



Maternal and Child Health Access

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Next MCH Access Meeting: Thursday, Sept. 15, 2005, 9:30 –12
Special Forum – see flyer - MCH-Related Cuts at King-Drew Medical Center
Note probable Beilenson hearings on MCH cuts Tuesday Oct. 18

New Site for this meeting: Holman United Methodist Church,
3320 W. Adams Blvd, just west of corner of Arlington Bl. Parking on-site

Note: at the time of our mailing, the legislature was in session for its final day. The MCH Access-PAC/LAC list of maternal and child health-related bills (whether passed and gone to Governor's desk, died or held over for second year) will be available at the meeting next Thursday. Please note that key MCH bills are on the Governor's desk: AB 624 (Montanez) – CHDP Gateway fix; SB 377 (Ortiz) - dental care for pregnant women; AB 772/AB 1199 (Chan and Frommer) - 100% Campaign - to insure all children; and AB 478 (Lieber) - pregnant inmates.

In this mailing:

- Next Meeting Flyer – note meeting site!
- Fact Sheet: Coalition to Transform King-Drew
- Sample Letter: Board of Supervisors, addresses
- MCH and King-Drew Medical Center
- State Reimbursement for CAA Enrollments
- Info: Harris settlement (LAC/USC and Rancho)
- Help PALS – eat at Yazmin restaurant 9-19!

Materials from last meeting Thurs., July 21

- No meeting in August! – call for copies:
- CIWC Update (7-15-05) - legislation affecting immigrants
 - Resource Fair for children with disabilities 10-8
 - 211 launched – materials order form
 - Information on Medi-Cal cap for adult dental
 - *USA Today*, 7-12-05, “Variables of Testing Baby” (about newborn screening)
 - Spending cuts target Medicaid (Families USA)
 - Center for Nonviolent Parenting fundraiser 7-30
 - Medi-Cal eligibility guide – Western Center on Law and Poverty
 - News item – more than half of Californians in HMOs are overweight or obese
 - California Coalition of Welfare Rights Organizations Newsletter 7-18-05
 - *LA Times*, 7-6-05, “Jury sends a message in case involving teen's cell use”

- Contest information, “Golden Carrot” to food service programs for nutritional innovation
- UCLA Public Health Research Highlights re: Children Riding Diesel School Buses Exposed to Elevated Levels of Diesel Exhaust Pollutants
- WIC flyer with offices and income ceilings

Minutes: July 21:

The Office of Patient Advocate – Celia Valdez

Celia spoke of the resources available through OPA in multiple languages to help Californians choose and make use of managed care plans. OPA assists consumers with materials such as, “Getting the Most from Your HMO” and Report Cards on HMO performance. Unfortunately, they do NOT cover public benefits plans in their report card, but do give good general information about working with HMOs in their “HMO Guide”. The ratings on plans that do offer commercial services may help guide consumers toward their choice of plans for Medi-Cal, as well.

Mandatory Enrollment into Medi-Cal Managed Care for Aged, Blind and Disabled Medi-Cal Recipients

At the time of our meeting, this issue was on a fast track, with legislation needed by September for enrollment of this population or California would lose \$180 million. In addition, hospitals had grave

concerns about the five-year funding they would receive and lack of yearly adjustment for inflation, in addition to overall confusion about the distribution mechanisms. Meeting attendees were urged to state their concerns to the legislature. See below for additional information.

New since last meeting:

DPSS/DHS Issue Instructions for Assisting Hurricane Katrina Survivors

These instructions are too lengthy and Dept-specific to include here, but please call MCHA or the Health Consumer Center (800) 896-3203 if you find individuals or families in need of services who have had difficulty. The large receiving areas should have experts on hand from DPSS and DHS. Documentation requirements have been relaxed in order to help those so in need.

Advocates Relieved - Mandatory Medi-Cal Managed Care Enrollment of Seniors and Persons with Disabilities (SPD) Postponed

Just this week, the Administration and Legislature agreed that there would be no legislation during this session requiring seniors and persons with disabilities (SPD) to mandatorily enroll into Medi-Cal managed care. Instead, SB 1100 (Perata and Ducheny) will implement only an agreement among the administration, legislature and hospital stakeholders on public and safety net hospital financing.

Managed care legislation was sought by the Administration in order to implement one of the terms and conditions included in the 1115 Medicaid Demonstration waiver approved in June by the federal government. The 1115 Waiver terms and conditions provide for changes in how public and safety net hospitals will be compensated and also conditions the receipt of up to \$90 million in federal funds available under the waiver upon the State enacting legislation by September 30, 2005, requiring the mandatory enrollment of SPD into managed care.

There were many reasons why the legislation was not passed this year, despite the Administration's efforts to do so and the fact that up to \$90 million will be lost due to a delay in enacting such legislation.

One major factor which helped delay the enactment of this legislation was the extensive efforts of a partnership between Protection and Advocacy, Western Center on Law & Poverty, the National Health Law Program, several local legal aid partners in the Health Consumer Alliance and other consumer advocates. These organizations worked tirelessly to develop detailed information for both the State Department of Health Services and the Legislature regarding the essential protections which needed to be provided to this vulnerable population and warning of the complexity involved and concerns regarding the potential and actual disruption of care to hundreds of thousands of SPD.

We are relieved that the Administration and Legislature have agreed that there would be no legislation this session to require enrollment of the SPD into Medi-Cal managed care.

Change in organization of Medi-Cal in LA

Los Angeles County DPSS has received funding for additional Medi-Cal Eligibility Workers. This will greatly relieve overcrowded caseloads and reduce by hundreds the number of client cases each worker has. However, because there is not space for additional workers in each office, a reorganization of newly approved Medi-Cal cases is taking place. New approved cases will go to Canoga Park and Hawthorne. It is anticipated that there will be no need for clients to come in to these offices and that everything will be done by phone and fax. Clients will get a general letter that their case is approved and at one of these offices, with contact information and toll-free number, and then a follow-up letter to tell them exactly who their worker is. The workers there have no "phone hours" – just like old times, they are supposed to be always available to clients. In addition, in any emergency need for documents or for a face-to-face meeting, clients are supposed to be able to go to the nearest DPSS office.

MCH Access has asked that DHS Outreach Contractors for Healthy Kids, and other Community-Based Organizations make their fax machines available to clients who need to come in and fax materials to these outlying (for some) DPSS offices. Even though fax numbers will be toll-free, copy shops and other places charge by the page for faxes.

