

Maternal and Child Health Access



Monthly Virtual Meeting

Thursday, October 19, 2023 - 10:00 am to 12:00 pm

Where?

This is a
virtual meeting



10:00 AM to 12:00 PM

After you register, look
for the Zoom link in
your registration
confirmation email

Speaker/Topic:

Andrea Welsing, MPH

**Director, Office of Violence
Prevention**

**"LAC Office of Violence
Prevention Gun Safety Platform"**

**Medi-Cal renewal and other
updates**

Bills signed/vetoed

**October is Breast Cancer Awareness Prevention Month
and Domestic Violence Prevention Month**

Notes from Monthly Meeting September, 2023 ([website](#))

**Guest Speaker: Krystal Redman, DrPH Executive Director, Breast
Cancer Action Updates on Breast Cancer, Breast Cancer Action
and **Think Before You Pink!****

Breast Cancer Action works to achieve health justice for all people at risk of and living with breast cancer. They focus on systemic interventions, which includes policies, institutions, and practices. MCHA has appreciated their viewpoint since our inception, especially their public health focus on the root causes of breast cancer and their focus

on environmental toxins. They are committed to social justice and to being the "watchdogs" of breast cancer. Krystal Redman spoke to us of racial justice issues inherent in who gets breast cancer and the more invasive and aggressive forms of breast cancer that Black women get, in particular. They get cancer at an earlier age; median 58 vs. 61 years for all women and there is a higher incidence in Black women under age 45 than white women. Approximately 1 in 8 women will get breast cancer in their lifetime, we haven't improved on that statistic, while for men the incidence is 1 in 1000.

Check out BCA's fact sheets: [The Facts and Nothing but the Facts](#) a general overview which also disputes the idea of "awareness"; [What to Do When Someone You Know Has Been Diagnosed with Breast Cancer](#) and [What We've Learned About Breast Cancer from the California Immigrant Community](#). Fourteen fact sheets are available [here](#).

Attendees also benefited from a viewing of "Think Before You Pink - A 20-Year Lookback" documenting the movement BCA created as a response to the growing concern about the number of pink ribbon products on the market. The ground-breaking campaign calls for more transparency and accountability by companies that take part in breast cancer fundraising, and encourages consumers to ask critical questions about pink ribbon promotions.

Consider re-branding your "awareness" events and recognitions to prevention events and recognition, and check out Breast Cancer Action! www.bcaction.org

1.2 million Medi-Cal enrollees statewide must change their health plan in January - who is affected?

The impacted Medi-Cal plans and the changes that will be effective on January 1, 2024, can be viewed at: [Medi-Cal Managed Care Plans by County](#). [MCP-County-Table-2023-2024-April-2023](#) For Los Angeles County, the changes are that Health Net and Molina will be the commercial plans, with Health Net turning over 500,000 of its Medi-Cal members. Kaiser will no longer be "under" LA Care and thus potential members will enroll with Kaiser directly, if they are potentially eligible. Remember that to enroll as a Medi-Cal member in Kaiser you must have a link - you were a member before or your immediate family member(s) is a member. Current Kaiser members via Medi-Cal will get a letter explaining the shift from LA Care and that if someone does not want to be a Kaiser member under Kaiser directly, they can opt out.

Providers can learn more about these changes on the [Medi-Cal Managed Care Plan Transition](#) webpage. Medi-Cal members who will be impacted by these changes will receive notices explaining how these changes could affect them. Additional information on these changes can be found on the webpage.

Providers may contact impacted Managed Care Plans (MCP) for additional information on the [Medi-Cal Managed Care Health Plan Directory](#) webpage.

Make sure people get "full breadth" Medi-Cal during pregnancy and for the year after!

On May 18, 2023, about one year after implementation of ARPA postpartum coverage (April, 2022), DHCS issued the strongest language yet about coverage postpartum:

- It is for the “full breadth” of medically necessary services;
- There is no difference between “full breadth” and “full scope”;
- Coverage lasts for 365 days post-pregnancy;
- Coverage is regardless of immigration status;
- The 365 days coverage is regardless of how the pregnancy ends: “(for example live birth, stillbirth, miscarriage or termination)”

Please see the [DHCS Reminder Publication](#):

Please contact MCHA (213-749-4261 or info@mchaccess.org) should you have questions, or if you are trying to help a post-pregnancy client who has been denied services, or is being billed, or if you are a clinic or other provider whose bills for post-pregnancy care have been rejected, please call MCHA as well: 213-749-4261.

