

MWMA Bulletin

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Announcements

You can still sign up for MWMA training that covers the entire MWMA process, ongoing case management, and reassessments! Visit the TRIS website to register:

<https://tris.eku.edu/dcb/calendar.asp>.

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MWMA 101

Level of Care (LOC) Assignment

Have you ever wondered what happens after capacity is reserved in an HCBS waiver program? After an application has gone through capacity review and space has been reserved in a Waiver program, the application moves to the LOC Assignment phase. The communications (tasks and correspondences) generated when capacity is reserved depend on the waiver.

In order to receive services through a Medicaid waiver, an Individual must meet the criteria to qualify for Medicaid-reimbursed institutional care. The Level of Care assessment and determination must be done at least once a year.

Let's review what happens when capacity is reserved and the Level of Care determination begins!

LOC Assessment

For the HCB LOC assessment, a task is only triggered for the Internal HCB LOC Assessors. For the rest of the waivers a letter is sent to the Individual and/or the authorized representative/legal guardian to choose an LOC Assessment agency. Let's dive in to learn more about this process!

The Agency associates themselves with the Individual, and a task is created for the LOC Assessor group to schedule and perform the assessment. For Michelle P., the agency associating themselves with the Individual must be from a Community Mental Health Center (CMHC). DMS workers with the LOC Assessor role perform the LOC Assessment for all Individuals with

reserved capacity in the HCB waiver.

After completing the LOC Agency Assignment, for Michelle P., Model II, ABI-Acute, ABI-LTC and SCL waivers, the LOC Assessor at the chosen agency receives a task to schedule and perform the LOC Assessment. The LOC Assessor schedules the appointment, completes the assessment, records the assessment results, and uploads the documents needed for the LOC Review process.

LOC Review

Ever wonder what happens after you submit the LOC Assessment? The LOC Reviewer views a read-only version of the LOC Assessment, including data entered on-screen and any uploaded documents. The LOC Reviewer then determines if the Individual meets the appropriate Level of Care. Let's review the various LOC determination decisions!

Waiver Enrollment

Although an Individual's Level of Care is marked as Met, there are still additional validations needed for the Individual to be enrolled. Let's discuss these enrollment details.

To be enrolled in the designated HCBS Waiver program, the Individual must have an active and approved Medicaid case in a Waiver-compatible type of assistance. When the Individual receives a correspondence informing them that their LOC is 'Met,' MWMA works with benefind to identify the Individual's existing Medicaid eligibility and verifies that the Individual has active and approved Medicaid in a compatible type of assistance. MWMA enrolls the Individual in the HCBS Waiver program after the LOC Reviewer designates the LOC as 'Met' and the Individual has the correct Medicaid Eligibility. Upon enrollment, the Individual receives a correspondence informing them that they are enrolled and should choose a Case Management Agency.

System Updates

On April 1st, several system enhancements, implemented based on your input, went live in the system. Keep on the lookout for communications regarding future updates!

Helpful Tips

Individual Yellow Bar

Several screens in MWMA display a yellow bar that shows Individual information, which helps you easily identify important information. By clicking the yellow bar, additional information is visible including the Case Manager, Case Supervisor, Case Management Agency, Status of the selected program, and LOC End Date.

Quick Launch Functionality

Throughout various screens in MWMA, you may access Quick Launch. Quick Launch is an on-screen drop-down that allow users to easily navigate to other screens and modules within MWMA. Simply click the Quick Launch drop-down and click any of the buttons to navigate to that screen.

View Individual's MWMA Correspondences

To view an Individual's MWMA correspondences:

3. View the Individual's MWMA correspondences.

Program Closure Tips

Case Management Agencies should request program closures only when the person is leaving the waiver altogether (not just your agency).

When **NOT** to submit a Program Closure:

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.

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