

Kentucky Cabinet for Health and Family Services

Medicaid Waiver Management Application Updates

Frequently Asked Questions



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Bookmark not defined.	
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Document Background

Beginning October 3, 2020 DMS expanded access to the [Medicaid Waiver Management Application \(MWMA\)](#) to all provider agency staff delivering services directly to 1915(c) Home and Community Based Services (HCBS) waiver participants.

Use of MWMA for Service Notes

Provider agencies can now use MWMA to complete service notes. Service note requirements vary by waiver and the service provided. These requirements are outlined in each waiver-related [Kentucky Administrative Regulation \(KAR\)](#) and [provider policy letters](#). While DMS encourages provider agencies to begin using MWMA for service notes, it is not required at this time.

Use of MWMA for Incident Reporting

Provider and case management agencies can begin using MWMA to report incidents beginning October 3, 2020. **All incidents must be reported using MWMA beginning December 1, 2020.** DMS issued [a provider letter](#) explaining this deadline on September 11, 2020.

Frequently Asked Questions

The Department for Medicaid Services (DMS), on behalf of the Cabinet for Health and Family Services (CHFS), is publishing this Frequently Asked Questions (FAQs) document to help answer provider questions about service notes and incident reporting in MWMA. These questions were collected from inquiries made during the MWMA direct service provider (DSP) and case management training sessions held in September 2020. DMS has modified some questions from the originally submitted language to be as clear as possible. Please note this FAQ has been combined with the “Kentucky 1915(c) HCBS Waivers: Critical Incident Reporting FAQs first issued on May 7, 2019. Questions from the previous FAQ that have not been revised are identified by a “Date Added” of 5/7/19.

DSP and case management training materials for MWMA are available in [TRIS](#) at <https://tris.eku.edu/MWMA/default.aspx>. If you need access to TRIS, please email MedicaidPartnerPortal.Info@ky.gov with the following information:

- First and Last Name
- Email Address
- Phone Number
- Role
- Provider Agency

If you have a TRIS account or to check if you previously requested one, your username is firstname.lastname (for example: Jane.Doe) and your password is medicaid1. Recordings of MWMA trainings and training micro videos are available at <https://bit.ly/mwmatrainingvideos>.

Definitions

For the purposes of this FAQ, the following roles are defined as:

Direct Service Provider (DSP): A direct service provider is any person, agent, or employee of a provider entity who provides a 1915(c) HCBS waiver service. In the case of subcontractors, the responsibility for reporting incidents rests with the contracted direct service provider.

Case Manager, Support Broker or Service Advisor: An individual who assists waiver participants in gaining access to waiver services and other needed services to support the waiver participant’s

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needs. The case manager, support broker, or service advisor manages the overall development, implementation, and monitoring of a waiver participant’s person-centered service plan (PCSP).

Regulating Agency: Kentucky Department for Medicaid Services (DMS), Kentucky Department for Behavioral Health, Developmental and Intellectual Disabilities (DBHDID), and Kentucky Department for Aging and Independent Living (DAIL) are the state agencies responsible for overseeing and administering Kentucky’s 1915(c) HCBS waiver programs.

FAQ Key

Questions have been grouped and are listed by topic in the “Contents” section above. Clicking on the question will take you to the answer.

Each question lists the “Date Added” or “Revised.” “Date Added” means the question is new to the FAQ. “Revised” means the response has been substantially updated since the last release of the FAQ.

To further assist readers, DMS has color-coded new and revised questions. The date for each new question is highlighted **yellow**. The date for each revised question is highlighted **green**.

Additional Questions

DMS is working to update this document as more questions are received. If you submitted a question recently, it may be included in a future update.

If you have technical issues with MWMA or need assistance with onboarding or navigating the system, please contact the MWMA Technical Contact Center at (844) 784-5614 and choose option #1.

If you have questions about use of MWMA as it relates to waiver policy, please contact the 1915(c) Waiver Help Desk at 1915cWaiverHelpDesk@ky.gov or (844) 784-5614 and choose option #4 (for case managers/support brokers/service advisors) or #5 (for direct service provider agencies).

Complete information about Kentucky’s 1915(c) HCBS waivers is available at <https://bit.ly/kyhcbswaiverinfo>.

Navigational Tips

Follow the instructions below to quickly search for specific information.

Quick Search Instructions

1. Enter **Ctrl + F** to display the *search box*.
2. In the **Search Document** field, enter a keyword. All search results are highlighted in yellow.

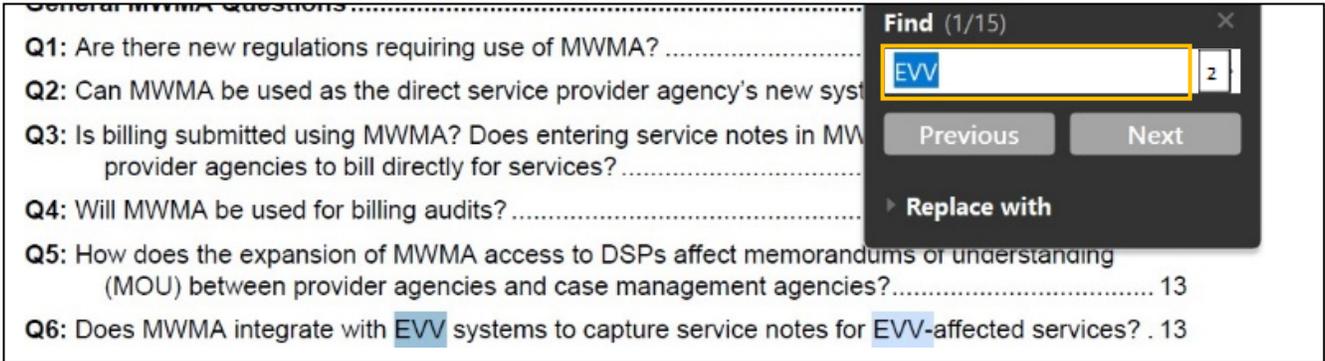


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2. Upon hovering and clicking, the desired question and response appears as shown below

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Using the waiver case number to identify a participant is optional. Users can also identify a participant using their MAID number, individual ID, social security number, or their first and last name.	
Date Added: 10/9/20	

General MWMA Questions

Q1: Are there new regulations requiring use of MWMA?

No, the use of MWMA is required in current waiver-related KARs available at <http://bit.ly/kywaiverregs>.

Date Added: 10/9/20

Q2: Can MWMA be used as the direct service provider agency's new system of record?

Yes, each direct service provider agency can use MWMA as its system of record.

DMS is delaying the requirement for provider agencies to keep service notes in MWMA. Direct service provider agencies can choose to enter service notes in MWMA, but it is not required at this time. Incidents still need to be entered in MWMA **beginning December 1, 2020**. The information is detailed in a letter sent to all 1915(c) HCBS waiver providers on September 11, 2020. The letter is available at <https://bit.ly/mwmaupdates20>.

Revised: 11/24/20

Q3: Is billing submitted using MWMA? Does entering service notes in MWMA replace the need for provider agencies to bill directly for services?

No, billing is not submitted using MWMA. Provider agencies should continue to bill for rendered services the same as they do today.

Date Added: 10/9/20

Q4: Will MWMA be used for billing audits?

Yes, if a provider chooses to use MWMA to keep service notes then DMS, DAIL, and/or DBHDID will utilize MWMA to perform audits.

Please Note: if the provider agency does not keep service notes in MWMA, they will need to continue working with DMS, DAIL, and/or DBHDID to provide all necessary documentation for audits.

Date Added: 10/9/20

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Q5: How does the expansion of MWMA access to DSPs affect memorandums of understanding (MOU) between provider agencies and case management agencies?

It is up to provider agencies and case management agencies to work together and determine if MOUs need to be amended due to the expansion of MWMA access to DSPs.

Date Added: 10/9/20

Q6: Does MWMA integrate with EVV systems to capture service notes for EVV-affected services?

No, not at this time. DMS is evaluating the possibility of integrating MWMA, EVV, or other electronic health record (EHR) systems in a future phase of MWMA updates.

Date Added: 10/9/20

Q7: Who should MWMA users contact with questions?

If you have technical issues with MWMA or need assistance with onboarding or navigating the system, please contact the MWMA Technical Contact Center at (844) 784-5614 and choose option #1.

If you have questions about use of MWMA as it relates to waiver policy, please contact the 1915(c) Waiver Help Desk at 1915cWaiverHelpDesk@ky.gov or (844) 784-5614 and choose option #4 (for case managers/support brokers/service advisors) or #5 (for direct service provider agencies).

Date Added: 10/9/20

MWMA Navigation, Access, and Document Management

Q8: When entering a waiver participant’s Medicaid ID (MAID) number into MWMA, do the zeros at the beginning of the number need to be included?

Yes, the entire MAID number needs to be entered including the zeros at the beginning.

Date Added: 10/9/20

Q9: Does an MWMA user need the waiver case number to find a participant in the system?

Using the waiver case number to find a participant is optional. Users can also find a participant using their MAID number, individual ID, social security number, or their first and last name. MWMA users only have access to participants their provider agency is associated with via an existing or previous prior authorization or waiver service.

Revised 4/12/21

Q10: What is a task queue? Which queues can MWMA users see?

