Applying for Katie Beckett includes 2 parts:

• A **financial** review of the child’s income and assets (not their parents’—we’ll look at the parents’ income *only* if the child qualifies for Part A and has to pay a premium)

• AND a **medical** review of the child’s medical needs or disability. This is called a **Pre-Admission Evaluation or PAE**.
The medical review for Katie Beckett

• Helps decide what level of care the child needs.

• There are two levels of care for Katie Beckett:
  • **Institutional** level of care – for children who would qualify to receive care in a medical institution—like a hospital, nursing home, or ICF/IID, but want care at home
  • **At Risk** level of care—for children who don’t quality to receive care in a medical institution, but are “at risk” of needing institutional care unless they can get care at home

• The rules for both levels of care are just for children.
The medical review for Katie Beckett

- TennCare and DIDD invited experts to be part of a “Technical Advisory Group” (TAG) made up of:
  - Parents of children with complex medical needs and disabilities
  - Doctors who take care of children with complex medical needs
  - Advocates for children with complex medical needs and disabilities and their families
- The TAG helped to set level of care rules just for children.
- These are the rules we will use in the Katie Beckett program.
- The rules are based on a child’s **medical** needs, **behavioral** needs, and **functional** needs.
There are 2 “tiers” or institutional levels of care:

- **Tier 1** is for children with the most complex medical or behavioral needs who are at high risk of needing care in a hospital.
  - There is a Tier 1 for **medical** needs.
  - There is also a Tier 1 for **behavioral** needs.

- **Tier 2** is for children who also have complex needs and disabilities, but their needs aren’t as high as children in Tier 1. A child can meet Tier 2 because of:
  - Medical needs
  - Behavioral needs
  - OR Functional needs
A child will meet **Tier 1, Institutional Level of Care for Medical reasons if they have:**

- A lifelong chronic medical condition with high health care needs—lots of specialists, emergency department visits, hospital stays.
- AND the child’s condition is not stable.
- AND the child requires round-the-clock care, including:
  - Certain kinds of complex skilled care; and
  - Certain kinds of medical equipment to sustain life.
- AND without this care, the child has a high risk of going into the hospital.
A child will meet Tier 1, Institutional Level of Care for Behavioral reasons if they have:

- An intellectual disability AND chronic, severe co-occurring behavioral health support needs.
  - These include certain kinds of behaviors that hurt them or others.
- AND they make it hard for the child to keep living with their family and for the family to take care of their child.
- AND the child requires someone to be with them ALL THE TIME to step in when needed to keep the child and others safe.
- AND the child has already been involved with the crisis mental health system, department of children’s services, or the criminal justice system.
- AND without this care, the child has a high risk of going into a mental health hospital.
Children in Tier 1 will be *first* to enroll in Part A. These are children with the most complex medical needs and disabilities.
A child will meet **Tier 2, Institutional Level of Care for Medical reasons if:**

- The child has a chronic medical condition that requires care all the time (or *almost* all the time). This includes certain kinds of daily skilled nursing care (even if their parents provide that care) or intensive therapy.
- AND the child requires help throughout the day with daily living activities—much more than other children their age (called “substantial functional limitations”) in at least 2 of these areas:
  - Learning
  - Communication
  - Self-Care (bathing, grooming, dressing, toileting, eating)
  - Mobility
A child will meet **Tier 2, Institutional Level of Care for Behavioral reasons** if they have:

- An intellectual disability AND severe co-occurring behavioral support needs. These include certain kinds of dangerous behaviors that hurt the child or others.

- AND the child requires help throughout the day with daily living activities—much more than other children their age (called “substantial functional limitations”) in at least 2 of these areas:
  - Learning
  - Communication
  - Self-Care (bathing, grooming, dressing, toileting, eating)
  - Mobility
A child will meet Tier 2, Institutional Level of Care for Functional reasons if they have:

- An intellectual or developmental disability (I/DD)
- AND the child requires lots of help throughout the day with daily living activities—much more than other children their age (called “substantial functional limitations”) in all 4 of these areas:
  - Learning
  - Communication
  - Self-Care (bathing, grooming, dressing, toileting, eating)
  - Mobility
• **Children in Tier 2 still qualify for Part A.** But they will be enrolled after children in Tier 1—who have the most complex medical needs and disabilities.

• **A child must meet Tier 1 or Tier 2 Institutional level of care to qualify for Part A.**

• A child who qualifies for Part A but can’t enroll in Part A yet may be able to enroll in Part B while they’re waiting.
There are **2 ways** to meet At-Risk level of care.
A child will meet “At-Risk” level of care (not “institutional”) if they have:

- A chronic medical condition that requires certain kinds of daily skilled nursing care (even if their parents provide that care) or intensive therapy.
- AND the child requires help throughout the day with daily living activities—much more than other children their age (called “substantial functional limitations”) in at least 1 of these areas:
  - Learning
  - Communication
  - Self-Care (bathing, grooming, dressing, toileting, eating)
  - Mobility
A child will also meet “At-Risk” level of care (not “institutional”) if they have:

- An intellectual or developmental disability (I/DD).
- AND the child requires help each day with daily living activities—not all the time, but much more than other children their age.
Children who meet At-Risk level of care will qualify for Part B. They will not qualify for Part A.