Maternal and Child Health Access






Monthly Virtual Meeting
Thursday, September 21, 2023 - 10:00 am to 12:00 pm

Where?

This is a virtual meeting

CLICK HERE TO RSVP

10:00 AM to 12:00 PM

After you register, look for the Zoom link in your registration confirmation email

Speaker/Topic:

Krystal Redman, DrPH
Executive Director, Breast Cancer Action
Updates on Breast Cancer, Breast Cancer Action and
Think Before You **Pink**

Updates: Health Coverage Renewals
Medi-Cal Extends for Undocumented 26-49 yr olds January 1 Get all eligible adults in Restricted Scope NOW for automatic conversion Jan 1st!
Also, 1.2 million Medi-Cal enrollees statewide must change their health plan in January - who is affected?

September is Hispanic Heritage Month!
October is Breast Cancer ~~Awareness~~ Prevention Month

Notes from Monthly Meeting July, 2023 (website)

Speaker: Marti Perhach, Group B Strep International (GBSI)
CEO and Cofounder
"Group B Strep Awareness and Prevention"

Ms. Perhach explained Group B strep (GBS), with a focus on pregnancy and newborns.

- GBS is a type of bacteria naturally found in the intestinal and lower reproductive tracts of both men and women.
- About 1 in 4 pregnant women “carry” or “are colonized” with GBS, usually without symptoms.
- Healthy adults do not usually become infected with GBS.

Unfortunately, babies can be infected by GBS before birth through several months of age due to their underdeveloped immune systems. There are three types of perinatal GBS disease, each with their own prevention challenges:
Prenatal Onset: Occurs Before Labor and Delivery and includes miscarriages and stillbirths caused by GBS
Early-Onset: Occurs within the first week of the newborn’s delivery and is currently the only type of GBS disease with a recommended prevention strategy. Get tested during the 36th or 37th week of pregnancy; positive results mean receiving antibiotics during labor and delivery. Signs of infant GBS include a temprature; sounds baby makes (audio played for us in the meeting and available in GBS materials posted); poor eating; skin appearance and fontanel and cord appearance; behavior irratable or sleeping too much.
Late-Onset: Occurs in babies from 7 days to several months old. There are currently no prevention protocols, but being able to recognize the signs of GBS infection in babies is critical for prompt medical treatment for better outcomes. Once born babies can become infected by sources other than the mother, since babies’ immunity is weak, and GBS is a very fast-actying bacteria.
Recurrent GBS is when a baby has had a GBS infection, been treated successfully and is later infected again.
Prevalence – Stillbirths attributable to GBS are around 46,000/year, worldwide; 3.5% of preterm births are associated with maternal GBS.
Racial disparities mean that Black race, as well as maternal age under 18, are the strongest predictors of **Early Onset GBS**.

To protect yourself and your baby, have your urine cultured for GBS, avoid unnecessary invasive procedures, such as “sweeping” or rupturing membranes prior to delivery, contact your healthcare provider immediately if you notice no fetal movement or decreased fetal movement after your 20th week, frenzied fetal movement or any unexplained fever.

Clinical trials are in process for maternal vaccination.
Group B Strep International was formed in 2006 to promote awareness and prevention of GBS pre-birth through early infancy. Order or download GBSI’s materials and follow them – see gbs-info.org. October is Prenatal-onset GBS Disease Recognition Month; worldwide conference in Brazil can be streamed virtually, #ISSAD2023.
See materials on our **website**:

Make sure people get “full breadth” Medi-Cal during pregnancy and for the year after!

On May 18, 2023, about one year after implementation of ARPA postpartum coverage (April, 2022), DHCS issued the strongest language yet about coverage postpartum:
- It is for the “full breadth” of medically necessary services;
- There is no difference between “full breadth” and “full scope”;

- Coverage lasts for 365 days post-pregnancy;
- Coverage is regardless of immigration status;
- The 365 days coverage is regardless of how the pregnancy ends: “(for example live birth, stillbirth, miscarriage or termination)”

Please see the DHCS Reminder **Publication**:

Please contact MCHA (213-749-4261 or info@mchaccess.org) should you have questions, or if you are trying to help a post-pregnancy client who has been denied services, or is being billed, or if you are a clinic or other provider whose bills for post-pregnancy care have been rejected, please call MCHA as well: 213-749-4261.

