential access to sensitive services. **SB 138** seeks to close loopholes and clarify definitions in existing state and federal laws and regulations to protect the personal and sensitive health information of individuals covered under another person's health insurance policy. The federal Patient Protection and Affordable Care Act (ACA) will expand access to private health insurance coverage for millions of Californians by creating more affordable options for entering the private insurance market and allowing children up to 26 years old to be covered under their parent's health insurance plan. While the expansion of coverage is a momentous step forward, individuals covered by a family member's insurance plan may not feel safe or comfortable having their personal and sensitive health information shared with the plan holder through Explanation of Benefits letters (EOBs) and other methods of

communications regularly generated by health plans and insurers. The inability to guarantee confidentiality can lead to harm. Some minors and adults may choose not to access sensitive services like STDs, birth control, mental health services, and domestic violence screenings for fear a parent or partner will find out. Patients with private insurance may also choose to enroll in public health insurance plans for sensitive services in order to avoid possible privacy breaches, increasing state costs.

This is not only a problem in California. Many other states have tried to address this issue, which was explored in a **recent report released by the Guttmacher Institute**. By passing SB 138, California can once again be a leader nationwide in protecting patient confidentiality and access to sensitive services for all. SB 138 is expected to be heard in the Senate Health Committee on April 3rd and CFHC is building a strong and broad group of providers and advocates in advance of the committee hearing date. We need to get letters of support in to the Health Committee by March 22nd.

Reports and Resources:

Research Issues in the Assessment of Birth Settings

The Institute of Medicine's Committee on Research Issues in the Assessment of Birth Settings held a public workshop on March 6-7, 2013 to review updates to the 1982 IOM-NRC report Research Issues in the Assessment of Birth Settings. The workshop featured invited presentations and discussions that highlighted research findings that advance our understanding of the effects, on maternal labor, clinical and other birth procedures, and birth outcomes, of maternal care services in different types of birth settings, including conventional hospital labor and delivery wards, alternative birth settings that may be hospital-affiliated or free-standing, and home births. The workshop topics considered research on different organizational models of care delivery, workforce requirements, patient and provider satisfaction levels, and birth outcomes.
The workshop also included topics that will identify key data sets and relevant research literatures that may inform a future ad hoc consensus study to address these concerns. There will be a live video webcast accessible **HERE**.

Lost in translation: HMO enrollees with poor health have hardest time communicating with doctors

In the nation's most diverse state, some of the sickest Californians often have the hardest time communicating with their doctors. So say the authors of a new study from the **UCLA Center for Health Policy Research** that found that residents with limited English skills who reported the poorest health and were enrolled in commercial HMO plans were more likely to have difficulty understanding their doctors, placing this already vulnerable population at even greater risk. The findings are significant given that, in 2009, nearly one in eight HMO enrollees in California was considered "limited English proficient" (LEP) and approximately 842,000 LEP individuals were enrolled in commercial HMOs. And while roughly a third (36.4 percent) of LEP enrollees in

commercial HMOs reported being in fair or poor health, this same group accounted for nearly two-thirds (63.5 percent) of those reporting communication troubles with their doctors.

Teen Pregnancy Prevention in California after State Budget Cuts (Feb. 2013)

California built a successful infrastructure of programs aimed at preventing teen pregnancy through various funding initiatives. Since 2008, the California State Budget for these teen pregnancy prevention initiatives has been reduced by 72%. Researchers at the Bixby Center and Philip R. Lee Institute for Health Policy Studies conducted a study describing the impact of budget cutbacks on teen pregnancy prevention programs and services. A **research brief and companion fact sheet** about the curtailment of programs and the reduction in participants served may inform education efforts to reinstate funds for teen pregnancy prevention.

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