



Dear Parent:

You are receiving this letter because your child receives Medicaid benefits under the TEFRA/Katie Beckett Medicaid program (also known as Deeming Waiver). The Department of Community Health provides Medicaid benefits under the TEFRA/Katie Beckett Medicaid program as provided under §134 of the Tax Equity and Fiscal Responsibility Act of 1982 (P.L. 97-248). States have the option to provide Medicaid to children age 18 or under at home who qualify as disabled individuals under the Social Security Act provided certain conditions are met, even though these children would not ordinarily be eligible for Supplemental Security Income (SSI) benefits because their parents have more income or resources than allowed for Medicaid.

The DCH is working to ensure that benefits are provided to those who qualify. In so doing, we expect that the State's ability to keep the program closer to its current service levels will be improved.

In order for a child to establish Medicaid eligibility under this program, it must be determined that:

- If the child was in a medical institution, he/she would be eligible for medical assistance under the State plan for title XIX;
- The child requires a level of care provided in a hospital, skilled nursing facility, or intermediate care facility (including an intermediate care facility for the mentally retarded);
- It is appropriate to provide the care to the child at home; and
- The estimated cost of caring for the child outside of the institution will not exceed the estimated cost of treating the child within the institution.

Based on feedback received from parents in the past few months, the Department has taken a look at how we determine which children qualify medically for the TEFRA/Katie Beckett Medicaid program. A sub-committee comprised of legal, clinical, and eligibility staff met over the past few months to revise the criteria used in making the medical necessity and level of care determinations

In the past, the medical criteria used for adults were used for children as well. The new criteria for children follow Title 42 Code of Federal Regulations for the TEFRA/Katie Beckett program. Medical necessity is **not** based on specific medical diagnoses. The reviewer must review all available medical information about the child in order to determine if there is medical necessity, and if the child requires the level of care provided in a hospital, nursing facility, or intermediate care facility (including an intermediate care facility for the mentally retarded). We have developed standardized forms to be used in obtaining the necessary information needed for the disability, medical necessity, and the level of care determination. The Georgia Medical Care Foundation (the vendor responsible for making the level of care determinations) and the Division of Family and Children Services have been trained on the new criteria.

The new criteria will be used for all applications filed on or after November 15, 2004. For children currently eligible the new criteria will be used at the next annual redetermination of eligibility. This means that if your child's annual redetermination is due in December 2004, the child's continued eligibility will be reviewed using the new criteria at that time. Please know that you will be notified of any impending action on your child's case. If you are not satisfied with the action taken, you will have the right to request a hearing. Please remember, **no action will be taken on your child's case prior to you being notified.**

If you have questions, please feel free to contact your child's case manager at your local DFACS office.

Sincerely,

The Department of Community Health