

COMMITTEE ON LEGISLATIVE RESEARCH  
OVERSIGHT DIVISION

**FISCAL NOTE**

L.R. No.: 4509-01  
Bill No.: SB 826  
Subject: Children and Minors; Children's Division; Contracts and Contractors; Health Care; Health and Senior Services Department; Liability; Medicaid/MO HealthNet; Mental Health; Public Assistance; Social Services Department; Vital Statistics  
Type: Original  
Date: February 18, 2020

Bill Summary: This proposal modifies provisions relating to child protection.

**FISCAL SUMMARY**

<b>ESTIMATED NET EFFECT ON GENERAL REVENUE FUND</b>			
FUND AFFECTED	FY 2021	FY 2022	FY 2023
General Revenue	(\$27,559,776 to \$54,913,766)	(\$34,690,632 to \$69,188,008)	(\$36,459,854 to \$72,715,122)
<b>Total Estimated Net Effect on General Revenue</b>	<b>(\$27,559,776 to \$54,913,766)</b>	<b>(\$34,690,632 to \$69,188,008)</b>	<b>(\$36,459,854 to \$72,715,122)</b>

\* High end of range reflects retroactive MO HealthNet coverage for former foster care youth.

<b>ESTIMATED NET EFFECT ON OTHER STATE FUNDS</b>			
FUND AFFECTED	FY 2021	FY 2022	FY 2023
MOPHS (0298)	\$0	\$0	\$0
Endowed Care Cemetery Audit (0562)	\$0 to (\$2,678)	\$0 to (\$3,213)	\$0 to (\$3,213)
Children's Trust (0694)	\$0 to (\$13,389)	\$0 to (\$16,066)	\$0 to (\$16,066)
<b>Total Estimated Net Effect on <u>Other</u> State Funds</b>	<b>\$0 to (\$16,066)</b>	<b>\$0 to (\$19,278)</b>	<b>\$0 to (\$19,278)</b>

Numbers within parentheses: ( ) indicate costs or losses.

This fiscal note contains 18 pages.

<b>ESTIMATED NET EFFECT ON FEDERAL FUNDS</b>			
<b>FUND AFFECTED</b>	<b>FY 2021</b>	<b>FY 2022</b>	<b>FY 2023</b>
Federal Funds*	\$0	\$0	\$0
<b>Total Estimated Net Effect on <u>All</u> Federal Funds</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

\* Income and costs exceed \$400,000 annually and net to \$0.

<b>ESTIMATED NET EFFECT ON FULL TIME EQUIVALENT (FTE)</b>			
<b>FUND AFFECTED</b>	<b>FY 2021</b>	<b>FY 2022</b>	<b>FY 2023</b>
<b>Total Estimated Net Effect on FTE</b>	<b>0</b>	<b>0</b>	<b>0</b>

Estimated Net Effect (expenditures or reduced revenues) expected to exceed \$100,000 in any of the three fiscal years after implementation of the act.

<b>ESTIMATED NET EFFECT ON LOCAL FUNDS</b>			
<b>FUND AFFECTED</b>	<b>FY 2021</b>	<b>FY 2022</b>	<b>FY 2023</b>
<b>Local Government</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

**FISCAL ANALYSIS**

**ASSUMPTION**

**§193.265 - Vital records; fees; homeless persons and unaccompanied youth**

Officials from the **Department of Health and Senior Services (DHSS)** state the proposed legislation states that no fee shall be required for a birth, death, or marriage certificate by a parent or guardian of a homeless child or homeless youth as defined in subsection 1 of §167.020, and unaccompanied youth as defined in 42 U.S.C. Section 11434a(6). According to the United States Interagency Council on Homelessness, Missouri had an estimated youth and children homeless population of 32,133 as of January 2018, of which 3,944 were unaccompanied homeless students.

DHSS has no way to estimate how many parents or guardians of a homeless child or homeless youth would submit requests for birth, marriage, or death certificates. The department estimates that not enough homeless children or homeless unaccompanied youth would require access to certified marriage or death certificates to create measurable impact, thus those have not been included in this fiscal note. This will cause a loss of revenue to state funds. The impact ranges from zero utilization of the fee exemption to 100 percent utilization of the fee exemption among the eligible populations.

The estimated loss of fees for requests at 100 percent issuance of the identified populations of 32,133 homeless youth could range from \$0 to \$401,662 for FY2021 and \$0 to \$481,995 for FY2022 and FY2023.

