



Rhode Island Department of Human Services

Long Term Services & Supports | Katie Beckett

P.O. Box 8709 Cranston, RI 02920 | Phone: (401) 574-8474 | Fax: (401) 574-9915

Dear Parent/Legal Guardian,

The Katie Beckett Program is a Medicaid eligibility category for children who have a disabling condition, live at home, and require the level of care typically provided in a hospital, nursing facility or an Intermediate Care Facility.

If your child has Medicaid Fee-for-Service, SSI Medicaid, and/or is enrolled in any of the Medicaid Managed Care Organization (MCO) plans, there is no need to apply for Medicaid through Katie Beckett. The benefits are the same. Children do not get different or additional Medicaid benefits through Katie Beckett than other Medicaid programs.

In order to determine if your child qualifies for the Katie Beckett Program, we require the enclosed Forms **KB AP 72.1 -Clinical Evaluation for Katie Beckett Coverage Group** to be completed and signed by your child's provider, and the **Katie Beckett Parent/Guardian Questionnaire**, and copies of recent clinical evaluations (such as medical, behavioral, physical, occupational and speech/language, Early Intervention, school evaluations, hospital discharge summaries, etc.) to be submitted along with those forms attached.

In addition, there are additional supplemental forms needed that can be found on our website to be included with the enclosed clinical determination packets. These additional forms can be found on our website. Please download those forms, complete them, and return them to our office with the above-required forms.

Please visit the link to our website to download these supplemental forms listed below:

<https://eohhs.ri.gov/Consumer/FamilieswithChildren/ChildrenwithSpecialNeeds/KatieBeckett.aspx>

Authorization for Disclosure/Use of Health Information or release forms to assist in obtaining the additional clinical records that we need to determine your request. Please complete and sign and return the packet

Health Insurance Reporting Form is also enclosed. This information is required because Medicaid coverage through the Katie Beckett Program must be coordinated with your current medical insurance. Medicaid will always be the second payer; your primary insurance will be primary. Please complete the form, provide copies of all health insurance cards (front and back), and attach to the clinical determination packet.

Please complete and return all enclosed application forms as well as those that you downloaded. Be sure to sign each form that requires a parent or guardian's signature.

If you have questions or need assistance completing these forms, contact DHS to speak with the Katie Beckett Parent Consultant at **401-574-8474** or email: DHS.PedClinicals@dhs.ri.gov.

Per RI EOHHS Medicaid LTSS Regs (210-RICR-50-10-03) for the Katie Beckett Program, eligibility decisions must be made within ninety (90) days of application. It is critical to return the enclosed required packets by the due date.

If additional clinical information is necessary to determine disability or level of care, you will receive a letter or phone call informing you of what specific clinical information is needed.