

Program Closure Quick Reference Guide



MWMA

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Program Closures – Quick Reference Guide

This Quick Reference Guide is designed to help Case Managers, Case Supervisors, and CHFS Internal Reviewers initiate and complete program closures.

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1. Program Closure Overview

“Program Closure” refers to the closing of a HCBS waiver program for an Individual, regardless of whether the Individual is enrolled in the HCBS waiver program. Disenrollment refers to ending the Individual’s enrollment in an HCBS waiver program.

Program Closure may occur prior to HCBS waiver program enrollment when:

- The Individual does not meet the HCBS waiver targeting criteria
- The Individual does not meet the Level of Care (LOC)
- The Individual does not have Active and Approved Medicaid with a compatible Type of Assistance (TOA)

Program closure may occur after an Individual is enrolled in an HCBS waiver program when:

- The Individual moves outside of Kentucky
- The Individual does not want to receive HCBS waiver services anymore
- The Individual no longer meets the LOC
- The Individual no longer has Active and Approved Medicaid with a compatible TOA
- The Individual does not access services within 60 days (or 120 if an extension is allowed)
- The Individual is enrolling in a different HCBS Waiver program
- Other Approved Reason

There are two types of program closures: Involuntary Program Closures and Voluntary Program Closures.

- **Involuntary Program Closure:** Results from an Individual not meeting HCBS Waiver eligibility requirements and as otherwise specified in regulations. Examples of involuntary program closure include: An Individual’s Medicaid being terminated, an Individual failing to have the correct TOA, or an Individual’s LOC not being “Met.”
- **Voluntary Program Closure:** Requires written consent per regulations for some waivers and does not result from eligibility issues as mentioned above. An Individual requesting to be removed from the HCBS Waiver program is an example of a voluntary program closure. The signed written consent must be uploaded to MWMA when processing a voluntary program closure request.

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It is important to understand that program closures will disenroll the waiver program for the Individual. If the Individual is enrolled in a waiver at the time of the program closure, upon closure, they are disenrolled (terminated) from the waiver and can no longer receive services from it. **Program closures should not occur in place of a case transfer or ending PDS services to switch to traditional-only services.** If a waiver program closure occurs and it is the desire for the person to be re-enrolled in the waiver, the process for re-enrollment begins with one of the following:

- If it is in the same waiver year as the closure, there is a button on the program summary screen to request to resume services
- The *Resume Services* link will only be displayed if the individual's most recent POC would still be active without the completed program closure.
- If the request to resume services is not approved, a new application for waiver enrollment must be submitted to obtain waiver services
- If it is no longer the same waiver year, a new waiver application must be submitted

If an Individual is unable to access HCBS Waiver services for a period of time, but does not want to disenroll from the HCBS Waiver, a Case Supervisor is able to submit an Inability to Access Services Record in MWMA.

An Individual's inability to access services may lead to program closure if the Individual does not access services within 60 days. This MWMA functionality replaces the use of the MAP-24 and MAP-24C forms for "temporary discharge." For the waivers that allow an extension, the Case Manager must submit the request to the designated CHFS staff for approval.

(Please refer to Inability to Access Services QRG for more information)

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2. Required Documents

A few documents are required for all program closure requests initiated by Case Managers or Case Supervisors. The table below lists the documents required in MWMA for different closure types and programs.

Document Type	Description	Closure Type	Programs
Intent to Discontinue Services	This is a copy of the participant's wish to discontinue services for all voluntary program closures requests initiated. If a statement cannot be obtained, (for ex: moves out of state) then upload a document explaining why a statement could not be obtained from the participant.	Voluntary	ALL *
Notice to Individual	This is a copy of the notification the Case Manager or Case Supervisor shared with the Individual and their Guardian prior to initiating the closure and is required for all involuntary program closure requests, regardless of program.	Involuntary	ALL *
POC Signature Sheet	This is documentation that all providers met and are aware of this program closure request. This document is required for all program closure requests, regardless of type of closure or program. All providers must be notified, and the last date of service delivery must be confirmed before the program closure request can be initiated. Once the program is closed, service authorizations will be ended as of the termination date entered and providers will not be able to bill for services rendered beyond this date.	ALL	ALL *

*For any questions about required documents, please call the Cabinet for Health and Family Services (CHFS) DMS 1915(c) HCBS Waiver Help Desk at 844-784-5614.

