

TEFRA/Katie Beckett Program

Overview

The Department of Community Health (DCH) provides Medicaid benefits to eligible children through the TEFRA/Katie Beckett Medicaid program under §134 of the Tax Equity and Fiscal Responsibility Act (TEFRA) of 1982 (P.L. 97-248). States are allowed, at their option, to make these Medicaid benefits available to children age 19 or younger who live at home and qualify as disabled individuals under §1614(a) of the Social Security Act as long as certain conditions are met, even though these children would not ordinarily be eligible for Supplemental Security Income (SSI) benefits because of parental income or resources. The specific statutory provisions establishing this option are contained in §1902(e) of the Social Security Act.

Who is Eligible?

For Medicaid eligibility to be established under the TEFRA/Katie Beckett Program, it must be determined that the child:

- Is 19 years old or younger, **AND**
- Meets federal criteria for disability, **AND**
- Requires a level of care provided in a hospital, skilled nursing facility or intermediate-care facility (including an intermediate-care facility for people with intellectual disabilities), **AND**
- Can appropriately be cared for at home, **AND**
- Has an estimated cost of care outside of the institution that will not exceed the estimated cost of treating him/her within the institution, **AND**
- Meets all other basic and financial eligibility criteria.



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Applications for Katie Beckett may be filed online at <https://gateway.ga.gov> or with the Centralized Katie Beckett Medicaid Team:

Centralized TEFRA/Katie Beckett Medicaid Team

2211 Beaver Run Road Suite 150

Norcross, GA 30091

678-248-7449 (phone)

678-248-7459 (fax)

How are Level of Care and Eligibility Determined?

1. There are two components to the Katie Beckett application and review process; the eligibility review and the medical level of care review.
 - The eligibility review consists of basic demographic, income, resource, and cost effectiveness information. This eligibility information is required annually and will be gathered on an annual basis by your Medical Assistance Katie Beckett team (the Team). The parents or legal guardians complete the Medicaid application or review form.
 - The medical level of care review consists of required clinical documents. Treating physicians, parents, and others (school guidance counselors, therapists, etc.) complete the required clinical documents.
2. The Team receives the Medicaid application and required clinical documents for review and submits the clinical documents to the department's contractor, Alliant Health Solutions (Alliant), for determination of level of care and disability (if appropriate).
3. Alliant, under the direction of a pediatrician, pediatric neurologist and nurse, performs the clinical review of the required documents for level of care determination and disability determination (if appropriate).
4. If level of care, disability and all other eligibility criteria are met, the Team certifies Medicaid eligibility for the recipient. The level of care component will be authorized for two years; however, the team will complete the required Medicaid eligibility review **annually**. Failure to complete either the eligibility review or the level of care review will result in termination of coverage and may require a new application.

For More Information

To learn more about TEFRA/Katie Beckett, visit the DCH website at <https://medicaid.georgia.gov/programs/all-programs/tefrakatie-beckett>.

