



Department of
**Intellectual &
Developmental Disabilities**

Katie Beckett Program

About the Proposed Program

Objectives

- **Share information** about the proposed Katie Beckett Program
 - **Provide details** about Parts A and B along with other key information
- **Encourage** families and others to provide **comments** to help shape the final waiver amendment

Agenda

- Program Goals
- About the Katie Beckett Law
- Katie Beckett Program Part A and Part B
- Eligibility and Transitions
- Timeline for Starting the Program

What We Hope to Accomplish

- Program goals
 - Help address inequities in Medicaid eligibility between institutionalized children and children with comparable needs who live at home with their families
 - Support children with disabilities and complex medical needs to grow and thrive in their homes and communities; plan and prepare the child for transition to employment and community living with as much independence as possible
 - Support and empower families caring for a child with disabilities or complex medical needs at home; provide services they say they need most to attain financial, physical, and emotional relief; keep families together, sustain family caregiving

What We Hope to Accomplish

- Assist families in purchasing and maintaining private insurance
- Help fill gaps between the child's needs and what private insurance will cover, including essential wraparound services
- Delay the need for Medicaid eligibility where possible
- Serve as many people as possible within approved funding
- Provide flexibility to ensure families can utilize funding on the services or items they need most

About the Katie Beckett Law

- TennCare and DIDD will work together to design a new Katie Beckett Program
 - Program will be for children under age 18 with disabilities and/or complex medical needs who are not Medicaid eligible because of their parents' income or assets
 - Program has two parts:
 - Part A for those with the most significant disabilities or complex medical needs
 - Part B designed as a Medicaid diversion program

Program Budget

- State lawmakers approved a budget of **\$27.3 million** for the program. When matched with federal Medicaid funds, this means we will have no more than **\$72 million** to spend on services in the program. **We cannot spend more than the approved budget.**
- The approved funding is based on serving an estimated 3,000 children
 - Part A would serve an estimated 300 children
 - Part B would serve an estimated 2,700 children

Program Budget

- **Part A** may be able to serve more than 300 children if the cost is less than projected in the approved program budget. However, if the cost of serving children in Part A is higher than projected in the approved program budget, then we would not be able to serve as many children. We can only serve as many children as the funding will cover.
- Individuals enrolled in **Part B** may receive up to \$10,000 in assistance (based on approved funding).
- Over time, we'll know more about how many children will enroll and the services they will need. Then, we can adjust the program to use the funding we have in the best way to meet the needs of as many children and families as we can.

How We Drafted the Amendment

TennCare and DIDD:

- Started with what the new law requires
- Held three stakeholder meetings
- Solicited feedback online
- Spoke with families who helped advocate in the legislature for the program
- Received comments from the Children's Hospital Alliance of Tennessee
- Worked together to draft the amendment to create the Katie Beckett Program

TennCare will submit a waiver amendment to the Centers for Medicare and Medicaid (CMS) after a 30-day public comment period and final adjustments to the amendment based on comments received

Input Received

- Most heavily-requested items:
 - Private duty nursing
 - Medical equipment
 - Traditional (OT, PT, Speech) and non-traditional (Applied Behavior Analysis or ABA, Nutrition, Aquatic, Animal, horseback riding) therapies
 - Respite (in and out of home)
 - Insurance (assistance with co-pays, deductibles, and premiums)
 - Supplies (diapers, under pads, wipes, gloves and diaper creams)
- Other items to consider:
 - Family-focused and family-centered program
 - Important that program offset costs not covered by private insurance
 - Affordability of sliding-scale premiums
 - Simplified application and renewal process

Katie Beckett Program-Part A

Part A of Tennessee's Katie Beckett Program:

- Full Medicaid Benefits, including benefits provided under the Early Periodic Screening, Diagnosis, and Treatment (EPSDT) Program
- Wraparound Home and Community Based Services
- Administered by the State's contracted managed care organization
 - All children in Part A assigned to TennCare Select
 - Each child will have a Nurse Care Manager with specialized training in developmental disabilities and in a family-centered approach

Eligibility for Part A

The law says to be eligible for Part A:

- The child is under age 18
- The child has medical needs that result in severe functional limitations based on criteria developed specifically for children
- The child's medical needs qualify for care in an institution (even though services will be provided at home)
- The cost of care cannot exceed the estimated Medicaid cost of institutional care
- The child's medical needs are likely to last at least twelve months or result in death
- The child would qualify for supplemental security income (SSI)—except for parents' income and/or assets
- A physician agrees that in-home care will meet the child's needs
- Child cannot be Medicaid eligible or receiving long-term services and supports in another Medicaid program

Prioritizing children for Part A

- Objective, needs-based criteria
- Criteria will not be based solely or even primarily on diagnoses, rather:
 - The child's specific functional and developmental limitations (as compared to the child's chronological age)
 - the impact of the child's diagnoses, including the frequency, intensity and duration of functional, medical, and behavioral supports required
 - the degree of caregiver burden entailed in providing such supports
 - other factors which impact a family's ability to meet the child's support needs
- Prioritization will take into account not just the current or most recent presentation of the child's condition, but also the course of the child's condition, including intermittent or episodic needs, and the long term prognosis for the child's condition(s)
- Hospitalizations (or other institutionalizations) will be considered, but not required as part of the prioritization process
- Applicable ONLY for initial enrollment