Please let us know if you are having difficulty with Medi-Cal’s post-pregnancy care for someone

Published July 31, 2023

Note: [The guidance](#) in this article supersedes the previous Aid Code Master Chart (aid codes) published June 16, 2023.

Under the American Rescue Plan Act (ARPA) Postpartum Care Extension, pregnant Medi-Cal beneficiaries in restricted scope aid codes are eligible to receive the “full breadth of medically necessary services” as long as the service is a covered benefit of Medi-Cal.

The descriptions for aid codes M0, M8, M4, M2, and 76 have been updated for clarity. The updated language is to advise providers that restricted aid codes, when accompanied by aid code 76, are eligible for full breadth of medically necessary Medi-Cal benefits including medical, dental, specialty mental health, vision, and substance use disorder services.

The description for full breadth of medically necessary programs was updated due to an increase in denial of vision services. For providers that have vision services claims that were denied, please send denied claims to Pregnancy@dhcs.ca.gov.

New Since Last Meeting

Breast and Cervical Cancer Treatment Program

The State Department of Health Care Services issued an [Erratum Letter, 22-02E](#), correcting a prior letter and superseding past letters. The letter reintroduces the Breast and Cervical Cancer Treatment Program (BCCTP), provides BCCTP policy updates and a program overview.

This program is extremely important for undocumented and others with breast cancer to address these cancers for those without health insurance above the Medi-Cal expansion for adults limit of 138% of the federal poverty level, since the BCCTP income limit is 200% of federal poverty level.

Effective January 2019, Assembly Bill (AB) 1810 (Chapter 34, Statutes of 2018) eliminated the initial 18 and 24-month period of coverage provision for State BCCTP eligibility. AB 1810 amended Health and Safety Code Section 104161.1 (a), (b), and (c). These amendments eliminate the time limit and requires continuing coverage through the duration of treatment if an individual with a diagnosis of breast and/or cervical cancer is determined eligible for BCCTP and meet all eligibility requirements. The same regulation applies for individuals diagnosed with a reoccurrence of breast and/or cervical cancer.

Every Woman Counts and Family PACT providers who have access to the Medi-Cal Provider online web portal are referred to as enrolling providers. Individuals with breast and/or cervical cancer can either apply for BCCTP through an EWC or Family PACT enrolling provider or can be referred to BCCTP through the counties (referred to as the “county referral process”).

State BCCTP Benefits provided under the State program are limited to breast and/or cervical cancer treatment and related services to individuals that are found to be in need of treatment. Individuals are eligible for State BCCTP regardless of age, U.S. citizenship, or immigration status if they are:

- Uninsured or have other health insurance but are underinsured (see below)
- At or below 200 percent of the Federal Poverty Level (based on family size)
- A resident of California, and
- Found to be in need of breast and/or cervical cancer treatment.

State BCCTP covers underinsured individuals who have existing health insurance coverage that is inaccessible due to high premium, deductible, and/or copayment costs. Health and Safety Code Section (HSC) 104161.1 (g)(1) defines underinsured as having health care coverage with out-of-pocket costs exceeding \$750 in a 12-month period in which the breast and/or cervical cancer treatment is needed. The Health Insurance Premium Payment (HIPPP) program may be able to reimburse health insurance premiums if a BCCTP beneficiary is eligible per ACWDL 19-02. Examples of health insurance coverage that is inaccessible due to high premium, deductible, and/or copayment costs include, but are not limited to, Medicare, private health insurance, Covered California Advanced Premium Tax Credit, and Medi-Cal with a SOC.

