## Medicaid Eligibility Questions

<table>
<thead>
<tr>
<th>Question</th>
<th>How To</th>
<th>Who to Contact</th>
</tr>
</thead>
</table>
| **Who can apply for Medicaid?**              | - Individuals and Family members can apply for Medicaid on benefind.ky.gov. Residents of Kentucky and Authorized Representatives can apply for Food Assistance, Cash Assistance, and Medicaid on benefind.ky.gov. Individuals or Family members may contact the Department for Community Based Services (DCBS) or visit their local DCBS office.  
  - Individuals, Family members, and Authorized Representatives may also contact the local Community Mental Health Centers (CMHC) or Area Agencies on Aging and Independent Living (AAAIL) for assistance with the integrated Medicaid Waiver application. | **For Technical issues with MWMA call or email:**  
  MWMA Technical Contact Center  
  (844) 784-5614, option #1  
  MedicaidPartnerPortal.Info@ky.gov | **For policy and other non-technical issues, call or email:**  
  Cabinet for Health and Family Services (CHFS) DMS 1915(c)  
  HCBS Waiver Help Desk  
  (844) 784-5614, option #2-7  
  1915cWaiverHelpDesk@ky.gov |
| **Authorized Representatives / Legal Guardians** | - An Authorized Representative may apply on behalf of the Individual (by providing the appropriate documentation). When applying on benefind.ky.gov, the appropriate forms are generated to confirm the Authorized Representative’s status. | **For Medicaid Application Assistance call:**  
  DCBS  
  (855) 306-8959 |
| **Case Manager / Application Initiators**    | - From the Medicaid Waiver Management Application (MWMA) dashboard, Case Managers / Application Initiators can apply using an integrated application for Medicaid and Waiver services. MWMA will prompt you to complete the appropriate data based on the Individual’s information. | **For Technical issues with MWMA call or email:**  
  MWMA Technical Contact Center  
  (844) 784-5614, option #1  
  MedicaidPartnerPortal.Info@ky.gov | **For policy and other non-technical issues, call or email:**  
  Cabinet for Health and Family Services (CHFS) DMS 1915(c)  
  HCBS Waiver Help Desk  
  (844) 784-5614, option #2-7  
  1915cWaiverHelpDesk@ky.gov |
<table>
<thead>
<tr>
<th>Question</th>
<th>How To</th>
<th>Who to Contact For Additional Help</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Medicaid Eligibility Questions</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>chooses to utilize MWMA, the system will walk the Individual through the appropriate data based on the Individual’s information. These Individuals will not be required to complete an interview effective July 1, 2017. If the Individual chooses to apply for Medicaid via phone or in person, an interview will still be required.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Where do I find information about a pending Medicaid Application?</td>
<td>1. Select Quick Search From the MWMA Dashboard. 2. Search by Identifier Type or enter name in the First Name / Last Name field. 3. Click on Individual Name and this will take you to the Individual Summary. 4. Click on Go To benefind Dashboard, from the right column under Case Action. 5. Under the Ongoing Applications section, look in the Action Required column for a status.</td>
<td>For Medicaid Application Assistance call: DCBS (855) 306-8959</td>
</tr>
<tr>
<td>Where do I find the letter showing the reason(s) for denial or discontinuance from Medicaid?</td>
<td>1. Select Quick Search From the MWMA Dashboard. 2. Search by Identifier Type or enter name in the First Name / Last Name field. 3. Click on Individual Name and this will take you to the Individual Summary. 4. Click on Go To benefind Dashboard, from the right column under Case Action. 5. Click on Messages from the benefind dashboard. 6. At the Message Center, select the notice with a subject of Notice of Eligibility (Non-MAGI) / Health Benefits Eligibility Notice (MAGI) for denial and discontinuance.</td>
<td>For Medicaid Application Assistance call: DCBS (855) 306-8959</td>
</tr>
<tr>
<td>Where can I upload documents for Medicaid?</td>
<td>1. Select Quick Search From the MWMA Dashboard. 2. Search by Identifier Type or enter name in the First Name / Last Name field. 3. Click on Individual Name and this will take you to the Individual Summary. 4. Click on Go To benefind Dashboard, from the right column under Case Action. 5. From the benefind dashboard in the Request for Information section, click Upload.</td>
<td>For Medicaid Application Assistance call: DCBS (855) 306-8959</td>
</tr>
<tr>
<td>Question</td>
<td>How To</td>
<td>Who to Contact For Additional Help</td>
</tr>
<tr>
<td>--------------------------------</td>
<td>--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>------------------------------------</td>
</tr>
<tr>
<td>Medicaid Eligibility Questions</td>
<td>NOTE: When the document(s) are uploaded, a task is created for DCBS. The task will be worked according to the task due date. In addition to uploading documents, they may also be faxed, mailed, or hand-delivered to the local DCBS office. Once the documents are submitted, DCBS has up to 30 days to process the documents.</td>
<td></td>
</tr>
</tbody>
</table>
### MWMA Waiver Eligibility Questions

