

Katie Beckett Program

Frequently Asked Questions

When do the changes to the Katie Beckett program become effective?

The changes to the Katie Beckett program became effective July 1, 2024, for children who require Intermediate Care Facility (ICF) level of care, and July 2, 2024, for children who require Nursing Facility level of care.

What are the changes to the Katie Beckett program?

The program is being expanded to include the Nursing Facility and Intermediate Care Facility (ICF) levels of care. This change will now allow children who would qualify for either the children's Aged and Disabled waiver and the Developmental Disability waiver programs to receive Medicaid state plan benefits, regardless of whether the child also receives waiver services.

For my child to qualify for the Katie Beckett program, what eligibility requirements must be met?

Your child must meet all of the following criteria in order to qualify for the Katie Beckett program:

- Be age 18 or younger;
- Be determined disabled either by the Social Security Administration (SSA) or the State Review Team (SRT);
- Eligibility is determined using only the income and resources of the child.
- Meet the level of care for either an Acute Hospital, an Intermediate Care Facility (ICF), or a Nursing Facility; and
- The cost of providing services to the child in the home is less than the costs which would be incurred in a medical facility.

If my child requires ICF level of care, do they also need to meet Developmental Disabilities (DD) eligibility, as outlined in state statute?

The Katie Beckett program only considers level of care requirements. It is possible for a child to meet level of care requirements and not meet DD eligibility. For example, a child who does not have a DD diagnosis may still be eligible for the Katie Beckett program.

What services are covered by Medicaid?

Children eligible for the Katie Beckett program will receive full Medicaid benefits, which may include the following services:

- Speech Pathology and Audiology;
- Occupational Therapy;
- Physical Therapy;
- Home Health;
- Personal Assistance Services;
- Nursing Services;
- Durable Medical Equipment; and
- Other services may be available, depending on the needs of the child.

How will my child receive Medicaid services?

If your child is found eligible for Medicaid through the Katie Beckett program, they will be enrolled in a managed care organization (MCO) and the MCO will assist in coordinating the Medicaid services for your child.

What steps do I need to take to find out if my child is eligible for the Katie Beckett program?

DHHS must receive a Medicaid application if your child is not currently eligible for Medicaid. If your child is already eligible for Medicaid, talk to your caseworker or provider about a referral for the Katie Beckett program. Once a referral is received by DHHS, staff will then begin the process of determining eligibility.

The process includes:

- Determining the level of care;
- Obtaining an estimate of service costs; and
- Determining disability, when necessary.

Will my income and resources need to be verified to determine Katie Beckett eligibility for my child?

Income and resource verifications would follow the normal verification process. The income and resources of your child, if any, will be verified and used to determine your child's eligibility. Most children have little to no income, and resources typically consist of bank accounts. Income and resources of the parent are not used in determining eligibility for the Katie Beckett program.

What if my child is over age 18?

Children over age 18 are not eligible for the Katie Beckett program but can still be reviewed for Medicaid eligibility in other categories. Parental income and resources would not be considered in determining eligibility for an individual who is over the age of 18.

Does it matter whether the Social Security Administration (SSA) or State Review Team (SRT) determines my child's disability?

No, the SSA and the SRT use the same criteria in determining disability. If your child has already been determined disabled by SSA, then no additional information is needed regarding their disability. If your child has not been determined disabled by SSA, Medicaid will request additional information so that the SRT can make the disability determination.

What is the level of care and how does my child meet it?

The level of care requirement measures whether someone would normally be treated in a medical institution. Each institution has a different set of requirements. DHHS uses standardized tools to assess whether someone meets the level of care for a particular type of facility. Upon receiving a referral, DHHS will schedule a time to complete an assessment with the family.

Who determines whether it is cost effective to provide care in the home for my child?

As part of the application process for the Katie Beckett program, DHHS will request information from the child's primary care physician about the services the child may need. The cost of these services is compared to the cost of providing care in a facility.