



**SHOW ME**

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**SCHOOL-BASED  
HEALTH ALLIANCE  
OF MISSOURI**

**Redefining Health for Kids and Teens**

**Policy Update  
September 2019**

# Overview

- **State Support for School-Based Health Research Project**
- **Federal Priorities**
- **Youth Who Are Homeless**
- **Medicaid Enrollment**

# State Support for School-Based Health Programs

- Project of the Alliance's Advocacy and Policy Committee
- Utilizing the list of programs cultivated by the Alliance, we invited programs to participate in a research project
  - Geography
  - Provider-type
  - Services offered
  - Type of program
- Goal is to identify funding gaps as well as challenges and barriers to program sustainability
- Qualitative (interview) and Quantitative (online survey) elements to the project

# Federal Priorities

- **Reauthorization of Excellence in Mental Health Act (CCBHCs)**
- **Reauthorization of School-Based Health Services Act**

# Youth Who Are Homeless

## **Increased Need**

DESE has reported an increase of 36,055 homeless students in 2018, an increase of 3 fold in five years, the majority of these children “doubling-up” with other families or couch-surfing.

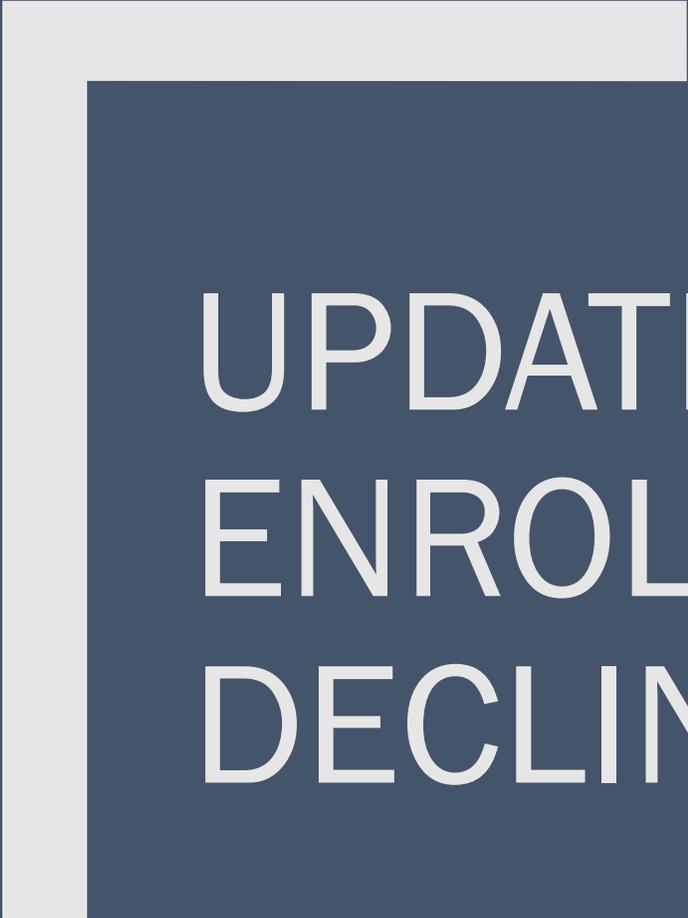
## **Working-Group Formed**

Summer 2019, a working group was formed to address legislative challenges. Organizations include: MSBA, Missouri Coalition for Children’s Agencies, Legal Services of Eastern Missouri, Missouri Primary Care Association, School Nurses, Youth In Need, Missouri Alternative Education Network, Rural Health

