



Maternal and Child Health Access

Our next Monthly Meeting is scheduled for this Thursday, 11-21-2019

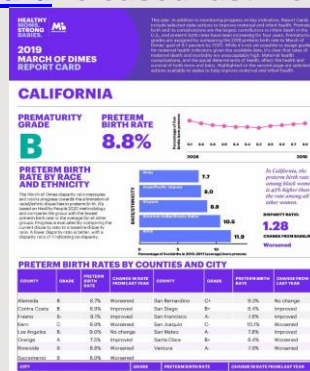
Where?

10:00 AM to 12:00 PM

Maternal and Child Health Access
Patricia Phillips Community Room
1111 W. 6th St., 3rd Floor
Los Angeles, CA 90017
213 749 4261
info@mchaccess.org

Speaker/Topic

November is Prematurity Awareness month
Please see the [March of Dimes Report Card](#) released last week.



Some of you will be at the MOD Birth Equity Summit. But for those who can't be, we are pleased that [Marta Bills](#), [March of Dimes Director, Maternal-Child Health](#), will present the March of Dimes Report Card and work on prematurity.

Updates - Medi-Cal, Public Charge, CalAIM



Remember! Public Charge changes not implemented! People should keep applying for and using benefits to which they are entitled!

See especially the second page of "[You have rights - protect your health](#)" "[Should I keep my kids enrolled?](#)" on the PIF website. Both are in multiple languages.

We also really like this [Children's Partnership flyer/flow chart](#) with a place to add your agency name, but it's not yet translated. See ability to do individual assessment in English or Spanish at this website: see "[use the guide](#)".

November 15 through 30 (NOW through Thanksgiving Saturday only!)

M-Sat 10-8pm or Sun 10-5 Fair Trade holiday shopping to benefit MCHA

Shop for handmade Fair Trade gifts at Ten Thousand Villages and they will donate 15% of your purchase to [MCHA!](#)

Click on image to print the flyer to give at checkout OR give our full name at checkout - Maternal and Child Health Access



From our meeting Oct 17, 2019 (see materials on [MCHA website](#)):

Guest Speaker:

Domestic Violence Awareness Month - R.J. Dreiling, Deputy District Attorney, Los Angeles County District Attorney's Office, Family Violence Division

Mr. Dreiling spoke about the Family Violence Division in general and on the rise in homicides in Los Angeles County and the role of the District Attorney's Office in addressing domestic violence. See the Los Angeles Times article, "[As homicides drop in L.A., more women are being killed - often by intimate partners](#)".

Mr. Dreiling gave some sobering opening statistics - 50% of all female murder victims are due to domestic violence (DV) and it makes up 15% of all violent crime. He reviewed the cycle of violence many of us who work with DV are so aware of - phases of tension, acute physical and/or emotional violence, and a remorseful "honeymoon" period in which the perpetrator promises to change. He explained terms used in the presentation, especially "wobbler" - which refers to a crime that can be punished as either a felony or a misdemeanor. For DV, the variation would depend on the injuries, prior convictions, and whether weapon used. What happens before the filing of charges and whether crimes will be charged was discussed and criteria used. Mr. Dreiling stated that a protective order with a stay-away provision will be issued in nearly every single domestic violence case - that is filed. Mr. Dreiling covered the types of trials - civil vs. criminal, the number of jurors and the issue of recanting or minimizing what happened. This can sink the case, to say such things as "It never really happened" or that someone or something else caused the injuries. Felony DV gets one four years incarceration. Any prior "strike" that is serious or violent doubles the maximum felony sentence, but has no impact on misdemeanors.

Mr. Dreiling underscored the difference made when agencies work with DV survivors and that it can make the difference between going through with charges and trial or not.

Next Mr. Dreiling addressed the LA Times report. Homicides in women have gone up from 2016-2018, to a level not seen since 2010. Firearms in the household increase the odds of lethal vs. nonlethal violence by a factor of 6.1 to 1. According to a [CDC study](#)

more female intimate partners are killed by firearms than by all other means combined. The hot months of July-August are the months in which women are most frequently killed, as Saturday-Sunday are the days of the week. Alcoholism and drugs definitely play a role; various studies document in a number of locales. Reasons are hard to pinpoint - Mr. Dreiling cited recent state laws, socioeconomic conditions and age of the population.

Mr. Dreiling gave out a Victims Rights handout and in the article distributed is [211's resource page](#) and the LA County DV number: 800-978-3600

"California Advancing and Innovating Medi-Cal" (CalAIM)

Liz Ramirez alerted attendees to CalAIM - the state is making changes in Medi-Cal as part of the 1115 and 1931B waiver for the fall of 2020. Workgroups will meet between now and February, 2020 to discuss various aspects of the proposal. Two MCHA staff applied to be on these groups and were not chosen:

Population Health/Annual Enrollment - this is a group that will among other things, plan for "annual enrollment" into Medi-Cal much like Covered CA. This is of concern to MCHA for the ability of Medi-Cal beneficiaries to work with the plan that works best for them. Until such time as ALL providers enroll with ALL plans, beneficiaries will need the flexibility that changing plans relatively easily allows.

Enhanced Care Management - To implement a care management benefit, which seems very positive and what we are told managed care does by its very nature.

Behavioral Health - This workgroup will provide input on the proposal to integrate county-level mental health and substance use disorder (SUD) programs under a single contract; proposed revisions to the medical necessity criteria for behavioral health services; and, the possibility of pursuing the mental health IMD waiver opportunity.

Full Integration Plans - This workgroup will discuss the full integration of physical health, behavioral health, and oral health under one entity.

