

News from Maternal and Child Health Access



Food is Medicine! Food is Health Care!

Suzanne hadn't had health insurance for over a year and was having problems applying. Everything was overwhelming her. She was caring for her 80-year-old father recently diagnosed with cancer and she is a single mom of two teenage kids. She lost her job due to the film industry strike and was behind on her rent. At age 50, the idea of possibly having to start over in a new career added to her concerns. In addition to helping her with health coverage, MCHA offered her food cards to help her buy food and a month's rent from our rental assistance program. She was very grateful. She started to cry and said she had never asked for government assistance in all her life, and she had felt that she was being judged. But going to our office and having us be so nice and explain everything to her, she said, gave her a little hope that things will get better.

Recognizing that access to fresh, healthy food is as integral to good health as is access to health insurance, Maternal and Child Health Access (MCHA) started our CalFresh enrollment program, then still called Food Stamps, in 2008. Today, our CalFresh/Food Security Department has grown to 6.5 people! But all staff – whether in home visitation, health coverage navigation, COVID outreach or health education – screen for food insecurity.

The Public Exchange program at USC Dornsife found in 2022, 37% of low-income L.A. County residents were facing food insecurity; in July of 2023 that number increased to 44%. Food insecurity also affects people of color significantly more than their white counterparts; Black and Latino residents were more than twice as likely (38%) to experience food insecurity than white residents (16%).

During the pandemic we were pleased to conduct outreach and help troubleshoot benefits for Pandemic EBT, a federal food program responding to school and childcare closures by providing additional food for school-age and younger children. The pandemic also brought extra food resources, thousands of dollars of grocery vouchers we distributed, and food giveaways we found and mapped for our communities. We helped people who had never applied online to submit one-time cash and food card requests. We knew it was a drop in the bucket compared to the need, but we were pleased that our foundation funding not only allowed but encouraged assisting with basic needs.

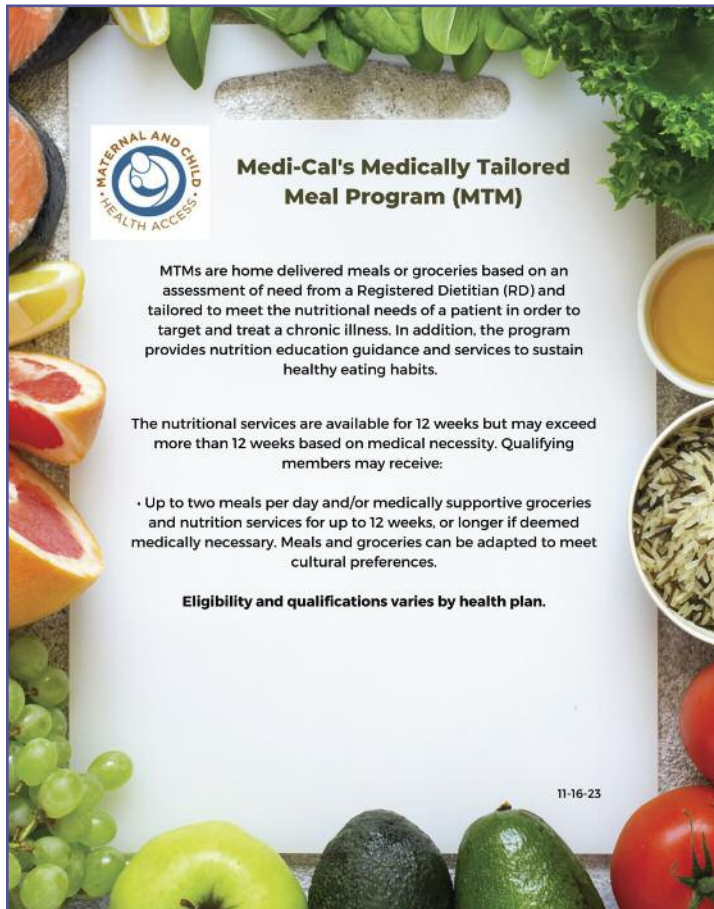
Our work to support healthy, nutritious, and an adequate supply of food has taken many forms. For most of our 27 years, our clients have accessed a food bank with vouchers MCHA provides through the Emergency Food and Shelter Program of the United Way replaced now with grocery store vouchers. This same program allows our Welcome Baby Home Visitation to provide one home delivery of groceries for new moms unable to go to the grocery store in those first few days – sometimes there is no one to shop for them, they had a caesarean section birth and need to rest or it's just too hard with a new baby. We follow up with an offer to screen for CalFresh benefits.

