



Legislative Report

Stakeholder Recommendations for Improving Medical Assistance under the TEFRA Option

Health Care Eligibility and Access

December 2020

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I. Executive Summary

This report was created at the direction of the 2019 Minnesota Legislature, which directed the Commissioner of Human Services to convene a stakeholder group to consider improvements to application and renewal processes for a Medical Assistance (MA) program that serves certain children with disabilities. The program was authorized by the federal Tax Equity and Fiscal Responsibility Act of 1982 (“TEFRA”), which gives states an option to provide coverage to these children without regard to family income. In Minnesota, the program is known as MA under the TEFRA Option.

Families of children with disabilities and organizations that support these families have expressed concerns with how MA under the TEFRA Option is administered by counties and supervised by the Department of Human Services (DHS). A stakeholder group, which, at the direction of the Legislature, was comprised of representatives from disability advocate organizations, parents of children with disabilities, DHS, counties and MNSure, was convened to address these concerns and develop recommendations for improvement.

This report reflects the discussion with stakeholders. It describes the barriers experienced by families of children with disabilities who need financial assistance to pay for their children’s health care. It also lays out four main recommendations and a number of sub-recommendations to inform the Commissioner and the Legislature of ways to improve the program.

Stakeholders recommended simplifying the application and renewal processes, targeting communication to families of children with disabilities who may meet MA under the TEFRA Option eligibility requirements, adopting consistent internal agency processes, and training providers and agency staff for improved consistency across the state.

II. Legislation

Minnesota Session Laws 2019, 1st Special Session, chapter 9, article 5, section 88, mandates this Legislative Report:

Sec. 88. DIRECTION TO COMMISSIONER OF HUMAN SERVICES; TEFRA OPTION IMPROVEMENT MEASURES.

(a) The commissioner of human services shall, using existing appropriations, develop content to be included on the MNsure website explaining the TEFRA option under medical assistance for applicants who indicate during the application process that a child in the family has a disability.

(b) The commissioner shall develop a cover letter explaining the TEFRA option under medical assistance, as well as the application and renewal process, to be disseminated with the DHS-6696A form to applicants who may qualify for medical assistance under the TEFRA option. The commissioner shall provide the content and the form to the executive director of MNsure for inclusion on the MNsure website. The commissioner shall also develop and implement education and training for lead agency staff statewide to improve understanding of the medical assistance TEFRA enrollment and renewal processes and procedures.

(c) The commissioner shall convene a stakeholder group that shall consider improvements to the TEFRA option enrollment and renewal processes, including but not limited to revisions to, or the development of, application and renewal paperwork specific to the TEFRA option; possible technology solutions; and county processes.

(d) The stakeholder group must include representatives from the Department of Human Services Health Care Division, MNsure, representatives from at least two counties in the metropolitan area and from at least one county in greater Minnesota, the Arc Minnesota, Gillette Children's Specialty Healthcare, the Autism Society of Minnesota, Proof Alliance, the Minnesota Consortium for Citizens with Disabilities, and other interested stakeholders as identified by the commissioner of human services.

(e) The stakeholder group shall submit a report of the group's recommended improvements and any associated costs to the commissioner by December 31, 2020. The group shall also provide copies of the report to each stakeholder group member. The commissioner shall provide a copy of the report to the legislative committees with jurisdiction over medical assistance.

III. Introduction

The federal Tax Equity and Fiscal Responsibility Act of 1982 (P.L. 97-248) gave states the option to provide Medicaid (Medical Assistance (MA), in Minnesota) to certain children with disabilities who would not otherwise be eligible because family income is above federal guidelines. If a state elects this option in its Medicaid State Plan, benefits are available to any person:

- Who is under 19 years of age and qualifies as a person with a disability under section 1614(a) of the Social Security Act;
- Who requires a level of care comparable to the care provided in a hospital, skilled nursing facility or an intermediate care facility for people with developmental disabilities; and
- For whom the cost for care in the home would not be more than Medicaid would pay for the child’s care in a medical institution.

