

# **Kentucky Cabinet for Health and Family Services**

## **Medicaid 1915(c) HCBS Case Management Service Authorization Frequently Asked Questions (FAQs)**

### **MWMA, MMIS & Prior Authorization Edition**



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# Kentucky 1915(c) HCBS Case Management Service Authorization FAQs

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# Kentucky 1915(c) HCBS Case Management Service Authorization FAQs

## Section 1: Document Background

The Department for Medicaid Services (the Department), on behalf of the Cabinet for Health and Family Services (the Cabinet), is publishing this Frequently Asked Questions (FAQs) document to provide timely updates and responses to stakeholder questions about the Case Management-initiated service authorization and how it works within the Medicaid Waiver Management Application (MWMA) and the Kentucky Medicaid Management Information System (MMIS). These questions were collected from the Service Authorization Webinar held on October 17, 2019, regional Service Authorization Question and Answer Sessions, and questions sent to the 1915(c) Waiver Help Desk. The Department has modified some questions from the originally submitted language to be as clear as possible and not share case-specific details.

We thank you for your continued interest in the 1915(c) HCBS waivers, case management and person-centered service planning redesign. We value your feedback and consider it an important part of the waiver redesign project.

If you have additional questions about case management and/or service authorization, please contact the 1915(c) Waiver Help Desk via email [1915cwaiverhelpdesk@ky.gov](mailto:1915cwaiverhelpdesk@ky.gov) or by phone at 844-784-5614.

If you have technical questions about the Medicaid Waiver Management Application (MWMA) or need help navigating the system, please call the MWMA Contact Center at 1-800-635-2570.

If you have comments or questions about 1915(c) waiver redesign, please email [medicaidpubliccomment@ky.gov](mailto:medicaidpubliccomment@ky.gov) or call (502) 564-7540.

## Section 2: Questions and Responses

**Q1: Is MWMA changing as a result of the updated service authorization policy? Will the changes clog MWMA?**

Date Added/Revised: 11/26/19

MWMA users should not notice a significant difference in the look and functionality of the application. While some back-end tasks have changed, the input should look the same for you as it has in the past.

Some changes made to support case management-initiated service authorization include:

- Immediate feedback on the disposition of submitted services that are entered and authorized.
- A more comprehensive prior authorization (PA) letter with all three disposition choices divided into three sections: approved, denied, and pending.
- A question about participant choice on the “Submit Plan” page to replace the MAP-350, which will no longer be required as of November 25, 2019.

Changes made are not expected to slow the system or lead to “clogs.” The Department is currently testing and inundating MWMA to make sure systems changes are operating efficiently.

**Q2: How will MWMA and the MMIS work together?**

Date Added/Revised: 11/26/19

MWMA sends service information to MMIS. Case managers will receive either a PA number or an error response. If there is an error response, please read it carefully as it will include information on who to call to for a resolution.

**Q3: What services will need to go to the Cabinet? If the person-centered service plan (PCSP) contains one service requiring a Cabinet-level review, will all services on that PCSP need review?**

Date Added/Revised: 11/26/19

Clinical and high cost services need to be submitted to the Cabinet for prior authorization. A list of these services can be found in the following documents:

- [October 17, 2019, Service Authorization Webinar Recording and Presentation](#)
- [What Does this Mean to Me? Service Authorization Changes](#)
- [Service Authorization Training Webinar Recording](#)
- [Service Authorization Training Guide](#)

The Cabinet will only approve services on a PCSP that require a Cabinet-level review. Case managers will receive immediate feedback on all other services not requiring a review.

**Q4: Can PCSPs be backdated?**

Date Added/Revised: 11/26/19

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The Department will continue to allow back-dating; however, it is not encouraged. When the quality improvement organization (QIO) approved PCSPs, case managers were permitted to back-date up to 14 days from the PCSP submission date. Under the updated service authorization process, this is increased to 30 days from the submission date.

In MWMA, any new service added to the PCSP that is backdated more than 30 days will require a Cabinet-level review. Any new service backdated 30 days or less will not require a Cabinet-level review, as long as it is a case manager-approved service.

After 30 days, the Department will review backdating requests on a case-by-case basis. Should the Department identify a provider who is frequently back-dating, they will be provided technical assistance and/or receive corrective action. We will also monitor this process through quality monitoring to ensure services are not starting prior to discussions about freedom of choice or the person-centered planning team meeting.

### Q5: Does a case manager need to click “Generate PA” in MWMA to get a PA or does it generate automatically?

Date Added/Revised: 12/20/19

MWMA generates PA letters for newly authorized and modified services each night, and they are mailed the following business day. Case managers can also click “Generate PA Letter” link from the “Plan of Care” main menu to generate an on-demand copy of the most recent PA letter. Case managers cannot generate previous PAs from the “Generate PA Letter” function. On-demand PA letters can be saved and immediately emailed or printed. Even if the case manager chooses the on-demand letter function, MWMA will still send a final copy of the PA letter the next business day to all affected providers.

### Q6: Who has access to a participant’s PAs? Where will providers find PAs?

Date Added/Revised: 11/26/19

PA letters will be generated by MWMA and available in the individual’s message center. All providers receive a mailed copy of the PA letter which will be divided into three sections: approved, denied, and pending.