Task queues are on MWMA users’ dashboards. The default is to see tasks directly assigned to the user in the queue called “My Tasks.” A dropdown to the right of the queue allows the user to select the other queue(s) available based upon the user’s role. Once a user clicks on “Start” next to a task from a group queue, the task is assigned to them and is visible in their “My Tasks” queue. Users can determine the number of columns they see in the tasks table by clicking on the dropdown arrow in “Filter Columns” and selecting the columns they want to appear. After selecting the columns, pressing filter will save those choices. A horizontal scroll bar allows users to scroll to be able to view all the columns they have selected.

Revised: 4/12/21

Q11: If a waiver participant receives the same service from two different provider agencies, are MWMA users at both provider agencies able to see all service notes for that service?

If an MWMA user creates a note using the Service Notes module, only users within their provider agency and the participant’s case manager/support broker/service advisor can see it. If an MWMA user uploads a document, **all MWMA users** who have access to that participant can see the uploaded document.

Date Added: 10/9/20

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Q12: Can MWMA users at provider agencies view a participant’s plan of care (POC) in MWMA?

Yes, MWMA users at provider agencies will be able to access POCs for participants they have a prior authorization (PA) to deliver services to.

Date Added: 10/9/20

Q13: Can the participant’s POC be viewed and printed from MWMA?

Yes, MWMA users at provider agencies can view and print copies of the POC from the “plan of care main menu” screen in MWMA.

Date Added: 10/9/20

Q14: Once a provider agency begins using MWMA, does it need to keep participant POCs stored in an internal system?

No. Provider agencies can use MWMA to view POCs and print copies as needed.

Date Added: 10/9/20

Q15: Can MWMA users with a DSP role see records of a participant’s past appointments, such as yearly physicals, in MWMA?

MWMA users with a DSP role have access to all documents uploaded for a participant through “View Documents”, starting from the first document uploaded into MWMA for the participant until the end of the last LOC year in which the provider agency had a prior authorized service for the participant even if it only for one day during the LOC year.

Date Added: 10/9/20

Q16: Can MWMA users with a DSP role access a waiver participant’s crisis plan?

Yes. The crisis plan can be added to the “Accompanying Data and Documentation” section, which MWMA users with a DSP role can access.

Date Added: 10/9/20

Kentucky MWMA Updates –FAQ

Q17: Can MWMA users with a DSP role see all of a participant's goals or just those related to the service they provide?

MWMA users with a DSP role can view all goals and objectives using the Plan of Care module, along with all services the participant is receiving.

Date Added: 10/9/20

Q18: Will direct service provider agencies continue to have access to MWMA records for participants who switch to a different agency?

If a direct service provider agency received a PA for the participant, the direct service provider agency will have access to the participant's data using "Quick Search" via either "Search Individual" or "Search Previously Associated Individual," depending on the participant's plan status. If the service is voided, the direct service provider agency will lose access to the participant.

Date Added: 10/9/20

Q19: Are Prior Authorizations (PAs) still viewable on the Medicaid Management Information System (MMIS)?

Prior Authorizations (PAs) are viewable in MMIS and MWMA, however, MWMA generates a more user friendly version. PAs can be viewed in MWMA using the "Service Details" screen or by generating a PA letter.

If a provider wants to view PA information in MMIS, they will need to use "PA Inquiry". Instructions for using PA inquiry are available at:

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

Date Added: 10/9/20

Q20: Do provider agencies have access to a participant's PA letters?

Yes, a provider agency is able to generate a PA letter in MWMA for participants they are currently associated with.

Date Added: 10/9/20

Q21: Can provider agencies download copies of PAs from MWMA?

Yes, PAs generate a PDF document that can be saved electronically or printed.

Date Added: 10/9/20

Kentucky MWMA Updates –FAQ

Q22: Can provider agencies opt in or opt out of receiving hard copies of PA letters?

MWMA users have the option to opt in or out of hard copies of PA letters using the “PA Letter Mailing Preference” link under “Quick Links” on the MWMA dashboard.

Date Added: 10/9/20

Q23: Will the direct service provider agency be notified when a PA is added or modified?

Yes. Direct service provider agencies will receive a notification in their MWMA message center about PAs for services provided by their agency. They will not receive a notification about PAs for services provided by other direct service provider agencies. Direct service provider agencies will also receive notifications about program closures.

Date Added: 10/9/20

Q24: Can MWMA users with a DSP role print a participant’s LOC letter?

No, users with a DSP role cannot view a participant’s LOC letter, however, the LOC dates are viewable on the “Program Summary” screen, which fulfills the LOC in their records. Users with a Case Manager role or a Case Manager Supervisor role have access to print the LOC letter.

Revised: 11/24/20

Q25: Can the POC or other documents be downloaded as a PDF?

Yes. All documents open as a PDF, which can be saved electronically or printed.

Date Added: 10/9/20

Q26: Can assessment tool information, such as the MAP-351, be printed from MWMA?

Yes, this information can be viewed and printed using MWMA.

Date Added: 10/9/20

Kentucky MWMA Updates –FAQ

Q27: Can case managers/support brokers/service advisors see all the service notes a direct service provider agency enters for a waiver participant?

Yes, case managers/support brokers/service advisors are able to see all the service notes entered for a waiver participant.

Date Added: 10/9/20

Q28: Will the following documents currently required to be in a Supports for Community Living (SCL) participant's record be available for viewing in MWMA: the life story, participant summary, SIS assessment, and individual narrative?

Yes, if they are uploaded via the "View Documents" screen. All MWMA users associated with the participant have access to documents uploaded using "View Documents."

Date Added: 10/9/20

Q29: Where should a direct service provider agency upload participant documents? Examples of documents include consent forms or reports from annual physical exams.

If a document is being uploaded based on a task received, use the "Document Upload" section within that task. For all other uploaded documentation, use the "View Documents" section. This allows all individuals with access to a waiver participant's case to view the documents.

Revised: 11/24/20

Q30: If a direct service provider agency changes provider numbers, will the new direct service provider agency's staff still have access to participants served under the old provider number?

If a provider number changes and you do not remove access from staff for that provider number, the direct service provider agency and staff will still have access.

Date Added: 10/9/20

Q31: Can MWMA be accessed from an iPad or tablet?

Yes, MWMA can be accessed from an iPad or tablet, however, it is most user friendly when accessed using a desktop or laptop computer.

Date Added: 10/9/20

Kentucky MWMA Updates –FAQ

Q32: Will in-progress waiver applications still be accessible on MWMA?

Yes, in-progress waiver applications are still accessible on MWMA. The ability to enter service notes and report incidents using MWMA should not change the functionalities users could access previously.

Date Added: 10/9/20

Q33: Do providers lose access to a participant’s record if they are no longer providing services to the participant?

No, If you had a Prior Authorization for a service at some point but are no longer providing services, you can still access information from the time you had a PA by searching for the individual via the “Search Previously Associated Individuals” functionality.

Date Added: 04/12/21

Q34: I uploaded an incorrect document and am now unable to remove it. What should I do?

Please contact the 1915(c)Waiver Help Desk at 1915cWaiverHelpDesk@ky.gov or (844) 784-5614 and choose option #4 (for case managers/support brokers/service advisors) or #5 (for direct service provider agencies).

Date Added: 04/12/21

User Training

Q35: Will MWMA training attendees have access to slides presented during the training modules?

Yes, the presentation slides were emailed to training attendees and are posted in TRIS at <https://tris.eku.edu/MWMA/default.aspx>. If you need access to TRIS, email the following information to MedicaidPartnerPortal.Info@ky.gov:

- First and Last Name
- Email Address
- Phone Number
- Role
- Provider Agency

If you have a TRIS account or to check if you previously requested one, your username is firstname.lastname (for example: Jane.Doe) and your password is medicaid1.

Date Added: 10/9/20

Q36: Are there videos to explain how to use MWMA for service notes and incident reporting similar to those used in the training sessions?

Yes. The videos were emailed to training attendees and are available at <https://bit.ly/mwmatrainingvideos>.

Date Added: 10/9/20

Q37: Are there any user guides or quick reference guides (QRG) for MWMA users as they learn these updates?

Yes. User guides and QRGs are available in TRIS at <https://tris.eku.edu/MWMA/default.aspx>. If you need access to TRIS, email MedicaidPartnerPortal.info@ky.gov with the following information:

- First and Last Name
- Email Address
- Phone Number
- Role
- Provider Agency

If you have a TRIS account or to check if you previously requested one, your username is firstname.lastname (for example: Jane.Doe) and your password is medicaid1.

Date Added: 10/9/20

Kentucky MWMA Updates –FAQ

Q38: Do attendees receive a certificate or documentation for completing MWMA trainings or do they need to complete their own employee training report?

DMS is not providing documentation that MWMA training was completed. It is up to provider agencies to determine if they wish to keep documentation of employee completion of training.

Date Added: 10/9/20

Q39: Does MWMA training replace state-required incident reporting and crisis training?

No, MWMA training does not replace crisis prevention training as required by DBHDID.

Date Added: 10/9/20

User Onboarding

Q40: Why do direct service provider agency staff need access to MWMA?

Access to MWMA gives direct service provider agency staff the ability to enter service notes and to report incidents involving 1915(c) HCBS waiver participants, as defined in waiver-related KARs. Direct service provider agencies and case managers are required to use MWMA for incident reporting no later than December 1, 2020. The requirement for direct service provider agencies to enter service notes in MWMA is delayed. DMS notified all providers of the delay in a letter sent on September 11, 2020. The letter is available at <https://bit.ly/mwmaupdates20>.

