

Katie Beckett Program

What is the Katie Beckett Program?

The TennCare Katie Beckett Program is for children under age 18 with disabilities or complex medical needs who are not Medicaid eligible because of their parent’s income or assets. It helps to provide care for the child’s medical needs or disability that private insurance does not cover. The care is provided in the child’s home or in the community.

There are **3 groups in the Katie Beckett Program**.

Katie Beckett Part A (or “**Part A**” for short) is for children who would qualify for care in a medical institution—like a hospital, nursing home or ICF/IID (Intermediate Care Facility for Individuals with Intellectual Disabilities). But they want care at home instead.

Medicaid Diversion (or “**Part B**” for short) is for children who don’t qualify for care in an institution. But they’re “at risk” of going into one unless they can get services.

Continued Eligibility (or “**Part C**” for short) is for children who have Medicaid now, but their Medicaid is ending because their parents’ income or resources increased. Part C may allow the child to keep Medicaid if they would qualify to enroll in Part A, but there isn’t a slot open for the child right now. (We tell you more about “slots” below.)

If a child enrolls in Part C and then gets a Part A slot, they must move to Part A. They can’t stay in Part C anymore.

Enrolling in Katie Beckett

There is a limit on how many children can enroll in Part A and Part B. The limits are based on the amount of funding approved for the program.

Part A has funding to serve **up to** 300 children. The actual number of children served in Part A will depend on the cost of services each child needs. If the cost of services is lower than expected, we can serve more children. If the cost of services is higher, we will serve fewer children.

Part B has funding to serve **up to** 2,700 children.

We sometimes call these limits for each Part “slots.” To enroll your child in Part A or Part B, there must be an open slot in that Part *for your child*.

How does TennCare decide who gets a slot?

Part A slots are filled based on **need**. Children with the most complex medical needs will be served first. Children with the most complex behavioral needs will be served next. Other children who meet institutional level of care will be served after that.

What if there is a tie—2 children have the same medical or behavioral needs and there is only 1 slot? TennCare will decide who gets the slot based on things like:

- If the child’s condition is getting worse;
- The kinds of medical care the child has received;
- The kinds of medical and other care the child needs daily; and
- Other things that impact family caregivers.

Children with the highest needs will be served first in Part A.

Part B slots are filled on a **first come, first serve** basis. Children will be enrolled into open Part B slots based on when they applied or were placed on the Part B waiting list.

Comparable Cost of Institutional Care

In Katie Beckett, TennCare will help pay for care for your child at home. The amount TennCare pays for the child’s care at home can’t be more than it would cost to provide their care in an institution. This is called “Comparable Cost of Institutional Care.” If it would cost more to provide your child’s care at home, your child doesn’t qualify for Part A or Part C. This is part of federal and state law and TennCare’s Katie Beckett waiver.

Your child’s cost of care includes ALL of the care TennCare pays for like doctor visits, hospital stays, and prescription drugs. Your child would get some kinds of care in an institution or at home. So, for the cost of care at home, we count things a child wouldn’t get in an institution. These are things like: home health, private duty nursing, personal medical equipment, outpatient or in-home therapy, community-based mental health services (including residential treatment), and other Home and Community Based Services (HCBS).

Your child’s cost of care in an institution depends on the kind of care your child might need and qualify to receive—like a hospital or nursing home. TennCare uses medical records to decide the kind of institutional care your child would qualify to receive. To be in Katie Beckett A or Part C, your child’s care at home can’t cost more than care in an institution.

In Katie Beckett, you must sign a form stating you understand that your child’s total costs can’t be more than their Comparable Cost of Institutional Care.

Getting and keeping private insurance

To enroll in Part A, a child must have and keep private insurance. This is the insurance their parents get from their job or buy separately. If a child doesn’t have private insurance when they apply, TennCare will allow the child to enroll and wait for the next open enrollment period to buy insurance.

What if the child doesn’t have private insurance and doesn’t get it by January 15th of the following year? They won’t qualify for Part A anymore. What if a child has private insurance but loses it after they enroll? You must tell TennCare right away. They will have 60 days after it ends to get private insurance again.

The new private insurance must meet the federal rules for minimum essential coverage. If your child doesn't have private health insurance by the due date, your child won't qualify to keep Katie Beckett anymore.

What if you can't afford private insurance?