Help text is displayed on screen to clarify what documents are required.

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3. Initiating a Program Closure

An Individual's Case Manager, a Case Supervisor at the Individual's Case Management Agency, a CHFS Capacity Administrator, or a CHFS Case Management Administrator can initiate Program Closures for Individuals in MWMA.

Please Note: A user may encounter different versions of the screens, depending on the Individual's specific situation and user's role in MWMA.

1. From the *MWMA Dashboard*, in the *Quick Links*, click **Manage Program Closures**.



2. At the *Manage Program Closure* screen, the user can search by Individual or program closure.
3. Enter search criteria (First Name, Last Name, Identifier Type (Case Number, MAID, SSN), and/or Identifier).
4. Click **Search**.

The screenshot shows the 'Manage Program Closure' search form. It has three radio buttons for search criteria: 'Search By Individual' (selected), 'Search By Program Closures', and 'Search by Program Closure Requests'. Under 'Search By Individual', there are input fields for 'First Name', 'Last Name', 'Identifier Type' (a dropdown menu), and 'Identifier'. At the bottom, there are three buttons: 'Back', 'Reset', and 'Search' (highlighted with a yellow border). A note at the bottom explains that program closure is for individuals who will no longer receive services through the current waiver.

Note : If the individual needs to be transferred to another agency, please initiate a case transfer for the individual by clicking on the View Caseload link on the left navigation bar on the Home page. Program closure is for when the individual will no longer receive any services through the current waiver. It is not required for transferring individuals to another agency.

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- Click **View** under *Action* in the row of the Individual's name which you are trying to close. In case the Individual is listed multiple times, be sure to pick the correct program for which you are trying to close.

Individual Name	Date of Birth	MAID	Waiver Program	Case Manager	Program Status	Action
			Supports for Community Living	Fair, Alex	Pending LOC Determination	View

- Enter responses to the program closure questions displayed at the beginning of the Program Closure Information section of the screen. Response to the first question will display the 2nd question and so on until all three questions are answered. This helps verify the program closure request; if the response entered indicates that program closure is not appropriate for the scenario, the user is notified, and the program closure request is stopped.

Add Case Note
Manage Case Notes
Caseload Management
Program Closure

Request Program Closure *-=Required field

Individual Information

Individual Name	Date of Birth	MAID	Waiver Program	Case Manager	Case Supervisor	Case Management Agency	Program Status

Program Closure Information

* Are you requesting this program closure because a different Case Manager needs to be assigned to this Individual?

YES NO

* Termination Date Note : If the individual is going to get enrolled in a different Waiver Program after program closure, the LOC dates for the 2nd program may be updated based on the effective closure date of the 1st program.

* Termination Type

* Termination Reason

* Closure Comments

Upload Document YES NO N/A

Documents Uploaded

Document Type	Date	Comments

* Are you requesting this program closure because a different Case Manager needs to be assigned to this Individual?

YES NO

* Are you requesting this program closure so Individual can switch between PDS services and traditional services?

YES NO

* Have all providers been notified of this program closure and confirmed their last date of service delivery?

YES NO N/A

◀ Back
Submit Request ▶

Note : If the individual needs to be transferred to another agency, please initiate a case transfer for the individual by clicking on the View Caseload link on the left navigation bar on the Home page. Program closure is for when the individual will no longer receive any services through the current waiver. It is not required for transferring individuals to another agency.

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7. Enter the **Termination Date**. This should match the **Last Date of Service** and is the date the Individual is considered disenrolled from the HCBS Waiver program.

Please note: If, following program closure, the Individual is enrolled in a different Waiver program, the Individual's LOC dates for the new Waiver program may be modified to account for any overlaps in LOC dates between the programs. Refer to section 7 for more details.

8. Select **Voluntary or Involuntary** from the *Termination Type* drop-down.
9. Select the **Termination Reason** from the *Termination Reason* drop-down.
10. Enter **appropriate comments** in the *Closure Comments* field.

