Questions and Answers about TEFRA and Home and Community Based (HCB) Waiver Services

Q. What is the difference between TEFRA and HCB Waiver services?

A. TEFRA provides standard Medicaid medical coverage. A federal waiver allows the state to offer additional home and community based services on a limited basis. These additional "waiver" services include respite care and environmental modification of the home that are designed to allow a child to remain at home instead of living in a long-term care facility. Eligibility for these services requires a child to need a level of care that would be provided by either a skilled nursing home or an intermediate care facility for the mentally retarded.

Q. Does being eligible for TEFRA automatically qualify my child for HCB Waiver services?

A. No. However, many children who are eligible for TEFRA may be eligible for waiver services. Funds are limited so your child may need to wait for these additional services.

Q. How can I start the waiver process for my child while he or she is receiving TEFRA?

A. To request Home and Community Based Waiver Services, contact the Division of Senior and Disabilities Services (DSDS) at 1 (800) 478-9996 outside of Anchorage or (907) 269-3666 within Anchorage. A DSDS program specialist can discuss the waiver options and refer you to an agency in your area that can assist you in starting the process for your child.

TEFRA Contacts

Division of Public Assistance

Coastal Field Office Specialized Medicaid Office (for Southcentral, Northwestern, Southwestern, and Southeast Alaska) (907) 269-8950 or 1 (800) 478-4364

Fairbanks Public Assistance Office (907) 451-2850 or 1 (800) 478-2850

Long Term Care Coordinator (907) 269-7880

Division of Senior and Disabilities Services (907) 269-3666 or 1 (800) 478-9996

Comagine Health

1 (888) 578-2547

TEFRA Medicaid is based on state regulations at 7 AAC 100.424 and 7 AAC 43.300, and federal regulations at 42 CFR Part 435, Subparts G and F.

HCB waiver services are based on state regulations at 7 AAC 100.002(d)(8) and 7 AAC 43.100-43.1110, and federal regulations at 42 CFR 435.217.



State of Alaska Department of Health and Social Services Division of Public Assistance http://hss.state.ak.us/dpa/



Trust Alaska Mental Health Trust Authority

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TEFRA Tax Equity and Fiscal Responsibility Act



TEFRA is a specialized category of Medicaid for disabled children living at home, who do not qualify for Supplemental Security Income (SSI) due to parental income, and meet certain disability requirements.

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What is TEFRA?

The term "TEFRA" comes from the Tax Equity and Fiscal Responsibility Act of 1982 that authorized this Medicaid category. TEFRA is a specialized category of Medicaid for disabled children living at home, who do not qualify for Supplemental Security Income (SSI) due to parental income, and meet the following disability requirements.

Social Security Guidelines

A child must have a medical, developmental, or psychiatric condition that fits the Supplemental Security Income definition of child disability. That means the child must have a physical or mental condition(s) that very seriously limits his or her activities; and the condition(s) must have lasted, or be expected to last, at least 1 year or result in death. SSI and Medicaid use the book *Disability Evaluation Under Social Security* (also known as the Blue Book) to determine if a child meets the definition of child disability. This book lists childhood impairments (conditions) that qualify. It is available on the Internet at www.ssa.gov/disabilityprofessionals/bluebook.

The child does not have to apply for SSI in order to be eligible for TEFRA.

Level of Care Requirements

The child also must need a high level of care that would be provided in one of the following types of facilities:

- Skilled nursing facility
- Inpatient psychiatric hospital
- Intermediate care facility for the mentally retarded

The purpose of the TEFRA Medicaid category is to allow children needing a high level of care to live at home rather than in a medical institution like a nursing home.

What are the financial eligibility requirements for TEFRA?

In addition to the disability requirements, a child must meet all of the following conditions:

- Be under 19 years of age
- Live in their parent's home
- Have a monthly income of \$1656 or less
- Have resources of \$2000 or less

When determining financial and resource eligibility, the caseworker will consider only the child's personal income and resources, not the parent's.

Who is involved in a TEFRA eligibility decision?

The **Division of Public Assistance (DPA)** receives an application for assistance, determines financial eligibility, begins the disability determination process, communicates with QUALIS Health, and issues Medicaid benefit coupons.

Disability Determination Services (DDS) completes a disability determination using Social Security rules. This decision is reported to the DPA caseworker.

The **Care Coordinator** completes the assessments for levelof-care and the plan of care for special medical services needed by your child.

QUALIS Health makes the level of care decision and approves the plan of care for the child who needs a level of care that would be provided in a skilled nursing facility or inpatient psychiatric hospital once the care coordinator has completed the assessment process. QUALIS Health also makes referrals to the Division of Senior and Disabilities Services for an Inventory for Client and Agency Planning (ICAP) evaluation for children who need a level of care that would be provided in an intermediate care facility for the mentally retarded.

The **Division of Senior and Disabilities Services (DSDS)** makes decisions concerning children who need a level of care that would be provided in an intermediate care facility for the mentally retarded and reports the decision to QUALIS Health. They also complete an ICAP evaluation if the child is over age three.



How does my child apply for TEFRA?

To determine TEFRA eligibility, the parent must:

- Complete an Application for Medical Assistance for Adults and Children with Long Term Care Needs (MED 4) and submit the application to the nearest DPA Long Term Care Medicaid office listed on the back of this brochure;
- 2. Complete an interview with the DPA caseworker;
- 3. Complete a Child's Medical History and Disability Report (MED 1) questionnaire;
- 4. Sign six Authorization for Release of Protected Health Information (MED 2) forms;
- 5. Submit the above documents, and current medical, developmental, psychological or other information to the caseworker;
- Contact QUALIS Health at (907) 562-2130 or 1 (888) 578-2547 for a listing of care coordinators in their community;
- Contact and select a care coordinator who will complete the initial assessment and annual reassessments; and
- 8. Cooperate with the care coordinator in completing all paperwork for the level of care determination.

For children who need a level of care that would be provided in an intermediate care facility for the mentally retarded, this includes cooperating with and keeping all scheduled appointments with the Division of Senior and Disabilities Services.

What information is needed for a disability determination?

The following information should be submitted with the MED 4 application, if available:

- Individual education plans;
- Current infant learning program assessments;
- Current medical records with diagnosis and treatment information;
- Therapy notes from mental health providers, including school counselors; and
- Physical and occupational therapy notes.