

# MEDICAID WAIVER MANAGEMENT APPLICATION (MWMA) FOR CASE MANAGEMENT AGENCIES WEBINAR Q&A

**Reminder:** For system-related questions, contact the MWMA Contact Center. For policy-related questions, refer to your waiver's regulations.

## **Contact Center Information:**

1-800-635-2570

Monday-Friday (8:00am – 5:00 pm)

After the DMS welcome message, **press 1, 6, and 2** to be transferred to the MWMA Contact Center.

## **1. System FAQs**

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### **Q. How do you delete old messages from your message/notification center?**

**A.** Notifications in the Message Center are not able to be deleted. Users are able to filter notifications by period of time, but all notifications remain archived in the user's Message Center. Click on a **message** to mark it as read, which removes it from your notifications count alert.

### **Q. Can you explain the “channel” options on the Basic Information screen within the waiver application?**

**A.** The *Channel* drop-down on the **Basic Information** screen displays choices for the Application Initiator to describe how the interaction with the Individual took place.

### **Q. What if I do not enter my SSN initially?**

**A.** If the Application Initiator does not enter the SSN at the beginning of the application, there is an increased chance of a partial match. A partial match means the system has found an Individual in the system that may be the same as the Individual for whom the application was entered, but there are some discrepancies in the information that require DCBS review. If the user receives a Master Client Index (MCI) partial match, the user is unable to continue with the application and must contact DCBS. Therefore, it is highly recommended to enter the Individual's SSN during the application process to avoid this scenario.

### **Q. When someone has gone through the application process and been placed on a waitlist for MP and in the future has a new diagnosis or a change and needs to submit a new application to see if they are eligible for the HCB waiver, how do we enter it again? When we try to it won't allow us to since they already have an application in the system.**

**A.** From the Individual's benefit Dashboard, click the **Start New Waiver Application** link to begin a new application. If an Individual already has a Case Manager assigned for **ANY** Waiver program in MWMA, then only that specific Case Manager, the Individual, or the Individual's Authorized Representative/Legal Guardian if appropriate is able to start a new application.

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**Q. There are people who only become eligible for Medicaid because they meet the Level of Care criteria for one of the waivers. For example, a person receives SSDI and therefore has Medicare and not Medicaid. How would this work?**

**A.** When the Individual starts a new integrated Medicaid – HCBS Waiver application the system is alerted and considers the Waiver application during Medicaid eligibility determination. If the Individual would not otherwise be eligible for Medicaid, but is eligible with Waiver Level of Care (LOC), the Individual's Medicaid application is held (pending) for up to 90 days before it is denied. If the Individual receives an LOC determination of "Met" before this 90-day period expires, the Individual's Medicaid eligibility is re-evaluated based on the LOC. The Individual and their Authorized Representative if appropriate, receives a correspondence indicating next steps for Medicaid eligibility once the LOC is determined "Met." **Remember: One application is evaluated for each waiver program depending upon the answers to the waiver questions.**

**Q. If a participant is already on one waiting list, what needs to happen to request consideration for another waiting list?**

**A.** The Application Reviewer and Capacity Reviewer are able to add individuals to multiple waiting lists depending on the information provided in the Individual's application. If the Individual's situation has changed and the application review process has already been completed, the Individual/Guardian/Authorized Representative, or assigned Case Management Agency (if there is one) will need to submit a new application to start the application review process again.

**Q. How do you trigger the system to identify if you are requesting an emergency SCL allocation?**

**A.** All of the questions on what had been the emergency SCL application form are built into the waiver application questions, including how soon services are needed. It is important to include specific narrative to explain the need for emergency allocation. The Capacity Reviewer determines capacity and urgency based on the application information provided.

**Q. I have a question about emergency SCL applications. I understand that now you must fill out a regular SCL application first. What if someone filled out a SCL application previously before MWMA years ago? And now they are wanting emergency SCL?**

**A.** If the Individual's situation has changed, the user is able to submit a new application through the Individual's benefit Dashboard. The Application Initiator enters the Individual's information, capturing detailed information to provide a clear picture of the Individual, and submits the application with required documentation. **Reminder: One application is evaluated for each waiver program depending upon the answers to the waiver questions.** The Capacity Reviewer determines the Individual's Urgency of Need during Capacity Review.