Per §193.265, RSMo, DHSS receives a fee of \$15 for each certified birth certificate statement issued. The fees are distributed into General Revenue (\$4), the Children's Trust Fund (\$5), the Endowed Care Cemetery Audit Fund (\$1) and the Missouri Public Health Services (MOPHS) Fund (\$5). General Revenue would be used to replace the MOPHS fees lost.

The loss of revenue of certificate fees to the state funds listed above is detailed in the table below.

Fund Name	FY2021	FY2022	FY2023
General Revenue	\$0 - \$107,110	\$0 - \$128,532	\$0 - \$128,532
Children's Trust Fund	\$0 - \$133,887	\$0 - \$160,665	\$0 - \$160,665
Endowed Care Cemetery Audit Fund	\$0 - \$26,778	\$0 - \$32,133	\$0 - \$32,133
MOPHS Fund	\$0 - \$133,887	\$0 - 160,665	\$0 - \$160,665

ASSUMPTION (continued)

The fees that are collected on certified copies are deposited into the MOPHS fund (\$5 per certificate) and are allocated to the Bureau of Vital Records for program operations. The loss of funds to MOPHS is estimated at the range of \$0 to \$133,887 in FY2021, and \$0 to \$160,665 in FY2022 and FY2023. MOPHS revenue supports the maintenance of Missouri's electronic birth and death registration system (MoEVR), staff to process all requests, and specialized print paper. The maintenance of the MoEVR system is critical for the accurate and timely processing of Missouri birth and death certificates. The revenue lost from issuing these additional certificates necessitates the need to seek General Revenue funds to supplant the loss.

Based on the additional requests that could be made, up to three (3) Public Health Data Technician (PHDT) FTE may be required. Processing entails reviewing the application and making a determination on whether the applicant has provided sufficient information to identify the record, and either reject the application or issue the certified copy. The average annual salary of a PHDT is \$28,527.

**Oversight** notes from discussions with DHSS officials, DHSS applied a fiscal impact range of 0 - 100% because, while the impact is unknown, they believe the number of qualifying individuals who will apply for a free birth certificate will be minimal due to the target population most likely being unaware of the legislation.

Since DHSS believes the number of individuals actually applying for a free birth certificate will be minimal, Oversight, for fiscal note purposes, assumes it is possible for up to 10% of homeless youth or parents of homeless or unaccompanied youth to request a free birth certificate annually; Oversight does not assume 100% of victims will request a free birth certificate annually, although this legislation does not contain a provision to limit the number issuances. Therefore, Oversight assumes costs could exceed the lower limits of DHSS' estimate and will show the loss of certificate fees as zero to 10% of the 100% estimate provided by DHSS.

32,133 Homeless Youth & Children x 10% = 3,213 free birth certificates x \$15 = \$48,195 potential lost fees

Fund Name	FY2021 (10/12)	FY2022	FY2023
General Revenue (\$4)	\$0 to (\$10,710)	\$0 to (\$12,852)	\$0 to (\$12,852)
Children's Trust Fund (\$5)	\$0 to (\$13,388)	\$0 to (\$16,065)	\$0 to (\$16,065)
Endowed Care Cemetery Audit Fund (\$1)	\$0 to (\$2,678)	\$0 to (\$3,213)	\$0 to (\$3,213)
MOPHS Fund (\$5)	\$0 to (\$13,388)	\$0 to (\$16,065)	\$0 to (\$16,065)
<b>Total Lost Fees</b>	<b>\$0 to (\$40,164)</b>	<b>\$0 to (\$48,195)</b>	<b>\$0 to (\$48,195)</b>

ASSUMPTION (continued)

In addition, language in the proposal does not provide for replacement of funds to the MOPHS Fund for a reduction in revenues received as a result of the issuance of free birth certificates. **Oversight** assumes funds may be replaced and will range replacement of funds as \$0 to the lower limit of funds lost to the MOPHS Fund from the General Revenue Fund.

**Oversight** also notes DHSS assumes it will need up to three new FTE as a result of the provisions of this proposal. Because Oversight assumes the number of free birth certificates issued may be up to 10% of the homeless/unaccompanied youth population (32,133 homeless x 10% = 3,213 total free birth certificates per year), Oversight further assumes the DHSS will not need additional FTE to issue the minimal number of birth certificates anticipated. However, if these assumptions prove incorrect, DHSS may require additional resources.

