

FAQ

KATIE BECKETT: FREQUENTLY ASKED QUESTIONS

What is Katie Beckett?

Katie Beckett is an eligibility category in the RI Medical Assistance Program that provides Medical Assistance coverage for certain children under age 19 who have long-term disabilities or complex medical needs and who live at home. Katie Beckett eligibility enables these children to be cared for at home instead of in an institution. With Katie Beckett, only the child's income and resources, not the parents', are taken into account during the application process.

Who is eligible?

A child must meet the following requirements to be eligible for Medical Assistance coverage through Katie Beckett. He or she must -

- be under age 19,
- be a U.S. citizen or eligible non-citizen,
- be a Rhode Island resident,
- meet income and resource requirements,
- meet the Social Security Administration's disability requirement,
- live at home, and
- require a level of care at home that is typically provided in a hospital, nursing facility or Intermediate Care Facility for Persons with Mental Retardation (ICF- MR).

How do I apply for my child?

A Katie Beckett social caseworker will talk to families about what Katie Beckett eligibility offers. She can help families understand the Katie Beckett eligibility criteria and application process. If a parent or guardian decides to apply for their child, the caseworker will send an application packet to the family and can go over the application materials to answer questions families may have.

To apply for Medical Assistance (Katie Beckett), a parent or guardian would need to:

- Complete the following forms in the application packet:
 - an application for RI Medical Assistance (KB EOHHS 1 & 2),
 - a Medical Evaluation form (to be completed by the child's physician),
 - a Parent Questionnaire,
- Provide proof of citizenship, identity, and child's income and resources,
- Provide information about other health and dental insurance, if applicable.

In addition, parents/ guardians are encouraged to send in copies of recent evaluations by medical or behavioral specialists, the Early Intervention Program (Individualized Family Service Plan-

IFSP), Special Education (Individual Education Program-IEP), or other providers who have evaluated their child. Parents may also be asked for additional clinical information

The application packet can be downloaded from the EOHHS website,(www.eohhs.ri.gov) or families can call the Katie Beckett Unit at 462-0247 to request an application be mailed to them.

For Help with the application process: Contact one of our Social Caseworkers at:

If the child's last name begins with A-M, call (401) 462-0760

If the child's last name begins with N-Z, call (401) 462-0754

For Information on redeterminations or for general information on Katie Beckett, Contact our Parent Consultant at: (401) 462-0633

For clinical questions, contact our Public Health Nurse at: (401) 462-0070

For general information – EOHHS Info Line (401) 462-5300

Eligibility Information

What is meant by the Social Security Administration's 'disability' requirement?

The Social Security Act requires that a child must have a physical or mental condition, or a combination of conditions, that result in "marked or severe functional limitations." This means that the condition(s) must very seriously limit the child's activities. Additionally, the child's condition(s) must have lasted, or be expected to last, at least 12 months or must be expected to result in death.

How does EOHHS determine disability?

Licensed professionals at the Executive Office of Health & Human Services (EOHHS) review the clinical information provided and make a disability determination using the Social Security Administration's criteria (above).

What is meant by 'institutional level of care'?

"Institutional level of care" means a child needs a level of care that is normally provided in an acute care hospital (medical or psychiatric), nursing facility, or an Intermediate Care Facility for Persons with Mental Retardation (ICF/MR).

How does DHS determine 'institutional level of care'?

Licensed professionals review the clinical information provided to determine if a child requires an institutional level of care. *Level of Care Guidelines* have been developed and are available online. (See www.eohhs.ri.gov under Katie Beckett Level of Care Guidelines.)

What clinical or medical information is required with a Katie Beckett application?

The child's physician must complete the Medical Evaluation form. In addition, the parent or guardian is encouraged to provide copies of recent evaluations by medical and behavioral specialists, the Early Intervention Program (Individualized Family Service Plan-IFSP), Special

Education (Individual Education Program-IEP), and any other provider who has evaluated the child. The review team may also request additional information from families.