**Q. When I initiate a Waiver application, how long will it be before the RN assessor does her assessment?**

**A.** There is not a specific timeline for this process because of the multiple paths that an application may take between Application Review and Capacity Review. For all waiver programs, except HCB, the Level of Care Assessment is not prompted until the Individual's Medicaid eligibility is compatible with Waiver and the Individual contacts the Case Management Agency to have them perform the assessment.

## MEDICAID WAIVER MANAGEMENT APPLICATION (MWMA) FOR CASE MANAGEMENT AGENCIES WEBINAR Q&A

**Q. Where can you see a waiver application that has been deactivated; we have some old ones that are still requesting RFI's.**

**A.** If the user is on the Individual's **Individual Summary** screen, click **View Applications**, and the application status should be DEAC (Deactivated) for these applications. Applications that do not have a status of "*Submitted*" within 60 days of application initiation are marked "*Deactivated.*" If users do not resolve outstanding RFIs within 60 days of the application start date, the user who initiates the application must begin a new application if the Individual wishes to continue the application process. A user is able to view and upload RFI documents through the **View RFI Documents** button on the Individual Summary screen. This button is only visible and enabled if there are RFIs.

**Q. How do we submit the LOC Assessment if the Individual is not accessible via our dashboard since we did not start the application process?**

**A.** Once capacity is reserved in a waiver program for the Individual, the Individual, and their Authorized Representative as appropriate, receives a Correspondence informing them to choose an agency to perform their LOC Assessment. The Correspondence includes information needed for the agency to assign themselves to the Individual by clicking **LOC Assessment Agency Selection** link under *Quick Links* on the **MWMA Dashboard** screen. Once the LOC Assessment Agency is assigned, there will be an LOC assessment task for the assigned case manager. .

**Please Note: For the HCB Waiver this task is triggered automatically to the DMS Worker with the LOC Assessor role to complete the LOC Assessment.**

**Q. Is the LOC/confirmation notice document accessible within MWMA and if so, where?**

**A.** The Individual, and their Authorized Representative as appropriate, receives a Correspondence informing them that their LOC is "Met." This correspondence may be found in MWMA by navigating to the Individual's **Individual Summary** screen and clicking **Message Center** under *Case Actions*.

**Q. So you're saying if the person has a current LOC that hasn't ended, the system will allow me to add their plan and not go through the assessment and initiate POC steps?**

**A.** If the Individual's LOC dates are in the system, the user is able to add the Plan without going through the assessment. The Case Manager is able to initiate the Plan and then enter the Plan as it was approved outside the system. Please upload a copy of the Plan, as it was approved outside the system, to MWMA. **Remember: The agency must be assigned to the individual in order to submit the Individual's Plan.**

**Q. How do you print a waiver application if they have not been approved for a waiver program? The waiver link is not available.**

**A.** This is printable through the **Individual Summary** screen.

**Q. Are CMs the only person allowed to make changes with modifications to address/contact info?**

**A.** No! Any user who has access to the Individual's benefit dashboard is able to make these changes.

## MEDICAID WAIVER MANAGEMENT APPLICATION (MWMA) FOR CASE MANAGEMENT AGENCIES WEBINAR Q&A

**Q. Can the Application Initiator update the address or phone number if needed?**

**A.** Any user who has access to the Individual's benefit dashboard is able to update their address or phone number if needed!

**Q. Can you change the spelling of the Individual's name?**

**A.** The user should contact DCBS to make an update to an Individual's name. This is because the Individual's name is tied to the SSN of the Individual.

**Q. How do you change the Individuals address?**

**A.** A user is able to update an Individual's demographic information through the benefit Dashboard. For residential address changes, click **Report a Change in Circumstances**. A residential address change requires the user to re-submit the application in order for the updates to save. For mailing address changes, click the **Settings** tab. This change does not require the user to re-submit the application.

**Q. "Report Changes of Circumstances" is on some screens of participants but not on others, how can we get that on all participants?**

**A.** This functionality is related to the status of the Individual's Medicaid case. If the Medicaid Case is denied, discontinued, or in intake mode the user is unable to Report a Change in Circumstances.

