

# Frequently Asked Questions Quick Reference Guide



MWMA

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**This Quick Reference Guide provides answers to frequently asked questions regarding MWMA.**

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## 1. Introduction to MWMA and benefind

Please Note: There is also another FAQ located here: [http://chfs.ky.gov/NR/ronlyres/88254543-473F-433A-BDBD-E91C058EABA5/0/MWMAFAQS\\_102815.pdf](http://chfs.ky.gov/NR/ronlyres/88254543-473F-433A-BDBD-E91C058EABA5/0/MWMAFAQS_102815.pdf)

### **Q. What is the Medicaid Waiver Management Application (MWMA)?**

**A.** MWMA is a system that provides support for managing various parts of the Medicaid Home and Community Based Services (HCBS) waiver programs. You should think of MWMA and benefind, Kentucky's integrated eligibility system (Medicaid, SNAP (Supplemental Nutritional Assistance Program), KTAP (Kentucky Transitional Assistance Program), etc. application system), as one, integrated system (benefind is further described below).

### **Q. What is benefind?**

**A.** benefind is a system, which allows Individuals to apply for, and maintain applications for various assistance programs including, but not limited to Medicaid, SNAP, KTAP, and Kinship Care. Examples of actions that may be taken through benefind include the ability to apply for benefit programs, review eligibility, enroll in MCOs (Managed Care Organizations), and complete actions to maintain eligibility.

### **Q. How does an Individual, or their Guardian/Authorized Representative, get access to benefind to complete an application?**

**A.** An account can be set up at [www.benefind.ky.gov](http://www.benefind.ky.gov) by selecting the **Let's Get Started** button on the screen. Both web chat and phone assistance are available, if needed. A search tool is available to find someone in the community trained to assist, if needed. All other MWMA user groups (Case Managers, Case Supervisors, etc.) register for an MWMA account rather than benefind access, unless they would like to manage their own benefits as an Individual.

### **Q. If an Individual is not enrolled in Medicaid or an HCBS waiver program, can an application be done for both programs at the same time?**

**A.** Yes, the application starts with the questions for the Medicaid application, and then the waiver questions are available.

### **Q. Why is it important to integrate MWMA into daily work functions?**

**A.** MWMA was established to help streamline the processes that support the Commonwealth's HCBS waiver programs. This requires coordinated efforts, as facilitated by a centralized case management system, across multiple stakeholders and organizations that perform waiver-related activities.

### **Q. How do new users gain access to MWMA?**

**A.** Each organization designates an Organization Administrator to facilitate the onboarding process for all users within his/her organization. The Organization Administrator receives an invitation from a CHFS representative to begin the onboarding process. The Organization Administrator then sends invitations to users within their organization to complete the onboarding process. Please refer to MWMA onboarding materials available in the MWMA training portal (TRIS) for additional guidance on the onboarding process.

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## 2. Working in MWMA

### Q. What steps are there in MWMA for the HCBS waivers?

A. The table below outlines the HCBS waiver application steps in MWMA, the related activities, and which role completes the step.

