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Pathways to Medicaid Coverage for Children who Require an Institutional Level of Care: TEFRA/Katie Beckett and Home- and Community-Based Services Waivers

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Person completing this chapter: _____

Role: _____

Date: _____

Additional Collaborative Partners for this chapter: _____

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CHAPTER CONTENTS

WHO THIS CHAPTER IS FOR:

- The primary audience for this chapter is state Title V program leaders and staff.
- If applicable, we encourage you to collaborate with colleagues in other departments within Title V or other state agencies who may play a larger role in work related to pathways to Medicaid for CYSHCN who require an institutional level of care.

WHY THIS CHAPTER MATTERS:

- Home- and Community-Based Services Waivers and TEFRA are key ways to access Medicaid coverage for CYSHCN with complex medical needs.
- Receiving services in the home-and community is critical for equity for all children; home- and community-based services allow CYSHCN and their families to participate fully in life.

WHAT YOU WILL LEARN:

- The history of the TEFRA/Katie Beckett state plan option
- Eligibility criteria for state TEFRA programs and the benefits of TEFRA for CYSHCN
- A broad overview of home- and community-based services (HCBS) waivers, their importance for CYSHCN, and opportunities for HCBS under the American Rescue Plan Act.

Throughout this tool, we invite you to reflect on and assess Title V's role in relation to TEFRA and HCBS waivers, and offer tools to identify potential roles. As with each chapter in this tool, it is not necessary to complete every single question for the tool to be useful to you.

If you would like support, the Catalyst Center is here to help. Reach out to us at cyshcn@bu.edu.

1. INTRODUCTION

As described in Chapter 1, CYSHCN may enroll in Medicaid via several pathways. In addition to qualifying based on income, income and disability, and as a child in foster care, CYSHCN may be able to access Medicaid coverage through programs that create additional pathways for children who require an institutional level of care. States may implement such programs using either of the following authorities:

- 1915 Home- and Community-Based Services Waivers
- The TEFRA state plan option (named for The Tax Equity and Fiscal Responsibility Act of 1982 that created this option)

These two options are similar in some ways, but also have substantial differences. See a comparison of the TEFRA state plan option and 1915 Home- and Community-Based Services Waivers in the chart below. This chapter will describe both of these options in greater depth and help you understand the role they play in your state's system of care for CYSHCN.

	HCBS Waivers	TEFRA State Plan Option
Who Qualifies?	Children (and others as defined by age, diagnosis, or other criteria established by the state) who: • Meet their state's definition of requiring an institutional level of care • Have medical needs that can safely be provided outside of an institution • Receive care in the community that does not exceed the cost of institutional care[1,2]	Children, birth to age 18 who: • Meet their state's definition of requiring an institutional level of care • Have medical needs that can safely be provided outside of an institution • Receive care in the community that does not exceed the cost of institutional care[103,104]
What authority do states use to offer these programs?	Home- and community-based service waivers: • Allow states to request that certain Medicaid requirements be waived. States can use this to provide additional services not usually covered by Medicaid to help individuals remain in the community • With federal approval, states do not have to comply with certain federal Medicaid rules (i.e., specific Medicaid regulations are "waived" to make an exception) • Services can be provided to specific groups (e.g., based on diagnosis and/or age and/or other criteria) • Waiting lists are allowed[3,4]	State plan option (a.k.a. state plan amendment or SPA. Please see Chapter 2 for more information about SPAs.): • Allows states to change their individualized state plan, which outlines the way their Medicaid program operates. States may use this to add optional services or change eligibility requirements • States must still follow federal Medicaid rules (e.g., a state cannot use a state plan option to cut mandated services)All services in the state plan option must be available to all children who qualify for Medicaid in the state • No waiting lists are allowed[105,106]

2. HISTORY OF THE KATIE BECKETT WAIVER AND TEFRA PROGRAM

"Katie Beckett" is an umbrella term that states sometimes use to refer to both waivers and state plan options that create a pathway to Medicaid for disabled children who require an institutional level of care. Katie Beckett contracted encephalitis, a viral brain infection, when she was just five months old.[107] In the beginning, the Beckett's private insurance covered Katie's medical expenses, but during her extended hospitalization, she became eligible for Supplemental Security Income (SSI), which meant she also became eligible for Medicaid coverage.[108] After nearly three years in the hospital, her condition improved to the point where she was medically able to go home with her parents

[103] Semansky, R. M., & Koyanagi, C. (2004). The TEFRA Medicaid Eligibility Option for Children With Severe Disabilities: A National Study. *The Journal of Behavioral Health Services & Research*, *31*(3), 334–342.

