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

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GENERAL

How is TEFRA/Katie Beckett related to District of Columbia (DC) Medicaid?
If a family is determined over-income for DC Medicaid and has a child with disabilities or complex medical needs, then their child may be eligible under the TEFRA/Katie Beckett eligibility pathway. The TEFRA/Katie Beckett is an eligibility pathway for the District of Columbia (DC) Medicaid Program for certain children with long-term disabilities or complex medical needs who live at home. It allows children to be served at home by the family with additional supports, instead of residing in an institution.

If a child is eligible for DC Medicaid under TEFRA/Katie Beckett, then he or she can receive the same benefit package as any child enrolled in Medicaid.

What services can a child get through DC Medicaid?
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.

How long will the application process take?
The District has sixty (60) days from the date of application to make a determination on the Medical Assistance Application and TEFRA/Katie Beckett supporting documentation. During this time, you must provide timely submission of any required forms and supporting documentation to the Economic Security Administration and Department of Health Care Finance.

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 4th Street, N.W, 9th Floor
Washington, DC 20001
(202) 442-5957
Email address: HealthCheck@dc.gov

Department of Human Services
Economic Security Administration
Attn: Rebecca Shields
645 H Street, NE
Washington, DC 20002
(202) 698-4236
Email address: Rebecca.Shields@dc.gov or tashia.perry@dc.gov

ELIGIBILITY

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:

- Be a resident of the District of Columbia;
- Be a US Citizen or have eligible immigration status;
- Be eighteen (18) years old or younger;
- Have income less than 300% of Supplemental Security Income (SSI) and resources totaling less than $4,000;
- Have a disability that is terminal or expected to last for more than 12 months (or otherwise meet the definition of disabled under the Social Security Act);

- Require a level of care that is typically provided in a hospital, skilled nursing facility, or intermediate care facility (including those for people with intellectual disabilities);
- Require an estimated cost of care in the home that does not to exceed the cost of institutional care;
- Be able to safely live at home; and
- Is not eligible for Medicaid under a different eligibility category.

My child has private insurance – can we still apply for District of Columbia (DC) Medicaid?
Yes, your child may have both DC Medicaid and other health insurance. The other insurance will be billed first, and then DC Medicaid provides "wrap-around" coverage for medically necessary services that your private health insurance may not cover. You must report to the District if you and your child have any other health insurance.

APPLICATION PROCESS AND DOCUMENTS

How do I apply for District of Columbia (DC) Medicaid for my child through TEFRA/Katie Beckett? Where can I find the application materials?
The first step in applying for DC Medicaid is to fill out a Medical Assistance Application, including financial information about your entire household. The application should be submitted to the Economic Security Administration (ESA), including all documentation described on page 9 of the application. ESA will first review the application for Medicaid eligibility under other eligibility categories, including whether the whole family is income-eligible for Medicaid. Application materials can be found at http://dhs.dc.gov/publication/combined-application-benefits

If ESA determines that your family is over-income for DC Medicaid and it is indicated on the application that the child has a disability, then your application is sent to the Department of Health Care Finance (DHCF) for further evaluation through the TEFRA/Katie Beckett pathway. ESA will inform you that your Medicaid application has been denied or that your family has been placed in "spend down", but that further review will be done to determine if your child is eligible under the TEFRA/Katie Beckett pathway. Then, the DHCF Division of Children's Health Services will contact you for more information on the needed TEFRA/Katie Beckett supporting documentation.

Why do I have to submit my household income if only my child's income is counted under TEFRA/Katie Beckett?
First, it needs to be determined that your child isn't eligible for District of Columbia (DC) Medicaid under another eligibility category, which requires proof of family household income. If your family is deemed eligible, then you do not need to submit any additional medical documentation. There have been cases where families applying for Medicaid under TEFRA/Katie Beckett, learned they were income-eligible for DC Medicaid because their family income fell within the qualifying income for DC Medicaid ($78,474 for a family of four in 2017).

