

How to and Whom to Call with Questions

Question	How To	Who to Contact For Additional Help
Medicaid Eligibility Questions		
<p>Who can apply for Medicaid?</p>	<p>Individuals / Family Members</p> <ul style="list-style-type: none"> 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. <p>Authorized Representatives / Legal Guardians</p> <ul style="list-style-type: none"> 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. <p>Case Manager / Application Initiators</p> <ul style="list-style-type: none"> 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. <p>NOTE: If the Individual has been denied Medicaid services before, they may re-apply at any time. In order to receive Waiver services, the Individual will need to complete an interview and evaluation for full Medicaid eligibility. If the Individual 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.</p>	<p>For Technical issues with MWMA call: MWMA Contact Center 1-800-635-2570 (After the DMS welcome message plays, press "1," "6," and "2," to be transferred directly to the MWMA Contact Center.)</p> <p>For Medicaid Application Assistance call: DCBS 1-855-306-8959</p> <p>For Waiver Services Application Assistance: CMHC http://dbhdid.ky.gov/crisisn os.aspx or Department of Aging and Independent Living (DAIL) for assistance in locating the nearest AAAIL 502-564-6930</p>

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Medicaid Eligibility Questions		
Where do I find information about a pending Medicaid Application?	<ol style="list-style-type: none"> 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. 	DCBS 1-855-306-8959
Where do I find the letter showing the reason(s) for denial or discontinuance from Medicaid?	<ol style="list-style-type: none"> 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. 	DCBS 1-855-306-8959
Where can I upload documents for Medicaid?	<ol style="list-style-type: none"> 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. <p>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.</p>	DCBS 1-855-306-8959

Question	How To	Who to Contact for Additional Help
MWMA Waiver Eligibility Questions		
How do I check the status of a MWMA application?	<ol style="list-style-type: none"> 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. <p>NOTE: The possible status types are Saved, Submitted, Resubmitted, Complete and Incomplete.</p>	<p>MWMA Contact Center 1-800-635-2570</p> <p>(After the DMS welcome message plays, press "1," "6," and "2," to be transferred directly to the MWMA Contact Center.)</p>
What do I do if a MWMA application status is showing an incomplete status or an Individual has received a Waiver RFI?	<ol style="list-style-type: none"> 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 RFI Documents, from the right column under Case Action. 5. From the Upload RFI Documents you can view the Upload Status to verify that all mandatory documents have been uploaded. 6. Any documents showing a status with a red X need to be uploaded. 7. After uploading all mandatory documents the red X will change to a green "√". 8. Click submit and task is created for the Application Reviewer. <p>NOTE: After the status changes to Submitted and all the mandatory document(s) are uploaded, a task is created for the Application Reviewer. The Application Reviewer will review the application by the task due date.</p>	<p>MWMA Contact Center 1-800-635-2570</p> <p>(After the DMS welcome message plays, press "1," "6," and "2," to be transferred directly to the MWMA Contact Center.)</p>
What does an MWMA application status showing complete mean?	<ol style="list-style-type: none"> 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. <ol style="list-style-type: none"> 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). <p>NOTE: Individual may always reapply.</p>	<p>MWMA Contact Center 1-800-635-2570</p> <p>(After the DMS welcome message plays, press "1," "6," and "2," to be transferred directly to the MWMA Contact Center.)</p>

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MWMA Waiver Eligibility Questions		
Where do I see why a Waiver application was denied?	<ol style="list-style-type: none"> 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. 	<p>MWMA Contact Center 1-800-635-2570</p> <p>(After the DMS welcome message plays, press "1," "6," and "2," to be transferred directly to the MWMA Contact Center.)</p>
How do I upload a document that pertains to the Individual's record?	<ol style="list-style-type: none"> 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. <p>NOTE: Uploading document through View Document will not trigger any tasks.</p>	<p>MWMA Contact Center 1-800-635-2570</p> <p>(After the DMS welcome message plays, press "1," "6," and "2," to be transferred directly to the MWMA Contact Center.)</p>
How do I view letters that have been sent via MWMA?	<ol style="list-style-type: none"> 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. 	<p>MWMA Contact Center 1-800-635-2570</p> <p>(After the DMS welcome message plays, press "1," "6," and "2," to be transferred directly to the MWMA Contact Center.)</p>
I do not have a task. How do I upload a reassessment?	Please contact MWMA Contact Center if a task is needed and no task has been created for the case.	<p>MWMA Contact Center 1-800-635-2570</p> <p>(After the DMS welcome message plays, press "1," "6," and "2," to be transferred directly to the MWMA Contact Center.)</p>

