



Maternal and Child Health Access

Monthly Virtual Meeting

This Thursday, April 15, 2021 10:00 am to 12:00 pm

Where?

10:00 AM to 12:00 PM
This is a virtual meeting
Do Not come to our location!

After you register (at RSVP below) for this event, look for the Zoom link in your registration confirmation email

questions?
213 749 4261
info@mchaccess.org



Speaker/Topic:

Dr. M.L. Yonekura, MD
Executive Director, LA Best Babies Network,
Director of Community Benefits
at California Hospital Medical Center

COVID 19 Vaccination –
Pregnancy and Lactation

Benefits and legislative updates

Meeting Notes – Thursday March 18 - click [HERE!](#)

Guest Speaker: Susan Flores, Senior Policy Coordinator
California Pan-Ethnic Health Network (CPEHN)
Access to Care for Oral Health

Susan Flores shared with us preliminary data for the decline in dental visits during the pandemic. For ages 1-20, visits declined by half from February to March, 2020 and from February to April, visits dropped to one-tenth of what they had been. Since then visits have steadily increased monthly up to the latest data showing up to the last data state shared, from August, 2020. Declines were worse for Black/African American children. You can see how the visits break down for preventive vs. treatment and the drop from 2019 on the state's [fact sheet](#)

Susan reminded us that Infants, children, and youth under the age of 21 with full-scope Medi-Cal benefits are eligible to receive Early Periodic Screening, Diagnostic and Treatment (EPSDT) services. These services allow Medi-Cal enrolled children and youth under age 21 to get preventive (screening) dental services and to get diagnostic and treatment services that are medically necessary to correct or ameliorate health conditions found. Members under the age 21 may receive dental services that are Medicaid covered but not part of the current Medi-Cal Dental Program scope of benefits, or the dental provider may recommend a service at a frequency or periodicity greater than currently allowed by the Medi-Cal Dental program. An [EPSDT website](#) explains more; Medi-Cal beneficiaries may need an advocate.

She also reviewed the changes she and others worked on for language access to the Medi-Cal Dental Customer Service Line (1-800-322-6384). The line now gives two short sentences In English before going into the language choice, in each language. The line also has helpful “wait messages” about filing complaints, finding a dentist, etc if the person must wait online.

Remember that DHCS follows the policy below for required language interpretation and materials translation. See [All Plan Letter 17-011](#) which also lists the languages required per county:

DHCS updates threshold language data at least once every three fiscal years, to address potential changes to both numeric threshold and concentration standard languages within all Medi-Cal managed care counties. Managed Care Plans (MCPs) are expected to comply with the update within three months of the publication of the update. MCPs are required to provide translated member information to the following groups within their service areas as determined by DHCS:

- A population group of mandatory eligible beneficiaries residing in the MCP's service area who indicate their primary language as other than English, and that meet a numeric threshold of 3,000 or five-percent (5%) of the eligible beneficiary population, whichever is lower (Threshold Standard Language); and
- A population group of mandatory eligible beneficiaries residing in the MCP's service area who indicate their primary language as other than English and who meet the concentration standards of 1,000 in a single zip code or 1,500 in two contiguous zip codes (Concentration Standard Language).

MCPs must provide written translation of member informing materials to Medi-Cal beneficiaries with Limited English Proficiency based on the numbers and percentages of persons who speak a language other than English in a specified geographic area, as detailed above.

Statewide stakeholder meetings for dental care are held only twice a year; the next one is [August 19, 2021](#) and the intermittent meetings for Los Angeles usually conflict with

MCHA's monthly meeting; the next one is Thursday, May 20. A meeting is also held for the Sacramento region; the last one was Dec. 2020 and none is scheduled yet this year.

MCHA reviewed changes in health coverage for the pandemic, mainly in Medi-Cal. We have produced two materials on COVID-19 related care, one more text and explanation and one a piece in color in Spanish and English versions, on our website.

Three Reminders - Medi-Cal During COVID:

1. No Negative Action through end of the year - The ONLY ways that Medi-Cal should be cut off is if a beneficiary requests, or dies, or moves out of state! Please note that thousands are still inadvertently or through systems issues being cut off, but the state moves to put them back on Medi-Cal. Please contact DPSS or have your client contact DPSS's Customer Service Line if this happens.

MAYBE STAYING ON MEDI-CAL IS BETTER THAN MOVING TO OTHER INSURANCE POSTPARTUM – Discuss it with the client! If there are problems using that Medi-Cal postpartum, let MCHA know! Restricted Medi-Cal covers all medically necessary services, including dental and mental health.