Are there residency requirements in the RI Medical Assistance Program (Katie Beckett)?

Yes. Rhode Island residency means that both the custodial parent or guardian and the child live in Rhode Island.

Application Process

How long could the Katie Beckett application process take?

The Executive Office of Health & Human Services (EOHHS) is required to make an eligibility decision within 90 days of receiving a completed and signed application. Eligibility decisions can often be made more quickly when clinical information is received with the application or soon after.

What happens when a child’s application is approved for Medical Assistance?

When a child’s Katie Beckett application is approved, an approval notice will be mailed that indicates that the child has Medical Assistance coverage. The parents or guardian will be sent a white Medical Assistance ID card for the child in the mail and, in a separate mailing, a “Guide to Covered Services” containing information about various programs and services available for children on Katie Beckett.

Should a child who has SSI or RItE Care apply for Katie Beckett?

If a child receives SSI, then he or she is automatically eligible for Medical Assistance coverage. There is no need to apply for Medical Assistance coverage through Katie Beckett since this provides the same covered benefits.

If a child (or family) is on RItE Care, then he or she receives Medical Assistance through a health plan. There is no need to apply for Katie Beckett, since RItE Care provides the same covered benefits that Medical Assistance coverage offers.

How does Katie Beckett differ from SSI?

There are several differences between Katie Beckett and SSI.

- Even though both Katie Beckett and SSI use the same disability criteria, SSI does not require “level of care” eligibility criteria.
- In order for a child to be eligible for SSI, there are income and resources criteria for the family. With Katie Beckett, only the child’s income and resources are considered in determining eligibility, not the parents’. Katie Beckett income and resource limits are higher than those that are required for SSI.

- If a child receives SSI, he or she receives a monthly cash payment, as well as Medical Assistance coverage. Katie Beckett provides Medical Assistance coverage only.

If a child has employer-sponsored or other health insurance, can he or she still apply for Medical Assistance (Katie Beckett)?

Yes, a child can still apply for Medical Assistance coverage if the parents/ guardians have other health insurance. Medical Assistance will be the payer of last resort. This means that the other health insurance will be billed first. Some families use Medical Assistance to cover services that aren't covered by the child's primary health insurance or for services that may have caps or limits on the amount of service.

How long do children have Medical Assistance coverage through Katie Beckett? Is eligibility re-determined?

EOHHS requires that all recipients be reviewed annually for financial eligibility and periodically reviewed for clinical eligibility. Families must report all financial, residency and insurance coverage changes as they occur.

At the time of the initial application, the clinical review team will decide when the next clinical re-determination date will be. The purpose of the clinical re-determination is to assess that the child continues to meet the disability and level of care criteria. Clinical re-determination dates are usually scheduled from one to three years.

What happens when a child turns 18? Are they still eligible for Katie Beckett?

The Katie Beckett coverage group is available for eligible children up to the 19th birthday. Families are encouraged to apply for SSI for their child, if eligible, prior to the 18th birthday. At age 18, only the individual's (young adult's) income and resources are counted. Medical Assistance eligibility (Katie Beckett) can continue until the 19th birthday or until SSI eligibility is approved, if this occurs before the 19th birthday. The young adult can also apply for Medical Assistance at 18 years of age as an adult. Only the young adult's income and resources will be counted in determining eligibility.

What happens when a child's Katie Beckett application is denied?

When a child's application is denied, the parents or guardian will be notified by mail. Families have a right to appeal the decision made by EOHHS. (For more information, see www.eohhs.ri.gov under Katie Beckett >EOHHS Fair Hearing.)

Other

Does RI Medical Assistance reimburse families for medical expenses?

No, RI Medical Assistance can only reimburse Medical Assistance providers directly. RI Medical Assistance cannot reimburse families for any services. Families should not pay at the time of service with the expectation that they can be reimbursed by RI Medical Assistance.