

Content below publicly shared in the January 4, 2022 edition of Louisiana Lagniappe which is a weekly electronic newsletter produced by Families Helping Families of Greater New Orleans and Louisiana Parent Training & Information Center, a project of FHF of GNO. If interested in joining FHF of GNO's mailing list, [please click here](#).

## TEFRA: 4 STEPS TO ENROLLMENT

### Step 1 - Completing a Medicaid Application

There are four (4) ways to apply for Medicaid - online, by mail, in person, or by phone. Choose the method that works best for you.

1. [Apply online](#). If you've never applied for Medicaid before, you will need to create an account. If you've applied before and don't remember your password or user ID, you can get that information at this same link.
2. Apply by phone. Call 1.888.362.4207.
3. Apply in person at your [local application center](#) or [Medicaid Regional Office](#).
4. Apply by mail by [downloading the Medicaid application](#), completing it, and mailing it to: *Medicaid Application Office, 6069 I-49 Service Road, Suite B, Opelousas, LA 70570.*

We highly recommend everyone apply online, if possible.

**IMPORTANT: When applying for Medicaid, the disability question (as shown in question 10 below), needs to be answered "yes" to be routed for TEFRA.**

9. Do you need health coverage? (Even if you have insurance, there might be a program with better coverage or lower costs.) <input type="checkbox"/> YES. If yes, answer all the questions below. <input type="checkbox"/> NO. If no, SKIP to the income questions on page 3.	
10. Do you have a physical, mental, or emotional health condition that causes limitations in activities (like bathing, dressing, daily chores, etc.)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, you'll need to complete and include Appendix D.	
11. Do you live in a medical facility or nursing home? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, you'll need to complete and include Appendix D.	
12. Do you want help paying for medical bills (paid or unpaid) for medical care received in the past 3 months? <input type="checkbox"/> Yes <input type="checkbox"/> No	13. Do you live with at least one child under the age of 19, and are you the main person taking care of this child? <input type="checkbox"/> Yes <input type="checkbox"/> No
14. Were you in foster care at age 18 or older? <input type="checkbox"/> Yes <input type="checkbox"/> No a. If yes, in which state? _____ b. Were you on Medicaid? <input type="checkbox"/> Yes <input type="checkbox"/> No c. How old were you when you left foster care? _____	
15. Did you have insurance through a job and lose it within the past 6 months? <input type="checkbox"/> Yes <input type="checkbox"/> No a. If yes, end date: _____ b. Reason the insurance ended: _____	
16. Are you a full-time student? <input type="checkbox"/> Yes <input type="checkbox"/> No	

You will need the following information to complete the application:

- Social Security Numbers (or document numbers for any legal immigrants who need insurance).
- Employer and Salary information for everyone in your family (i.e. w-2 forms, pay stubs, etc.)
- Other income for everyone in your family (i.e. Unemployment, pensions, social security, retirement, alimony, child support, etc).
- Your most recent income tax return.
- Amounts paid for alimony, student loan interest, other income tax deductibles.
- Current health insurance name and policy numbers, if applicable.
- Information about any job-related health insurance available to your family. (i.e. Amount of employee-paid premium, How frequently does employee pay premiums)
- Federally recognized tribe number, if applicable.
- Personal assets (i.e. Checking and Savings Accounts, Vehicles, Property, Certificates of Deposit, Annuities, Trusts, Stocks, Life or burial insurance, Safe deposit boxes, etc.)

**If you are determined to be ineligible for any other Medicaid or CHIP program and meet all other criteria for TEFRA, your application continues to Step 2.**

## **Step 2 - Level of Care Assessment at our LGE**

One of the most frequently asked questions is about the level of care. How is it determined if your child meets the medical necessity criteria for facility-based care in an intermediate care facility for individuals with intellectual or developmental disabilities, a nursing facility, or a hospital? Often parents have done what is necessary to care for their child at home with minimum support and don't realize they may indeed be eligible.

Your local human services district/authority or [LGE](#) needs to complete an assessment to determine if your child meets the level of care requirement. You will receive a level of care packet, which contains documents you need to complete. All forms must be filled out completely. All supporting documentation required must be submitted. Return the packet as soon as possible.

