

1  **TEFRA/KATIE BECKETT**

**Your Guide to the Application Process
for Parent's and Legal Guardians'**

November 2006

2  **DCH Mission**

3  **Top 5 Initiatives for DCH in FY 2007**

4  **Each slide title provides a hyperlink reference to the Georgia Department of Community Health (DCH), Division of Medical Assistance Part II Informational Manual October 1, 2006. This manual may be accessed by using these links in each underlined slide title.**

The reference is a guide to the paper copy of the Manual.

5  **History**

- Previously called "Deeming Waiver"
- Began with a girl named "Katie"
- A little girl with many medical problems, hospitalized indefinitely
- Parents wanted her home, but
 - her medical care was too costly
 - financial assistance was only available in an institution
 - Katie was ineligible for Medicaid
- Created so children like Katie could be cared for at home versus in an institution

6  **Eligibility**

- Does not consider the parents' income
- The child must meet the Institutional Level of Care Criteria, which is defined as:
the child has medically complex conditions which require placement in a healthcare facility to receive necessary health professional services if he/she was not cared for at home or in the community
- Disability alone does not meet the criteria.
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- Child must be less than 19 years of age

7  **Revision of Medical Review of Level of Care Criteria Policies and Procedures**

- To comply with federal regulations, DCH revised its level of care criteria and medical review procedures. DCH implemented the revisions in November 2004

8  **Criteria Review (I C)**

- Criteria are available at www.dch.ga.gov (type: Katie Beckett in search field) or if viewing this on a computer with Internet access, click on the slide title that is a hyperlink to the criteria

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- The child must meet Institutional Level of Care at the time of application
- “At risk” children are not covered

9  **Criteria Review (I C)**

- Licensed health professionals review and evaluate all medical information
- A denied child’s parent(s)/legal guardian(s) may reapply if the child’s medical condition changes significantly (i.e. major surgery, progression/relapse of disease, etc.)

10  **Application Process (I C)**

- Department of Family and Children Services (DFCS) is the main contact
- DFCS:
 - Manages the enrollment process
 - Gives Medicaid application instructions
 - Performs the face-to-face interview
 - Checks application packet for completeness and forwards it to Georgia Health Partnership for medical review

11  **Application Packet (I C) You may use this sheet as a check list.**

- DMA 6-A
- Care Plan
- Current/Comprehensive Rehab Notes
- Current Individualized Education Plan (IEP)
- Psychological/Developmental Assessment, if applicable
- Individualized Family Service Plan (IFSP), if available

12  Good medical documentation is key to making the proper determination.

13  **Application Packet (DMA – 6(A), pages 18-26)**

14  **Application Packet (I C 3)**

15  **Application Packet (I C 3)**

Current (last 30 days) Comprehensive Rehab Notes:

- Should include functional status assessments and establish frequency of therapies from all therapists (private and school)
- For those children not currently receiving therapies, document in the child’s Care Plan

- The Care Plan should note that the child is receiving therapies at the time the application is submitted
- DCH Web site lists professionals acceptable to provide services www.dch.ga.gov

16  **Application Packet**

(I C 3) – Psychological/Developmental Assessment

Required with the first application and every three years thereafter, if your child has one of the following diagnoses :

17  **Application Packet**

(I C 3) Psychological/Developmental Assessment

- Key evaluation component for the ICF/MR criteria category.
 - Developmental assessment for a child zero to five years
 - Psychological evaluation for a child six to eighteen years
 - Testing scores needed versus a narrative summary
- Signed and Dated by one of the approved licensed professionals: Developmental Pediatrician, Psychologist, Ph.D., M.Ed., Behavioral Specialist. (This list is not exhaustive and not all professionals listed will do all the required assessments).