[104] Smith, G., O'Keefe, J., Carpenter, L., Doty, P., Gavin, K., Burwell, B., & Williams, L. (2000). *Understanding Medicaid home and community services: A primer*. https://aspe.hhs.gov/reports/understanding-medicaid-home-community-services-primer-0#noteC1-25

[105] Mahan, D. (2012). *State plan amendments and waivers: How states can change their Medicaid programs*. https://www.sfdph.org/dph/files/CBHSdocs/QM2017/4Families-USA-IssueBrief2012StatePlanAmendmentsWaivers.pdf

[106] Ghandour, R. M., Comeau, M., Tobias, C., Dworetzky, B., Hamershock, R., Honberg, L., Mann, M. Y., & Bachman, S. S. (In press). Assuring adequate health insurance for children with special health care needs: Progress from 2001 to 2009- 2010. Academic Pediatrics, 1-10. https://pubmed.ncbi.nlm.nih.gov/25864809/

[107] Shapiro, J. (2010). *Katie Beckett: Patient turned home-care advocate*. National Public Radio. http://www.npr.org/templates/story/story.php?storyId=131145687.

[108] In 209(b) states, SSI does not confer automatic Medicaid eligibility; people with disabilities must submit a separate application for Medicaid benefits and are generally required to meet stricter income, asset, or disability criteria. The 209(b) states are: CT, HI, IL, MN, MO, NH, ND, OK and VA. Source: United States Social Security Administration. (2017). *Program Operations Manual System*. https://secure.ssa.gov/poms.nsf/lnx/0501715010

but the out-of-pocket cost of her care was too expensive for the Becketts to be able to afford without Medicaid.

In the early 1980s, if a child with disabilities who lived at home needed Medicaid coverage, the family income and assets were considered as part of the eligibility determination process, and the child had to be living in a household with very low income to receive Medicaid benefits. If the same child were institutionalized in a hospital, nursing home, or an intermediate care facility for people with intellectual disabilities for 30 days or more, the parent's income was not counted under Medicaid eligibility requirements.[109] This meant that parents who did not financially qualify for Medicaid but could not afford their child's medical care had to place their child with a disability in an institutional setting in order to pay for their care.[110] The only other ways to qualify for Medicaid were to become impoverished or relinquish custody.[111]

All this changed in 1981 when the federal government created the Katie Beckett waiver which changed the Medicaid rules to make an exception (the rules were "waived", hence the term) that allowed Katie, and children like her, to receive their care at home, while retaining their Medicaid coverage.[112, 113] Iowa, where the Becketts lived, was the first state to offer the Katie Beckett waiver. It provided long-term care services to children with significant disabilities in a less restrictive and more cost-effective way.

As described below, this first waiver paved the way for similar home-and community-based services waivers in other states and the TEFRA state plan option.

A note on terminology:

States may refer to their TEFRA programs as Katie Beckett programs or state plan options.

In this resource, the Catalyst Center uses the term TEFRA to specifically refer to the TEFRA state plan option.

Some states have TEFRA look-alike programs that they have implemented through state statute or other state plan amendment authorities. For more information about look-alike programs, click **here**.

All states currently offer a version of a TEFRA/Katie Beckett program, either through a state plan amendment (SPA) or a similar waiver. See Appendix Table 1 of **this resource** to find out about your state.