The LGE will review all information and forms provided by you to complete the level-of-care assessment. It's important to follow the instructions in the level of care packet.

The levels of care being assessed are:

- **Intermediate Care Facility** (institutions, small facilities, group homes, community homes). - ICF is a facility that is licensed to provide residential care for four or more individuals that meet the criteria for 24 hours per day of Active Treatment. In order to qualify under the ICF level of care, your child must first obtain a statement of approval (SOA) from the Office of Citizens with Developmental Disabilities (OCDD) showing that they have a developmental disability. Your child's doctor will then need to complete a Form [90-L](#) to attest that the applicant meets the ICF level of care.
- **Nursing Facility** (nursing home) - A nursing facility provides 24-hour care for rehabilitative, restorative, and ongoing skilled nursing care to patients or residents in need of assistance with activities of daily living such as bathing, dressing, transferring, toileting, and eating. In order to qualify under the nursing facility level of care, a registered nurse must assess your child. The assessment must show: 1) The need for skilled nursing and/or therapeutic interventions on a regular or sustained basis; and 2) Substantial functional limitations as compared to age-appropriate levels.
- **Hospital** - In order to qualify under the hospital level of care, a registered nurse must assess your child. The assessment must show: 1) Frequent medical care that requires the use of equipment to prevent life-threatening situations, with skilled Medicare care required more than once during each 24 hour period; 2) Skilled medical interventions that are expected to last at least six months; and 3) An overall health condition that is unstable, presenting the constant potential for complications or rapid deterioration, such that the child requires monitoring in order to detect the unstable or life-threatening condition and respond with appropriate care.

***Children that meet the level of care requirements continue to Step 3.***

## **Step 3 - Disability Determination**

Children must meet the definition of disability as set forth by the [Social Security Administration](#). Medicaid will request a disability decision from the Medical Eligibility Determination Team (MEDT) for children that do not have a disability determination with the Social Security Administrative Office. MEDT may need additional documentation to reach a decision on the disability determination. This additional information may include documentation or records from physicians, home health, social services, etc.

If you would like assistance in gathering the necessary medical records, you can sign an [Authorization to Release or Obtain Health Information Form \(HIPAA 202L\)](#) to obtain these records directly from the providers (physicians, home health, social service, etc.) that is in the level of care packet. This form is used to assist you in obtaining medical records needed to determine if your child meets the level of care and disability requirement for the Act 421-CMO program.

***Children that meet the disability requirement continue to Step 4.***

## **Step 4 - Enrollment/Service Coverage Through a Healthy Louisiana Plan**

If you've made it to Step 4 - Congratulations. This means you've met the requirements of the previous 3 steps and will receive Medicaid coverage through a [Healthy Louisiana plan](#).

Part of the application process is picking a Healthy Louisiana managed care plan for health insurance and dental insurance. Louisiana offers 5 health plans. They are Aetna Better Health, Amerihealth Caritas Louisiana, Healthy Blue, Louisiana Healthcare Connections, and United Healthcare Community.

The dental plans are DentaQuest and MCNA Dental. You should review and compare all plans. This can be done [here](#).

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### **Frequently Asked Questions About Louisiana's TEFRA**

