Version Effective 2/15/17

Waiver Support Coordinator SAN/iBudget System Guide

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Instructions for Significant Additional Needs (SAN) Requests

Within the iBudget System

Effective July 1, 2016, WSCs will submit SAN requests directly into the iBudget system. The SAN submission process is for individuals who have a Final iBudget Amount established and require additional funds to meet their needs. The criteria for SANs can be found in Chapter 393.0662, Florida Statutes.

Initiating a SAN Request

- 1. Log into the iBudget System.
- 2. Click on Consumers and locate the consumer on your caseload for whom a SAN is needed.

				2	Microsoft Dynamics C	RM				Tester 1 L	
File Consumers View	Charts Add								1000		APD 🐟
Assign E-mail a Link wo Collaborate	Run Start Dialog Process	Export to Excel	Advanced Find								
Workplace 🛛 🖓 📿 -	Consumers Ac	tive Consumers	•					Search for re	cords		
My Work	First Name	Last Name 🔺	Tier Code	Medicaid Number	Date Of Birth	Social Security Number	PIN	Gender	District	County	Living S 🕻
Activities	BRIANA	ABEL	IBGT	8751399318	5/12/1976	930-34-1153	0000153592	Female	01	ESCAMBIA	SUPPOI
Reports	ALAYNA	ABNER	IBGT	2359427068	7/21/1972	750-85-8773	0000147772	Female	01	SANTA ROSA	FAMILY
Announcements	CALE	ANDREWS	IBGT	1002396582	5/6/1972	173-35-6554	0000139503	Male	02	GADSDEN	FAMILY
People	NICO	ARRINGTON	IBGT	0821004821	2/24/1977	712-13-5827	0000180011	Male	02	GADSDEN	FAMILY
S Consumers	DAMION	ASHMORE	IBGT	2244079547	3/3/1976	466-76-6482	0000002450	Male	02	JACKSON	FAMILY
Provider	JOSEPHINE	AUGUST	IBGT	1264744543	2/17/1969	936-20-2388	000000080	Female	02	LEON	SUPPOI
k Providers		ADILLO IBGT 0501171909		7/5/1966	695-88-4428	000000309	Male	02	TAYLOR	SUPPOI	
iBudget	SOFIA	BAINES	IBGT	1494896788	1/15/1996	529-60-0693	0001013376	Female	01	ESCAMBIA	FOSTER
annual Budgets	QUINTIN	BANKS	IBGT	8492041550	2/3/1962	430-91-3060	0000156908	Male	02	BAY	SUPPOI
Annual Cost Plans	BRICE	BEELER	IBGT	4425980593	6/19/1961	528-56-0860 0000106323		Male	02	CALHOUN	FAMILY
👌 Help	MAURICE	BLOOM	IBGT	1524408087	7/24/1979	641-44-3136	0000142900	Male	02	BAY	SUPPOI
	TERESA	BLUNT	IBGT	2005053194	9/13/1982	229-56-7394	0000010857	Female	02	BAY	FAMILY
	CASSANDRA	BOLDUC	IBGT	5416511384	6/1/1962	903-54-0519	0000001896	Female	02	BAY	FAMILY
	NYLA	BOLIN	IBGT	1401720155	8/21/1955	786-64-8570	000000152	Female	02	WASHINGTON	SUPPOI
	RAUL	BOSTON	IBGT	5371831020	8/9/1991	405-16-9824	0000163292	Male	02	GULF	FAMILY
	QUINN	BRAGG	IBGT	7039670046	5/4/1982	230-61-2623	0000017927	Female	01	ESCAMBIA	SMALL
	TRENTON	BROOKS	IBGT	4634490149	7/21/1989	622-05-4763	0000154361	Male	02	JACKSON	SMALL
	KAELYNN	BROWDER	IBGT	2543411366	1/3/1957	023-82-3231	0000164230	Female	02	BAY	SUPPOI
	MARTHA	BROWNE	IBGT	6848531645	1/14/1960	495-91-5954	0001016644	Female	01	SANTA ROSA	FAMILY
	GAVYN	BRUNSON	IBGT	0465947933	6/4/1979	718-26-8649	0000161852	Male	02	MADISON	SUPPOI
Workplace	<										>

