

# News from Maternal and Child Health Access



## THE WAR ON THE POOR, WOMEN AND CHILDREN

*"The proposed tax bill adopted by the US Senate last week will increase the deficit by \$1 trillion over 10 years."  
— Nonpartisan Joint Committee on Taxation*

*"The Senate plan takes \$300 billion out of the Affordable Care Act over 10 years, causing 13 million Americans to lose coverage, and gives it to the rich and to big corporations. Meanwhile, Congress still hasn't renewed CHIP, the Children's Health Insurance program that covers 9 million low-income kids."  
— Robert Reich (who served in the administrations of Presidents Gerald Ford and Jimmy Carter and was Secretary of Labor under President Bill Clinton)*

*"Immigrant families have been especially hard hit: the bill eliminates the Child Tax Credit for immigrant children."  
— National Immigration Law Center  
Statement on Passage of Senate Tax Bill*

*"The administration will freeze out clinics that also provide abortions, restrict the types of services performed at clinics, limit access to some types of birth control or reduce funding for the program."  
— Planned Parenthood Action Fund*



MCHA Staff and client families featuring T-shirts designed by our own Celia Valdez!

It is hard to know what more can be said about the news of the middle-of-the-night, hastily printed and handwritten tax bill now on its way to the conference committee. **The list of assaults contained in either the House or the Senate bills is staggering. The bill impacts our children's futures, our tax bills, graduate student education, incentives to hire people with disabilities, research on rare diseases, health care for poor and working families and our country's debt, and on and on.** It is difficult to understand how the self-professed deficit hawks could vote on it for the debt reason alone. And how those Republican Senators who stood strong on the "repeal and replace" of the Affordable Care Act (ACA) could now fold, and decide to take away the health coverage mandate, causing a rise in premiums, and voting to cut Medicare by up to \$410 billion in the next 10 years. They know this vote undermines health coverage. Just as important are the pending attacks on Medicare, Social Security and Medicaid, called Medi-Cal in our state. These programs

will be on the chopping block with cries of, "We've got to pay for the deficit" without the corresponding truth that these same Republicans have just voted to increase the deficit. Donations to non-profits, and thus the services we provide, will be affected by changes in the structure of the code. **We know we will survive, somehow, but we also know what additional pain this bill will cause those struggling just to get by.**

**Our daily work involves trying to right injustices at their source. We strive for just the right tone with utility workers so that they will turn on the gas and electricity for our client. Our next phone call is to our city council to ask how a woman with a two month-old newborn can be expected to move into an apartment without heat and light over a four-day holiday weekend and why there isn't staffing at the utility agencies. We wonder why it should take our client with cancer several months**

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## THE WAR ON THE POOR, WOMEN AND CHILDREN *(Cont'd from page 1)*



to get the appointment she needs, her symptoms worsening, until she finally calls us for help in desperation. We read of institutionalized routine denials for health care at gatekeeper agencies that finally enrage workers enough so that they turn whistleblower. We fear this tax bill for the havoc it will wreak and the cries for additional cuts we are told it will provoke. We feel the anxiety and the stress, already high, rise even higher.

Have we the strength to defeat these poor excuses for stewards of our nation? We have no choice. We must figure out our respective roles — making calls; becoming an office volunteer; talking with a relative or friend with whom you disagree, but who can be convinced; marching in a repeat of the historic turnouts witnessed this year. We cannot afford to sit on the sidelines. Doing nothing is being complicit. Be strong. Have faith in the goodness of (most) people. **Persevere.**

## MCHA Advocacy Gets Results!

**MCHA's** advocacy wins can be long hauls, are often unsung and are sometimes difficult to convey in their importance. So much goes into the correct evaluation and placement of pregnant women and others in the right program in a timely way, that undoing new barriers may not seem as impactful as it actually is. MCHA works both "in the weeds" and on the big picture issues. Here are a few ways that getting down and dirty this year had real results:

### The 200% Income Disregard Program

MCHA has been participating in consumer testing of the state's health coverage enrollment systems, and we are lucky to have staff who know the complex eligibility rules and technical issues. We participate in conference calls and travel to Sacramento a few times a year, creating hypothetical cases to prove or disprove that people will end up in the right place, given their family and income circumstances.

