



## How to complete the TEFRA and the Family Opportunity Medicaid Act Buy-In Program Educational Worksheet

The TEFRA and Family Opportunity Act Medicaid Buy-In Programs are programs designed to help privately insured families get the extra help they need to pay for care for a child with disabilities through Medicaid. This worksheet provides a summary of similarities and differences between these two programs. It is a helpful tool for making the case to improve health care coverage for children with disabilities in your state. To complete this worksheet for your state, follow the instructions below:

**Note: Please follow these steps in order.**

To fill out this worksheet, first download the worksheet file to your computer. Open the file.

- A. Fill in the name of your state in the field “[Here’s what families report in \\_\\_\\_\\_\\_](#)”  
Click in the form field —the cursor will begin blinking, indicating that you can type in the field—and type in the name of your state.
- B. Fill out the table (fields a-e) with statistics on children with special health care needs for your state.
  1. Go to the webpage <http://www.childhealthdata.org>
  2. Scroll down the page to **Explore Your Data**  
Under **2. Browse by Survey & Topic** → Click **Quick Data Search**
  3. Under **1. Select a Survey, Year, and Geographic Area**  
**Select a Survey** → use the drop-down menu to select the **National Survey of Children with Special Health Care Needs**  
The most recent survey will automatically fill the Select a Year choice (2009/10)
  4. **Select a State/Region** → Use the drop-down menu to select your state.

Field a. To find the percentage of [Children with Special Health Care Needs \(CSHCN\)](#), including those with [disabilities](#) in your state:

1. Under “**2. Select a Starting Point/Topic**”  
Click **CSHCN Prevalence and Demographics**  
Select **Demographics and CSHCN prevalence for all children ages 0 – 17** (click button)

2. Under **3. Select a Survey Question**  
Click **How many children have special health care needs?**
3. This will result in a table showing the percentage of children with and without special health care needs in your state. Type the number from the **CSHCN column** into Field a. in the worksheet table.

Field b.: To find the percentage of [CSHCN who are insured, but insurance is inadequate](#) in your state:

1. Click the **Change the question, topic or survey** link in the “Edit Search Criteria” box above the table
2. Under **Section 2: Select a Starting Point/Topic**  
Under **MCHB Core Outcomes and Key Indicators**  
Select **Health Insurance Coverage and Program Participation**
3. Under **3: Select a Survey Question**  
Click **Indicator 5: Currently insured CSHCN whose insurance is inadequate**
4. This will result in a table showing the percentage of currently insured CSHCN in your state whose insurance is inadequate. Type the number that appears under the column head **Current Insurance is not adequate** into Field b. in the worksheet table.

Field c.: To find the percentage of [CSHCN with an unmet need for one or more services](#) in your state:

1. Click the **Change the question, topic or survey** link in the “Edit Search Criteria” box above the table
2. Under **Section 2: Select a Starting Point/Topic**  
Under **MCHB Core Outcomes and Key Indicators**  
Select **Health Care Needs and Access to Care**
3. Under **3: Select a Survey Question**  
Click **Indicator 6: CSHCN with any unmet need for specific health care services**
4. This will result in a table showing the percentage of CSHCN in your state with any unmet need. Type the number that appears under the column head **1 unmet need for 14 specific health services** into Field c. in the worksheet table.

Field d.: To find the percentage of [CSHCN whose health condition causes financial problems for the family](#) in your state:

1. Click the **Change the question, topic or survey** link in the “Edit Search Criteria” box above the table
2. Under **Section 2: Select a Starting Point/Topic**  
Under **MCHB Core Outcomes and Key Indicators**  
Select **Impact on Families**
3. Under **3: Select a Survey Question**  
Click **Indicator 13: CSHCN whose conditions cause financial problems for family**
4. This will result in a table showing the percentage of CSHCN in your state whose health condition causes financial problems for the family. Type the number that appears under the column head **Yes, financial problems** into Field d. in the worksheet table.

Field e.: To find the percentage of [CSHCN whose family cut back or stopped working](#) in your state:

1. Click the **Change the question, topic or survey** link in the “Edit Search Criteria” box above the table
  2. Under **Section 2: Select a Starting Point/Topic**  
Under **MCHB Core Outcomes and Key Indicators**  
Select **Impact on Families** (button may already be selected)
  3. Under **3: Select a Survey Question**  
Click **Indicator 15: CSHCN whose conditions cause family members to cut back or stop working**
  4. This will result in a table showing CSHCN in your state whose health conditions cause family members to cut back or stop working. Type the number that appears under the column **Family members cut back hours and/or stopped working** into Field e. in the worksheet table.
- C. Fill out the federal match information for your state (Fields f and g).
1. Go to the web page <http://kff.org/medicaid/state-indicator/federal-matching-rate-and-multiplier/>. Use the drop down to select the desired Fiscal Year (FY).
  2. This table provides a listing of the FMAP for Medicaid and Multiplier for each state. In the row for your state, find the **FMAP percentage** and type the number into Field g of the form.
  3. In the row for your state, find the **multiplier** and type the number into Field h of the form.

That’s it! Save the worksheet file. You may print it as you would any other file.