



INS AND OUTS OF TN'S KATIE BECKETT PROGRAM

- **Welcome!!**
- **Webinar will start at 11:00AM CDT**
- Webinar will be 1 hour
- Ask questions using Q&A box
- Slides will be distributed to attendees 12/17
- Sign up for upcoming events



ABOUT THE TENNESSEE JUSTICE CENTER



- Individual client representation
- Class action litigation to correct systemic issues
- Advocate for legislative changes on state and federal level

The Katie Beckett Program

FAMILY  VOICES *of Tennessee*

Family Voices of Tennessee is a program of the Tennessee Disability Coalition.

We provide educational and emotional support to families with children who have special healthcare needs, chronic illnesses and disabilities.

Our staff is uniquely experienced.

- Pears
- Parent2Parent - P2P
- Voices for Choices
- Youth Advisory Council - YAC

Acronyms and Definitions

Institution: a hospital, nursing home, residential treatment facility or intermediate care facility (ICF)

MCO: Managed Care Organization, also known as an insurance company

DIDD: the Department of Developmental and Intellectual Disabilities

HCBS: Home and Community Based Services

HRA: Health Reimbursement Account. In Katie Beckett, this is a Part B benefit provided by PayFlex

LOC: Level of Care

TPL: Third Party Liability (private insurance, also known as employer-based coverage)

What is a Katie Beckett Program?

- Ronald Reagan changed the federal Medicaid rules in 1981
- Tennessee was the 50th state to implement services

Each state's Katie Beckett type waiver has different criteria and benefits

- Some are restricted to specific diagnoses or service needs
- Benefits and services are not transferable if you move states

What is a Katie Beckett Program?

- A Katie Beckett program is a Medicaid waiver for children with disabilities or complex medical needs who live at home.
- These children would otherwise not qualify for Medicaid because their parent's income and/or resources are over the allowable Medicaid limit.
- The child's income and resources are counted instead of the household's.
- Care is provided in the child's home or community because it does not exceed the cost of institutional care.

The 3 Groups of TN's Katie Beckett Program

Part **A** – Qualify for institutional care, but want care in the home instead

Part **B** – At risk for institutional care

Part **C** – Losing Medicaid because their parents' income and/or resources have increased AND would qualify for Part A, but there are no open slots

Part A

- Full Medicaid (TennCare) coverage as secondary
- Up to \$15,000 Home and Community Based Service (HCBS) benefits
- Tier 1
- Tier 2
 - Different levels of care (LOC)
 - Same benefits

Part A

Approximately 300 slots total

Tier 1 open; Tier 2 waitlisted

- 50 slots released at a time by prioritization score (most significant need)

Part B

- Up to \$10,000 Home and Community Based Service (HCBS) benefits
- Families say Part B is most flexible

Important Differences Between Part A and Part B

- Part A slots are prioritized; Part B slots are first come, first served
- Children waiting for a Part A slot may be enrolled in Part B
 - Children may elect to stay in Part B, however they may be giving up their Part A waiting list slot
- Neither the HRA or Nontraditional Therapy/Item benefit is available in Part A
- A premium may be owed for Part A
- Part A comes with full Medicaid; Part B does not
 - Does require Medicaid providers
- Part A requires that you maintain child's primary insurance coverage
- \$15,000 vs \$10,000 in HCBS benefits
- Child's full primary premium is reimbursable in Part B; only a portion is offset in Part A

Part C

- Full Medicaid (TennCare) coverage

Part A Premiums

Household Income (MAGI)	Premium % of income for a household size of two	Monthly Premium
> 150% - 250% FPL	1.5%	\$25
> 250% - 300% FPL	2.5%	\$75
> 300% - 400% FPL	3%	\$125
> 400% - 500 % FPL	4%	\$225
> 500% FPL – No limit	5%	\$350 + \$70 for every 100% above 500% FPL

Important Notes on Part A Premiums

- Part A premiums will be reduced by the cost of the eligible child's portion of the family's monthly private premiums.
 - To determine child's portion, divide the total premium by number of persons covered
- If the total amount of the eligible child's portion of the family's private premium is more than the eligible child's monthly Part A premium, the child will not have Part A premium obligations.
- If a parent is required to buy health insurance for themselves for the child to be covered, then the parent's portion of the private insurance is included in the child's portion of private insurance.