One little-known program, the "200% Income Disregard" does just as its name implies for pregnant young women under 21 years old. The program disregards, or doesn't count, parents' income over

200% of the Federal Poverty Level so that there is no cost to the young woman. The program eliminates the need for the young person to leave her parents' home just to qualify for health insurance during her pregnancy. Back in June 2016, MCHA staff noticed on one of the

computer testing trips to Sacramento that the Department of Health Care Services (DHCS) was planning to put all of these pregnant young women into a program requiring subscriber contributions, the Medi-Cal Access Program (MCAP), instead of no-cost Medi-Cal. MCHA eventually prevailed in its advocacy to



MCHA marches against repeal of the Affordable Care Act.

get the state to reprogram its computers to implement this important program.

### Temporary Protective Status (TPS) and Full Scope Medi-Cal

TPS is an immigration status for people from certain countries experiencing dire conditions, such as a natural disaster, epidemic or war. It protects against deportation and authorizes the individual to work in the US. For years, people with TPS have qualified for full-scope

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## MCHA ADVOCACY GETS RESULTS *(Cont'd from page 2)*

Medi-Cal benefits as opposed to the restricted scope (emergency and pregnancy-related care) that covers undocumented persons. Late in 2016, the Los Angeles Department of Social Services (DPSS) began granting TPS visa-holders only restricted Medi-Cal, based on a state change in policy. This caused all kinds of problems, most seriously for those with immediate health care needs. LA County officials started down the road of including adults with this status in the county-only My Health LA. But since it's not insurance, it would not count as proof of health insurance as required under the Affordable Care Act to avoid a tax penalty. MCHA along with other advocate groups pressed the issue with Sacramento, and finally the state reversed its decision. Our local DPSS issued its own notice and TPS designees are once again eligible for full Medi-Cal. Of late, the Trump administration has cancelled the TPS status for Haitians and Nicaraguans by July 2019, and is considering the same for Hondurans.

### Dental Notice – Words Matter!

Categories of Medi-Cal during pregnancy can be difficult to understand. Some women get regular, "full-scope" Medi-Cal, others with a little higher income get "pregnancy-related" that ends after the woman's postpartum period unless she then falls into another Medi-Cal eligibility category. All immigrant women without satisfactory immigration status receive "pregnancy-related" regardless of income, in the Medi-Cal program. These benefits through the years have been called "restricted" or "limited" scope. Still others with even higher income get a full-scope program called "Medi-Cal Access Program", paid for under the Children's Health Insurance Program (CHIP), the program currently delayed for refunding in Congress. It is no wonder that providers, especially dentists who do not see pregnant women daily, get confused about who gets what. Imagine then also using a negative word like "limited" scope to describe pregnant women's benefits.

Changing wording and perceptions of what is available to beneficiaries is MCHA's stock in trade. We are aware of what clinics, doctors, midwives and others think Medi-Cal doesn't cover for women, because they call us. We are aware of the barriers to accessing care for pregnant women because we see them — in our programs, classes, and support groups.

Dental care was eliminated for adults in 2009 during bad budget times, except for preventive benefits for pregnant women (cleanings, gum treatments, etc.). It was then "partially restored" in 2014 except that pregnant women — whether receiving full benefits or "pregnancy-related" benefits — received full restoration of all dental benefits medically necessary, by virtue of being pregnant. MCHA worked to get that difference explained in provider bulletins, manuals and notices. In the 2017 state budget, dental care for ALL adults has been fully restored, starting in January. This means that all adults will once again have crowns, fillings, full dentures and other needed care available to them.

MCHA hosts a bi-monthly Dental Stakeholder meeting and has urged the State Department of Health Care Services (DHCS) to use this opportunity to circulate their notices for public comment. But in November, DHCS issued a Provider Bulletin misleading readers to

conclude that women in Pregnancy-Related Medi-Cal were not covered for the full scope of adult dental benefits.