Part A Services

- Full Medicaid Benefits for children include but are not limited to:
 - home health
 - private duty nursing
 - durable medical equipment and supplies
 - OT, PT, and Speech Therapy
 - Audiological services
 - non-emergency transportation (NEMT)

Part A Services

- Wraparound Home and Community Based Services including:
 - Self-directed or Agency-Based respite or supportive home care
 - Assistive Technology, Adaptive Equipment and Supplies; Minor Home Modifications; Vehicle Modifications; Community Integration Support Services
 - Family Caregiver Education and Training; Health Insurance Counseling/Forms Assistance
- Child may receive up to \$15,000 a year in HCBS

Private Insurance and Part A Premiums

- Parents will be required to purchase and maintain private or employer-sponsored insurance
 - State may grant hardship waiver or offer premium assistance
- Parents with income about 150% of Federal Poverty Index will be required to pay a sliding-scale premium monthly
 - Based on parent's Modified Adjusted Gross Income
 - Offset (reduced) by child's portion of the cost of private insurance
- First two months of premiums must be paid prior to enrollment
- Ongoing premium payments made via automatic bank draft
- Failure to pay premiums will result in disenrollment

Katie Beckett Program-Part B

- Innovative, new approach
- Designed as a Medicaid Diversion Program
 - Child **will not** be enrolled in Medicaid
- Offers a capped package of essential services and supports, including premium assistance
- Budget allows for up to \$10,000 of assistance per child per year
- DIDD will operate Part B

Part B Eligibility

The legislation says to be eligible for Part B:

- The child is under age 18
- Would qualify for care in an institution **or** be “at-risk” of going into an institution
 - Using criteria developed specifically for children
- The child’s medical needs are likely to last at least twelve months or result in death
- The child is not Medicaid eligible or receiving long-term services and supports in another Medicaid program

Program enrollment will be **“first come, first serve”** for eligible children

Part B Services

Families may choose any or all of the five program components:

- Health insurance premium assistance
- Automated health care and related expenses reimbursement (a “Flexible Spending Arrangement-like” approach) – payment (or reimbursement) of qualified medical and related expenses, including private insurance deductibles and co-payments for physician and nursing services, therapies, prescription drugs; medical equipment and supplies; dental and vision, medical mileage; and other eligible medical expenses
- Reimbursement of therapeutic supports determined to be medically necessary for the child but not eligible for automated reimbursement, including non-traditional therapies
- Self-directed respite and/or supportive home care
- Agency-based Home and Community Based Services

Part B Services

Agency Based Home and Community Based Services Includes:

- Respite
- Supportive Home Care
- Assistive Technology, Adaptive Equipment and Supplies
- Minor Home Modifications
- Vehicle modifications
- Community integration support services
- Family caregiver education and training Health insurance counseling/forms assistance

A DIDD case manager will be assigned to assist in coordinating services in Part B

Redetermination

- Federal government **requires** periodic review of eligibility
- Financial and medical (level of care) eligibility will be reviewed at least annually
- Child must continue to meet institutional level of care to maintain enrollment in Part A
- Assistance provided to children in Part A by health plan Nurse Care Manager
- Important to complete timely as slot would not be held if the child is disenrolled
- Streamlined process completed by DIDD for children in Part B

Transitions

Transitions **from Part B to Part A:**

- If a child in Part B's needs change, DIDD will reassess and may enroll in Part A if there is an available slot, and child is eligible and prioritized for that slot

Transitions **from Medicaid to Katie Beckett Program:**

- May transition to Part A if the child is eligible, a slot is available and child is prioritized for that slot
- If the child qualifies for Part A, but there is no slot available, may continue to qualify for Medicaid services only without wraparound HCBS in a new Katie Beckett Continued Eligibility group

Transitions **from Katie Beckett Program at Age 18:**

- Child must qualify for SSI (or another Medicaid category) at age 18 to continue Medicaid enrollment
- If SSI application pending, may remain on program for 12 months after turning 18 to allow SSI eligibility determination

Interested in the Program?

- Families who are interested may contact the DIDD regional intake office in their area
 - West Tennessee: (866) 372-5709
 - Middle Tennessee: (800) 654-4839
 - East Tennessee: (888) 531-9876
- Intake specialist will collect basic information about your child, your contact information, diagnosis and the type of services you are interested in
- **This is not an application for the program nor does it put you “in line” for a spot**
- DIDD will notify you once we know the program will be approved and are ready to take applications

Timeline

- TennCare will receive public comment for 30 days until September 6, 2019
 - West Public Hearing: August 21, STAR Center, Jackson
 - Middle Public Hearing: August 22, Bordeaux Library, Bordeaux
 - East Public Hearing: August 20, John T. O’Conner Senior Center, Knoxville
- Waiver amendment must be submitted to CMS **no later** than September 21
- CMS can take as long as they need to review and make a decision
 - Approve the entire program
 - Approve one part of the program
 - Not approve of the program
- We do not know how long it will take to receive a decision
- **Earliest possible start date: 2020**

Thank You!

QUESTIONS?

TN

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