Step	Description	What's Next?
<p><b>Medicaid/Waiver Application</b></p>	<ul style="list-style-type: none"> <li>The user initiates the Application and enters Individual information.</li> <li>Uploads mandatory documents and submits the Application.</li> </ul>	<ul style="list-style-type: none"> <li>If additional documents are needed, the Individual receives a Request for Information (RFI) letter</li> <li>The Application Reviewer group receives a task to review the application</li> </ul>
<p><b>Pre-Screening Review</b></p>	<ul style="list-style-type: none"> <li>The Application Reviewer reviews the Application and identifies gaps, if any.</li> <li>Evaluates if the Individual meets the targeting criteria for one or more waiver programs.</li> </ul>	<ul style="list-style-type: none"> <li>If applicable, the Capacity Reviewer group receives a task to evaluate the application for a specific waiver program</li> <li>The Application Initiator receives a notification if the Application Reviewer marks the application as complete</li> <li>The Individual receives a letter if they do not meet the targeting criteria or if the Application Reviewer needs additional information</li> </ul>
<p><b>Capacity Review</b></p>	<ul style="list-style-type: none"> <li>The Capacity Reviewer confirms if the Individual meets the waiver program targeting criteria.</li> <li>Determines the Individual's urgency of need and reserves capacity or waitlists the Individual, as applicable.</li> </ul>	<ul style="list-style-type: none"> <li>The group of users who performs the assessment receives a task to schedule the Assessment, if applicable</li> <li>If applicable, the Application Reviewer group receives a task to review the application again</li> <li>If applicable, the Capacity Reviewer group for another waiver program receives task to review the application for that waiver program</li> <li>The Individual receives a correspondence that informs them if capacity has been reserved for them in the waiver program, if they have been waitlisted, or if they do not meet waiver targeting criteria. If applicable, the Individual selects an LOC (Level of Care) Assessment Agency.</li> </ul>

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Step	Description	What's Next?
<b>LOC Assignment</b>	<ul style="list-style-type: none"> <li>The assessment Agency is chosen.</li> <li>The chosen Agency associates itself with the Individual (for all Waivers except for HCB).</li> </ul>	<ul style="list-style-type: none"> <li>The group of users who perform the LOC Assessment receive a task to schedule and perform the LOC Assessment. Using the Schedule Assessment functionality in MWMA is optional. The user is able to click <b>Skip</b> on the <b>Schedule Assessment</b> screen.</li> </ul>
<b>LOC Assessment and Data Entry</b>	<ul style="list-style-type: none"> <li>The LOC Assessor schedules the assessment and enters the results in MWMA.</li> </ul>	<ul style="list-style-type: none"> <li>The LOC Reviewer group receives a task to review the LOC Assessment and determine the appropriate LOC</li> </ul>
<b>LOC Review</b>	<ul style="list-style-type: none"> <li>The LOC Reviewer determines if the LOC is "Met," "Not Met," or "Pended."</li> </ul>	<ul style="list-style-type: none"> <li>If the LOC Reviewer does not have enough information, the LOC Assessor group receives a task to upload additional documentation</li> <li>If the LOC is "Not Met," the LOC Reviewer group receives a task to send a letter via certified mail informing the Individual of this decision</li> <li>The Individual receives a correspondence informing them of the LOC decision and any next steps they must take, for example, choosing a Case Management Agency</li> </ul>
<b>Case Management Assignment</b>	<ul style="list-style-type: none"> <li>The Individual picks a Case Management Agency.</li> <li>The Case Supervisor assigns the Individual to a Case Manager or Case Supervisor within the Agency.</li> </ul>	<ul style="list-style-type: none"> <li>The assigned Case Manager receives a notification that a new Individual has been added to their caseload</li> <li>The assigned Case Manager receives a task to complete the initial Plan for the Individual</li> </ul>
<b>Plan Creation</b>	<ul style="list-style-type: none"> <li>The Case Manager enters and submits the Plan that was agreed to by the person centered team.</li> </ul>	<ul style="list-style-type: none"> <li>The Case Supervisor or Case Management Administrator receives a task to review the Plan, if necessary</li> <li>After review by the Case Supervisor or Case Management Administrator, the Plan Reviewer receives a task to review the Plan</li> <li>The Individual receives a correspondence whenever the Plan is submitted to another user for review</li> </ul>

