

INSTRUCTIONS FOR COMPLETING KATIE BECKETT PROGRAM ANNUAL RECERTIFICATION FOR WISCONSIN MEDICAID

Enclosed are the forms you need to complete for your child's annual review 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 continues to meet **all** the eligibility criteria for KBP – Medicaid.

Your local Katie Beckett Program consultant will contact you to set up an appointment for a home visit if one is required this year. If a home visit is required this year, it will be noted in the letter that comes with this packet of forms. The consultant must meet with you and your child, go over the recertification materials, and review certain documents. If a home visit is scheduled, please complete the forms ahead of time, but do not mail them in. If you wish to contact your consultant, please see the enclosed map for the name and telephone number. The map also shows the phone number for Wisconsin Medicaid recipient services, if you have questions about Medicaid coverage and benefits.

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.

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 all forms. If your child is unable to sign, please indicate this on the form.

I. RECERTIFICATION (Green 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 remains eligible for Wisconsin Medicaid through the KBP after this review, you will be required to submit updated information each year to determine if s/he remains eligible. We suggest you **make a copy** of this form 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 if there have been any changes in coverage. 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 make a copy and complete for each additional policy.**

III. RELEASE OF INFORMATION FORMS

Current documentation of your child's condition must be 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 may be one or two sets of Release of Information forms in your form packet. One set (four white forms) is used by the Disability Determination Bureau and is only included if your child is due for a disability determination review. The other set (two buff-colored forms) is used by the Katie Beckett Program for critical review information.

1. Please complete your child's identification information in the upper right hand corner on **all 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 buff-colored Katie Beckett Program 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** forms at the bottom as the person authorized to release information. Children 14 years or older must sign, as the individual authorizing disclosure. 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 forms will be appreciated. However, please only provide copies you don't need returned.

All of the above forms must be completed and returned to the Katie Beckett Program. If a Katie Beckett consultant is making a home visit, please do not return the forms as the consultant will send them to the KBP Central Office after the home visit is completed.

A letter will be sent to you notifying you whether your child's eligibility has been approved or discontinued as soon as the recertification process has been completed. Your child's eligibility for Wisconsin Medicaid coverage will continue during the entire review process.

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 recertification 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 could result in a change in your child's eligibility. All changes are to be reported to:

Katie Beckett Program
Bureau of Long Term Support
P. O. Box 7851
Madison, WI 53707-7851
608-266-3236

Thank you.