



## D.C. Medicaid and TEFRA/Katie Beckett: Frequently Asked Questions

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## GENERAL

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### **1. How is TEFRA/Katie Beckett related to District of Columbia (DC) Medicaid?**

TEFRA/Katie Beckett is an eligibility group for the District of Columbia (DC) Medicaid Program that offers families with children who have terminal or long-term disabilities the option to be cared for at home by their family with additional supports, instead of residing in an institution. A disabled child may be eligible for TEFRA/Katie Beckett if the child is otherwise ineligible for Medicaid due to having family income or resources that exceed Medicaid limits. For example, if the child is over income for the children's Medicaid category due to their parents' income, TEFRA/Katie Beckett might be an option for Medicaid coverage because this eligibility group counts only the child's income and resources and not family income or resources. If a child is eligible for DC Medicaid under TEFRA/Katie Beckett, then he/she receives the same benefit package as other children enrolled in Medicaid.

### **2. What services can my child get through DC Medicaid under TEFRA/Katie Beckett?**

Children enrolled in Medicaid receive the "Early and Periodic Screening, Diagnostic, and Treatment" (EPSDT) services benefit. This includes all medically necessary services for your child's basic primary care and preventive health needs, including tests and screening services needed to identify and diagnose any potential problems, and necessary treatment services. Some examples of treatment include physical therapy, occupational therapy, and skilled nursing services. Services must be medically necessary and be delivered by a DC Medicaid enrolled provider.

## ELIGIBILITY

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### **3. What are the general eligibility requirements for DC Medicaid under TEFRA/Katie Beckett?**

To be eligible for DC Medicaid under TEFRA/Katie Beckett, the child must:

- (a) Be age zero (0) through eighteen (18) years old;
- (b) Have individual income at or below three hundred percent (300%) of the Supplemental Security Income ("SSI") federal benefit rate;
- (c) Have individual resources equal to or less than \$2,600 after application of a disregard of all countable resources between \$2,600 and \$4,000.
- (d) Have a disability which can be expected to result in death or to last for at least twelve (12) months in accordance with Section 1614(a) of the Social Security Act;
- (e) Have a level of care (LOC) that is typically provided in one of the following settings:
  - (1) A hospital, as described in 42 C.F.R. 440.10;



- (2) An intermediate care facility, as described in 42 C.F.R. 440.150; or
- (3) A nursing facility, as described in the “Health Care and Community Residence License Act of 1983, approved October 28, 1983 (D.C. Law 5-48; D.C. Official Code § 44-501);
- (f) Be able to safely live at home;
- (g) Not otherwise be eligible for Medicaid;
- (h) Have Medicaid costs of care received at home that do not exceed the cost DC Medicaid would pay if the child were in an institution;
- (i) Be a DC resident;
- (j) Be a US citizen or have other eligible immigration status, and
- (k) Have a valid Social Security Number.

Note: Only the child’s income and resources are considered for TEFRA/Katie Beckett. Parents’ income and resources are not counted.

#### **4. My child has private insurance – can we still apply for DC Medicaid?**

Yes, your child may have both DC Medicaid and other health insurance. The other insurance must be billed first before seeking reimbursement from DC Medicaid for medically necessary services that your private health insurance does not cover. You must report to the District if you and your child have any other health insurance.

### **APPLICATION PROCESS AND DOCUMENTS**

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#### **5. How do I apply for DC Medicaid for my child through TEFRA/Katie Beckett? Where can I find the application materials?**

**Step 1:** Log in to <https://dchealthlink.com> to complete an application for financial assistance to apply for Medicaid or complete the application process by phone, mail or in person if needed. Once an application is submitted:

- The applicant will be screened for Medicaid coverage and receive a decision within 45 days.
- If the applicant meets all non-financial and financial requirements, the applicant will be determined eligible for regular Medicaid and will receive an approval notice.
- If applicant does not meet all non-financial and financial requirements, the applicant will receive a denial notice.
- In cases where an applicant is denied for over income and there is a child with a disability in the household, a TEFRA/ Katie Beckett Application Packet will be mailed to the applicant.



**Step 2:** Once an applicant receives a TEFRA/Katie Beckett Application Packet, the applicant can submit the TEFRA/Katie Beckett Application Form to the Economic Security Administration (ESA) in one of the following ways:

1. Fax the completed application to (202)724-8963.
2. Send by postal mail to:  
DC Economic Security Administration  
Attn: Medicaid Branch  
645 H St. NE  
Washington, DC 20002
3. Submit by email by calling the ESA help desk for assistance at 202-698-4220
4. Submit in person at an ESA Service Center. Look for the nearest service center at <https://dhs.dc.gov/service/find-service-center-near-you> or call 202-724-5506.

