



Maternal and Child Health Access

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MCH Access May meeting: Thursday, May 18 10 AM – 12 Noon
1111 W. 6th St., Fourth Fl. - Free parking in back, entering 2-story lot on 5th St.

Guest speaker: Brenda Salgado, Breast Cancer Action,
“California’s Safe Cosmetics Act - Background, Relevance and Implementation”

Also: Review of MCH Related Legislation; updates

Celebrate MCHA’s Happy Birthday (we’re 10 years old!) and Women’s Health Month!

In this mailing:

- **Happy Mother’s Day** – our fundraising letter
- **MCH-related proposed legislation, 2006**
- **Breast Cancer Action**, Dec ’05-Jan, ’06
“Activists Win Victory for Safe Cosmetics”
- **Income Disregard for Pregnant Women** – minors living at home do NOT have to count parental income for pregnancy-only coverage (little-known fact discussed at last meeting)
- **June 7 – new date -Stop railroad pollution and its effects on newborns.** Look for e-mail from Center for Healthy Births and on the <http://www.lapublichealth.org/mch/> website. See research, “Does Particulate Air Pollution Contribute to Infant Death? A Systematic Review” Environmental Health Perspectives, Vol. 112, #14, October, 2004.

Distributed at April meeting; call for copies 213.749.4261:

- AB 1948 (Montanez) fact sheet
- SB 1785 (Figueroa) Human Milk
- New Screening Tool for CAAs for Medi-Cal (draft that DPSS is finalizing)
- Tues 5-16, 2 PM Conversation and Book Signing with Marion Nestle, “What to Eat: An Aisle by Aisle Guide” at Ctr for Comm Health, Los Angeles, call (510) 444-7738
- May 26,1-3 Pharmacy Access to Emergency Contraception. Contact Idabelle Fosse, Pacific Institute of Women’s Health (213) 386-2600
- New Planned Parenthood Clinic “Dorothy Hecht Center” 8520 So. Broadway, 85th and

Broadway, LA 800-576-5544

- California Low Cost Auto Ins. Program
- Emergency Drug Supply Program (Medicare Part D) extended until May 16 (may be extended again through AB 813 Nunez/Perata, which would extend California’s assistance with the problems in this federal program for Medicare recipients until Jan., ’07
- Kaiser Daily Women’s Health Policy Report, 4-20-06, “Opponents of Federal Food Safety Bill Say It Would Override Stricter State Standards on Warning Labels for Products Causing Birth Defects”
- *Persp. on Sexual and Reproductive Health*, Vol. 38, #1, 3/06, “Colorado Prenatal Program Targeted at Specific Risk Factors Helps Reduce the Incidence of Low Birth Weight”
- *LA Times*, 4-19-06, “Study Sees Need to Pace Pregnancies”
- Calif. Immigrant Welfare Collaborative, “Dental Services Now Available to All Pregnant Medi-Cal Recipients” – flyer in English, Spanish, Thai, Chinese and Vietnamese.
- *Santa Cruz Sentinel*, 4-15-06, “Lead poisoning endemic in kids; County: One-quarter of children under 6 afflicted”

Important Notice: Use of Presumptive Eligibility (aid code 7G) for Pregnant Women Seeking Preventive Dental Services

Last fall, preventive dental benefits were extended to pregnant women in 16 additional aid codes, including 7G, the Medi-Cal aid code

for Presumptive Eligibility (PE) (see Denti-Cal Bulletin Vol. 21, No. 41, Dec. 2005). However, since dental providers have little experience with the PE Medi-Cal card, it has come to light that no billing mechanism for PE for Denti-Cal was developed. A Dental Bulletin explaining what the procedure will be, involving sending a copy of the card with claim forms, will be sent by the end of this month we are told. Hold on to the billing for 7G until instructions are mailed. If you receive other or alarming advice from Denti-Cal before then, or if you have successfully billed dental for PE patients, please let Lynn or Liz know at MCHA (213) 749-4261.

Important notice: Do you attend the DPSS-DHS monthly, “Health and Nutrition Access” meetings? They are held the first Weds monthly, 9 AM, and in June, will be at Exposition Park DPSS office 3833 S. Vermont, south of Jefferson. Parking is poor, so car pool and arrive early. Normally the meetings are at the El Monte DPSS 3400 Aerojet Ave. If you enroll into health care programs, you should! It is a great opportunity to meet with DPSS officials, other CAAs and advocates, raise and resolve problems and hear about new resources. Did you know the “Statue of Liberty” flyer about public charge will be translated into various languages and posted on www.ladpss.org? See monthly, “Medi-Cal Health Care Program Updates” for answers to many of your questions. Health care at right, then, “Medi-Cal Monthly Updates”.