We've held classes about how to read and understand food labels, taken field trips to local grocery stores and mapped food bank locations for clients. We've had cooking demonstrations and classes in-person and virtually. Finally, in a post-pandemic but inflationary world, we were ecstatic to be granted American Recovery Plan Act funds to give \$600 or \$900 (depending on family size) in grocery vouchers to individuals and families not eligible for CalFresh. MCHA alone has given nearly \$1,500,000 in food! The response has been incredible and has taken a lot of staff to manage the interest, wait lists and phone calls in addition to all else – but it's been worth it. Families are truly grateful to get the cash cards in hand and the program has made us see what is possible to do to streamline government benefits.

A report from Nourish California calling out the difficulty of enrolling into CalFresh and the low rate of enrollment for newborns prompted us to develop and circulate a simple flyer highlighting newborn eligibility and offering our assistance. We circulated the flyer to home visitation groups with help from our partners at LA's Best Babies Network.

We are grateful to partner with food policy veterans who have worked long and hard for improvements to and expansions of food programs. We're glad to both support their work and add our own to reduce hunger and food insecurity in Los Angeles County, thanks to our support from our CalFresh funders.

Medically Tailored Meals a Health Benefit – For Some



The California Advancing and Innovating Medi-Cal, or CalAIM initiative, provides “in lieu of” benefits, i.e. in lieu of medical benefits, called Community Supports. These are 14 benefits helping to address certain high-risk Medi-Cal members’ social needs and avoiding costlier levels of care, benefits such as housing support and asthma remediation. MCHA has focused on those CalAIM benefits most useful during pregnancy and to families, especially, “medically tailored meals” (*MTMs) for those who need special meals. We have thought of gestational and other diabetics and short-term chronic conditions where special food or preparation, difficult to come by and/or prepare for many living in substandard or crowded housing, may be a key part of recovery from their disease.

Unfortunately, providing these benefits is an option, not required, of Medi-Cal health plans and not all offer the same set of benefits. Additionally, criteria for the benefit can be different for each plan. The application process can also vary from plan to plan. Knowing this and seeing so little take-up among clients and in data from the state for these benefits, MCHA’s Community Health Specialist Yvette Leon created a [flyer describing the MTM](#) benefit, noting the criteria for each plan and each plan’s application process. Most of the time, the member’s physician or other health practitioner must apply, making it even more difficult for community organizations to navigate someone through this benefit. In 2022, only about 36,000 members in the entire state accessed even one of the 14 services. In Los Angeles, 648 people accessed medical meals.

A [study from the Journal of the American Medical Association](#) published in 2019 tracked adults with serious medical conditions who received 10 MTMs a week tailored to their specific medical needs from [Community Servings in Boston](#). The results: MTM recipients had 49% fewer inpatient admissions, 72% fewer admissions to skilled nursing facilities, and a 16% reduction in total health care costs compared with control group participants.

These and other studies proving the worth of food as medicine are listed on the website for California’s [Food is Medicine coalition](#), which sponsored legislation to make medical meals a Medi-Cal benefit. Their legislation failed, as did assistance with housing as a Medi-Cal benefit, but both will be back and MCHA will be supportive.

See [CALMatters](#), “How hungry is California? Millions struggle to eat well in an abundant state” to understand the issue.

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MCHA ADVOCACY GETS RESULTS!

In several recent situations, MCHA and/or our partners found billing discrepancies that reflect access issues, in these cases during pregnancy. Our strategy is always to fix the individual cases or get access for the client as immediately as possible, but also to inform the state and seek restitution for the broader numbers of people affected. We request Provider Notifications and distribute those throughout our networks and coalitions to spread the word of a policy change.

Diabetes in Pregnancy

In September, we were alerted to a change in policy for Medi-Cal to cover only one test strip a day, unless prior authorization is granted for diabetic patients to test for blood sugars. For years, obstetricians have been advising their pregnant patients with gestational or other diabetes to test four times a day, based on the American College of Obstetrics and Gynecology (ACOG) guidelines. Under the new rule, providers would have to submit Treatment Authorization Requests (TARs), for the additional three daily testing strips. TARs would lead to delays and even denials of test strips. This new prior authorization requirement would also contribute to the red-tape burdens that deter providers from participating in Medi-Cal and could make the existing shortage of participating OB providers even worse.

