



WRIGHT COUNTY HUMAN SERVICES AGENCY

Administrative & Fiscal/Technology - 1004 Commercial Drive, Buffalo, MN 55313-1736

Social Services & Public Health - 1004 Commercial Drive, Buffalo, MN 55313-1736

Financial Services & Child Support - 10 2nd Street NW, Room 300, Buffalo, MN 55313-1191

Don Mleziva, Director

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Financial/Child Support	763-682-7414
Toll Free	800-362-3667
Social Services FAX	763-682-7701
Financial FAX	763-682-8920
Web Site	www.co.wright.mn.us

RE: APPLICATION FOR MA/TEFRA

The Tax Equity Fiscal Responsibility Act (TEFRA) program through Minnesota Medical Assistance is for families with one or more disabled children who do not qualify for Medical Assistance (MA) based upon household income. MA/TEFRA provides access to medical, county, state, and federally funded programs for individuals with disabilities. Since we know that the application process can be lengthy, this packet should help you expedite the timelines of determining and obtaining eligibility within the rules of the programs.

If not already on Medical Assistance (MA), the TEFRA application process begins with you, the parent/guardian of the child, providing the Wright County Financial Worker with a complete:

- 1. Minnesota Health Care Programs Application and**
- 2. Parental/Guardian income verification documents**

These documents determine the child's eligibility for the Medical Assistance (MA) program. Along with completing the Minnesota Health Care Programs Application, you will also need to submit:

- 3. Documentation for the State Medical Review Team (SMRT) regarding the child's**
 - a. Physical**
 - b. Mental Health, and/or**
 - c. Developmental Disabilities**

This documentation helps the SMRT team determine, if your child's disability meets the Social Security Standards for Disability and Level of Care requirements to be eligible for TEFRA. Additional documents to complete include:

- 4. Children's Disability Worksheet**
- 5. Authorization to Disclose Information Form**
- 6. MA Parental Fee Worksheet**

Finally, the parental fee worksheet is an example of how the State determines what/if any parental fee you will be assessed, while your child is served under the TEFRA program (this is informational and for the parent to keep). The parental fees are re-assessed on an annual basis.

When providing the required documentation, please send in all of the documentation at one time. Incomplete applications should not be submitted to the Financial Worker as incomplete information may be rejected by the SMRT team.

Once the SMRT team has determined your child's eligibility to be served under the TEFRA program, the Financial Worker will be notified. The Financial Worker will open a financial case for the child. At that time, the Financial Worker will notify the Parental Fees Department at the State. The State will then contact you and make a determination as to what your parental fees will be.

You may opt out of this program, if you are unable to afford the parental fees – be advised that access to many county, state, and federal support programs require the child be served under the MA/TEFRA program.

Direct any questions you may continue to have to the Developmental Disabilities Unit or your Financial Worker.

REQUIRED DOCUMENTATION – PHYSICAL DISABILITY

The following information is required to complete your child's physical disability determination:

1. Results of a routine physical examination **signed by the physician, no more than 3 months old including:**
 - i. Current Diagnosis
 - ii. Clinical findings – results of physical or mental status exams
 - iii. Laboratory findings
 1. For example:
 - a. Blood pressure
 - b. Blood test results
 - c. X-rays
 - iv. Required treatments including:
 - a. Type of treatment
 - b. Who performs it, and
 - c. If supervised, the credentials of the supervisor
 - v. Current medications
 - vi. Growth data from the past year (i.e. child's height and weight)
2. Reports from any consulting medical specialists.
 - a. The report should be no more than 3 months old and include :
 - i. Child's primary diagnosis
 - ii. Detailed summary within the areas of specialty of examination and also include results of any:
 - a. Tests
 - b. X-rays, or
 - c. Scans that confirm the diagnoses, ~~and~~ treatment, and response.
3. **Children's Disability Worksheet (DHS 6126)** must be completed by the parent/guardian.
4. If applicable:
 - a. **Individual Education Plan (IEP)** or **Individual Family Service Plan (IFSP)** that is current within 1 year
 - b. The most recent **Team Assessment Summary/Evaluation Report** (done every three years).
 - c. For children under school age, submit an **Early Childhood Assessment Summary**.
5. If the child receives **ANY** other special services (e.g. speech, physical or occupational therapy or rehab), provide updated evaluations and progress.
6. Discharge summaries from any recent hospitalizations.
7. Any other pertinent information, as appropriate.

All of the above items must be included before the paperwork will be processed.