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MWMA Waiver Eligibility Questions		
<p>What should I do if I see Pending Medicaid Eligibility for Waiver Enrollment as the Program Status?</p>	<ol style="list-style-type: none"> 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, 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. <p>NOTE: Medicaid Eligibility information is also sent to the Individual in the “Waiver Level of Care Determination” Letter sent by MWMA.</p>	<p>MWMA Contact Center 1-800-635-2570 (After the DMS welcome message plays, press "1," "6," and "2," to be transferred directly to the MWMA Contact Center.) DCBS 1-855-306-8959</p>

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Questions about Level of Care (LOC)		
Where do I see why I received a Lack of Information (LOI) for Level of Care?	<ol style="list-style-type: none"> 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 Carewise. <p>NOTE: If you have any questions Contact Carewise.</p> <p>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.</p>	<p>MWMA Contact Center 1-800-635-2570</p> <p>(After the DMS welcome message plays, press "1," "6," and "2," to be transferred directly to the MWMA Contact Center.)</p> <p>Carewise 1-800-292-2392</p>
Where do I see why the LOC was denied?	<ol style="list-style-type: none"> 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. 8. Click on View Details to see the Assessment Activity section for comments on the reason why the LOC was denied. <p>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.</p>	<p>MWMA Contact Center 1-800-635-2570</p> <p>(After the DMS welcome message plays, press "1," "6," and "2," to be transferred directly to the MWMA Contact Center.)</p> <p>Carewise 1-800-292-2392</p>
Where do I see the status after I have submitted a LOC request in MWMA?	<ol style="list-style-type: none"> 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. <p>NOTE: Before Carewise completes the review the status will show Pending LOC determination and after Carewise completes the review the possible status types are the following:</p> <ul style="list-style-type: none"> • Level of Care Pending LOI 	<p>MWMA Contact Center 1-800-635-2570</p> <p>(After the DMS welcome message plays, press "1," "6," and "2," to be transferred directly to the MWMA Contact Center.)</p>

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	<ul style="list-style-type: none"> • LOC Not Met • Pending Medicaid Eligibility for Waiver Enrollment with approved LOC Dates <p>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.</p>	
How do I upload a document in response to an LOI request for more information?	<ol style="list-style-type: none"> 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. 5. From the Documents Upload, upload required documents. <p>NOTE: If you have any questions contact Carewise.</p>	<p>MWMA Contact Center 1-800-635-2570</p> <p>(After the DMS welcome message plays, press "1," "6," and "2," to be transferred directly to the MWMA Contact Center.)</p> <p>Carewise 1-800-292-2392</p>
Whom do I call if my LOC dates are wrong in MWMA?	Contact the Carewise or email the UM Inbox if the LOC dates are incorrect and need to be corrected. Please be prepared to provide the member information, the waiver type, the dates currently given for LOC, and the corrected dates.	<p>Carewise 1-800-292-2392</p> <p>UM Inbox Email Um_research@dxc.com</p>
Questions about Plan of Care		
Where do I see the status after I have submitted a Plan of Care (POC) request for MWMA?	<p>From the MWMA Dashboard, under Plans of Care section is where you will see the status.</p> <p>NOTE: The possible status are the following:</p> <ul style="list-style-type: none"> • Pending QIO Review (Plan is with Carewise) • Pending Supervisor Review (Plan is with Case Supervisor) • Pending CHFS Review (Plan is with CHFS) • Current (Plan is approved) • Revisions Requested by QIO (QIO needs additional information) • Current-Pending Start Date (POC is approved but will be effective on the start date) 	<p>MWMA Contact Center 1-800-635-2570</p> <p>(After the DMS welcome message plays, press "1," "6," and "2," to be transferred directly to the MWMA Contact Center.)</p>