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Step	Description	What's Next?
<b>Plan Review</b>	<ul style="list-style-type: none"> <li>The Plan Reviewer reviews the Plan and determines if services are "Approved," "Not Approved," or "Pended."</li> </ul>	<ul style="list-style-type: none"> <li>If the Plan Reviewer does not approve all services in the Plan, the Individual's Case Manager receives a task to revise the Plan</li> <li>The Individual's Case Manager receives a notification if the Plan Reviewer approves all services in a Plan, or if the Case Manager needs to upload additional documentation</li> </ul>
<b>Reassessment</b>	<ul style="list-style-type: none"> <li>The LOC Assessor completes the LOC Assessment and enters the results in MWMA.</li> <li>The LOC Reviewer determines if the LOC is "Met," "Not Met," or "Pended."</li> <li>Medicaid eligibility is redetermined.</li> <li>When reassessment is complete, the next step is for the Case Manager to enter and submit the new Plan agreed upon by the person centered team.</li> </ul>	<ul style="list-style-type: none"> <li>The Individual receives a correspondence that they must complete an Assessment</li> <li>The Individual receives a correspondence that prompts them to renew their Medicaid benefits</li> <li>The user who completes the Individual's Assessment receives tasks to schedule and complete the Assessment</li> <li>The Individual's Case Manager receives notifications about the Individual's Assessment appointment and the LOC results for the reassessment</li> </ul>

**Q. How long does it take to get a new Individual enrolled in Waiver services?**

**A.** Each case varies in duration based on the quality of documents and information collected, the time it takes for assessments to be completed, if slots are available, and the time it takes for reviewers to review all information and documentation. The duration also depends on the DCBS processing of the Medicaid application.

**Q. What requirements does an Individual need to meet for an HCBS Waiver?**

**A.** Each Home and Community Based Services (HCBS) Waiver has specific eligibility criteria that must be met. Links to information about each waiver and the corresponding regulations can be accessed from the Department for Medicaid Services (DMS) website <http://chfs.ky.gov/dms/mws.htm>. The targeting criteria may include age, disability type, and need. Additionally, the Individual must have an Active and Approved Medicaid case in a corresponding Type of Assistance (TOA), and meet Level of Care (LOC) requirements to receive HCBS Waiver Services.

### 3. Training and Assistance for MWMA

**Q. Is there a contact for assistance with technical questions or issues when using MWMA?**

**A.** There is an MWMA Contact Center for MWMA users. Representatives are available Monday through Friday from 8 a.m. to 5 p.m. Eastern Time, and are reached 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.

**Q. Is training available?**

**A.** There are a variety of materials available in the MWMA Training Portal hosted by Eastern Kentucky University's (EKU) Training Records Information System (TRIS). In order to access the portal, individuals must be registered TRIS users. When completing the MWMA Survey for New Users, it is important to provide contact details for all individuals within your organization who need access to the training portal. TRIS then sends a registration email invitation to each individual. For questions and issues regarding TRIS please contact [mwmatrix@eku.edu](mailto:mwmatrix@eku.edu).

**Q. Is help available within the MWMA system?**

**A.** There are three valuable help functions in MWMA.

- Field Level Help: Known as instructional text, is text that appears when a user rolls over a label and a small pop-up opens describing the field.
- Page Level Help: Contains information about the functionality of each screen and may describe what different elements are present on the screen. Access Page Level Help by clicking the **Help** icon on the upper right corner of each screen.
- Frequently Asked Questions: Lists frequently asked questions and key terms pertaining to both MWMA and HCBS waivers. Access the FAQs by selecting the **FAQ** icon on the Dashboard screen.

### 4. Federal/State Changes Impacting MWMA

**Q: How do federal healthcare/Medicaid changes impact MWMA?**

**A:** As federal regulations that affect Medicaid/Medicaid Waivers become effective, Kentucky's Cabinet for Health and Family Services (CHFS) determines if changes are required.

**Q: How does an 1115 waiver impact MWMA?**

**A:** Kentucky's HCBS programs are currently authorized through 1915(c) waivers and MWMA supports all of these programs. Kentucky's 1115 waiver (if approved by CMS) is specifically for parameters and requirements around the use of Medicaid as health insurance. It does not include Kentucky's HCBS programs and populations, and therefore, do not impact the HCBS programs nor MWMA.