



Maternal and Child Health Access

Support the work of
MCH Access

by giving the gift of
health care, food
support and policy
work that makes
lasting change!



In this monthly mailing

SUMMARY OF JULY 17,
ANGIE DENISSE OTINIANG
VERISSIMO - DATA
DISSEMINATION PROJECT
LAC OWH DATA AND
FINDINGS

PREGNANT WOMEN ISSUES
AND UPDATES - LYNN
KERSEY & LIZ RAMIREZ -
THE EXPANSION OF
COVERAGE UNDER THE
AFFORDABLE CARE ACT

ABA THERAPY FOR
CHILDREN ON MEDI-CAL
STARTS SEPTEMBER 15

CALIFORNIA'S
STAKEHOLDER
ENGAGEMENT INITIATIVE

THE PLACENTA HARBORS A
UNIQUE MICROBIOME

Next MCH Access Monthly Meeting:

**Thursday, September 18, 2014
10am - 12pm**

**LOCATION:
MCH Access**

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

TOPIC:

**Data and findings from the 2012 LA Mommies and
Babies survey - how are we doing in LA County?**

Updates on Medi-Cal, Covered CA, MyHealthLA

GUEST SPEAKER:

**Chandra Higgins, Epidemiologist,
Los Angeles County Department of Maternal, Child
and Adolescent Health**

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**



[POTENTIAL MEDICAID COST SAVINGS FROM MATERNITY CARE BASED AT A FREESTANDING BIRTH CENTER](#)

[GREENER NEIGHBORHOOD LEAD TO BETTER BIRTH OUTCOMES](#)

[COVERED CALIFORNIA PLANS TO OFFER EXPANDED DENTAL SERVICES FOR CHILDREN AND NEW COVERAGE FOR ADULTS](#)

[TEMPORARY INJUNCTION IN CAL MEDICONECT CAS DENIED](#)

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SAVE THE DATE

Wednesday, September 24 11:30 AM "Warning Labels on Sugary Drinks: Promoting Informed Choices" webinar that addresses the future of warning labels in California and elsewhere. Sponsored by the California Center for Public Health Advocacy. Change Lab Solutions will host the event. Executive Director, Dr. Harold Goldstein is a featured speaker as are Xavier Morales from the Latino Coalition for a Healthy California and Jim O'Hara from the Center for Science in the Public Interest. [REGISTER HERE](#) to attend.

Weds. Sept. 24, 10-11 AM: Voter Registration in Covered CA. The ACLU and the Western Center on Law and Poverty invite you to attend a webinar to

Please contact our office with any questions regarding this email or visit our [website](#) for further information about our organization.

Summary of July 17 meeting

Materials Distributed July 17 meeting may be found [HERE](#)

Guest Speaker: Angie Denisse Otiniano Verissimo - Data Dissemination Project LAC OWH Data and Findings - 2013 Indicators Health of Latinas in LA

Ms. Verissimo's slides are posted with our monthly meeting materials, above. She reported on data from 2011 reported this year. Surprisingly perhaps, Latinas report the poorest health status and have the greatest disparities in education, poverty and insurance indicators among women in Los Angeles. They are also the youngest and most rapidly growing ethnicity in Los Angeles County. Almost half report difficulty accessing care. For our maternal and child health work, Latinas have the highest rates of births to teen mothers and have high rates of births resulting from unintended pregnancy. Positive health indicators include the fact that a lower percent of Latinas smoke, a higher percent of Latinas meet recommended guidelines for aerobic physical activity and a higher percent of children (0 to 5 years) have Latina mothers who initiated breast feeding.

Ms. Verissimo distributed the June, 2013 Report [Health Indicators for Women in Los Angeles County - Highlights by Ethnicity and Poverty Level](#)

Pregnant Women Issues and Updates - Lynn Kersey and Liz Ramirez

The expansion of coverage under the Affordable Care Act, a GOOD thing (!) and its implementation in California have created a number of challenges in the areas of eligibility overlap, computer issues and delays in granting eligibility. This is true for all covered groups - infants through elderly. For people with time-sensitive needs, MCHA wants to be sure you have all the tools necessary and available to help someone get coverage and care. We are working on a "Tool Kit" for the pregnancy issues we've seen so that all issues and ways of addressing them are in one place!