Access to MWMA also gives direct service provider agency staff the ability to view details about the waiver participants they serve as well, including the participant's POC, goals and objectives, or PAs. This allows sharing of information between direct service provider agencies and case managers without one party having to request or wait for information. MWMA users have access to needed information as soon as it is entered in the participant's record.

Revised: 11/24/20

Q41: Do all direct service provider agency staff who provide 1915(c) HCBS waiver services need access to MWMA, such as behavior analysts or counselors?

Any direct service provider agency staff who deliver 1915(c) waiver services directly to waiver participants need access to MWMA for reporting incidents and viewing details about the waiver participants they work with. Direct service provider agencies also have the option to enter or upload service notes using MWMA, however, it is not required at this time.

The direct service provider agency's MWMA org admin is responsible to enroll staff in MWMA. The org admin can assign staff members either a DSP role or a DSP Supervisor role, depending on the staff member's job responsibilities.

Revised: 11/24/20

Kentucky MWMA Updates –FAQ

Q42: What MWMA functionalities can users with a DSP role access?

MWMA users with a DSP role have access to several modules including service notes, incident reporting, POC and level of care. A full list of the modules a user with a DSP role can access is available in the “Level of Access” QRG available in TRIS at <https://tris.eku.edu/MWMA/default.aspx>. If you need access to TRIS, email MedicaidPartnerPortal.info@ky.gov with the following information:

- First and Last Name
- Email Address
- Phone Number
- Role
- Provider Agency

If you have a TRIS account or to check if you previously requested one, your username is firstname.lastname (for example: Jane Doe) and your password is medicaid1.

Date Added: 10/9/20

Q43: Why is DMS allowing direct service provider agency staff to view to participant goals and objectives?

When a staff member provides services directly to a waiver participant, they should be working with the participant on goals and objectives related to that specific service. Having access to MWMA allows direct service provider agency staff to review the participant’s POC and better understand the goals and objectives they are trying to meet.

Date Added: 10/9/20

Q44: How do direct service provider agency staff obtain access to MWMA?

Each direct service provider agency should have identified at least one org admin. The org admin is responsible to add the staff at their direct service provider agency to MWMA. If a direct service provider agency needs to add or change org admin, contact the MWMA Technical Contact Center at (844) 784-5614, option #1.

Date Added: 10/9/20

Q45: How can a direct service provider agency add org admins?

If a direct service provider agency needs to add or change org admin, contact the MWMA Technical Contact Center at (844) 784-5614, option #1.

Date Added: 10/9/20

Kentucky MWMA Updates –FAQ

Q46: How do org admins request access for direct service provider agency staff?

There is a quick reference guide on adding agency staff to MWMA. The Org Admin Onboarding Guide is available in TRIS at <https://tris.eku.edu/MWMA/default.aspx>. If you need access to TRIS, email MedicaidPartnerPortal.info@ky.gov with the following information:

- First and Last Name
- Email Address
- Phone Number
- Role
- Provider Agency

If you have a TRIS account or to check if you previously requested one, your username is firstname.lastname (for example: Jane.Doe) and your password is medicaid1.

Date Added: 10/9/20

Q47: If an individual is an org admin for two different direct service provider agencies, will they need to set up a KOG account for each direct service provider agency?

No. Individuals who act as an org admin for multiple direct service provider agencies will see these agencies listed when they log in. They will need to make sure they choose the correct agency when managing staff access.

Date Added: 10/9/20

Q48: Can an MWMA user have multiple roles?

Yes, the org admin can assign multiple roles to a direct service provider agency employee. For example, an individual might have a case manager role and a direct service provider role or an individual with org admin role might also have a DSP Supervisor role. The only exception is a provider agency employee cannot have both a DSP and DSP Supervisor role. If a user has multiple roles, MWMA will ask the user which role they want to use when they log in.

Revised: 11/24/20

Kentucky MWMA Updates –FAQ

Q49: Can a case manager/support broker/service advisor also be a DSP Supervisor in MWMA?

Yes, the system allows an individual to have multiple roles. The direct service provider agency's org admin is responsible to assign roles. It is important to note in instances where a case management agency also provides direct services, conflict-free case management must be followed. Conflict-free case management, as stipulated in the Affordable Care Act and Federal Final Rule CMS 2249F, requires that a provider, including any subsidiary, partnership, not-for-profit, or for-profit business entity that has a business interest in the provider, who renders case management to a participant must not also provide another waiver service to that same participant, unless the servicing provider and case manager are the only willing and qualified providers in the geographical area (30 miles from the participant's residence). When one entity is responsible for providing case management and service delivery, the Department will require that appropriate safeguards and firewalls must exist to mitigate risk of potential conflict. DMS must approve any conflicted case management services provided to a waiver participant.

Date Added: 10/9/20

Q50: How is a direct service provider agency staff member designated as a DSP Supervisor?

The direct service provider agency's org admin identifies each agency staff member's role when adding them to MWMA.

Date Added: 10/9/20

Q51: Is there a limit to the number of users with a DSP Supervisor role that a direct service provider agency can enroll in MWMA?

There is no limit to the number of individuals with a DSP Supervisor role that a direct service provider agency can enroll in MWMA.

Date Added: 10/9/20

Q52: Can a direct service provider agency limit which participant's data each MWMA user sees?

Direct service provider agency staff with DSP roles in MWMA have access to all participants the provider agency serves. Users with a DSP role should follow their agency's Health Insurance Portability and Accountability Act/privacy policies and training when handling participant data, just as they do today.

Date Added: 10/9/20

Kentucky MWMA Updates –FAQ

Q53: Since the requirement to enter service notes via MWMA is delayed, do direct service provider agencies need to give staff access to MWMA at this time?

While the requirement to enter service notes via MWMA is delayed, DMS is still requiring that incident reports be entered via MWMA **beginning December 1, 2020**. Direct service provider agencies should keep this deadline in mind as they determine when and how to onboard, train, and have staff members begin using MWMA.

Date Added: 10/9/20

Q54: Do participant-directed services (PDS) employees have access to MWMA?

No, the expansion of MWMA access does not include PDS employees.

Date Added: 10/9/20

Service Notes – Policy

Q55: What is the benefit of completing or uploading service notes in MWMA?

For direct service provider agencies, using MWMA to enter or upload service notes eliminates the need to keep paper documentation and reduces the work involved in preparing for audits by DMS, DAIL, and/or DBHDID. This is because the waiver operating agencies can view documentation using MWMA rather than asking provider agencies to provide copies. Additionally, case managers/support brokers/service advisors can view service notes as needed for their monitoring requirements.

Date Added: 10/9/20

Q56: What is a service note and what information should it capture? Which services are required to have service notes entered in MWMA?

Service note requirements vary by waiver and type of service being provided. Please check the applicable KAR found at <http://bit.ly/kywaiverregs> or current policy guidance letters available at <http://bit.ly/kydmsproviderletters> to verify the service notes requirements for the waiver(s) your direct service provider agency serves and service(s) provided.

Date Added: 10/9/20

Q57: Are direct service provider agency staff required to submit service notes daily or can service notes be uploaded later by office staff?

It is up to each agency to determine its process for entering service notes in MWMA as long as the service notes meet the waiver policy and/or regulatory requirements. These requirements vary by waiver and type of service being provided. Please check the applicable KAR found at <http://bit.ly/kywaiverregs> or current policy guidance letters available at <http://bit.ly/kydmsproviderletters> to verify the service notes requirements for the waiver(s) your provider agency serves and service(s) provided.

Date Added: 10/9/20

Q58: Does the service note replace the case management note?

No, service notes requirements defined in waiver-related KARs are not changing. Service note requirements vary by waiver and type of service being provided. Please check the applicable KARs found at <http://bit.ly/kywaiverregs> or current policy guidance letters available at <http://bit.ly/kydmsproviderletters> to verify the service notes requirements for the waiver(s) your provider agency serves and service(s) provided.

Date Added: 10/9/20

Kentucky MWMA Updates –FAQ

Q59: If a direct service provider agency completes service documentation in an EHR, does it need to be re-entered in MWMA?

No. DMS is delaying the requirement for provider agencies to keep service notes in MWMA. The information is detailed in a letter sent to all 1915(c) HCBS waiver providers on September 11, 2020. The letter is available at <https://bit.ly/mwmaupdates20>.

It is important to note entering service notes in MWMA benefits direct service provider agencies. Using MWMA for service notes eliminates the need to provide notes to case managers/support brokers/service advisors as they have access to any service note entered for a participant they serve.

Additionally, using MWMA gives DMS, DAIL, and/or DBHDID access to a direct service provider agency's service notes for auditing. If a direct service provider agency chooses to not enter service notes in MWMA at this time, they are expected to make service notes available upon request from DMS, DAIL, and DBHDID.

Date Added: 10/9/20

Q60: Does DMS plan to have MWMA integrate with provider agency's electronic medical record systems in the future?

DMS has heard from a number of providers concerned about the work involved in keeping service notes in EHR systems, in MWMA, and through EVV. DMS is delaying the requirement for direct provider agencies to keep service notes in MWMA. The information is detailed in a letter sent to all 1915(c) HCBS waiver providers on September 11, 2020. The letter is available at <https://bit.ly/mwmaupdates20>. DMS is evaluating the possibility of integrating MWMA with EHRs in a future phase of updates.