The 1988 Minnesota Legislature authorized the Department of Human Services (DHS) to provide this coverage, known as MA under the TEFRA Option (hereinafter “the TEFRA Option”), starting on July 1, 1988.¹ There is no limit on the number of children who can participate in the program; however, the number of children receiving benefits under the TEFRA Option is small compared to the total number of children receiving MA. In fiscal year 2020, 3,381 children in Minnesota were enrolled in the TEFRA Option, at a cost of \$55,690,644 (total federal and state share), compared to 584,041 total children enrolled in MA during the same period.

The TEFRA Option is administered by the 87 counties in Minnesota, and is supervised by the Department of Human Services (DHS). A family can apply for their child by submitting a paper application directly to their local county or by filling out an online application on MNsure, Minnesota’s health insurance marketplace. The eligibility determination for the TEFRA Option is completed at the county with the involvement of DHS, which evaluates the child’s level of care and may also certify the child’s disability if the Social Security Administration has not already done so.

The TEFRA Option is a separate program and has different eligibility requirements than the Home and Community-Based Services (HCBS) waiver programs, which enable people with disabilities to receive care in the community rather than an institution.² Children with disabilities who qualify for the TEFRA Option may also qualify for a waiver program, but they may not be enrolled in both at the same time. Because the TEFRA Option

¹ Minnesota Statutes, section 256B.055, subdivision 12, is the state law for Medical Assistance under the TEFRA Option.

² Home and Community-Based Services (HCBS) waiver programs available to children with disabilities are the Brain Injury Waiver (BI), Community Alternative Care (CAC), Community Access for Disability Inclusion (CADI), and Developmental Disabilities (DD).

and HCBS waivers both serve children with disabilities, and the application and renewal processes overlap in some respects, many of the recommendations in this report are applicable to the waiver programs as well.

The 2019 Legislature directed the Commissioner of Human Services to convene a stakeholder group to consider improvements to the TEFRA Option application and renewal processes, including revisions to the application and renewal form, technology solutions, and county processes. At the direction of the Legislature, the stakeholder group was comprised of representatives from DHS, MNsure, counties, a number of disability advocate organizations, and several parents of children with disabilities.

The stakeholder group convened four times at in-person and remote meetings. At these meetings, stakeholders discussed barriers to accessing the TEFRA Option for families who have children with disabilities or who need additional services, and provided feedback about how to minimize these barriers. DHS analyzed the discussion and organized the feedback into four main recommendations, which it presented at the final two meetings. The stakeholder group reviewed and refined these recommendations, and provided additional feedback, which is reflected in this report.

This report addresses ways to improve the TEFRA Option to enable families of children with disabilities to easily navigate its application and renewal processes and to make the program more accessible to families across the state. It is submitted to the Minnesota Legislature pursuant to Minnesota Session Laws 2019, 1st Special Session, chapter 9, article 5, section 88.

IV. Background

This section provides an overview of the eligibility requirements for the TEFRA Option and offers a high-level comparison of the TEFRA Option to the HCBS waiver programs. Additionally, it provides a summary of the policy to collect fees from some parents of children who receive services under the TEFRA Option or HCBS. Finally, this section describes the application and renewal processes for the TEFRA Option.

A. Eligibility for MA under the TEFRA Option

Children under age 19 qualify for MA if family income does not exceed 275 percent of the Federal Poverty Guidelines (FPG). Currently, this is \$3,950 per month (\$47,410 annually) for a family of two, \$4,977 per month (\$59,730 annually) for a family of three, and increases as family size increases. Children must also meet non-financial MA eligibility requirements including citizenship, immigration status, and Minnesota residency.

A child with a disability who meets all of the non-financial eligibility requirements, but whose family income is above 275 percent FPG may qualify for MA under the TEFRA Option. Under the TEFRA Option, only the child's income is counted. A child is income-eligible for the TEFRA Option if their income does not exceed 100 percent FPG (currently \$1,064 per month or \$12,768 annually). To qualify for the TEFRA Option, a child must be certified disabled by the Social Security Administration or by the State Medical Review Team (SMRT) at DHS and meet certain statutory level-of-care requirements as determined by the SMRT.

