

## INSTRUCTIONS FOR COMPLETING THE APPLICATION FOR KATIE BECKETT MEDICAID

Enclosed are the forms needed to complete an application or renewal for Katie Beckett Medicaid (**KB MA**). It's important to provide complete and accurate information because the information provided will determine eligibility for Katie Beckett Medicaid. Because these forms were developed for children with a wide range of disabilities and healthcare needs, some of the questions might not be relevant to your child. If that is the case, write "not applicable" or "NA" after that question.

**An eligibility visit is required for new applicants and some annual renewals.** The eligibility visit may take place either in person or virtually. If an eligibility visit is required, an eligibility specialist will contact you. During the eligibility visit, the eligibility specialist will meet your child, review your completed forms, and visually verify certain required information. All the forms should be completed **before** your eligibility visit.

**Sign and date all of the following forms.** Forms that require parental signature must be signed by the parent or guardian with legal authority over the child. This is true even if it is someone else that is most familiar with the child's needs. **In addition, children aged 18 and older must also sign the application.**

**If you need help or would like to submit these forms electronically, call an eligibility specialist at 888-786-3246, or email [DHSKatieBeckett@dhs.wisconsin.gov](mailto:DHSKatieBeckett@dhs.wisconsin.gov).**

**You are required to notify Katie Beckett Medicaid of any significant change in information that you provide on any of the enclosed forms.** Notification of such changes is required both during the application process and during annual renewal process once eligibility has been established. Examples of significant changes include a change in your child's condition, a change in your address, or a change in your child's income. Changes are to be reported to the Wisconsin Department of Health Services, by calling an eligibility specialist at 888-786-3246, or emailing [DHSKatieBeckett@dhs.wisconsin.gov](mailto:DHSKatieBeckett@dhs.wisconsin.gov). To report a change in private health insurance, please call Member Services at (800)362-3002.

### I. **KATIE BECKETT MEDICAID APPLICATION** F-20582 (or F-20582B if renewal)

Follow the instructions for each question. Answer all questions and provide a full description where applicable.

Unless otherwise requested, provide **only the current** information about your child's condition.

If your child currently has Katie Beckett Medicaid, the form in your renewal packet will be a shortened version of the form you completed when you first applied. You must update the information in this shortened form (F-20582B) each year to determine if your child remains eligible for Katie Beckett Medicaid.

### II. **BADGERCARE PLUS / MEDICAID HEALTH INSURANCE INFORMATION FORM** (F-10115)

As required by law, Wisconsin Medicaid acts as a secondary payer to private health insurance. Complete this form (F-10115) for **each** private health insurance policy that covers your child. This form is not required at an annual renewal if your child's private health insurance has not changed.

**III. Authorization to Disclose Information to the Wisconsin Department of Health Services Katie Beckett Medicaid (F-03096)**

This form is used to request access to information to assess your child's disability. This form is used at application and annual renewal when a medical review is required. Detailed instructions to complete this form are included in your application or renewal packet when needed. The instructions are labeled F-03096A.

**Sign and date all forms.** Forms that require parental signature must be signed by the parent or guardian with legal authority over the child. This is true even if it is someone else that is most familiar with the child's needs. In addition, children have the right to determine whether certain records can be released. **If your child is aged 12 or older, they must also sign the authorization to disclose information 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 application or renewal will be appreciated. **If you provide physical copies, only provide copies you do not need returned.**

**IV. CHILD'S CITIZENSHIP STATUS — This information is only needed at the time of your child's application.**

**If your child is a U.S. citizen:** Federal law requires proof of your child's citizenship and identity. This can be accomplished in a variety of ways. The most common proof of U.S. citizenship is your child's original birth certificate or current passport. **An eligibility specialist will work with you to complete this requirement, if necessary.**

**If your child is not a U.S. citizen:** Federal law requires proof of your child's immigration status and identity. You have 95 days from the date of your application to provide proof of your child's immigration status and identity. This can be accomplished by providing your child's visa, passport, or other documentation, to an eligibility specialist to verify. Immigration status (or proof of being a lawfully admitted Permanent Resident, or lawfully residing child under 19) is also verified with the U.S. Department of Homeland Security for all immigrants who apply for Medicaid benefits. Immigration status will not be verified for people in your household who are not applying for Medicaid. **An eligibility specialist will work with you to complete this requirement, if necessary.**

**ATENCIÓN:** si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-786-3246 (TTY: 711).

**LUS CEEV:** Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-888-786-3246 (TTY: 711).