Officials from the **Columbia/Boone County Department of Public Health and Human Services** state this bill would result in a loss of revenue for Public Health and Human Services (PHHS). §193.265.1 of the proposed legislation states no fee shall be required for a birth certificate if the request is made by a parent or guardian of a homeless child or youth or an unaccompanied youth. Per §193.265, RSMo, PHHS receives a fee of \$15 for each certified birth certificate statement issued.

Columbia/Boone County Department of Public Health and Human Services officials estimate a minimum of 25 homeless children in Boone County. For fiscal note purposes, they estimated that 10 percent of the above population would request a birth certificate resulting in approximately 3 (25 x 10% = 2.5 – rounded to 3) certificates issued. If 100% of the population requested certificates, approximately 25 could be issued (actual numbers could be higher depending on the actual number of homeless children). The combined loss of fees for requests at 10% and 100% issuance of the identified populations for FY 2021, FY 2022, and FY 2023 are listed in the table below:

	FY 2021 (10 months) 10% issuance	FY 2021 (10 months) 100% issuance	FY 2022 and FY 2023 10% issuance	FY 2022 and FY 2023 100% issuance
Homeless Youth Requests	\$37.50 - unknown	\$312.50 - unknown	\$45 – unknown for each year	\$375 – unknown for each year

ASSUMPTION (continued)

Calculations:

FY 2021, 10% issuance = 3 certificates x \$15 per certificate x (10months/12months) = \$37.50

FY 2021, 100% issuance = 25 certificates x \$15 per certificate x (10months/12months) =  
\$312.50

FY 2022 and 2023, 10% issuance = 3 certificates x \$15 per certificate = \$45

FY 2022 and 2023, 100% issuance = 25 certificates x \$15 per certificate = \$375

**Oversight** notes the **Adair County Health Department** has stated the proposal would not have a direct fiscal impact on their organization. Oversight does not have any information to the contrary. Therefore, Oversight will reflect a zero impact in the fiscal note for this organizations.

Based on the previous DHSS assumption that the number of individuals actually applying for a free birth certificate will be minimal, **Oversight** assumes, for fiscal note purposes, the fiscal impact to each local public health agency will be minimal and absorbable within current funding levels.

**Oversight** only reflects the responses that we have received from state agencies and political subdivisions; however, other local public health agencies were requested to respond to this proposed legislation but did not. A general listing of political subdivisions included in our database is available upon request.

Officials from the **DSS, Children's Division (CD)** state this bill modifies §193.265, subsection 1 to waive any fee for the issuance of a certification or copy of a birth, marriage, divorce, or fetal death record for a parent or guardian of a homeless child or homeless youth, or an unaccompanied youth, as defined in 42 U.S.C. Section 11434a(6).

In subsection 3, this bill provides that an unaccompanied youth shall be eligible to receive a certification or copy of his or her own birth record without the consent or signature of his or her parent or guardian.

These provisions do not create a fiscal impact for the Children's Division or have any fiscal impact to MO HealthNet.

**Oversight** does not have any information to the contrary. Therefore, Oversight will reflect the no fiscal impact assumed by CD or MHD for this section for fiscal note purposes.

ASSUMPTION (continued)

§208.151 - Broadens eligibility for former foster care youth; adds homeless youth eligibility

Officials from **CD** state this bill modifies 208.151.1. subdivision (26) which modifies the requirement for eligibility for MO HealthNet for a youth who has been in foster care, by allowing any person who was in foster care under the responsibility of the state of Missouri at any time when such persons were thirteen years of age or older, without regard to income or assets, if such persons:

- (a) Are under 26 years of age;
- (b) Are not eligible for coverage under another mandatory coverage group; and
- (c) Were covered by Medicaid while they were in foster care;

This bill provides health care for children who were in care any time after 13 years of age to 26. This is a benefit to foster children who may not have the parental support available after having been released from care. Of those that were in foster care ages 13-26 without regard to income or assets, approximately 794 children would be eligible based on the new language. This would have a fiscal impact on MO HealthNet, however the Children's Division does not anticipate a fiscal impact for CD.

This bill also adds subdivision (27) which adds any homeless child or homeless youth is also eligible.

This would not have a fiscal Impact to CD, but would impact MO HealthNet.

**Oversight** does not have any information to the contrary. Therefore, Oversight will reflect no impact for CD for fiscal note purposes.

Officials from the **DSS, Family Support Division (FSD)** state §208.151.1(26) is amended to allow persons who were in foster care under the responsibility of the state of Missouri at any time from the age of thirteen or older to be eligible for MO HealthNet without regard to income or assets if they are; under age twenty-six, are not eligible under another mandatory coverage group, and were covered by Medicaid while in foster care.

