

## INSTRUCTIONS FOR COMPLETING KATIE BECKETT PROGRAM APPLICATION FOR WISCONSIN MEDICAID

Enclosed are the forms you need to complete for your child's application for Wisconsin Medicaid through the Katie Beckett Program (**KBP**). These completed forms, along with other supporting records, will be used to assess your child's disability and level of care needs. Comprehensive and accurate information is essential because this review will determine whether or not your child meets all the eligibility criteria for KBP – Medicaid. The enclosed KBP fact sheet lists the eligibility criteria.

We value your expertise about your child and hope these forms help you share this knowledge. Because these forms were developed for children with a wide range of disabilities and needs, some of the questions might not be relevant for your child. If that is the case, please write "not applicable" or NA after that question.

**A HOME VISIT IS REQUIRED**—At the visit, the Katie Beckett Consultant will need to meet your child, review your completed application forms and visually verify certain information needed. All the forms should be completed **before** the consultant comes to your home for the visit. To schedule an appointment for the home visit, call the Katie Beckett Consultant listed for your county on the enclosed map.

Please be sure to sign and date all forms. Remember forms that require parental signature must be **signed** by the parent with **legal authority** over the child. This is true even if a stepparent is the person most familiar with the child's needs and problems. Children ages 14 and older must also sign the form. If your child is unable to sign, please indicate this on the form.

### I. APPLICATION (Blue Form)

- Follow the instructions for each question. Please answer all "Yes" and "No" questions. Also please try and provide as full of a description as you can wherever applicable.
- Unless otherwise requested, please provide **only current** information that is pertinent to your child's condition.
- If your child is eligible for Wisconsin Medicaid through the KBP, you will need to submit updated information each year to determine if s/he remains eligible. This is called the annual recertification process. You may or may not be required to have a home visit at the annual review. We suggest you **make a copy** of this application to help you complete next year's recertification forms.

### II. MEDICAID HEALTH INSURANCE INFORMATION FORM (White – one sheet)

You are required to complete one of these forms for **each** private health insurance policy **that covers your child**. **As required by law, Wisconsin Medicaid acts as a secondary payer to private health insurance. If your child is covered by more than one policy, please ask the Katie Beckett Consultant for another health insurance form at the time of your home visit.**

### III. RELEASE OF INFORMATION FORMS

TWO DIFFERENT SETS = Four White and Two Buff

**Current** documentation of your child's condition must be obtained and kept on file in order to determine eligibility. These Release of Information forms are used to obtain this information about your child from hospitals, clinics, schools, or any other source that can provide relevant information.

There are **two different sets** of Release of Information forms in the application packet. One set (white set) is used by the Disability Determination Bureau to assess your child's disability. This is the first step in the eligibility process. The other set (buff colored set) is used by staff at the KBP to assess your child's level of care and obtain other relevant information related to the Medicaid eligibility criteria, the second step of the eligibility process.

1. Please complete your child's identification information in the upper right hand corner on **all six (6) forms**.

2. It is best if you only fill in the child's identification information and then sign and date each release form. However, if you want to fill in the agency/organization authorized to release the information you can do so, but **ONLY** on the two buff-colored KBP Release of Information forms. If your child is seen in a larger hospital, medical center, or clinic by various specialists, the form should be addressed to the Medical Records Department, not the individual physician or therapist. You may have to call the facility to find out how the form should be addressed.
3. **Sign and date all SIX** forms at the bottom as the person authorized to release information. **Children 14 years or older must sign** as the individual authorizing disclosure. If the child is unable to sign, then the parent must indicate this on the form. The parent or guardian then signs in the secondary signature box. The adult signing must have legal authority to release the child's records. For example, a stepparent who has not legally adopted the child may not sign these forms.

Gathering the necessary information to determine eligibility takes time. Any current medical, therapy, and/or educational records that you can readily obtain and send with the completed application will be appreciated. However, please only provide copies you don't need returned. The consultant can help you decide which records support the documentation of your child's condition. It is also suggested that you make a copy of all the application materials for your records.

#### **IV. CHILD'S CITIZENSHIP STATUS** (First and Last Page of Application)

Your **child is a U.S. citizen**: Federal law requires you to show proof of your child's citizenship and identity. This can be accomplished in a variety of ways. Please discuss with the consultant what acceptable proof is so that you have the **original** required records ready at the home visit for the consultant to see. The most common proof of U.S. citizenship is your child's original birth certificate or current passport.

Your **child is not a U.S. citizen**: Federal law requires you to show proof of your child's legal resident alien status. The consultant **must view** your child's Permanent Resident Card at the home visit. **A copy of both sides of the card must also be mailed in with your application materials.**

The assigned consultant **takes all the application materials with them** after the home visit. Therefore, if you want a copy of the application for your records; you need to make the copy prior to the home visit.

A letter notifying you whether your child's eligibility for Wisconsin Medicaid through the Katie Beckett Program has been approved or denied will be sent to you. It will likely take **at least four months** processing time to gather records and complete both required steps: first, the disability determination through the Bureau of Disability Determination (**DDB**); and second, the remaining eligibility criteria review through the Department of Health Services, Bureau of Long Term Support.

**One last note**: You are required to notify the Katie Beckett Program of any significant change in information that you provided on any of the enclosed forms. Notification of such changes is required both during the application review process and once eligibility has been established. Examples of significant changes include a change in your child's condition, your child moving out of your home, a change in your address, a change in your private health insurance, or a change in your child's income. Changes are to be reported to the KBP Central Office at **608-266-3236** or write the Katie Beckett Program at the Bureau of Long Term Support, PO Box 7851, Madison, WI 53707-7851.