**Q. What is the turnaround time on a physical address change?**

**A.** For residential address changes the Application Initiator clicks **Report a Change in Circumstance** from the Individual's benefit Dashboard. This change requires resubmission of the Individual's application. If no additional documentation is required, the update is made as soon as the Application is resubmitted.

**Q. Do we need to still complete a Map 22 Medicaid Change of Address form as well and upload?**

**A.** The MAP 22 is not required when doing the address change in the system.

**Q. Will modifications to an Individual's address in benefit be reflected in the KYMMIS system?**

**A.** Yes.

**Q. Is there a way for an Individual's application to be transferred to a new case management agency? Sometimes one agency will help an Individual apply for waiver but then is unable to provide on-going case management. How does the new agency get access in order to monitor the status of the case?**

**A.** Until the point when the Individual receives a correspondence to select their Case Management Agency, the Application Initiator Agency has access to the case. The Application Initiator transfer process may be used if the Application Initiator Agency needs to change.

When an Individual is enrolled in a Waiver program, the Individual and their Authorized Representative (if appropriate) receives a correspondence indicating that the Individual is to pick a Case Management Agency. The Case Management Agency chosen may be different from the agency that completed the initial Application. The case transfer process is used to switch the Individual from one Case Management agency to another.

## MEDICAID WAIVER MANAGEMENT APPLICATION (MWMA) FOR CASE MANAGEMENT AGENCIES WEBINAR Q&A

**Q. What if someone (unknown by client and us) started an application in MWMA in the past and wants us to continue it but they do not know who started the application to transfer, how do we get it removed?**

**A.** The Case Supervisor is able to request an Application Initiator transfer.

**Q. Can external case transfers be completed by a Case Manager rather than a Supervisor?**

**A.** No, only a Supervisor.

**Q. Did you say that only case supervisors and administrators can complete the Inability to Access Services Record? This sounds like the MAP-24. Do we still submit the paper form?**

**A.** Only Case Supervisors and Case Management Administrators are able to submit an Inability to Access Services Record. The MAP-24 and MAP 24C are no longer used.

**Q. So is the Inability to Access Services screen used for temporary hospitalizations, nursing home rehab placement etc. as the prior MAP 2 4C was used?**

**A.** Yes, the Inability to Access Services Record replaces the MAP-24 and MAP 24C.

**Q. After using the inability to access services feature, I sometimes get a task that says, "Take action on submitted record for inability to access services for Individual", and when I click Continue or Start, it does not give me any actionable items**

**A.** The *"Take Action on Submitted Record for Inability to Access Services for Individual"* displays in the task table if the anticipated end date has passed for a submitted record of inability to access services or, 55 days have passed since the day the record of inability to access services was submitted. When this task is received, the Case Supervisor evaluates the situation and updates the record by recording the date the Individual returned to services, revising the anticipated end date for the inability to access services, or submitting a program closure request, whichever is appropriate.

**Q. If a person does not access a service for more than 60 days and an extension needs to be requested, can that be done in the system?**

**A.** The request for extension is done as it was prior to use of MWMA. The response to the extension request is uploaded in MWMA using "view documents." At that point, the Case Supervisor revises the anticipated end date on the record, or submits the program closure, whichever is appropriate.

**Q. If the Individual is going to a DIFFERENT waiver (MPW to SCL) then do we do a closure for MPW? If so, how does the SCL agency access the record in MWMA?**

**A.** The program closure should be initiated after the LOC is "Met" and the Individual has been transferred to the new Case Management agency if appropriate. Once the Individual is transferred to the new agency, the Case Supervisor would initiate a Program Closure, and the SCL agency would be able to access the Individual's information through *Quick Search* in MWMA.

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### **Q. How long does it take for a program closure to go through?**

**A.** When entering the program closure request, the date entered in the *Effective Closure Date* field is the date that the Individual's program closes and they no longer receive waiver services. Program closures are reviewed and finalized by DMS.