# Youth Who Are Homeless

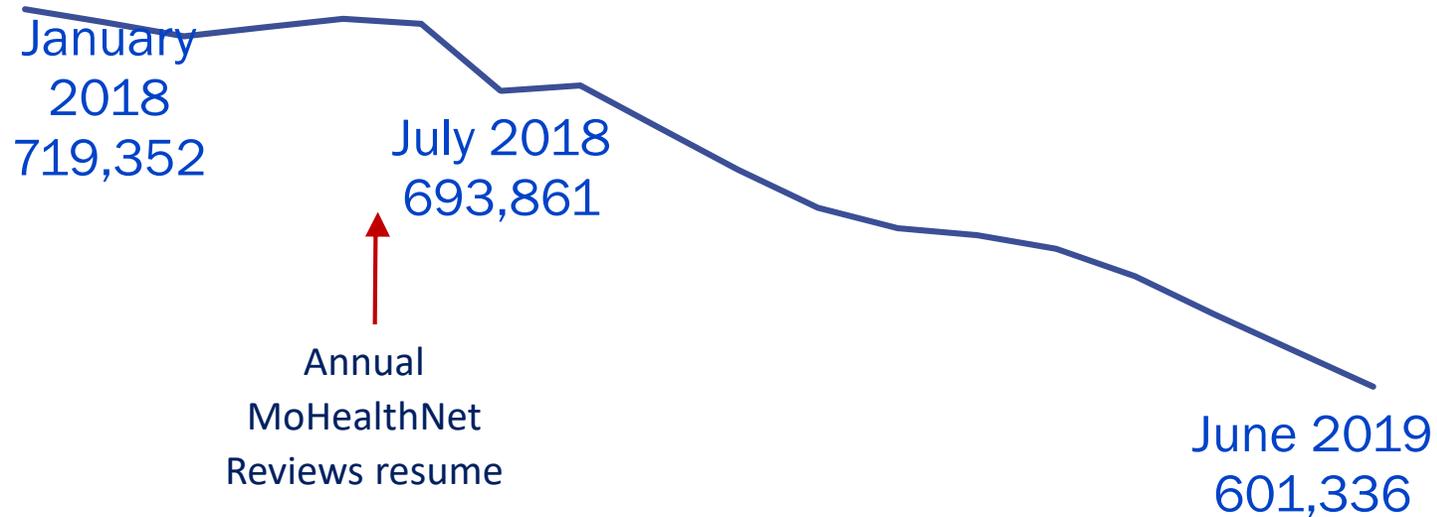
## Areas In Need To Be Addressed

- Age of medical consent
- Access to birth certificate
- Medicaid coverage for former foster youth (13+)
- Clarity of residency for enrollment
- Increase funding for a FT statewide coordinator at DESE (currently PT)
- Clarity/revisit bank account legislation