2. "COVID Uninsured – neither income nor immigration status matter, covers COVID testing, treatment, hospitalization. No public charge for any COVID-related service. See the state's page [here](#), but also MCHA's information above.

3. "Waive", or Get Rid Of, Medi-Cal Premiums During the Pandemic Few Medi-Cal enrollees know that during the public health emergency, premiums paid monthly can be waived for MCAP, Optional Targeted Low-Income Children's Program and the Medi-Cal Access Infant Program (infants born to a person covered by MCAP for the pregnancy), County Children's Health Initiatives and the 250% Working Disabled Program. MCHA and other advocates have made suggestions about the posting, language and distribution of notices regarding the waived premium issue. The clearest link right now is this one: [Premium Waiver Due to COVID-19](#) - November 4, 2020 on the [COVID-19 page](#). But no one has to HAVE COVID in order to get the waiver. Here is a link to the notice MCAP enrollees should be getting: [Monthly Contribution Waiver for Medi-Cal Access Program](#)

New Since Meeting

COVID-19 Vaccination now available to all over 16 in LA City; April 15th for entire state!

On the [city's website for COVID-19 vaccine registration](#), operated by Carbon Health, there is now an option to book an appointment for people 16 and older at city-run vaccination sites. People who are seeking shots at city-run vaccination sites must provide valid [identification](#) (see second page) for proof that one lives in Los Angeles County. City-run sites are open from Tuesday through Saturday. Only the Pfizer vaccine is authorized for 16-17 year olds.

San Francisco (in 8 targeted zip codes) Alameda and Contra Costa also opened up to all over 16 early. The rest of Los Angeles County and the rest of the state will open up [appointments Thursday](#)

Important State Budget Proposal – 12-month Continuous Coverage Postpartum and 0-5

MCHA and several partners are proposing to help address continuity of care in two vulnerable populations – children to age five in Medi-Cal and postpartum Medi-Cal enrollees beyond the usual 60-plus-day period.

The start date would be in early 2022, when California will likely begin undoing the “no negative action” protection that has been keeping people on Medi-Cal during the COVID-19 Public Health Emergency. MCHA and partners are proposing that, during this “unwinding” process, children 0-5 and postpartum enrollees be continued while eligibility is reviewed for older children and for adults and then maintained for those two populations and periods. Federal approvals would be required for the unwinding protection as well as the ongoing continuous coverage proposals. The two fact sheets are, [here](#).

The United States is the only industrialized nation where maternal deaths are on the rise. According to the Centers for Disease Control and Prevention (CDC), most pregnancy-related deaths that occur in the U.S. each year, although rare, are preventable. There are stark racial inequities in maternal mortality. In California, Black women are nearly four times more likely to die from a pregnancy-related complication than non-Hispanic White women.

The COVID-19 pandemic risks exacerbating the maternal health crisis. A recent study from the CDC suggests that pregnant women are at a significantly higher risk for severe outcomes, including death, from COVID-19 than non-pregnant women. In addition, women are more likely than men to have lost their jobs due to the economic and social impacts of COVID—factors that contribute significantly to stress and provoke negative health outcomes before, during and after pregnancy.

For children, ninety percent of brain development occurs during the first five years, a time when the American Academy of Pediatrics recommends children receive 14 well-child visits to administer critical preventive care like immunizations and track developmental milestones. However, gaps in coverage disrupt young children’s care and can lead to children missing vital well-child visits and the chance to catch developmental concerns early.

Cycling on and off health insurance coverage—or churning—is disruptive to continuity of health care, and is especially problematic for young children. Studies have shown that children who are uninsured for even short periods have reduced access to care and report more unmet health care needs than those with continuous coverage. In addition,

churn disrupts a family's relationship with a pediatric health care home, an important source of consistent support particularly before children enter school.

The COVID pandemic has disrupted families' use of well-child visits, creating a dire situation for vulnerable children. The State should act to reverse the lack of access to preventive health care services among vulnerable young children, which has been exacerbated by the public health emergency, by extending continuous eligibility for the first five years.

A 2018 audit of Medi-Cal children's primary care showed preventive care utilization for one-year olds was as low as 39% and for two-year olds, a dismal 24%. A more recent DHCS preventive care report found only 25% of children under age 3 in Medi-Cal managed care received necessary developmental screenings and only 26% received all their recommended well-child visits in the first 15 months of life.