3. Double click the consumer's name.

4. Click on SANs on the left side.

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lelated	Consumer Demographic Data				
Common	First Name *	BRIANA	Last Name *	ABEL	
Closed Activities	Middle Initial		SFX		
Legal Representatives SANs	Gender	Female	1 1000	0000153592	
Approved Services	Date Of Birth*	5/12/1976		8751399318	
nnual Budgets 🛃 Annual Cost Plans	Social Security Number	930-34-1153	CDC ID		
Service Authorizations	Area	1 01	Region	la Northwest	a
Claims	Adjudication Documented	Yes	County	SCAMBIA	۵
	Spoken Language		Client resides with Legal Rep	Yes	~
	Capacity Code	HAS CAPACITY (1)	Written Language		
			Documentation of	Yes	~
	Physical Address		Incapacity		
	Address Line 1	477 ADDRESS1329	Address Line 2		
	City	PENSACOLA	State	📴 Florida	a
	Zip	54591			
	Phone Number	8503334444	Email		
	Mailing Address				

5. Click "Add New SAN" in the top ribbon.

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Closed Activities	2016-2	017	Draft		Pendi	ng										3,423.00		5,232.0	0		
Legal Representatives	2016-2	017	Region Revie	N	Pendi	ng				6/13/2016		7/13/2016		8/12/2016		3,423.00		5.232.0	D		
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Common Activities	State Proposed Annualized Increase									State Proposed Annualized Budget				^
Closed Activities	WSC Processing													
AN Service	Fiscal Year *								4	Date Documents sent to Region				• •
	# of Clients at Address Receiving Services									Total Physical Assist	t [~
	Behaviors								~	Temporary loss of caregiver support				~
	Complex Med								~	Permanent loss of caregiver support				~
	Comorbid								~	Temporary	-			~
	EAA								~	Aging Out				~
	DME								~	Medical				V
	Other								~	Other (Description)				
	Does the individual have mental health concerns?								v	If yes, please describe				
	Please identify other re-	sources currently p	roviding M	ental Health treatn	ient									
	DCF Managing Entity								~	Medicaid State Plan				~
	Private Insurance													~
	Other								\checkmark					
	If not accessing								_	If Other, describe				
	other resources,													
	please explain why													
	4 Notes													
	Enter a note													~
	Status	Active												

6. Scroll mid-way down the page to the "WSC Processing" section of the form.

7. Choose the fiscal year in which the proposed SAN will be effective and click "ok."

le SAN Add															APD a
New Save & New Close	Assign Copy a Link	Run Workflow	Report -	nit Withdraw	Review	Send Back to Region	Can	cel Make Decision		Information			Deny		
Save in form	Collaborate	Process	Data W	SC Actions	Region Actions	State Actions		Region SI	tate Action:	s		Decision			
AN Information	SAN Now													SANs	- T
otes	INCOV														
	Processing Stage	: Draft			Request Stat	us: Pendi	ng				Date WSC	Requeste	d:		
ated	Prorated Increase							Prorated Budg	et						
Activities	State Proposed Annualized Increase							State Propose Annualized Bu							
Closed Activities	WSC Processing							-							
SAN Service	Fiscal Year*					[ą	D sent to Region							
	# of Clients at Address Receiving Services							Total Physical	Assist						
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	Other						~	Other (Descrip	tion)						
	Does the individual have mental health concerns?					E		If yes, please describe							
	Please identify other re	sources currently p	roviding Mental	Health treat	ment										
	DCF Managing Entity						$\overline{}$	Medicaid State	e Plan						×
	Private Insurance														~
	Status	Active													