MWMA includes a new button case managers can use to view a PA letter as long they have at least one prior authorized service. This button is called “Generate PA Letter” and is located on the “Manage Plan” screen. This will show the most current information; however, it will not show PA numbers.

Providers can use MMIS to view PA numbers and details (such as whether a service is approved, denied or pending), however, MMIS will no longer show provider authorization letters. To view PA numbers and details in MMIS, use “PA Inquiry.” Instructions can be found here:

<https://chfs.ky.gov/agencies/dms/dca/Documents/painquiryinstructions.pdf>.

### Q7: If a modification is made to the PCSP, what will the PA letter look like?

Date Added/Revised: 11/26/19

The case manager, the participant, and the direct service provider affected by the PCSP modification will receive a letter. The letter will list all services, including those that were not modified.

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Q8: When a PCSP includes case manager-approved services and services requiring a Cabinet-level review, will I receive two letters? What will the PCSP say in this situation?

Date Added/Revised: 11/26/19

The case manager may receive two letters, depending on the timing of the approvals. The first letter may list the case manager-approved services and classify services that are with the Cabinet for review as “pending.” An updated letter is sent after MMIS returns a PA.

The PCSP will show case manager-approved services as “approved.” Services requiring a Cabinet-level review will say “pending.”

Q9: If the case manager makes an error in the drop down box requesting the wrong frequency, what should they do?

Date Added/Revised: 12/20/19

MWMA will provide immediate feedback via either an approval or an error message. The case manager can cancel what is inputted as long as there is not a PA attached. This will cancel the entire service line and a new service line will need to be submitted.

Once a PA is attached, case managers will need to request a void from the Department before adding or changing services. A void can only be completed when no claims have been paid against the service line. The service line cannot be in any status other than prior authorized. Instructions for requesting a void can be found in the question below.

Q10: What does a case manager need to do when requesting a void from the Department?

Date Added/Revised: 12/20/19

Case managers who need to request a void should follow these steps:

1. Ensure there are no claims paid against the authorized service line.
2. Send an email to [1915cwaiverhelpdesk@ky.gov](mailto:1915cwaiverhelpdesk@ky.gov) with “Void” in the subject line.
  - a. Case managers should include the following information in the email:
    - i. Waiver;
    - ii. Case number; and
    - iii. Exact service name with start date that needs to be voided.
  - b. *Please do not include more than **one case per email**.*

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Q11: Does a case manager need to create a new service line to add or remove a PDS employee in MWMA?

Date Added/Revised: 12/20/19

**No**, case managers no longer need create a new service line to add or remove a PDS employee. Waiver redesign updates eliminated this.

Once a service is prior authorized, no change may be made to the units or dollars requested for the service. If adding a new employee affects the units or dollars, the case manager must add a new instance of the service in MWMA and these updates must be submitted to the Plan Reviewer. If adding a new employee does not affect the units or dollars, the employee may be added to the existing instance of the service in MWMA and the service may be re-submitted to the Plan Reviewer.

To add or remove an employee:

1. Select “Add Employee/Modify Service” after clicking “View/Edit” next to the PDS service.
2. A pop-up will appear asking if other changes need to be made.
  - a. Click “No” if there are no changes other than adding or removing an employee.
    - i. To remove an employee, click “Remove Employee” for the current employee.
    - ii. To add or modify an employee, enter the new employee’s information or update the current information.
  - b. Click “Yes” if you need to modify a prior authorized service. Clicking “yes” will end date your current, prior authorized service and create a new instance of the service. **Do not click “yes” if no prior authorized information will be edited.**

More information on adding/editing PDS employees is available at

[https://tris.eku.edu/MWMA/20170706Docs/07\\_Plan/Multiple%20Employees%20per%20PDS%20Service\\_v04052017.pdf](https://tris.eku.edu/MWMA/20170706Docs/07_Plan/Multiple%20Employees%20per%20PDS%20Service_v04052017.pdf)

Questions about employee background screenings should be directed to the 1915(c) Waiver Help Desk. Some waivers require screening of employees, such as immediate family members, and the standard process should be followed for these requests.

Q12: Is a PA number required for billing?

Date Added/Revised: 12/20/19

**No**, a PA number is not required on waiver claims.

Q13: When should case managers check the box that says: “This Service Was Authorized Outside of MWMA?”

Date Added/Revised: 12/20/19

When entering services, case managers will encounter a check box that says “This service was authorized outside MWMA.” Case managers only need to check this box under special circumstances. In situations where a service is authorized outside of MWMA, the case managers will have had conversations with the Department and will be aware whether the box needs to be checked.

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Q14: Will there be a quick reference guide (QRG) for the MWMA functionality updates? Will the QRG be emailed or put on the website? Will there be any training around MWMA?

Date Added/Revised: 11/26/19

The Department released several QRGs for MWMA on November 20, 2019. They are posted in TRIS, along with other case management resources. Additionally, the QRGs are on the Department's Division of Community Alternatives (DCA) website at <https://chfs.ky.gov/agencies/dms/dca/Pages/default.aspx>.

If case managers need access to TRIS, have technical issues with MWMA, or need help navigating the application, they can call the MWMA Contact Center at 1-800-635-2570. There will not be MWMA training for updates to the service authorization process since the majority of the changes were made behind the scenes.