Children who qualify for the TEFRA Option receive the same MA benefits as children enrolled in standard MA. See Appendix B for a listing of MA covered benefits. In fiscal year 2020, 99 percent (or 3,377) of children on the TEFRA Option received services on a fee-for-service basis from MA enrolled providers.

B. Eligibility for Home and Community-Based Services Waivers

Some children may need to be enrolled in a HCBS waiver program rather than receive coverage under the TEFRA Option to meet their health care needs. There are several HCBS waiver programs available to children, each of which offers tailored services and supports. The covered services offered under the waiver programs supplement those services in the standard MA benefit set. The eligibility requirements for HCBS waiver programs are similar to but not the same as those for the TEFRA Option. A notable difference is that children who receive HCBS must meet level-of-care requirements as determined by a long-term care consultation conducted by the county or tribe (rather than DHS SMRT, for the TEFRA Option). Like the TEFRA Option, however, a child whose family income is too high to otherwise qualify for MA may be eligible for an HCBS waiver program due to special eligibility rules that do not consider the income of the parents.

C. Parental Fees

Minnesota law requires that most parents of children who enroll in the TEFRA Option or an HCBS waiver program contribute to the cost of services by paying a sliding scale parental fee.³ While counties administer the program, DHS collects parental fees. The fees are based on parents' adjusted gross income and parents are responsible for reporting certain changes that may impact the amount of the fee.

D. TEFRA Option Application and Renewal Processes

The application process for MA under the TEFRA Option has multiple steps. Because the TEFRA Option is available only to children who are ineligible for MA solely due to family income above the limits, to qualify for the TEFRA Option a child must first be determined ineligible for MA as a low-income child. The steps to an eligibility determination are as follows:

1. Families of children with a disability must complete and submit a [MNsire Application for Health Coverage and Help Paying Costs, \(DHS-6696\)](#). An online application may be filled out and submitted via the MNsire website or a paper application may be submitted to the local county agency.
 - An online application may be processed in real time, and may produce an immediate MA determination, if the Minnesota Eligibility Technology System (METS) is able to verify all eligibility factors, including family income, using available electronic data sources. If eligibility cannot be verified electronically, the system pends the application and generates a request for paper documentation, which is mailed to the family.
 - The county agency processes a paper application. Agencies process paper applications in the order that they are received. If the paper application is complete and the worker is able to verify all eligibility factors, the worker may determine and approve MA eligibility on the day the application is processed. If the application is not complete, or paper documentation is needed, the worker pends the application and mails a request for information or paper documentation needed to determine eligibility.

For both online and paper applications that are pending additional information or paper verification, the county agency processes information and paper verifications submitted by the family, and completes the MA determination. The application process may take up to 45 days, or up to 60 days for an applicant who is requesting MA based on a disability, and timelines may be extended if the family needs additional time to gather and submit paperwork.

The application form includes several questions to identify applicants who have or may have a disability. When a child is determined ineligible for MA due to family income above the MA income limit, and the

³ Minnesota Statutes, section 252.27, describes the parental fee.

application responses indicate that the child has or may have a disability, or needs additional services or supports to live at home, the child is considered for the TEFRA Option.

2. Following the MA denial for income above the limits⁴, the county agency mails a [Supplement to MNsure Application for Health Coverage and Help Paying Costs” \(DHS-6696A\)](#) to gather additional information needed to determine eligibility under the TEFRA Option. Once the family completes and returns this form, the county agency processes it in MAXIS (the eligibility system for MA determinations for individuals who are 65 or older, blind or have a disability), and submits a SMRT referral.
3. The SMRT review is the next step of the TEFRA Option eligibility determination. SMRT determines both (1) whether a child is disabled according to disability criteria defined by the Social Security Administration (SSA), if the SSA has not already made a determination, and (2) whether the child meets the level of care required for TEFRA Option eligibility.