Denim Day – April 28, 2021

According to the The National Intimate Partner and Sexual Violence Survey (NISVS): 2015 data brief — updated release - One in 4 women and one in 10 men experience IPV, and violence can take various forms: it can be physical, emotional, sexual, or psychological. Stay-at-home orders, intended to protect the public and prevent widespread infection, left many Intimate Partner Violence (IPV) sufferers victims with their abusers. Domestic-violence hotlines prepared for an increase in demand for services as states enforced these mandates, but many organizations experienced the opposite. In some regions, the number of calls dropped by more than 50%. Experts in the field knew that rates of IPV had not decreased, but rather that victims were unable to safely connect with services. And most people who experience IPV don't seek help. However, calls to one LA County hotline saw significant increases in 2020, tripling between May of 2019 and 2020.

Survivors say: Listen without judgment and provide what support you can. See, [“11 Things to Know About DV During COVID-19 and Beyond”](#) – We can't make decisions for others but we can let them know they have our support.

We know it takes an average of [seven attempts](#) for a survivor to leave before staying away for good

From [Peace Over Violence](#): The Denim Day story begins in Italy in 1992, when an 18-year old girl was raped by the 45-year old driving instructor who was taking her to her very first driving lesson. He took her to an isolated road, pulled her out of the car, removed her jeans and forcefully raped her.

She reports the rape and the perpetrator is arrested and prosecuted. He is then convicted of rape and sentenced to jail. Years later, he appealed the conviction claiming that they had consensual sex. The Italian Supreme Court overturned the conviction and the perpetrator was released. A statement from the Court argued that because the victim was wearing very tight jeans, she had to help him remove them, and by removing the

jeans it was not rape but consensual sex. This became known throughout Italy as the “jeans alibi.”

Enraged by the verdict, the women in the Italian Parliament launched a protest wearing jeans on the steps of the Supreme Court. This protest was picked up by international media which inspired the California Senate and Assembly to do the same on the steps of the Capitol in Sacramento. Patti Occhiuzzo Giggans, Executive Director of Peace Over Violence, saw this in the media and thought everyone should be wearing jeans to protest all of the myths about why women and girls are raped. Denim Day in LA was born. The first Denim Day in LA event was held in April of 1999, and has continued annually since.

Peace Over Violence has web pages on how to get involved, action kits, resources, press and items for sale. At the very least, we can wear jeans and a button to educate. Help is available – **24/7 LA Rape and Battering Hotline 213-626-3393, 626-793-3385 and 310-392-8381.**

POV’s page lists multiple geographic and issue-specific lines:

<https://www.denimdayinfo.org/hotlines>

From Protecting Immigrant Families:

Biden-Harris Administration Withdraws HUD’s Mixed-Status Proposed Regulations

Last week, the Department of Housing and Urban Development (HUD) [published in the Federal Register](#) that it was withdrawing its mixed-status proposed regulations issued during the Trump administration. If implemented, the regulations would have forced 25,000 mixed status families in public housing and Section 8 programs to separate or face eviction, including 55,000 children eligible for housing assistance. During the comment period in 2019, more than 30,000 comments were submitted to HUD, overwhelmingly in opposition of the proposed regulations.

The State of America’s Children

A Black U.S. public school student was suspended every four seconds in 2019, based on a 180-day school year. Every 28 seconds, a Latinx student dropped out of high school. And every 33 minutes, An American Indian/Alaskan Native student was arrested. Those are just some nuggets of information included in the latest [State of America’s Children](#) report, an annual report published by the Children’s Defense Fund (CDF). Most of the data sets included in the report precede the pandemic; however, to their credit, the report’s authors have found both anecdotal and statistical information to make the argument that things have gotten worse for children since the pandemic began – a lot worse.

This year's report provides detailed information on 12 issues impacting children's lives: child population, child poverty, income and wealth inequality, housing and homelessness, child hunger and nutrition, child health, early childhood, education, child welfare, juvenile justice, gun violence, and immigration.

The Maternal, Child and Adolescent Health (MCAH) Division has new resources to share with stakeholders.

Program profile: California Diabetes and Pregnancy Program Sweet Success

In 2018, pre-existing or gestational diabetes was a complication for 11.4% of pregnant individuals who gave birth in California. MCAH's latest [program profile](#) features California Diabetes and Pregnancy Program (CDAPP) Sweet Success, highlighting the key goals, objectives and outcomes for pregnant people with diabetes.