Vision services (and ALL medically-necessary services) ARE included in post-pregnancy care

Maternal and Child Health Access recently had a difficult time finding an ophthalmology and optometry provider for a client postpartum. Two issues: One provider said they had a year’s worth of bills unpaid by the state!! MCHA checked with the Vision Care department for Medi-Cal. There was a “glitch” in the billing mechanism.
Secondly, provider offices told us that since “vision” wasn’t listed as was dental, mental health, etc. – it wasn’t covered! Once we learned of this confusion, MCHA asked the state to include the word, “vision” in the list of services that Medi-Cal covers during pregnancy or postpartum.
Billing for vision services should be submitted if denied. And the state has changed some, not all, AEVs and Aid Code listings to include vision and when needed, include the 365 days post-pregnancy that the Medi-Cal covers. Please let MCHA know if issues arise with billing for any aspect of pregnancy or post-pregnancy coverage.
If something doesn’t seem right, it probably isn’t – what billing and services trends are you seeing with post-pregnancy Medi-Cal?

Published July 31, 2023
Note: The guidance in this article supersedes the previous Aid Code Master Chart (aid codes) published June 16, 2023.
Under the American Rescue Plan Act (ARPA) Postpartum Care Extension, pregnant Medi-Cal beneficiaries in restricted scope aid codes are eligible to receive the “full breadth of medically necessary services” as long as the service is a covered benefit of Medi-Cal.

The descriptions for aid codes M0, M8, M4, M2, and 76 have been updated for clarity. The updated language is to advise providers that restricted aid codes, when accompanied by aid code 76, are eligible for full breadth of medically necessary Medi-Cal benefits including medical, dental, specialty mental health, vision, and substance use disorder services.

The description for full breadth of medically necessary programs was updated due to an increase in denial of vision services. For providers that have vision services claims that were denied, please send denied claims to **Pregnancy@dhcs.ca.gov**.

Vision services, including glasses (and ALL medically-necessary services) ARE included in post-pregnancy care

New Since Last Meeting

News from the California Improvement Network, based at UCSF: As Hispanic/Latinx Heritage Month kicks off on September 15, we are taking a look at this community's health and well-being. While no community is a monolith, the general experiences of Hispanic/Latinx people, who make up 39% California's residents, reflect a significant cultural perspective in our society. Indeed, "**better health [comes] through better understanding**."

Here are some key statistics on this population:

- Their **workforce participation rates** are the highest among men and the second-highest among women.
- They're growing the fastest, but that **growth** is slowing.
- They're dissatisfied with access to and cost of **health care**.
- Their education levels, home ownership rates, and incomes are **improving, but trailing** other groups.

The future of California will be greatly influenced by the Hispanic/Latinx community, and their continuing economic improvement and well-being will ensure a broader rise in prosperity. Learn more at the **October 13 Latinx Health Policy Summit in Sacramento** and through resources from the California Health Care Foundation on **Advancing Latino/x Health Equity**.

Important news from Birth-Centered Outcomes Research Engagement (B-CORE), RAND

Medi-Cal and Birth Equity

Through applied research and health care quality improvement, California has achieved a maternal mortality (MM) rate significantly lower than that measured nationally. California accounts for almost one in every eight U.S. births annually; almost half of these births are covered by Medi-Cal. MM—defined as any death of an individual while pregnant or within 42 days of giving birth—affected 23.5 of every 100,000 live U.S. births from 2018–2021. In contrast, California had a MM rate of 10.1 per 100,000 live births during that period (National Vital Statistics System, undated). However, Medicaid (Medi-Cal)-insured births in the state continue to experience disproportionate shares of MM and severe maternal morbidity (SMM) (which often precedes death). A mismatch between (1) current statewide quality improvement priorities for MM and (2) the challenges faced by Medi-Cal patients, providers, health plans, and advocates might explain the gap in maternal deaths by payer status. Involving these Medi-Cal stakeholders in identifying key opportunities for research and improvement could decrease rates of MM and morbidity more specifically among Medi-Cal–covered births

Recommendations

- Medi-Cal health plans should expand coverage and the benefits offered to pregnant and postpartum beneficiaries.
- Medi-Cal should increase reimbursement rates for perinatal care providers.
- New strategies are needed for MM and/or severe maternal morbidity (SMM) data collection, data use, and data sharing (e.g., further disaggregate data to identify additional disparities, share user-friendly data with patients).
- Patient experience should be a guiding principle in measuring quality of care in Medi-Cal.

· Anti-racism should be a top priority in perinatal care and new approaches are necessary to ensure accountability for racism and bias in the health care system that contribute to MM and/or SMM.

Read more!

Birth-Centered Outcomes Research Engagement (B-CORE) in Medi-Cal: Community-Generated Recommendations to Decrease Maternal Mortality and Severe Maternal Morbidity | RAND

AB 608 – Makes it to the Governor's Desk!

