

# TEFRA WAIVER PROGRAM



**The TEFRA Waiver** is a cost sharing Medicaid program that enables certain children with a disability to have care in their homes rather than in an institution.

## Medical Evaluation Process

Disability, Medical Necessity and Appropriateness of Care are separate determinations that the TEFRA child must meet. Each determination is described below.

### Disability:

A child must meet Social Security Administration's (SSA) definition of disabled. If the child received SSI within one year prior to applying for TEFRA and lost benefits due to reasons other than disability, the child meets the disability requirements. If SSA has not established disability, a Medical Review Team (MRT) disability review must be completed. Your local DHS office will request the review for you.

### Medical Necessity:

Medical necessity is a separate determination from the disability determination. For medical necessity, the child must have a medical condition that would require institutional placement in a hospital, a skilled nursing facility, an ICF/IID facility, an Alternative Home placement or be at risk for future institutional placement. Medical necessity is also based on services that improve, maintain or prevent regression of the child's health status.

### Appropriateness of Care:

Medical services that are appropriate to be provided outside of an institution must be available to care for the child in the home. The estimated cost of the care cannot exceed the estimated cost of care for the child in an institution.

TEFRA FACT SHEET

# TEFRA Waiver Program Frequently Asked Questions

## What is Cost Sharing?

Families of children determined eligible for the TEFRA WAIVER whose annual income after allowable deductions exceeds 150% of the Federal Poverty Level will be required to pay a monthly premium to participate in the program. The premium payment will begin the first month following the month the application is approved. The total annual out-of-pocket cost sharing cannot exceed five percent of the family's gross income.



## How is the premium determined?

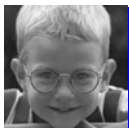
Whether or not you must pay a premium is based on your household size and annual income as reported to IRS. Allowable deductions include a \$600 deduction per dependent child living in the home and excess medical and dental expenses as shown on Schedule A of the parent's federal tax return. Premiums will not be required if annual income is at or below 150% of the Federal Poverty Level. To determine your premium range, find your family size on Chart 1 below. If your annual income after allowable deductions is at or below the amount listed for your household size, you will not be assessed a premium. If your income is greater than the amount listed below for your household size, please continue to Chart 2 to find your premium range.

Chart 1	
Family Size	150% FPL
1	\$18,090
2	\$24,360
3	\$30,630
4	\$36,900
5	\$43,170
6	\$49,440
7	\$55,710
For each additional member add:	\$6,270

CHART 2 TEFRA Cost Share Schedule				
Monthly Premium Range				
From	To	%	From	To
\$ 0	\$ 25,000	0.00%	\$ 0	\$ 0
\$ 25,001	\$ 50,000	1.00%	\$20	\$41
\$ 50,001	\$ 75,000	1.25%	\$52	\$78
\$ 75,001	\$100,000	1.50%	\$ 93	\$125
\$100,001	\$125,000	1.75%	\$145	\$182
\$125,001	\$150,000	2.00%	\$208	\$250
\$150,001	\$175,000	2.25%	\$281	\$328
\$175,001	\$200,000	2.50%	\$364	\$416
\$200,001	Unlimited	2.75%	\$458	\$458

## How are premiums collected?

Premium payments are collected by either a monthly bank draft or quarterly advance payments by check or money order. You will choose your payment option preference upon approval of your application. Regardless of the option you choose, the first two-month's premiums must be paid in advance by check or money order. If you choose the bank draft option, the premium will automatically be drafted from your bank account. If you choose the advance payment option, you will receive monthly invoices in the mail.



[humanservices.arkansas.gov/dms/Pages/oltcTEFRA.aspx](http://humanservices.arkansas.gov/dms/Pages/oltcTEFRA.aspx)  
 Questions about Medicaid coverage and services call 1-800-482-5431  
 Questions about Medicaid eligibility call 1-800-482-8988