

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

**Q. What is the difference between TEFRA
and Home and Community Based
(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 require 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 intellectually and developmentally disabled.

**Q. Does being eligible for TEFRA
automatically qualify my child for
Home and Community Based 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 an Aging and Disability Resource Center (ADRC) or a Developmental Disabilities Resource Connection (DDRC) program in your community or call 1-855-565-2017 toll-free. The results of a person-centered intake will determine whether you should proceed with an application for waiver services.

TEFRA Contacts:

Division of Public Assistance:
Statewide Specialized Medicaid
Unit: 1-800-478-7778

Comagine Health:
In Anchorage: (907) 550-7600
Outside Anchorage: 1-888-578-2547
Website: [http://qualishealth.org/
patients-families/alaska-tefra](http://qualishealth.org/patients-families/alaska-tefra)

TEFRA Medicaid is based on state regulations at 7 AAC 100.424 and 7 AAC 140.600, 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 130, and federal regulations at 42 CFR 435.217.

**State of Alaska
Department of Health
Division of Public Assistance
<http://health.alaska.gov/dpa>**

**TEFRA:
Medicaid for Disabled
Children Living At
Home**



**Mike Dunleavy, Governor
Heidi Hedberg, Commissioner**

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 that very seriously limits his or her activities; **and** the condition 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 <http://www.ssa.gov/disability/professionals/bluebook/ChildhoodListings.htm>

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 or intermediate nursing facility
- Inpatient psychiatric hospital
- Intermediate care facility for the intellectually and developmentally disabled

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.
- In 2024, have a monthly income of \$2,829 or less.
- Have resources of \$2,000 or less.

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 Comagine 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 eligibility team.

The **Care Coordinator** completes the application process for level of care and the Support Plan for special medical services needed by your child.

Comagine Health makes the level of care decision and approves the Support Plan 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 application process. Comagine Health also makes referrals to the Division of Senior and Disabilities Services for an evaluation for children who need a level of care that would be provided in an intermediate care facility for individuals with intellectual disabilities.

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 individuals with intellectual disabilities and reports the decision to Comagine Health. They also complete an Inventory for Client and Agency Planning (ICAP) evaluation if the child is over age three. The results of an ICAP assessment will help DSDS make the level of care decision.

How does my child apply for TEFRA?

To determine TEFRA eligibility, the parent must:

1. 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 office listed on the back of this brochure;
2. Complete an interview with DPA eligibility staff;
3. Complete a Child's Medical History and Disability Report (MED 1) questionnaire;
4. Complete Authorization for Release of Protected Health Information (MED 2) forms for each provider, school, and school district;
5. Submit the above documents, and current medical, developmental, psychological or other information to the caseworker;
6. Contact Comagine Health at (907) 550-7600 or 1-888-578-2547 for a listing of care coordinators in their community;
7. Contact and select a care coordinator who will complete the initial application process and annual application process; 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 intellectual and developmentally disabled, 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.