Request Program Closure *--Required field

Individual Information

Individual Name	Date of Birth	MAID	Waiver Program	Case Manager	Case Supervisor	Case Management Agency	Program Status
			Supports for Community Living				Pending LOC Determination


Program Closure Information

* Are you requesting this program closure because a different Case Manager needs to be assigned to this Individual?
 YES NO


* Are you requesting this program closure so Individual can switch between PDS services and traditional services?
 YES NO


* Have all providers been notified of this program closure and confirmed their last date of service delivery?
 YES NO N/A

* Termination Date


* Termination Type 

Involuntary
Voluntary



* Termination Reason 

Death
Moving out of state
No longer accessing services
No longer desire waiver
Transfer to other waiver
Other



* Closure Comments

Upload Document [+Add Document](#)

Documents Uploaded

Document Type	Date	Comments
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11. Upload all **required documentation**, based on the program closure request submitted. Refer to on-screen help text and section 2 of this Quick Reference Guide. Click the **X** in the upper right corner when finished attaching documents.

✕

What is Needed	Types of Document Accepted
Program Closure Documents Verification	Program Closure Document, Intent to Discontinue Services, Notice to Individual, POC Signature Sheet

Document Summary

Document Type	Date	Status	Comments	Review Date	Review Comments
Intent to Discontinue Services	12/22/2017	Completed			
POC Signature Sheet	12/22/2017	Completed			

Document Type	Date	Comments	Action
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Document Upload Section

[Attach Another Document](#)

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12. Click **Submit Request**.

13. Review details of the program closure request displayed on the *Confirm Program Closure Request* pop-up to confirm that you are aware of the impact of this action and wish to continue.

Program Closure Information

* Are you requesting this program closure because a different Case Manager needs to be assigned to this Individual?
 YES NO

* Are you requesting this program closure so Individual can switch between PDS services and traditional services?
 YES NO

* Have all providers been notified of this program closure and confirmed their last date of service delivery?
 YES NO N/A

* Termination Date

Confirm Program Closure Request

Submission of this program closure will disenroll the Individual from this Waiver program. This action will end the Individual's Level of Care, as well as any services on the Plan of Care as of the termination date requested. Be aware that Medicaid eligibility may also be impacted by this action. This action cannot be un-done.

Are you sure you would like to continue with Program Closure?

Note: Selection of 'Yes' on this screen will initiate the program closure process, which may require multiple rounds of review before the program closure request is finalized. To view the state of program closure request, please navigate to the Program Closure History screen from the Individual's Program Summary screen. You may delete this request at any point until the program closure is processed and the program status changes to "Pending Disenrollment".

Upload Document

Documents Uploaded

Document Type	Date	Comments
Intent to Discontinue Services	12/22/2017	
POC Signature Sheet	12/22/2017	

Note : If the individual needs to be transferred to another agency, please initiate a case transfer for the individual by clicking on the View Caseload link on the left navigation bar on the Home page. Program closure is for when the individual will no longer receive any services through the current waiver. It is not required for transferring individuals to another agency.

Please Note: Selection of Yes will initiate the program closure process, which may require multiple rounds of review before the program closure request is finalized. This request can be deleted by the Case Manager or Case Supervisor at any point until the program closure is processed and the program status changes to Pending Disenrollment.

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4. Review Program Closure Request

Based on the role of the user initiating the program closure request, one or multiple rounds of review may be required before the program closure is processed. The review requirements based on the role of the user initiating the request are included in the table below.

	Supervisor Review Required?	CHFS Review Required?
Case Manager	Yes	Yes
Case Supervisor	No	Yes
CHFS Case Management Administrator	No	No
CHFS Capacity Administrator	No	No

Tasks are created for the appropriate reviewer when required. The table below includes the details of each of these review processes. Regardless of the termination date entered by the user when the program closure request is initiated, the program closure will not be processed until all required reviews are complete.