If a child applying for Katie Beckett doesn't have private insurance, the family can ask for a **hardship exception**. A hardship exception can only be approved **IF** one of these things is true:

- The cost of private insurance for the child is more than 5% of their parents' income.
- The parents' employer doesn't offer insurance and the family's income is less than 400% of federal poverty level. (This is because the family won't qualify for premium assistance to help buy insurance on the federal marketplace.)

A hardship exception is **ONLY** available when a child first applies for Katie Beckett **AND** doesn't already have private insurance. You can't ask for hardship if your child already has private insurance **OR** if you lose private insurance later.

If TennCare decides the child qualifies for hardship, the family will still have to buy private insurance for the child. But TennCare will help pay for the child's part of that insurance. You must provide proof of the cost of the child's private insurance to get this help.

How will the child's portion of private insurance be calculated?

The child's cost of private insurance will be calculated by dividing the total premium by the number of family members covered by the policy. This likely overstates the child's portion of cost, since insurance usually costs more for adults. This is a simple method that favors the interest of families.

Katie Beckett Part A Premiums

To qualify for Part A, the child's parents must pay a monthly premium if their income is more than 150% of the federal poverty level. The amount of the premium will depend on the family's income, the number of people in the family, and the cost of the child's private insurance. The amount a parent pays for the child's part of private insurance will be deducted from the Part A premium amount. You can find examples of how this works on the TennCare and DIDD Katie Beckett websites. Premium amounts may be adjusted each year to account for changes in the Federal Poverty Level (FPL).

The first month of premium must be paid *before* a child can be enrolled in Part A. If the first month's premium is not paid within 60 days, the slot will be given to another child. Your child will have to reapply for Katie Beckett.

Families will pay premiums monthly through automatic bank draft. You must pay your premium every month. If a family doesn't pay the Part A premium each month, a child will be disenrolled from the program.

- If the premium payment is more than 30 days late, a child will stop getting services until it is paid.
- If the premium payment is more than 60 days late, a child will be disenrolled from Part A.

A notice will be sent before either of these things happen. The family can appeal if they think there's a mistake.

If your child is disenrolled from Part A for not paying premiums, you will have to reapply for Katie Beckett. You will have to pay the premiums you owe before the child could qualify again. And, there must be an open slot. The child's slot will not be held.

Services in Katie Beckett

The services your child can receive in the Katie Beckett Program depend on which Part they are enrolled in.

Part A. Children in Part A qualify for all the Medicaid benefits for children. This includes things like:

- Doctor and hospital visits;
- Dental care;
- Home health care;
- In-home nursing services;
- Medical equipment and supplies;
- Occupational Therapy, Physical Therapy, and Speech Therapy; and
- Non-emergency transportation (NEMT).

The services must be medically necessary. Private insurance must pay *first*. TennCare will help pay for those things private insurance doesn't cover, including insurance deductibles and co-pays. Providers are expected to accept Medicaid as payment in full for Medicaid benefits. They should not bill you after TennCare has paid, even if TennCare doesn't pay the full amount.

Children in Part A can also get extra help for their disability. This includes services that help the family meet their child's needs at home. These are called **Home and Community Based Services** or **HCBS**. The total cost of HCBS a child in Part A gets can't be more than \$15,000 each year. This is the child's yearly limit. It starts on January 1st each year and ends on December 31st each year.

Part B. Children in Part B won't get Medicaid benefits. But, the child will get services (HCBS) to help the family meet the child's needs at home. This includes help paying for the child's insurance and care the child needs that insurance doesn't cover. The total cost of HCBS a child in Part B gets can't be more than \$10,000 each year. This is the child's yearly limit. It starts on January 1st each year and ends on December 31st each year.

Part C. Children in Part C will receive all the Medicaid benefits for children. Children in Part C will **not** receive HCBS.

The kinds of services covered in each Part of the Katie Beckett Program are listed in a chart at the end of these pages. Some of the services have limits. This means that TennCare will only pay for a certain amount of these services. For HCBS, the chart tells you how each service can help your child, what Parts cover it, and the limits on that service. If you have questions about a service, ask your TennCare health plan or DIDD.

What is Consumer Direction?