Full scope Medi-Cal women switching to pregnancy-only when reporting pregnancy:

Remember that at initial application, a pregnant woman cannot be found eligible for the new adult coverage group, from 100-138% pregnancy under "MAGI"(aid code M1, M2) due to the fact that she is pregnant. Adult women in this circumstance who report a pregnancy after getting covered as an adult are supposed to stay in their full-scope, regular adult aid code. However, according to Medi-Cal Eligibility Division Information Letter No. 14-31, June 4, 2014:

discuss the second open enrollment period at Covered California and how voter registration opportunities will be provided to consumers.

Please join us to learn more about this historic opportunity and please share this invitation with others who may be interested.

Panelists: Jen Flory, Senior Attorney, WCLP; Raul Macias, Voting Rights Attorney, ACLU. Click [here](#) to register.

Mon. Sept. 29 and Tues. Sept. 30, 8 AM - 4 PM, "Bringing Light to

Motherhood: Maternal Mental Health Advanced Professional Certification Training" see [here](#) for more information and to register.

Weds Oct. 1, 12-1:30 PM Improving Maternity Care in California

Sacramento Briefing. Register [here](#) to attend by phone or in person

Sat., Oct. 11, "Child and Adult Anger" Workshop, 9-4, with Ruth Beaglehole and Sat. Oct. 18,

"Repairing the Rupture", 11-1, with Laura Krug. [See Echo Parenting website](#) for more information

Apply by Oct 31: B.I.R.T.H. (Birth Information and Resources for Teen Health) Mother-Mentor Program (Pilot Program)

"There is currently a design gap in the Business Rules Engine (BRE) that is moving pregnant women out of coverage in the new adult and parent/caretaker relative coverage groups and putting these women into the pregnant woman coverage group."

The state is relying on the counties to do "workarounds" for this issue. However, counties are in overload and are not catching or able to stop all these cases from switching. Clients in managed care may experience difficulty accessing their existing provider. Contact the [Medi-Cal Advocate Liaison](#) for the closest DPSS district or the mail-in application district or if unsuccessful, contact MCHA advocates.

Pregnancy Q and A on Covered CA website: Questions and answers on pregnancy coverage under Medi-Cal, AIM and Covered CA were recently added to Covered California's website; MCHA worked with the state to prepare this document and are very glad to see the information posted. Please note that the FAQs say pregnant applicants 100% to 138% qualify only for pregnancy services - a state law that went into effect on July 1 (SB 857) will be implemented - we had hoped by now - to correct this policy. If you have pregnant clients, friends or family in this income bracket who have incurred expenses or barriers due to the delay in implementation of the expansion of full scope for pregnant women, please let us know.

Good News! **The Beta Strep test for pregnancy**, even though a test done late in pregnancy, is available through Presumptive Eligibility! A number of additions were made in August, 2014 as well. It's good to keep up with the [Provider Manual for PE](#), and to work toward the day when all prenatal services are the same, whether from PE or ongoing Medi-Cal, and no separate PE list exists to compare against!

Finally, AIM to "Medi-Cal Access Program" - The Access for Infants and Mother's Program is undergoing a name change to the "Medi-Cal Access Program". MCHA raised its voice against this in the legislature, as AIM has a 22-year history with this name. AIM is not funded by Medi-Cal, but rather by the Children's Health Insurance Program (CHIP). It may be very confusing for women. Rather than a name change, we suggest that the Department of Health Care Service make the program more readily available by being able to apply online, as one can with Medi-Cal and Covered CA. Women are supposed to have this option, as the state's computer must include all "Insurance Affordability Programs".

ABA Therapy for Children on Medi-Cal Starts September 15

ABA is finally available for children with autism spectrum disorder on Medi-Cal! Beginning September 15, 2014 low-income families on Medi-Cal may call their health plan and their child's primary care physician and request an assessment for ABA therapy.

"This is a huge and long awaited good news," said Karen Fessel, executive director of the Autism Health Insurance Project. "This opens the door to critical treatment

This program provides pregnant and parenting teen mothers empowerment, education, one-on-one support and life and leadership coaching. Any clinics or social service agencies who work with pregnant and parenting teen or foster youth may refer interested program participants. As resources are limited, this service can be provided to a small group of girls at this time. AWMNH is now recruiting six (6) teen mothers and mothers-to-be who would like to participate in this program. AWMNH currently has 2 openings and those chosen will receive a stipend for their participation. This is not a full time employment opportunity. If needed, training may be provided. Deadline to apply is October 31, 2014;

Candidates will be selected for an interview to take place in November 2014. For more information click [HERE](#) or call 626-288-2191

REPORTS & RESOURCES

Future of Children Fall 2014 Research Report Published

Childhood Food Insecurity in the U.S.: Trends, Causes, and Policy Options

In 2012, nearly 16 million U.S. children, or over one in

for thousands of low-income children in California with autism, who have not had access to ABA therapy."