18  **Application Packet**

(I C 3)

- Complete Individualized Education Plan (IEP)
 - Must be provided if the child has a disability, is pre-school or school age and attends public school
 - If the child attends private school or is home-schooled, please so note in the Care Plan
 -
 - Signatures and dates should reflect the current school year

19  **Application Packet (I C 3)**

Complete Individualized Family Service Plan (IFSP)

- Optional program
- Must be provided if the child has a disability (including developmental delay) and is enrolled in a program which provides early intervention services to infants and toddlers (birth to age three)
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- Signatures and dates should reflect the current school/plan year
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20  **Application Packet (I C 3)**

- Packet contains:
 - Checklist from DFCS Medicaid Worker
 - All components of application

To access checklist: click on this slide's title or go to

https://www.ghp.georgia.gov/wps/output/en_US/public/Provider/MedicaidManuals/TEFRA_Katie_Beckett_Manual_Oct_2006.pdf

21  **Medical Review Team**

(I C 2)

- Georgia Health Partnership – an independent sub-contractor
- Decisions based on support of one of the three institutional levels of care criteria. Medical experts review all cases
- Subcontracted Medical Review Team
 - A pediatrician,
 - A pediatric neurologist, and
 - Three Registered Nurses with extensive pediatric experience.

22  **Medical Review Team**

- Board-Certified Pediatrician – Nursing Facility and Hospital Level of Care
- A Board-Certified Pediatric Neurologist – ICF/MR Level of Care

23  **Medical Review Process (III C)**

Registered Nurses review applications sent from DFCS for content and make an initial decision on whether or not the

24  **Approved Applications**

Medical Review Process (I A)

- The county DFCS office gets written confirmation
- A DFCS Medicaid Worker and the parent(s) or legal guardian(s) are notified
 - Of the approval,
 - The criteria on which the approval is based, and
 - The time frame of the approval period.

25  **Incomplete Packets**

(I C 3 page 29)

- “Initial Technical Denial” letter sent to the parent(s)/legal guardian(s) and the county DFCS listing the missing documents
- Parent(s)/legal guardian(s) have 30 days to supply the missing documents
- If the deadline is missed, and/or the packet is still incomplete, the nurse will send a “Final Technical Denial” letter to the parent(s)/legal guardian(s)
- Accurate medical documentation provides the information for correct determination

26  **Denied Applications (III pages 31-32)**

- If the child does not meet any of the three levels of care criteria, the parent(s)/legal guardian(s), and the county DFCS Medicaid Worker, will get an “Initial Denial” letter listing the denial reasons.
- The parent(s)/legal guardian(s) have 30 days to submit additional medical information for additional review before a final determination.

27  **Review Process**

(III pages 31-32)

- If the case is approved based on additional information, the parent(s)/legal guardian(s) will be notified through a “Final Determination Approval” letter. A copy of the approval letter will

- also be sent to the county DFCS Medicaid Worker
- 28  **Review Process (III)**
- If the review results in denial, the parent(s) /legal guardian(s) and the county DFCS receive a “Final Determination Denial Letter” with an appeal rights explanation
 - Parent(s)/legal guardian(s) must notify the DCH Legal Department in writing within 30 days or less of the date of the letter if they wish to appeal
 - The appeal will be heard by an Administrative Law Judge
- 29  **Appeal Information (III C Part 1 504D)**
- If parent(s)/legal guardian(s) wish to maintain services pending a final court decision, they must submit a written request before the date of service change. If the decision is not overturned, the parent(s)/legal guardian(s) may have to pay for the services that were provided during the appeal period
- 30  **Key Points**
- Decisions – based on health care providers’ information
 - All letters are sent via certified mail to the parent(s)/legal guardian(s) with a non-certified copy to the DFCS
- 31  **Performance Audits**
- Routinely, the accuracy of Georgia Health Partnership’s [GHP] Katie Beckett reviews are validated by internal and external auditors (i.e., GHP management, peer reviewers and the Centers for Medicare and Medicaid Services)
 - This year’s random audits certified the team’s reviews as 100% appropriate according to the established criteria
- 32  **Reference Information**
- Information regarding Katie Beckett can be found on the web at www.dch.ga.gov
 - Questions can be sent to: TEFRAKatieBeckettStatusMedicalReviews@dch.ga.gov