Consumer Direction is a way of getting **some** of the services your child needs in the Katie Beckett Program. Consumer Direction gives you more choice and control over **who** gives your child's support and **how** your child's support is given. In Consumer Direction, you actually employ the people who give some of your child's services—they work for you (instead of a provider). This means that you must do the things an employer would do – like hire, train, schedule, supervise, and even fire workers. You must develop and use a back-up plan to address times that a scheduled worker doesn't show up—to make sure your child's needs are met. You also have to manage the care your child needs within your child's approved budget for each service.

What if you can't do some or all of these things? Then you can choose another family member, friend, or someone close to you to do these things for your child. You'll learn more about that if you choose Consumer Direction.

In Katie Beckett Part A and Part B, the services you can direct include only:

- **Respite**
- **Supportive Home Care**
- **Community Transportation**

Can you pay a family member or friend to provide care in Consumer Direction?

Yes. The workers you hire can be people you know, including family members or friends. But TennCare won't pay family members or others to provide support they would have given for free. TennCare only pays for care to meet needs that **can't** be met by family members or others who help your child. **AND**, you **can't** pay yourself or anyone who lives in the home with your child to provide Respite or Supportive Home Care.

Using Katie Beckett HCBS providers that work with your TennCare health plan or DIDD

You must use providers that work with your TennCare health plan (or in Part B, with DIDD) for HCBS. In Part A, your health plan will tell you how to find a list of those providers—called a Provider Directory. The online Provider Directory is updated every week. You can also call your TennCare health plan to find out if a provider is in their network. In Part B, your Katie Beckett Case Manager will share a list of providers to pick from.

Electronic Visit Verification

Federal law says that any person that gives certain types of care paid for by Medicaid **MUST** use an electronic system to log the care they provide. This is called EVV (which stands for Electronic Visit Verification). Some of the services in Katie Beckett must use EVV. The EVV system collects and records information every time your worker comes to give your care. The law says that an **EVV system MUST be used to record ALL of these things:**

- Your name (the name of the person who received care)
- The service you received
- Your worker (the name of the person who provided your care)
- The date you got the care
- Where the care was provided
- The time it started
- The time it ended

ALL of this information must be recorded electronically at the time of EACH service your child receives. If it isn't, your health plan or DIDD may not be able to pay for the care.

In Part A, your health plan can give you a tablet for your child's workers to use. It's important to keep your tablet charged and ready for the workers. You shouldn't use it for other reasons.

If you don't want a tablet, your child's workers can use a smart phone or a phone in your home. But, **to comply with the federal law, they MUST check in and check out EVERY time they come to your home.** Please remind your child's workers to use the EVV system when they come to your home every day. If they don't, TennCare may not be able to pay for the care your child receives.

Your Person-Centered Support Plan

In Katie Beckett Part A and Part B, each child must have a support plan. (In Part A, it's called a **Person-Centered Support Plan** or **PCSP**. In Part B, it's called an **Individual Support Plan** or **ISP**.) This is the plan that helps guide the services and supports the child will receive. It tells the people who will support you:

- **what is important to you**—the things that really matter to you
- **what is important for you**—the supports you need to stay healthy and safe, and achieve your goals, and
- **how to support you** to have those things in your life.

Your support plan must include:

- your strengths and needs
- the goals you want to reach
- the services and supports (paid and unpaid) you will receive to help you meet your goals
- how often you will receive those service and supports
- who will provide them, and
- the settings (or places) they will be provided.

Your Nurse Care Manager or Katie Beckett Case Manager helps develop your support plan. They will help you to:

- identify the services and supports you need
- explore employment options and ways to be part of your community and build relationships
- decide what services and supports you will need to meet your needs and reach your goals
- develop and access other services and unpaid supports to help too
- understand all of the services, providers and settings you can choose from
- choose the services you will receive, your provider for each service, and settings (places) where you will receive those services
- write your support plan based on your choices, preferences, and support needs, and
- make sure you get the services in your support plan.

Your support plan and how it's developed is very important. Katie Beckett Part A and Part B can only pay for covered HCBS that are part of an approved support plan.

Your support plan should be developed in a way that makes sure:

- You get to help lead the planning process.
- You receive the help you need to lead the planning process.
- You get to make choices and to have the information you need to make those choices.
- You have help from family, friends, advocates or anyone else you choose.
- You get to speak for yourself.
- You can have someone to speak for you and choose that person.
- You have and use an interpreter if the language you speak or understand is not English.