REQUIRED DOCUMENTATION – MENTAL HEALTH DISABILITY

The following information is required to complete your child's mental health disability determination:

1. Results of a routine physical examination **signed by the physician, no more than 3 months old including:**
 - i. Current Diagnosis
 - ii. Clinical findings – results of physical or mental status exams
 - iii. Laboratory findings
 1. For example:
 - a. Blood pressure
 - b. Blood test results
 - c. X-rays
 - iv. Current medications
2. Complete psychiatric/psychological evaluation
 - a. No more than 1 year old
 - b. Performed by a licensed psychologist or psychiatrist.
 - c. The evaluation must contain **ALL** of the following:
 - i. Current life situation
 - ii. Sources of stress
 - iii. Reasons for referral
 - d. History of client's current mental health problem, including

1. Important developmental incidents
 2. Strengths
 - e. Current functioning and symptoms related to all diagnoses
 - f. Indicate, if the client has a serious and persistent mental illness (SPMI)
 - g. Diagnoses on **ALL 5 Axis with GAF scores** (no provisional diagnoses)
 3. If the evaluation is more than 3 months old, or the client's condition has changed, an updated progress report is required, in addition to the complete psychiatric/psychological evaluation. The progress report should include **ANY** changes in the client's condition (behavior, medication management, change of medication, and/or potential for hospitalization).
 4. The most current treatment plan signed by a professional that includes:
 - a. All medical service being performed (including non-mental health), duration, frequency, and level of professional performing the service
 - b. Supervision/monitoring – who performs, times of the day (psychiatric disability required 24-hour supervision or monitoring)
 - c. Therapy goals, client progress
 5. Discharge summaries from any hospitalizations, or day treatment reports.
 6. An **Individual Education Plan (IEP)** that is current within 1 year, along with the most recent **Team Assessment/Evaluation Summary** (performed every 3 years).
 7. A report from the child's school that outlines:
 - a. Grade
 - b. School Behaviors
 - c. Most recent achievement scores and Intelligence (IQ) test scores
 8. **Children's Disability Worksheet (DHS 6126)** must be completed by the parent/guardian.
- All** of the above items must be included before the paperwork will be processed.

REQUIRED DOCUMENTATION – DEVELOPMENTAL DISABILITY

The following information is required to complete your child's developmental disability determination:

1. Results of a routine physical examination **signed by the physician, no more than 3 months old including:**
 - i. Current Diagnosis
 - ii. Clinical findings – results of physical or mental status exams
 - iii. Laboratory findings
 1. For example:
 - a. Blood pressure
 - b. Blood test results
 - c. X-rays
 - iv. Current medications
 2. Reports from any consulting medical specialists
 3. **Children's Disability Worksheet (DHS 6126)** must be completed by the parent/guardian.
 4. An **Individual Education Plan (IEP)** or **Individual Family Service Plan (IFSP)** that is current within 1 year, along with the most recent **Team Assessment/Evaluation Summary** (performed every 3 years).
 5. Most recent achievement and I.Q. scores
 6. Adaptive behavior rating by both parents/guardian and teacher, for example:
 - a. Vineland Adaptive Behavior Rating Scale
 - b. Battelle Inventory
 - c. Childhood Autism Rating Scale
 - i. These documents are most often found in the Team Assessment/Evaluation Summary that comes from the school, but they may also be performed by psychologists or developmental clinics.
 7. Updated evaluations/progress notes regarding status/activities, if the child receives **ANY** other special services such as:
 - a. Speech Therapy
 - b. Physical Therapy
 - c. Occupational Therapy
 - d. Rehabilitation Therapy
- All** of the above items must be included before the paperwork will be processed.

Supporting Forms:

REQUIRED FORMS

Minnesota Health Care
Application

<http://edocs.dhs.state.mn.us/lfserver/Public/DHS-3417-ENG>

Authorization to Disclose
Information for Disability
Determination

<https://edocs.dhs.state.mn.us/lfserver/Public/DHS-6124-ENG>

Children's Disability
Worksheet

<https://edocs.dhs.state.mn.us/lfserver/Public/DHS-6126-ENG>

INFORMATIONAL

Minnesota Health Care Programs
- *For people who have a
disability or are age 65 or older*
<https://edocs.dhs.state.mn.us/lfserver/Public/DHS-3546A-ENG>

Do you have a disability?
*If you have a disability, you have
the same rights as others.*
<https://edocs.dhs.state.mn.us/lfserver/Legacy/DHS-4133-ENG>

Medical Assistance Parental Fee
Form
<https://edocs.dhs.state.mn.us/lfserver/Public/DHS-2981-ENG>

Important Notice and Parental
Fee Worksheet
<https://edocs.dhs.state.mn.us/lfserver/Legacy/DHS-2977-ENG>

Minnesota Health Care Programs
Health Insurance Information
Form (HIIF)
<https://edocs.dhs.state.mn.us/lfserver/Legacy/DHS-1922B-ENG>

**** Be sure to ask your Financial
Worker if the applicant is eligible for
*Cost Effective Health Insurance*****