**Step 3:** An applicant must submit the following completed Level of Care Determination documents to the Division of Children's Health Services (DCHS) at the Department of Health Care Finance (DHCF) via email at [HealthCheck@dc.gov](mailto:HealthCheck@dc.gov):

- Pediatric Level of Care Determination Form;
- TEFRA/Katie Beckett Care Plan Form; and
- Supporting documents, such as the Letter of Medical Necessity, the Individualized Education Program / Individualized Family Service Plan, therapy assessments, including diagnostic reports.

**Step 4:** The District will make an eligibility determination within 60 days of receipt of the TEFRA/Katie Beckett Application Form.

**6. Why do I have to submit my household income if only my child's income is counted under TEFRA/Katie Beckett?**

The first step in the eligibility process is to determine eligibility for your child under the children's Medicaid category, which requires proof of family household income. If your child is deemed eligible, then you do not need to submit any additional medical documentation. If your child's household income exceeds Medicaid levels, he/she may still be eligible for TEFRA/Katie Beckett, which only counts your child's income. There have been cases where families applying for Medicaid under TEFRA/Katie Beckett, were determined income-eligible for DC Medicaid because their family income fell within the qualifying income for DC Medicaid (\$80,069 for a family of four in 2018).

**7. Can I apply directly to Department of Health Care Finance (DHCF)?**

No. The Department of Human Services' Economic Security Administration is responsible for determining Medicaid eligibility for District residents. Families are welcome to go directly on-line and apply for DC Medicaid through DC Health Link at [www.dchealthlink.com](http://www.dchealthlink.com), or to submit an application for traditional Medicaid eligibility by phone at 1-855-532-5465, by mail at DC Health Link, Department of Human Services, Case Records Management Unit, P.O. Box 91560, Washington, DC 20090, or in person at a DHS/ESA service center.



**8. What documents are required to apply for Medicaid under TEFRA/Katie Beckett?**

Once a DC Health Link application is submitted and a determination of over income is received, then you can submit a TEFRA/Katie Beckett Application Form to ESA. Additionally, your family will need to submit the following Level of Care documents to DCHS: 1) Pediatric Level of Care Determination Form, including any supporting documents (such as medical records, physician or therapist evaluations, an Individualized Education Program (IEP) or Individualized Family Service Plan (IFSP) or other documents required to help DHCF evaluate the services your child needs); and 2) TEFRA/Katie Beckett Care Plan Form.

**9. Why do I need to submit the Care Plan and the Level of Care forms and documentation?**

To be eligible for Medicaid through TEFRA/Katie Beckett, your child must meet an “Institutional Level of Care.” This means that he or she must require the type of care traditionally provided in a hospital, nursing home, or intermediate care facility to meet the level of care requirement for TEFRA/Katie Beckett. The Care Plan and Level of Care Form, along with any supporting documents, helps DHCF evaluate whether or not your child meets the Level of Care criteria and, if so, whether care can be safely and cost-effectively provided at home.

**10. What is “cost-effectiveness?” How is it determined?**

“Cost-effectiveness” in the context of Medicaid eligibility under the TEFRA/Katie Beckett eligibility group means that the cost to Medicaid for your child’s care at home does not exceed the cost of care that would otherwise be provided in a hospital, nursing home, or intermediate care facility. DHCF’s Division of Children’s Health Services (DCHS) uses the information on the Care Plan to determine cost-effectiveness for each child that submits a TEFRA/Katie Beckett application. If the total Medicaid costs for the services described in the Care Plan are lower than the total costs of your child being cared for in an institution, then your application meets the cost-effectiveness criteria. After enrollment, the cost-effectiveness of your child’s case will be reviewed and monitored periodically.

**11. What does “institutional level of care” mean for me and my child? Am I giving up my parental rights in some way?**

No, you are not giving up your parental rights in any way. The “institutional level of care” criteria is used *only* as a review tool to determine if your child meets the medical requirements for TEFRA/Katie Beckett and will not infringe on your parental rights or your decision to care for your child within your home. “Institutional level of care” is a term used to categorize the health care services that your child might require based on their medical needs.



## 12. Is a diagnosis alone enough to qualify for Medicaid under TEFRA/Katie Beckett?

Having a diagnosis alone does not qualify your child for DC Medicaid under TEFRA/Katie Beckett. There are several components to the qualification process under TEFRA/Katie Beckett, including: D.C. residency, U.S. citizenship/immigration status, child's income and resource determination, level of care determination, and cost-effectiveness determination. (See Question 3, above for specific eligibility criteria.)

## AFTER ENROLLMENT

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## 13. How will my child receive services under TEFRA/Katie Beckett?

If your child is found eligible for Medicaid under TEFRA/Katie Beckett, your child is able to enroll in Medicaid through one of two networks:

- ***Fee-for-Service Medicaid*** - Children under TEFRA/Katie Beckett are automatically enrolled in fee-for-service Medicaid. In fee-for-service, providers contract directly with DC Medicaid. To find a DC Medicaid provider, please visit [www.dc-medicaid.com](http://www.dc-medicaid.com).
- ***Children and Adolescents for Supplemental Security Income Program (CASSIP)*** - a managed care entity that has a specific network of providers for its enrollees and offers 24-hour access to care coordination and individualized case management. To enroll your child in HSCSN (the current CASSIP contractor), please call 1-866-937-4549.

