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To: 1915(c) Home and Community Based Services (HCBS) Providers

Re: Backdating of Prior Authorizations

Date: March 4, 2024

The Department for Medicaid Services (DMS) has observed an increase in requests to backdate prior authorizations for 1915(c) Home and Community Based Services (HCBS) waivers. DMS is reminding providers that approval of these requests is limited to extraordinary circumstances outside of the provider's control. It is the provider's responsibility to verify services have been authorized before delivering those services.

Policy and procedures, along with Medicaid systems, give providers multiple opportunities to monitor authorizations before delivering services.

- **Person-Centered Planning:** Providers should have a representative present at each participant's yearly person-centered planning meeting. If a participant needs a modification during their plan year, a provider representative should be present if any of the services they provide are being updated or added. This requirement helps ensure, in part, that providers are aware of and agree to the service to be provided, the schedule for delivering the service, and the start date of the service. The provider's signature on the person-centered planning sign-in sheet is meant to confirm they understand and agree to provide the service as outlined in the person-centered service plan based on assessed needs.
- **Checking Authorizations:** Providers have the option to verify authorizations using either the Medicaid Waiver Management Application (MWMA) and/or the Medicaid Management Information System (MMIS).
 - Providers can check authorizations in MWMA by viewing the participant's plan of care details. Directions are available in the [Person Centered Plan of Care and Level of Care Overview Quick Reference Guide \(QRG\)](#).
 - Providers can run a prior authorization (PA) inquiry in the MMIS to view a participant's authorizations. Directions are available in the [PA Inquiry Information](#)

[Sheet.](#)

- **30-Day Notice:** MWMA generates a 30-day notice prior to a service ending. This notice is sent to the Message Center on MWMA. DMS strongly encourages providers and case managers to regularly check their Message Center so they do not miss these and other important case-related notifications. Directions for checking notifications in the MWMA Message Center are available in section 2.2.4 of the [MWMA User Manual](#).

Medicaid Unwinding

DMS is aware that some backdate requests are the result of participants undergoing Medicaid eligibility redeterminations. In this situation, case managers should keep the following in mind:

- There is a 90-day grace period for participants who lose eligibility and are working to get it reinstated.
 - **During the grace period, the case manager can continue to work on the participant's case and related tasks as usual. This includes requesting authorizations.**
 - If the case manager is unsure if the Department for Community Based Services (DCBS) will restore a participant's Medicaid eligibility before the end of the 90-day grace period, they may ask DMS to restart the 90-day grace period.
 - To request a restart to the grace period, the case manager should email the 1915(c) Waiver Help Desk (1915cWaiverHelpDesk@ky.gov) and request that the program closure be canceled. The request should include the participant's name, waiver, case number, and a summary of the efforts to regain eligibility. DMS will review the request and determine if the closure should be canceled. If the closure is canceled, a new program closure will be created the first day of the following month, effectively restarting the 90-day grace period.
 - When the participant has a current and ongoing Medicaid segment in a waiver-compatible type of assistance, MWMA will cancel the Automated Program Closure request.
- DMS encourages providers and case managers to be aware of the Medicaid eligibility status of the participants they serve, as this will help prevent the need to request backdates. Case managers can:
 - Check an individual participant's Medicaid eligibility. Directions for checking this in MWMA are available in the [Accessing Individual Medicaid Information QRG](#).
 - Get a listing of upcoming Medicaid renewals by caseload. Directions for running this report are available in the [Medicaid Renewal Report Reference Guide](#).
 - There are also resources available to help case managers navigate kynect benefits to complete MWMA functionalities.
 - [kynect benefits Job Aide for MWMA Users](#)
 - [kynect benefits and MWMA Trainings](#)
- Case managers and providers should also remind participants of the importance of keeping their contact information on file with Medicaid up to date.

- This can be done online using kynect.ky.gov, by calling kynect at (855) 459-6328, or by calling DCBS at (855) 306-8959.
 - If you identify a participant as having an upcoming renewal, please tell them to be on the lookout for letters from Medicaid and stress the importance of responding in a timely manner. The [Kentucky Renewal Pathways document](#) shows an example of what the notices they receive will look like and what they mean. Participants also have the option to check their renewal date in kynect. Instructions are available in the [How to Access Your Medicaid Renewal Date](#) brief.
 - All renewal information is available on the [Kentucky Medicaid Unwinding website](#).

Questions

If you need technical assistance with MWMA, call (844) 784-5614 and select option 1 or email MedicaidPartnerPortal.Info@ky.gov.

If you have a policy-related question, contact the waiver operating agency list below.

Waiver / Topic	Agency	Contact Information
ABI, ABI LTC, or MIIW	DMS	(844) 784-5614 1915cWaiverHelpDesk@ky.gov
HCB or PDS	Department for Aging and Independent Living	(877) 315-0589, option 3 HCBIquiries@ky.gov
MPW or SCL	Department for Behavioral Health, Developmental and Intellectual Disabilities	Contact your Quality Administrator

If you have case-specific question, contact the 1915(c) Waiver Help Desk at (844) 784-5614 or 1915cWaiverHelpDesk@ky.gov

Sincerely,



Pam Smith
Director, Division of Long-Term Services and Supports