The SMRT determination process includes a worksheet and paper authorization forms mailed to the family, which must be completed and returned so that the SMRT can gather necessary medical documentation from schools and medical providers. The SMRT also conducts an informal phone interview with the family to ensure they have all the information about all medical providers the child has seen who can contribute evidence to the determination. When SMRT has made the necessary disability and level of care determinations, SMRT sends a certification letter to the family and to the county agency.

4. Upon receipt of the SMRT certification letter, the county worker approves MA under the TEFRA Option.

All children enrolled in the TEFRA Option are required to complete a paper renewal form, “Minnesota Health Care Programs Renewal” (DHS-3418), annually based on date of application to remain enrolled in the program. Additionally, families must complete and return forms needed for the parental fee determination. The annual renewal submitted to the local agency and the parental fee paperwork submitted to DHS, are due at different times based on the applicable federal and state laws, so families fill out this paperwork at different times.

V. Barriers to Accessing the TEFRA Option

This section describes the barriers to accessing the TEFRA Option that families routinely encounter, as recounted by stakeholders.

⁴ When MA is denied, METS determines eligibility for MinnesotaCare or a qualified health plan (with or without financial assistance) through MNsure.

A. Difficulty Navigating the Multi-Step Application Process

A consistent theme raised by stakeholders was the burdensome nature of the TEFRA Option application process. Stakeholders noted that the supplemental form, which is directed at a number of Medical Assistance eligibility categories in addition to MA under the TEFRA option, is not clearly enough linked to the TEFRA Option for families to understand its purpose. Moreover, filling out and submitting the supplemental form poses a burden to families who are first required to fill out an application. Stakeholders highlighted complaints about answering duplicative questions on the application and supplement, as well as the added time required for local agencies to process another form.

The nature of the multi-step application process, where families are required to complete a MNsure application and the supplemental form, is another obstacle. Stakeholders explained that most families are unaware of the second step of the process (filling out and submitting the supplement, DHS-6696A) and therefore believe that a child with a disability cannot qualify for coverage if the MNsure application results in an MA denial. This belief causes families to unnecessarily turn elsewhere for help, often delaying or preventing receipt of needed services.

The timeframe to process an application from the first step to approval is often lengthy. After families complete the application and submit the supplemental form, they must wait for local agencies to send a referral to SMRT. During the SMRT review, families are asked to complete a disability worksheet and an authorization to allow SMRT to request medical records to make both a disability determination and a level-of-care determination. Stakeholders explained that the SMRT review is not well understood by families. This lack of information can cause delays. Because a favorable SMRT review is necessary for a child to ultimately be found eligible for the TEFRA Option, the application process can be drawn out for several months beyond what is necessary if SMRT does not receive a timely referral, and if families are not prepared to provide the needed forms for SMRT to proceed.

Combined, these factors serve as a substantial barrier to families seeking services available under the TEFRA Option. Simplifying the application process is critical to providing these much needed services in a timely manner.

B. Insufficient Information Provided to Families of Children with a Disability

Many families are not aware of the TEFRA Option, or have incomplete information about the program including what is needed to qualify (i.e., completing the multi-step application process) and what services are covered.

Stakeholders reported that many families who need services do not know that the TEFRA Option exists. Families often believe financial assistance is unavailable for their children's health care coverage when they complete an application and receive an ineligible result in MNsure. Some families have language or other barriers that may prevent them from accessing the TEFRA Option.

Stakeholders also reported that there is insufficient information distinguishing the eligibility requirements and coverage options between the TEFRA Option and HCBS waiver programs, and therefore families may not have adequate information about which option best meets their needs.

Since the HCBS waiver programs offer services beyond those included in the standard MA benefit set, a child who is eligible under the TEFRA Option might also be eligible for a waiver program with the benefit of additional covered services.

The process of choosing between the TEFRA Option and an HCBS waiver program adds another level of complexity for families. Information distinguishing the two options for coverage is sparse and difficult to piece together, according to stakeholders.

