

## Closing a Case (not due to death)

**Notice Sent**  yes  540  540A

**DHR CBC Screen Closed**  yes  n/a

**MMIS POC Screen Closed**  yes  n/a

**CAPS Benefit and Service Plan Ended**  yes  n/a

**Case Descriptors updated**  yes  n/a

**Dates NOT overlapping with Service Benefit and new Benefit**  yes  n/a

**Narrated**  yes

**Check MMIS the next day to make sure action carried over**  yes

Steps to Close a Case  
AFTER YOU HAVE SENT A NOTICE

- 1) Close the Service Payment System
  - a. Go into DHR for Community Based Care
    1. Go to the SMRF screen
    2. Enter the Prime
    3. Hit Enter
    4. Select the open 512 segment with an S
    5. Hit Enter
    6. Use an ACT TYPE: 5
    7. Enter the end date for the day BEFORE Move Out or services ended.
    8. Hit Enter
    9. Enter Y
    10. Hit Enter
  - b. Go into MMIS for Nursing Facility Cases with an open POC
    1. Go into MMIS
    2. Click on POC
    3. Click on Search
    4. Enter the Prime in the Client ID
    5. Click ANY line (if multiple POC lines appear)
    6. You should now be in the POC screen
    7. Click Line Item (unless you have used Prefs in which Line Item may already be set to automatically open)
    8. Click the open line item
      - a. If there are a lot of line items click the End Date section twice, allowing it to refresh in between to organize by the End Date, most recent/future at the top.
    9. Enter the End Date as the day before Move Out or services ended.
    10. Go to Status and change it to C-Close
    11. Go up to the Plan of Care Maintenance Panel and hit Save
    12. NOTE: Do NOT change anything in the base information panel.
  - c. If In-Home, do not re-voucher.
- 2) Go into ACCESS and close out CAPS benefits if no longer receiving services
  - a. Click CAPS (the book)
  - b. Click Service Planning out of the CAPS Menu
  - c. Click on the open benefit
  - d. Click Perform an Action
  - e. Click End Benefit and Plan (third from the top)
  - f. Enter the Date that client moved out or service ended.
  - g. Click OK

- h. Expand all of the assessments on the left hand side (click the + sign to expand)
  - i. Verify that there are NO green flags still open (shouldn't be, but good to verify).
- 3) Update Case Descriptors
  - a. Determine if client is going to receive any further benefits. If the client is going from BMM (Service client that is receiving QMB and OHP with limited drug) to QMB only you will need to update program codes and case descriptors.
- 4) Once actions are completed make sure that actions are done within the right time frame and order.
  - a. CAPS benefits must be closed before you can reduce or close benefits.
  - b. You cannot start a reduced benefit during a period that has ongoing other benefits (cannot start QMB only for 5/30 if BMM benefits didn't close until 5/31).
- 5) Narrate what you have done and the dates you ended the various sections with.
- 6) Go onto MMIS the next day and make sure your actions carried over (if you use real-time you can see right away)
  - a. If you have closed a benefit you should see the end date for the benefits in the benefit section on the Recipient Panel.
  - b. If you have closed and opened a new benefit, you should see the end date for the old benefit and the new benefit on the benefit section of the Recipient Panel.