Additional Federal Waiver Flexibility – Medical Support enforcement

On September 14, DHCS received approval from the federal Centers for Medicare & Medicaid Services (CMS) for an additional federal waiver authority to help streamline the Medi-Cal eligibility renewal process for county program administrators and Medi-Cal members. **The waiver authority temporarily suspends the requirement for applicants and Medi-Cal members to cooperate in establishing the identity of a child's parent(s) and in obtaining medical support.** This will simplify processing for Medi-Cal members, especially parents of minor children, ease the burdens associated with additional paperwork and documentation, and reduce procedural disenrollments during the continuous coverage unwinding period.

This waiver is effective on August 1 and will continue throughout the unwinding period. DHCS issued a [Medi-Cal Eligibility Division Information Letter](#) to provide counties with guidance on operationalizing this flexibility.

Transforming our Behavioral Health Services

On September 14, the California State Legislature passed two key bills ([Senate Bill \(SB\) 326](#) and [Assembly Bill \(AB\) 531](#)) to transform the state's behavioral health system and better address today's needs. The bills dedicate billions of dollars to new behavioral health treatment and residential beds and supportive housing units, create new accountability and transparency, and provide much needed funding for key workforce

across the state. Please see the [Governor's news release](#) for more information.

This effort will build 10,000 new treatment beds and housing units, helping serve more than 100,000 people each year, with \$6.38 billion funded by a bond on the March 2024 ballot to provide the resources needed to care for and house individuals with the most severe mental health needs and substance use disorders. It will also update the Mental Health Services Act passed by voters 20 years ago to focus funds where they are most needed now.

Once signed by the Governor, this transformation of the state's behavioral health system and accompanying bond will go to California voters for approval. SB 326 and AB 531 will appear jointly on the March 2024 ballot as Proposition 1.

AB 608 – Vetoed

Thank you for your advocacy and for comprehensive perinatal services for all! Working together, we succeeded not only in getting both the Senate's and the Assembly's budgets to extend Medi-Cal's comprehensive perinatal services program (CPSP) benefit throughout the new 12 months of post-pregnancy eligibility but also to have the companion policy bill, AB 608, pass the Legislature with unanimous approval. Incomprehensibly, the Governor has vetoed both measures.

But the advocacy to ensure that all pregnant people have Medi-Cal coverage for health-related social needs doesn't end here, and we look forward to continuing to work with you in whatever forum this advocacy requires.

The Governor's October 9 veto message claims AB 608 is unnecessary because DHCS is developing a birthing "pathways" project, which won't even be implemented until sometime *after* summer 2024. As advocates have been pointing out, what is needed, and without delay, is a specific, well-defined, and robustly enforced comprehensive perinatal services **benefit**, including for health-related social needs from specialized perinatal health workers in the community, both during pregnancy and the 12 months post. **If you are participating in the work group or have been interviewed by DHCS's consultants, we'd love to hear about your experience and contributions to the pathways process.**

Recent research on *Medicaid Managed Care Contracts and Maternal Health* reaffirms **the need for clarity and specificity in plan contracts on maternity care benefits**. This is necessary to effectively communicate a state’s contractual expectations to the plans and facilitate equitable access to comprehensive perinatal services for all beneficiaries. A recording of the webinar and the presentation slides are available [here](#). As advocates have long pointed out, DHCS has diluted, rather than monitored and enforced, Medi-Cal’s statutory requirements by allowing plans to **provide ambiguous “CPSP-like” benefits during pregnancy**. Medi-Cal’s contract provisions on risk assessment also **give the plans very broad discretion on implementing the CPSP benefit**. These flaws in maternity coverage under Medi-Cal must be addressed.

In the meantime, the State Auditor’s office is conducting a review of DHCS’s implementation of Medi-Cal’s comprehensive perinatal services benefit during pregnancy and the initial 60 days after. This is in response to significant concerns brought to the attention of the Joint Legislative Audit Committee about the lack of administrative oversight for the benefit, broad discretion given to health plans on the extent to which they provide these key services, and gaps in access for many pregnant people. **You can read the State Auditor’s scope of work and goals for the review [HERE](#). The Auditor’s report is expected sometime in Winter 2023-2024.** AB 608’s three co-sponsors-- Maternal and Child Health Access, March of Dimes, and The Children’s Partnership-- are grateful for your support and efforts!

