

Katie Beckett Program Part B Frequently Asked Questions

February 19, 2021

Service Coordination and ISP:

What will an Individual Support Plan (ISP) do for my child?

The individual support plan is the child's and family's annual plan for services while enrolled in the Katie Beckett Program. The ISP is developed using a person-centered approach with family and person-centered outcomes. It contains a listing of the supports and services the child will receive for the year and provides a description of the supports and services needed to accomplish specific outcomes. The ISP drives the Katie Beckett service planning process and contains important information on how to best support the child across life domains. The plan is required as part of enrollment into Katie Beckett and is the culmination of input from the family, child where possible, and others the family may want to include as part of their circle of support.

How often will we review the Individual Support Plan?

The ISP, along with current services and progress, is reviewed at least monthly by the Katie Beckett case manager and can be updated at any time if there are significant changes in the child's status or when service needs change. The plan is effective for one year from the ISP effective date and must be updated at least annually.

How can I change my child's ISP?

You may contact your Katie Beckett case manager who will work with you to update the ISP when needed.

What should I have ready for my support planning meeting?

You will want to be able to provide information on the supports your child needs as well as the specific services necessary to help the child and family accomplish goals over the next year. Your case manager can provide information regarding specific service types and requirements before and during the meeting.

How often will my Katie Beckett case manager contact me?

Your Katie Beckett case manager will contact you at least monthly to discuss your supports and services, but you can contact them any time you have a question or concern.

What types of issues should I contact my Katie Beckett case manager with?

You should contact your case manager to address any service-related issues. You should contact your case manager to request new services, modify existing services, if your child is

hospitalized, or when there are changes in your child's status that need to be addressed through the planning process.

I was receiving Family Support prior to enrollment in the Katie Beckett Program, how will I be disenrolled from the Family Support program?

Once you enroll in Katie Beckett Part B, your local family support agency will contact you to discuss disenrollment from the Family Support Program.

HRA Questions:

How do I know what services or items can be covered by the Health Reimbursement Account (HRA)?

There is an approved IRS list of services and goods that may be purchased through the Health Reimbursement Account at <https://www.payflex.com/en/individuals.html> . Payflex can also assist with questions around specific items.

Who will help set my HRA account up in Payflex?

When a family chooses to utilize a health reimbursement account the case manager will request the specific amount agreed upon. Once Payflex receives the authorization from DIDD they will send the family a welcome letter with important information on how to access the funds through the HRA. Letters will be mailed to new enrollees on the 1st and 15th of each month. It is important to remember when you set up your account the parent is listed as the account holder and you must enter the last 4 digits of your **child's social security number** in order for the account to be correct. If you have more than one child enrolled in the HRA, each child's social security number must be entered with the parent listed as the account holder.

How can my healthcare provider get directly reimbursed from Payflex so I don't have to cover the initial cost?

Families may submit an invoice for specific goods and services to the Payflex web portal including the billing address of the provider of goods and services. Payflex can submit payment directly to the vendor. Payflex is also rolling out a debit card option, which can be used to make point of service payments for specific goods and services.

How do I get reimbursed for HRA expenses?

Families may submit an invoice and proof of payment at the Payflex web portal and will be reimbursed directly by Payflex.

Can I upload the reimbursement documents digitally?

Yes, an image of the invoice and receipt(s) may be uploaded into the Payflex portal.

When will the HRA debit card be available?

Payflex is in the process of rolling out the debit card option and will be sending specific information to families authorized for the HRA benefit.

When can I start using the funds in my HRA?

You may begin accessing your HRA account after Payflex receives the authorization from DIDD. Payflex can help you set up your account if you need assistance. You can be reimbursed for goods and services starting on the effective date of your HRA plan. You can't be reimbursed for goods or service purchased prior to the effective date of your HRA. Payflex will notify you with specific information around the effective date of your plan along with other important information.

Can I increase or decrease funds in my HRA account throughout the year?

The Health Reimbursement account is a one-time per year allocation and may not be modified during the Plan year.

Will any unused HRA funds roll over to the next ISP year?

Unused funds from your ISP plan year may not be rolled over to the next ISP year.

Other Medical Reimbursements outside of the Health Reimbursement Account:

How will I know what non-traditional therapies or other items will be covered through the reimbursement process?