<table>
<thead>
<tr>
<th>Question</th>
<th>How To</th>
<th>Who to Contact for Additional Help</th>
</tr>
</thead>
</table>
| How do I check the status of a MWMA application?                         | 1. Select Quick Search From the MWMA Dashboard.  
2. Search by Identifier Type or enter name in the First Name / Last Name field.  
3. Click on Individual Name and this will take you to the Individual Summary.  
4. Click on View Applications, from the right column under Case Action.  
5. Click on the Application #.  
6. From the Application Tracker, view the Application Status. | For Technical issues with MWMA call or email:  
MWMA Technical Contact Center  
(844) 784-5614, option #1  
MedicaidPartnerPortal.Info@ky.gov  
For policy and other non-technical issues, call or email:  
Cabinet for Health and Family Services (CHFS) DMS 1915(c)  
HCBS Waiver Help Desk  
(844) 784-5614, option #2-7  
1915cWaiverHelpDesk@ky.gov |
| What do I do if a MWMA application status is showing an incomplete status or an Individual has received a Waiver RFI? | 1. Select Quick Search From the MWMA Dashboard.  
2. Search by Identifier Type or enter name in the First Name / Last Name field.  
3. Click on Individual Name and this will take you to the Individual Summary.  
4. Click on Update Application, from the right column under Case Action.  
5. From this screen, you can view what updates are required. If a document is required, on the Document Upload screen a red X will be present.  
6. After uploading all mandatory documents the red X will change to a green “√”.  
7. Click submit and task is created for the Application Reviewer. | For policy and other non-technical issues, call or email:  
Cabinet for Health and Family Services (CHFS) DMS 1915(c)  
HCBS Waiver Help Desk  
(844) 784-5614, option #2-7  
1915cWaiverHelpDesk@ky.gov |
<table>
<thead>
<tr>
<th>Question</th>
<th>How To</th>
<th>Who to Contact for Additional Help</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>MWMA Waiver Eligibility Questions</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| What does an MWMA application status showing complete mean? | 1. Select Quick Search From the MWMA Dashboard.  
2. Search by Identifier Type or enter name in the First Name / Last Name field.  
3. Click on Individual Name and this will take you to the Individual Summary.  
   - a. Under the Waiver Program Information section, the Program Status will show as Waiver Review (If the Program Status shows Waiver Review, then a task is generated and sent to the capacity reviewer).  
   - b. Under the Individual Information section, Case status will show as Closed-Doesn’t Meet Targeting Criteria (If the Case Status shows Closed-Doesn’t Meet Targeting Criteria a letter will be sent to the Individual saying you do not qualify for Waiver services but there are other resources that will be listed).  
   
