

RECERTIFICATION SHORT FORM FOR KATIE BECKETT PROGRAM WISCONSIN MEDICAID - INSTRUCTIONS

Enclosed are the forms you need to complete for your child's application for recertification of eligibility for Wisconsin Medicaid through the Katie Beckett Program. These documents and other supporting records are required to establish whether your child continues to meet **all** of the eligibility criteria for this program.

The goal of the enclosed short form is to reduce the amount of paperwork required from your family for review of your child's KBP-Medicaid eligibility. You will receive this shorter (pink) form for TWO years with a longer (green) form that is required every third year. You will also receive the longer (green) form whenever a disability review (called a diary date) by the Disability Determination Bureau is scheduled for your child. A home visit by the regional Katie Beckett Consultant does not occur when you receive this short (pink) form. Therefore, once you have completed and signed all of these forms, please return them in the provided envelope as soon as possible.

I. RECERTIFICATION (Pink Form)

- Please read and follow the instructions on each category of the recertification form. Answer all the questions and describe in as much detail as possible the **CHANGES** your child has experienced over the **PAST YEAR**.
- Please think carefully about and record how your child's skills and functioning have both improved and declined in the past 12 months. Some examples of **significant changes** might be a new diagnosis or medical condition, greater independence in an activity of daily living, or a reduction or increase in medical/nursing cares or therapies.
- This recertification form must be signed and dated. Children ages 14 years or older must also sign the form, if able.
- Please keep a copy of this recertification form to help you in completing the recertification process next year.
- If you have a copy of your child's most recent (within the past 12 months) Individual Education Plan (IEP), please send that in with these recertification forms.

II. HEALTH INSURANCE INFORMATION (White Form)

- You are required to complete this form for each health insurance policy (other than Medicaid) **that covers your child if there have been any changes in coverage**. As required by law, Wisconsin Medicaid acts as a secondary payer to private health insurance. If your child is covered by more than one policy, please make a copy of this form and complete it for the additional policy/policies.

A letter notifying you whether your child's eligibility has been approved or discontinued will be sent to you. Your child's eligibility for Wisconsin Medicaid coverage will continue during the review process.

One last note: You are required to notify the Katie Beckett Program of any change in information provided on any of these recertification forms. Examples include a significant change in your child's condition, your child moving out of your home, a change in your address, a change in your private health insurance or an increase in your child's income. Report changes to:

Katie Beckett Program
DHS / DLTC / BCS
P. O. Box 7851
Madison, WI 53707-7851
608-266-3236

Thank you