C. Disparities in the Administration of the TEFRA Option

Stakeholders discussed the “huge disparities” in how the TEFRA Option is administered at local agencies across the state. The way that counties manage the application and eligibility determination process varies widely, making it difficult for families and advocates to navigate. For example, stakeholders explained that some local agencies bypass the online application entirely and use another application that does not capture the information needed to make an eligibility determination for the TEFRA Option and results in families being asked for duplicative information. And, because of the relatively small size of the program, some counties are unfamiliar with the requirements for TEFRA Option eligibility altogether.

County financial eligibility workers are particularly uninformed about the SMRT level-of-care determination, stakeholders reported. Workers often struggle to provide accurate information to families about the level-of-care determination because they do not understand the process or its requirements. Accordingly, families are left to sort out the requirements themselves. This is complicated by the fact that county and tribal assessors making level-of-care determination for the HCBS waiver programs use different criteria than SMRT.

Overall, stakeholders reported that families continually struggle to get clear answers at the county level as well as from DHS about TEFRA Option eligibility requirements and covered services. Because of the lack of knowledge by those who administer the program, advocates are often left to fill in the gaps.

D. Inconsistent Internal Processes

The disparities in administration are compounded by the many entities involved in administering the TEFRA Option. Because both counties and SMRT are involved in the eligibility determination, and, because an application must be shepherded through different eligibility systems and SMRT before it is approved, the entire process is disjointed and cumbersome, according to stakeholders. There is also opportunity for human error at a number of junctures.

Stakeholders highlighted the fact that because the entities and systems involved exist apart from one another, communication between them is fragmented. Families who are seeking answers about the status of their applications are often “bounced back and forth” between local agencies, SMRT and MNSure. Even within one

county agency, financial eligibility workers may be assigned to work cases either in METS or in MAXIS only. Therefore, a single worker may not be able follow an application from the starting point where it is submitted in METS to a completed eligibility determination in MAXIS. Problems with determining eligibility in both METS and MAXIS were raised repeatedly by stakeholders.

A particular trouble spot resulting from eligibility in different systems is the referral from METS to MAXIS and the trigger for an application to be passed between workers and eligibility systems. METS generates a task that is regularly “lost” or overlooked by workers who have hundreds of other tasks to track. According to stakeholders, these referrals can “float out there” and remain unresolved until a family calls to inquire about the status of their child’s case. Fixing these internal processes so that they can be invisible to families is of critical importance to improving the administration of the TEFRA option.

V. Recommendations for Improvement

The following recommendations are based on discussion at in-person and remote meetings with stakeholders. Stakeholders believe that implementing these recommendations will minimize the numerous barriers that families of children with disabilities experience when attempting to access financial assistance for health care coverage for their children. These recommendations are focused on simplifying the TEFRA Option application and renewal processes, improving communication and training, and standardizing agency processes.

Recommendation I: Simplify the TEFRA Option Application and Renewal Processes for Families

- **Update the online application to add an eligibility results page indicating that a child may qualify for additional coverage**

A family who fills out an application and who has a child with a disability who is ineligible for MA based on household income does not receive any immediate notification that their child may qualify for coverage under the TEFRA Option or for HCBS. As a result, families may believe there is no alternative coverage available to meet their child’s needs.

To combat this problem, stakeholders recommend building functionality into the online METS platform that would provide families with real-time information about coverage options aside from income-based MA for which their children may qualify.

When a family fills out the online application and indicates that they have a child who needs services, a newly created results page would appear explaining that the child may qualify for the TEFRA Option. This page would also inform the family that HCBS may be available for the child depending on the child’s needs. The results page would include a description of coverage under the TEFRA Option as well as HCBS coverage that a child might qualify for, and it would tell the family that their county would contact them to collect any additional needed information.

A family who completes a paper application would receive a copy of the eligibility results page in the mail.

- **Revise the question on the application that acts as the electronic trigger for agency follow-up**

Stakeholders recommend revising the question on the application that gathers information that a person may be eligible for coverage based on age, blindness, or disability to offer more clarity to families. Currently, the question is comprised of five subparts (see graphic). A “yes” answer to any of the sub-parts serves as the trigger for agency follow-up to determine if the application filer or household member may qualify for a different MA eligibility category or may be a candidate for additional services. A “no” answer to all of the questions will not trigger any follow-up and the application filer would not be contacted about potential eligibility under the TEFRA Option.