Review Type	Task Name	User Role Assigned Task	Additional Details
Supervisor Review	Approve/Decline Program Closure Request	Case Supervisor	Task assigned to the Case Supervisor group of the agency that initiated the request.
CHFS Review	CHFS Review of Program Closure Request	Capacity Management Administrator	Request has been submitted by Case Manager/Case Supervisor and is awaiting approval from CHFS.
MMIS Review (only if an error is returned)	Confirmation of Program Closure Request	CHFS Internal Reviewer	<p>After the cancellation/end of grace period, the program closure batch evaluates member's case program/capacity status. If MMIS rejects the program closure update, internal reviewers from CHFS must review the program closure request before it can be finalized.</p> <p>Note: The outcome of this review may result in additional review/updates required of the Case Supervisor.</p>

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1. Start the appropriate task from the *Tasks* table on the *MWMA* Dashboard by clicking **Start** in the *Action* column next to the Individual's name.

Task Name	App/Case #	Individual Name	Waiver Program	Status	Action
Approve/Decline Program Closure Request			Supports for Community Living	New	Start

2. User navigated to the *Program Closure* screen where details of the request can be reviewed, and outcomes of all previous review cycles are visible.
3. Click the appropriate radio button to respond to the review.
4. Click **Submit**.

Closed Program Summary

Individual Information

Individual Name	Date of Birth	MAD	Waiver Program	Case Manager	Case Supervisor	Case Management Agency	Program Status
			P				En

Program Closure Information

Are you requesting this program closure because a different Case Manager needs to be assigned to this Individual?
 YES NO

Are you requesting this program closure so Individual can switch between PDS services and traditional services?
 YES NO

Have all providers been notified of this program closure and confirmed their last date of service delivery?
 YES NO N/A

Termination Date: 08/06/2019
Termination Type: Involuntary
Termination Reason: OTHER
Closure Comments: cs Closure-1
Submitted On: 08/01/2019
Number of days Remaining in Grace Period: 0 days

CHS Review

Would you like to approve or decline the submitted program closure request?
 Approve Decline

POC Interface Error Response Review

Interface Error Description: Test Error 2,Test Error 1
Currently Responsible Agency: Agency1
Would you like to cancel the submitted program closure request?
 YES NO

Upload Document: [Add Document](#)

Request Submitted By: Sarandon, Chris

Documents Uploaded

Document Type	Date	Comments
Program Closure Document	08/02/2019	
POC Signature Sheet	08/01/2019	
Program Closure Document	08/02/2019	
Notice to Individual	08/01/2019	

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Please Note: Only previously completed review responses are displayed on screen. For example, the section for CHFS Review would only display after Supervisor Review is completed, if required.

If at any point the program closure request is declined, rejected, or cancelled, a notification is sent to the user who initiated the request.

After November 22nd, 2019: If MMIS returns an error in response to a program closure, a new task is created. This task will be assigned to internal reviewers from CHFS who will perform one of three actions:

1. Reject the program closure request,
2. Request Case Supervisor to modify program closure request, or
3. Modify the program closure effective date.

These actions are only available when working the tasks.

Please Note: The CHFS Internal Reviewer can choose to continue with the currently associated agency as the agency responsible to review this program closure error or could choose a different agency. A note will be provided on the screen to advise this reviewer to perform an agency transfer to allow the new agency to have access to this individual.

The screenshot shows a web form titled "CHFS Review". It contains several sections for user input:

- CHFS Review**
 - Question: "Would you like to approve or decline the submitted program closure request?" with radio buttons for "Approve" (selected) and "Decline".
 - Question: "Would you like to cancel the submitted program closure request?" with a checkbox for "Yes".
 - Question: "Would you like to waive the grace period for the program closure request?" with a checkbox for "Yes".
 - Field: "Reason For Waiving Off Grace Period" with a dropdown menu.
- POC Interface Error Response Review**
 - Interface Error Description: "LOC Segment not found"
 - Currently Responsible Agency: "Hearts of Kentucky, LLC."
 - Question: "Would you like to cancel the submitted program closure request?" with radio buttons for "Yes" and "No" (selected).
 - Question: "Would you like to assign the program closure review to the Currently Responsible Agency?" with radio buttons for "Yes", "No" (selected), and "Modify Program Closure Effective Date".
 - Field: "Please select an appropriate Agency whose Case Supervisors would be reviewing this program closure error response:" with a dropdown menu showing "KYcare Case Managem|".
 - Note: "Note: If you are selecting an agency different from the Currently Responsible Agency, then please ensure to perform a Case Management Agency transfer for the users of this agency to have access to this member's MWMA profile."
 - Field: "Comments for the Case Supervisor reviewing this Program Closure" with a text area.