Date Added: 10/9/20

Q61: When does DMS plan to mandate service notes be entered into MWMA?

To ease the burden on direct service provider agencies as they deal with the ongoing COVID-19 pandemic and prepare for the implementation of electronic visit verification (EVV), **the requirement to enter service notes in MWMA is being delayed.** The information is detailed in a letter sent to all 1915(c) HCBS waiver providers on September 11, 2020. The letter is available at <https://bit.ly/mwmaupdates20>.

Date Added: 10/9/20

Kentucky MWMA Updates –FAQ

Q62: Can a direct service provider agency start using MWMA for service notes now even though it is not required yet?

Yes, while direct service provider agencies are not required to use MWMA for service notes at this time they may use it for service notes if they choose.

Date Added: 10/9/20

Q63: Do service notes need to be completed prior to billing services?

Yes. A claim is completed when the requirements in the KARs are complete. Per 907 KAR 1:672 “Provider enrollment, disclosure, and documentation for Medicaid participation” Medicaid providers are required to “provide true, accurate, and complete information in relation to any claim for payment.”

Date Added: 10/9/20

Q64: If a direct service provider works a longer shift, for example 8-12 hours, do they need to enter a service note for each service?

Service notes should be split up based on the services provided, not necessarily the activities done during the service. The service notes require the user to enter the date and time for the specific service provided.

Date Added: 10/9/20

Q65: Provider letter #A-49 states adult day training (ADT) providers in the Supports for Community Living waiver must provide a monthly summary. Does entering service notes in MWMA change this?

No, ADT providers are still required to provide a monthly summary as outlined in [provider letter #A-49](#). Monthly summaries can be entered in MWMA or using the direct service provider agency’s current process.

Date Added: 10/9/20

Kentucky MWMA Updates –FAQ

Q66: If an ADT is currently closed due to COVID-19, is the ADT still required to enter monthly summaries in MWMA while not providing services?

No, ADTs are not required to complete a monthly summary if they are not providing services. If an ADT continues to provide services remotely, the monthly summary should be completed.

Date Added: 10/9/20

Q67: Can family home (FHP) and adult foster care (AFC) providers use MWMA for the in and out logs?

No. FHPs and AFCs are not Medicaid-enrolled providers and do not have access to MWMA. The Medicaid-enrolled residential provider can upload the in and out logs on the FHP or AFC's behalf, however, the log must be specific to the participant for whom it is being uploaded and not include information for multiple participants.

Date Added: 10/9/20

Q68: Can direct service provider agencies add the in and out logs to MWMA when they complete their monthly summary note?

If a direct service provider agency is required to keep in and out logs with monthly service notes, the in and out log can be added when the service notes are completed in MWMA. The log must be specific to the participant for whom it is being uploaded and not include information for multiple participants. To add an in and out log, upload it using the "Upload Documents" option on the "Add Service Notes" screen.

Date Added: 10/9/20

Q69: For EVV-affected services, will entering service notes via EVV satisfy service notes requirements?

Yes. Notes for EVV-affected services are required to be entered using EVV once EVV use becomes mandatory. The most up to date information on EVV implementation is available at <https://bit.ly/kywaiverEVVinfoNotes> for EVV-affected services can also be entered in MWMA, however, this is not required.

Notes for all other services must be entered in MWMA, however, to ease the burden on providers as they deal with the ongoing COVID-19 pandemic and prepare for the implementation of electronic visit verification (EVV), **the requirement to enter service notes in MWMA is being delayed.** DMS notified providers of this delay in a letter sent on September 11, 2020. The letter is available at <https://bit.ly/mwmaupdates20>.

DMS created a quick reference guide outlining service notes requirements for 1915(c) HCBS waivers. It is available at <https://bit.ly/kyevvservicenotes>.

Revised: 4/12/21

Service Notes Module Functionalities

Q70: Can service notes be scanned and uploaded or do they have to be entered directly into MWMA?

Service notes can be entered directly into MWMA or scanned and uploaded as long as the required fields in MWMA service notes module are completed before upload. The required fields are denoted by a red asterisk (*) on the screen and include: note status, plan, service, service provider, note type, service date, service time, and service note detail.

Written and uploaded service notes must adhere to service notes requirements as defined in KARs and/or current policy letters. These requirements vary by waiver and type of service being provided. Please check the applicable KAR found at <http://bit.ly/kywaiverregs> or current policy guidance letters available at <http://bit.ly/kydmsproviderletters> to verify the service notes requirements for the waiver(s) your direct service provider agency serves and service(s) provided.

Date Added: 10/9/20

Q71: Can service notes be saved and submitted after an MWMA user with a DSP Supervisor role reviews them?

It is up to each direct service provider agency to determine the process for entering service notes in MWMA. The system allows service notes to be saved and edited before they are submitted, so a direct service provider agency can have a user with a DSP Supervisor role review service notes before submission if it chooses.

Date Added: 10/9/20

Q72: Can a service note be edited?

Yes, MWMA users with a DSP role and DSP Supervisor role can edit a service note **before** it is submitted. Once a service note is submitted, it cannot be edited.

Date Added: 10/9/20

Q73: Can a service note be deleted?

Once submitted, a service note cannot be deleted. If a provider agency needs to delete a submitted service note, please contact the 1915(c) Waiver Help Desk at (844) 784-5614 or 1915cWaiverHelpDesk@ky.gov.

Date Added: 10/9/20

Kentucky MWMA Updates –FAQ

Q74: Who can see service notes once they are submitted?

For notes created and entered directly into MWMA using the Service Notes module:

- Users with a DSP or a DSP Supervisor role can see all service notes created and submitted by their direct service provider agency.
- Users with a Case Manager role or a Case Manager Supervisor role can see all service notes created and submitted for the waiver participants under their case load.
- Users with DMS, DAIL, and DBHDID can see all service notes created and submitted in MWMA.

Please note that if a MWMA user uploads a document, **all MWMA users** who have access to that participant can see the uploaded document.

Revised: 11/24/20

Q75: Can service notes be signed electronically?

Service notes do not need to be signed electronically. The service note is tied to the log in of the MWMA user who entered the service note. If service notes are uploaded on behalf of the MWMA user who provided the service, the uploaded note should include their signature and all required components outlined in the applicable KAR.

Date Added: 10/9/20

Q76: When entering service notes in MWMA, do the participant's goals and objectives pre-populate from the POC?

No, the participant's goals and objectives will not pre-populate. Goals and objectives are available by viewing the participant's POC.

Date Added: 10/9/20

Q77: If a provider agency uploads service notes to MWMA and a correction is made to the physical copy, can the corrected note be uploaded too?

Yes, the corrected note can be uploaded. If a provider agency needs to have a note deleted, contact the 1915(c) Waiver Help Desk at 1915cWaiverHelpDesk@ky.gov.

Date Added: 10/9/20

Kentucky MWMA Updates –FAQ

Q78: What kind of document should be uploaded with a service note?

MWMA users can upload any document they believe is relevant to the service provided.

Date Added: 10/9/20

Q79: Can service notes about medical appointments be entered in MWMA?

Yes, service notes about medical appointments can be uploaded or entered directly into MWMA.

Date Added: 10/9/20

Q80: If a case management agency also provides direct services, will case managers/support brokers/service advisors be able to see the service notes entered by the agency's DSPs?

Yes, case managers can view all aspects of a waiver participant's case in MWMA. It is important to note in instances where a case management agency also provides direct services conflict-free case management must be followed. Conflict-free case management, as stipulated in the Affordable Care Act and Federal Final Rule CMS 2249F, requires that a provider, including any subsidiary, partnership, not-for-profit, or for-profit business entity that has a business interest in the provider, who renders case management to a participant must not also provide another waiver service to that same participant, unless the servicing provider and case manager are the only willing and qualified providers in the geographical area (30 miles from the participant's residence). When one entity is responsible for providing case management and service delivery, the Department will require that appropriate safeguards and firewalls must exist to mitigate risk of potential conflict. DMS must approve any conflicted case management services provided to a waiver participant.

Date Added: 10/9/20

Incident Reporting – Policy

Q81: Why does DMS need to track incidents?

Incident reporting is essential to safeguarding the health, safety, and welfare of 1915(c) HCBS waiver participants. DMS tracks incidents to:

- Assure that necessary safeguards have been taken to protect the health, safety, and welfare of participants receiving 1915(c) HCBS waiver services.
- Identify, address, and seek to prevent the occurrence of abuse, neglect, and exploitation on a continuous basis.
- Comply with key regulatory requirements from Centers for Medicare & Medicaid Services (CMS) regarding monitoring.
- Ensure remediation (follow up) actions are initiated when appropriate.

Revised: 11/24/20

Q82: What does DMS do with incident data?

DMS uses incident data to:

- Identify and resolve incidents to support waiver participant safety.
- Mitigate preventable incidents.
- Provide insights into trends and problems across Kentucky to reduce risks and improve quality of services.

Date Added: 5/7/19

Q83: Are case managers responsible for reporting all incidents?

No, the individual who witnesses or discovers the incident is responsible to report it. This includes direct service provider agency staff or the case manager/support broker/service advisor.

Revised: 11/24/20

Kentucky MWMA Updates –FAQ

Q84: Are support brokers/service advisors expected to complete a Risk Mitigation and Investigation Report (RMIR) in MWMA?