[109] Smith, G., O'Keefe, J., Carpenter, L., Doty, P., Gavin, K., Burwell, B., & Williams, L. (2000). *Understanding Medicaid home and community services: A primer*. https://aspe.hhs.gov/reports/understanding-medicaid-home-community-services-primer-0#noteC1-25

[110] Musumeci, M. (2011). Modernizing Medicaid eligibility criteria for children with significant disabilities: Moving from a disabling to an enabling paradigm. American Journal of Law and Medicine, 37(2011):81-127. https://journals.sagepub.com/doi/abs/10.1177/009885881103700103

[111] Semansky, R.M. & Koyanagi, C. (2004). The TEFRA Medicaid eligibility option for children with severe disabilities: A national study. The Journal of Behavioral Health Services and Research, 31(3); 334-342. https://pubmed.ncbi.nlm.nih.gov/15263871/

[112] Musumeci, M. (2011). Modernizing Medicaid eligibility criteria for children with significant disabilities: Moving from a disabling to an enabling paradigm. American Journal of Law and Medicine, 37(2011):81-127. https://journals.sagepub.com/doi/abs/10.1177/009885881103700103

[113] Shapiro, J. (2010). *Katie Beckett: Patient turned home-care advocate*. National Public Radio. http://www.npr.org/templates/ story/story.php?storyId=131145687

3. 1915C HOME- AND COMMUNITY-BASED SERVICES WAIVERS

States may cover specific groups of individuals by requesting a waiver from the Centers for Medicare and Medicaid Services (CMS). The request to CMS asks for permission to "waive" certain requirements of the Social Security Act, such as statewide availability of services, freedom of choice of providers, and universal access to all benefits. For more information about waivers in general, please see Chapter 1.

Since 1983, 1915 (c) waivers have allowed states to provide home- and community-based services (HCBS) to children who otherwise would be eligible for Medicaid only if they resided in an institution.

COST NEUTRALITY AND HCBS WAIVERS

All waiver programs must cost the federal government no more than the amount projected if the state did not have the waiver. This is called "cost-neutrality." States estimate the cost of providing services to each eligible individual under the waiver, and use this estimate to project the number of people that can be served under the waiver. In order to guarantee cost-neutrality, states often cap the number of people served under a waiver. This is why states often have waiting lists for their HCBS waiver programs even though the general Medicaid program, as an entitlement, is not permitted to have a waiting list.

Similar to the TEFRA state plan option, Home- and Community-Based Services (HCBS) waivers allow states to disregard family income for children with severe disabilities who are cared for at home but who might otherwise live in institutional settings. Many states operate HCBS waivers for adults and children with developmental disabilities. These waivers sometimes raise the income eligibility level for Medicaid coverage, and, unlike TEFRA, may provide coverage for additional benefits such as family support services, care coordination, specialized equipment, medical supplies, respite care, medical day care, or home or vehicle modifications. Other HCBS waivers that include certain groups of CYSHCN include autism waivers, waivers for children who are medically fragile or technology dependent, and waivers for individuals with traumatic brain injuries. States are allowed to restrict eligibility for HCBS waivers by age, geographic region, and/or diagnosis. In contrast with the TEFRA state plan option, states can limit the number of waiver slots available, which often results in waiting lists.

What HCBS waivers in your state serve children? In the cells below, list the specific waivers, link to your state's website or waiver summary on Medicaid.gov, and describe the eligible population and services included in the waiver program. Finally, describe what families must do to apply for each waiver program.

On this website, filter for 1915(c) waivers and your state name: https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/index.html

This website includes a summary of waivers that serve children. It is maintained by the Complex Child Magazine, so all information provided should be verified. However, it may be a place to start if you are feeling stuck: https://www.kidswaivers.org/

Reach out to the Catalyst Center at cyshcn@bu.edu for support identifying waivers that serve children in your state.

• Waiver/Program Name ○ *Link* ○ *Eligibility criteria (e.g. age, diagnosis, geography)* ○ *Services provided* ○ *How to apply*	
• Waiver/Program Name ○ *Link* ○ *Eligibility criteria (e.g. age, diagnosis, geography)* ○ *Services provided* ○ *How to apply*	
• Waiver/Program Name ○ *Link* ○ *Eligibility criteria (e.g. age, diagnosis, geography)* ○ *Services provided* ○ *How to apply*	
• Waiver/Program Name ○ *Link* ○ *Eligibility criteria (e.g. age, diagnosis, geography)* ○ *Services provided* ○ *How to apply*	

Essential Public Health Services #4 & #7	**Reflection Questions:**	
	What challenges around HCBS waivers are you aware of in your state?	
	What opportunities exist to help families with these challenges?	
	What is your state Title V CYSHCN program capacity to partner with Medicaid to share input related to HCBS waivers?	