The Hospital Action Guide for Respectful and Equity-Centered Obstetric Care

The purpose of the Hospital Action Guide is two-fold. First, it will help hospital teams including physicians, nurses, quality improvement leaders, and obstetric champions understand the drivers of inequities in maternal care and deepen the understanding of how and why racism, discrimination, and implicit bias are root causes of maternal inequities. Second, the Hospital Action Guide will provide hospital maternity teams with a sample of equity-centered tools and resources that go beyond California’s Implicit Bias Training and may translate into real change in culture and patient care. READ MORE [HERE](#)...

Resources

[COVID.gov - Free at-home COVID-19 tests](#)

Every U.S. household is eligible to order 4 free at-home COVID-19 tests.
www.covid.gov

Do you know what to do during an earthquake – indigenous languages

Help connect speakers of Indigenous languages to important disaster safety information with the Listos California library of [Indigenous language videos](#). Created in collaboration with community-based organizations, the videos are available on several disaster topics in various Indigenous oral languages, including Mixteco, Triqui, Cha’tno, Mam, Purepecha, Tlapaneco, and Zapoteco. An easy way to share and

access these recordings is to text “VOX” to 211211, which links directly to the videos, all listed by language and region.

SAVE THE DATE

Thursday, Oct. 19, National Day of Action Domestic Violence Awareness Month. Beginning 6 PM – Mujeres de la Paz Candlelight Vigil recognizing domestic violence and supporting survivors

Corner of Mednik and Cesar Chavez Avenues. Learn more [here](#):

Monday Oct. 23 8:30 Am – 4 PM - Gun Violence Teach-In

Los Angeles County Office of Violence Prevention and Charles R. Drew University of Medicine and Science on the Charles R. Drew University of Medicine and Science campus, 1731 E. 120th Street, Los Angeles, 90059. Speakers, organizers, activists and practitioners, free food, music, vendors and resource fair to engage students in the effort to reduce gun violence across Los Angeles County. Sign up through [Eventbrite](#):

Tuesday, Nov. 7, 5-6 PM Prenatal Screening Program virtual town hall We want to hear your thoughts on our program. We want to share our future plans. [Pre-register here](#) (pre-registration is required)

An hour-long opportunity to review the successes and challenges of the PNS Program in the past year, as well as the plan to add sex chromosome aneuploidies – or X and Y chromosome variations – to the screening panel in 2024. If you have specific questions that you’d like us to answer during the townhall, please submit them to GDSP.Communications@cdph.ca.gov.

Minor Consent and Confidentiality for Sexual Health Services Webinar

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On **October 25, from 12 to 1:30 p.m.**, DHCS and the California Prevention Training Center will host a [Minor Consent and Confidentiality for Sexual Health Services](#) webinar (advanced registration required). **This webinar will provide an overview of the California laws that impact minors and their access to confidential sexual health and family planning services. It will review important exceptions to confidentiality, including mandated child abuse reporting, and share some examples of best practices for implementation in difficult situations. Participants will learn about resources to support implementation of minor consent laws and be given an opportunity to test their own knowledge through case studies.**

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chromosome variations – to the screening panel in 2024. If you have specific questions that you'd like us to answer during the townhall, please submit them to GDSP.Communications@cdph.ca.gov.

**Coalition for Economic Survival Tenants' Rights Clinic
Every Saturday at 10 AM PT**

Via Zoom

- Individual, one-on-one counseling
- Registration required no later than 5 PM on Friday
- Serving renters in the entire Southern California area
- Accommodations for Spanish and Russian speakers provided
- **Request a registration link via email at** helpinglarenters@gmail.com

Job opportunities available!

Please click on the job title you are interested in to view the full job description and the application process. And provide a cover letter and current resume with your application that specifically outlines your employment history experience and educational background for which you're applying.

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

- [Finance Assistant – Full Time](#)
- [Health Care/Practical Support Navigator – Women's Health](#)
- [Parent Coach – Bilingual English & Spanish](#)
- [Health Programs and Benefits Trainer](#)
- [Social-Digital Media Consultant](#)
- [IT Support Technician](#)

Maternal and Child Health Access

350 S. Bixel St., Suite 150
Los Angeles, CA 90017
213 749 4261 phone
213 745 1040 fax
www.mchaccess.org
info@mchaccess.org

