



## MWMA Bulletin

**MWMA 101 | SYSTEM UPDATES | HELPFUL TIPS**

[Forward](#)

### Announcements

Welcome to the Medicaid Waiver Management Application (MWMA) Information Bulletin! This bulletin explains how MWMA supports the HCBS Waiver programs (ABI, ABI – LTC, HCB, Michelle P., Model II, and SCL) with the goal of helping you to serve those in need of HCBS Waiver services!

There are three sections of the bulletin: **MWMA 101**, **System Updates**, and **Helpful Tips**.



**MWMA 101**



**System Updates**



**Helpful Tips**

**MWMA 101:** Reviews the overall system and deep dives into the Screening Application process

**System Updates:** Details recent helpful system changes

**Helpful Tips:** Provides tips on how to upload required and important documents in MWMA



### MWMA 101

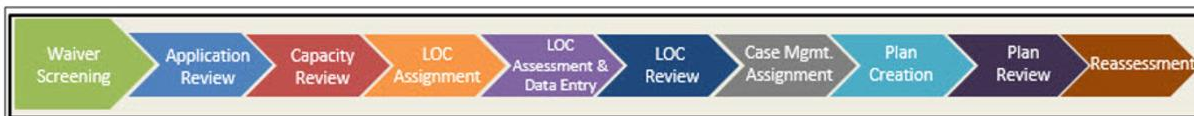
MWMA is a system that provides support for managing various parts of the Medicaid HCBS Waiver programs. MWMA is integrated with benefind, to support the ten basic

steps shown in the figure below, in addition to ongoing Case Management duties. **Note:** benefind is a system which allows Individuals to apply for and maintain applications for Medicaid, SNAP (Supplemental Nutritional Assistance Program), and KTAP (Kentucky Transitional Assistance Program). You should think of the Medicaid and HCBS Waiver application as one integrated process and MWMA and benefind as one, integrated system. People who have been assigned different roles complete each of these steps. As steps are completed, MWMA generates tasks, correspondences, and notifications that are visible on your MWMA Dashboard to help keep you informed of the case. An MWMA user may be assigned one or more roles based on their job description.



In this bulletin we will be discussing the details of the first step: Waiver Screening as part of Application Intake.

**Waiver Screening Process:** The HCBS Waiver application screening may be started by any user who is able to complete the Medicaid application, with the current exception of Department of Community Based Services (DCBS) workers. These users include: Individual (recipient of services), Authorized Representative, insurance agent, family member, Case Manager, and Case Supervisor.



During the Waiver Screening process, the Individual or user initiating the screening application on the Individual’s behalf enters information in MWMA. Depending on if the Individual has Medicaid or a pending Medicaid application, the system might prompt you to go through the full integrated process or start the HCBS Waiver questions directly. Information entered through benefind/MWMA as part of any prior screening application is used to prepopulate the relevant sections, and helps expedite the screening application.

benefind/MWMA is tailored to each Individual’s situation and only asks the information that is relevant for that Individual based on answers to questions that are asked in the process of completing the application.

The Waiver Screening process includes:

- Collecting basic information about the Individual
- Understanding the Individual’s disabilities, needs, and circumstances

There are several scenarios a user may encounter when completing the screening process depending on if the Individual has applied for and/or is actively receiving Medicaid. **Note:** MWMA understands the Individual’s application history and decides which screens to use for the Individual based on if they have completed an application in the past. See below for the various scenarios of the application process. A new waiver application follows the same steps in the chart below.

	Known to benefind/MWMA		
	Active** Medicaid Case	Not Active** Medicaid Case	Unknown to benefind/MWMA
Log-in	✓	✓	✓
Click Start New Application	✓	✓	✓
Enter Basic Information	✓	✓	✓
Medicaid Screening		✓	✓
System takes you to benefind dashboard, click “Start Waiver Application”	✓	✓	
Waiver Screening	✓	✓	✓

*\*\*Active case means receiving or applied to receive Medicaid and Medicaid case is not denied or discontinued*

In order for the HCBS Waiver screening application to be submitted and ready for application review, the user who initiates the application fills out all mandatory questions, provides all required documentation, and clicks the Submit button. If all mandatory documentation is not uploaded then an RFI (Request for Information) is created for the Individual.

**Helpful Tip:** You must click **Submit** on both the Application Summary Screen **AND** the Upload RFI Documents screen in order to complete the application. If the Submit button displays, review the questions in the application for accuracy. **Note:** selecting **Save** does not submit the application.