   **NOTE:** Individual may always reapply. | **For policy and other non-technical issues, call or email:**  
Cabinet for Health and Family Services (CHFS) DMS 1915(c)  
HCBS Waiver Help Desk  
(844) 784-5614, option #2-7  
1915cWaiverHelpDesk@ky.gov |
| Where do I see why a Waiver application was denied? | 1. Select Quick Search From the MWMA Dashboard.  
2. Search by Identifier Type or enter name in the First Name / Last Name field.  
3. Click on Individual Name and this will take you to the Individual Summary.  
4. Click on View Applications, from the right column under Case Action.  
5. Click on the Application #.  
6. From the Application Tracker, view the Actions Comments. | **For policy and other non-technical issues, call or email:**  
Cabinet for Health and Family Services (CHFS) DMS 1915(c)  
HCBS Waiver Help Desk  
(844) 784-5614, option #2-7  
1915cWaiverHelpDesk@ky.gov |
| How do I upload a document that pertains to the Individual’s record? | 1. Select Quick Search From the MWMA Dashboard.  
2. Search by Identifier Type or enter name in the First Name / Last Name field.  
3. Click on Individual Name and this will take you to the Individual Summary.  
4. Click on View Documents, from the right column under Case Action.  
5. From View Documents select Add Another Document to upload any document pertaining to the Individual’s record. | **For Technical issues with MWMA call or email:**  
MWMA Technical Contact Center  
(844) 784-5614, option #1  
MedicaidPartnerPortal.Info@ky.gov |
<table>
<thead>
<tr>
<th>Question</th>
<th>How To</th>
<th>Who to Contact for Additional Help</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>MWMA Waiver Eligibility Questions</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| How do I view letters that have been sent via MWMA? | 1. Select Quick Search From the MWMA Dashboard.  
2. Search by Identifier Type or enter name in the First Name / Last Name field.  
3. Click on Individual Name and this will take you to the Individual Summary.  
4. Click on Message Center, from the right column under Case Action.  
5. From the Message Center, you will be able to find all the Letters sent to the Individual. | **For policy and other non-technical issues, call or email:**  
Cabinet for Health and Family Services (CHFS) DMS 1915(c)  
HCBS Waiver Help Desk  
(844) 784-5614, option #2-7  
1915cWaiverHelpDesk@ky.gov                                                                 |
| I do not have a task. How do I upload a reassessment? | Please contact MWMA Technical Contact Center if a task is needed and no task has been created for the case. | **For Technical issues with MWMA call or email:**  
MWMA Technical Contact Center  
(844) 784-5614, option #1  
MedicaidPartnerPortal.Info@ky.gov                                                                 |
| What should I do if I see Pending Medicaid Eligibility for Waiver | 1. Select Quick Search From the MWMA Dashboard.  
2. Search by Identifier Type or enter name in the First Name / Last Name field.  
3. Click on Individual Name and this will take you to the Individual Summary.  
4. Click on Go To benefind Dashboard, from the right column under Case Action. | **For policy and other non-technical issues, call or email:**                                                                 |
<table>
<thead>
<tr>
<th>Question</th>
<th>How To</th>
<th>Who to Contact for Additional Help</th>
</tr>
</thead>
</table>
| **5.** Enrollment as the Program Status?      | 5. From the benefind dashboard in the Request for Information section, upload all documents listed in this section.  
6. If there are no documents needed to be uploaded the Individual may need to reapply or contact DCBS for their Medicaid status.               | Cabinet for Health and Family Services (CHFS) DMS 1915(c)  
HCBS Waiver Help Desk  
(844) 784-5614, option #2-7  
1915cWaiverHelpDesk@ky.gov  
For Medicaid Application Assistance call:  
DCBS  
(855) 306-8959                                                                                     |
<table>
<thead>
<tr>
<th>Question</th>
<th>How To</th>
<th>Who to Contact for Additional Help</th>
</tr>
</thead>
</table>
| **Questions about Level of Care (LOC)**                                  | 1. From the MWMA Dashboard, under Task click start for LOI task.  
2. From the Level of Care Assessment Results Summary view Assessment Activity section for comment.  
3. Complete the “Level of Care” process based on the request from CHFS.  
   NOTE: If you have any questions Contact CHFS.  
   MWMA will also send a letter for Lack of Information to the Individual. You may view the electronic copy under the Message Center, under Case Action. | For Technical issues with MWMA call or email:  
MWMA Technical Contact Center  
(844) 784-5614, option #1  
MedicaidPartnerPortal.Info@ky.gov                                                                                      |
| Where do I see why I received a Lack of Information (LOI) for Level of Care? | 1. Select Quick Search from the MWMA Dashboard.  
2. Search by Identifier Type or enter name in the First Name / Last Name field.  
3. Click on Individual Name and this will take you to the Individual Summary.  
4. Under the Waiver Program Information section, the Program Status will show Level of Care Not Met.  
5. Click on Assessment History, from the right column under Case Action.  
6. From View Assessment Click on the arrow (►) next to the appropriate Program Assessment.  
7. Click on the arrow (►) next to the appropriate Assessment Type with most recent assessment date. | For Technical issues with MWMA call or email:  
MWMA Technical Contact Center  
(844) 784-5614, option #1  
MedicaidPartnerPortal.Info@ky.gov                                                                                      |
| Where do I see why the LOC was denied?                                  | 1. Select Quick Search from the MWMA Dashboard.  
2. Search by Identifier Type or enter name in the First Name / Last Name field.  
3. Click on Individual Name and this will take you to the Individual Summary.  
4. Under the Waiver Program Information section, the Program Status will show Level of Care Not Met.  
5. Click on Assessment History, from the right column under Case Action.  
6. From View Assessment Click on the arrow (►) next to the appropriate Program Assessment.  
7. Click on the arrow (►) next to the appropriate Assessment Type with most recent assessment date. | For Technical issues with MWMA call or email:  
MWMA Technical Contact Center  
(844) 784-5614, option #1  
MedicaidPartnerPortal.Info@ky.gov                                                                                      |
<table>
<thead>
<tr>
<th>Question</th>
<th>How To</th>
<th>Who to Contact for Additional Help</th>
</tr>
</thead>
<tbody>
<tr>
<td>8. Click on View Details to see the Assessment Activity section for comments on the reason why the LOC was denied.</td>
<td>NOTE: If the Individual is associated with a Case Manager, then the Case Manager will receive a notification under their Message Center for this status: Assessment / Reassessment Not Met for Individual.</td>
<td>Cabinet for Health and Family Services (CHFS) DMS 1915(c) HCBS Waiver Help Desk (844) 784-5614, option #2-7 <a href="mailto:1915cWaiverHelpDesk@ky.gov">1915cWaiverHelpDesk@ky.gov</a></td>
</tr>
</tbody>
</table>
| Where do I see the status after I have submitted a LOC request in MWMA? | 1. Select Quick Search From the MWMA Dashboard.  
2. Search by Identifier Type or enter name in the First Name / Last Name field.  
3. Click on Individual Name and this will take you to the Individual Summary.  
4. Under the Waiver Program Information section, the Program Status will show the status.  