Resources

Funeral Assistance

FEMA will begin accepting applications for Funeral Assistance on **Monday, April 12, 2021 through a dedicated call center:**

844-684-6333 | TTY: 800-462-7585

Monday – Friday 8 AM to 8 PM Central Time.

See who is eligible, how to apply, how funds are received [here](#), in multiple languages.

Fraud Alert: FEMA has received reports of scammers reaching out to people offering to register them for funeral assistance. **FEMA has not sent any such notifications and we do not contact people prior to them registering for assistance.**

Free Tax Prep – Remember - extra month for taxes - May 15 deadline

Angelenos will again be able to rely on the Citywide FamilySource Centers (FSCs) to assist them with their tax filings through the Free Tax Prep Los Angeles (FTPLA) Program. The FTPLA program has been an effective program helping working families and qualifying individuals claim their cash refunds.

The FTPLA assists income-qualified residents in claiming their tax refunds. Also, for the first time ever, immigrant filers with an **ITIN** <https://www.irs.gov/individuals/individual-taxpayer-identification-number>. (Individual Tax Identification Number) are eligible for California's Earned Income Tax Credit and the Young Child Tax Credit; receiving up to \$10,000 in tax credits when combined.

- City residents can visit: <https://hcidla2.lacity.org/community-resources/free-tax-prep> to find the nearest locations and hours of operation.

- Tax filers can also use secure drop-off services which require appointments. Assistance is available in English, Spanish and Korean at various locations.
- Self-filers! Tax filers can file their own simple returns for free online with services in English and Spanish at <https://www.myfreetaxes.org/>

For additional resources visit <https://hcidla2.lacity.org/covid-19>

Referring pregnant clients to Project Roomkey (thanks Steve Nish!)

Here's some helpful info from Los Angeles Homeless Services Authority on how to help homeless pregnant women in LA County find housing through [Project Roomkey](#)

Also see [CalWORKs Homeless Assistance](#)

Save the Date

April 11-17 is Black Maternal Health Week! *"Claiming our Power, Resilience, & Liberation!"* #BMHW21

Black Maternal Health Week (BMHW) is an annual campaign, celebrated during April, which is recognized in the United States as National Minority Health Month. Founded and led by the [Black Mamas Matter Alliance](#), Black Maternal Health Week is a week of awareness, activism, and community building intended to:

- Deepen the national conversation about Black maternal health in the US;
- Amplify community-driven policy, research, and care solutions;
- Center the voices of Black Mamas, women, families, and stakeholders;
- Provide a national platform for Black-led entities and efforts on maternal health, birth and reproductive justice; and
- Enhance community organizing on Black maternal health.

The campaign and activities for Black Maternal Health Week serve to amplify the voices of Black mamas and center the values and traditions of the reproductive and birth justice movements. Activities during BMHW are rooted in human rights, reproductive justice, and birth justice frameworks.

April 16-17 is the BMHW Virtual Conference. Full info, agenda, and registration info is available on the [Black Mamas Matter Alliance](#) webpage. BreastfeedLA will be sharing #BMHW21 content on their social media platforms and newsletter.

Friday, April 16, 12 noon Center for Environmental Health - Virtual Town Hall – ["Beyond the Warning: How Prop 65 Protects"](#)

This lively discussion will bring together environmental health leaders and advocates – in environmental housing issues, occupational cancer prevention, cleaning product development - to talk about the benefits of Proposition 65, the innovative California public health law that has protected millions of residents across the country from exposures to toxic chemicals.

Maternal Mental Health Now:

The “[2021 Perinatal Mental Health Conference for Black Birth Workers, Providers, and Clinicians](#)” will take place virtually over four weeks, 4/30, 5/7, 5/14, and 5/21, from 9:00 am to 12:30 pm each day.

This training aims to build the capacity and competency of Black clinicians and providers in Los Angeles County in order for Black families to find specialized perinatal providers who look like them and with whom they can relate. This conference will provide foundational knowledge on perinatal mental health care through a culturally-informed lens to help providers build concrete skills and tools to more adequately address the mental health needs of Black women and birthing people specifically within the Los Angeles County area.

Tickets are **free to Black birth workers in the Los Angeles** area. In compliance with the grant funders for this project, we are currently only able to offer conference seats to those working in Los Angeles County or serving communities Los Angeles County. We hope to extend the training and content to others in various ways over the upcoming year.

For questions please contact Erin Sricharoon at erin@maternalmentalhealthnow.org

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