Part A Premiums

- **Suspension:** After at least 10 days advance notice and 30 days after the premium was due, individuals who fail to make a premium payment will have benefits suspended.
- **Termination:** After 10 days advance notice and 60 days after the premium was due, individuals who fail to make a premium payment may be disenrolled.
- **Re-enrollment:** An individual may re-apply for Part A coverage at any time. However, any previously owed premiums must be repaid in full before he/she can re-enroll.

HOME and COMMUNITY BASED SERVICES: HCBS

Part A

- Person-Centered Support Plan - PCSP approved by MCO
 - Nurse Case Manager
- Up to \$15,000 benefits

Part B

- Individual Support Plan - ISP approved by DIDD
 - Case Manager
- Up to \$10,000 benefits

HOME and COMMUNITY BASED SERVICES: HCBS

Assistive Technology, Adaptive Equipment and Supplies

Supportive Home Care/Personal Assistance

Respite

Community Transportation

Minor Home and Vehicle Modifications

Community Integration Support Services (CISS)

More

Medically Necessary

The services, including type, amount, frequency and duration, must:

- Be of direct therapeutic or ameliorative benefit.
- Support the child's full integration and participation in the community.
- Help prepare the child for transition to employment and community living.
- Support and sustain the family's ability to meet the child's support needs and reduce or prevent the risk of out-of-home placement.
- Be the most cost-effective way of safely and effectively meeting the child's needs in the home and community setting.
- Not supplant assistance that family members, friends, or others are able and willing to provide or that is available through other paid or unpaid supports.

HRA by PayFlex

- The most popular Part B benefit
- Based on IRS publication 502 and medical necessity
- Documentation heavy
- Mostly reimbursement
 - Debit card works at limited point of sale machines
 - Only those coded as medical, dental, vision; Rx coming soon
 - Requires uploading of verification

Options within HCBS

Respite	Consumer Direction	\$3.34 per ¼ hour = \$13.36	Up to 8 hours
	Traditional Agency	\$4.03 per ¼ hour = \$16.12	Up to 8 hours
	Traditional Agency	\$128.70	8 - 16 hours
	Traditional Agency	\$218.29	16 - 24 hours
	HRA	Set by family	Set by family
Supportive Home Care	Consumer Direction	\$4.17 per ¼ hour = \$16.68	
	HRA	Set by family	Set by family

Program Changes Based on Family Feedback

Feeding therapy added to eligibility criteria

Therapy frequency in level of care criteria edited to reflect access issues families face (ex. deficits in provider network, disruptions due to COVID-19, funding restrictions)

KB Family Stakeholders from Statewide Policy and Planning Council-SPPC and Developmental Disabilities Policy and Planning Council-DDPPC invited to join the Technical Advisory Group - TAG

Improvements Since Launch

- Turn-around time from application to approval significantly reduced
- Glitches and errors in online application significantly reduced
- Plain language materials available
- Waitlist

Potential Opportunities for Improvement

- Allow children with CoverKids to enroll in Part B
- Make HRA and Nontraditional Therapy/Item an eligible benefit for children enrolled in Part A
- Create how to submit HRA claims manual/ tipsheets
- Flexibility
- Transparency
- Family-centeredness

Family to Family Support

Katie Beckett Community of Support



- Lived experience
- Emotional support
- Systems advocacy
- Real time recommendations

<https://www.facebook.com/groups/katiebeckettTN>

Connect with us

www.familyvoicestn.org

on Facebook: @FamilyVoicesofTN

on Instagram: @familyvoicestn

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THANK YOU!

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