



SHOW ME

**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

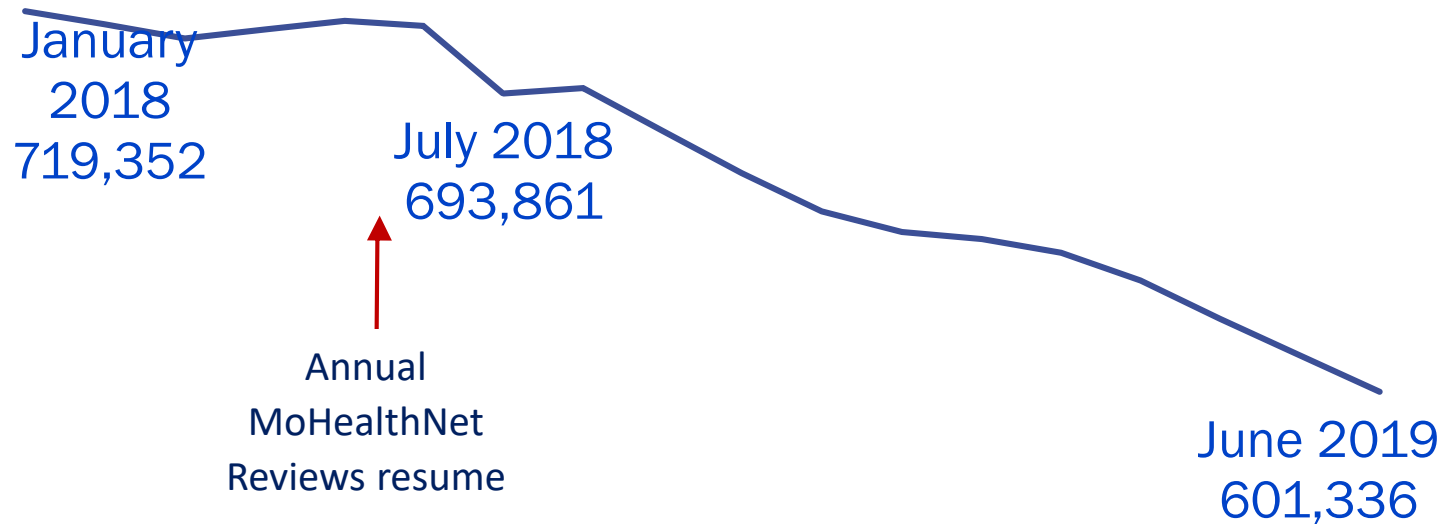
Areas In Need To Be Addressed

- 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

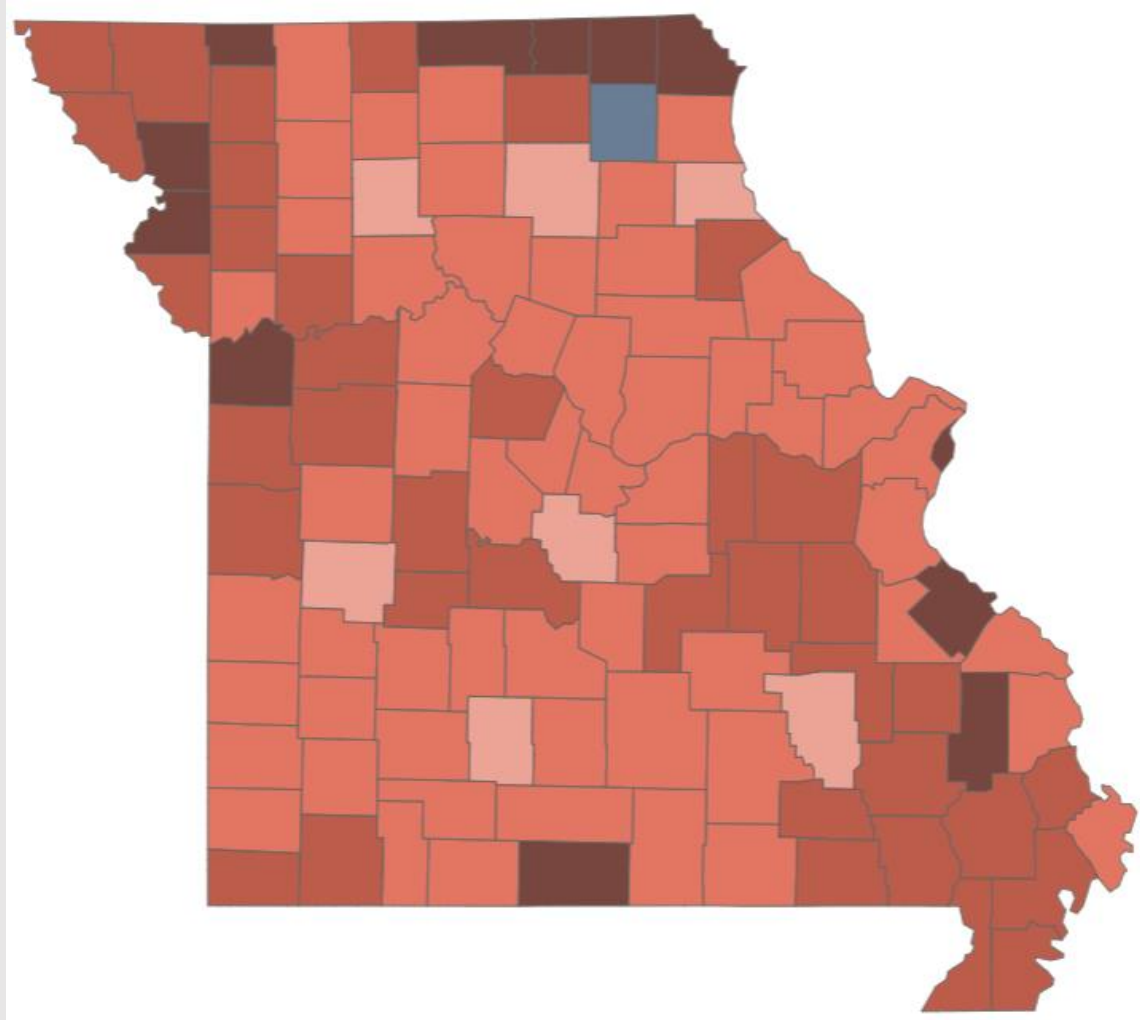


- Over 118,000 (or 16%) of children & parents lost MoHealthNet coverage
 - Nearly 95,000 Missouri children (or ~1 in 6)
 - Nearly 24,000 parents (or ~1 in 4)
- *Largest drops occurred among kids ages 1-3*

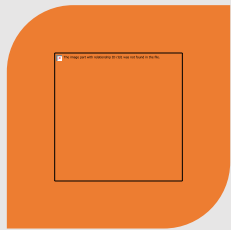
MoHealthNet decline occurred in nearly all counties

Legend

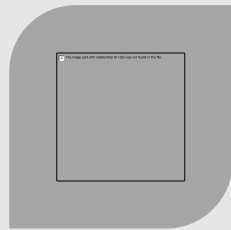
- $\geq 20\%$ Decrease
- 15% to 19% Decrease
- 10% to 14% Decrease
- $< 10\%$ Decrease
- Increase



What is causing the decline?



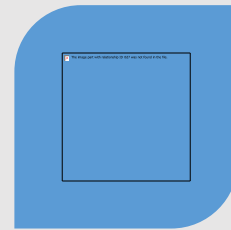
ANNUAL REVIEW PROCESS



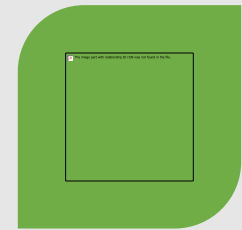
SYSTEMS NOT FULLY
EQUIPPED FOR NO-TOUCH
RENEWALS



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*
chanson@kidswinmissouri.org
(314) 703-8126