### **Q. With regard to Benefind: 1. Is it appropriate that the waiver CM assist with Medicaid recertification within the Benefind system if the CM is an authorized rep and has a MAP 14 document? 2. If we have a MAP 14 for a waiver recipient is there an appropriate place within Benefind to upload this document for easy access for DCBS and member services?**

**A.** Case Managers are able to support this process by initiating the Medicaid recertification through the Individual's benefind Dashboard. The MAP 14 may be uploaded through the Individual's benefind Dashboard.

### **Q. If an Individual goes to a nursing home after 60 days do they need a reassessment?**

**A.** Three of the waivers allow an extension past 60 days to remain in the waiver and three do not. Reassessment will be needed as part of the re-enrollment process for anyone who has been disenrolled due to being without waiver services.

### **Q. How do we get a plan out of "historic" status so that we can make modifications or request exceptional supports?**

**A.** In most cases when a Plan is marked as "historic" it remains "historic". There are specific scenarios where the Plan can be modified. You can reach out to the Contact Center to verify your specific scenario.

### **Q. How do you request Exceptional Supports if the client has not had a POC completed in MWMA yet?**

**A.** All exceptional support requests must be done through MWMA. Users are able to access this through the Manage Plan functionality on the Individual's **Individual Summary** screen. The plan should be entered in MWMA with the appropriate exceptional units/rates.

### **Q. What about cases where RFI's are in the system? We can see the RFI, but nobody at Carewise or elsewhere can figure out how to resubmit the task to the Case Manager in order for the Case Manager to upload the documents into the task. We never received a task because it is still "under QIO review". We can see where they typed in the documents they are requesting but we cannot submit because the task was never sent back to the case manager.**

**A.** For questions related to specific case numbers, please contact the Contact Center.

### **Q. I have a current ticket open with MWMA, as I am unable to input LOC determination information. What happens if this is not completed before the LOC date?**

**A.** For questions related to specific case numbers, please contact the Contact Center. **Please Note:** If you have already contacted the Contact Center for a specific issue, please have your ticket number available.



# MEDICAID WAIVER MANAGEMENT APPLICATION (MWMA) FOR CASE MANAGEMENT AGENCIES WEBINAR Q&A

## 2. General FAQs

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**Q. What does DBHDID stand for?**

A. Department for Behavioral Health, Developmental and Intellectual Disabilities.

**Q. What do you do when you get an error message that says the document is too large to upload?**

A. Split it into two documents and upload it as two documents.

**Q. The green "Report a change in circumstances" button was NOT on one of my clients benefit screen. I even had another co-worker come in to walk me through the process, as I thought I was missing something. It just was not there!**

A. In this scenario, contact DCBS to report the change; however, this functionality is related to the status of the Individual's Medicaid case. If the Medicaid Case is denied, discontinued, or in intake mode the user is unable to Report a Change in Circumstances.

**Q. Is there a place to locate case #'s for case assignment without contacting the call center?**

A. The Individual should provide this information, it is included in the Correspondence they receive once their LOC is "Met."

**Q. Are Case Manager's monthly report (case note or case summary) entered into MWMA at this time**

A. Yes!

**Q. How long will it be before direct support services will be added to MWMA?**

A. [We are anticipating guidance from DMS on this topic in the future. No timeline has been determined at this time.](#)

**Q. How do you change roles for a CM from a CM to CMS or from CMS to CM?**

A. The Case Management Agency's Organization Administrator has the capability to update user roles in MWMA through the Kentucky Online Gateway (KOG). For questions about this process, please contact the KOG Help Desk ([KOGHelpDesk@ky.gov](mailto:KOGHelpDesk@ky.gov)).

**Q. Who would we contact regarding KOG questions?**

A. [KOGHelpDesk@ky.gov](mailto:KOGHelpDesk@ky.gov)

## 2. Enhancements

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**Q. When submitting a request for Goods and Services in the Plan, how can the Case Manager know what funds have already been paid out in order to request additional services? What we have found is that a new request cannot be submitted if the previous request have not been paid out.**

A. Currently, there is no way for the Case Manager to see this information in MWMA. However, there are plans for utilized amounts to be visible in MWMA in the future.

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**Q. Could there be a case print icon on the dashboard to avoid having to visit all those screens to get there?**

**A.** This system enhancement suggestion has been noted for consideration.