HCBS and the American Rescue Plan Act

The American Rescue Plan Act (passed in March 2021) gave states the option of receiving extra financial support for providing Home- and Community-Based Services (HCBS) to Medicaid beneficiaries. Specifically, the law provides for a 10-percentage point increase in the state's Federal Medical Assistance Percentage, or FMAP (see Chapter 1 for more on the FMAP). States must use the additional funds they receive under the ARP FMAP increase to expand and enhance HCBS for Medicaid beneficiaries.

RESOURCES:

You can find more information about HCBS and the American Rescue Plan Act in this Catalyst Center Explainer and this scan of state spending plans from the National Academy for State Health Policy (NASHP).

The provision in the ARPA for additional HCBS funding covers approved expenditures from April 1, 2021, to March 31, 2022. States must spend these funds by March 31, 2025. If a state takes advantage of the option for the increased FMAP for HCBS, the state must also meet the following requirements:

1. They must maintain their current spending on HCBS. States cannot use the increased FMAP to supplant or replace state funds for HCBS.
2. The state must use the extra money to support additional HCBS spending. The ARPA specifies that the state must use the money to "enhance, expand, or strengthen" Home- and Community-Based Services for Medicaid beneficiaries.

On May 13, 2021, CMS issued a letter to state Medicaid directors providing guidance on the implementation of this provision, including how to request and use the funds.[114] The May 13 CMS letter describes services that are eligible for the increased FMAP, including home health care, personal care services, self-directed personal care services, case management, school-based services, rehabilitative services, and private duty nursing. The CMS letter also describes activities that states can implement with the additional funds to enhance, expand, and/ or strengthen HCBS. These activities are organized into nine categories: increased access to HCBS, HCBS provider payment rate and benefit enhancements, supplies and equipment, workforce support, support for improving the functional capabilities of persons with disabilities, support for transitions during COVID-19, support for mental health and substance use disorder services, outreach, and access to COVID-19 vaccines.

States must submit state spending plans quarterly to CMS. Those spending plans are available here: https://www.medicaid.gov/medicaid/home-community-based-services/guidance/strengthening-and-investing-home-and-community-based-services-for-medicaid-beneficiaries-american-rescue-plan-act-of-2021-section-9817-spending-plans-and-narratives/index.html	
What activities related to wait lists are included in your state's spending plan?	
What activities related to the HCBS workforce are included in your state's spending plan?	
What activities related to behavioral health services are included in your state's spending plan?	
When was the latest spending plan submitted? What activities has your state implemented funded by the ARPA HCBS FMAP bump?	

[114] Costello, A. (May 13, 2021). Implementation of American Rescue Plan Act of 2021 Section 9817: Additional Support for Medicaid Home and Community-Based Services during the COVID-19 Emergency. United States Department of Health and Human Services, Centers for Medicare and Medicaid Services. https://www.medicaid.gov/federal-policy-guidance/downloads/smd21003.pdf

Reflection Questions:	
What stood out to you about your state's spending plan?	
What priority need do you think exists related to HCBS in your state? Is it addressed in the state's spending plan?	

4. TEFRA PROGRAM

Under the Tax Equity and Fiscal Responsibility Act (TEFRA) of 1982 (PL No. 97-248, Section 134), states may provide Medicaid coverage to children with severe disabilities younger than 19 who require a level of care that could be reasonably provided in a hospital, skilled nursing facility, or an intermediate care facility for individuals with intellectual disabilities (ICF/IID), without using household income as an eligibility criterion.

When a child receives extended care in an institutional setting, Medicaid disregards family income as an eligibility requirement and makes the determination based solely on the child's income. The TEFRA State Plan Option makes it possible to do the same for a family whose child requires care at the level provided in an institution, but who can safely be cared for at home, as long as it is cost neutral to the state to do so.

Because states vary widely in the availability of institutional care for children and in the clinical criteria they use for determining a child's level of care needs, the number of children and youth with disabilities who receive Medicaid benefits under this state option varies widely from state to state. Depending on where a child lives, they may or may not meet that state's institutional level of care criteria.