Answer yes or no to the following five questions.

- a. Are you blind? (yes) (no)*
- b. Do you have a physical, mental, or emotional health condition that limits your activities (like bathing, dressing, daily chores, etc.)? (yes) (no)*
- c. Do you need help staying in your home or help paying for care in a long-term-care facility, such as a nursing home? (yes) (no)*
- d. Have you been determined disabled by the Social Security Administration (SSA) or the State Medical Review Team (SMRT)? (yes) (no)*
- e. Are you in a residential treatment program for mental illness or drug or alcohol dependency? (yes) (no)*

Stakeholders recommend asking whether the household includes a child with a disability or a child with a diagnosis, or a child who may need additional services or supports. Stakeholders also suggest adding accompanying text to explain that a “yes” answer will prompt the agency to contact the family to collect any additional needed information after the application is submitted. These changes to the online application will better capture cases where a child may be eligible for the TEFRA Option.

- **Reduce unnecessary application paperwork**

The “MHCP Supplement to MNsure Application for Health Coverage and Help Paying Costs” is used to gather additional information needed to determine eligibility for several MA eligibility categories. However, information from the supplement is not needed to make an eligibility determination for the TEFRA Option.

DHS instructs county agencies to mail the supplement to families wherever the application indicates a family has a child who may qualify for the TEFRA Option. In this respect, the supplement is mainly used as a tool for the agency to continue the application process and make contact with families to discuss the child’s needs.

Stakeholders recommend eliminating the supplemental form from the TEFRA Option application process while improving the internal process at the county to continue the TEFRA Option referral. Removing this unnecessary

step will improve the timeliness of an eligibility determination for the TEFRA Option and reduce confusion experienced by families who must contend with multiple forms.

- **Simplify renewal paperwork**

Families of children enrolled in the TEFRA Option must submit an annual renewal, the “Minnesota Health Care Programs Renewal.” This form is not specific to TEFRA enrollees but is used for all enrollees who have had initial eligibility determined using a MA for people who are age 65 or older, who are blind or have a disability basis, and who are not receiving long-term care services. The form asks enrollees to verify household composition and employment information for all household members. It also asks for asset information for all adults in the household. In order to reduce the burden on families who must fill out and return the annual renewal to maintain eligibility under the TEFRA Option, stakeholders recommend that DHS revise the renewal form to make it clear that asset information is not needed from TEFRA Option enrollees nor any household member residing with a TEFRA Option enrollee. DHS would also make clear on the form that income information from only the enrollee is needed to renew eligibility for the TEFRA Option. These straightforward changes would ease the paperwork burden on families.

Recommendation I Cost: Acting upon the recommendation to simplify the TEFRA Option application and renewal processes would incur a cost for building functionality into the online application and for developing training and procedures to support tracking cases that require follow-up by the local agency. No additional cost would be incurred for modifying the renewal form.

Recommendation II: Targeted Communication

- **Disseminate coverage information at the first point-of-contact with providers including school districts**

Stakeholders recommend that information about the TEFRA Option be made widely available to families at the first point-of-contact with providers, including schools. To facilitate this, brochures created by DHS would be made available for providers to hand out to families who may benefit from health care coverage including the TEFRA Option. Brochures would also be placed in county or tribal offices, or wherever people apply for health care coverage. The materials would include information about eligibility requirements, covered services, and the parental fee. In order to effectuate this recommendation, DHS would need to determine which providers routinely serve children with disabilities and target its information sharing effort to these providers. DHS would also need to partner with the Minnesota Department of Education to disseminate coverage information in schools.