Your support plan should also be developed in a way that makes sure:

- You get to talk with your Nurse Care Manager or DIDD Katie Beckett Case Manager before the planning meeting if you want to.
- You get to pick who to invite to the meeting (and decide if you **don't** want someone there).
- The planning meeting is set at times and places that work best for you.
- You get to help choose service providers **before** services begin, and at any time during the year if you want to change providers. Your health plan or DIDD will try to give you the providers you want. (The provider must be contracted with your health plan or DIDD and willing and able to provide your services.)
- You can choose to direct (or stop directing) some or all of the services that are part of Consumer Direction at any time.
- You sign your support plan.
- And, everyone who will provide services and supports (paid and unpaid) signs your support plan saying they are committed to implement your plan as written.

Your child's support plan is usually in effect for a year. But you can ask to change your child's support plan anytime during the year if their needs or situation changes.

What is the Beneficiary Support System?

TennCare contracts with Disability Rights TN (DRT) to help people applying for or enrolled in Katie Beckett in certain ways. We call this a beneficiary support system (BSS). The BSS can help people applying for or enrolled in Katie Beckett.

DRT can help you by:

- Explaining TennCare member rights and responsibilities
- Answering questions about TennCare programs
- Filing and resolving concerns or complaints
- Filing appeals or finding out about an appeal you've filed
- Providing facts about state fair hearings
- Connecting you to help so you can apply for Katie Beckett or to see if you may get for Katie Beckett
- Answering other questions about your TennCare benefits or community supports available

There is no cost for any service. DRT can work with TennCare and your child's health plan to get answers if you need more help.

- DRT Website: <https://www.ltsshelptn.org/>
- DRT Phone: Call DRT for free at **1-888-723-8193**
- DRT Email: benefitshelp@disabilityrightstn.org
 - Make sure to put this in your email:
 - Your name or name of person needing help
 - Call back number
 - Best call back time
 - Email address
 - Other information about your question
- Talk to DRT if you think you need help in person.

DRT has interpreter services, translation services, and other aids available at no cost to you. Tell DRT if you need this kind of help.

After you contact DRT, your issue will be reviewed by a Support Specialist. Here's what can happen next:

- You may get information and resources to help solve your issue.
- You may be referred to DRT's intake team for more help.
- You may be referred to TennCare, your TennCare health plan, or someone else for next steps. DRT can help with these next steps.

You also have the right to file an appeal. Here are some of your appeal rights:

- You can appeal if you think an assessment doesn't really match your needs and you think you should get more and/or different services.
- You can appeal if you don't agree with the services in your support plan.

- You can appeal if a covered service that you want and need isn't in your support plan.
- You can appeal if your request to have your support plan changed is denied, or your support plan is not changed enough to meet your needs.
- And, you can appeal if a service is in your approved support plan, but you don't receive it, or there is a delay in getting it.

If you file an appeal, it doesn't mean that you will get the services you want. But, TennCare will take another look at what you're asking for. If TennCare agrees that the service is covered **and** that you need it, you will get the service.

What if TennCare decides the service isn't covered or that you don't need it? You may get a fair hearing. To get a fair hearing, the service(s) you want must be covered in the Katie Beckett Part you're in. That includes any limits on the service(s) and on the total cost of HCBS you can receive—in Part A and Part B.

TennCare can only pay for services that are covered in the Katie Beckett Part you're in. If a service isn't covered, or if you want more of a service than is covered, TennCare can't pay for it.

If you file an appeal to keep a service you've been getting, you *may* be able to keep it during the appeal. To keep getting a service during your appeal, it must be a covered benefit. And, you must have an approved support plan. TennCare can only pay for services that are part of an approved support plan.

You can't get a service during your appeal:

- If the service isn't covered.
- You don't have an approved support plan that includes the service.
- Or, you want to start getting a new service.

How to file a Medical Appeal

There are 2 ways to file a medical appeal:

- 1. Call.** You can call TennCare Member Medical Appeals for free at **1-800-878-3192**. We're here to help you Monday through Friday from 8:00 a.m. until 4:30 p.m. Central Time.
- 2. Or, appeal in writing.** You can use the medical appeal page in Part 8 of this handbook. If you give your OK, someone else like a friend or your doctor can fill the page out. To print an appeal page off the Internet, go to:
<http://www.tn.gov/assets/entities/tenncare/attachments/medappeal.pdf>.