Yes, the support broker/service advisor is responsible for reporting incidents and completing the RMIR in MWMA. Use of the electronic incident reporting system in MWMA must begin **no later than December 1, 2020**, as outlined in [the provider letter](#) DMS issued on September 11, 2020.

During the interim solution, the support broker/service advisor was responsible for reporting the incident but was not responsible for conducting an investigation; however, this process is changing with electronic submission of incidents via MWMA.

The PDS employee who provides services to a PDS waiver participant is expected to notify the support broker/service advisor of any incidents. The PDS employee is not expected to complete or submit the incident report or RMIR.

Revised: 11/24/20

Q85: If a waiver participant experiences abuse at their residential provider and reports this to a provider at their day program, who should submit the incident report?

Typically, if the incident occurs at a direct service provider location, that direct service provider is responsible for completing the incident report; however, there may be exceptions based on the specific incident. Direct service providers should always use their professional judgement when reporting.

In this scenario:

- The direct service provider who discovered the incident should not contact the suspected perpetrator and should report the incident themselves if they have concerns that the responsible direct service provider will not report the incident.
- The provider agency that submitted the incident report should complete the RMIR (if necessary) and work collaboratively with all parties involved to investigate the incident.
- Reporting incidents to the regulating agencies does not replace the mandatory reporting requirements of Kentucky Revised Statute (KRS) 620.030 or 209.030 with regard to abuse, neglect, or exploitation (ANE). The individual who discovers or suspects abuse should report to APS immediately.

Revised: 6/4/21

Kentucky MWMA Updates –FAQ

Q86: Who should submit incident reports using MWMA?

Direct service provider agency staff member, case managers, and support brokers/service advisors (for PDS) who witness or discover an incident involving a waiver participant receiving 1915(c) Home and Community-Based Services (HCBS) waiver services is expected to report it via MWMA. In addition, reporting incidents under the provisions of DMS's policy shall not replace the mandatory reporting requirements of KRS 620.030 or 209.030 with regard to ANE.

Revised: 11/24/20

Q87: Which incidents are entered using MWMA, critical or non-critical?

All incidents, critical and non-critical, should be entered and reported using MWMA.

Date Added: 10/9/20

Q88: Which incidents are considered critical and non-critical?

While the method of reporting incidents is changing, the types of incidents required to be reported are not. Incident types and definitions are available in the Incident Reporting Instructional Guide at <https://chfs.ky.gov/agencies/dms/dca/Documents/irinstructionalguide.pdf>.

Date Added: 10/9/20

Q89: What is not an incident?

Events that do not have the potential to impact waiver participants' health, safety, or welfare do NOT need to be reported. Examples of things not required to be reported include but are not limited to:

- Scheduled medical procedures/surgeries
- Request to change a case manager or request for services to be placed on hold
- Peer to peer interactions that show no observed threat to health, safety, or welfare (e.g. argument over who sits in what chair)
- Lifestyle choices or actions that show no observed impact on health, safety, or welfare (e.g. having a few alcoholic drinks as long as it's not contra-indicated)
- Flu and STDs. Medical providers report flu, sexually transmitted diseases, and other illnesses to local health departments or the Kentucky Department for Public Health in accordance with 902 KAR 2:020. If the waiver participant is diagnosed with an STD and there is suspected abuse, this should be reported under the incident type "Suspected abuse."

Date Added: 5/7/19

Kentucky MWMA Updates –FAQ

Q90: If a participant is diagnosed with COVID-19, should an incident report be submitted?

Yes. The types of incidents that require reporting are not changing, only the method of reporting them. Information on reporting confirmed COVID-19 cases in waiver participants is available at <https://chfs.ky.gov/agencies/dms/ProviderLetters/1915cwaivercovid19reporting.pdf>.

Date Added: 10/9/20

Q91: If an incident occurs that is not related to a waiver service delivery (e.g., injury at home), does it still need to be reported?

Yes, all incidents impacting 1915(c) HCBS waiver participants must be handled appropriately. For example, if a waiver participant has an accident at home by themselves that meets one of the incident definitions, an incident report still needs to be completed and the appropriate parties need to be notified.

Date Added: 5/7/19

Q92: Are public health issues (e.g. bed bugs, lice, flu, etc.) considered a reportable incident?

Bed bugs and lice should be reported under the “Public Health Concerns” category if they impede services to the waiver participant.

Flu is not considered an incident. Medical providers report flu, sexually transmitted diseases, and other illnesses to local health departments or the Kentucky Department for Public Health in accordance with 902 KAR 2:020.

Date Added: 5/7/19

Q93: How should provider agencies report instances of bed bugs at a direct service provider location?

If the direct service provider agency discovers bed bugs, it must complete an incident report for each waiver participant potentially impacted by the incident.

Date Added: 5/7/19

Kentucky MWMA Updates –FAQ

Q94: Is peer-to-peer aggression a reportable incident?

Peer-to-peer aggression should be reported as “suspected abuse” if physical or mental abuse is involved.

For instances of peer-to-peer aggression where both parties are waiver participants, two incident reports should be completed: one for the waiver participant who is the victim and one for the waiver participant who is the aggressor.

Date Added: 5/7/19

Q95: Are sexually transmitted diseases (STDs) considered a reportable incident?

No, STDs should not be reported as a critical or non-critical incident; however, if there is suspected abuse, this should be reported under the incident type “Suspected abuse.”

STDs are not considered an incident. Medical providers report sexually transmitted diseases, flu, and other illnesses to local health departments or the Kentucky Department for Public Health in accordance with 902 KAR 2:020.

Date Added: 5/7/19

Q96: Are behavioral issues a reportable incident?

Only if the behavior falls under one of the following subcategories: alleged criminal activity, homicidal ideation, inappropriate sexual behavior, physical aggression, property damage, self-injury, self-neglect, verbal aggression. While a behavior issue may not require an incident report, action may still need to be taken to address it.

Revised: 11/24/20

Q97: If a direct service provider goes to render a waiver service and the waiver participant is not present, should an incident report be submitted?

No, unless it is determined that the person is missing. The direct service provider should first contact the case manager or support broker/service advisor.

Date Added: 5/7/19

Kentucky MWMA Updates –FAQ

Q98: If a transportation driver attempts to drop a waiver participant off to receive services and no one is present, should an incident be reported?

Yes, this should be reported as an incident in MWMA under the “Suspected Neglect” category.

Revised: 11/24/20

Q99: The examples for “Minor Injury” do not seem to meet the definition. Can you clarify what is considered a minor injury?

DMS considers “minor injury” as any injury that may be treated on site and/or require a medical intervention. Minor injuries do not pose a risk of potential death, prolonged disability, or permanently diminished quality of life. Examples include, but are not limited to:

- Falls which require medical intervention. Falls which do not require provider intervention and do not result in injury should not be documented on an Incident Reporting Form.
- Sunburn requiring no treatment
- Injuries such as a scratch which does not break the skin

Date Added: 5/7/19

Q100: Should ALL falls be documented via an incident report, or only those that result in some sort of injury/require treatment?

Only certain falls need to be submitted as an incident report. This includes falls which require provider intervention or result in a minor injury. Individual falls which do not require provider intervention and do not result in injury should **not** be submitted, however, if a provider notes a pattern to the non-injurious falls (for example, falls happening in a certain room or during a certain time of day) there could be a health, safety, or welfare risk that needs mitigation and it should be reported.

Revised: 11/24/20

Kentucky MWMA Updates –FAQ

Q101: Is “medication refusal” considered a medication error?

No, medication refusal is not considered a medication error. Medication refusal is a sub-category of the Medication incident category. If medication refusal results in two or fewer missed doses, it is considered non-critical. If medication refusal results in three or more missed doses, it is considered critical. Three or more medication refusals in a 90-day period is also considered critical.

Medication refusal is defined as: Waiver participant refuses to take prescribed medications or medication managed by direct service providers. Medication refusal only relates to medications included on the Medication Administration Record (MAR). Medication refusal is considered a non-critical incident; however, if medication refusal results in medical attention in an emergency room, urgent care center, or hospital admission, this should be reported as an incident.

Revised: 4/21/21

Q102: What should a direct service provider or case manager/support broker/service advisor report if there is a situation but they’re not sure it qualifies as a reportable incident?

If a direct service provider or case manager/support broker/service advisor is unsure an incident is reportable, they should report it.

Date Added: 5/7/19

Q103: When reporting an incident, should the current, paper incident reporting form(s) be completed and uploaded to MWMA or should the incident be entered directly into MWMA?

Beginning no later than December 1, 2020, all incidents should be entered directly into MWMA. Incident reports cannot be completed on paper and uploaded to MWMA.

Date Added: 10/9/20

Q104: Can incidents be reported using MWMA prior to December 1, 2020?

Yes, incidents can be reported using MWMA as early as October 3, 2020. **Incidents occurring December 1, 2020 or after must be** reported using MWMA.

Date Added: 10/9/20

Kentucky MWMA Updates –FAQ

Q105: Can a direct service provider agency complete an investigation using a paper form and upload it to MWMA?

Different forms may be used internally to investigate incidents; however, the incident report, RMIR, and the Case Manager Fact Finding Report (if applicable) need to be entered directly into MWMA. These cannot be completed on paper and uploaded.

Revised: 11/24/20

Q106: Why can't incident reports be filled out on paper and uploaded to MWMA?

