

# **The Katie Beckett Waiver Program**

## **Serving Children and Young Adults with Physical Disabilities in the Community**



### **What is the Katie Beckett Waiver Program?**

The Katie Beckett Waiver Program is a program that allows the State of Connecticut Department of Social Services to provide Medicaid services to individuals 21 years of age and younger who have a physical disability and may or may not have a co-occurring developmental disability, who would normally not qualify financially for Medicaid due to family income.

The purpose of the waiver is to provide home and community-based services to clients who would prefer to reside in their home or in the community instead of an alternative institution. Case management by a home health agency is provided in addition to standard Medicaid covered services such as physician services, therapy services, home health services, hospital inpatient and outpatient services.

### **How Do You Qualify for the Katie Beckett Waiver?**

An applicant to the Waiver must meet both the medical and Medicaid financial eligibility requirements. Under the Waiver, the income of a parent or spouse is not counted when determining Medicaid eligibility; however, the income must be listed.

In addition to meeting the financial eligibility requirements, the individual must meet the Department of Social Services medical criteria for institutionalized level of care. The cost of the services cannot exceed the cost of services if provided in an institutional setting.

### **How Do You Obtain Waiver Services?**

The Department of Social Services is currently authorized to provide services to 325 clients and maintains a waiting list for those interested in gaining access to the program when an opening becomes available. To be placed on

the waiting list, the applicant or representative should contact the Community Options Unit at:

**1-800-445-5394**

Or

**860-424-5582**

### **How Do You Apply When a Vacancy Occurs?**

When an opening for the program becomes available, DSS will send the next applicant on the waiting list a Notice of Vacancy letter outlining the application process.

The applicant will be provided with a list of Medicaid enrolled Home Health Agencies. The applicant selects a home health agency that will send a registered nurse to perform a Waiver Assessment and develop a Plan of Care. This nurse will become the applicant's Case Manager. The assessment and plan of care will be submitted to DSS to determine the medical eligibility of the applicant. DSS will determine whether the applicant meets the required institutional level of care and verify that the plan of care is cost effective.



The applicant must complete a Medicaid Eligibility Determination Document and forward it to the appropriate DSS office for financial determination. After eligibility is determined, the DSS Resources Unit will establish whether a legally liable relative contribution is required toward the cost of care.

If the applicant meets both the medical and financial requirements, the applicant will receive a notice indicating when benefits will begin. The applicant will receive a CONNECT card which should be presented to Medicaid enrolled providers when obtaining services. A list of Medicaid enrolled providers is available at [www.huskyhealthct.org/members.html](http://www.huskyhealthct.org/members.html) or by calling 1-800-859-9889. If you are hearing impaired, you can call 711.

### **Do You Need Special Help or Assistance to Apply?**

If you cannot do something that is requested because you have a disability, you may request an accommodation or special help. DSS can use different methods to complete your application. DSS may be able to complete your application over the phone or give you extra time to provide information.



Please direct any questions concerning the application process and the medical determination process to Community Options at 1-800-445-5394 or 860-424-5582.

*The Department of Social Services does not discriminate against any person on the grounds of race, color, religious creed, age, marital status, national origin, ancestry, sex, gender identity or expression, mental retardation, mental disability or physical disability, including, but not limited to, blindness.*