Adopting a TEFRA state plan option offers four main benefits for CYSHCN:

- TEFRA enables Medicaid to pay for services, which allows children to remain at home and receive care in the community, rather than in an institution.
- TEFRA provides more children with disabilities access to Medicaid's comprehensive Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit (see Chapter 4 for more about EPSDT).
    - Access to Medicaid is important for children with disabilities because of the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit that federal Medicaid regulations require states to provide. EPSDT requires that Medicaid cover all services that are medically necessary for enrollees under age 21, even if the service is not part of the state's list of mandatory and optional services under the state

plan.[115] Additionally, because there are extremely limited copays, deductibles, or coinsurance associated with Medicaid, TEFRA provides children with disabilities access to more robust benefits at a much lower cost to families than private insurance.

- TEFRA allows families greater employment flexibility.
    - Since family income is disregarded when considering eligibility for state TEFRA programs, families are able to continue working without risk of losing a child's Medicaid benefits because they earn more than the income eligibility limit allows. According to the 2019–2020 National Survey of Children's Health, nearly one-fifth of families raising CYSHCN reported that a family member left a job, took a leave of absence, or cut down on hours worked because of their child's health or health conditions.[116] For some families, these decisions may have been made in order to access Medicaid
- TEFRA may provide wrap-around coverage to supplement private health insurance.
    - About half of CYSHCN have private insurance only;[117] however, even among CYSHCN who are insured, inadequate benefits and high out-of-pocket cost sharing often create financial hardship for families. Many services that children with disabilities need may not be covered by private insurance or may require significant cost sharing (copays, coinsurance, deductibles, etc.).[118] In these cases, the TEFRA option can allow families to use Medicaid as a secondary form of coverage for their child with a disability to help with the costs associated with covered services or to access services that their private insurance does not cover. As noted above, family members can continue to work and use their employer-sponsored insurance coverage for themselves, their children with disabilities, and other family members.

BLOCK GRANT TIP:

Use information from this section to inform the Health Services Infrastructure portion of the "Overview of the State" section of the Block Grant/Annual Report.

[115] Centers for Medicare & Medicaid Services. (n.d.-c). *Early and Periodic Screening, Diagnostic, and Treatment*. Retrieved August 2, 2022, from https://www.medicaid.gov/medicaid/benefits/early-and-periodic-screening-diagnostic-and-treatment/index.html

[116] Child and Adolescent Health Measurement Initiative. 2019-2020 National Survey of Children's Health (NSCH) data query. Data Resource Center for Child and Adolescent Health supported by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). Retrieved from https://www.childhealthdata.org/browse/survey/results?q=8779&r=1&g=921

[117] Ibid.

[118] Musumeci, M. (2011). Modernizing Medicaid eligibility criteria for children with significant disabilities: Moving from a disabling to an enabling paradigm. American Journal of Law & Medicine, 37, (1), 81–127. https://journals.sagepub.com/doi/abs/10.1177/009885881103700103.

Does your state have a TEFRA program (a state plan amendment)?	*Tip: Use the "Medicaid Financial Eligibility for Seniors and People with Disabilities" resource from KFF as a starting point. Appendix Table 1 includes data about whether states have a Katie Beckett program, and whether it is implemented through a waiver or state plan amendment (SPA). If your state includes a check mark and "waiver", we will come back to that later on in this chapter: https://www.kff.org/report-section/medicaid-financial-eligibility-for-seniors-and-people-with-disabilities-findings-from-a-50-state-survey-appendix-tables/*
If yes, include the program name and link to any relevant web pages that provide information about enrollment and eligibility.	*Next, visit your state's Medicaid agency website to learn more. Include the program link here.*
What do families need to do to apply for your state TEFRA program?	*Include instructions that families must follow to enroll a child in the state TEFRA program.*
What are your state's criteria for determining an institutional level of care?	

Public Health Essential Service #1, # 3 & #7	**Reflection Questions:**	
	What role does your state Title V CYSHCN program play in promoting your state's TEFRA program?	
	What is your capacity to promote or provide education to families and others about your state's TEFRA program?	
	What opportunities does your Title V program have to hear about families' experiences with TEFRA?	

5. TITLE V ROLE IN TEFRA AND HCBS

State Title V CYSHCN programs are knowledgeable about the needs of CYSHCN and their families and have relationships with family leader organizations, community-based organizations, and Medicaid, making them well positioned to support access to HCBS and TEFRA programs and provide input on their implementation and evaluation.

