

Summary of Institutional Level of Care

Hospital

This level of care is appropriate for children who require continuous skilled care by licensed professionals 24 hrs/day with risk of rapid deterioration in health status, continued need for use of medical technology, complex medical equipment or invasive techniques to sustain life, etc.

ICF/MR

This level of care is appropriate for individuals who require continuous active treatment program, direct assistance from a professional for special rehabilitative or developmental intervention for conditions that significantly interfere with mental age appropriate activities, requires assistance and presence of another person for performance of at least three activities of daily living that are not appropriate for the child's age, daily skilled nursing services by licensed professional including direct observation, management, frequent monitoring and documentation of condition, evaluation by a clinical psychologist or physician who has determined that the child is mentally retarded.

Nursing Facility

This level of care is appropriate for children who require daily skilled nursing services by a licensed professional including direct observation, management, frequent monitoring and documentation of condition, requires assistance and presence of another person for performance of at least three activities of daily living that are not appropriate for the child's age, and regularly scheduled skilled therapy services not less than once a week.

A complete copy of the federal level of care guidelines can be found at www.medicaid.ms.gov under publications.

Medicaid Regional Offices - If you have any questions about eligibility or if you want to apply for Mississippi Medicaid, call (toll-free) 1-866-635-1347, or contact your nearest Medicaid Regional Office in:

Regional Office Location Telephone Number

Brandon	601-825-0477
Brookhaven	601-835-2020
Canton	601-978-2399
Clarksdale	662-627-1493
Cleveland	662-843-7753
Columbia	601-731-2271
Columbus	662-329-2190
Corinth	662-286-8091
Greenville	662-332-9370
Greenwood	662-455-1053
Grenada	662-226-4406
Gulfport	228-863-3328
Hattiesburg	601-264-5386
Holly Springs	662-252-3439
Jackson	601-978-2399
Kosciusko	662-289-4477
Laurel	601-425-3175
McComb	601-249-2071
Meridian	601-483-9944
Natchez	601-445-4971
New Albany	662-534-0441
Newton	601-635-5205
Pascagoula	228-762-9591
Philadelphia	601-656-3131
Picayune	601-798-0831
Senatobia	662-562-0147
Starkville	662-323-3688
Tupelo	662-844-5304
Vicksburg	601-638-6137
Yazoo City	662-746-2309

Disabled Children Living at Home Guidelines

Division of Medicaid



Medicaid for Disabled Children Living at Home

The Disabled Children Living at Home (DCLH) or “Katie Beckett” group is a special eligibility category that allows certain children who are residents of Mississippi with long-term disabilities or complex medical needs, living at home with their families, to obtain Mississippi Medicaid eligibility.

Eligibility Requirements

Children who are not eligible for other Medicaid programs because the income or assets of their parents are too high may be eligible for Medicaid through the Disabled Children Living at Home category of eligibility. A child must meet *all the following eligibility criteria*:

1. The child is under 19 years of age and determined to be disabled using Social Security disability rules.
2. Requires a level of care at home that is typically provided in a hospital or nursing facility or intermediate care facility (including an intermediate care facility for the mentally retarded);
3. Can be provided safe and appropriate care in the family home;
4. As an individual, does not have income or assets in his or her name in excess of the current standards for a child living in an institution; and
5. Does not incur a cost at home to the Medicaid Program that exceeds the cost Medicaid would pay if the child were in an institution.

This program is in compliance with federal regulations: 42 CFR §§435.225, 409.31-409.34, 440.10, 440.150, and 483.440.

How Do I Apply?

1. Get the application by calling or visiting your local Medicaid Regional Office. (See back of this brochure for phone numbers.)
2. Complete the application, the Disabled Child Questionnaire, and the Medicaid Certification for Disabled Children Living at Home.
3. Return all the information to your local Medicaid Regional Office in person or by mail.

What happens after I submit my application?

1. The Medicaid Specialist in your local office will decide if your child meets the age and financial rules.
2. The Disabled Child Questionnaire will be sent to the Disability Determination Services office to determine if your child meets the Social Security disability rules. If your child already has been found disabled by Social Security, then this step can be skipped.
3. The Medicaid Certification for Disabled Children Living at Home is sent to medical staff to make sure your child meets the “level of care” medical rules. Only a physician may deny the “level of care” medical rule. Additional information may be requested to support the level of care and your child’s physician may be contacted.
4. The Medicaid regional office will send you a letter to let you know if your child meets all the rules. If a case is denied, it can be appealed through a state hearing process.

What information is likely to support my application?

- Documentation of a history/physical exam completed within the last 12 months including the frequency, duration, and cause of inpatient hospitalizations and emergency room visits.
- Medical records from any treating provider (physician, therapist, etc.) with examples of observed tasks that demonstrate or support the existing level of functioning as it relates to the child’s need for assistance with age appropriate activities of daily living and the need for care in an institution.
- Parents may provide examples of a child’s routine schedule, which documents the type of intensive care required to actually care for the child’s daily needs. Please include any specialized parent training in the past 12 months specifically related to the care of child’s medical condition i.e., training in CPR, glucose monitoring, suctioning, behavior modification, etc.

General Information

- Qualification is not based on a diagnosis or disability alone, but the child’s medically documented institutional level of care needs from the preceding 12-months. A child who is medically stable, even though disabled, is not considered in need of this level of care
- Benefits cannot be provided to a child whose need is shared by all children of the same age. Consideration is given to the child’s age and the usual expected developmental level of functioning for his/her particular age group.
- A parent or legal guardian may reapply at any time, if the child’s medical condition changes significantly.

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