Given the disproportionate prevalence of diabetes among low-income people generally and [American Indians/Alaska Natives, Blacks, and Hispanics in particular](#), restricting access to strips for testing blood sugar level is inconsistent with quality care and with promoting racial equity for Medi-Cal beneficiaries, including during pregnancy and the year after.

We consulted with pregnancy programs and our partners at ACOG and then wrote to the state. Within two weeks of issuance, the policy was not only returned to the prior policy of four daily testing strips but was also expanded to allow up to six strips a day without a TAR. The policy, [found here](#), also covers the year following the end of a pregnancy.

Abortion Services Under Presumptive Eligibility

Abortion is covered in California under a program called Presumptive Eligibility for Pregnant People (PE4PP). It's a way of getting

faster pregnancy services regardless of whether the pregnancy is carried to term or an abortion is planned. But it is designed for outpatient care and does not cover inpatient care or delivery. Thus, it has been the case that some outpatient services provided at a hospital have mistakenly been rejected or omitted from the list of covered services for PE4PP.

“
...some outpatient services provided at a hospital have mistakenly been rejected or omitted from the list of covered services...”

MCHA and UCLA recently submitted case examples to get four more outpatient services covered, primarily use of rooms during and after an abortion, and the [September 2023 Clinics and Hospitals Medi-Cal Update Bulletin](#) noted the changes:

Effective for dates of service on or after October 1, 2023, the following outpatient services CPT® codes have been added as a benefit for the Presumptive Eligibility for Pregnant Women (now PE4PP) program:

CPT Code Description

Z7506, Z7508, Z7510 Use of operation room or cystoscopic room

Z7512 Use of recovery room

Glasses and Vision Care in Medi-Cal Post-Pregnancy

Maternal and Child Health Access recently had a difficult time finding an ophthalmology and optometry provider for a postpartum client.



One provider said they had a year's worth of bills for such services that the state had not paid. MCHA checked with the Vision Care department for Medi-Cal and was told of a "glitch" in the billing mechanism for these services for certain post-pregnancy patients.

Provider offices also told us that since "vision" wasn't listed in the automated eligibility verification system as a covered benefit – in contrast to

dental, mental health, and other services listed – they believed vision wasn't a covered benefit. Once we learned of this understandable confusion, MCHA asked the state to add the word "vision."

The state agreed and in the [bulletin issued to providers explaining the policy](#) dated July 31, 2023, also invited them to submit past bills for vision care. The state also changed descriptions on the eligibility computer and Medi-Cal Aid Code listings to include the word "vision" to lessen provider confusion.

Our client's ophthalmologist was at first suspicious of MCHA's claim that the client's Medi-Cal would cover vision services, saying she would charge the patient if it didn't. Her suspicion turned to gratitude, however, after we sent her the corrected policy and she learned Medi-Cal would reimburse for covered bills back to April of 2022.

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MCHA ADVOCACY GETS RESULTS! *(Cont'd from page 3)*

Accelerated Enrollment Benefits

Accelerated Enrollment (Æ) provides temporary Full Scope coverage in real time when a person's application information shows they are eligible for the most commonly used Medi-Cal programs (though not for Aged and Disabled Medi-Cal). Æ is a result of a lawsuit in which MCHA participated, *Rivera vs. Kent*, addressing the backlog of Medi-Cal applications after Obamacare broadened eligibility (see our 2014 newsletter). Medi-Cal is supposed to decide whether these applicants are eligible within 45 days; hundreds of thousands of people waited longer, including pregnant people in urgent need of immediate care. To settle the case, the state agreed to adopt Æ and began to phase it in starting July 1, 2021, for eligible applicants applying for Medi-Cal through Covered California at its online portal, www.coveredca.com or by phone, mail, or fax. See, [ACWDL 21-32](#). Æ lasts until the county completes the final eligibility decision, even if that takes more than the 45-day limit.

During this phase, MCHA documented errors in how Æ was programmed into the automated eligibility rules engine. These errors prevented eligible applicants from being approved for Æ while identity was being verified or when an inaccurate report of death or incarceration status emerged from a database. The glitch regarding ID verification in particular has prevented many eligible immigrants from receiving Æ. As of November 1, all three of these glitches have been fixed, although ongoing monitoring by MCHA and other advocates remains important. Also on November 1, Æ was expanded to applications submitted directly to the county, whether by using the county benefits online portal, or by mail, phone, fax, or in person.