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	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 POC request/modifications to Carewise. How do I know the status?	<ol style="list-style-type: none"> 1. From the MWMA Dashboard you will see the Status under Plans of Care section changed to Pending QIO Review. 2. The task will be worked by the task due date. <p>NOTE: If you have any questions Contact Carewise.</p>	<p>Carewise 1-800-292-2392 MWMA Contact Center 1-800-635-2570 (After the DMS welcome message plays, press "1," "6," and "2," to be transferred directly to the MWMA Contact Center.)</p>
Where do I see why I received a LOI (or Revision Requested by Plan Reviewer) for a POC?	<ol style="list-style-type: none"> 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. 5. Make updates needed to the Plan per the comments by Carewise and submit. <p>NOTE: If you have any questions contact Carewise.</p>	<p>Carewise 1-800-292-2392 MWMA Contact Center 1-800-635-2570 (After the DMS welcome message plays, press "1," "6," and "2," to be transferred directly to the MWMA Contact Center.)</p>
Where do I see if a POC Service(s) is denied?	<ol style="list-style-type: none"> 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. <p>NOTE: If you have any questions contact Carewise.</p>	<p>Carewise 1-800-292-2392 MWMA Contact Center 1-800-635-2570 (After the DMS welcome message plays, press "1," "6," and "2," to be transferred directly to the MWMA Contact Center.)</p>

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Where do I upload document(s) in response to a LOI for POC?	<ol style="list-style-type: none"> 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. <p>NOTE: If you have any questions Contact Carewise.</p>	Carewise 1-800-292-2392 MWMA Contact Center 1-800-635-2570 (After the DMS welcome message plays, press "1," "6," and "2," to be transferred directly to the MWMA Contact Center).
What if a PA letter needs to be extended?	Email the UM Inbox if a PA letter needs to be extended.	UM Inbox Email Um_research@dxc.com
What will happen if a PA letter is not calculated correctly?	Email the UM Inbox if a PA letter is not calculated correctly and needs to be updated.	UM Inbox Email Um_research@dxc.com
Questions about Prior Authorizations (PA)		
I cannot find/have not received the PA letter.	Reach out to the Provider Inquiry Group if a provider is unable to see a PA Letter in KY Health-Net.	Provider Inquiry Call Center 1-800-807-1232
I do not have a PA letter yet even though Services show approved in MWMA.	After the POC is submitted and approved on MWMA, wait at least 24 hours before checking on KY Health-Net. If you do not have a PA letter within two business days, then email the UM Inbox or reach out to Provider Inquiry.	UM Inbox Email Um_research@dxc.com Provider Inquiry Call Center 1-800-807-1232
Questions about Patient Liability		
Where do I find how much the Patient Liability should be?	<ol style="list-style-type: none"> 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. 	MWMA Contact Center 1-800-635-2570 (After the DMS welcome message plays, press "1," "6," and "2," to be transferred

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	<p>7. Click on Please click here to view your message.</p> <p>NOTE: Contact Provider Inquiry Call Center to see Patient Liability in KY Health-Net.</p>	<p>directly to the MWMA Contact Center).</p> <p>Provider Inquiry Call Center 1-800-807-1232</p>
<p>What will happen if Patient Liability is taken from the incorrect provider?</p>	<p>Email the UM Inbox or contact Provider Inquiry if Patient Liability is being taken from the incorrect provider.</p> <p>NOTE: Please be prepared to provide member ID, dates of service being billed, date claims submitted, and provider information.</p>	<p>Provider Inquiry Call Center 1-800-807-1232</p> <p>UM Inbox Email Um_research@dxc.com</p>
<p>Why does the Member show a Patient Liability when he should not have an amount?</p>	<p>Contact DCBS to clarify the Patient Liability amount.</p>	<p>DCBS 1-855-306-8959</p>
<p>Questions about Claims</p>		
<p>My claim was denied due to a POC segment missing or being invalid.</p>	<p>Email the UM Inbox if a claim is being denied for missing a POC segment. Please be prepared to provide the member ID, waiver LOC type, and LOC approved dates.</p>	<p>UM Inbox Email Um_research@dxc.com</p>
<p>My claim was denied because of no available income on file.</p>	<p>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 email the UM Inbox.</p>	<p>DCBS 1-855-306-8959</p> <p>UM Inbox Email Um_research@dxc.com</p>
<p>I was told to void any paid claims when I submitted a modification for increased services.</p>	<p>Email the UM Inbox if you were told to void any paid claims, but require more information on the process.</p> <p>NOTE: Please provide the member ID, provider, date modification was submitted, and PA number of approved service.</p>	<p>UM Inbox Email Um_research@dxc.com</p>