Thank you for your incredible advocacy! Because of the dedication and support of Californians across the state, AB 608 has passed out of the State Legislature and is on Gov. Newsom's desk for signature. **We now have one more hurdle to overcome to pass this bill into law.**

Maternal and Child Health Access co-sponsored this bill with our incredible partners at the March of Dimes and The Children's Partnership. This bill will improve access to critical social and other supports for low-income mothers and infants during the new Medi-Cal 12-month postpartum/post-pregnancy eligibility period.

This bill would require the Department of Health Care Services to:
· Continue Medi-Cal's Comprehensive Perinatal Services Program (CPSP) benefit beyond the initial 60-day postpartum period.
· Adopt the federal option to allow Comprehensive Perinatal Services to reimburse workers who provide supportive services in the mother's home or elsewhere in the community, not just at a clinic or doctor's office.
Please take a moment to TWEET (preferred) or WRITE to Governor Newsom!!

Tweet from MCHA's tweets or use:
AB 608 passed the legislature and is on the Governor's desk! Extend Comprehensive Perinatal Services to match Medi-Cal's 12-month post-pregnancy eligibility. We look forward to the Governor signing it into law!
@GavinNewsom #GavinNewsom

See sample letter **HERE**.

THANK YOU!

The Health Divide: Postpartum depression plagues immigrant moms, and the latest challenge to diversity in health care providers

By Amber Dance

Center for Health Journalism Contributor

The Health Divide is written on alternate weeks by veteran journalists James Causey and Amber Dance.

*Send us your **feedback**.*

Isolation and a lack of support are driving “rampant” rates of postpartum depression and anxiety among immigrant farmworkers, reports Grace Rubenstein at **STAT**.

While Rubenstein focuses on workers in California’s Santa Clara River Valley — where one physician estimated 80% to 90% of new moms have some form of postpartum depression, anxiety, or the less-severe “baby blues” — living conditions are similar across many U.S. locales where immigrant people live and work.

While postpartum depression can affect any demographic, **rates are higher** in areas where people have lower levels of income, education, and social support, Rubenstein reports, “suggesting that stressful life conditions put women at higher risk.” **READ MORE HERE:**

Birth can be dismal for Black women. What this hospital is doing to stop that.

BY **EMILY ALPERT REYES** STAFF WRITER

Photography by
FRANCINE ORR
SEPT. 3, 2023 4 AM PT

Brianna Mckenzie was feverish and shaking in her bed as night drew near at MLK Community Hospital.

The pregnant woman was a week and a half past her due date. She had come to the Willowbrook hospital to be induced a day beforehand and was only halfway to the needed dilation. Her mother, Francine Tomlinson, had grown anxious, knowing that fever could be a sign of an infection. **READ MORE**

The California Food Assistance Program (CFAP) Expansion: Revised Participant Stories Survey

Hello Stakeholders,

The California Department of Social Services (CDSS) is pleased to share our revised **CFAP Participant Stories Survey**. This survey was developed by the CDSS to understand how food insecurity affects respondents and how the expansion of the California Food Assistance Program (CFAP) may impact their lives.

Changes to the Participant Stories Survey

- We have expanded language availability and the survey is now available in Spanish/Español, Vietnamese/Tiếng Việt, Chinese/Zhōngwén, and Tagalog.
- We have created a paper (pdf) version of the survey for those who have limited internet access and are unable to access the online survey link.
- We have revised some of the questions to better understand the ways our respondents are meeting their food needs, as well as the potential impact(s) of the CFAP expansion.

How You Can Help

We would appreciate your help in distributing this survey link to the communities you serve! We have attached Spanish/Español, Vietnamese/Tiếng Việt, Chinese/Zhōngwén, and Tagalog email templates for you to send to community members.

Please note: When you share the survey with community members, **you must use this link**. If a respondent opts to complete the survey in Spanish/Español, Vietnamese/Tiếng Việt, Chinese/Zhōngwén, or Tagalog, a new survey link will be generated that is unique to the participant and that unique survey link should not be shared.

Please feel free to post the survey link on your website or use the email template(s) attached to send the survey to your community members. If any community members would like to complete the paper (pdf) version of the survey, please print the paper version that is attached and follow the submission instructions on the survey.

The California Food Assistance Program (CFAP) Team
Connect: **CFAP@dss.ca.gov**

Learn more: **www.cdss.ca.gov/inforesources/calfresh/california-food-assistance-program**
“Better access to better food for better living

Elderly Simplified Application (ESAP) for CalFresh!

The state released the simplified application for households that qualify for ESAP. To qualify for ESAP, all household members must

- Be age 60+, **OR**
- Have a disability,

AND

- Have no earned income.

