

MO HealthNet for Kids (MHK) – Annual Report for the 2010-2011 School Year August 2011

Senate Bill 583 (2010) states the Department of Elementary and Secondary Education (DESE) in collaboration with Department of Social Services (DSS) shall report annually to the governor, house budget committee chair, and senate appropriations committee chair: 1) the number of families receiving free and reduced lunch; 2) the number of families who indicated the absence of healthcare; 3) the number of families who received information on the State Children's Health Insurance Program (SCHIP); and 4) the number of families who applied for SCHIP.

The Department of Social Services (DSS)

DSS provides many services for Missouri children through the MO HealthNet for Kids (MHK) Program, the State's healthcare program for children. The Family Support Division (FSD) determines a person's eligibility for MHK healthcare coverage. The purpose of the MHK program is to provide medical services to children who meet certain eligibility requirements. The goal of the MHK program is to promote good health, to prevent illness and premature death, to correct or limit disability, to treat illness, and to provide rehabilitation to children with disabilities. The MHK program provides healthcare coverage for children less than 19 years of age whose family income falls within certain guidelines.

The Department of Elementary and Secondary Education (DESE)

DESE is the administrative arm of the State Board of Education. It is primarily a service agency, which works with educators, legislators, government agencies, community leaders, and citizens to maintain a strong public education system. Through statewide school-improvement activities and regulatory functions, the Department strives to assure that all citizens have access to high-quality public education. DESE does not regulate, monitor or accredit private, parochial or home schools. The Department's responsibilities range from early childhood to adult education services. The Division of Financial and Administrative Services, within DESE, administers the federally-funded National School Lunch and Breakfast Programs.

MO HealthNet for Kid (MHK) History:

The Personal Responsibility and Work Opportunity Act (PRWORA) of 1996 established a new Medicaid eligibility group for low-income families with children under Section 1931 of the Social Security Act. In Missouri, this program is MO HealthNet for Families (MHF). Eligibility for this group is based on July 16, 1996, Aid to Families with Dependent Children (AFDC) requirements.

Section 208.151.1.(12) RSMo beginning January 1, 1988, provides Title XIX coverage to a group of age-limited children with family income less than 100% of the federal poverty level.

Senate Bill 765 (1990) implemented changes effective July 1, 1990, providing Title XIX coverage to children under six years old with family income less than 133% of the federal poverty level (FPL) and eliminating the resource factor of eligibility for Medicaid for Children programs.

The Omnibus Budget Reconciliation Act of 1990 (OBRA '90) and House Bill 447 (1991) mandate Medicaid coverage to children, age six and over, born after September 30, 1983, up to age 19, if their family's income is below 100% of the federal poverty level.

House Bill 564 (1993) implemented changes effective January 1, 1994, providing Title XIX coverage to children under one year old with family income less than 185% of the federal poverty level. It also eliminated the provision for coverage of children ages 6 through 18 that were born after September 30, 1983.

Senate Bill 632 (1998) implemented changes effective September 1, 1998 providing Title XIX coverage to uninsured children with family income over the previous limits up to 300% of the FPL. The bill required cost sharing for higher income families in the form of co-payments and premiums. Children's Health Insurance Program (CHIP) funds (Title XXI of the Social Security Act) and premium collections provide funding for this expansion of health care benefits. The bill divided the uninsured children into three eligibility groups:

1. NO-COST GROUP: Gross income up to and including 185% FPL
2. CO-PAY GROUP: Gross income over 185%, and up to and including 225% FPL
3. PREMIUM GROUP: Gross income over 225%, and up to 300% FPL

Senate Bill 539 (2005) implemented changes effective September 1, 2005, to the MC+ for Kids healthcare coverage program (CHIP). The bill lowered the income limit for no-cost coverage and eliminated all cost sharing except premiums. Under SB 539, uninsured children are divided into two eligibility groups, No-Cost and Premium.

Missouri Revised Statutes, Section 208.640 limits premiums and other cost sharing to no more than 5% of a family's income. House Bill 11 (2005) limits premiums to:

- No more than 1% for families whose income does not exceed 185% FPL; and
- No more than 3% for families whose income is greater than 185% FPL but does not exceed 225% FPL.