Breastfeeding Support and Research: Julie Gates, MCHA Health Education Coordinator Ms. Gates shared with attendees the results of her data analysis of MCH Access’s clients. Breastfeeding rates in general have been increasing slowly in recent years, but breastfeeding duration and exclusivity rates have remained quite low, especially among minority populations. Julie looked at whether women who attend our breastfeeding support

group in addition to receiving case management services (intervention group) have higher breastfeeding exclusivity and duration rates when compared to women who only receive standard case management services (control group) at Maternal and Child Health Access.

Data were collected from Maternal and Child Health Access’ Breastfeeding Follow-up Forms and Case Management Files, 2001-2005. Demographics, breastfeeding outcomes and baby’s age at introduction of solids were compared between the control and intervention groups. Pearson Chi square analysis was conducted on nominal data to measure levels of association. The two groups were similar in demographic characteristics: age, native country, time in the U.S., primary language and whether the woman was a first-time mother. Breastfeeding initiation rates were comparable between the intervention and control groups (98.2% vs. 95%). Exclusive breastfeeding was higher in the intervention group than the control group in the early postpartum period (in-hospital) (54.5% vs. 35.2%) and at 6 months (51.1% vs. 15.4%). Any breastfeeding at 6 months (90% vs. 59.1%) and 12 months (89.4% vs. 42.1%) was higher in the intervention group as well. The introduction of solids was slightly delayed in the intervention group (5.23 months) when compared to the control group (4.67 months). The mean weaning age in the intervention group was 20.24 months.

The use of a breastfeeding support group is a useful strategy for improving exclusivity and duration rates among women receiving services at MCHA. Julie also discussed our breastfeeding support group services for women and that she would be available to consult on set-up and operation of support groups.

Problems and Issues: MCHA hosted a round of sharing what meeting attendees were experiencing with enrollment into health programs, use of services and any thing else pressing for them.

Enrollment of infants born to teens:

Since MCHA had highlighted “three generation” or nested cases (a teen mom and her mother in the same household), many issues arose about enrolling the newborn of a teen. Remember that no teen or any other new mom needs to fill out an application form for the baby if the mother was on any kind of Medi-Cal (except Share of Cost that was not met) at the time of the birth. **DPSS is working on re-informing worker; see DPSS newsletter item enclosed and/or call MCHA for help: Donald, Liz, Celia.**

Applications sent to Single Point of Entry (State) and what can be done to reduce the large number of duplicate MC applications

Liz Ramirez walked us through the DPSS draft screening document – questions for enrollers to use or consider prior to attempting to enroll children in Medi-Cal. LA DPSS has seen 50-66% or more duplicate enrollments – applications coming from the Single Point of Entry already have a case started or already have full Medi-Cal. A technology fix is key, but in addition CAAs could be helpful in trying to reduce these very high percentage. MCHA has drafted “what to do if” as answers to the questions that DPSS suggests posing to clients. We will send out the final document.

Problems in South Central area finding dental providers to see pregnant women

MCHA will follow up with the dental plans who turned pregnant women away and clarify that they know of coverage for preventive services. Problems with availability of Medi-Cal providers in Pasadena area.

Request for more consideration of mental health issues in meetings.

The AIM program is not a “back up” while Medi-Cal is being determined for pregnant women

MCHA advises that women use the PE program for services and apply for the AIM program only when they know they are ineligible for free Medi-Cal. AIM requires \$50 at application and the full payment for the program must be made, regardless whether the woman changes her mind about coverage or even if she miscarries (MCHA is working on the latter issue).

We have experienced Eligibility Workers advising women to “apply for AIM in the meantime” while their Medi-Cal is determined or a problem worked out. AIM is not a “meantime” program and the issues with applying must be weighed carefully – that women must apply before 30 weeks of pregnancy, but once having applied, must pay 12 full payments.

Ways to continue Medi-Cal

If client receives a Notice of Action to end her case, be sure she appeals within 10 days of the Notice of Action date to make Medi-Cal continue until an appeal is heard (if there is a chance for winning the appeal or resolving the case positively).

Closed cases can be re-opened within 30 days with the “30 day look-back” of which EWs should be aware. DPSS refers to it as the “Cure Month”. See the March, 2006 “Medi-Cal Health Care Program Update” on the ladpss.org website:

“The cure month is the month after benefits have been terminated for failure to provide the Midyear Status Report (MSR) or Annual Redetermination. If a completed MSR/Redetermination is received in the cure month (also known as the rescission month), benefits must be restored. The cure month applies to both SB 87 processes, Midyear Status Report and Redetermination.

