

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 only standard Medicaid 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 on the home that are designed to allow a child to remain at home instead of a long-term care facility. Eligibility for these services require a child to meet either a skilled nursing home or an intermediate care facility for the mentally retarded level of care.

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. Children’s needs are prioritized because funding for HCB waiver services is limited.

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

A. To request HCB waiver services, contact the Division of Senior and Disability Services (DSDS) at 1-800-478-9996 outside of Anchorage or 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.

Note: 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

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

TEFRA Coordinator:

(907) 269-7880

Division of Senior and Disabilities Services:

(907) 269-3666 or
1-800-478-9996

QUALIS Health:

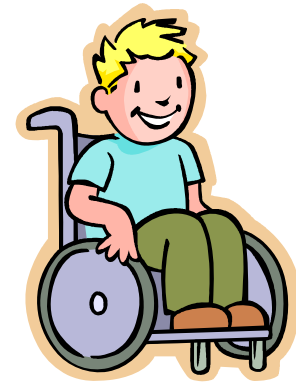
(907) 562-2130 or
1-888-578-2547



Sarah Palin, Governor, State of Alaska
Karleen K. Jackson, Commissioner
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TEFRA Medicaid for Disabled Children at Home



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. A child must have a medical, developmental, or psychiatric condition that fits an SSI level of disability. TEFRA applicants and recipients must also be determined to need a high level of care that would be provided in one of the following types of facilities:

- Nursing facility
- Inpatient 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 a medical institution. It is through the assistance of Medicaid that they are able to remain at home.

What are the eligibility requirements for TEFRA?

To be eligible for TEFRA, 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.
- Have a condition that meets Social Security disability requirements.
- Require a high level of care that would be provided in one of the facilities listed above.

When determining financial and resource eligibility, the caseworker will only consider the child's income and resources. Parental income and resources are not considered.

Who is Involved in a TEFRA Eligibility decision?

The **Division of Public Assistance (DPA)** makes the financial eligibility determination, initiates the disability determination process, communicates with QUALIS Health, and issues Medicaid benefit coupons.

The **Division of Senior and Disability Services (DSDS)** makes intermediate care facility for the mentally retarded level of care decisions and reports the decisions to QUALIS Health.

The **Care Coordinator** completes the initial assessments and reassessments for a plan of care and level of care determinations.

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

QUALIS Health makes the level of care decision and approves a plan of care for nursing facility and inpatient hospital children once a care coordinator has completed the assessment process. QUALIS Health makes referrals to Arbitre Consulting for the intermediate care facility for the mentally retarded children for an inventory for client and agency planning assessment.

Arbitre Consulting completes the inventory for client and agency planning evaluations for intermediate care facility for the mentally retarded children over three years of age.

How does my child qualify for TEFRA?

To determine TEFRA eligibility, the parent must:

1. complete a MED 4—Application for Medical Assistance for Adults and Children with Long Term Care Needs and submit the application to the nearest DPA Long Term Care Medicaid office;
2. complete an interview with the DPA caseworker;
3. complete a Child's Medical History and Disability Report (MED1) questionnaire;
4. sign six Authorization for Release of Protected Health Information (MED2) forms;
5. submit the above questionnaires, and current medical, developmental, psychological or other pertinent information to the caseworker;
6. contact QUALIS Health at (907) 562-2130 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 assessment and annual reassessments; and
8. cooperate with the care coordinator in completing all paperwork for the level of care determination. For Intermediate care facility for the mentally retarded children, this includes cooperating with and keeping all scheduled appointments with Arbitre Consulting.

What information is needed for a Disability Determination?

The following information should be submitted with the MED4 application, if available:

- Current Infant Learning Program assessments;
- Individual Education Plans;
- Current medical records with diagnosis and treatment information;
- Therapy notes from mental health providers, including school counselors; and
- Physical and Occupational Therapy notes.