Katie Beckett Program
Medical Necessity and Level of Care

Instructions: This form should be completed and included with the Medicaid Katie Beckett Program (KBP) application packet. The physician and the parents and/or caregiver can coordinate to complete this form with as much as detail as possible. The form must be signed and dated by a physician.

PROVIDER INFORMATION

Date of Request:_____	Request Period: From _____to _____	
Is this a New Application or a Request for Renewal?	☐ NEW	☐ RENEWAL
BENEFICIARY INFORMATION		
Beneficiary First/Last Name: Beneficiary	Date of Birth (month/day/year):	
Medicaid ID #:	Age at Time of Request: ____ Years I SS#: _____	
Prescriber Full Name:	Ordering Prescriber Medicaid ID#:	
PHONE:	FAX:	EMAIL:

Medical Information

Medical Diagnosis

ICD Code	Description

The MS Medicaid KBP category of eligibility provides benefits to allow children with long-term disabilities and/or complex medical needs to live at home with their family. Qualification for KBP benefits is not solely based on a diagnosis or a disability alone. To meet eligibility criteria for KBP, the medical record documentation submitted with the Medicaid application must provide evidence that the child meets one of three institutional level of care options at the time of this application or renewal, and within the previous 12 months of this application or renewal.

The three Institutional level of cares are: 1) Hospital; 2) Nursing Facility; and, 3) Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID). Refer to page three for the KBP Medicaid medical necessity and level of care criteria and requirements for the required documents for each category.

Physician Recommended Level of Care

Instructions for Physicians: Based on the child's medical condition at the time of application, please check the box next to the institutional level of care you feel is most appropriate. Refer to page 5 for detailed instructions, eligibility criteria, and the required documents for each option. Parents and physicians should understand that level of care recommendations are based on the medical documentation submitted with the application and the current medical condition of the child. The most appropriate level of care option will be recommended by the Alliant's review team based on the medical records submitted, which may be different than the option selected with the application. If the medical documentation does not reflect that the child meets any of the level of care options, the parent and/or caregiver has an option to resubmit an application (at any time) when there is a change in the child's medical condition.

☐ Hospital Level of Care
☐ Nursing Facility Level of Care Intermediate Care Facility for Individuals with Intellectual Disabilities

Previous Hospitalizations & Physician Office Visits

Has this beneficiary had any hospitalizations since the last certification period? ☐ Yes ☐ No

If so, how long was the beneficiary hospitalized? _____ Days _____ Months

Reason for the hospitalization	

Indicate relevant information related to the hospitalization that may be pertinent to this certification period below.

DOCUMENTATION REQUIRED: Attach the most current hospital records, not to extend past 12 months from the application date.

- ☐ Admission orders
- ☐ History and physical
- ☐ Discharge summary
- ☐ Discharge instructions for the child and parent/caregiver

Medical History

This section should include a comprehensive summary of the child's current medical condition and the rationale for the application of KBP benefits. A hospital discharge summary may be attached to support the medical necessity.

DOCUMENTATION REQUIRED

Include any of the following documents to support the medical necessity of the request and to help determine Alliant's review team with recommending the appropriate level of care category to the MS Division of Medicaid.

- ☐ Physician Order for Skilled Nursing – Include the most current orders at the time of the KBP application.
- ☐ Physician Order for Rehabilitation Services – Include the most current orders at the time of the KBP application.
- ☐ Nursing Notes – The most recent three (3) months of nursing notes for services the child received in the home, if applicable.
- ☐ Rehabilitation Notes – The most recent three (3) months of nursing notes for services the child received in the home, if applicable.
- ☐ Developmental Evaluation with Score (for ages 0 to 5) - Must be signed and dated by credentialed provider
- ☐ Psychological Evaluation with score (for ages 6 and up) - Must be signed and dated by credentialed provider

Therapy Services

Is the child currently receiving therapy? ☐ Yes ☐ No
If yes, Complete the sections below. If no, leave blank.

Autism Spectrum Services	Frequency:_____ per week _____ l per day
Occupational Therapy	Frequency:_____ per week _____ l per day
Physical Therapy	Frequency:_____ per week _____ l per day
Speech Therapy	Frequency:_____ per week _____ l per day

☐ Attach the most recent three (3) months of therapy notes. Parent Skills Checklist – Parents and/or
☐ Caregivers should complete this form with detailed information. Include as much detail as possible to describe the type of therapy, how many times per day, and how long each session takes.

School Attendance, IEP and IFSP (if applicable)

Is the child currently attending school? ☐ Yes☐ No
If yes, complete the sections below. If no, leave blank.

Frequency: _____ Hours per day l _____ Hours per Week

Is a nurse in attendance with the child during the school day? ☐ Yes ☐ No
If yes, attach most recent three (3) months nursing notes.

Does the child have a recent Individual Education Plan (IEP) ☐ Yes ☐ No l If yes, attach IEP

Does the child have a recent Individualized Family Service Plan (IFSP)? ☐ Yes ☐ No l If yes, attach IFSP

DOCUMENTATION REQUIRED: Attach each of these documents, if the child receives any of the services (regardless of the LOC selected).

☐ Nurses Note (most recent 3 months)
☐ IEP
☐ IFSP

Skilled Nursing Care

Does the child require skilled nursing? ☐ Yes ☐ No
If yes, Provide a brief description. If no, leave blank.
IMPORTANT: The parent should complete the Parent Skills Checklist to provide specific details.

