

Katie Beckett Program  
Answers to Your Questions  
November 2020

**Completing the Application**

- **Is there a portion of the Medicaid application I can complete in advance prior to the Katie Beckett referral going live?**

You can apply for Medicaid at any time. However, **you can only apply for Katie Beckett starting at 7 a.m. Central, November 23, 2020.**

You *can start* your Medicaid application *before* November 23<sup>rd</sup>. To apply for Katie Beckett, You could SAVE it and finish it *after* the Katie Beckett program goes live on November 23<sup>rd</sup>. Starting November 23<sup>rd</sup>, the Katie Beckett question will be in the *Additional Details Question* page. This is *after* the income questions and *before* the resources questions.

If you start a Medicaid application and SAVE it *before* going to the *Additional Details Question* page, TennCare Connect will bring up the Katie Beckett question when you come back to finish applying--if a child under age 18 is on the application.

If you save the application *after* going to the *Additional Details Question* page, you must go back to the *Additional Details Questions* summary to be sure you answer the Katie Beckett question as "Yes." TennCare Connect won't automatically bring the Katie Beckett question up if you've already visited the *Additional Details Question* page.

- **Can I use a tablet to apply for Katie Beckett?**

TennCare Connect is currently designed for a desktop or laptop computer. You can access [TennCareConnect.tn.gov](http://TennCareConnect.tn.gov) from the internet on a tablet or smart phone, but the website will not adjust to the tablet screen size. This means you will have to manually scroll down and across to see and complete each page of the application. It is possible to complete the application this way (and many people do), but it is more challenging. TennCare is currently working to make changes that will better support the use of tablets and other mobile devices. We plan to roll out those changes in 2021.

- **I want to apply for Katie Beckett for more than one child, do I need to complete an application for each child?**

When applying for Katie Beckett for multiple children, only one application per family (household) is needed. There will be a place in the application where you will identify each

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person in the household applying for Medicaid and for Katie Beckett.

- **If we have applied and were denied Medicaid in the past, do we re-apply with a new application?**

Yes, a new application will be required to apply for Katie Beckett.

- **Will a parent need both income and medical documents on hand to complete the application on TennCare Connect?**

You can apply even if you don't have all of this information available. For the financial review, we will first try to verify your information using electronic data sources. If we are unable to verify your information you may need to provide things like pay stubs, bank account information, and health insurance information. You can upload them on TennCare Connect when you apply or as soon as you get them. Having the financial records available when you apply and having the medical documents available for your DIDD assessment may help expedite an eligibility decision.

- **Will we have to re-apply for the Katie Beckett program every year?**

No. However, as with all Medicaid programs, we are required to make sure that every child still qualifies every year—called redetermination. We also have to review the child's medical needs to be sure they still meet level of care. Be sure you watch for letters or other requests to provide the information TennCare or DIDD will need so your child's coverage can continue. If a child loses eligibility, there must be an open slot for them to apply and enroll again.

### **The Assessment Process**

- **How will the DIDD assessment be conducted? (in-home or virtually)**

Due to COVID-19 precautions, for now, DIDD will conduct the initial assessment virtually. In some cases an in-home visit may be scheduled to verify specific assessment information, where warranted.

- **What kinds of medical records are needed to complete the assessment?**

We will need records that tell us about the child's medical diagnoses and the child's needs as a result of those conditions. This includes the child's medical, behavioral and functional needs. This could include things like a history and physical, recent hospital records, doctor visit notes, therapy or other treatment notes, or psychological evaluations. Medical records should be no more than a year old, unless it is an IQ test.

For Part A, the child's doctor must certify that the child meets the level of care AND that the child's needs can be safely met at home. If you contact your doctor to help get this completed,

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that will help move the application along.

- **Can an IEP be used for documentation purposes?**

An IEP may be used to help document some of the child's needs. But, it probably won't be enough by itself. We will need medical records to help support the child's medical diagnoses.

### **Coverage and Benefits**

- **How long from the time of the assessment until when a family can expect benefit coverage to begin?**

This will depend in part on how quickly we receive all of the medical and financial information needed to determine eligibility. Please try to have this information readily available when you apply and submit as requested. Under federal law, the state must process the application within 90 days from the date the application is received. But, we will process each application as quickly as we can.

- **Will the Katie Beckett program pick up any past medical bills?**

No. The effective date of coverage in Part A will be the date the premium payment for Part A is approved. (If the child does not have a premium obligation—because the family's income is less than 150% of the federal poverty level, the effective date of coverage will be the date eligibility is approved.)

- **How will Medicaid work with a child's private insurance in Part A?**

If a child is enrolled in Part A, the child's private insurance will be billed first for medical benefits the child receives. The provider should bill TennCare for anything private insurance doesn't cover, including private insurance deductibles and co-pays. Providers are expected to accept Medicaid as payment in full for Medicaid benefits and should not bill you after TennCare has paid, even if TennCare doesn't pay the full amount.

### **Private Insurance and Assistance with Premium Payments**

- **What if my child doesn't have insurance right now? How long will I have to get it?**

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. 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. Since open enrollment for 2020 is

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already past, children applying now will have until January 15, 2022 to get private insurance if they can't buy it sooner.

- **What if I can't afford insurance?**

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

- The cost of the private health 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 AND doesn't already have private insurance. If TennCare decides the child qualifies for exception, 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.

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

The child's portion of private insurance will be calculated by dividing the total premium by the number of family members covered by the policy. We understand that this likely overstates the amount actually attributable to the child, since adult coverage is typically more expensive. This is a simple method that favors the interest of families. If a parent is required to buy health insurance for themselves for the child to be covered, then the parent's portion of the private insurance is included in the child's portion of private insurance.

### **Part A Premiums**

- **Will I have to pay for Katie Beckett?**

Parents must pay a monthly premium for Part A 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 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 DIDD and TennCare Katie Beckett websites.

The first month of premium must be paid *before* a child can be enrolled in Part A. Families will pay premiums monthly through automatic bank draft.

If a family doesn't pay the Part A premiums, a child will be disenrolled from the program.

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- 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 the program.

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

### **Other**

- **How many slots are available for each group?**

The funding may serve *up to* 300 children in Part A and *up to* 2,700 children in Part B. The actual number of children served will depend on the cost of serving each of the children enrolled. If the cost per child is lower, we may be able to serve more children. If the cost per child is higher, we will be able to serve fewer children. We cannot exceed the amount of funding approved by the General Assembly for the program.

- **Can a child receive Part C if they have already lost Medicaid due to a family income change?**

Under the terms of our federal waiver, Part C is only available for children who currently have Medicaid but have been determined to no longer qualify. If a child has already lost Medicaid, they can apply for other parts of the program (they will not qualify for Part C). They may also be able to use medical bills to spend down income in order to qualify for Medicaid.

You can find more information about the Katie Beckett Program on both the DIDD and TennCare websites.

DIDD Katie Beckett Page: <https://www.tn.gov/didd/katie-beckett-waiver.html>

TennCare Katie Beckett Page: <https://www.tn.gov/tenncare/long-term-services-supports/katie-beckett-waiver.html>

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