- **Make information available before families apply for coverage**

Stakeholders strongly recommend that applicants for health care coverage applying online have the option to watch a video describing the opportunities for financial help for families with children or household members who need additional support or are otherwise experiencing challenges. Stakeholders recommend the video (1)

not solely rely on the language of “disability” to describe people who may not otherwise identify as a person with a disability, and (2) use plain language to describe the services available rather than referencing unfamiliar program terms like the TEFRA Option or HCBS waivers. The video would be visible on the MNsure website where individuals begin the online application for health care coverage.

- **Provide ready information when the application is being made**

Stakeholders recommend that comprehensive information about the eligibility requirements for the TEFRA Option, the HCBS waiver programs, and the covered services available for each coverage type be disseminated to families who have made an online or paper application indicating that they have a child with a disability or a child who needs services. This information would include a side-by-side comparison of the two programs, enabling families to understand the intricacies of both, and empowering families to apply for the program that best meets their child’s needs without undue delay. This information would be available to families before or at the time of application on DHS’s website and could also be mailed or otherwise disseminated to families. Stakeholders also recommend that DHS send a “welcome packet” to applying families which would include additional information about resources when a child is determined eligible for the TEFRA Option.

- **Engage community partners to share information in alternative settings**

Many families of children with disabilities or children who need services, particularly those from underserved and underrepresented populations, may not be reached by traditional or mainstream ways of communicating information. To make certain all families receive the information they need to make informed decisions about their children’s health care, stakeholders recommend that DHS engage with community partners to explore how best to share the information. To effectuate this recommendation, DHS would work internally with its Health Care Administration Equity Director to develop a strategy to engage with community partners, and would work to disseminate information to underserved populations. This effort would focus on information sharing in peer-to-peer networks and at settings such as clinics that serve immigrant communities.

- **Provide ongoing support at DHS**

Stakeholders recommend that DHS dedicate eligibility specialists who can answer families’ questions about the TEFRA Option and looking up information about, for example, the status of a SMRT review. The specialists would also be able to connect families to financial eligibility workers at county agencies. They would serve as a support to families and provide them with a direct line of communication to DHS. Contact information for these individuals would be available in the TEFRA Option welcome packet.

Recommendation II Cost: Acting upon the recommendation for targeted communication would incur a cost to compile and disseminate information, as well as to employ eligibility specialists.

Recommendation III: Additional Training for Financial Eligibility Workers, Providers, and Families

- **Family-specific training for families who wish to be advocates**

Stakeholders recommend training specifically designed for families so that families can connect with and share important information with other families about how to navigate the application and renewal processes and provide other important information. These trainings would be offered in live or online sessions with the opportunity for questions and would be presented by DHS with the participation of organizations that advocate for children with disabilities. The goal of the family trainings would be to invest in families willing to serve as conduits of information for those who may perceive barriers to receiving information directly from DHS or counties. This will create a partnership between DHS, advocates, and families to increase awareness about the TEFRA Option, what types of coverage it provides, and how to apply for and renew eligibility.

- **Annual training for workers involved in eligibility determinations for the TEFRA Option**

To improve consistency of program administration across the state and to make certain families receive accurate information about the TEFRA Option, stakeholders recommend making substantive updates to and increasing the required frequency of trainings for financial eligibility workers, social workers, and frontline staff who answer calls from people seeking services. Stakeholders specifically recommend updating an existing training module focused on the TEFRA Option and requiring financial eligibility workers who may be involved in TEFRA Option eligibility determinations to review the training module annually. Stakeholders also recommend regular training spearheaded by DHS for county and tribal agency workers at web-based and in-person information sessions that take place regularly.

- **Outreach to providers including school districts**

Stakeholders recommend that provider organizations, including schools, which work and interact with children with disabilities receive information about the TEFRA Option. DHS would coordinate outreach to all providers who participate in MHCP and provide supports to children.

Recommendation III Cost: Acting upon the recommendation for training for financial eligibility workers, providers, and families would incur a cost to create and coordinate trainings.