NCQA Accreditation - This workgroup will provide input on the proposal to require Medi-Cal managed care plans to obtain National Committee for Quality Assurance (NCQA)

accreditation and feedback on the NCQA Medicaid module, the long-term services and supports distinction survey, and accreditation deeming policies.

The workgroups are made up of about half or more health plan representatives. Behavioral Health workgroup's charge to consider revisions to medical necessity (potential to get away from a mental health diagnosis toward a vision of wellness) could also benefit other health sectors where the medical necessity criteria can be difficult.

You may sign up for updates and opportunities for feedback and for attending meetings, either in person or by phone: <https://www.dhcs.ca.gov/calaim>

New since meeting:

Open Enrollment means some clients could change to better plans: See Western Center on Law and Poverty's Health Care Practice Tip

1. Open Enrollment Dates

Covered California open enrollment started on October 15, and thanks to the recent passage of [AB 1309](#), it will end on January 31, 2020. AB 1309 also changed when health insurance begins for people who sign up between January 16 and 31. Consumers who enroll later in January can still have their plans start February 1, instead of starting on March 1, according to the regular plan effective date rules.

2. Extra State Subsidies

a. Nearly free premiums for people below 138% of the Federal Poverty Level!

Currently there are about 25,000 individuals on Covered California receiving subsidies whose income is below 138% of the federal poverty level (FPL). Starting in January, their premiums will be \$1 a month.

TIP: If you or one of your clients are in this category, they should switch to a Silver 94 plan. Some of these individuals are currently on Bronze policies, but could enroll in a Silver 94 plan for the same price! A Silver 94 plan has even better coverage and lower costs than a Platinum plan because of cost sharing reductions. If they don't affirmatively select a new plan for plan year 2020, they will stay in their Bronze plan, which has a very high deductible and co-insurance. Remember, they can still change plans until the end of open enrollment or whenever they may have a Special Enrollment qualifying life event.

Who are these individuals and why aren't they on Medi-Cal?

Some of these people are individuals over age 65 who are ineligible for Medi-Cal, due to the assets test, and they are also ineligible for Medicare because they do not have enough quarters to qualify for Medicare. This most often happens with recent immigrants who came to the United States later in life, thus didn't earn enough quarters. But this can also happen with citizens who were not in the workforce - e.g. single women who spend a lifetime caring for other family members rather than working outside the home.

For the most part, however, they are lawful immigrants who only qualify for restricted scope Medi-Cal. This can include people on Temporary Protected Status (TPS), Compact of Free

Association (COFA) citizens (Micronesia, Marshall Islands, Palau), Asylum seekers, and temporary visa holders such as those on student or work visas.

But can't some of these individuals get full-scope Medi-Cal?

Yes. Some people with these immigration statuses get access to full-scope Medi-Cal as part of the last category of the Permanently Residing Under Color of Law (PRUCOL) test on the [MC-13 form](#), but most do not.

TIP: If you have a client who can honestly state that the US immigration authorities know they are here but do not intend to deport them "either because of the person's status category or individual circumstances" your client should be able to apply for full-scope Medi-Cal instead of Covered California. Remember, county workers cannot refuse to accept an MC-13 from an individual regardless of their immigration status.

Remember: Health for All Young Adults is happening too!

Some of the individuals currently on Covered California receiving subsidies are under age 26 and should be moved to free full-scope Medi-Cal.

See [more information](#).

Open enrollment in Covered California is NOW! California has a penalty for not having health insurance in 2020!

Beginning January 1, 2020, a new law requires all California residents to have health insurance or pay a penalty. **This is separate from the "zeroed out" federal penalty, and you should know the penalty for a family not having insurance in 2020 could be \$2,000 or more.** Of course, the greatest penalty is choosing to go without insurance and then receiving an emergency hospital bill of more than \$100,000 or not catching a disease in time.

Covered California has partnered with the Franchise Tax Board to produce a [2020 Individual Mandate Penalty Fact Sheet](#) that includes how to calculate a potential penalty. (Please note that the percentage of household income calculation requires knowing the consumer's tax filing threshold. 2018 tax filing thresholds are available under the "Filing requirements: California gross income" section of the FTB's [Residency Status](#)

The [2020 Open Enrollment Tool Kit](#) has been updated to include the final 2020 Plan Rates Booklet and 2020 California Census documents.

RESOURCES

Media Release: County Ordinance Protects Unincorporated Area Renters from Recent Spike in Rent Increases and Evictions Without Cause

If you live or own property in the unincorporated areas of Los Angeles County, you can learn more about L.A. County's rent stabilization ordinance by visiting rent.lacounty.gov or calling (833) 223-7368.

The National Health Law Program (NHeLP) released a new advocates issue brief, [Helping Families Obtain Durable Medical Equipment and Supplies Through The California Children's Services \(CCS\) Program](#) It provides the framework for accessing Durable Medical Equipment (DME) and medical supplies through the CCS program, including: a program overview, existing guidance on how to access services in Whole Child Model and non-Whole Child Model counties, considerations when children have Medi-Cal and/or other health coverage, and consumer rights.

US. GAO Report: MEDICAID: [Opioid Use Disorder Services for Pregnant and Postpartum Women, and Children](#) GAO-20-40: Published: Oct 24, 2019. Publicly Released: Oct 24, 2019.

Opioids were the main driver of the more than 70,000 U.S. drug overdose deaths in 2017. Congress and others have asked about Medicaid coverage of opioid addiction treatments for low-income pregnant and postpartum women. We looked at treatment services (e.g., outpatient therapy) that Medicaid can cover. The 6 states we reviewed generally covered most of them.

Questions have also been raised over Medicaid's coverage of opioid screening and treatment for children. Nationwide, 31 states covered school telehealth services for opioid addiction, such as counseling via videoconference. As far as we could tell, these services haven't been used.

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