Section 1902 (a)(10)(i)(IX) of the Social Security Act and 42 CFR 435.150 require states to make medical assistance available to individuals who were in foster care under the responsibility of the State on the date of attaining eighteen years of age until the individual turns twenty-six years of age. However, the federal law does not allow persons who were not in foster care on the date of attaining eighteen to be eligible without regard to assets or income. If the provisions of this legislation are enacted, these individuals would not be covered under a federally matched Medicaid program.

ASSUMPTION (continued)

In FY 2019, there were 794 children age 13-17 who left foster care and did not reenter. For the purpose of this bill, FSD is estimating all children age 13 -17 who left foster care are eligible for this coverage through age 26. It is assumed that these individuals are ineligible for a federally matched Medicaid program.

The FSD assumes existing staff would be able to complete necessary additional work as a result of this legislation.

§208.151.1(27) is amended to extend MO HealthNet eligibility to any persons who meet the definition of homeless youth as defined in 167.020, RSMo. 167.020, RSMo defines homeless youth as any person less than twenty-one years of age who lacks a fixed, regular and adequate nighttime residence.

FSD assumes the portion of the population who are under age 19 are already currently eligible under existing eligibility guidelines. 42 CFR 435.118 requires states to provide Medicaid to children under age 19 whose household income is at or below the income standard established. Section 1902(a)(10)(A)(ii)(I) of the Social Security Act provides that states have the option to make medical assistance available to individuals up to 21 years of age in one or more reasonable classifications as defined in the state plan. A state plan amendment would be required to request homeless status as the eligibility criteria for individuals age 19 and 20.

FSD determined there will be 152 new individuals eligible for MO HealthNet, who are age 19 and 20 and homeless.

FSD arrived at this number in the following manner:

In 2018, the Department of Housing and Urban Development reported 534 unaccompanied homeless youth age 18-24. FSD assumes an approximate equal distribution of homeless youth age 18-24. Therefore, FSD estimates there are approximately 152 ( $534/7 \text{ years} * 2 = 152$ ) homeless youth age 19 and 20 in Missouri.

FSD assumes the applications received for homeless youth age 19 and 20 could be completed with existing staff.

The FSD assumes OA-ITSD will include the system programming costs for the system changes necessary to implement provisions of this bill.

The FSD defers to MO HealthNet Division for costs to the program; therefore, there is no fiscal impact to FSD.



ASSUMPTION (continued)

**Oversight** does not have any information to the contrary. Therefore, Oversight will reflect no impact for FSD for fiscal note purposes.

Officials from the **DSS, MO HealthNet Division (MHD)** state, regarding §208.151.1(26), it is unclear from the bill language whether the enrollment would be considered retroactive to include liability on the part of the state for any medical claims not otherwise covered by third party liability for claims prior to August 28, 2020. If the intent of this bill is to make those formerly in foster care eligible for enrollment as of August 28, 2020, with no retroactive state liability for medical claims, then the MHD would assume a range starting at fifty percent of the population (8,568). The assumption would be the foster care-eligible individuals would need to apply to be eligible. If only fifty percent of the 8,568 (4,284) applied, the cost would be \$27,329,890 annually.

If the intent of this bill is to make those formerly in foster care eligible for enrollment August 28, 2020, with retroactive state liability for medical claims, then the parameters of this legislation would have an impact. CD reports that a total of 794 children in FY19 between the ages of 13 and 17 exited foster care provided by CD and did not re-enter. These 794 children would now be eligible for MHD services while they are not eligible currently. Moreover, children that were aged between 13 and 25 need to be realized for all years dating back to 2008 (the year where a child would have been 13 at the time, but is now 25). CD found that the total number of eligible children would be 8,568. MHD found that a per member per month (PMPM) MO HealthNet rate for foster care persons is \$637.95. Therefore, an annual cost for this new legislation is estimated to be \$65,591,736 (8,568 newly eligible \* \$637.95 PMPM \* 12 months).

There is no federal match for medical assistance for former foster children aged 13-17 without considering assets or income. Therefore, these newly eligible individuals would all need to be covered with GR funds unless they qualify for another MHD service. A 5.1% inflation rate was used for FY 2022 and FY 2023. A range is used to reflect whether enrollment needs to be added retroactively or not.