MCHA immediately requested that new materials be issued to correct this mischaracterization ... we were successful! Now, in its [December Provider Bulletin](#), DHCS has done a wonderful job showing the categories of services that are available — including that women in Pregnancy-Related Medi-Cal are covered for all dental benefits available to other adults under full scope Medi-Cal. This will ease our communications with consumers and providers tremendously. Yes, words **do** matter!

### MCHA Salutes Los Angeles County for Infant Notice

One of MCHA's wildest dreams is that someday health coverage status will just be accepted, without the need to present cards that may not work, or that get lost. One small foot in the door is Deemed Eligibility (DE) for infants. Under federal law, infants are "deemed" eligible for Medi-Cal when their mothers who have Medi-Cal give birth. MCHA over many years has successfully advocated to have this right implemented in Medi-Cal's policies and computer systems. We are still working in various ways to ensure that pediatricians, community workers, and hospitals know of this special eligibility and how to use a shortcut process to get a Medi-Cal number for a DE infant during the first year. Almost no period of life is more important; according to the American Association of Pediatrics, babies should be seen immediately post-delivery, at three-five days and by one month, and two, four, six, nine and twelve months for preventive services and developmental screens. In between these preventive service visits of course all manner of issues come up. So having health coverage is critical.

The Los Angeles County Department of Public Social Services (DPSS) is helping to spread the word about DE. This month, they are mailing a [notice](#) to all households with a woman who gave birth on Medi-Cal and have an infant under one year old. Thereafter, DPSS will mail it monthly to families with newborns. The notice tells families of the guaranteed coverage for their infant and of the dedicated phone line to address possible breaks in coverage families may have during this time. DPSS is also working with the two main health plans in Los Angeles, Health Net and LA Care, to educate providers who see families with young children about DE and how to enroll infants.

To MCHA's knowledge, no other county in California has made this effort. We salute our long-time partners at DPSS for their work for DE infants!



## So That Others May Eat: MCHA's Food Assistance

*Ms. C came to us in 2010 after she separated from her abusive husband. She was struggling to put food on the table for her two kids and was only working a few hours a week. She had very little income and was living with a friend who had offered to help her until she got back on her feet. We assisted her with a CalFresh application and requested expedited benefits, so she could access needed food within two days. (Read the rest of this amazing story [here](#)).*

As is so often the case, MCHA's on-the-ground efforts to assist thousands of people with accessing food benefits have paired with local and state policy initiatives, this time to lower "food insecurity" in Los Angeles County. This term has been defined as "Not having access to enough food for an active, healthy life for all household members" or "a reduction in the quality, variety or desirability of diet." As it is with homelessness, Los Angeles is also the hunger capital of the country: *More households, some 561,000 of 3,263,069 households in Los Angeles, are hungry or eating too little food or bad food, than anywhere else in the country.* A recent [Los Angeles County Department of Public Health Brief](#) explains the data by area, race, age, employment, and education.

Although MCHA works countywide, our concentration on the Eastside at The Wellness Center at Historic General Hospital and in downtown Los Angeles puts us in two of the top three areas of concentration for food insecurity.



*A cooking demonstration at MCHA's Tuesday classes.*

The area with the largest percentage of lower-income households (34.4 percent) experiencing food insecurity is the Antelope Valley, followed by the Eastside and South county (both 32.4 percent), and then by the Central, "Metro" area (32 percent), according to the Los Angeles County analysis. In the last year, MCHA has expanded our outreach efforts to East LA College, where one of the administrators told our staff she keeps extra food in her office for hungry students.