MCHA has monitored these developments, informing advocates, enrollers, and programs that work with potentially eligible people of the advantages of Æ.

Æ confers full benefits while immigrants and others await a final eligibility determination. Æ also frees up county time to process the small minority of applications for the more complex senior and people with disabilities applicants. In addition:

Æ Can Restore Medi-Cal for the Thousands Being Disenrolled

This expansion of Æ to the county application system will not only benefit hundreds of thousands of new applicants each year, but also people discontinued from Medi-Cal during the eligibility reviews that started again in March 2023 when the COVID-era "continuous eligibility" protection ended. Less than halfway through this "unwinding" process, 500,000 Medi-Cal beneficiaries, mostly children, had already been discontinued for "procedural reasons" – not getting paperwork in – as opposed to no longer being eligible. They need Æ as a rapid re-enrollment strategy when other options for returning to Medi-Cal, such as the "90-day cure period" allowing return to Medi-Cal up to 90 days after the disenrollment, are unavailable and the person has to re-apply all over again. Æ is tailor-made for that situation, as it grants immediate or near-immediate confirmation of eligibility. We await the stories of improved/faster access and how that made a difference in someone's care, while we distribute materials and raise awareness of Æ in our meetings and trainings.



At Last! The Newborn Hospital Gateway!

In 2003, then-Governor Davis signed into law a bill sponsored by MCHA, SB 24 (Figueroa, Stats 2003, c. 895), which created an electronic Newborn Hospital Gateway (NHG) contingent on appropriation. The NHG enrolls infants into Medi-Cal for the first year of life online directly from the hospital when the mother had Medi-Cal coverage for the delivery. Medi-Cal for these "deemed eligible" (DE) infants is guaranteed without an application for the first year of life, regardless of fluctuations in income.

Fast forward to July 1, 2024, when the state will implement the Newborn Hospital Gateway that MCHA has championed since 2003!

This will require providers, including hospitals and birthing centers participating in any "presumptive eligibility" (PE) program, to enroll babies in Medi-Cal online through the NHG within 72 hours after the birth – so, often before mom leaves the facility!!

Since most hospitals where babies are born to moms with Medi-Cal already participate in PE for a variety of reasons, we are hoping this will be a smooth transition.

More than a quarter of kids on Medi-Cal didn't receive preventive visits in 2019. Rates were understandably worse during the pandemic, and should be improved in the years to come. How much more preventive and other timely medical care would infants have received if enrollment before leaving the hospital had been the standard all these years?

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MCHA ADVOCACY GETS RESULTS! *(Cont'd from page 4)*

Pregnancy Care Possibly Interrupted? MCHA Sounds the Alarm!



In January 2024, over 700,000 undocumented adults ages 26-49 with income at or below 138% of the federal poverty level will be eligible for full Medi-Cal. This is in contrast to the emergency and pregnancy Medi-Cal that undocumented residents of California can currently receive. This group will join the older undocumented adults (50+) and youth (0-26) who are already in full Medi-Cal, to close this age gap in coverage and move California closer to universal health care. It is a momentous achievement for community groups and advocates in the Health4All and Care4All movements, including MCHA, and a very exciting time.

A lot must be done to inform this population of the change and particularly, to transition them to a managed care delivery system. This involves both choosing one of the many plans available and a provider in that plan, or filling out forms to stay with a provider who doesn't accept managed care plans.

MCHA is especially concerned about pregnancy during this change, and interrupting pregnancy care with existing providers or arrangements with hospital or birthing center labor and delivery services. We have been through this before, when from one day to the next, someone is switched to a new plan or provider and their carefully laid-out birth hospital or specialty care center is no longer available to them. We are urging the state to maintain pregnant people identified as pregnant in the regular Medi-Cal they have, without the need to choose a managed care plan. We will alert the groups that we know work with pregnancy.

In the 2021 transition to managed care for pregnant Medi-Cal members over 138% of federal poverty, the state did keep existing pregnant members in their current Medi-Cal. The state has declined to do the same for the undocumented group whose Medi-Cal will change in January, an even more vulnerable group that is less informed about Medi-Cal and where to get help. MCHA is trying to get the word out about how to keep one's current prenatal provider and chosen hospital or birthing center for labor and delivery. Please see our [Alert](#) outlining medical exemptions, approved automatically during the third trimester, and how to stay with one's provider.