NOTE: Before CHFS completes the review the status will show Pending LOC determination, and after CHFS completes the review the possible status types are the following:  
- Level of Care Pending LOI  
- LOC Not Met  
- Pending Medicaid Eligibility for Waiver Enrollment with approved LOC Dates  

NOTE: If the Individual is associated with a Case Manager, then the Case Manager will receive a notification under their Message Center for these two status only: LOC Met / Not Met for an Individual. | For policy and other non-technical issues, call or email:  
Cabinet for Health and Family Services (CHFS) DMS 1915(c) HCBS Waiver Help Desk (844) 784-5614, option #2-7 1915cWaiverHelpDesk@ky.gov |
| How do I upload a document in response to an LOI request for more information? | 1. From the MWMA Dashboard, under Task click start for Lack of Information task.  
2. From the Level of Care Assessment Results Summary view Assessment Activity section for comment.  
3. Click Next on Level of Care Assessment Results Summary. This will take you to the Diagnosis section. If information is needed then update this section.  
4. Click Next to go to the Documents Upload. | For Technical issues with MWMA call or email:  
MWMA Technical Contact Center (844) 784-5614, option #1 MedicaidPartnerPortal.Info@ky.gov |
<table>
<thead>
<tr>
<th>Question</th>
<th>How To</th>
<th>Who to Contact for Additional Help</th>
</tr>
</thead>
<tbody>
<tr>
<td>5. From the Documents Upload, upload required documents.</td>
<td></td>
<td>For policy and other non-technical issues, call or email:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Cabinet for Health and Family Services (CHFS) DMS 1915(c)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>HCBS Waiver Help Desk</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(844) 784-5614, option #2-7</td>
</tr>
<tr>
<td></td>
<td></td>
<td><a href="mailto:1915cWaiverHelpDesk@ky.gov">1915cWaiverHelpDesk@ky.gov</a></td>
</tr>
<tr>
<td>Whom do I call if my LOC dates are wrong in MWMA?</td>
<td>Contact CHFS if the LOC dates are incorrect and need to be corrected.</td>
<td>For policy and other non-technical issues, call or email:</td>
</tr>
<tr>
<td></td>
<td>Please be prepared to provide the member information, the waiver type,</td>
<td>Cabinet for Health and Family Services (CHFS) DMS 1915(c)</td>
</tr>
<tr>
<td></td>
<td>the dates currently given for LOC, and the corrected dates.</td>
<td>HCBS Waiver Help Desk</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(844) 784-5614, option #2-7</td>
</tr>
<tr>
<td></td>
<td></td>
<td><a href="mailto:1915cWaiverHelpDesk@ky.gov">1915cWaiverHelpDesk@ky.gov</a></td>
</tr>
</tbody>
</table>

**Questions about Plan of Care**

<table>
<thead>
<tr>
<th>Where do I see the status after I have submitted a Person Centered Service Plan (PCSP) request for MWMA?</th>
<th>From the MWMA Dashboard, under Plans of Care section is where you will see the status.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>NOTE: The possible statuses are the following:</td>
</tr>
<tr>
<td></td>
<td>• Draft (Plan has not been submitted by CM/CS)</td>
</tr>
</tbody>
</table>

For Technical issues with MWMA call or email:

- MWMA Technical Contact Center
- (844) 784-5614, option #1
- MedicaidPartnerPortal.Info@ky.gov
<table>
<thead>
<tr>
<th>Question</th>
<th>How To</th>
<th>Who to Contact for Additional Help</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Current (Plan is approved)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Current-Pending Start Date (Plan start date is after current date)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Pending Supervisor Review (Plan is with Case Supervisor)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Pending Review (Plan is with CHFS)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Pending CMA Review (Plan is with CMA)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Pending Reconsideration (Reconsideration review is pending)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Revisions Requested by Supervisor (CS needs additional information)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Revisions Requested by Plan Reviewer (CHFS needs additional information)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Revisions Requested by CMA Reviewer (CMA needs additional information)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**NOTE:** A notification will be sent to the Case Manager’s Message Center for the following status (Current and When Submitted by Supervisor).

### I have sent PCSP request/modifications to CHFS. How do I know the status?

1. From the MWMA Dashboard you will see the Status under Plans of Care section changed to Pending Plan Reviewer Review.
2. The task will be worked by the task due date.

**For policy and other non-technical issues, call or email:**
- Cabinet for Health and Family Services (CHFS) DMS 1915(c)
- HCBS Waiver Help Desk
- (844) 784-5614, option #2-7
- 1915cWaiverHelpDesk@ky.gov

### Where do I see why I received a LOI (or Revision Requested by Plan Reviewer) for a PCSP?

1. From the MWMA Dashboard, under Tasks, find Revisions Requested by Plan Reviewer task and then click start.
2. From the Service Details; Select the Radio button for all CM Review Required status.
3. Click View / Edit to go to Prior Authorization section.
4. Click View Service Comments to see comments under the New Service Comments section for reason for LOI.

**For Technical issues with MWMA call or email:**
- MWMA Technical Contact Center
- (844) 784-5614, option #1
- MedicaidPartnerPortal.Info@ky.gov
<table>
<thead>
<tr>
<th>Question</th>
<th>How To</th>
<th>Who to Contact for Additional Help</th>
</tr>
</thead>
</table>
| Where do I see if a PCSP Service(s) is denied? | 1. From the MWMA Dashboard you will see the Status under Plans of Care section, under Action click Continue on the Individual you want to see which service was denied.  
2. From the View Plan Details, click Next until you see Service Details.  
3. From the Service Details select the Radio Button for Not Authorized status.  
4. Click View / Edit to go to Prior Authorization section.  
5. Click View Service Comments to see comments under the New Service Comments section for reason of denial. | **For policy and other non-technical issues, call or email:**  
Cabinet for Health and Family Services (CHFS) DMS 1915(c)  
HCBS Waiver Help Desk  
(844) 784-5614, option #2-7  
1915cWaiverHelpDesk@ky.gov                                                                                                     |
| Where do I upload document(s) in response to a LOI for PCSP? | 1. From the MWMA Dashboard, under Tasks, find Revisions Requested by Plan Reviewer task and then click start.  
2. From the Service Details select the Radio button for each CM Review Required status.  
3. Click View / Edit to go to Prior Authorization section.  
4. Click View Service Comments to see comments under the New Service Comments section for reason for LOI.  
5. Continue to Click Next until you come to Upload Documents. | **For policy and other non-technical issues, call or email:**  
Cabinet for Health and Family Services (CHFS) DMS 1915(c)  
HCBS Waiver Help Desk  
(844) 784-5614, option #2-7  
1915cWaiverHelpDesk@ky.gov                                                                                                     |
<table>
<thead>
<tr>
<th>Question</th>
<th>How To</th>
<th>Who to Contact for Additional Help</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>What if a PA needs to be extended?</strong></td>
<td>Contact the 1915(c) Waiver Help Desk.</td>
<td>Cabinet for Health and Family Services (CHFS) DMS 1915(c) HCBS Waiver Help Desk (844) 784-5614, option #2-7 <a href="mailto:1915cWaiverHelpDesk@ky.gov">1915cWaiverHelpDesk@ky.gov</a></td>
</tr>
<tr>
<td><strong>What will happen if a PA letter is not calculated correctly?</strong></td>
<td>Contact the 1915(c) Waiver Help Desk if a PA letter is not calculated correctly and needs to be updated.</td>
<td>Cabinet for Health and Family Services (CHFS) DMS 1915(c) HCBS Waiver Help Desk (844) 784-5614, option #2-7 <a href="mailto:1915cWaiverHelpDesk@ky.gov">1915cWaiverHelpDesk@ky.gov</a></td>
</tr>
</tbody>
</table>