FY21 (10 mos): Total: \$27,329,890 to \$54,659,780 (100% GR)

FY22: Total: \$34,468,457 to \$68,936,915 (100% GR)

FY23: Total: \$36,226,349 to \$72,452,697 (100% GR)

Regarding §208.151.1(27), because §167.020 doesn't describe "awaiting foster care placement", MO HealthNet is assuming this legislation is referring to children placed in emergency residential treatment. As a result, these youth are already in custody and have Medicaid. However, there would be additional participants added due to this language for homeless youth aged 19-20.

ASSUMPTION (continued)

FSD estimated there will be 152 new individuals eligible for MO HealthNet. MHD found that this population would fall under the children's eligibility group, and that their PMPM rate would be \$332.39. Therefore, an annual cost for this population is estimated to be \$606,285 (152 newly eligible \* \$332.39 PMPM \* 12 months). A state plan amendment would be required to request homeless status as the eligibility criteria for individuals aged 19 and 20.

MHD's total costs for the proposed legislation are as follows:

FY21 (10 mos): Total: \$27,835,128 - \$55,165,018 (GR: \$27,506,051 - \$54,835,941; Federal: \$329,076)

FY22: Total: \$35,105,663 - \$69,574,120 (GR: \$34,690,632 - \$69,159,089; Federal: \$415,031)

FY23: Total: \$36,896,052 - \$73,122,400 (GR: \$36,459,854 - \$72,686,203; Federal: \$436,198)

**Oversight** does not have any information to the contrary. Therefore, Oversight will reflect the costs provided by MHD for fiscal note purposes.

Officials from the **DSS, Division of Legal Services (DLS)** state SB 826 is not expected to have a fiscal impact on DLS. FSD and MHD estimated the additions to Medicaid's eligibility categories would result in an additional 794 people becoming eligible for coverage. FSD usually anticipates a five percent (5%) hearing request rate in cases in which legislation is expected to cause disqualifications. In this case, in the unlikely event that five percent (5%) of the expected new participants requests a hearing, it would cause an increase of approximately 40 hearings per year, which can be absorbed with currently-available resources.

**Oversight** does not have any information to the contrary. Therefore, Oversight will reflect the no fiscal impact assumed by DLS for fiscal note purposes.

DSS officials provided the response for the **Office of Administration (OA), Information Technology Services Division (ITSD)/DSS**. ITSD/DSS states the Family Assistance Management Information System (FAMIS), the Missouri Eligibility Determination and Enrollment System (MEDES) and the Family and Children Electronic System (FACES) will need to be updated. OA, ITSD/DSS assumes every new IT project/system will be bid out because all ITSD resources are at full capacity.

The estimated time for requirements gathering and analysis to make a determination on the impact to FAMIS is approximately 25.92 hours. IT contract rates for FAMIS are estimated at \$95/hour. This will incur a cost of \$2,462 (25.92 \* \$95), split 53% GR; 47% Federal.

ASSUMPTION (continued)

§208.151.1(27) would require changes to the Missouri Eligibility Determination and Enrollment System (MEDES) to provide MO HealthNet coverage to homeless children or homeless youths up to the age of 21. MEDES performs eligibility determinations and provides case management functions for the family Medicaid and Children's Health Insurance Program (CHIP) using the Modified Adjusted Gross Income Criteria established by the Patient Protection and Affordable Care Act of 2010. The system is currently programmed to only allow coverage for children up to age 19.

The changes are primarily needed to determine eligibility for homeless youth who are either over the age of 17 or are emancipated minors as FSD is otherwise required to report homeless children to the Children's Division. Presumably these younger children would receive coverage through the alternative care system (FACES) under existing policy and rules.

The following modifications to MEDES will be required to provide coverage to homeless children and youth up to age 21: allow the homeless indicator to be set for children; modify rules to allow individuals up to age 21 to be eligible; add a new type of evidence to verify homeless status; add new conditions and closing reasons for 21 year olds; modify notices for the approval, change in circumstance and closing processes; create statistical management reports.

The existing MAGI and CHIP programs will continue to work under the existing rules with the exception of homeless status and age requirements which will be added on to the existing rules. Design, development and implementation (DDI) services will be provided via Project Assessment Quotation (PAQ) under Redmane contract #C2170849002 with a total project duration of about 22 weeks so systems work and expenditures will occur in SFY21 exclusively.

The federal match rate will be 90% for DDI under the CMS "Seven Conditions and Standards for Enhanced Funding".