In an effort to increase the participation rates among LA households, the Board of Supervisors approved a [motion](#) in May, authored by LA County Supervisors Kuehl and Hahn, to identify opportunities to boost enrollment, retention, and reporting, and to adopt a goal of increasing CalFresh participation by at least 20% over two years. If the County were able to raise participation to 100% of those eligible for CalFresh, LA could receive an estimated \$1.8 billion in additional federal funding. This increased participation would also mean another \$2.1 billion in local economic activity. In response to the motion and the follow-up monthly accountability and progress

reports, MCHA and other advocates have responded with recommendations. County efforts include the mailing of over 984,000 flyers over six months (June-November, 2017) to households potentially eligible for CalFresh benefits but not receiving them. Marcela Marquez, MCHA's CalFresh Coordinator, spoke at a recent meeting of the Los Angeles County Public Social Services Commission about the need to continue to meet and communicate with the Department of Public Social Services (DPSS), since meetings had been curtailed, as well as about aspects of the flyers sent that worked or did not work.

“Families have to make very difficult choices about whether to pay for food or the rent. These are hard and awful decisions.”

— Cynthia Harding  
Chief Deputy Director of the LADPH.

MCHA saw a huge influx of people — mostly seniors -- walking through our door with these flyers in their hands. The applicants spoke Korean, Russian and Tagalog; the languages we could not accommodate we served with a translation phone line and we offered to make appointments for clients at DPSS with someone who speaks their language. In fact, one of the advocacy issues we are helping DPSS understand is that their efforts to allow online reporting by the recipients to reduce the potential for reports lost in the mail, and the need to come into the office, are for naught if the report forms online are only available in English.

As eloquently described in the recent L.A. County Department of Public Health (LADPH) brief, however, little progress can be made in addressing food insecurity when housing and other costs of living take up such a disproportionate share of income. "Families have to make very difficult choices about whether to pay for food or the rent," says Cynthia Harding, Chief Deputy Director of the LADPH. "These are hard and awful decisions."

## Thanks to Our Generous Contributors:

Our apologies for any misspellings or omissions. Please call (213) 749-4261 ext. 110 or [info@mchaccess.org](mailto:info@mchaccess.org) with corrections.

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## MCHA in 2017—By the Numbers!

- **Helping low-income families stretch their hard-earned dollars**, we distributed thousands of packs of diapers and wipes, and hundreds of new baby outfits and blankets. Thank you Baby2Baby and Good+Foundation!
- **Helping pregnant women and their families navigate pregnancy, birth and parenthood**, we enrolled 1387 women to get support in their own homes. Most were enrolled with their newborn babies in the hospital, but almost one-third as pregnant women, which improves program results.
- **Helping people stay healthy**, we attending 34 events where we talked to 4,361 people about health coverage and services. We submitted 1,433 applications for health coverage and attempt to follow up on 100% of them. Only about 1% of those applications are denied with cause. We worked on 3,841 problems with applications, coverage or managed care plans for individuals and families.
- **Helping agencies learn health care programs from an advocacy perspective**, we trained 1395 people from 91 different agencies to know how programs work on paper, how they really work and what to do about it for clients enrolled or trying to enroll.
- **Helping people have enough food**, our experienced team of three CalFresh advocates pre-screened 567 individuals, submitted 382 new applications for families and individuals, 223 annual renewals, 184 six-month reports and worked on 882 problem issues for clients.
- **Helping high-risk pregnant women and their families navigate pregnancy birth and parenthood**, we provided case management for 48 women in our Perinatal Outreach and Education Program that extends for up to two years.
- **Troubleshooting social services and health**: We assisted at least 40 women and their families with issues with housing, utilities, food,
- **Helping women learn**, we provided 49 weekly classes for over 160 women, covering healthy cooking, domestic violence, women's health, housing, immigration issues, neighborhood resources and more.
- **Helping babies and children to ride safely, and to sleep**, we distributed hundreds of bassinets, cribs, strollers, pack-n-plays and car seats donated by individuals and Baby2Baby.

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For orders after December 15th, know that the card may not arrive by the last night of Hanukkah (December 20) and after December 21st, the card may not arrive by Christmas.

You may also request a handmade gift by a member of our Women's Collective — an apron, placemats, pillows or potholders — and give twice: to your recipient and to the Collective member! You may stop by our office and shop for aprons, pillows, potholders, cards, scarves, jewelry and more from 9-5, M-F, or by appointment (call us at (213) 749-4261).