

What is Disabled Children's Home Care (DCHC) - Katie Beckett?

DCHC is a Green Mountain Care Program that allows certain children under the age of 19 who have long term disabilities, or complex medical needs that require a high level of care, to become eligible for Medicaid even though their family's income is above the eligibility level for Dr. Dynasaur. With DCHC, only the child's income and resources are used to determine financial eligibility – not the family income. Having Medicaid enables children to be cared for by their families at home, even though they need the level of care that could be provided in a hospital or residential center. Vermont supports DCHC because we know that children thrive best in the care of their families and communities.

Who is eligible for this program?

A child must:

- Be under 19 years of age.
- Be a Vermont resident.
- Meet the Vermont Medicaid requirements pertaining to citizenship and immigration status.
- Meet clinical requirements: Blind or Disabled (as defined by the Social Security Administration - [SSA Disability/Professionals/Bluebook/Childhood listings](#))
 - Require an "institutional level of care." The child requires a level of care which compares to the level of care provided in a hospital, nursing home or residential center.
- Meet financial requirements: Have under \$2000 in income or countable resources monthly – **family income is not counted.**
- Have home care costs that are less than the cost for care in a medical facility or residential center.

How do I apply for DCHC for my child?

You can apply for DCHC coverage at any time of the year. It is a package of documents.

Go to the [Department of Vermont Health Access/Medicaid/MABD](#) website and read what they have about MABD – Medicaid for the Blind and Disabled.

- You can download the 205ALLMED Non-LTC document here with instructions on where to mail it after completion.
- You can also start the application process by doing the 205ALLMED Non-LTC on line at <https://my.vermont.gov/> . You will need to set up an account and password.

Vermont Family Network/CSHN has a webinar you can watch on completing the 205ALLMED Non-LTC: [Disabled Children's Home Care \(VT's Katie Beckett Medicaid\) Eligibility & New Application](#)

You can also read the attached document on completing the DCHC application paper forms. This goes into more detail and allows you to complete all the application documents at once for submission.

My child has health insurance through my plan at my work. Can I apply for DCHC for my child too?

You can apply for DCHC for your child even if they have other health insurance. During the application process you will be asked for information on your primary insurance plan. Your health insurance will always be the primary insurance and Medicaid will always be secondary – the payor of last resort. This means your insurance will always be billed first.

My child has SSI or Dr Dynasaur, should I apply for DCHC?

If your child receives Social Security Income (SSI), he should be receiving Medicaid as a benefit.

If your child is receiving Dr Dynasaur, there is no need to apply for Disabled Children's Home Care program unless you think your family income is going to increase. You can check this out on Vermont Health Connect's [Income Threshold Table](#). There are no additional insurance benefits given to a child who is on DCHC versus one on Dr. Dynasaur.

What does the eligibility process look like?

- Once you mail the application documents, they are received at the **Application, Document and Processing Center (ADPC)**, scanned into their system, and forwarded to the **Health Access Eligibility & Enrollment Unit (HAEEU)**
- We recommend that you call [Health Access Member Services](#) to make sure your application was received and any questions you may have about the application process.
- **HAEEU** screens the application for Dr Dynasaur/Medicaid financial eligibility. If found to be eligible HAEEU will finalize eligibility for that program. A letter will be sent to you letting you know if your child has been found eligible or non-eligible for Dr Dynasaur/Medicaid. The application is now headed for **Disability Determination Services (DDS)** for a medical review/determination for the DCHC program.
- **Disability Determination Services (DDS)** will review your application and write to your child's healthcare sources to obtain medical records about your child's disability, function and level of care needed.
- Once you know the application is at [Disability Determination Services](#) we recommend you call them to ask any questions you have about the medical review.

If the DDS does not get enough evidence from your healthcare sources to make a decision, they will arrange and pay for a special examination – psychological and/or medical.

Once the necessary clinical records are obtained, a disability adjudicator and DDS medical consultant(s) will follow the required step-by-step analysis to determine whether your child meets the medical requirements for program. Once the determination has been made, your child's file is sent back to HAEEU for final processing.

- **HAEEU** will review DDS's decision and will mail you a letter about the outcome. If approved, the child's information will be loaded into the Medicaid database. This database is where your child's providers can see if your child has Medicaid, including the start date. This database also shows the financial renewal due date and if there is closure for any reason. Your child's Green Mountain Care card with his Medicaid ID number on it will be mailed to you within a few weeks.
- **The start date of your child's DCHC Medicaid should be the first of the month that DVHA received the 205ALLMED/application.**

If my child is approved for DCHC, what does the renewal process look like?

