Recommendations to help you think about Katie Beckett Amendment 40 and prepare your comments to the TennCare Bureau are highlighted in yellow below.

* **Highlights of the Amendment to consider:**
  + Discussion on family and stakeholder input gathered by the TennCare Bureau Pages 6-10.
    - Did you share input about program design? Do you see your input included? Was it reflected in the program design laid out in this amendment?
  + Page 10: The TennCare Bureau states a commitment to ongoing engagement of families and stakeholders in program operations and improvement through the establishment of a “Stakeholder Advisory Group”
    - If this is important to you, do you have comments on the structure, role or responsibilities of this Advisory Group?
  + Pages 10 and 12 on Eligibility:

# **Minimum Standard of Eligibility**

* + - * The federal supplemental security income (SSI) requirements, disregarding parent income and resources, are the minimum standard of eligibility for Katie Beckett Programs across the country and included in amendment 40.
      * In addition, for Part A the care the child needs must be the same as the type and amount of care provided by an “institution” in a setting such as a hospital, nursing facility, or other habilitation center.
      * For Part B, the care the child needs or is at risk of needing must be the same as the type and amount of care provided by an “institution” in a setting such as a hospital, nursing facility, or other habilitation center.
      * Families in Tennessee will not need to apply for SSI to qualify. This is just the minimum standard of what eligibility will look like for the new Katie Beckett Program.
    - **Level of Care Criteria**
      * “Institutional Level of Care” is a Medicaid term that defines the criteria and method Medicaid uses to determine if you are eligible to be served in one of these settings (hospital, nursing facility, other habilitation center). Each state creates its own criteria and method to assess eligibility. This does not require approval from the Centers for Medicaid and Medicare Services (CMS). It is not included in Amendment 40. Currently, Tennessee has an Institutional Level of Care that it applies in its Long-Term Support and Services programs for both children and adults. *Meeting an Institutional Level of Care does not mean that an individual has been served in or will go to an institution.*
      * Tennessee’s Katie Beckett law requires that the state develop a new level of care criteria and method for assessment specifically for children. Eligibility criteria designed exclusively for children, as required by this new law, may more appropriately identify Tennessee children with complex medical needs or long-term disability. Tennessee’s current Institutional Level of Care will be used until a child-specific criteria is established.
    - Do you have comments for the TennCare Bureau as they craft this level of care criteria and method for assessment (i.e. focusing on age appropriate functional limitations)?
  + **Part A:**
    - Page 10: The state may grant a hardship waiver of the requirement for a child’s parents to purchase and maintain minimum essential insurance coverage for primary insurance of the child.
      * Do you have comments on the hardship waiver/exemption? Are there other factors including the family’s income that should qualify for a hardship waiver/exemption (i.e. medical debt, very expensive or high deductible private insurance, high prescription costs)?
    - Page 11: Children will be prioritized for enrollment into Part A in accordance with objective, needs-based criteria:
      * Criteria will not be based solely or even primarily on diagnoses, rather:
      * The child’s specific functional and developmental limitations (as compared to the child’s chronological age)
      * the impact of the child’s diagnoses, including the frequency, intensity and duration of functional, medical, and behavioral supports required
      * the degree of caregiver burden entailed in providing such supports
      * other factors which impact a family’s ability to meet the child’s support needs
      * Prioritization will take into account not just the current or most recent presentation of the child’s condition, but also the course of the child’s condition, including intermittent or episodic needs, and the long term prognosis for the child’s condition(s)
      * Hospitalizations (or other institutionalizations) will be considered, but not required as part of the prioritization process
      * Applicable only for initial enrollment
    - Do you have comments on this description of priority enrollment? The criteria itself was not included in the amendment 40, but will be published by the TennCare Bureau later.
    - Page 11: If redetermination finds that a child’s condition has improved to the point that the child is no longer eligible for Part A, the child may transition to Part B if there is an open program slot.
      * Do you have comments on this?
    - The Department of Intellectual and Developmental Disabilities will be conducting priority enrollment determination and reevaluations.
      * Do you have comments about the qualifications of the professionals who conduct these?
    - Page 13 Table 2 Katie Beckett Part A Benefits Chart
      * Are the types of care that your child needs included? Is anything critical missing?
      * Do you have comments about the caps on amount of money available for home-and community-based services?
    - Page 23 Table 6 Part A Premium Requirement: Children whose families have an income above 150% of the federal poverty level will be required to pay a sliding scale premium.
      * Do you have comments on this? Will this work for your family? Could it work better? Are there other factors that should be considered?
  + **Part B:**
    - Page 1: Table 3 Katie Beckett Part B Benefits Chart:
      * Are the types of care that your child needs included? Is anything critical missing?
      * Are there ways that this could work best/better for your family?
      * Do you have comments about the caps on amount of money available for home-and community-based services?
    - Page 18: Children will be re-evaluated based on significant changes, including potential for eligibility in Part A
      * Do you have comments on this?
    - The Department of Intellectual and Developmental Disabilities will be conducting priority enrollment determination and reevaluations.
      * Do you have comments about the qualifications of the professionals who conduct these?
    - Page 18 A child who is eligible for Part A but not enrolled due to lack of an open slot in Part A may be enrolled in Part B if there is an open slot.
      * Do you have comments on this?
  + **Katie Beckett- Continued Eligibility:**
    - The Katie Beckett Law requires that the TennCare Bureau design a Part A and Part B to serve children. It does not require the “Katie Beckett- Continued Eligibility” Category that will serve more children.
    - The “target population” is children who are currently served on TennCare who may be losing eligibility and would qualify for the Katie Beckett Program Part A.
      * Do you have comments on the inclusion of this new category?
    - Page 3 Table 1 Overview of Katie Beckett Amendment Components
      * This category will **only** provide Medicaid coverage including EPSDT. It will not provide home-and community-based services. It will not require families to maintain private or employer-based insurance coverage for the child or that parents pay a monthly premium.
      * Once Part A is full, children currently on TennCare who are losing eligibility (for example because family income increases) could apply for the Katie Beckett Program and if eligible be enrolled in the Continued Eligibility Group.
      * Do you think this will work for children and families? Are there ways it could work better?