UPDATE ON THE  
ENROLLMENT  
DECLINE IN MISSOURI

# MoHealthNet Enrollment: Kids & Parents

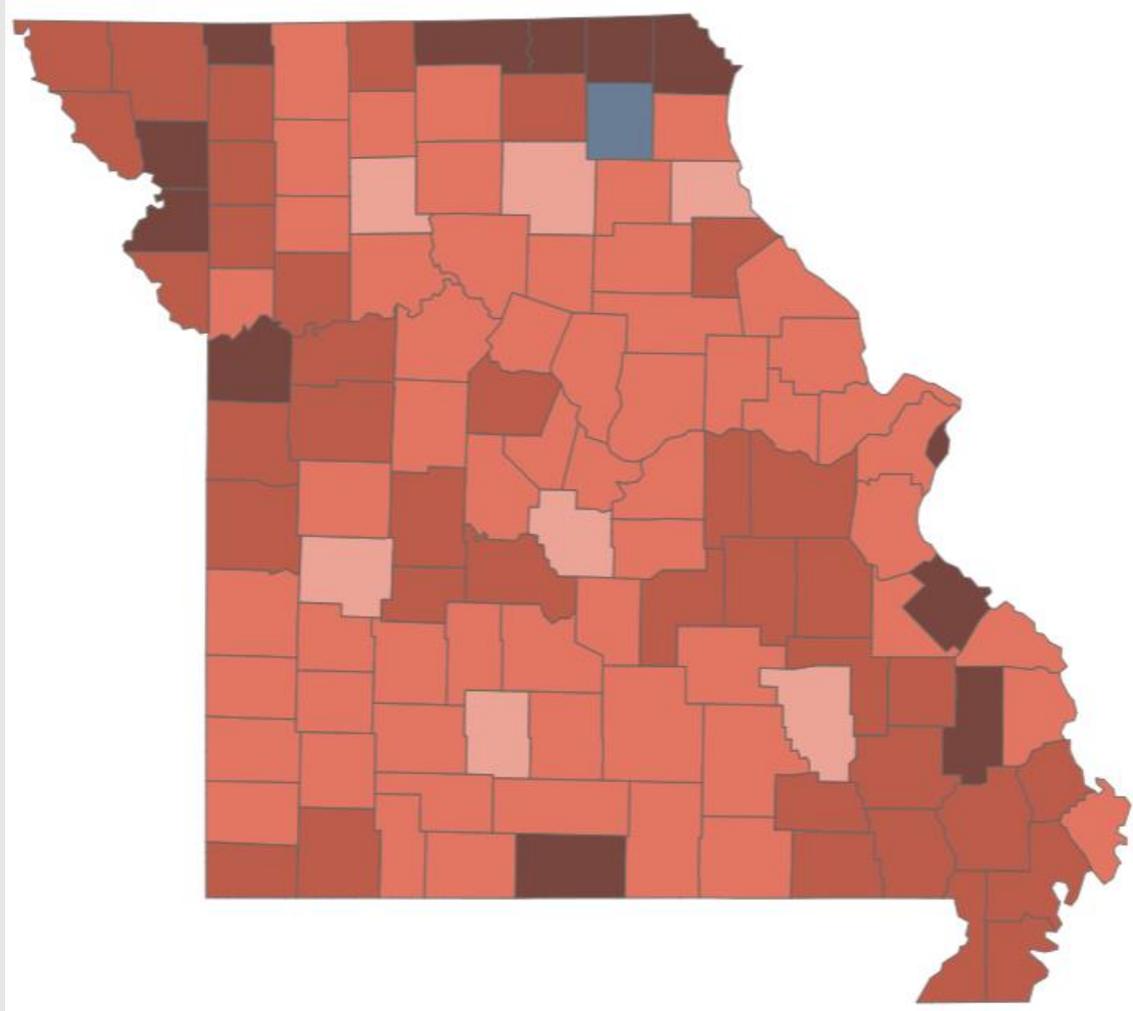


- Over 118,000 (or 16%) of children & parents lost MoHealthNet coverage
  - Nearly 95,000 Missouri children (or ~1 in 6)
  - Nearly 24,000 parents (or ~1 in 4)
- *Largest drops occurred among kids ages 1-3*

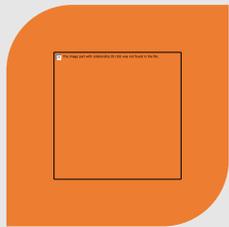
# MoHealthNet decline occurred in nearly all counties

**Legend**

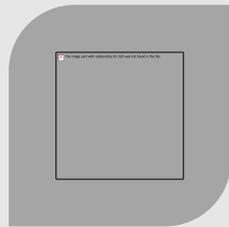
- $\geq 20\%$  Decrease
- 15% to 19% Decrease
- 10% to 14% Decrease
- $< 10\%$  Decrease
- Increase



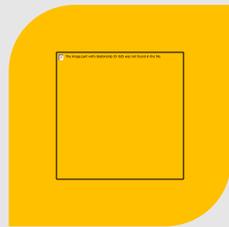
# What is causing the decline?



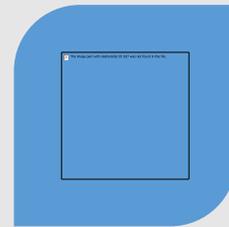
ANNUAL REVIEW PROCESS



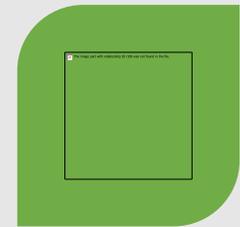
SYSTEMS NOT FULLY  
EQUIPPED FOR NO-TOUCH  
RENEWALS



ISSUES WITH CALL  
CENTERS AND  
PAPERWORK PROCESSES



REMOVAL OF INDIVIDUAL  
INSURANCE MANDATE



ECONOMIC FACTORS



# Themes identified from providers

- The vast majority of children and families losing coverage are still eligible.
- The call centers and resource centers are overwhelmed and unable to efficiently address participants' needs.
  - *Long wait times or deflected calls*
  - *Staff not adequately trained on all parts of process*
  - *No way to receive in-person assistance*
- There are a number of process issues preventing families from maintaining coverage
  - *Never receiving paperwork or state not receiving returned paperwork.*
  - *Not aware of process or don't understand renewal information.*