In order to be eligible, children will need to have a diagnostic assessment of autism spectrum disorder, and a prescription for ABA therapy from either a psychologist or treating physician. The prescribing professional will need to explain why ABA therapy is medically necessary for a child. [More...](#)

California's Stakeholder Engagement Initiative

State DHCS has created one page with all the state "Stakeholder" meetings and a survey that seeks feedback on current processes and asks suggestions for improvement. The survey should be completed by Sept. 19. See the Stakeholder Engagement Initiative page and the link to the [survey](#).

This page also links to information about the implementation of SB 857, a budget bill passed in July that implement changes to coverage for pregnant women and newly qualified immigrants, called the Full-Scope Medi-Cal Coverage and Affordability and Benefit Program for Low-Income Pregnant Women and Newly Qualified Immigrants (NQIs), and sets up a Stakeholder group for feedback. The changes include increasing full-scope coverage to 138% for pregnant women and implementing Premium Assistance for women in pregnancy-related Medi-Cal who want to add Covered CA to their coverage with the state paying the premiums, co-pays and deductible costs.

Meetings are held in Sacramento monthly through December; the next one is September 26, 10:30 - 12. You may also call in and join as a webinar participant. The materials from the August 22 meeting include draft scenarios of how women will be notified of their options for Pregnancy-Related Medi-Cal only, or Medi-Cal and Covered California. For a copy of MCHA and other advocates' comprehensive comments on 9 documents from that meeting, contact lynnk@mchaccess.org.

The placenta harbors a unique microbiome

From [Medscape Pediatrics](#) - Pediatric Research 2014: The Year's Most Interesting Studies Alan Greene, MD, Laurie Scudder, DNP, September 08, 2014. "Microbiome" signifies the ecological community of commensal, symbiotic, and pathogenic microorganisms that literally share our body space" (Lederberg and McCray 2001).

An interesting recently published study^[18] casts doubt on our long-standing belief that a developing baby was in a sterile, protected environment in the mother. The thinking goes that when the amniotic sack breaks and the baby comes through the vaginal canal, that the infant is colonized by mom's vaginal flora, and ends up with a healthy gut microbiome as a result. We've come to understand that this is really important, and it is one of the reasons why kids who are born by cesarean section, for instance, have a higher risk for allergic rhinitis and an increased asthma risk. More or less, that's been the story.

A recent study examined changes in the maternal vaginal microbiome during pregnancy and the effects of this change on the infant's health.^[18] The researchers

five, lived in households that were food-insecure, defined as "a household-level economic and social condition of limited access to food." These children are more likely than others to face a host of health problems, even when controlling for the effects of other factors correlated with poverty. The fact that food insecurity remains such a problem even though government spent over \$100 billion on federal food-assistance programs in fiscal year 2012 poses a significant policy challenge.

On September 15, Princeton University and the Brookings Institution released the Fall 2014 research report of the Future of Children. The report's authors, Craig Gundersen of the University of Illinois and James P. Ziliak of the University of Kentucky, focus on the root causes of food insecurity among children and the effectiveness of public policies designed to combat it.

To access the report visit the [Future of Children](#).

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. Please

found that indeed, the vaginal flora during pregnancy is different from the vaginal flora when the mother is not pregnant. What was surprising was that the mother's vaginal microbiome was also very different -- in fact, not related at all to the new gut microbiome that colonized the baby. That just made no sense. How could that be?

Looking further, the investigators determined that the baby is being colonized from the placental microbiome. The baby was not developing in a sterile environment, as we have all believed for years, but rather in an environment with small numbers of beneficial bacteria that end up becoming the gut microbiome of the baby. This idea of a placental microbiome is brand new to me.

Then they looked to see what this placental microbiome most resembled, and it was not the vaginal microbiome. It was not the mom's gut, skin, or nasal microbiome. Instead, it is her oral microbiome that is the closest match. Although there are still unanswered questions, it looks like it may be that beneficial bacteria from the mother's mouth feed the placenta hematogenously. That would help explain such things as the link between periodontal disease and preterm birth. Incidentally, investigators also found that the babies who were born early tended to have different species in their early microbiome than the ones who were born on time. And the babies born to women who had had an infection during pregnancy -- for example, a urinary tract infection treated with antibiotics -- had different gut microbiome as well. So we're still just learning, but the role of beneficial bacteria is greater than we ever thought and is an important thing to which we need to pay attention.