**Questions about Prior Authorizations (PA)**

<table>
<thead>
<tr>
<th>Question</th>
<th>How To</th>
<th>Who to Contact for Additional Help</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>I cannot find/have not received the PA letter.</strong></td>
<td>Reach out to the case manager or look up the information in KY Health-Net. Instructions are available at <a href="https://chfs.ky.gov/agencies/dms/dca/Documents/painquiryinstructions.pdf">https://chfs.ky.gov/agencies/dms/dca/Documents/painquiryinstructions.pdf</a>.</td>
<td>Cabinet for Health and Family Services (CHFS) DMS 1915(c) HCBS Waiver Help Desk (844) 784-5614, option #2-7 <a href="mailto:1915cWaiverHelpDesk@ky.gov">1915cWaiverHelpDesk@ky.gov</a></td>
</tr>
<tr>
<td><strong>I do not have a PA letter yet even though Services</strong></td>
<td>Case managers can generate their own PA letter. Instructions are available at <a href="https://chfs.ky.gov/agencies/dms/dca/Documents/painquiryinstructions.pdf">https://chfs.ky.gov/agencies/dms/dca/Documents/painquiryinstructions.pdf</a>.</td>
<td>Cabinet for Health and Family Services (CHFS) DMS 1915(c) HCBS Waiver Help Desk</td>
</tr>
<tr>
<td>Question</td>
<td>How To</td>
<td>Who to Contact for Additional Help</td>
</tr>
<tr>
<td>--------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>show approved in MWMA.</td>
<td></td>
<td>(844) 784-5614, option #2-7 <a href="mailto:1915cWaiverHelpDesk@ky.gov">1915cWaiverHelpDesk@ky.gov</a></td>
</tr>
</tbody>
</table>
| Questions about Patient Liability                                        | 1. Select Quick Search From the MWMA Dashboard.  
2. Search by Identifier Type or enter name in the First Name / Last Name field.  
3. Click on Individual Name and this will take you to the Individual Summary.  
4. Click on Go To benefind Dashboard, from the right column under Case Action.  
5. Click on Messages from the benefind dashboard.  
6. From the Message Center, select the notice with a subject of Notice of Eligibility.  
7. Click on Please click here to view your message.  
NOTE: Contact Provider Inquiry Call Center to see Patient Liability in KY Health-Net.       | MWMA Technical Contact Center  
(844) 784-5614, option #1  
MedicaidPartnerPortal.Info@ky.gov  
Provider Inquiry Call Center  
(800) 807-1232                                                                 |
| What will happen if Patient Liability is taken from the incorrect provider? | Patient Liability should be taken from the first provider that bills. Contact Provider Inquiry if Patient Liability is being taken from the incorrect provider.                                           | Provider Inquiry Call Center  
(800) 807-1232                                                                                   |
| Why does the Member show a Patient Liability when they should not have an amount? | Contact DCBS to clarify the Patient Liability amount.                                                                                                                                               | DCBS  
(855) 306-8959                                                                                   |

Questions about Claims

<table>
<thead>
<tr>
<th>Question</th>
<th>How To</th>
<th>Who to Contact for Additional Help</th>
</tr>
</thead>
</table>
| My claim was denied due to a POC                                          | Contact Provider Inquiry if a claim is denied due to a missing or invalid POC segment.                                                                                                                                 | Provider Inquiry Call Center  
(800) 807-1232                                                                                   |
<table>
<thead>
<tr>
<th>Question</th>
<th>How To</th>
<th>Who to Contact for Additional Help</th>
</tr>
</thead>
<tbody>
<tr>
<td>segment missing or being invalid.</td>
<td></td>
<td>DCBS</td>
</tr>
<tr>
<td>My claim was denied because of no available income on file.</td>
<td>Check to see if a Patient Liability segment is present or not for the member. You may contact DCBS. If DCBS states Patient Liability is present for member, then call Provider Inquiry.</td>
<td>(855) 306-8959</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Provider Inquiry Call Center (800) 807-1232</td>
</tr>
<tr>
<td>I was told to void any paid claims when I submitted a modification for increased services.</td>
<td>If you were told to void any paid claims, contact the 1915(c) Waiver Help Desk. NOTE: Please provide the member ID, provider, date modification was submitted, and PA number of approved service.</td>
<td>Cabinet for Health and Family Services (CHFS) DMS 1915(c) HCBS Waiver Help Desk</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(844) 784-5614, option #2-7 <a href="mailto:1915cWaiverHelpDesk@ky.gov">1915cWaiverHelpDesk@ky.gov</a></td>
</tr>
</tbody>
</table>