Your Katie Beckett case manager can work with you to determine whether specific non-traditional therapy services can be approved. Non-traditional therapy services require a letter or order from your doctor in order to be considered.

What is the process for reimbursement for non-traditional items?

Non-traditional therapy services are reimbursed through a fiscal entity called Public Partnerships (PPL). PPL will reimburse you for approved non-traditional therapy service expenditures.

I have set aside money for my child's summer camp. If camp gets canceled for COVID, can I reassign the money elsewhere? Can it be reassigned to HRA or HCBS?

If you have been approved for a therapeutic camp under the non-traditional therapy service option and don't utilize the camp, you may reallocate those funds to utilize services like respite, supportive home care, transportation, family caregiver education, community integration, adaptive equipment, technology and supplies, health insurance premium assistance, vehicle modifications, home modifications, etc. However, those funds can't be reassigned to the HRA as this allotment can only be changed on an annual basis.

Do I get reimbursed for diapers through the HRA or non-traditional reimbursement process?

The HRA allows for the purchase of diapers under specific criteria including the following: “A health care professional must provide evidence of medical necessity for the cost of diapers and a diaper service to be an eligible expense. Include a doctor’s note or letter of medical necessity (LOMN) with your request for reimbursement. The doctor’s note or LOMN must specifically identify that the recommendation and expense is for the treatment of the medical condition. However, the cost of an incontinent product is an eligible expense”

HCBS Services:

How will I know which providers can help me with services?

Your Katie Beckett case manager can provide a list of local providers who may provide specific services or supports for your child.

What are the limits on supportive home care or respite?

Supportive home care is limited to 864 quarter hour units per month or 216 hours.

What qualifies as adaptive equipment?

Assistive Technology, Adaptive Equipment and Supplies is a service which provides an assistive device or adaptive aid or control (or supplies if applicable) based on a person’s special functional needs which:

- Increases, improves or maintains a person’s functional capabilities to perform activities of daily living, including bathing, grooming, eating, dressing, toileting and mobility; or
- Assists a person with their hearing and/or vision loss (e.g. assistive listening devices, TDD, large visual display services, Braille screen communicators, FM systems, volume control telephones, large print telephones and teletouch systems and long white canes with appropriate tips to identify footpath information for people with visual impairment); or
- Increases the person’s ability to communicate with others (e.g., an augmentative communication devices); or
- Increases the person’s ability to perceive or control the environment (e.g. adaptive switches and attachments); or
- Other durable or non-durable medical equipment not available under the State Plan that is necessary to address the person’s functional limitations in the community, workplace or home.

Items also included under this service are computer equipment, adaptive peripherals or adaptive workstations to accommodate a person’s active participation in the workplace and in the community, software (when required to operate accessories included for environmental control) and a pre-paid, pre-programmed cellular phone that allows a person who is

participating in employment or community integration activities without paid or natural supports and who may need assistance due to an accident, injury or inability to find the way home.

How can I find information about different providers?

Your KB case manager can assist you and provide a list of approved providers with contact information. Your case manager can also assist in locating providers based on your preferences.

I receive respite from a non-DIDD provider. How will this be covered?

You may use the HRA benefit to utilize non-DIDD providers for respite with a letter from your doctor. You will negotiate the costs of respite with the individual provider and Payflex can reimburse you for the costs or pay the provider if you enter in the provider billing address and provide copies of invoices.

How will self-directed respite and supportive home care work?

Self-directed respite and supportive home care are called consumer direction in the Katie Beckett Program. If you choose to consumer direct, your case manager will send a referral to Public Partnerships (PPL), the consumer-directed vendor for Katie Beckett. PPL will work with you to get the worker you have chosen trained and set up to provide consumer directed services to your child. This process may take up to 60 days in order for background checks, training and worker set up to be completed.

How will consumer-directed workers be paid?

PPL will work with you and your worker(s) to set up payroll and other related requirements. Once completed, PPL will pay your worker directly based on the hours of services provided.

If a home or vehicle modification exceeds the limit, can I use the funds to pay part of the cost?

You may use available funds up to your annual cap of up to \$10,000 to pay for vehicle modifications. Vehicle modification payments flow through PPL the consumer directed vendor, who will reimburse for the applicable costs. You will need to provide documentation to your case manager to support the specific costs and stay within your annual budget. In addition, home and vehicle modifications may be covered under the HRA with certain documentation. Please see Payflex website for more information.
