Inquiring Parents Want to Know: Part 1
How to obtain healthcare supports and services: TEFRA, Medical Assistance (MA), and waivers

What is Medical Assistance?

Medical Assistance (MA) is Minnesota’s Medicaid program and provides services to low-income senior citizens, families, children, and people with disabilities. There are three kinds of MA, based on families that have:

1) Household income eligibility for health insurance only
2) A child with a disability and the family also qualifies financially
3) A child with a disability that doesn’t qualify for option two and parents pay a parental fee called TEFRA (Tax Equity and Fiscal Responsibility Act of 1982)

How do I apply for MA, TEFRA, or both?

Through the MNsure marketplace and your local county office. If a child has a disability, they will also need to go through the state medical review team and be certified as having a disability to be eligible for disability services. A supplemental application (in addition to the MNsure application) is needed to start this process.

MNsure website: https://www.mnsure.org
MA application: https://edocs.dhs.state.mn.us/lfserver/Public/DHS-6696-ENG
Supplemental Needs application: https://edocs.dhs.state.mn.us/lfserver/Public/DHS-6696A-ENG

What is the State Medical Review Team (SMRT)?

SMRT determines if the child has a disability and issues disability certification. A child must have a physical, medical, or mental health condition that has persisted for at least 12 months that significantly limits their ability to perform daily living tasks, work, and life in the community. The certification is the first step in obtaining MA. It is based on the Blue Book criteria, published by the Social Security Administration (SSA). Those already declared to have a disability by SSA do not have to go through SMRT.

https://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&dDocName=cm_00121506&RevisionSelectionMethod=LatestReleased

What is disability certification?

This is the basis for individuals with disabilities to be eligible to receive county and state benefits. The disability must be certified by SSA or SMRT to qualify for disability services, using the Blue Book criteria.
What is the Blue Book?

Also known as the Disability Evaluation under Social Security, the Blue Book describes criteria for determining disability. This is used both by SSA, as well as SMRT to certify an individual has a disability. It includes a list of impairments for both children and adults.

https://www.ssa.gov/disability/professionals/bluebook/ChildhoodListings.htm

What is TEFRA?

TEFRA is an MA program that provides services to children with disabilities or chronic illnesses who live at home with their families and meet all the eligibility criteria (including Blue Book criteria). Children must be certified as having a disability, and parents typically pay a fee. It provides secondary insurance and might cover what your private insurance doesn't cover (copays, deductibles, and uncovered expenses), as well as disability services.

PACER.org/health/insurance/health-insurance-info.asp

What are disability services?

Disability services include respite care, Personal Care Assistance, nursing care, and more. These services are provided to individuals certified as having a disability.

What is the process to get TEFRA?

The first steps are to fill out the MNsure application and Supplemental Application and gather all information related to your child’s disability, including school records, testing, assessments, medical and hospital records, etc. Contact your local county Social Service/Disability office, and request a MnCHOICES Assessment. The county is responsible for putting all of your information together to send to SMRT. If the state certifies your child has a disability, then the information is sent back to the county who then forwards it to the parental fee unit. TEFRA will go back and pick up any unpaid medical bills three months from the application date.

What is a MnCHOICES Assessment?

A MnCHOICES Assessment involves an intake worker, sent by your county to your house, to assess your child’s general health, degree of independence, and the assistance and support they may need from others. This helps anyone with a disability or long-term care need receive supports. A report with a community support plan outlines available programs to meet your child’s needs.

https://edocs.dhs.state.mn.us/lfserver/Public/DHS-7283A-ENG

What are the income limits for TEFRA?

There are no income limits for TEFRA, but a sliding scale parental fee dependent on a family’s income will be assessed each month. The premium is based on the family’s household size, the number of people living in the household, and the annual income.

What is a parental fee?

Parents may have to pay a monthly parental fee depending on adjusted gross income for children qualifying for TEFRA. Other information used to determine the fee may include monthly court ordered support for a child receiving services, household size, a child living in the parent’s home, and private insurance.

Parental fee estimate website: http://pfestimator.dhs.mn.gov
Are there ways to lower the parental fee?
No. TEFRA parental fees are on a sliding scale based on income. Unless there are changes such as obtaining private insurance, then there isn't an easy way to reduce parental fees. Parents, however, can effectively offset this cost by having a cost effective study. If their private insurance is found to be cost effective, they will receive a check back in the mail each month covering their child's portion of their health insurance premium.

What is a cost-effective reimbursement?
The state prefers that your child has primary health insurance coverage. When you carry private insurance and apply for TEFRA (and pay a parental fee); you can request a cost effective study to see if your private insurance is cost effective per the state's formula. If it is, the state is willing to reimburse the child's portion of a family policy. (For example, a quarter of the premium will be reimbursed for a family of four.)

What is a waiver?
Medicaid waivers are an option when an individual's needs cannot be met by Medicaid alone. This helps people with disabilities live in their home or community rather than an institution. Each waiver has specific eligibility requirements and can support the health and safety of an individual with a disability or complex medical needs. Each county chooses whose needs would best be met through a waiver.

What are the different types of waivers?

Developmental Disability Waiver (DD Waiver): This is a funding source for children and adults with developmental disabilities or related conditions who need the level of care provided in an Intermediate Care Facility for Persons with Developmental Disabilities (ICF/DD).

Brain Injury Waiver (BI Waiver): This is a funding source for children and adults who have a traumatic or acquired brain injury and need the level of care provided in a nursing home or neurobehavioral hospital.

Community Alternative Care Waiver (CAC Waiver): This is a funding source for children and adults who are chronically ill and medically fragile and need the level of care provided in a hospital.

Community Access for Disability Inclusion Waiver (CADI Waiver): This is a funding source for children and adults with disabilities who require the level of care provided in a nursing facility.

How do I get a waiver?
Each county has the option of how they wish to distribute waiver funds, which are limited. Generally, if an individual's needs cannot be met by MA alone, a waiver is considered. A waiver can be requested at the time of a MnCHOICES Assessment. Some counties prefer that you receive a certification of disability first. Depending on the type of waiver, disability certifications may come through Social Security, SMRT, or your doctor. All waivers are funded through MA Disability. You can apply through your county or online. You can schedule a MnCHOICES Assessment online or through your county. A MnCHOICES Assessor will come to your home to evaluate whether your child qualifies for services and this will be done annually to ensure they still qualify. You will receive a written assessment summary from the county.

How can I appeal a decision made by the county regarding my waiver eligibility?
Each county has the right to determine how they choose to deliver their funds. If your child's needs can be met without waiver funds, getting a waiver is not an entitlement. There is an appeal process and form (see link below), but each county has the right to prioritize its applicants based on the highest need.

https://edocs.dhs.state.mn.us/lfs/server/Public/DHS-0033-ENG-eform
Still have questions?

Contact PACER's Health and Information Center for clarification on any topics covered in this document or with additional questions at (952) 838-9000 or PACER@PACER.org.

PACER.org/health/contactus.asp