- **Is there an age limit?** *Yes, children must be under the age of 19.*
- **Who is eligible?** *Louisiana children, under the age of 19, with significant disabilities, be a U.S. citizen or qualified non-citizen, have or have applied for a social security number and meet the income and resource limits.*
- **Who is considered a qualified non-citizen?** *The Louisiana Medicaid Eligibility Manual provides an extensive list of qualifying non-citizens. The list starts on page 2 [here](#).*
- **Why is income information requested, when TEFRA doesn't impose income limits?** *TEFRA applicants cannot be otherwise eligible for any other Medicaid program. The Louisiana Department of Health will need information on family income and resources to ensure that the applicant is not first eligible for a different Medicaid program.*
- **Whose income counts?** *The child's income still counts. The child cannot have more than \$2,000 in assets (resources) and income no more than three (3) times the [Federal Benefit Rate \(FBR\)](#), which is the individual Special Income Limit (SIL).*
- **When does TEFRA start?** *The program's effective date is January 1, 2022. Applications for enrollment will begin on January 1, 2022.*
- **Will there be a waiting or registry list?** *No, applicants that meet the financial and categorical eligibility requirements will be enrolled. There is no cap.*
- **How is disability defined for the TEFRA program?** *The child must have a disability that is recognized under the definition of disability utilized in the Supplemental Security Income program of the Social Security Administration, regardless of whether the child is eligible to receive benefits under that program.*
- **What happens if a child doesn't have a disability determination from the Social Security Administration?** *The Medicaid Eligibility Determination Team (MEDT) will determine if the child meets this definition.*
- **How do I know if my child's disability meets the level-of-care for TEFRA?** *The level of care determination is processed through your local governing entity (LGE) This is your regional human services authority or district offices. Once it's determined your child doesn't meet eligibility for any other Medicaid program, you will receive a level of care packet from LDH requesting additional information. Once you complete this packet and return it to LDH, our LGE will contact you.*
- **Who is my LGE?** *There is an LGE in every Developmental Disability region. Depending on where you live will depend on what LGE serves your parish. The LGE's are [Metropolitan Human Services District \(Region 1\)](#), [Capital Area Human Services District \(Region 2\)](#), [South Central Louisiana Human Services Authority \(Region 3\)](#), [Acadiana Area Human Services District \(Region 4\)](#), [Imperial Calcasieu Human Services Authority \(Region 5\)](#), [Central Louisiana Human Services District \(Region 6\)](#), [Northwest](#)*

[Louisiana Human Services District \(Region 7\)](#), [Northeast Louisiana Human Services District \(Region 8\)](#), [Florida Parishes Human Services Authority \(Region 9\)](#), and [Jefferson Parish Human Services Authority \(Region 10\)](#).

- **How does the LGE determine level-of-care?** *Once you apply for Medicaid and meet the requirements for TEFRA, you will receive documents to complete and return to LDH. Once LDH receives the required documents, the LGE will contact you to schedule your child's assessment.*
- **Is this assessment the same as the SUN assessment?** *No, the SUN Assessment is different. The SUN assessment is screening for the urgency of need.*
- **Is the level-of-care assessment a one-time assessment?** *No, the level-of-care assessments are conducted annually by your LGE. Per Federal requirements, an annual redetermination is required.*
- **Can I get this if I have private insurance for my child?** *Yes, as long as your child meets all eligibility requirements. If you have both private insurance and Medicaid, it's important to note that by law, Medicaid is the payer of last resort.*
- **Can I fill out the Medicaid application myself?** *Yes, most people are capable of completing the application without any assistance. The application is lengthy, but this is due to many duplicate pages for each working person in the household. If you have the information mention earlier readily available, you shouldn't have any problems. If you do require assistance, you can call Medicaid at 1.800.230.0690 or apply by phone at 1.888.362.4207 or call our office at 800.766.7736 for assistance.*
- **If I previously applied for Medicaid for my child with a disability and was rejected because of income, will the application automatically be reconsidered now?** *No, anyone applying before January 1, 2022, will need to reapply.*
- **If my child is not found eligible, is there an appeal process?** *Yes, many decisions regarding access to services under TEFRA can be appealed if you are not satisfied with the decision. These include but are not limited to: determination that your child does not meet the level of care standards, denial of Medicaid eligibility, or denial of prior authorization. The method of appeal will depend on what decision was made and who made it. Please refer to the letter you receive for instructions on how to appeal. Also, remember most appeals are time-sensitive.*
- **Where can I learn more?** *The Louisiana Department of Health has information on their website which can be found [here](#). Additionally, LDH has an Act 421 Children's Medicaid Option (TEFRA/Katie Beckett) [Frequently Asked Questions](#) on their website.*

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## Act 421 Children's Medicaid Option (TEFRA/Katie Beckett) CONTACT INFORMATION:

**To Apply by phone:** 1.888.362.4207

**For Assistance by phone:** 1.800.230.0690

**For Assistance by email:** [421-CMO@la.gov](mailto:421-CMO@la.gov)

**For Assistance by mail:** Louisiana Department of Health, Medicaid Act 421-CMO, PO Box 91030, Bin 24, Baton Rouge, LA 70821-9030