DMS needs to be able to evaluate incident report data and identify trends or issues. Uploading completed reports does not allow for this as data cannot be sorted or analyzed.

Date Added: 10/9/20

Q107: What is the deadline to use MWMA for incident reporting?

DMS encourages provider agencies to begin using MWMA to report incidents as soon as possible, however, incident reporting via MWMA is required **no later than December 1, 2020**. DMS alerted providers of this deadline in a letter sent on September 11, 2020. The letter is available at <https://bit.ly/mwmaupdates20>. Entering incidents via MWMA replaces the current incident reporting process.

Date Added: 10/9/20

Q108: Will provider agencies receive new incident report regulations?

No, waiver-related KARs are not changing. KARs already require the use of MWMA to report incidents. KARs can be viewed at <https://bit.ly/kywaiverregs>.

Date Added: 10/9/20

Kentucky MWMA Updates –FAQ

Q109: Will the incident reporting guide issued in September 2019 be updated to reflect the switch to reporting incidents electronically via MWMA?

Yes, DMS is updating the incident reporting guide and other materials released in September 2019 to reflect the switch to electronic incident reporting, however, it is important to note that no program regulations related to critical incidents are changing. Direct service provider agencies are required to report the same incidents and critical incident categories in the same timeframes as they do today. The only change is that the report will be done electronically using MWMA rather than on paper forms emailed to DMS, DBHDID or DAIL. Policy information regarding incident reporting is in the Incident Reporting Instructional Guide available at <https://chfs.ky.gov/agencies/dms/dca/Documents/irinstructionalguide.pdf>.

Date Added: 10/9/20

Q110: How do planned MWMA outages affect submission of incident reports?

When submitting the incident, please note that the report was delayed due to a planned MWMA outage. DMS is notified of planned outages and can confirm when outages caused a delay in reporting via MWMA. DMS expects notifications made outside MWMA, such as notifying guardians, the case manager/support broker/service advisor, or APS/CPS, to be made within the required timeframe even if MWMA is unavailable.

Date Added: 10/9/20

Q111: Does the direct service provider agency staff member who witnesses or discovered the incident have to enter the incident report in MWMA or can a direct service provider agency have a designated staff member to enter all reports?

Individuals who witness or discover an incident involving a 1915(c) HCBS waiver participant are required to report the incident to the appropriate operating agency. Any MWMA user can enter an incident into the system. It is up to each provider agency to determine whether to require individuals who witness or discover an incident to enter it into MWMA themselves or to develop a process where a designated MWMA user at the agency enters reported incidents in to the system. Incidents should be reported accordingly depending on the staff member submitting the information. If the staff member who is submitting the incident did not witness or discover it, they should mark “no” to the “Did you witness this incident?” question on the “Provider Information” screen and add the name of the staff member who witnessed or discovered the incident.

Revised: 11/24/20

Kentucky MWMA Updates –FAQ

Q112: In what timeframe should incident reports be entered into the system? For example, if an incident occurs over the weekend, can it be entered on Monday?

If an incident happens or is discovered over the weekend, steps should immediately be taken to ensure the waiver participant's health, safety, and welfare, and notify all appropriate parties per DMS's notification requirements as outlined in the Incident Reporting Instructional Guide available at <https://chfs.ky.gov/agencies/dms/dca/Documents/irinstructionalguide.pdf>.

Revised: 11/24/20

Q113: If an incident is witnessed or discovered at 4:15pm ET, do staff submit the incident report within the same day?

It depends on the type of incident. The timelines for reporting to the regulating agency via MWMA are listed below.

- **Critical incident:** Within same day if the critical incident is witnessed or discovered during regular business hours (8 am-4:30 pm Eastern Time Monday-Friday, excluding state holidays) OR next business day if the critical incident is witnessed or discovered outside of regular business hours
- **Non-critical incident:** Within 24 hours of witnessing or discovering the incident. Non-critical incidents witnessed or discovered on a weekend or state holiday should be reported the next business day.

Before any incident is reported, measures must be taken immediately to safeguard the waiver participant. This may include seeking appropriate medical treatment by calling 911, contacting APS or CPS, law enforcement, the fire department, or other authorities as appropriate. After the health and welfare of a participant has been safeguarded, the incident report should be submitted. The health and welfare of the participant should take priority over reporting at all times.

Revised: 11/24/20

Q114: If a waiver participant is taken to the emergency room, when should the incident be reported via MWMA?

Before an incident is reported, measures must be taken immediately to safeguard the waiver participant. This may include seeking appropriate medical treatment by calling 911, contacting APS or CPS, law enforcement, the fire department, or other authorities as appropriate. **After the health and welfare of a waiver participant has been safeguarded**, the incident should be reported via MWMA.

Date Added: 5/7/19

Kentucky MWMA Updates –FAQ

Q115: Who is the “responsible provider”?

The responsible provider is the waiver provider who was delivering services at the time the incident occurred.

Date Added: 10/9/20

Q116: Who is the “responsible provider” if the incident occurred when the participant wasn’t receiving services?

On the Reporting Provider Information screen when completing an incident submission, there is an option to indicate that no services were being received at the time of the incident. That option should only be selected if no services could be billed at the time of the incident.

Revised: 04/12/21

Q117: Is the Risk Mitigation and Investigation Report (RMIR) also completed in MWMA?

Yes, the RMIR is entered directly into MWMA. RMIRs must be entered directly into MWMA no later than **December 1, 2020**.

Date Added: 10/9/20

Q118: Is the RMIR only to be completed for critical incidents?

Yes, the RMIR is completed for **Critical Incidents** only. Incidents involving suspected abuse, suspected neglect, suspected exploitation, or unexpected death require a Risk Mitigation and Investigation report. In those instances, a link to complete the RMIR will automatically generate in MWMA. For other Critical Incidents, the reporting DSP or DSPS should indicate if an RMIR is needed when reporting the incident in MWMA. RMIRs should be completed for all Critical Incidents that could have been prevented, as CMS encourages states to “develop strategies to reduce the risk and likelihood of the occurrence of similar incidents in the future.”

Revised: 6/4/21

Q119: Why are RMIRs required for non-critical incidents?

As of June 4th, 2021, RMIRs are no longer required for non-critical incidents.

Revised: 6/4/21

Kentucky MWMA Updates –FAQ

Q120: What is the timeline for completing RMIR?

RMIRs should be completed within seven (7) calendar days. Please note that incidents should be submitted following regulations and the Incident Reporting Instructional Guide.

Revised: 6/4/21

Q121: Do case managers/support brokers/service advisors need to complete the RMIR?

If the case manager/support broker/service advisor submits the incident report, and the incident requires an RMIR, then they should complete the RMIR. Case managers/support brokers/service advisors do not complete the RMIR for incidents initiated by direct service providers. When a direct service provider submits the incident report, and an RMIR is required, the RMIR should be completed by an MWMA user with a DSP Supervisor role at the agency.

Revised: 6/4/21

Q122: Who signs off on the RMIR?

Once a DSP Supervisor completes an RMIR task, the case manager/support broker/service advisor receives a task to sign off on the completed report. If the case manager/support broker/service advisor does not agree with the report, they can submit a Case Manager Fact Finding Report.

Date Added: 10/9/20

Q123: What is the required timeframe for a case manager/support broker/service advisor to sign off on an incident that was completed by a direct service provider agency?

When a case manager/support broker/service advisor receives a task to sign off on an incident, they have seven (7) calendar days to complete the task. If the task is not completed within the timeframe, it will turn red to alert the case manager/support broker/service advisor it's overdue. Please note that incidents should be submitted following regulations and the Incident Reporting Instructional Guide.

Revised: 6/4/21

Q124: Do MWMA users with a Case Manager Supervisor role sign-off on the RMIR completed by a case manager/support broker/service advisor?

If the case manager/support broker/service advisor completed the initial incident report, and an RMIR is required, they will also need to complete the RMIR. There is not a process that allows users with a Case Manager Supervisor role to sign off on the report prior to submission.

Date Added: 6/4/21

Kentucky MWMA Updates –FAQ

Q125: When should the case manager/support broker/service advisor complete the Case Manager Fact Finding report?

When the case manager/support broker/service advisor disagrees with the findings of a direct service provider agency's RMIR, they should complete a Case Manager Fact Finding report.

Date Added: 10/9/20

Q126: How long does a case manager/support broker/service advisor have to complete a Case Manager Fact Finding Report?

The case manager/support broker/service advisor has seven (7) calendar days to complete the Case Manager Fact Finding Report.

Date Added: 10/9/20

Q127: Do provider agencies have the ability to disagree with a case manager/support broker/service advisor's incident report and/or RMIR?

No, provider agencies do not have access to the case manager/support broker/service advisor's incident report or RMIR.

Date Added: 10/9/20

Q128: Is the case manager/support broker/service advisor expected to visit the provider agency where an incident happened when completing a Case Manager Fact Finding Report?

No, it is not required. Case managers/support brokers/service advisors may be able to call and conduct interviews to collect the information they need to complete their report. Case managers/support brokers/service advisors are encouraged to fill out as much of the report as possible. If you do not have all of the required information, please report that in your report notes.

Date Added: 10/9/20

Q129: Are direct service provider agencies and case managers expected to work together on an incident investigation?