# POLICY SOLUTIONS FOR IMPROVING MEDICAID



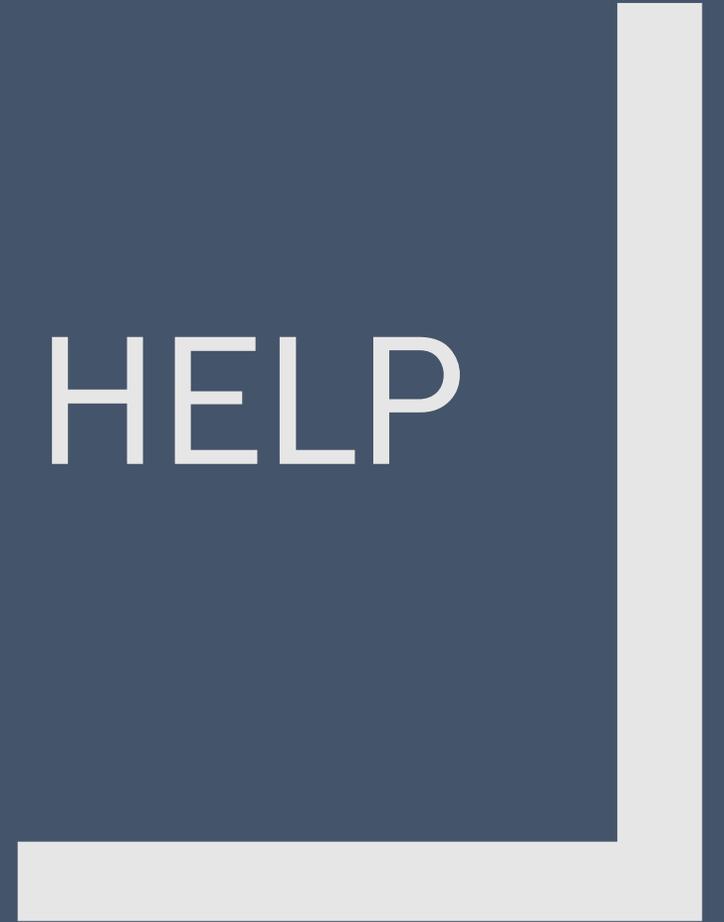
# *Proposed Legislative Change*

- **Implement 12-Month Continuous Eligibility**, allowing families to maintain coverage for a full year regardless of income or other changes.
  - *The policy would increase the continuity of care, resulting in improved health outcomes, while at the same time reducing administrative burdens and the cost of churn.*
  - *Alabama, Louisiana, Kansas, South Carolina and West Virginia all use 12-Month Continuous Eligibility.*
  - *In all, 24 states have enacted 12-Month Continuous Eligibility in Medicaid, and 26 states use the policy for their CHIP population.*

# Proposed Administrative Policy Changes

- *Place a moratorium on quarterly reviews and automated closures until systems issues are resolved.*
- Using Technology to Maximize Efficiencies
  - *Consider best practices and **implement “Express Lane Eligibility”** and increase **No Touch Renewals**, using data from other public assistance programs such as SNAP, and/or wage data to automatically determine eligibility for Medicaid, without requiring supporting materials from the family.*
  - *Enhance **Online Accounts** for Medicaid patients to allow them to electronically update critical information, such as address, family or income changes and upload documents.*
- Improving Staffing and Internal Processes
  - ***Increase staffing and improve training** of call center and resource center staff.*
  - ***Create a Special Unit** of trained workers tasked with working intensively on finding solutions for cases at risk of closure.*
  - ***Utilize existing Community Information Specialist positions** at every Family Support Division Resource Center to help families that walk into the offices with enrollment and renewal concerns.*

HOW YOU CAN HELP



# What we need now

- Commit to help us pursue our policy goals
- Help us map our relationships
- Stories of children and families impacted by Medicaid enrollment decline
- Talk to us about hosting an event or feedback session in your area with stakeholders

# Questions?

- Contact us if you're interested in more information and how you can get involved:
  - *Casey Hanson, Director of Outreach and Engagement*  
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(314) 703-8126