MCHA is especially concerned about pregnancy during this change, and interrupting pregnancy care...

The CHOI Story Healthcare Navigation for Families Wins the Silver Award!

Since 1987, the Productivity and Quality Awards Program has honored thousands of individual departmental productivity and quality improvement efforts deserving recognition by the Board of Supervisors, the Quality and Productivity Commission, and the public. Entries are submitted each year by County of Los Angeles departments and represent millions of dollars of cost savings, revenue and improved services to the community. Productivity Managers and Commissioners select the top award-winning entries

On October 18, the Los Angeles County Department of Public Health's Community Health Outreach Initiative (CHOI) program, which funds MCHA in partnership with other community organizations, was one of 10 county programs awarded a gold, silver or bronze award, winnowing down from dozens of programs nominated to the final 10. CHOI won silver!

Since 2003, the Los Angeles County Department of Public Health's CHOI program has funded community partners to provide health care enrollment and system navigation services to underinsured county residents. In collaboration with its partners, CHOI developed a model of outreach, enrollment, utilization, and retention services, including "troubleshooting" benefits, to ensure Los Angeles residents have full



Left to right, top: Veronica Carter, Senior Contract Compliance Officer, and Steve Baldwin, Director, CHOI, DPH. Bottom: Celia Valdez, MCHA and Anthony Ly, City of Long Beach

access to the benefits to which they are entitled so that they can meet their health needs. MCHA is also awarded as the training partner, making sure all groups funded for this effort are as up-to-date and knowledgeable as possible about the complex world of health coverage for low-income people. The trainings are extended to all organizations who work to help people with health insurance and services.

To date, more than 1.5 million individuals have received services from all the CHOI partners, including 67,502 unique individuals from 41,102 families in 2022 alone. Los Angeles County estimates that the nearly 13,000 health insurance enrollments last year likely saved \$5 million in healthcare costs. MCHA's enrollment and navigation team in FY 22-23 outreached to over 10,000 people, enrolled over 1500 people and solved health coverage problems for more than 5500

people! Our trainers have trained over 1500 people in dozens of agencies, familiarizing those who don't enroll with health programs and enabling enrollers to do their jobs better.

The awards were given out at a luncheon and each of the 11 partners received a giant plaque with the silver eagle, "rising to the extraordinary" as our hardworking staff do!

MCHA Has Moved!

MCHA moved our downtown offices in February AND March of this year, in two arduous moves, down four flights of stairs with no elevator, up the street to our current address. Why two dates? Our old building's buyer wanted us out and the owner could not wait until our new site was ready, so we moved into storage and then to our new address a month later.

Our Sixth St. address has not fared well as apparently the deal fell through (See picture). It would have made our lives a lot easier to make the move just one time.



Our old building ...and our new!

Our new address, where we occupy two large suites on two floors, is:

350 S. Bixel Street, Suite 150
Los Angeles, CA 90017

Also known as the Chamber of Commerce building, it's the past home to many groups we've worked with

(LA's Best Babies, Zero to Three) and current home to a partner in health care, Disability Rights California, and our Congressional Representative (34th District) and a champion of issues for parents, Jimmy Gomez!

Meet the Staff

Debra Winski

BA, Health Education Coordinator/Advocate

Deb, as she is affectionately known, has the distinction of being the longest-serving employee with MCHA!

In the last 27 years at MCHA, her focus has been on access to and quality of government benefits and reproductive health services, and ending Domestic Violence. She is our Health Education Coordinator/Advocate who pulls together requested, exciting topics for zoom classes now reaching up to 100 people bi-weekly. She has a Bachelors' in Human Development from prestigious Pacific Oaks College, a current partner for internships in social work, and is a non-Latina who speaks Spanish.

Deb was hired away from then Daniel Freeman Maternity Center in 1996, where a position had been created for her that encompassed community outreach, advocacy for Medi-Cal benefits, problem solving, program administration, and teaching Self-Advocacy and Empowerment classes to prenatal patients. She did much of the same at first at MCHA, in our Perinatal Outreach and Education program, or POE. POE evolved during the three years of COVID to assist county residents with COVID cases, referred by the Department of Public Health and the County Community COVID Equity Fund program. Deb jumped in with both feet, diligently calling in Spanish and English, strangers who had said they wanted help, and learning a new computer data system to record the help provided.