Yes, direct service provider agencies and case managers/support brokers/service advisors are expected to work collaboratively to ensure waiver participant safety and accurate reporting. The investigation process should be a team effort and both the direct service provider and case manager/support broker/service advisor should work together to resolve the incident and to identify needed interventions.

Date Added: 5/7/19

Kentucky MWMA Updates –FAQ

Q130: How does the case manager/support broker/service advisor answer personnel-related questions when completing an incident report if the provider agency does not share the information?

The case manager/support broker/service advisor should answer questions based on the knowledge they have and add notes as needed.

Date Added: 10/9/20

Q131: If a provider agency notifies a case manager/support broker/service advisor of an incident, is the case manager/support broker/service advisor considered to have “discovered” the incident and, therefore, must report it?

No, the direct service provider agency providing services to the participant at the time of the incident should report it via MWMA. The case manager/support broker/service advisor will have to sign off after the RMIR is complete or complete a Case Manager Fact Finding report if they disagree with the direct service provider agency findings.

Date Added: 10/9/20

Q132: Does a case manager/support broker/service advisor report incidents they did not witness?

If the participant was with a direct service provider agency, that agency is responsible to report the incident. The case manager/support broker/service advisor will have to sign off after the RMIR is complete or submit a Case Manager Fact Finding report if they disagree with the direct service provider agency findings.

There are instances, however, in which it will be the case manager/support broker/service advisor who will report the incident. These include discovering that the direct service provider agency did not report an incident and in cases when the LOC and/or plan have lapsed, making it impossible for direct service providers to be able to submit incidents.

If the incident involves suspected abuse, neglect, or exploitation on the part of the direct service provider agency, the case manager/support broker/service advisor should follow the protocol described in Q83 of this FAQ.

Revised: 04/12/21

Kentucky MWMA Updates –FAQ

Q133: Should the direct service provider agency and case manager/support broker/service advisor both submit the incident report if the incident is discovered or witnessed by both parties?

No. If both the direct service provider and case manager discovered or witnessed the incident, and the incident occurred at the direct service providers' location, the direct service provider is responsible for completing the incident report.

If both the direct service provider and case manager discovered or witnessed the incident, and the incident did **not** occur at a direct service providers' location, the **first** person to witness or discover the incident is responsible for completing the incident report.

Revised: 6/4/21

Q134: Should incidents involving waiver participants using PDS be reported?

Yes, the incident report process applies to participants using PDS. The case manager/support broker/service advisor is responsible to report incidents involving participants using PDS. Note that on the Reporting Provider Information screen, there is an option to indicate that the service being received at the time was PDS. Please refer to Q135 in this document for more information.

Revised: 4/12/21

Q135: Who is responsible for reporting incidents and completing an RMIR (if applicable) for waiver participants who receive blended services?

Waiver participants who receive blended services may receive services from traditional Medicaid direct service providers or from employees who are hired directly by the PDS participant and are paid by the financial management agency (FMA). The investigation requirement applies to the traditional direct service provider agency or the support broker/service advisor depending upon who witnesses or discovers the incident. PDS employees who are hired directly by the PDS participant and paid by the FMA are not expected to report incidents in MWMA or perform incident investigations. PDS Employees should instead pass the information to the support broker/service advisor for them to log the incident on their behalf.

Updated: 6/4/21

Q136: Are direct service provider agencies required to keep a paper copy of incident reports on file?

No. Once an incident report is entered into MWMA it creates a record that is visible to your direct service provider agency and to DMS, DAIL and/or DBHDID.

All incident reports completed using the paper process prior to the date the provider agency shifted to reporting incidents using MWMA should be retained for five years and be available upon DMS, DAIL or DBHDID request.

Revised: 11/24/20

Kentucky MWMA Updates –FAQ

Q137: How should a direct service provider agency report an incident involving a participant they do not serve? For example, what if the provider witnesses a day training employee yelling at a waiver participant the provider does not work with?

Direct service provider agencies and case managers/support brokers/service advisors can only report incidents in MWMA involving participants for whom they have a PA. In this instance, the provider should follow the process for filing a complaint with the staff member's employer and the appropriate operating agency (DMS, DAIL or DBHDID) and provide all information they have for further research.

Revised: 04/12/21

Q138: If an incident report is missed, can it still be entered into the system at a later date?

Yes, the incident should still be reported. Please enter the date of discovery and the date of the incident. In the notes section, include information about when you discovered the incident and the delay in reporting. DMS will evaluate incident notifications that do not adhere to the required timelines and will investigate why notifications were made late.

Date Added: 10/9/20

Q139: How should residential providers complete the Health Risk Screening Tool (HRST) for SCL participants if they do not have access to incident reports?

The shift to incident reporting in MWMA does not change this process. SCL residential providers should complete the HRST the same way they do today.

Date Added: 10/9/20

Q140: How should waiver participants be involved in the incident management process?

Waiver participants have the right to report incidents, participate in interventions, be involved in the incident investigation process, and have an advocate present when being interviewed for fact-finding activities.

Date Added: 5/7/19

Kentucky MWMA Updates –FAQ

Q141: What should the parent of a minor waiver participant do if they suspect a PDS employee is abusing their child?

The parent or representative should immediately take steps to ensure the waiver participant's health, safety, and welfare, and notify law enforcement (if a criminal activity is involved) and adult protective services or child protective services. The parent or representative should also review the waiver participant's crisis prevention and response plan (if available) to see if a plan is in place to address this crisis. The parent or representative always has the legal right to terminate a hired employee at any time. For more information regarding the waiver participant's direct service provider employment options, contact DAIL at (502)-564-6930.

Date Added: 5/7/19

Q142: Can a Community Mental Health Center use MWMA to report incidents involving individuals who receive crisis or assessment services?

No, incident reports in MWMA should only be made by waiver case managers/support brokers/service advisors or providers agencies for individuals who receive waiver services.

Date Added: 10/9/20

Q143: How should incidents involving State General Fund (SGF) clients be reported?

Incident reporting using MWMA only affects service providers, case managers, and support brokers/service advisors providing services to 1915(c) HCBS waiver participants. For SGF clients, DAIL and DBHDID each have a separate process for incident reporting and investigation.

Revised 11/24/20

Q144: What do we do when we were not finished providing information about an incident, but no longer have a PA for the participant?

Direct Service Provider Supervisors should check the Provider Supervisor task queue from the dropdown on their dashboard. If there is a task present, the information should be provided by completing the task. If there is no task but more information needs to be provided, the information should be given to the Case Manager/Support Broker/Service Advisor as they have the ability to add it.

Date Added: 04/12/21

Q145: What should a provider do if they discovered an incident was not reported, but they no longer have a PA for the participant?

Providers should contact the participant's case manager/support broker/service advisor to report it.

Date Added: 04/12/21

Incident Reporting Module Functionalities

Q146: Does entering a critical incident automatically notify DMS, DAIL, and/or DBHDID?

Yes, staff at each appropriate regulating agency (DMS, DAIL, or DBHDID) responsible for reviewing incidents has access to MWMA.

Date Added: 10/9/20

Q147: Does MWMA automatically notify the waiver participant’s case manager/support broker/service advisor, participant’s guardian, or other agencies such as DCBS when an incident report is entered?

No, entering an incident report in MWMA does not automatically notify outside agencies or individuals. It is up to the reporting provider agency to notify the appropriate parties within the timeframes outlined in the table below.

	Appropriate Party	Timeframe
Notifications	Law Enforcement (For incidents involving criminal activities)	As soon as possible but no later than eight (8) hours of witnessing or discovering the incident.
	DCBS – APS and CPS (For incidents involving ANE)	
	Family Member: For adults, a family member is only notified if the waiver participant has provided consent via their PCSP. For children, a family member is always notified.	<ul style="list-style-type: none"> Critical incident: As soon as possible but no later than eight (8) hours of witnessing or discovering the incident.
	Medical Provider: The medical provider is notified for incidents involving medication errors or hospitalization.	<ul style="list-style-type: none"> Non-critical incident: Within 24 hours of witnessing or discovering the incident.
	Direct Service Provider	
	Case Manager or Support Broker/Service Advisor	
	State or Private Guardian (If applicable and if specified in the PCSP)	
	Regulating Agency (DMS, DAIL or DBHDID): This is done by entering the incident report in MWMA.	<ul style="list-style-type: none"> Critical incident: Within same day if the critical incident is witnessed or discovered during regular business hours (8 am-4:30 pm Eastern Time Monday-Friday, excluding state holidays) OR next business day if the critical incident is witnessed or discovered outside of regular business hours Non-critical incident: Within 24 hours of witnessing or discovering the incident. Non-critical incidents witnessed or discovered on a weekend or state holiday should be reported the next business day.

Kentucky MWMA Updates –FAQ

Revised: 11/24/20

Q148: How should APS/CPS notifications be done?

Incidents should be reported to APS or CPS the same way they are reported to those agencies today. Entering an incident in MWMA does not automatically notify APS or CPS. When entering an incident in MWMA, users can add the APS/CPS intake number or the notification email sent to APS/CPS to indicate they were notified.

Date Added: 10/9/20

Q149: How is the incident report identification number assigned?

MWMA automatically generates an incident report identification number when the incident report is created.

Date Added: 10/9/20

Q150: Once an incident report is complete, how is it sent to the parties involved?

Once the incident report is submitted, it generates a PDF which can be saved electronically and emailed or printed and given to any of the parties who need a copy.