Title V roles can include:

- Providing input on new eligibility and enrollment systems to ensure that CYSHCN who are Medicaid eligible under TEFRA are enrolled in Medicaid and therefore have services covered under the EPSDT benefit
- Writing outreach and enrollment activities into the cooperative agreement with the Medicaid program; outreach efforts should address health literacy, culture, and language needs of racially and ethnically diverse families
- Collaborating with state Medicaid agencies to monitor data related to HCBS enrollment and wait lists

FOCUS ON EQUITY:

Ableism and disability prejudice often impact the portion of Medicaid long-term services and supports expenditures that are directed toward HCBS. Title V programs can use their relationships with families to elevate the importance of HBCS in quality of life for CYSHCN.

Source: Friedman, C. & VanPuymBrouk, L. (July 2019). The relationship between disability prejudice and Medicaid home and community-based services spending. *Disability and Health Journal.* https://www.sciencedirect.com/science/article/pii/S1936657419300330

As described in the introduction, the 10 Essential Public Health Services are a key framework underpinning this workbook. Complete the table below to assess your state Title V program's level of activity related to Medicaid Managed Care and level of capacity to participate in work related to MMC.

The table below is adapted from State Title V Roles in Health Reforms Including the Affordable Care Act: A Title V State Access to Care Assessment Tool*, A product of the National MCH Workforce Development Center.*

1 – Not applicable 2 – No activity/capacity 3 – Low activity/capacity 4 – Moderate activity/capacity 5 – Strong activity/capacity

Essential Public Health Service	Current Activity and Capacity	Comments
Assess and monitor population health status, factors that influence health, and community needs and assets	Activity ☐1 ☐2 ☐3 ☐4 ☐5 Capacity ☐1 ☐2 ☐3 ☐4 ☐5	
Investigate, diagnose, and address health problems and hazards affecting the population	Activity ☐1 ☐2 ☐3 ☐4 ☐5 Capacity ☐1 ☐2 ☐3 ☐4 ☐5	
Communicate effectively to inform and educate people about health, factors that influence it, and how to improve it	Activity ☐1 ☐2 ☐3 ☐4 ☐5 Capacity ☐1 ☐2 ☐3 ☐4 ☐5	
Strengthen, support, and mobilize communities and partnerships to improve health	Activity ☐1 ☐2 ☐3 ☐4 ☐5 Capacity ☐1 ☐2 ☐3 ☐4 ☐5	
Create, champion, and implement policies, plans, and laws that impact health	Activity ☐1 ☐2 ☐3 ☐4 ☐5 Capacity ☐1 ☐2 ☐3 ☐4 ☐5	
Utilize legal and regulatory actions designed to improve and protect the public's health	Activity ☐1 ☐2 ☐3 ☐4 ☐5 Capacity ☐1 ☐2 ☐3 ☐4 ☐5	
Assure and effective system that enables equitable access to the individual services and care needed to be healthy	Activity ☐1 ☐2 ☐3 ☐4 ☐5 Capacity ☐1 ☐2 ☐3 ☐4 ☐5	
Build and support a diverse and skilled public health workforce	Activity ☐1 ☐2 ☐3 ☐4 ☐5 Capacity ☐1 ☐2 ☐3 ☐4 ☐5	
Improve and innovate public health functions through ongoing evaluation, research, and continuous quality improvement	Activity ☐1 ☐2 ☐3 ☐4 ☐5 Capacity ☐1 ☐2 ☐3 ☐4 ☐5	
Build and maintain a strong organizational structure for public health	Activity ☐1 ☐2 ☐3 ☐4 ☐5 Capacity ☐1 ☐2 ☐3 ☐4 ☐5	

6. RESOURCES

- Medicaid.gov, State Waivers List—https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/index.html
- MACPAC, Waivers—https://www.macpac.gov/subtopic/overview/
- Medicaid.gov, Home-and Community-Based Services Quality Measure Set, 2022—https://www.medicaid.gov/federal-policy-guidance/downloads/smd22003.pdf
- Catalyst Center, The American Rescue Plan Act: Opportunities for Improving Home- and Community-Based Services For Children and Youth with Special Health Care Needs, 2021—https://ciswh.org/wp-content/uploads/2021/10/ARP-HCBS-Resource_final.pdf