Check Current Needs		Description of Skilled Nursing Needed	Frequency Example: Hours per day & hours per week
	Cardiovascular		
	Neurological		
	Respiratory		
	Nutrition		
	Integumentary		
	Urogenital		
	Bowel		

	Endocrine		
	Immune		
	Skeletal		
	Other		
	Other		

Current Medications – Complete this section or attach a comprehensive medication list

Medication	Route	Frequency	Dosage

Physician Attestation

In my medical opinion, this child requires the skilled care that is ordinarily provided in a hospital, nursing facility, or a facility whose primary purpose is to furnish health and rehabilitative services to persons with intellectual disabilities or related conditions. I attest that the above information is accurate.
By signing this document, I certify that the information provided herein is true, accurate and complete to the best of my knowledge. I understand that any falsification, omission or concealment of a material fact may subject me to civil monetary penalties, fines, criminal prosecution, or disqualification from the Medicaid program. Under Mississippi Administrative Code, Title 23, Part 200, Rule 1.3, a provider who knowingly or willfully makes, or causes to be made, false statement or representation of a material fact in any application for Medicaid benefits or Medicaid payments may be prosecuted under federal and state criminal laws. A false attestation can result in civil and monetary penalties as well as fines, and may automatically disqualify the provider as a provider of Medicaid services.

Physician Signature

Date:

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Each level of care requires certain documents to verify medical necessity and that the level of care being requested meets federal guidelines and the MS Division of Medicaid requirements. Please use the following checklist to make sure all the required documents are collected and submitted with the application.

When speaking with your child's physician and health care providers, please keep in mind that a complete history and full medical record from birth (or when the medical condition started) is not required or necessary to conduct a level of care review. Only the most recent documentation (no more that 3-12 months), which describe the child's current medical condition and healthcare needs are needed to make an assessment of the level of care.

The medical records submitted must provide sufficient evidence that the child is currently receiving skilled nursing and/or rehabilitation care that would normally be provided in the type of facility for the level of care being reviewed.

Three Levels of Care

Hospital

This level of care is appropriate for children who require continuous, 24 hours per day treatment and services (except for mental illnesses) that would ordinarily be furnished in an inpatient hospital setting. These services must be furnished safely and effectively in the home setting, just as in an inpatient hospital setting.

Nursing Facility

This level of care is appropriate for children who do not require hospital care but do require the following services on a regular basis: licensed nursing services, rehabilitation services, or other health-related services needed due to the child's mental or physical condition that is ordinarily provided in an institution

Intermediate Care Facility for Intellectually Disabled

The level of care is appropriate for children who require active treatment services. Active treatment includes aggressive, consistent implementation of a program of specialized and generic training, treatment, health services and related services directed toward: • The acquisition of the behaviors necessary for the child to function with as much self-determination and independence as possible; and, • The prevention or deceleration of regression or loss of current optimal functional status.

Documents Required:

- ☐ Ages 0-5 - Developmental Evaluation with score
- ☐ Ages 6 and up - Psychological Evaluation with score
- ☐ IEP or IFSP (if in effect)

ICF/IID level of care is generally indicated if ONE of the following conditions are met:

- ☐ IQ of 70 or below; or
- ☐ Standard score of 70 or below in at least three (3) of the five (5) domains of functions (cognitive, language, motor, social-emotional, and adaptive) on a standardized developmental assessment tool or an overall standard score of 70 or below; or
- ☐ Age-equivalency composite score <50% of chronological age; or
- ☐ Standard score of 70 or below in at least three (3) domains of function on a standardized
adaptive functioning test or an overall composite score of 70 or below; or
- ☐ Childhood Autism Rating Scale (CARS) score is >37, or the Gilliam Autism Rating Scale (GARS) score is 121 or greater.

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IMPORTANT: The medical records and documents submitted with the application should include at least three (3) months, and no more than twelve (12) months. All documents should be dated within 12 months of the initial application date OR the renewal date to be considered for the level of care review.

Required Documents	Hospital	Nursing Facility	ICF/IID Age 0 to 5	ICF/IID Age 6 and up	Instructions
	Documents in this section are required with EVERY application				
KBP Medical Necessity/Level of Care Statement	✓	✓	✓	✓	Must be completed, signed, and dated by a physician.
Parent Skills Checklist	✓	✓	✓	✓	• Complete the form in as much detail as possible. Include details pertaining to how often skills are performed, how long it takes to complete each task, etc. • If the parent does not perform any skills with the child, indicate that on the form. • The form must be submitted whether skills are performed, or not. • Incomplete forms delay the decision process and may result in a pended review to request additional information.
Hospital Admission Orders	✓	✓			
History and Physical	✓	✓			
Hospital Discharge Summary	✓	✓			
Hospital Discharge Instructions for the child and parent/caregiver	✓	✓			
Ages 0-5 - Developmental Evaluation w/ score			✓	✓	Must have score. See list below.
Ages 6 and up - Psychological Evaluation w/ score I			✓	✓	Must have score. See list below.
DOCUMENTATION IN THIS SECTION ARE REQUIRED IF THEY CURRENTLY APPLY TO THE CHILD					
Individual Education Plan (IEP) (if in effect)				✓	
Individualized Family Service Plan (IFSP) (if in effect)				✓	
Physician Order for Nursing (if applicable)	✓	✓			
Nursing Notes (if applicable)	✓	✓			
Physician Order for Rehab (if applicable)	✓	✓			
Rehab Therapy Notes (if applicable)	✓	✓			Submit the most recent 3 months of all therapy session notes.