Senate Bill 577 (2007) implemented changes to the MC+ for Kids CHIP program. The bill allowed for uninsured children in families with gross income up to 150% FPL to meet all Title XIX program guidelines as defined under Optional Targeted Low Income Children (Social Security Act 1902(a)(10)(A)(ii)). This allows children in the No-Cost CHIP group to have prior quarter healthcare coverage eligibility explored (no sooner than September 1, 2007), removes any penalty for dropping insurance, eliminates assets as an eligibility factor and restores non-emergency transportation services. Uninsured children in families with gross income above 150% of FPL up to 300% of FPL are eligible for healthcare coverage under the SCHIP under Section XXI of the Social Security Act.

SB 583 2010 (MO HealthNet Outreach) RSMo 376.1450 Section 1

Senate Bill 583 (2010) states each school year beginning July 1, 2010, DSS shall provide all state licensed child-care providers who receive state or federal funds under section 210.027 RSMo and

all public school districts in this state with written information regarding eligibility criteria and application procedures for the SCHIP authorized in sections 208.631 to 208.657 RSMo to be distributed by the child-care providers or school districts to parents and guardians at the time of enrollment of their children in child-care or schools, as applicable.

DESE shall add an attachment to the application for the free and reduced lunch program for a parent or guardian to check a box indicating yes or no whether each child in the family has health care insurance. If any such child does not have health care insurance, and the parent or guardian's household income does not exceed the highest income level under 42 U.S.C. Section 1397CC, as amended, the school district shall provide a notice to such parent or guardian that the uninsured child may qualify for health insurance under SCHIP.

The notice described in subsection 2 shall be developed by DSS and shall include information on enrolling the child in the program. No notices relating to SCHIP shall be provided to a parent or guardian under this section other than the notices developed by DSS under this section.

Notwithstanding any other provision of law to the contrary, no penalty shall be assessed upon any parent or guardian who fails to provide or provides any inaccurate information required under this section.

DESE and DSS may adopt rules to implement the provisions of this section. Any rule or portion of a rule, as that term is defined in section 536.010, that is created under the authority delegated in this section shall become effective only if it complies with and is subject to all of the provisions of chapter 536 and, if applicable, section 536.028. This section and chapter 536 are non-severable and if any of the powers vested with the general assembly pursuant to chapter 536 to review, to delay the effective date, or to disapprove and annul a rule are subsequently held unconstitutional, then the grant of rulemaking authority and any rule proposed or adopted after August 28, 2010 shall be invalid and void. *(No new rules were needed to implement the provisions of SB583.)*

DESE in collaboration with DSS shall report annually to the governor, house budget committee chair, and the senate appropriations committee chair on the following:

1. The number of families in each district receiving free lunch and reduced lunches;
2. The number of families who indicate the absence of health care insurance on the application for free and reduced lunches;
3. The number of families who received information on SCHIP under this section; and
4. The number of families who received the information in subdivision (3) of this subsection and applied for SCHIP.

For the school year July 1, 2010 through June 30, 2011 the following data was reported:

Schools: For the school year 2010-2011, data was collected from public and charter Local Education Agencies (LEAs).

- The number of children in each school district receiving free lunch and reduced lunches: **434,704*** - number of children receiving free and reduced lunches in public and charter Local Education Agencies (LEAs). (The total number of children receiving free and reduced lunches in public, charter, residential child-care institutions, and non-public LEAs participating in the National School Lunch Program is 446,723)
- The number of families who indicate the absence of health care insurance on the application for free and reduced lunches: **18,093****
- The number of families who received information on SCHIP: **179,797**
- The number of families who applied for SCHIP: **794**

Licensed Child-Care Providers:

- The number of applications provided to the 3,660 Licensed Child-Care Providers: **149,121**
- The number of families who applied for SCHIP: **121**

*DESE's tracking system for free lunch and reduced lunch is based on the number of children who receive free or reduced lunch. Therefore, the wording of "families" is changed to "children" on the first bullet point above.

**Public and charter LEAs were provided the Request for Information form indicating the absence of health insurance and informed of the process to collect data in June, 2010. However, the MoHealthNet for Kids application was not provided until January 2011. There was confusion to the schools regarding this new procedure. The 2010-2011 school year was the implementation year for the process of obtaining the data. The process has been refined and more accurate data should be available for the 2011-2012 school year.