The study is:

1. Aagaard K, Ma J, Antony KM, Ganu R, Petrosino J, Versalovic J. The placenta harbors a unique microbiome. *Sci Transl Med.* 2014;6:237ra65.

Potential Medicaid Cost Savings from Maternity Care Based at a Freestanding Birth Center

Embry Howell, Ashley Palmer, Sarah Benatar, and Bowen Garrett

The Urban Institute-Health Policy Center Summary of article linked below, from the Medicare and Medicaid Research Review Objectives: Medicaid pays for about half the births in the United States, at very high cost. Compared to usual obstetrical care, care by midwives at a birth center could reduce costs to the Medicaid program. This study draws on information from a previous study of the outcomes of birth center care to determine whether such care reduces Medicaid costs for low income women.

Methods: The study uses results from a study of maternal and infant outcomes at the Family Health and Birth Center in Washington, D.C. Costs to Medicaid are derived from birth center data and from other national sources of the cost of obstetrical care.

Results: We estimate that birth center care could save an average of \$1,163 per birth (2008 constant dollars), or \$11.6 million per 10,000 births per year.

note: the job descriptions for the employment positions listed below will be posted on our website soon.

- [Human Resources Manager](#)
- [Administrative Assistant](#)
- [Project Coordinator - Pregnancy Policy](#)
- [Parent Coach, Level II - Welcome Baby Program](#)

[MCHA](#) is an Equal Opportunity Employer; women and people of color are strongly encouraged to apply.

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Conclusions: Medicaid is the leading payer for maternity services. As Medicaid faces continuing cost increases and budget constraints, policy makers should consider a larger role for midwives and birth centers in maternity care for low-risk Medicaid pregnant women. [More...](#)

Greener neighborhoods lead to better birth outcomes

Corvallis, Ore. - Mothers who live in neighborhoods with plenty of grass, trees or other green vegetation are more likely to deliver at full term and their babies are born at higher weights, compared to mothers who live in urban areas that aren't as green, a new study shows. - See more [HERE](#).

Covered California Plans to Offer Expanded Dental Services for Children and New Coverage for Adults

Covered California is offering new family dental plans to consumers who enroll in health insurance coverage in 2015. Additionally, all individual health insurance plans sold through the Covered California exchange will include pediatric dental benefits for members younger than 19. Children's dental care will be "embedded" in their medical plan, meaning one less step to separately enroll in dental care. [More...](#)

Temporary injunction in Cal MediConnect case denied

In our July mailing, we noted that a lawsuit had been filed to halt, through injunction, the "duals demonstration project" for Medi-Cal beneficiaries who also had Medicare.

The CMA recently reported that August 1, the Sacramento Superior Court denied a request to delay implementation of the Cal MediConnect project. The Los Angeles County Medical Association (LACMA) joined a coalition of plaintiffs, including three Los Angeles independent living centers, to file a lawsuit in Sacramento Superior Court to stop the implementation of the project.

The Cal MediConnect project was authorized by the state in July 2012 in an effort to save money and better coordinate care for the state's low-income seniors and persons with disabilities. The program begins with a three-year demonstration project that will see a large portion of the state's Medicare/Medi-Cal dual eligible beneficiaries transition to managed care plans. The project impacts approximately 456,000 dual eligible beneficiaries in eight counties - Alameda, Los Angeles, Orange, Riverside, San Diego, San Mateo, San Bernardino, and Santa Clara. Petitioners alleged that Cal MediConnect is not legally authorized because DHCS failed to obtain timely federal approval of the demonstration project as required under the state law establishing the project. Second, it was alleged that there are deep flaws with the implementation of the project thus far, including problems with the notices to beneficiaries and the enrollment form. Specifically, it was alleged the notices were not written at a 6th grade reading level as required by law and in addition, the enrollment form is too confusing to meaningfully provide an opt out choice for beneficiaries.

The California Medical Association (CMA) was not a named party in the lawsuit. However, CMA believes the petitioners raise legitimate issues about the rollout and implementation of Cal MediConnect, specifically concerning adequate notice and information to affected beneficiaries and providers. An appeal in this matter is expected in September.

In an unrelated move, the Department of Health Care Services (DHCS) has delayed the implementation of the Cal MediConnect project for Alameda and Orange counties until July 2015.

CMA will continue to work with DHCS and other stakeholder groups to identify suggestions for improvement in the Cal MediConnect implementation and rollout. To see the current timeline for implementation of Cal MediConnect program, click [here](#).

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