**Other Questions**

| Where do I find a MAP 552?                                                                 | 1. Go to KY Health-Net. 2. Click on member from top menu bar. 3. Select Patient Liability. 4. Enter Member ID or SSN. 5. Click Search. 6. Results will display Member Info, Patient Liability dates – amount and type. 7. To view and Print the Map 552 click on view Map 552 button. NOTE: If you still have questions or are having difficulty, please contact Provider Inquiry for assistance. | Provider Inquiry Call Center (800) 807-1232                                                   |
| MAP 552 is not showing on KY Health-Net.                                               | Contact DCBS to check if the Patient Liability segment is present or not present. NOTE: If DCBS reports that the Patient Liability segment is present and it cannot be viewed on KY Health-Net, please contact Provider Inquiry Call Center. | DCBS                                                                                               |
|                                                                        |                                                                                                                                                                                                     | (855) 306-8959                                                                                 |
|                                                                        |                                                                                                                                                                                                     | Provider Inquiry Call Center                                                                  |

Updated: 7/7/20
<table>
<thead>
<tr>
<th>Question</th>
<th>How To</th>
<th>Who to Contact for Additional Help</th>
</tr>
</thead>
<tbody>
<tr>
<td>Member is in an incorrect benefit plan (Global choices vs Optimum Choices).</td>
<td>All Waiver members MUST have an active LOC date, Patient Liability and a Benefit Plan. If the Waiver Member has each of these and continues to have issues, email the 1915(c) Waiver Help Desk. All benefit plans, including Global, Optimum, and Comprehensive will work, as long as the member has a Patient Liability and active LOC. If the Member plan changes, please check on the LOC dates and Patient Liability first. If the only issue is with the Benefit plan, please email the 1915(c) Waiver Help Desk.</td>
<td>Cabinet for Health and Family Services (CHFS) DMS 1915(c) HCBS Waiver Help Desk (844) 784-5614, option #2-7 <a href="mailto:1915cWaiverHelpDesk@ky.gov">1915cWaiverHelpDesk@ky.gov</a></td>
</tr>
<tr>
<td>Provider Number Related Questions.</td>
<td>Contact the Provider Inquiry for Provider Number related questions.</td>
<td>Provider Inquiry Call Center (800) 807-1232</td>
</tr>
<tr>
<td>Provider Number incorrect on PA Letter.</td>
<td>Email the 1915(c) Waiver Help Desk if the Provider Number is incorrect on the PA letter that was received. Please provide the PA number and the correct provider number.</td>
<td>Cabinet for Health and Family Services (CHFS) DMS 1915(c) HCBS Waiver Help Desk (844) 784-5614, option #2-7 <a href="mailto:1915cWaiverHelpDesk@ky.gov">1915cWaiverHelpDesk@ky.gov</a></td>
</tr>
<tr>
<td>Error code 4422 on POC segment resulting in billing denial.</td>
<td>Email the 1915(c) Waiver Help Desk for a claim being denied for error code 4422.</td>
<td>Cabinet for Health and Family Services (CHFS) DMS 1915(c) HCBS Waiver Help Desk (844) 784-5614, option #2-7 <a href="mailto:1915cWaiverHelpDesk@ky.gov">1915cWaiverHelpDesk@ky.gov</a></td>
</tr>
</tbody>
</table>
### Questions Related to DCBS

