

CC 10/8/2025

Family Information about: TEFRA/Home Care Children's Program (HCC); A Pathway to Medicaid

(TEFRA: Tax Equity and Fiscal Responsibility Act of 1982)

Home Care Children's (HCC) Program may be a pathway to Medicaid for a child who requires facility care but can be cared for at home. The child must be under 18, unmarried and disabled. If medically eligible, a Medicaid application may be approved. The income and assets of the child's parents are NOT considered when determining the child's Medicaid eligibility through HCC/TEFRA.

MDHHS and CSHCS assist in determining eligibility.

The following items may be faxed to MDHHS CSHCS at 517-335-9491 to request/renew HCC/TEFRA. Attach a cover sheet with the subject line "HCC-TEFRA Request/Renewal" and include your contact information, including your phone number. The other option is to ask your local CSHCS office at your County Health Department to upload the information to MDHHS CSHCS.

Starting from date of first document submitted, family has 6 months to submit all required and requested forms. If failure to do so, review process will terminate, and family will need to restart submission process if interested in applying for Medicaid through the HCC/TEFRA program.

- 1. MDHHS-49 form, signed by a physician** who knows your child well and a **current medical report(s) from any specialists** describing the care needs of your child.
- 2. A 24-hour Plan of Care** that describes the care your child needs in a typical day. Explain what you do and the help your child needs with each activity. Include the time it takes to complete the activities. Examples could be preparing/giving medications, suctioning, breathing support, medical equipment used, therapy, feedings, bathing, dressing, diaper changes, hurting themselves or others, emotional/physical outbursts, tantrums, etc. (use the link to optional template on webpage or your own format)
- 3. Individualized Education Plan (IEP) or Individualized Family Service Plan (IFSP)** and/or any additional school services like physical, occupational and/or speech therapy or Applied Behavioral Analysis (ABA). Include any special plans at school like a seizure action plan or emergency response plan. (if the child has one)

4. **Community Mental Health (CMH) Individualized Plan of Service (IPOS)** or evaluations done to determine eligibility for various services. List services that are being received or list any services you are hoping for your child to receive. (if the child has one)

5. **List the services/supplies you are trying to get** but cannot because your child does not have Medicaid.

These documents will be reviewed to determine if your child is medically eligible.

The information will be reviewed for disability determination. If eligible, you will receive a letter and instructions on filling out a Medicaid application for your child, using your child's income and assets.

Complete and fax the Medicaid Application to the number in the application packet.

The guardian is considered Step 1 Person 1 on the application. Social Security (RSDI: Retirement, Survivors & Disability) and child support received by and for the child is considered their income. It is important to include a copy of the child's current bank statement if the child has a bank account. If the child has no bank account, state that on the application.

Step 2 Person 2 must be used for the child applying for Medicaid through TEFRA, and additional copies for each member of the household. The parent's income is listed but will not be used for eligibility for the TEFRA child.

Copies of Step 2 Person 2 form can be used for spouse/partner and/or any children living in the household who would be included on the parent's federal tax return. Your Local Health Department CSHCS may help by providing copies of Step 2: Person 2; form DCH-1426 (rev1/20).

You will need to **use the fax number provided with the instructions in the packet** or ask CSHCS at your local health department to fax for you. DO NOT take the application to a local DHHS Medicaid office.

Be sure you include your phone number on the application as you will receive a call and a letter from State Processing Office (SPO) letting you know if your child was approved for Medicaid, the approval date and your child's recipient ID number. The Medicaid case worker will be from the State Special Processing Office (not your local office).

Included in the letters you receive will be the next date for a Medical Review, where you will again submit the above information at that time.

Be sure to keep all the letters you have received.