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Enter you	p Record ir search criteria and click Search to fir ising the View options. Then, select th			nd view different colun	ins of				
.ook for:	Fiscal Year	~	Show Only My Records						
View:	Fiscal Year Lookup View	~							
Search:	Search for records	Q							
Fisc	al Year 🔺		Begin Date	End Date	R				
201	0-2011		7/1/2010	6/30/2011					
201	1-2012		7/1/2011	6/30/2012					
201	2-2013		7/1/2012	6/30/2013					
201	3-2014		7/1/2013	6/30/2014					
201	4-2015		7/1/2014	6/30/2015					
201	5-2016		7/1/2015	6/30/2016					
201	6-2017		7/1/2016	6/30/2017					
1 - 7 of	7 (0 selected)			14 - 4 Pa	age 1 🕨				
Proper	ties New								
			OK	C C	ve Value				

Note, if you click "save," the client demographic information from ABC and the QSI will automatically populate at the top of the screen. The WSC must ensure that demographic information is correct in the ABC system prior to SAN submittal. The QSI scores will be the scores current at the time of the SAN submission. If the Agency is completing a new QSI that is associated with the SAN, the new QSI scores will be reviewed by APD to determine the algorithm amount.

Filo SAN Add					All Microsol	ft Dynamics CRM				Tester 1 Level 1 2 APD 💩
Save & New Save & Close	Assign 🗟 E-mail a Li	Run Start	Run Report - Submi	Mithdraw	State Office Review	Send Back to Region	Cancel Make Compl	te Additional Information	Partial Approve Deny	
Save	Collaborate	Process	Data WS0	C Actions	Region Actions	State Actions	Region State Ac	tions	Decision	
tain form SAN Information Notes	SAN SAN Rei Processing S	quest for BRIAN	A ABEL for F	Y 2016-	2017 creat			AM	Date WSC Requested:	SANs 💌 🛧 🗸
Related										
Common Activities	SAN Information Consumer Information									
Closed Activities	Consumer	S BRIANA ABEL								<u>a</u>
SAN Service	Region	Northwest				12	Field Office	10 01		<u>a</u>
	Date of Birth	5/12/1976					Age	40		
	WSC *	😑 Tester 1 Level 1				[2	Living Setting	SUPPORTED	LIVING (IFS, SB) (11)	
	Primary Diagnosis	INTELLECTUAL DISA	BILITY ID (1)				Secondary Diagnosis	NO DISABILI	TY (0)	
	SS Income	s					SSA/SSDI	s		
	Date of QSI	6/30/2014					Other Diagnosis	NO DISABILI	TY (0)	
	Physical Score	2					IQ Score	NORMAL INT	FELLENGENCE (0)	
	Behavioral Score	2					Functional Score	1		
	Behavioral Raw Score	3					Functional Raw Score	2		
	Question 18	0					Overall Score	2		
	Question 23	1					Question 20	1		
	Processing Status									
	Processing Stage	Draft				8		Pending		×
	Date Canceled						Canceled By			a
	Date Withdrawn						Withdrawn By			

8. Complete the required information in the **WSC Processing Section** of the form. Fields with an asterisk (*) are required to be completed. Use the "tab" key to navigate to different fields.

WSC Processing		
Fiscal Year *		Date Documents sent to Region
SAN requested due to updated algorithm *	×	AIM Meeting Date
Reason for AIM		Total Physical Assist
# of Clients at Address Receiving Services		Temporary loss of caregiver support
Behaviors	×	Permanent loss of caregiver support
Complex Med		Temporary
Comorbid		Aging Out
EAA	▼	Medical
Other	▼	Other (Description)
Does the individual have mental health concerns?		If yes, please describe
DME]
Please identify othe	r resources currently providing Mental Health treatment	
DCF Managing Entity		Medicaid State Plan
Private Insurance		
Other	∑ ∑]
If not accessing other resources, please explain why		If Other, describe
4 Notes		
Status	Active	

Fiscal Year: Identify the fiscal year where the SAN Request will start.

SAN Requested Due to Updated Algorithm: Choose "Yes" or "No" from the drop down as follows:

- Choose "**Yes**" when the WSC received an updated algorithm amount from APD and completed and AIM process. The AIM process from the updated algorithm resulted in the individual's request for funds over the updated algorithm amount.
- Choose "**No**" when the WSC is processing a SAN and a new algorithm was not needed. This may be situations where the individual previously received their *Notice of iBudget Amount* and needs one-time services such as an environmental accessibility adaption or the individual experienced a change in their needs, but those changes did not warrant an updated QSI, change in living setting, or change in age.