**ESSENTIAL TO KNOW:** After 60 days of inactivity, applications that have not made it to the application review step will be marked “deactivated.” This includes applications with missing mandatory documents. **After an application is marked as “deactivated”, a new Waiver application must be submitted in order for the Individual to continue through the process.**

**Next Steps after Waiver Screening:** For each HCBS Waiver screening application that is submitted with all documents uploaded, a task is created for the Application Reviewer to review the application. It is important to remember that the task to the Application Reviewer is only generated when the application is complete and all required documents are uploaded. Users should select Submit on the application screen and the Upload RFI Documents screen. A Request for Information (RFI) triggers when an application is missing information for an Individual or when the Application Reviewer marks the application as incomplete or with invalid documents. A waiver

application missing mandatory documents will not create a task for the Application Reviewer until all documents are provided. It is essential when working with Individuals to complete all information required and to upload all documentation as part of the application.

Below are correspondences related to the Waiver Screening step:

Step	Correspondence	Description
Screening	<b>Correspondence: Request for Information</b>	If mandatory documents are missing from the HCBS waiver application, the Individual receives a correspondence to upload missing mandatory documents. The Individual may find this correspondence in their Message Center in their benefit dashboard or in their Message Center on their Waiver Individual dashboard. Once the Individual provides all the mandatory documents and they are uploaded in MWMA (all red 'x's on the documents screen are replaced with green check marks) and the application is submitted, then a task is generated to the Application Reviewer prompting them to review the submitted application.
	<b>Correspondence: Waiver Application</b>	A printable version of the Waiver application is available for the user.



## System Updates

Did you know that several system updates have occurred to improve your experience? Read below for updates!

Topic Area	Impacted User	System Improvements
Plan Management	Case Manager	In-progress goals with recurring objectives carry forward during annual recertification reducing repetitive entry of objectives and improving consistency.
	Level of Care Assessors	Perform Reassessment task is generated 60 days prior to the LOC End Date to allow for more flexibility for entry within the reassessment period.



## Helpful Tips

Have you ever been in the situation where the **Submit** button is disabled on the Upload RFI Documents screen? Well you're just missing one easy step to submit your application!

Once completing the waiver questions, the Application Confirmation screen appears. It's important to read the text at the bottom of screen that states you must still select "Next" to upload all required documents requested on the "Upload RFI Document" screen. Upon clicking "Next", the Upload RFI Documents screen appears. Upload all of the documentation required in the "What is Needed" column.

**Note:** one document may be accepted for multiple verifications in the “What is Needed” column. For example, in the picture below the MAP-10 document works for the Acquired Brain Injury Hospitalization Verification AND the Age and/or Physical Disability Verification. The upload of all required documents updates the “Upload Status” to green check marks and enables the Submit button so you may move forward with the process!

**This submit button on the Upload RFI Documents screen is the final step in completing the Screening Application, and it triggers a task for Application Review.**

**Upload RFI Documents** \*=-Required field

Additional documentation is required to determine your Medicaid benefits. We cannot continue with the processing of your application until all required documentation has been submitted.

Please note that the Application Reviewer does not receive a task to review the application until required documents are uploaded and the final "Submit" button is clicked.

What is Needed	Types of Document Accepted	Upload Status
*Acquired Brain Injury Hospitalization Verification	MAP-10, CT Scan, MRI, Rancho Level, Discharge Summary, Incident Report, MAP-26	✘
*Age and/or Physical Disability Verification	MAP-10	✘

**Document Summary**

Document Type	Date	Comments	Action

**Document Upload Section**

Document Type:

File:  [Browse](#)

Supported file Types: \*.PDF, \*.TIFF and \*.TIF only Maximum File size must not exceed 5 MB

Comments:

[Attach](#)

[Attach Another Document](#)

[Upload Later](#) [Submit](#)

## Helpful Resources

Contact Center representatives are available Monday-Friday from 8 a.m. to 5 p.m. ET at 1-800-635-2570. After the DMS welcome message plays, press 1, 6, and 2 to be transferred directly to the MWMA Contact Center.

Share this email:



[Manage](#) your preferences | [Opt out](#) using TrueRemove™  
Got this as a forward? [Sign up](#) to receive our future emails.  
View this email [online](#).

2200 Ross Ave. STE 1600  
Dallas, TX | 75201 US

This email was sent to laurel.horner@ky.gov.  
*To continue receiving our emails, add us to your address book.*