Modifications for the MEDES system must be performed by Redmane. Hourly IT costs under this contract vary by IT consultant type and it is estimated to take 1,522 hours for a total cost of \$274,998 (10% GR; 90% Federal) in FY 21.

The FACES system would require an enhancement/change to the existing FACES application. IT contract rates for FACES are estimated at \$95/hour. It is assumed FACES modifications will require 397.44 hours for a cost of \$37,757 (397.44 \* \$95), split 66% GR; 34% Federal.

Therefore, total FAMIS, MEDES and FACES system upgrades will cost \$315,217 (\$53,725 GR; \$261,492 Federal) in FY 21.

**Oversight** does not have any information to the contrary. Therefore, Oversight will reflect the costs provided by ITSD/DSS for fiscal note purposes.

ASSUMPTION (continued)

Officials from the **Department of Mental Health (DMH)** state Subdivision 27 is added to §208.151.1 to create a new MO HealthNet eligibility category for children and youth under age 21 who meet the definition of homeless §167.020. This will allow children and youth not eligible in an existing category to receive MO HealthNet coverage.

The anticipated fiscal impact to DMH for community psychiatric rehabilitation (CPR), Comprehensive Substance Treatment Abuse and Rehabilitation (CSTAR) and Developmentally Disabled (DD) waiver services are included in the DSS estimate.

**Oversight** does not have any information to the contrary. Therefore, Oversight will assume that any costs or savings incurred by DMH for this legislation will be reflected in the DSS response.

§431.056 - Modifies provisions relating to a minor's ability to contract for certain purposes

Officials from **CD** state §431.056 of this bill modifies provisions relating to a minor's ability to contract for certain purposes. §431.056 adds 'mental health' services when referring to a minor contracting services and changes the minimum age to 15 from 16. It adds additional requirements relating to unaccompanied youth including:

Implied consent, in addition to the actions described in subparagraph a. of this paragraph, may also be demonstrated by a letter signed by the following persons verifying that the minor is an unaccompanied youth as defined in 42 U.S.C Section 11434a(6):

- (i) A director or designee of a governmental or nonprofit agency that receives public or private funding to provide services to homeless persons;
- (ii) A local education agency liaison for homeless children and youth designated under 42 U.S.C. Section 11432(g)(1)(J)(ii), or a school social worker or counselor; or
- (iii) A licensed attorney representing the minor in any legal matter.

Subsection 4 is added and states that any legally-constituted entity or licensed provider who contracts with a minor under subsection 1 of this section shall be immune from any civil or criminal liability based on the entity's or provider's determination to contract with the minor; provided that, if an entity's or provider's determination of compliance with subsection 1 of this section, or conduct in contracting with the minor, is the result of the entity's or provider's gross negligence or willful or wanton acts or omissions, the entity or provider may be held liable for their gross negligence or willful or wanton acts or omissions. Consent given under this section shall not be subject to later disaffirmance by reason of the minor's age.

ASSUMPTION (continued)

These additions to the statute in regard to minors and contracted services will not have a fiscal impact on the Children's Division.

Officials from **FSD** and **MHD** state the provisions of §431.056.1 have no fiscal impact on their divisions.

**Oversight** does not have any information to the contrary. Therefore, Oversight will reflect the no fiscal impact assumed by DSS divisions for this section for fiscal note purposes.

Responses regarding the proposed legislation as a whole

Officials from the **Office of Attorney General (AGO)** assume any additional litigation costs arising from this proposal can be absorbed with existing personnel and resources. However, the AGO may seek additional appropriations if there is a significant increase in litigation.

**Oversight** does not have any information to the contrary. Therefore, Oversight assumes the AGO will be able to perform any additional duties required by this proposal with current staff and resources and will reflect no fiscal impact to the AGO for fiscal note purposes.

**Oversight** notes that the **Missouri Office of Prosecution Services** have stated the proposal would not have a measurable fiscal impact on their organization. Oversight does not have any information to the contrary. Therefore, Oversight will reflect a zero impact in the fiscal note for this organization.

Officials from the **University of Missouri Health Care** have determined that, as written, the proposed legislation should not create a negative impact. Oversight does not have any information to the contrary. Therefore, Oversight will reflect a zero impact in the fiscal note for this organization.

**Oversight** notes the **Department of Commerce and Insurance**, the **Department of Elementary and Secondary Education**, the **Office of State Courts Administrator**, the **State Public Defender's Office**, the **Adair County Health Department** and the **St. Louis County Department of Public Health** have stated the proposal would not have a direct fiscal impact on their organizations. Oversight does not have any information to the contrary. Therefore, Oversight will reflect a zero impact in the fiscal note for these organizations.