People who qualify for ESAP can apply for CalFresh using either the general application that everyone uses, or the simplified application (info below). The benefit of using the ESAP application is that it’s easier. It is not a requirement, though. The simplified application is a paper-only application and can be found here: **CF 485 (5/23) - CalFresh Elderly Simplified Application**

Resources

The **Doula Directory** lists approved Medi-Cal enrolled doulas by county and includes, language, contact, and additional information that doulas shared with DHCS for the directory.

Medi-Cal members enrolled in a managed care should also check with their health plan regarding doulas who provide services to their members.

Rental Assistance Program!
A Los Angeles City Rental Assistance Program derived from Measure ULA, a transfer tax on residential and commercial real estate valued at more than $5 million, will be opening up on September 19. The program will provide up to six months of rental arrears to low-income Angelenos who are at risk of homelessness due to unpaid rent as a result of COVID-19 or other financial hardships.
To be eligible for the program, tenants must:

- Live in the City of LA
- Have experienced a financial hardship between March 2020 and the present
- Have rental debt for any months from April 2020 to the present
- Have a household income that is at or below 80% of the area median income (AMI)

The application period opens at 8 AM on September 19 and closes at 6 PM on October 2. To apply, visit **housing.lacity.org**.

News on caregiving – from Canary Health – see links:

We start with our own **press release** about **Canary Health®** joining 78 other California organizations to allow us to provide education and support to over 1,750 family/friend caregivers and paid caregivers in California. We are proud **Building Better Caregivers®(BBC)**, our evidence-based, virtual, 6-week, peer-to-peer intervention received the recognition it deserved by the State of California as we expand our services beyond the **US Veterans Affairs program**.
Exciting caregiver news on the Federal front. For the first time, traditional Medicare (Fee for Service) will **pay to support family caregivers.** This is HUGH! Payment by traditional Medicare also means that Medicare Advantage plans will also be able to support family caregivers. Click here to learn **more**.
More relevant Federal news. CMS announced a **new care model** for Medicare patients with dementia. The main goal is to provide more coordinated, ongoing care including supporting family caregivers.

Post-Pregnancy Coverage Resources: New federal rules give Medi-Cal members full coverage for one year after pregnancy. Care covers all medically necessary services, including birthing, medical and dental, mental health, prescriptions, hospital care, and doctor's appointments. We added a new flyer, two social media graphics, and social media post copy in the Resource Hub explaining the coverage. These are available now in English and will be available in all 19 threshold languages in the coming weeks.

SAVE THE DATE

Sept 28, 12-1 PM Upcoming Webinar: The New Wave of COVID: A Conversation with Dr. Ashish Jha

Early in July, a sharp decline in COVID-19 deaths fueled cautious optimism that the pandemic would no longer dominate our lives. Now, as students head back to school and more employees return to the workplace, new variants have emerged and cases, hospitalizations and deaths are steadily rising. While the numbers are far lower than at the height of the pandemic, that's sparking concerns about a disruptive resurgence of COVID this fall and winter.

In our **upcoming webinar**, Dr. Ashish Jha, dean of the School of Public Health at Brown University and former White House COVID response coordinator, will update us on COVID's current wave and its impact on vulnerable populations. We'll also discuss the latest research on long Covid, the effectiveness of the new booster for the current virus, and explore moves to strengthen pandemic preparedness and public health systems.

WHEN: September 28, 2023 at 12- 1 p.m. PT/3-4 p.m. ET
REGISTER HERE

Oct. 3, 2023 – 11 AM – 12 PM. DHCS Age 26-49 Adult Expansion Webinar
The webinar will provide background information about the Age 26-49 Adult Expansion, implementation planning, noticing, outreach, and more.
This information will also be posted on the **Age 26-49 Adult Expansion webpage.**

DHCS' Age 26-49 Adult Expansion Webinar registration link:

Coalition for Economic Survival Tenants' Rights Clinic
Every Saturday at 10 AM PT
Via Zoom

- Individual, one-on-one counseling
- Registration required no later than 5 PM on Friday
- Serving renters in the entire Southern California area
- Accommodations for Spanish and Russian speakers provided
- **Request a registration link via email at** helpinglarenters@gmail.com

Job opportunities available!

Please click on the job title you are interested in to view the full job description and the application process. And provide a cover letter and current resume with your application that specifically outlines your employment history experience aneducational background for which you're applying.

MCHA is an Equal Opportunity Employer; women and people of color are strongly encouraged to apply.

- **Finance Director**
- **Health Programs and Benefits Trainer**
- **IT Support Technician**

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