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Katie Beckett Eligibility Option

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12/31/2019

Helping people. It's who we are and what we do.

What is THE KATIE BECKETT ELIGIBILITY OPTION?

"Katie Beckett" is an optional eligibility category under Medicaid. Under Section 134 of the Tax Equity and Fiscal Responsibility Act of 1982 (TEFRA), states are allowed to make Medicaid benefits available to eligible disabled children under 19 years of age who would not ordinarily qualify for Supplemental Security Income (SSI) benefits due to parent's income and meet a Level of Care that would be eligible for placement in a hospital, Nursing Facility (NF) or Intermediate Care Facility for the Intellectually Disabled (ICF/ID).

- If a child qualifies under Katie Beckett, he or she will receive full Medicaid coverage which includes medically necessary hospital care (in-patient and out-patient), physician care/services, most physician prescribed medications, vision and dental care, and other services provided in the home which would normally be provided in a hospital, NF, or ICF/ID.

EPSDT (Early and Periodic, Screening Diagnostic & Treatment) Screening Form – Covers items and treatments that are medically necessary and are not normally covered under the state plan. Supporting medical documentation and a prior authorization are required. http://dhcfp.nv.gov/Pgms/CPT/EPSDT/

Criteria for The Katie Beckett Medicaid Eligibility Option

- The child must have a disability based on criteria established by the Social Security Administration (SSA), but does not qualify for SSI due to parental income and resources.

AND

- The child must meet a Level of Care that would be provided in a hospital, NF or ICF/ID.

AND

- A physician must validate that it is appropriate for the child to receive necessary services in the home.

AND

- Costs for medical coverage cannot exceed the amount that Medicaid would pay if the child were institutionalized. The established amount is dependent on the specific Level of Care (LOC).

The TEFRA Act requires a review of medical expenditures to ensure the cost of care in the home setting does not exceed the rate Medicaid would pay if the child was in an institution.

KATIE BECKETT ALLOWABLE COSTS			
Reviewed and adjusted quarterly.			
Katie Beckett Program allowable costs for Nursing Facilities reflected in the table below and are effective October 1, 2019.			
LOC	**Month**	**Quarter**	**Annual**
Nursing Facility Standard	$3,939.77	$11,819.31	$47,277.25
NF Ventilator Dependent	$15,717.57	$47,152.70	$188,610.80
NF Pediatric Specialty Care I	$20,473.46	$61,420.38	$245,681.50
NF Pediatric Specialty Care II	$22,484.00	$67,452.00	$269,808.00
ICF/ID	$14,714.91	$44,144.73	$176,578.90

Parental Cost

A Parental Financial Obligation (PFO) may be assessed based on the parent's income and resources for those children qualifying under the Katie Beckett Eligibility Option. The amount the parents would be required to pay is determined by the State of Nevada Division of Welfare and Supportive Services (DWSS).

Currently there is a moratorium on the collection of the PFO.

How to Apply for Medicaid

- Apply for SSI.
- If denied for SSI based on parental income, print off and fill out a Medical Assistance to the Aged, Blind and Disabled (MAABD) application from DWSS website with child's information.

  https://dwss.nv.gov/uploadedFiles/dwssnvgov/content/Home/Features/Forms/2920-EM_Application for Assistance Medicaid-MAABD-SNAP.pdf
- Fill out completely and DO NOT LEAVE ANY EMPTY BLANKS on MAABD application.
- Write **KATIE BECKETT** on top of all application pages and make a copy for your records.
- Submit application and SSI denial letter to:

  DWSS
  Attn: KB Intake
  3223 W. Craig Rd. #140
  Las Vegas, NV 89032

The Katie Beckett Process

- Once DWSS has received all required paperwork and financial eligibility has been met, the case is referred to the appropriate Nevada Medicaid District Office for Katie Beckett eligibility evaluation.
- A Health Care Coordinator is assigned and a home visit packet is mailed to the parents which includes:
  - Katie Beckett Home Visit Questionnaire
  - Consent for Release of Information
  - Physician Statement
  - Request for medical records from all providers in past 36 months
  - Individualized Education Program (IEP)
  - Teacher Questionnaire

- A home visit is scheduled and an assessment is completed in the family home to determine if the child meets a LOC.
- Each child must meet a LOC that would be provided in a hospital, NF or ICF/ID LOC provided through an Aging and Disability Services Division (ADSD) Regional Center.
- If a LOC is met and all required paperwork has been received, the case is submitted to a Nevada Medicaid contracted physician who will determine if the child's disability meets the SSA criteria. Disability approval ranges from 1-3 years.
- DWSS is notified by the Medicaid District Office of approval or denial by physician. If approved, DWSS notifies parents by mail of approval and provides Medicaid card.
- Once approved, DWSS assesses for PFO.