**Oversight** only reflects the responses that we have received from state agencies and political subdivisions; however, other local public health agencies, hospitals and schools were requested to respond to this proposed legislation but did not. A general listing of political subdivisions included in our database is available upon request.

<u>FISCAL IMPACT - State Government</u>	FY 2021	FY 2022	FY 2023
	(10 Mo.)		
<b>GENERAL REVENUE FUND</b>			
<u>Transfer-out - DHSS (§193.265) pp. 3-5</u>			
Transfer to MOPHS for maintenance of MoEVR to replace fees lost due to free birth certificates	\$0 to (\$13,389)	\$0 to (\$16,066)	\$0 to (\$16,066)
<u>Costs - DSS/MHD (§208.151) pp. 9-10</u>			
Program distributions - homeless youth	(\$176,161)	(\$222,174)	(\$233,505)
Program distributions - former foster care youth	<u>(\$27,329,890 to \$54,659,780)</u>	<u>(\$34,468,458 to \$68,936,915)</u>	<u>(\$36,226,349 to \$72,452,698)</u>
Total <u>Costs</u> - DSS/MHD	<u>(\$27,506,051 to \$54,835,941)</u>	<u>(\$34,690,632 to \$69,159,089)</u>	<u>(\$36,459,854 to \$72,686,203)</u>
<u>Costs - OA, ITSD (§208.151) pp. 10-11</u>			
FAMIS system changes	(\$1,305)	\$0	\$0
MEDES system changes	(\$27,500)	\$0	\$0
FACES system changes	<u>(\$24,920)</u>	<u>\$0</u>	<u>\$0</u>
Total <u>Costs</u> - OA, ITSD	<u>(\$53,725)</u>	<u>\$0</u>	<u>\$0</u>
<u>Loss - DHSS (§193.265) pp. 3-5</u>			
Reduction in birth certificate fee revenue	<u>\$0 to (\$10,711)</u>	<u>\$0 to (\$12,853)</u>	<u>\$0 to (\$12,853)</u>
<b>ESTIMATED NET EFFECT ON THE GENERAL REVENUE FUND</b>	<b><u>(\$27,559,776 to \$54,913,766)</u></b>	<b><u>(\$34,690,632 to \$69,188,008)</u></b>	<b><u>(\$36,459,854 to \$72,715,122)</u></b>

\* High end of range reflects retroactive MO HealthNet coverage for former foster care youth.

<u>FISCAL IMPACT - State Government</u>	FY 2021 (10 Mo.)	FY 2022	FY 2023
<b>MISSOURI PUBLIC HEALTH SERVICE FUND (0298)</b>			
<u>Transfer-in - DHSS (§193.265) pp. 3-5</u>			
Transfer-in from General Revenue for maintenance of MoEVR to replace fees lost due to free birth certificates	\$0 to \$13,389	\$0 to \$16,066	\$0 to \$16,066
<u>Loss - DHSS (§193.265) pp. 3-5</u>			
Reduction in birth certificate fee revenue	<u>\$0 to (\$13,389)</u>	<u>\$0 to (\$16,066)</u>	<u>\$0 to (\$16,066)</u>
<b>ESTIMATED NET EFFECT ON THE MISSOURI PUBLIC HEALTH SERVICES FUND</b>	<b><u>\$0</u></b>	<b><u>\$0</u></b>	<b><u>\$0</u></b>
<b>ENDOWED CARE CEMETERY AUDIT FUND (0562)</b>			
<u>Loss - DHSS (§193.265) pp. 3-5</u>			
Reduction in birth certificate fee revenue	<u>\$0 to (\$2,678)</u>	<u>\$0 to (\$3,213)</u>	<u>\$0 to (\$3,213)</u>
<b>ESTIMATED NET EFFECT ON THE ENDOWED CARE CEMETERY AUDIT FUND</b>	<b><u>\$0 to (\$2,678)</u></b>	<b><u>\$0 to (\$3,213)</u></b>	<b><u>\$0 to (\$3,213)</u></b>
<b>CHILDREN'S TRUST FUND (0694)</b>			
<u>Loss - DHSS (§193.265) pp. 3-5</u>			
Reduction in birth certificate fee revenue	<u>\$0 to (\$13,389)</u>	<u>\$0 to (\$16,066)</u>	<u>\$0 to (\$16,066)</u>
<b>ESTIMATED NET EFFECT ON THE CHILDREN'S TRUST FUND</b>	<b><u>\$0 to (\$13,389)</u></b>	<b><u>\$0 to (\$16,066)</u></b>	<b><u>\$0 to (\$16,066)</u></b>