All Medicaid recipients must be renewed yearly for financial eligibility, this is done through Vermont Department of Health Access (DVHA). It is important to complete and return all documents that are sent to you by the due date noted in the mailing. Failure to do this will lead to the closure of your child's Medicaid/DCHC.

DVHA/Green Mountain Care has trialed and now are beginning to do the MABD financial renewals, including DCHC, using information they have, or can attain by computer, from state and federal agencies.

There are times this cannot be done, such as

- Your child cannot be turning 18 before the next yearly renewal,
- Their next disability review date cannot be in the same month as a current renewal, or the month after.

With the initial medical/clinical determination of DCHC, the clinical reviewers will decide when the next clinical re-determination due date will be. The review purpose is to evaluate if the child continues to meet the DCHC program criteria. Clinical re-determinations are done by Disability Determination Services and are usually set for one to three years but are determined on an individual basis.

Does DCHC/Medicaid reimburse the family for medical expenses paid out of pocket?

Medicaid can only reimburse providers directly. When being referred to a doctor, therapist, pharmacy, or Durable Medical Store be sure to ask if they are a VT Medicaid provider. If this person or company is not, you are responsible for the bill. Just like any other insurance, you can ask to be

referred to VT Medicaid providers only. Here is a link to a list of VT Medicaid providers:

<http://www.vtmedicaid.com/#/providerLookup>

What does Vermont Medicaid cover for children?

Check out the [Covered Services Information](#) on the Department of Health's website.

You will also receive information in your [Green Mountain Health Care Programs Handbook 1.21.20.pdf](#)

What is EPSDT and why does it matter?

The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit provides comprehensive and preventive health care services for children under age 21 who are enrolled in Medicaid. EPSDT is key to ensuring that children and adolescents receive appropriate preventive, dental, mental health, and developmental, and specialty services.

From the DVHA website:

- **How EPSDT Works**

EPSDT is a federal law. It says the state must pay for any medically needed health care service. Medically needed means it is for that health problem. AND that this is what most doctors would do to treat the problem. It pays for some services that it won't cover for adults. Some services need to be OK'd first.

- **EPSDT does not pay for:**

- Services or items that are not in federal Medicaid laws (Section 1905(a) of the Social Security Act).
- Experimental care that is not safe or does not work.
- High-cost services or items if a cheaper one will work just as well.
- Services that are not medical.

To request coverage for your child under age 21, a Medicaid enrolled provider should submit a prior authorization request. Prior authorization forms can be found on the [Clinical Prior Authorization Forms](#) webpage.

You can read more about this benefit at [Department of Vermont Health Access/EPSDT](#) or at [Medicaid.gov](#) websites.

What if there are changes in my child's residence, income, or insurance?

During the year you should report as soon as possible any financial, residency, and primary insurance changes your child has. You can call Green Mountain Care at 1-800-250-8427 or use this form:

[Green Mountain Care Change Report Form 200GMC](#)

Medicaid Information for immigrants or non-citizens can be found at [Department of Vermont Health Access website](#).

What if my child's application is denied?

If your child does get denied, you have the right to appeal and ask for a fair hearing. Read your denial letter carefully as it will give you the information on how to make an appeal. You can also find more information at [DVHA/appeals-and-fair-hearings](#).

The [Disability Law Project/Legal Aid](#) may be able to advise and provide representation about your appeal. You can find their [Brochure](#) and more information at [vtlawhelp/fair-hearing-how-prepare-what-expect](#).

[Vermont Family Network](#) can assist you with interpreting the denial and understanding the appeal process.

Why is the DCHC application also called the Katie Beckett?

Katie Beckett was a girl from Iowa that spent the first three years of her life in the hospital because of her complex medical needs. The time came when doctors said she could leave the hospital with proper support at home, but Medicaid rules did not allow for payment because of a requirement about the coverage of equipment in the home. Katie's parents advocated with local representatives and congressmen. This highlighted the family's problems and eventually gathered the support of Vice-President George H. Bush and President Ronald Reagan. Discussions with Medicaid led to an exception to the home care policy. In December 1981 Katie left the hospital and finally made it home.

Under 134 of the Tax Equity and Fiscal Responsibility Act of 1982 (TEFRA), States are allowed to make Medicaid benefits available to eligible children with disabilities who would not ordinarily qualify for Supplemental Security Income (SSI) benefits because of parents' income or resources.

Resources:

- [Medicaid.gov](#)
- Department of Vermont Health Access (DVHA): [DVHA Member Information](#)
- [DVHA Non-Emergency Medical Transportation](#)
- [DVHA Contact Information](#)
- [Children with Special Care Needs/VT Dept of Health](#)