<table>
<thead>
<tr>
<th>Question</th>
<th>How To</th>
<th>Who to Contact for Additional Help</th>
</tr>
</thead>
</table>
| **Whom can DCBS talk to about your Medicaid case?** | DCBS can talk to the following:  
  - Applicant  
  - Applicant’s Spouse  
  - Parents of Minor Children (under 18)  
  - Power of Attorney  
  - Legal Guardian  
  - Statutory Benefit Payee  
  - Authorized Representative as Designated by Form MAP-14 | **For Medicaid Application Assistance call:**  
  DCBS  
  (855) 306-8959 |
| **My client has a Medicaid case, but it is not paying for waiver services.** | Please be aware there are types of Medicaid assistance that will not pay for waiver services. The three main types are the following:  
  1. The Medicare Savings Program, also referred to as Qualified Medicare Beneficiary (QMB), has three categories, SLMB, QI1, and QMB. SLMB or QI1 pays for the Medicare Part B (medical insurance) premium only. QMB pays for Medicare copays and deductibles, but none of them will pay for Waiver Services.  
  2. Medicaid expansion for low-income adult is called ADLT Medicaid. ADLT pays for many of the same things as other types of Medicaid assistance, but it will not pay for Waiver Services.  
  3. KCHIP III sometimes called P7. This program provides medical coverage for uninsured children under the age of 19, whose countable household income | **For Medicaid Application Assistance call:**  
  DCBS  
  (855) 306-8959 |
<table>
<thead>
<tr>
<th>Question</th>
<th>How To</th>
<th>Who to Contact for Additional Help</th>
</tr>
</thead>
<tbody>
<tr>
<td>falls between 160% and 218% of the federal poverty level. KCHIP III does not pay for any long-term care, including Waiver Services. NOTE: If you encounter an issue not listed above, where Waiver Services are not being paid, please contact DCBS.</td>
<td></td>
<td>For Medicaid Application Assistance call: DCBS (855) 306-8959</td>
</tr>
<tr>
<td>What can we do to get the type of Medicaid that will pay for Waiver Services?</td>
<td>To obtain Medicaid for Waiver Services, changes shall be made to the existing case to see if the Individual is eligible for Medicaid assistance that will pay for Waiver Services. Contact DCBS or visit the local DCBS office to report that the Individual desires Waiver Services and needs to make changes to their current Medicaid case. The DCBS worker will review the eligibility and recommend the action needed.</td>
<td>For Medicaid Application Assistance call: DCBS (855) 306-8959</td>
</tr>
</tbody>
</table>
| Checklist for Applying for Long Term Care Medicaid | When applying for Medicaid for an Individual residing in a nursing facility or receiving waiver services the following information must be provided to DCBS:  
  - The Basics needed at the time of application include:  
    - Full legal name (as shown on the Social Security card)  
    - Social Security Number  
    - Date of Birth  
    - Authorization to apply (Not required for a spouse)  
      - Power of Attorney  
      - Legal Guardianship  
      - Map-14, Authorized Representative form, which can be obtained at any DCBS office or from the DMS website at http://www.chfs.ky.gov/dms/Eligibility.htm  
  - Income from all sources, including but not limited to:  
    - RSDI (Social Security)  
    - Railroad Retirement  
    - Pensions  
    - IRA, 401K, etc. (verification of required minimum withdrawal and any distributions)  
    - Wages, self-employment, farm, or rental income | For Medicaid Application Assistance call: DCBS (855) 306-8959                                                                                           |
<table>
<thead>
<tr>
<th>Question</th>
<th>How To</th>
<th>Who to Contact for Additional Help</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Long-term care insurance (copy of the policy and verification of any payments)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Verification of gross income before any withholdings is required. If the total gross income is above the special income standard ($2,205 effective 1/1/2017), a Qualifying Income Trust (QIT) will be required.</td>
<td></td>
</tr>
</tbody>
</table>
| Resources (all resources belonging to the applicant and members of their household) | • Current month’s balance and statements for the prior 3 months for all liquid resources, including but not limited to:  
  o Checking accounts  
  o Savings accounts  
  o Nursing facility resident accounts  
  o Direct Express (or other money cards)  
  o Certificates of deposit  
• Life insurance policies and current face and cash value  
• Pre-arranged funeral contracts and verification of funding  
• Property, including life estates  
• Annuities (complete copy of all annuities)  
• Trusts (complete copy of any trusts and verification of funding)  
• Caregiver or Lifetime care agreements  
• Promissory notes or land contracts  
• Home equity plans, including reverse mortgages |                                   |
| Health Insurance                 | • Medicare Card or Medicare claim number and effective date  
• Other health insurance cards / information |                                   |
| Medical expenses                 | • Medicare premiums, including part D premiums  
• Medicare supplemental premiums |                                   |
<table>
<thead>
<tr>
<th>Question</th>
<th>How To</th>
<th>Who to Contact for Additional Help</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Other health insurance premiums (including vision or dental)</td>
<td></td>
</tr>
<tr>
<td>Household Members</td>
<td>• Income</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Resources</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Shelter expenses</td>
<td></td>
</tr>
<tr>
<td></td>
<td>o Mortgage, along with insurance and taxes</td>
<td></td>
</tr>
<tr>
<td></td>
<td>o Rent</td>
<td></td>
</tr>
<tr>
<td></td>
<td>o Utilities (heating / cooling, water, trash, and phone)</td>
<td></td>
</tr>
</tbody>
</table>

**NOTE:** Please be aware that this is not an all-inclusive list. Based on your interview, the DCBS caseworker may require additional verification. You should have the information listed in the Basics at the time of your interview; however, you will have 30 days to provide verification of income, resources, expenses, etc. If you find that you need additional time, please contact DCBS to request an extension. Let them know what efforts you have made to obtain the required verification and the additional amount of time needed.