Date Added: 10/9/20

Q151: Will provider agencies need to send a copy of the incident report to the case manager/support broker/service advisor or can the case manager/support broker/service advisor view it in MWMA?

The reporting direct service provider agency is required to notify the case manager/support broker/service advisor, same as they would today. The case manager/support broker/service advisor is able to view the incident report entered into MWMA by the reporting direct service provider agency.

Date Added: 10/9/20

Kentucky MWMA Updates –FAQ

Q152: Will MWMA automatically classify incidents as critical or non-critical?

Yes, MWMA is designed to classify the incident as critical or non-critical automatically. A detailed listing of which incidents are considered critical and non-critical is available in the Incident Reporting Instructional Guide at <https://chfs.ky.gov/agencies/dms/dca/Documents/irinstructionalguide.pdf>.

Date Added: 10/9/20

Q153: If an MWMA user with a DSP role initiates an incident report, can an MWMA user with a DSP Supervisor role finish it?

Yes, one MWMA user can start the incident report and another MWMA user can complete and submit it. The MWMA user with the DSP Supervisor role can search for the incident and continue the report.

Date Added: 10/9/20

Q154: If an MWMA user with a DSP role begins entering an incident report but does not submit it, can an MWMA user with a DSP Supervisor role see it?

MWMA users with a DSP Supervisor role can see the incident report by searching for it, but it is not in a group queue task list. It will remain in the task list of the MWMA user who initiated it and marked as “in-progress.” Please note that incidents should be submitted following regulations and the Incident Reporting Instructional Guide.

Revised: 04/12/21

Q155: Is there a way for MWMA users with a DSP Supervisor role to review the initial incident report before it is submitted?

There is not an option to send the initial incident report to the DSP Supervisor prior to submission, however, the DSP Supervisor can see the incident report before it is submitted by searching for it. The incident report will remain in the task list of the MWMA user who initiated it as “in-progress”.

Revised: 11/24/20

Kentucky MWMA Updates –FAQ

Q156: Can an MWMA user with a DSP Supervisor role create an incident report if they are the one to witness or discover an incident?

Yes, individuals with a DSP Supervisor role in MWMA can create the initial incident report. They are required to complete the RMIR.

Date Added: 10/9/20

Q157: Do the “required fields” populate based on the classification of the incident?

No, MWMA is not designed to make a field required based on what is entered into previous fields. The user will need to put the correct information into the system manually.

Date Added: 10/9/20

Q158: Are the incident witness’s date of birth, gender, and address required fields?

No, date of birth, gender, and address for the witness do not have to be entered. The only required fields for witnesses are the first name, last name, contact information, and relationship.

Date Added: 10/9/20

Q159: How do MWMA users answer incident reporting questions if they do not apply?

Questions with red asterisks require an answer. If the question does not apply, please indicate that in the response field. If the question does not have a red asterisk, a response is not required and it can be left blank.

Date Added: 10/9/20

Q160: When entering an incident report, is the “Document Upload” section required?

While individuals entering an incident report in MWMA should upload any relevant documentation, this section is not required.

Date Added: 10/9/20

Kentucky MWMA Updates –FAQ

Q161: What type of documents should be uploaded with an incident report?

Any document relevant to the incident, such as hospital admission records, coroner’s report, a list of current medications, medication administration record, or staff notes.

Date Added: 10/9/20

Q162: Is the “address” on the incident report the address of the agency or the address of where the incident occurred?

It is the address of where the incident occurred.

Date Added: 10/9/20

Q163: Will MWMA users with a DSP Supervisor role receive a task to complete the RMIR after an incident report is submitted?

Yes. MWMA will generate a task if the RMIR is required or if a DSP indicates an RMIR is needed for a critical incident. The RMIR task will appear in the DSP Supervisor queue. DSP Supervisors can find these tasks by selecting “Provider Supervisor” from the “Select Queue” dropdown menu. Any MWMA user at the provider agency with a DSP Supervisor role will be able to see these tasks.

Updated: 6/4/21

Q164: Are MWMA users with a DSP role able to enter the RMIR?

No, only MWMA users with a DSP Supervisor role can enter the RMIR. The org admin for each provider agency assigns DSP Supervisor roles when adding employees to MWMA.

Date Added: 10/9/20

Q165: How should updates to an incident be added or mistakes corrected after an incident report is submitted?

Kentucky MWMA Updates –FAQ

After an incident has been submitted, there is a recategorization tool on the Incident Summary screen that will allow users to make updates before the RMIR is submitted. If applicable, MWMA users with a DSP Supervisor role should review the initial incident report and correct mistakes or add updates when completing the RMIR. Please note that updating the Risk Mitigation and Investigation Report does NOT change the Incident Report. Changes made will only be reflected in the Risk Mitigation and Investigation Report and the Incident Report will stay intact.

Updated: 6/4/21

Q166: Does altering pre-populated information in the RMIR alter the initial incident report?

No, as the data is stored separately. The exception is the classification of critical or non-critical, which is derived from the latest report submitted for the incident.

Date Added: 10/9/20

Q167: Will provider agencies see the Case Manager Fact Finding Report?

No, provider agencies will not have access to incident reports, RMIRs, or the Case Manager Fact Finding reports submitted by a case manager/support broker/service advisor.

Date Added: 10/9/20

Q168: Can MWMA users with a Case Management Supervisor role review the Case Manager Fact Finding Report?

Yes, the Case Manager Supervisor role would have access to any Case Manager Fact Finding reports entered by the agency's case manager/support broker/service advisor.

Date Added: 10/9/20

Q169: Can a case manager/support broker/service advisor initiate an incident report for a waiver participant they are not linked to? For example, if a case manager/support broker/service advisor was temporarily covering a fellow case manager/support broker/service advisor's load.

The case management agency and staff are associated at the provider level, meaning case manager/support broker/service advisors should be able to view information for all participants the agency is associated with.

Kentucky MWMA Updates –FAQ

Date Added: 10/9/20

Q170: Are case managers/support brokers/service advisors responsible to enter incident reports in MWMA from Residential Level II providers, such as FHPs or AFCs?

No. The residential provider who contracts with the FHP or AFC is responsible to enter the incident report.

Date Added: 10/9/20

Q171: If a third non-critical incident is reported for the same waiver participant in the same category in a 90-day period, will it automatically notify the provider to complete a critical incident report?

In this instance, MWMA will mark the third non-critical incident as critical upon submission.

Date Added: 10/9/20

Q172: Can incident reports be printed before they are submitted?

Incident reports submitted via MWMA generate a PDF that can be printed or saved electronically, however, they cannot be printed or saved until **after** they have been submitted.

Date Added: 10/9/20

Q173: Does MWMA generate reports for incidents, such as listing of all incidents reported during a specific time period?

No, direct service provider agencies do not have the capability to generate reports using MWMA at this time, however, DMS is evaluating the possibility of adding this capability in the future. DMS does have the capability to generate reports for internal waiver monitoring and quality assurance purposes.

Date Added: 10/9/20

Q174: If direct service provider agencies share services, will incidents be viewable in MWMA by each provider agency's staff?

Kentucky MWMA Updates –FAQ

Yes, if both services are connected by the same provider number, the information will be viewable by all individuals who have access under that provider number.

Date Added: 10/9/20

Q175: Can a direct service provider agency access or receive notifications about incident reports when the incident is reported by a different direct service provider agency?

No, a direct service provider agency cannot access or receive notifications about an incident it did not report. Direct service provider agencies only have access to the incident reports it creates. Case managers/support brokers/service advisors have access to any incident reported involving a waiver participant they serve, regardless of who reported it.

Date Added: 10/9/20

Q176: Since they have access to kynect (previously known as benefind), can waiver participants and/or their family members see incident reports and RMIRs entered in MWMA?

No, waiver participants and their families do not have access to incident reports or RMIRs.

Date Added: 10/9/20

Q177: Will incidents reported prior to the start of incident reporting in MWMA be uploaded to the system?

Kentucky MWMA Updates –FAQ

No, incidents reported before incident reporting transitioned to MWMA will not be available in the system.

For all incidents occurring prior to the date the direct service provider or case management/support broker/service advisor agency began using MWMA to report incidents, the completed reports (with all information viewable) must be available upon request. If the PDF form hides text when printed or scanned, the form should be provided and stored electronically. The forms may be signed electronically; however, if the form is not signed electronically, direct service provider agencies or case management/support broker/service advisor agencies should send both the electronic copy and a scanned page of the report which includes the signature and date.

Direct service provider and case management/support broker/service advisor agencies must retain all critical and non-critical incident reports and investigation reports completed prior to use of MWMA for incident reporting (each with all information viewable) for five years. All incident reports and investigation reports must be made available to the waiver participant, guardian, and/or the PDS representative (applies to PDS only). This information is part of the waiver participant's overall record. Once a direct service provider agency or case management/support broker/service advisor agency begins using MWMA to report incidents, they will not be required to store additional electronic or paper copies of the incident reporting and investigation materials; however, all previously stored documents should be retained for five years.

Revised: 11/24/20

Q178: There is a task regarding an incident for a participant we do not have a PA for anymore. How long after losing the PA do we have access to finish the task?

Incident related tasks remain open even after program closure. The tasks are accessed via the appropriate task queue on the dashboard and can be worked, including uploading documents. The tasks remain open until they are completed unless a new waiver application has been submitted for the individual.

Date Added: 04/12/21