But Deb being one of those people who not only can take on more and more complex issues, but willingly does, she has been our go-to for housing, employment, CalWorks and other income issues, and domestic violence

restraining orders. She has been our contact for monthly legal services meetings and our representative for environmental and women's health. Her interests and sense of social justice and responsibility know no bounds, and she is always willing to take on the client who calls Friday afternoon before we close.

Two or three women Deb helped over many months recently were living in their cars, at least one with her child. She advocates for clients with countless phone calls and detailed, compelling letters. Her ability to document is a director's dream. Deb has stayed with several clients over the long haul, getting their housing fixed:

"R," who is 60, has multiple medical and mental health issues. She's on SSI and is waiting on her appeal for her Section 8 extension, getting assistance from a nonprofit to which Deb referred her. Another partner agency met her at court, on our referral and successfully fought her eviction. Deb has worked with her for two years. For "N,"



the same age and also on SSI, Deb helped her with multiple housing and community organization referrals over the course of a year and "N" finally got housing about five months ago.

"R" was homeless for over a year and was living in her car with her baby when we contacted her because her baby had COVID. We told outreach groups over and over where to find her but put her in a motel in the meantime which ended up lasting months. Deb searched on her own and tried to get public homeless outreach agencies to follow up.

Writing of another client, "Sofia moved to San Bernardino and is feeling very lonely and displaced there. She

goes on YouTube and learns new things to make and is always trying to create something new. She has made scarves and hats that she will bring me on her next trip to LA. She misses MCHA a lot – for her it is her second family – not just me but all of us and the atmosphere she finds here – and took the train three hours to get here just to get help with some mail she didn't understand. She will make scarves and hats with the new yarn and bring it back to me to sell. She was very excited to have new yarn and some knitting needles so she can make more."

*The Executive Director has told her,
"You write people's stories
so well, Deb; so directly and simply.
It's all you have to do to make
them effective – thank you."*

*She is the only person we know
who has had a song written about
her, and by none other than the late
acclaimed Cuban artist Pablo
Miilanes, from Deb's days as an
internacionalista! The [song](#) is on
You Tube and you can find the
lyrics [here, on Musicmatch.](#)*

“Her interests and sense of social justice and responsibility know no bounds, and she is always willing to take on the client who calls Friday afternoon before we close.”

MCHA BY THE NUMBERS 2023

Our numbers dipped slightly this year in all departments due to the disruption of packing, moving and unpacking for two moves. We never stopped providing services, however!

CalFresh/Food Support

300 New applications for CalFresh – an estimated **900** or more people now enjoying greater food security.

203 Cal Fresh six-month reports. CalFresh still has six-month reporting, although Medi-Cal ended this practice decades ago.

168 Annual Renewals for CalFresh.

A telling **435** issues resolved, with benefits cut, cards lost or stolen, or not working, which generally affect about three times as many people on the case.

23 Newborns added to the family case. Adding newborns is not intuitive, since babies don't eat solid food right away, but it is an important way to increase the family's food purchasing power and provide a needed increase to a breastfeeding mom's calorie intake.

200 People assisted to create a new account for their CalFresh case in BenefitsCal, California's new (April 2022) statewide system replacing each county's benefits system. Setting up this account can take an hour or more and involves lots of back and forth, teaching preliminaries about using a smartphone, and establishing an email account.

200 people assisted with Pandemic Electronic Benefits Transfer (P-EBT) questions and issues. P-EBT is additional food purchasing funds to help replace school food breakfast and lunch programs affected by the pandemic. It has been difficult to understand and explain, as eligibility requirements change often to include certain age groups. PEBT contracts ended June 30 of this year, so numbers are lower, but we still field questions and refer callers to the state's helpline. We gave **30** virtual presentations to schools and community agency partners. We gave one CalFresh training to help create and support CalFresh enrollers and advocates!

As noted in our cover story, **1,800** families provided with food cards totaling over \$1.5 million and over \$20,000 in emergency food support through United Way's Emergency Food and Shelter Program.

Community COVID Outreach/ Perinatal Outreach & Education

MCHA is proud to have contributed to lowering the disparity in vaccine access and uptake and thus lowering potential COVID infections with our COVID outreach, education and assistance. Our grant ended Aug. 31, but we continue providing support. Our Community Health Specialist Yvette Leon has helped dozens of interested community members get vaccines at home – moms who can't leave the house easily, disabled people and elderly – through a county referral system that sends a public health nurse to homes. We've distributed:

6,000 KN95 adult and children's masks and **1,300** hand sanitizer.