- The process is lengthy and may take anywhere from 60 to 90 days as it is reviewed and processed by three separate offices for different functions. Federal regulations require a Katie Beckett decision to be made within 90 days; however, extenuating circumstances may lengthen this process. Each application will be left in pending status until a decision has been made. If the case is approved, then eligibility will start as of the initial application date. Up to 3 months of prior medical coverage can be requested if needed and criteria is met.

- No child will be denied based on the parent's income or resources, but could be denied for not meeting a LOC, if the disability was not substantiated according to SSA disability criteria or for non-compliance.

- Katie Beckett Medicaid is an option of last resort for children who do not meet any other category of Medicaid.

- Medicaid is the payer of last resort and if your child has primary insurance, that insurance will always be billed first.

- HIPP (Health Insurance Premium Payment Program) http://dhcfp.nv.gov/Pgms/CPT/HIPP/ if needing assistance with primary insurance premiums.

- *Each child must see providers that accept their primary insurance and Medicaid (for billing).*

- MTM – Non emergency transportation, meals and lodging. Reimburse for mileage. http://www.mtm-inc.net/nevada/

Frequently Asked Questions

Q: Who qualifies for Katie Beckett?
A: Katie Beckett is for children who meet the standard for institutionalized care, have a disability as defined by the Social Security Administration, are under the age of 19, but are ineligible for Supplemental Security Income (SSI) because the parent's/guardian's income exceeds limits established by the Social Security Administration.

Q: Is Katie Beckett different than Medicaid?
A: No. The Katie Beckett Eligibility Option is another door into the Medicaid program. Once approved for Katie Beckett the child has Medicaid coverage which follows the same rules as regular Medicaid.

Q: Is there a cost to participate in Medicaid through the Katie Beckett Eligibility Option?
A: There may be a cost to participate. Parents/guardians are financially responsible for their children's medical expenses, therefore, financially able parents/guardians may be assessed a monthly payment amount to reimburse Medicaid for incurred medical costs. This is the Parental Financial Obligation (PFO). The Division of Welfare and Supportive Services determines this rate based on a number of factors (family size, income, medical expenses, etc.). Parents/guardians are responsible to pay this monthly payment whether they use Medical during the month or not.

Q: Can families refuse the payment?
A: If parents/guardians determine the benefit they may receive from Medicaid is not worth the monthly PFO amount, they may refuse the Medicaid benefit and must notify the Katie Beckett case worker, as well as, the Welfare office requesting closure of the case. All providers must be notified of any changes in medical insurance coverage to avoid billing issues. Medicaid will not pay for services provided after the case is closed.

Q: Do agencies/providers need family permission to bill Medicaid?
A: No. If an agency/provider is an approved Medicaid provider, they are entitled to bill Medicaid for the services provided to the child. Medicaid is always the payer of last resort. All other insurances covering the child are billed first.

Q: Can a child receive the same services from more than one Medicaid provider at a time?
A: Yes. However, if a service requires a prior authorization (PA), Medicaid can not authorize two (2) different providers to provide the same services.

Contact Information

- Please refer to the Medicaid Operations Manual (MOM) on the DHCFP website to determine the benefits covered by Nevada Medicaid. The state website: http://dhcfp.nv.gov/

- If you have any further questions, please contact:
  - Medicaid:
    - Carson District Office: (775) 684-3651
    - Elko District Office: (775) 753-1191
    - Las Vegas: (702) 668-4200
    - Reno District Office: (775) 687-1900
  - Welfare (DWSS):
    - Carson Office: (775) 684-0800
    - Elko Office: (775) 753-1233
    - Las Vegas Office: (702) 631-3386
    - Reno Office: (775) 684-7200
    - Sparks Office: (775) 824-7400
  - Aging and Disability Services Division:
    - Desert Regional Center: (702) 486-6200
    - Rural Regional Center: (775) 687-5162
    - Sierra Regional Center: (775) 688-1930

Questions?