At the bottom of the form are two buttons: "Back" and "Submit Request".

Footer text: "Privacy Policy | Terms of Use | ©Copyright 2013" and "Contact Us | https://chfs.ky.gov/agencies/dms/Pages/mwma.aspx | 1 (800) 635-2570."

5. View Program Closure Details

When the program closure request is submitted, there is no immediate change to the Individual's program status. The Individual's program status will remain unchanged until all necessary reviews are completed, if required, and initial processing of the program closure is completed. After initial processing, the Individual's program status will display as *Pending Disenrollment*. At that point, all open tasks for that program will be hidden and no further action can be taken on that program. The Case Manager and/or Case Supervisor can cancel the program closure request at any time before the Individual's program status is displayed as *Pending Disenrollment*.

There is a grace period following initial processing during which only the CHFS Case Management Administrator can cancel the program closure. Once CHFS Confirmation of the closure is completed, final processing takes place and the Individual is *Closed-Disenrolled*. Once the Individual's program status is *Closed-Disenrolled*, the program closure request can no longer be cancelled and the Individual's program cannot be reinstated. The user can request a resume services if applicable or submit a new application if required.

The grace period for a program closure is five business days once CHFS approves the submitted Program Closure. The grace period will begin on the first business day after the case enters a status of "Pending Disenrollment." For example, if a program closure is submitted and enters a status of "Pending Disenrollment" on 02/12/19, the first day of the grace period is 02/13/19 and the final day is 02/19/19. The case will become "Closed/Disenrolled" on 2/20/19 if no errors are returned from MMIS.

In case program closure needs to be expedited, CHFS is asking case manager/supervisors to follow the regular program closure request process, but in the 'Closure Comments' section, please state, "Please remove the grace period for this program closure due to [insert reason]."

Reasons may include, but are not limited to, transitioning between waiver programs and, the need to complete a new application. Case managers/supervisors should understand that once a grace period has been waived, that this action is considered final.

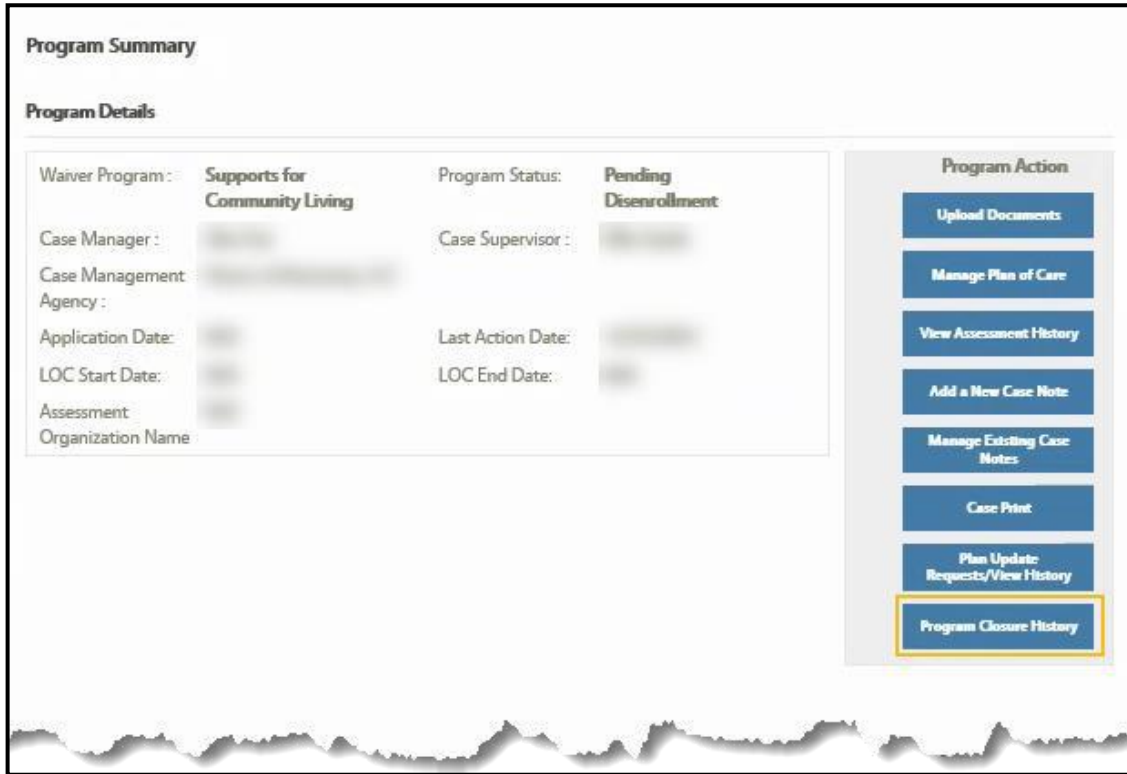
At this time, MWMA updates the Individual's program information and:

- Applies the termination date as the LOC end date
- Applies the closure date to all active (non-historic) services
- Makes all Plans historic
- Closes all tasks related to the program

The status of program closures request for an Individual can be viewed from the Individual's Program Summary screen.

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- From the *Program Summary* screen, click the **Program Closure History** button.



- View details of all program closures requested for the program, including current status and the dates reviews were completed.

Program Closure History

Program : Supports for Community Living

Request Created Date: 12/22/2017 Program Closure Status : Pending QIO Confirmation [View](#)

Request Status	Program Closure Status	Case Program Status	Changed By	Status Changed Date
Case Manager Initiated	Pending Supervisor Review	Pending LOC Determination	Alex Fair	12/22/2017
Submitted Request	Pending CHFS Approval	Pending LOC Determination	Ellie Smith	12/22/2017
Submitted Request	Pending Program Closure	Pending LOC Determination	Will Smith	12/22/2017
Processed	Pending QIO Confirmation	Pending Disenrollment	HBE_DU_BATCH_NONPROD	12/22/2017

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Please Note: Selection of 'View' in the upper right corner of the program closure request will navigate the user to a read-only view of the most up-to-date view of the program closure request.

6. Automatic Program Closure Process

An Individual must be Medicaid eligible in a Waiver compatible type of assistance to receive Waiver benefits. On the first of every month, MWMA will automatically identify all Individuals enrolled in a Waiver program who are no longer Medicaid eligible and begin the program closure process. From program status, program closure will display a status of Pending Reinstatement for **90 calendar days** until the closure is completed or the Individual regains Medicaid.

This is referred to as the Automatic Program Closure Process. For more information, please refer to the *Auto Disenrollment QRG*.

7. Changing Waiver Programs

It is possible for an Individual to have LOCs determined for two (2) different Waiver programs at the same time. The only scenario in which the system will allow LOC dates to overlap is when the Individual is enrolled in one program and is in the process of switching to another waiver program.

The Case Manager or Supervisor must request a program closure within MWMA when an individual is transitioning between waiver programs. After receiving the “Met” status for LOC in the newly allocated waiver program, a status of “Pending Medicaid Eligibility” will display until the program closure is completed for the currently enrolled waiver program. The case manager should submit the program closure for the currently enrolled program when LOC has been determined to be “Met” for the newly allocated waiver program to have no gap in ability to receive services. The program closure should be requested for the last date the individual receives waiver services.

The LOC date overlap is temporary. Once the program closure process is finished for the first waiver program, the system will automatically update the LOC Start Date for the second waiver program so that the LOC for the second program would begin on the day following the termination date.

For example, consider the following scenario:

- Individual is enrolled in HCB and has LOC dates for 1/1/2018-12/31/2018.
- At the end of May, Individual receives an allocation for MPW, and on June 1, Individual’s LOC is marked as ‘Met’ for MPW with LOC dates of 6/1/2018-5/31/2019.
- Program closure is requested for the HCB program with termination date (last date of service) as 6/25/2018.

In such a scenario, after program closure processing is completed in MWMA and the Individual’s case program status for HCB is updated to “Closed-Disenrolled,” the Individual’s LOC dates for MPW are updated to 6/26/2018-5/31/2019.