

The Katie Beckett Program

An Eligibility Roadmap

Katie Beckett is a MaineCare program that provides medical coverage for children living at home with long-term disabilities or complex medical needs. Katie Beckett eligibility allows these children to be cared for at home instead of in an institution. Only the child's income and assets are considered when determining eligibility for Katie Beckett. The parent's income is needed to see if the child is eligible in another MaineCare category and to determine a monthly premium amount.

A child must meet all the non-financial MaineCare requirements for citizenship, Maine residency, etc. **and:**

- Be under 19 years of age
- Be disabled by Social Security Disability standards
- Live at home with their family
- Have monthly income less than 300% of the Supplemental Security Income (SSI) and resources less than \$2,000
- Not incur a cost at home that exceeds the cost MaineCare would pay if the child were in an institution
- Not be eligible for MaineCare in another category
- Require a level of care typically provided in a psychiatric hospital, nursing facility, or group home

What is meant by “level of care”?

Level of care is care normally provided in one of the following: an acute care hospital (medical or psychiatric), nursing facility, or an Intermediate Care Facility or group home. There are five Katie Beckett levels of care: psychiatric hospital; nursing facility; individuals with intellectual disability – group home; individuals with intellectual disability – nursing facility; and hospital.

Who's who?

There are a few different agencies involved in determining eligibility for the Katie Beckett program.

Office for Family Independence (OFI): This is the DHHS agency that determines if someone is eligible for MaineCare, including Katie Beckett.

Office of MaineCare Services (OMS): This is the DHHS agency that pays providers for the services they provide to MaineCare members. OMS facilitates the medical assessment process with KEPRO (see below) and collaborates with OFI regarding medical eligibility. OMS also tracks the financial charges to ensure the member does not exceed the annual maximum amount that MaineCare will pay each year based on the level of care needed.

Medical Review Team (MRT): This team is responsible for reviewing an individual's medical documents to determine if they meet the Social Security Administration's disability standards. DHHS has a contract with the University of Massachusetts (UMass) to conduct this review.

KEPRO: This agency has a contract with DHHS to complete the medical assessment to determine if the child meets the standards for institutional level of care.

There are 6 steps to apply for and keep Katie Beckett.

Step 1

Submit a MaineCare Application

The eligibility decision process begins when you submit an application. Applications can be completed online or mailed in.

- Online: <https://www1.maine.gov/benefits/account/login.html>
- Paper/Mail-in: <http://www2.maine.gov/dhhs/ofc/applications-forms>
- In person: <http://www2.maine.gov/dhhs/about/contact/offices>

First, OFI will decide if your child is eligible under other MaineCare programs. This is based on family size and income.

If your child is not eligible for MaineCare under any other programs, OFI will begin screening for Katie Beckett eligibility.

Tips to ensure your child's application is reviewed for Katie Beckett:

- Indicate in the disability section that your child is disabled or write "Katie Beckett" anywhere on the application.
- Mail in a MaineCare Disability Determination (<https://www.maine.gov/dhhs/ofc/public-assistance/pdf/Disability-Determination.pdf>). If a Katie Beckett determination is needed, and this packet is not sent in with the application, OFI will mail you one to complete and return.

Step 2

The Disability Determination

Katie Beckett eligibility requires that a child be disabled, so a disability determination is needed. To meet the disability standard, 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 last, or be expected to last, at least 12 months, or there is an expectation that the condition will be fatal.

If a disability determination has not already been made by the Social Security Administration, OFI's Medical Review Team (MRT) will contact providers directly, using the signed releases from the Disability Determination packet to collect and review medical information. Providers have 30 days to submit medical records.

Step 3

Level of Care Medical Assessment

In addition to meeting the disability criteria, your child must also meet the level of care requirement. OFI will make a referral to KEPRO to complete a medical assessment when it is determined your child may only be eligible under the Katie Beckett program.

KEPRO will contact you to schedule an in-person assessment with a registered nurse after the MRT has determined your child meets the disability requirements. The interview is generally scheduled at the local DHHS office. A parent or legal guardian and the child must be present at the interview. Additional medical information may be requested from the parents to complete this assessment.

The medical information needed for both the disability and level of care determinations may be similar. MRT will share medical information with KEPRO, but additional information may be requested.

If you have questions about the assessment you may call KEPRO at 1-866-521-0027.

