On Hold & Closure Notifications Process Flow

The On Hold option is intended to be used when a CCW participant is admitted to a hospital or nursing home for a short period of time, or any other time the participant will not need services temporarily. The On Hold function will notify providers that services should not be provided during the hold time frame.

Please note, if the participant remains in a facility setting for 30 consecutive calendar days, the case manager must initiate a closure for the participant’s case.

The case manager must include an end date for the hold. This date can be an estimate, but must be updated if the date changes.

To place a case on hold, select the “Place Hold” option found on the main waiver screen in the case.

Once that option is selected, the Initiate Hold window will appear,
The case manager must enter a start date for the hold before it is submitted. On hold dates cannot be in the past. Once the start date has been entered, select “Submit”. The system will take the case manager to a new screen to complete the on hold process.

The case manager should add the hold end date and add a note explaining why the case is being placed on hold.

The system will populate the list of providers from the service plan that should be notified that the case has been placed on hold.

Next, select “On Hold” for the services that should be placed on hold and select the action in the drop down to notify providers.
The provider will receive a task in the provider portal to acknowledge the service hold.

The provider should acknowledge the task within two (2) business days. The provider must note the hold dates to ensure services are not provided during this time.

Please note that the Personal Emergency Response System (PERS) monthly monitoring service can be billed if the provider delivered services at any time during the month. If monitoring services are not required for the full calendar month, the provider cannot bill for the monthly monitoring unit.

The status in EMWS will change to “Submit On-Hold Notification.” The case manager is not required to take further action at this time unless the provider doesn’t acknowledge the task within two (2) business days. The case manager should reach out to the provider if they have not acknowledged the task.

Once all providers acknowledge the task, the on hold notification status reminder will change to “Complete” and all check marks in the acknowledged column will be green.

The On Hold process is now complete and will remain on hold until the end date.
**Modifications or End Date Changes**

If the on hold dates need to be ended early or extended for a longer period of time, select the “Modify Hold” or “Remove Hold” options on the main waiver screen.

Enter the new end date and click the checkboxes that are currently marked on hold to remove the hold. The provider will be notified of the change. Once the acknowledgements have been completed, the hold changes will be complete.
Closures

When a case is closed in EMWS, providers will receive a notification in the provider portal. The closure status in EMWS must read “Pending BMS” before notice goes to the provider. This status means that until the case manager, BES, and Medicaid Long Term Care (LTC) worker acknowledge the closure tasks in EMWS, the provider will not be notified. It is important to monitor the closure status to ensure that the closure doesn’t linger in EMWS. Please monitor closures carefully and contact the BES if a closure seems to be delayed. If the closure isn’t complete in EMWS within seven (7) business days, the case manager should contact the provider to notify them of the closure.

When the closure is complete in EMWS, the provider will receive a notification in the provider portal similar to the screenshot below.
The provider should acknowledge the closure within two (2) business days. Even if the closure notification is not acknowledged, the case has closed and the provider will not be able to bill for services past the closure date. While providers should monitor prior authorizations (PAs) closely in the Benefit Management System (BMS) to ensure they do not provide services once a case has been closed, the Division encourages case managers to reach out to the providers proactively.