



What is Katie Beckett?

Katie Beckett is a Medicaid eligibility category for children under age 19 who are otherwise not eligible for Medicaid (based on family income) yet have serious, chronic, disabling conditions or complex medical needs, live at home and would otherwise qualify to live in an institution. Children are eligible for Katie Beckett based on their clinical needs and their own income and resources, not those of their parents.

Who is eligible?

Per RI Regulation 210-RICR-50-10-03, under the terms of the Katie Beckett Medicaid State Plan option, a child must meet general and financial requirements as well as clinical criteria related to disability and the need for an institutional level of care. Further details about this regulation can be found at:
<https://rules.sos.ri.gov/regulations/part/210-50-10-3>

Katie Beckett eligibility is based on the type of care needed and the functional level of the child within the home and family, and not any specific condition, illness, or diagnosis.

How do I apply for my child?

A DHS-2 application is the first step in the Katie Beckett eligibility process.

(http://www.eohhs.ri.gov/Portals/0/Uploads/Documents/Applications/DHS-2_English_Rev09-16.pdf)

When completing the application, the Head of Household field must be a parent or guardian (a minor cannot be listed as a Head of Household) and family income must be entered as requested. The application will be reviewed for eligibility based on family income. If the application is denied because family exceeds income limits, a clinical determination packet will be mailed to the family. The parent or guardian must complete that paperwork and submit copies of clinical documentation.

Should a child who already has SSI or Medicaid based on family income apply for Katie Beckett?

No. If a child receives SSI or has Medicaid based on the family income (MAGI - modified adjusted gross income), he or she is already covered by Medicaid and there is no need to apply for Katie Beckett. If your child is enrolled in Medicaid Managed Care with UnitedHealthcare, Neighborhood Health Plan or Tufts Health Plan, or Medicaid fee-for-service, there is no need to apply for Katie Beckett. There are no additional benefits given to a child who qualifies for Medicaid through Katie Beckett than those given to a child who qualifies for Medicaid based on income.

Is there a cost?

There is no direct family cost for the Katie Beckett coverage group.

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

Yes, a child can still apply for Medicaid if the parents/guardians have other health insurance. Medicaid will be the payer of last resort. This means that the other health insurance will be billed first. During the application process, families will be asked to submit copies of any other health insurance coverage. Some families use Medicaid 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 does the Executive Office of Health & Human Services (EOHHS) determine disability?

Licensed professionals at EOHHS review the clinical information provided and make a disability determination using the Social Security Administration's criteria.

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.

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.

How does EOHHS determine 'institutional level of care'?

Licensed professionals review the clinical information provided to determine if a child requires an institutional level of care.

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

The child's provider must complete the Clinical 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), or other providers who have evaluated their child. Current medical, psychological, educational and other professional evaluations, treatment plans, and progress notes are used to determine if a child is disabled and meets an institutional level of care and should be included with your child's clinical packet. The review team may also request additional information from families.

Are there residency requirements in the RI Medicaid (Katie Beckett)?

Yes. Both the custodial parent or guardian and the child must reside in Rhode Island.

How long does the Katie Beckett application process take?

EOHHS is required to make an eligibility decision within 90 days. 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 Katie Beckett?

When a child's Katie Beckett application is approved, an approval notice will be mailed that indicates that the child was found eligible for Medicaid. The parents or guardian will receive a RI Medicaid ID card for their child.

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.
- 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 Medicaid coverage. Katie Beckett provides Medicaid coverage only.

How often is eligibility re-determined?

All Medicaid recipients must be reviewed annually for financial eligibility and periodically reviewed for clinical eligibility. Families must report any changes to financial, residency and insurance coverage within 10 days of the change.

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 but are determined on a case by case basis.

It is critically important that you return documents sent to you by the date they are due. Failure to do so will result in the closure of your child's Medicaid.

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

The Katie Beckett program is available for eligible children up to the 19th birthday. Families are encouraged to apply for Supplemental Security Income (SSI) for their child when he/she turns 18. (For SSI purposes, at age 18, only the young adult's income and resources are counted, not the family's). If approved for SSI, the child will receive a small cash benefit as well as full Medicaid. Again, the actual benefits remain the same as they were under Katie Beckett. The young adult can also apply for Medicaid at 19 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.)

Does Medical Assistance reimburse families for medical expenses?

No. Medicaid can only reimburse Medicaid providers directly. Medicaid cannot reimburse families for any services. Before taking your child to a provider, be sure that the provider is enrolled in RI Medicaid. If he/she does not, you may be charged by that provider and will not be reimbursed by Medicaid.