Over **500** bags with sets of information and community resources, and over **1,500** other individual items, such as PPE kits donated, wipes and sanitary supplies, clothing, and COVID-19 test kits.

At least **1,000** packages of diapers (40-50 each) were distributed at health fairs and at our offices.

284 clients served in our **25** biweekly health education classes with about **92** people per virtual class (we could not fit that many in a room!).

33 breastfeeding support sessions with **12-15** clients each session.

400 clients contacted after testing positive for COVID and indicating they wanted assistance with medical, food or housing issues.

20,000 texts sent promoting activities, guaranteed income or rent relief opportunities, food distribution activities, upcoming classes and other events.

2,000 referrals to MCHA enrollment services such as CalFresh and health coverage, to providers of community services, school support, financial support, including over **300** referrals or direct assistance related to housing, immigration, LGBTQ and other services.

Health Coverage Outreach & Navigation

4,597 people discussed health coverage with us at events, such as outdoor summer movie nights, backpack giveaways and health fairs and via direct outreach by phone. This year we emphasized understanding the need to renew Medi-Cal for the first time since early 2020 due to the end of the pandemic emergency protections.

Completed **606** health coverage applications providing coverage for some **1,800** people.

We confirmed enrollment for **97%** of the people for whom we submitted an application. We were able to ensure that **90%** of those we enrolled utilized their health benefits – a health card is just a piece of plastic unless it's used to access care! And we assisted **87%** of those we enrolled in the previous year to retain health coverage at **12** months.

Helped **1,684** people who didn't originally apply with us to renew their health coverage.

Resolved **6,564** eligibility and access to care problems for people (our biggest category and our specialty).



Health coverage is a puzzle!

(Continued on Page 9)

MCHA BY THE NUMBERS 2023

(Cont'd from page 8)

Health Coverage Training

We grow advocates!

980 people representing **106** agencies were trained virtually over Zoom about California's complex health care systems and how to navigate them.

150 episodes of Technical Assistance were provided to agencies needing help resolving a case situation for their clients.

This year our Health Coverage Training program was honored to be awarded a new grant to train community agencies about abortion coverage issues and the tangled web of state and federal jurisdictions that affect the ability to get an abortion. We are glad to have the opportunity to help other organizations who interact with pregnant people in need.

JOIN OUR NEW TRAINING

ACCESSING ABORTION ACROSS HEALTH CARE

Topics Covered

- Abortion care coverage and for whom
- New state funding
- Finding a provider
- How transportation benefits work for those with Medi-Cal who need to travel

For health coverage navigators, case managers, clinic personnel - anyone who assists pregnant people to find and access any kind of abortion, from medication to high-risk. Abortion is safe and legal in California still! California is a safe haven for those who need abortion care.

PLACE:
Virtually via Zoom 90 min training

CALL OR EMAIL TO SCHEDULE
(213) 749-4261 INFO@MCHACCESS.ORG



Welcome Baby Home Visitation

Over **1,500** families served in 2023 with home visitation support and education services, representing over **3,350** visits! Since reinstating in-home visits, the percentage in-home has risen to about 70% average/month. We will back-up with virtual visits rather than lose the opportunity to support the family. About **700** completed the program fully, to nine months, this year – it's a rolling number since families are enrolled and meet their benchmarks monthly.

A whopping **91%** of our Welcome Baby mothers returned to their medical provider for their postpartum visit within eight weeks postpartum, a better result than Medicaid and private health care nationally and ensuring access to comprehensive postpartum care after the birth. More than **99%** of clients receive information on how to obtain ongoing and emergency care. At the nine-month (final) visit, more than **96%** of infants are up to date on their immunizations, more than **98%** of infants have a medical home and more than **99%** of infants have health coverage.

Thanks to Our Generous Contributors, Grantors and Contractors!

Our apologies for any misspellings or omissions and with Amazon donations, we aren't given individual donor names. Please call (213) 749-4261 or email us at info@mchaccess.org with corrections.

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- Berke Family Foundation
- California Association of Food Banks
- California Hospital Medical Center
- Center for Wellness and Nutrition, Public Health Institute
- Emergency Food and Shelter Program, United Way
- Essential Access Health
- First 5 Los Angeles
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