## 14. Will my child be able to keep the same doctors?

Once your child is deemed Medicaid eligible under TEFRA/Katie Beckett, then he/she must receive services by a DC Medicaid Provider. If your child is already receiving services from a provider, and you want your child to continue seeing that provider and for Medicaid to cover the cost, the provider must be enrolled in DC Medicaid. For more information on how to enroll in DC Medicaid, providers should visit the [DHCF Provider Enrollment](http://www.dcpdms.com) website at <https://www.dcpdms.com>. Providers may also contact DC Provider Data Management System via phone at 844-218-9700 or email at [dcprovider.registration@maximus.com](mailto:dcprovider.registration@maximus.com) to enroll and become a DC Medicaid provider.

## 15. Can I get reimbursed for out-of-pocket medical expenses that I've already paid?

DC Medicaid will only reimburse for Medicaid-covered medically necessary services if determined eligible for Medicaid during the period of time in which the bill was paid. Medicaid may provide what is known as "retroactive coverage" for services that are provided up to 3 months before an application date for an individual that is determined eligible and has had reimbursable medical expenses during the 3 months period before eligibility began. If your child has been determined eligible for retroactive coverage, Medicaid may reimburse for out-of-pocket medical expenses that have already been paid if the medically necessary services were received within three months prior to your child becoming Medicaid eligible. To apply for retroactive coverage, you must complete Section 4: Retroactive Medicaid on the



TEFRA/Katie Beckett Application Form and have the physician complete the “To Request Retroactive Medicaid Coverage” section on the Pediatric Level of Care Determination Form.

Once your child is Medicaid eligible, you have up to 6 months to complete and submit, with receipts, the [Medicaid Reimbursement Form](#) to:

Recipients Claims Research  
DC Department of Health Care Finance  
441 4th Street, N.W., Suite 900S  
Washington, D.C. 20001

**16. What is an annual renewal requirement? What are the requirements?**

A renewal for Medicaid is a review of current eligibility factors to determine whether to continue, change, or discontinue Medicaid. Federal rules require that an individual’s eligibility for Medicaid be renewed at least every 12 months. Parents/guardians must submit the Medicaid renewal form on an annual basis, to determine if the child continues to meet eligibility requirements for TEFRA/Katie Beckett. ESA will mail a renewal form to the child’s parents/guardians ninety (90) calendar days before the end of the certification period, and DHCF will mail the TEFRA/Katie Beckett LOC and Care Plan forms. The renewal form must be submitted back to ESA sixty (60) calendar days prior to the renewal date, and the medical forms must be submitted back to DHCF. Once documents are received, ESA will review documents, if the child continues to meet financial, non-financial and medical requirements for the TEFRA/Katie Beckett eligibility group, Medicaid coverage will continue for the next 12 months.

**17. How do I report a change in circumstances?**

As is the case with all Medicaid enrolled beneficiaries, a parent/guardian of a child enrolled under the TEFRA/Katie Beckett eligibility group must notify ESA within ten (10) calendar days of any change in circumstances that may directly affect your child’s Medicaid eligibility (i.e., income, residency, functional condition/status). Once the changes are reported, ESA will review your child’s eligibility to determine if he/she remains eligible for Medicaid under the TEFRA/Katie Beckett eligibility group. If your child is no longer eligible for Medicaid under the TEFRA/Katie Beckett eligibility group, ESA will review your child’s eligibility under other Medicaid eligibility categories. You will receive notice of the determination of your child’s eligibility.

**18. Is there a transition plan once my child ages out of this category?**

Yes, one year prior to your child’s 19<sup>th</sup> birthday, DHCF’s DCHS will assist with transition planning to explore other service resources to support your child’s medical needs as an adult, such as applying for SSI. If your child is enrolled with the District’s Children and Adolescent for Supplemental Security Income Program (CASSIP) contractor, his or her case manager will help initiate the transition planning process. For more information or resources on transition planning, visit [www.gottransition.org](http://www.gottransition.org).





**19. Who do I contact for more information?**

If you have additional questions after reading our Frequently Asked Questions and Application Fact Sheet, please contact:

Department of Health Care Finance  
Division of Children's Health Services  
Attn: TEFRA/Katie Beckett Coverage Group  
441 4<sup>th</sup> Street, N.W, 9<sup>th</sup> Floor  
Washington, DC 20001  
(202) 442-5957  
Email address: [HealthCheck@dc.gov](mailto:HealthCheck@dc.gov)

Department of Human Services  
Economic Security Administration  
Attn: Rebecca Shields  
645 H Street, NE  
Washington, DC 20002  
(202) 698-4220