Step 4

The Eligibility Decision

OFI will mail a Notice of Decision when the eligibility process is complete. If coverage is opened, separate mailings will be sent that include a MaineCare identification card for the child and information regarding monthly premiums.

If coverage is denied, the Notice of Decision will include denial reasons. If a denial occurs due to a determination by the MRT that the child is not disabled or by KEPRO that the level of care requirement is not met, then that information will be sent separately and will include a more detailed reason for the denial.

If disability is denied by the MRT, the family has the option to submit a reconsideration or appeal the decision. If there is new medical evidence, complete the Request for Reconsideration form included with the disability decision letter and send it back to OFI.

If you wish to appeal a denial decision for any reason, contact OFI to request a hearing.

Step 5

Payment of Premiums

Premiums are what you pay each month for insurance. They are based on household income and family size. Premiums begin when coverage is granted and are established in three-month periods, which may include a retroactive period. For example, if coverage was requested for the two months prior to the application month, a premium will be due for each of those two prior months and the initial three-month period.

Premiums are due the first of each month. You can pay your premium monthly or for more than one month at a time. Payment for the entire three-month period must be received by the 15th of the third month. If payments are not received by the 15th of the third month, OFI will send you a notice of closing to end coverage as of the last day of the third month.

At this time, payments may only be submitted via mail. All payments must be sent to:

OFI Payment Center
11 High Street
Houlton, ME 04730

Premiums are reduced if your child has other insurance.

If insurance costs are paid by the Private Health Insurance Premium program (PHIP), no reduction will be applied.

Step 6

Redeterminations

Financial eligibility for Katie Beckett is reviewed annually. You will receive a review form to complete every 12 months to see if your child can continue to receive MaineCare.

Recent income verification for the child and parents will need to be submitted with the review to complete the redetermination.

Medical redeterminations may also be necessary. When they occur may vary or coincide with the financial redetermination:

- The MRT doctor will determine when the next disability re-determination date will be (if one is needed). This date may be in one year or several years out.
- Level of care assessments occur annually, usually around the same time as the financial eligibility review. You will receive a letter from KEPRO two months before the reassessment is due, which will include a list of medical records you will need to gather prior to the interview. KEPRO will call you one month before the reassessment is due to schedule the interview.

Frequently Asked Questions

How will I know my child's level of care?

Two letters will be sent upon completion of the medical assessment: one will specify the level of care, and the other will provide information on the financial cap.

What is the financial cap?

There is an annual maximum amount that MaineCare will pay each year based on the level of care needed. This is referred to as the financial cap. These caps change every year in July. Your child's cap will be shared with you at the time your child is approved for coverage. The total cost of services cannot exceed the cost that would be incurred if your child were being cared for in a facility or another type of placement.

What medical services are counted toward the financial cap?

Not all services your child receives will count toward the financial cap. MaineCare tracks your child's expenses each month and determines the total costs for the month. You should work with your providers to review the services your child is receiving.

How will I know if my child is approaching the cap?

MaineCare tracks your child's expenses each month and will either send you a letter or call you if your child is approaching their cap.

What happens if my child exceeds their cap?

Your child may be able to exceed their cap during some months but cannot exceed his or her cap for the year. There is a possibility your child could lose their Katie Beckett coverage if they exceed their annual cap.

Does MaineCare reimburse families for medical expenses?

No. MaineCare can only reimburse covered services to providers who are enrolled as a MaineCare provider and only if the child is determined to be eligible for coverage during the period in which the service was given. MaineCare is unable to reimburse families directly. For more information about reimbursements, call MaineCare Member Services at 1-800-977-6740.

Contacting OFI and Reporting Changes

OFI can be contacted via phone, mail, in person or online:

- Call 1-855-797-4357
- Submit online through My Maine Connection at: <https://www1.maine.gov/benefits/account/login.html>
- Visit a local DHHS office, find a local office here: <http://www2.maine.gov/dhhs/about/contact/offices>
- Mail your information to Office for Family Independence - DHHS, 114 Corn Shop Lane, Farmington, ME 04938.

If your child is placed in a hospital or group home setting for more than 30 days while eligible for Katie Beckett, notify OFI as soon as possible. Your child may be eligible for MaineCare coverage without a premium and without impact to the financial cap during this time.