Can I apply directly to Department of Health Care Finance (DHCF)?
It is strongly encouraged that Medical Assistance applications be submitted to the Economic Security Administration (ESA), which is the agency responsible for eligibility determinations for all public benefit programs in the District of Columbia. Applications may be submitted in person to any the ESA service centers or sent by certified mail to DHS/CRMU, 645 H St., NE, Washington, DC 20002. Applications can also be faxed to the ESA Medicaid Branch at 202-734-8963.

You may also submit the application electronically to Healthcheck@dc.gov and DHCF will forward to ESA. You should also email Healthcheck@dc.gov that you have submitted your application to ESA to track the timeliness of processing of the application.

What additional information is required to apply for Medicaid under TEFRA/Katie Beckett?
If your child is being evaluated for DC Medicaid through the TEFRA/Katie Beckett eligibility pathway, the Department of Health Care Finance (DHCF), Division of Children's Health Services will contact you for more information. DHCF will need to know about your child's disability and the care he or she needs. You will be given two forms that need to be completed with your child's doctor and returned to DHCF along with any additional supporting documents: 1) Pediatric Level of Care Determination Form, and 2) TEFRA/Katie Beckett Care Plan Form. Supporting documents may include medical records, evaluations done by a doctor, therapist, or other specialist, an Individualized Education Program (IEP) or Individualized Family Service Plan (IFSP), and/or any other documents that will help DHCF evaluate the services your child needs.

Why do I need to submit the Care Plan and the Level of Care forms?
TEFRA/Katie Beckett is designed to support families by providing services at home for children who might otherwise need to be in an institutional care setting. Therefore, 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. The Care Plan and Level of Care Form, along with any supporting documents, help us 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.

What is "cost-effectiveness?" How is it determined?
To be eligible for Medicaid through TEFRA/Katie Beckett, Department of Health Care Finance (DHCF) must determine that your child's care at home does not exceed the cost of care provided in a hospital, nursing home, or intermediate care facility. DHCF uses the information on the Care Plan to determine cost-effectiveness. 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.

What does "institutional level of care" mean for me and my child? Am I giving up my parental rights in some way?
The levels of care criteria for these institutions are used *only* as a review tool 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.

Is diagnosis alone enough to qualify for DC Medicaid under TEFRA/Katie Beckett?
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: income determination, level of care determination, and cost-effectiveness determination.

What types of supporting documents are requested?
Supporting documents are key to the review process. It is important that the documents are current, fully and accurately completed, and appropriately signed by the individual completing the documents, such as the parent/guardian or physician. Requested documents include a letter of medical necessity, diagnostic

reports, the Individualized Education Program (IEP) or the Individualized Family Support Plan (IFSP), and therapy assessments such as occupational therapy or physical therapy.

AFTER ENROLLMENT

Who will be coordinating my child's care?
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.
- ***Health Services for Children with Special Needs (HSCSN)*** **-** HSCSN is a managed care organization 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, please contact HSCSN at 1-866-937-4549.

Will my child be able to keep the same doctors he/she has been seeing?
Once a child is deemed Medicaid eligible under TEFRA/Katie Beckett, then he or she can 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, then that provider must be enrolled in the DC Medicaid. For more information on how to enroll in DC Medicaid, providers should contact Healthcheck@dc.gov.

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. 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. 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., 900S
Washington, D.C. 20001

Annual Renewal Process: how do I make sure my child stays eligible?
Families submit the Medicaid recertification form on an annual basis in order to remain eligible. Families will receive a 90 day notice for renewal and continuation in Medicaid program from Economic Security Administration and Department of Health Care Finance (DHCF). All required documents must be submitted 60 days prior to the renewal date. To ensure there isn't a break in your child's Medicaid coverage, DHCF recommends that families complete and return all the required documents as soon as they receive the 90 day notice.

How long will my child be on the program?
Your child is Medicaid eligible under TEFRA/Katie Beckett until their 19th birthday as long as he or she continues to meet the level of care and cost-effectiveness requirements.

What transition planning can I expect?
One year prior to your child's 19th birthday, DHCF will help you develop a transition plan 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 in HSCSN, his or her case manager will help initiate the transition planning process. For more information or resources on transition planning, visit www.gottransition.org.