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Other Questions		
Where do I find a MAP 552?	<ol style="list-style-type: none"> 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. <p>NOTE: If you still have questions or are having difficulty, please contact Provider Inquiry for assistance.</p>	Provider Inquiry Call Center 1-800-807-1232
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 1-855-306-8959 Provider Inquiry Call Center 1-800-807-1232
Member is in an incorrect benefit plan (Global choices vs Optimum Choices).	<p>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 UM inbox.</p> <p>All benefit plans, including Global, Optimum, and Comprehensive will work, as long as the member has a Patient Liability and active LOC.</p> <p>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 UM Inbox.</p>	UM Inbox Email Um_research@dxc.com
Provider Number Related Questions.	Contact the Provider Inquiry for Provider Number related questions.	Provider Inquiry Call Center 1-800-807-1232
Provider Number incorrect on PA Letter.	Email the UM Inbox if the Provider Number is incorrect on the PA letter that was received. Please provide the PA number and the correct provider number.	UM Inbox Email Um_research@dxc.com
Error code 4422 on POC segment resulting in billing denial.	Contact Carewise or email the UM Inbox for a claim being denied for error code 4422.	Carewise 1-800-292-2392 UM Inbox Email

Question	How To	Who to Contact for Additional Help
		Um_research@dx.com
Questions Related to DCBS		
<p>Whom can DCBS talk to about your Medicaid case?</p>	<p>DCBS can talk to the following:</p> <ul style="list-style-type: none"> • 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 <p>DCBS may talk to the following:</p> <ul style="list-style-type: none"> • Providers <p>NOTE: Per HIPPA requirements; DCBS cannot share information with providers until Medicaid has been approved; however, DCBS can talk to providers prior to Medicaid approval, only if the applicant has completed and signed form DCBS-2 Informed Consent and Release of Information and Records.</p>	<p>DCBS 1-855-306-8959</p>
<p>My client has a Medicaid case, but it is not paying for waiver services.</p>	<p>Please be aware there are types of Medicaid assistance that will not pay for waiver services. The three main types are the following:</p> <ol style="list-style-type: none"> 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 falls between 160% and 218% of the federal poverty level. KCHIP III does not pay for any long-term care, including Waiver Services. <p>NOTE: If you encounter an issue not listed above, where Waiver Services are not being paid, please contact DCBS.</p>	<p>DCBS 1-855-306-8959</p>

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What can we do to get the type of Medicaid that will pay for Waiver Services?	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.	DCBS 1-855-306-8959
Checklist for Applying for Long Term Care Medicaid.	<p>When applying for Medicaid for an Individual residing in a nursing facility or receiving waiver services the following information must be provided to DCBS:</p> <ul style="list-style-type: none"> • The Basics needed at the time of application include: <ul style="list-style-type: none"> • Full legal name (as shown on the Social Security card) • Social Security Number • Date of Birth • Authorization to apply (Not required for a spouse) <ul style="list-style-type: none"> ○ 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 <p>Income from all sources, including but not limited to:</p> <ul style="list-style-type: none"> • RSDI (Social Security) • Railroad Retirement • Pensions • IRA, 401K, etc. (verification of required minimum withdrawal and any distributions) • Wages, self-employment, farm, or rental income • Long-term care insurance (copy of the policy and verification of any payments) <p>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.</p> <p>Resources (all resources belonging to the applicant and members of their household)</p> <ul style="list-style-type: none"> • Current month's balance and statements for the prior 3 months for all liquid resources, including but not limited to: <ul style="list-style-type: none"> ○ Checking accounts ○ Savings accounts ○ Nursing facility resident accounts ○ Direct Express (or other money cards) 	DCBS 1-855-306-8959

Question	How To	Who to Contact for Additional Help
	<ul style="list-style-type: none"> ○ 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 <p>Health Insurance</p> <ul style="list-style-type: none"> • Medicare Card or Medicare claim number and effective date • Other health insurance cards / information <p>Medical expenses</p> <ul style="list-style-type: none"> • Medicare premiums, including part D premiums • Medicare supplemental premiums • Other health insurance premiums (including vision or dental) <p>Household Members</p> <ul style="list-style-type: none"> • Income • Resources • Shelter expenses <ul style="list-style-type: none"> ○ Mortgage, along with insurance and taxes ○ Rent ○ Utilities (heating / cooling, water, trash, and phone) <p>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.</p>	