<u>FISCAL IMPACT - State Government</u>	FY 2021 (10 Mo.)	FY 2022	FY 2023
<b>FEDERAL FUNDS</b>			
<u>Income - DSS/MHD (§208.151) pp. 9-10</u>			
Reimbursement for program distributions - homeless youth	\$329,076	\$415,031	\$436,198
<u>Income - OA, ITSD (§208.151) pp. 10-11</u>			
Reimbursement for FAMIS, MEDES and FACES system updates	\$261,492	\$0	\$0
<u>Costs - DSS/MHD (§208.151) pp. 9-10</u>			
Program distributions - homeless youth	(\$329,076)	(\$415,031)	(\$436,198)
<u>Costs - OA, ITSD (§208.151) pp. 10-11</u>			
FAMIS system changes	(\$1,157)	\$0	\$0
MEDES system changes	(\$247,498)	\$0	\$0
FACES system changes	<u>(\$12,837)</u>	<u>\$0</u>	<u>\$0</u>
Total <u>Costs</u> - OA, ITSD	<u>(\$261,492)</u>	<u>\$0</u>	<u>\$0</u>
<b>ESTIMATED NET EFFECT ON FEDERAL FUNDS</b>	<b><u>\$0</u></b>	<b><u>\$0</u></b>	<b><u>\$0</u></b>

<u>FISCAL IMPACT - Local Government</u>	FY 2021 (10 Mo.)	FY 2022	FY 2023
	<b><u>\$0</u></b>	<b><u>\$0</u></b>	<b><u>\$0</u></b>

FISCAL IMPACT - Small Business

No direct fiscal impact to small businesses would be expected as a result of this proposal.



## FISCAL DESCRIPTION

This act modifies several provisions relating to child protection, including: (1) a minor's ability to contract; (2) a minor's access to vital records; and (3) MO HealthNet benefits for certain youth.

### A MINOR'S ABILITY TO CONTRACT (Section 431.056)

Under this act, a minor's ability to contract shall include obtaining mental health records if he or she meets certain qualifications specified in current law, including through the implied consent of the minor's parent or legal guardian. Implied consent may be demonstrated by a letter verifying the minor is an unaccompanied youth signed by: (1) a director or designee of a governmental or nonprofit agency that receives public or private funding to provide services to homeless persons; (2) a local education agency liaison for homeless children or youth designated under federal law or a school social worker or counselor; or (3) a licensed attorney representing the minor in any legal matter.

Any entity or licensed provider who contracts with a minor under this act shall be immune from any civil or criminal liability based on the entity's or provider's determination to contract with the minor, unless the entity's or provider's determination is the result of the entity's or provider's negligence or willful or wanton acts or omissions. Consent given under this provision shall not be subject to later disaffirmance by reason of the minor's age.

### A MINOR'S ACCESS TO VITAL RECORDS (Section 193.265)

Under this act, a parent or guardian of a homeless child or homeless youth or an unaccompanied youth shall not be charged a fee for copies of vital records. An unaccompanied youth shall not be required to have the consent or signature of his or her parent or guardian for a certification or a copy of his or her own birth record.

### MO HEALTHNET BENEFITS FOR CERTAIN YOUTH (Section 208.151)

Under this act, persons who were in foster care in Missouri at any time when they were 13 years old or older shall be eligible for MO HealthNet benefits if they are under 26 years old, are not in another mandatory coverage group, and were covered by Medicaid when they were in foster care.

Additionally, any homeless child or homeless youth shall be eligible for MO HealthNet benefits.

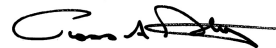
This legislation is not federally mandated, would not duplicate any other program and would not require additional capital improvements or rental space.

SOURCES OF INFORMATION

Attorney General's Office  
Department of Commerce and Insurance  
Department of Elementary and Secondary Education  
Department of Health and Senior Services  
Department of Mental Health  
Department of Social Services  
Office of Prosecution Services  
Office of State Courts Administrator  
State Public Defender's Office  
Adair County Health Department  
Columbia/Boone County Department of Public Health and Human Services  
St. Louis County Department of Public Health



Julie Morff  
Director  
February 18, 2020



Ross Strobe  
Assistant Director  
February 18, 2020