If you need another medical appeal page or want TennCare to send you one, call **TennCare Member Medical Appeals** at **1-800-878-3192**. Or, you can write your appeal on plain paper.

There are 2 ways you can file a medical appeal in writing. Pick one of the choices below:

- 1. Mail.** You can mail an appeal page **or** a letter about your problem to:

**TennCare Member Medical Appeals
P.O. Box 000593
Nashville, TN 37202-0593**

Keep a copy of your appeal. Write down the date that you mailed it to TennCare.

2. Or Fax. You can fax your appeal page or letter for free to **1-888-345-5575**.

Keep the paper that shows your fax went through.

For all medical appeals, TennCare needs:

- Your **name** (the name of the person who wants to appeal about their care or medicine)
- Your **Social Security number**. If you don't have the SSN number, give your date of birth. Include the month, day and year.
- The **address** where you get your mail.
- The **name** of the person to call if TennCare has a question about your appeal (this can be you, or someone else).
- A **daytime phone number** for that person (this can be your phone number, or another person's phone number).

What else does TennCare need to work your appeal?

To get a fair hearing about health care problems, **you must do both of these things:**

- You must give TennCare **the facts** they need to work your appeal.
- And, you must tell TennCare the **mistake** you think we made. It must be something that, if you're right, means that TennCare will pay for this care.

Renewing Katie Beckett coverage each year

As with all Medicaid programs, we are required to make sure that every child still qualifies every year—called redetermination We must make sure you still meet the medical and financial rules for Katie Beckett. Be sure TennCare has your current address. If you move, tell us right away. Open your mail and watch for requests for information TennCare or DIDD need so your child's coverage can continue. In Part A and Part C, your TennCare health plan can help, if you ask them. If a child loses Katie Beckett, there must be an open slot for them to enroll again. DIDD will renew Katie Beckett each year for children in Part B.

What is Abuse, Neglect and Exploitation?

TennCare members in the Katie Beckett Program have the right to be free from abuse, neglect and exploitation. It's important that you understand **how to identify** and **how to report** abuse, neglect and exploitation

Abuse can be...

- Physical abuse;
- Sexual abuse; or
- Emotional or psychological abuse.

It includes injury, unreasonable confinement, intimidation, or punishment that results in physical harm, pain or mental anguish.

Abuse of all forms is a “knowing” or “willful” act.

Neglect is the failure to provide services and supports that are necessary to avoid physical harm, mental anguish or mental illness and result in injury or probable risk of serious harm.

Neglect may or may not be intended.

Exploitation means that someone’s money or belongings are intentionally taken, misplaced or misused. Even if they are only taken for a short time or the person gave their consent, it may still be exploitation.

Exploitation can include...

- Fraud or coercion;
- Forgery; or
- Unauthorized use of cash, bank accounts or credit cards.

If you think your child is a victim of abuse, neglect or exploitation or that any other Katie Beckett member is a victim of abuse, neglect or exploitation, please tell your Nurse Care Manager or Katie Beckett Case Manager.

Nurse Care Managers, Katie Beckett Case Managers, and providers must report any suspected case of abuse, neglect or exploitation to DIDD.

You, your family, people who support you or any private citizen may report suspected abuse, neglect or exploitation directly to the DIDD Investigations Unit 24 hours a day.

The number to call depends on where you live. The toll free numbers for each region are:

East Tennessee **1-800-579-0023**

Middle Tennessee **1-888-633-1313**

West Tennessee **1-888-632-4490**

don’t have to tell them who you are when you report. DIDD will work with law enforcement as needed, and with Adult Protective Services and Child Protective Services.

Is anyone treated differently in TennCare?

We do not allow unfair treatment in TennCare. No one is treated in a different way because of race, color birthplace, disability, religion, language, sex, age, or disability. Read more about your right to fair treatment in your TennCare Member Handbook. Do you think you've been treated unfairly? Do you have more questions? Do you need more help? You can make a **free call** to TennCare Connect at **855-259-0701**.

Do you need help with this letter because you have a health problem, learning problem or a disability? Or, do you need help in another language? If so, you have a right to get help and we can help you. See the "Do you need Special Help" page with this letter. Or call **TennCare Connect** for free at **855-259-0701**. For TTY call: 711.

- **Do you have a mental illness and need help with this letter?**
The TennCare Advocacy Program can help you.
Call them for free at **800-758-1638**.