Recommendation IV: Changes to Internal Processes

- **Improving information flow between eligibility systems**

To address problems with disjointed and inconsistent internal processes, stakeholders recommend improving information flow between eligibility systems by better management and tracking of METS-to-MAXIS referrals. To track children who may be eligible for the TEFRA Option, stakeholders recommend that DHS work with counties to create a report of cases that require follow up. DHS would be responsible for generating the report and

notifying counties of any cases that include eligibility data indicating a child with a disability or a child who needs services lives in a family whose household income is too high to qualify for income-based MA. This tracking and notification would mitigate occurrences of referrals between METS and MAXIS eligibility systems being lost or overlooked.

Recommendation IV Cost: Acting upon the recommendation to change internal processes would incur a cost to generate reports and communicate with county and tribal agencies.

VI. Conclusion

Implementing stakeholders' recommendations will improve supervision and administration of the TEFRA Option so that families can better navigate its application and renewal processes. Implementation will also help families of children with disabilities in Minnesota to take advantage of this important health care coverage option if their children are eligible and the program meets their needs.

In addition to convening the stakeholder group and compiling this report, DHS has already used existing appropriations to develop content for the MNsure website that explains the TEFRA Option, and to develop a letter with more information about the TEFRA Option that is being sent to families after they apply for coverage.

DHS is committed to reducing the barriers that families are experiencing and will examine ways in which we can best implement these recommendations.

DHS has gained valuable insight from working with advocates, parents, and county partners to compile and refine these recommendations, and looks forward to future collaboration to continue to improve the TEFRA Option.

VII. Appendices

Appendix A: Stakeholder Group Participants

This appendix lists the participants in the stakeholder group.

Advocates for Children with Disabilities

Carolyn Allshouse, Family Voices of MN

Dawn Brash, Autism Society of Minnesota

Tricia Brisbane, Family Voices of MN

Maren Christenson, Parent

Marnie Falk, Gillette Children's Specialty Health Care

Cynthia Fashaw, NAMI Minnesota

Melissa Haley, Minnesota Consortium for Citizens with Disabilities

Kelly Kausel, Parent

Sara Messelt, Proof Alliance

Alicia Munson, The Arc Minnesota

Jillian Nelson, Autism Society of Minnesota

Ryan Pascual, The Arc Minnesota

Abigail Vavra, Fraser

County Participants

Stephanie Alexander, Ramsey County

Angela Korpela, Carlton County

Suzie Luttrell-Levy, Ramsey County

Jennifer Mrnak, Stearns County

Jackie Poidinger, Hennepin County

Sarah Schmit, Hennepin County

Stakeholder Recommendations for Improving Medical Assistance under the TEFRA Option

Shannon Stockdale, Hennepin County

Greg Wisher, Dakota County

State Participants

Sally Barlow, DHS

Kim Carolan, DHS

Vikas Chopra, DHS

Jen Gerber, DHS

Karen Gibson, DHS

Heather Holbrook, DHS

Carrie Jakober, DHS

Joe Jarosz, DHS

Sheilagh Leary, DHS

Lauren Mayer, Disability Hub MN

Molly Mlynarczyk, DHS

Christilyn Nailing-Zapata, MNSure

Brenda Nelson, DHS

Natalie Ratzlaff, DHS

Jen Vall, DHS

Appendix B: Medical Assistance (MA) Covered Services

This appendix summarizes the covered services available to children enrolled in MA under the TEFRA Option. These services are the same as those offered under traditional MA. Since there is no cost sharing for MA enrollees under 21 years old, children enrolled in MA under the TEFRA Option do not pay deductibles or copays.

- Alcohol and drug treatment
- Chiropractic care
- Dental care
- Doctor and clinic visits
- Emergency room care
- Eyeglasses
- Family planning services
- Hearing aids
- Home care, including personal care assistance (PCA) services
- Hospice care
- Hospital services (inpatient and outpatient)
- Immunizations and vaccines
- Interpreter services
- Lab and X-ray services
- Licensed birth center services
- Medical equipment and supplies
- Medical transportation (emergency and nonemergency)
- Mental health care
- Nursing home care and care in an intermediate care facility for people with developmental disabilities
- Outpatient surgery
- Prescripts and medication therapy management
- Rehabilitative therapy
- Urgent care