Reason for AIM: This field will be required if the WSC chooses "Yes" in the field above. Select one option as follows:

- New Algorithm Calculated for Annual Support Plan Choose this option when a SAN is being requested as part of implementation of the new algorithm at the time of the annual support plan.
- Algorithm Recalculated due to a SAN Request Choose this option when a SAN is being requested because the Agency recalculated the algorithm when the individual had a change in age, living setting, or QSI.
- Algorithm for New Waiver Enrollee Choose this option when a SAN is being requested for a new waiver enrollee who received their first algorithm. For this scenario the individual has not received a Notice of Initial iBudget Amount.

Date Documents Sent to Region: Required documents should be attached within the iBudget system. When attaching within the iBudget SAN system, use the date of the SAN request submittal in this field. In rare circumstances, if required documentation for a SAN is being submitted to the Region outside the iBudget system, please identify the date they were submitted.

of Clients at Address Receiving Services: Identify the number of individuals enrolled on the iBudget Waiver that reside with the individual. If the individual is the only person at the location receiving waiver services, the field should be "1."

The next fields specify the statutory basis for the significant additional need. All boxes must be completed with "Yes" or "No." The system will not allow the SAN request to proceed unless at least one of the fields are checked as "Yes."

- **Total Physical Assist:** If the individual has an increased need for services due to a need for total physical assistance with activities of daily living such as eating, bathing, toileting, grooming, and personal hygiene, choose "Yes." If not, choose "No."
- **Behaviors:** If the individual has an increased need for services due to a documented history of significant, potentially life-threatening behavior, such as recent attempts at suicide, arson, nonconsensual sexual behavior, or self-injurious behavior requiring medical attention, choose "Yes." If not, choose "No."
- **Temporary Loss of Caregiver Support:** If the individual has an increased need for services due to the temporary loss of caregiver support, choose "Yes." If not, choose "No."
- **Complex Med:** If the individual has an increased need for services due to a complex medical condition that requires active intervention by a licensed nurse on an ongoing basis that cannot be taught or delegated to a non-licensed person, choose "Yes." If not, choose "No."
- **Permanent Loss of Caregiver Support:** If the individual has an increased need for services due to a permanent or long-term loss or incapacity of a caregiver choose "Yes." If not, choose "No."

- **Comorbid:** If the individual has an increased need for services due to a chronic comorbid condition, which includes a medical condition existing simultaneously but independently with another medical conditions, choose "Yes." If not, choose "No."
- **Temporary:** If the individual has a significant need for one-time or temporary (less than 12 months) supports or services that, if not provided, would place the health and safety of the client, the client's caregiver, or the public in serious jeopardy, choose "Yes." If not, choose "No."
- EAA: If the individual has a significant need for one-time environmental accessibility adaptations that if not provided would place the health and safety of the client, the client's caregiver, or the public in serious jeopardy, choose "Yes." If not, choose "No."
- Aging Out: If the individual has an increased need for services due to a loss of services authorized under the state Medicaid plan due to turning 21 or aging out of the public school system at age 22, choose "Yes." If not, choose "No."
- **DME:** If the individual has a significant need for one-time durable medical equipment that if not provided would place the health and safety of the client, the client's caregiver, or the public in serious jeopardy, choose "Yes." If not, choose "No."
- Other: If the individual experiences a significant change in their medical or functional status which requires the provision of additional services on a permanent or long-term basis that cannot be accommodated within the client's current iBudget OR the individual has a significant need for transportation services to a waiver-funded adult day training program or to waiver-funded employment services when such need cannot be accommodated within the client's iBudget as determined by the algorithm without affecting the health and safety of the client, if public transportation is not an option due to the unique needs of the client or other transportation resources are not reasonably available, choose "Yes." If not, choose "No."
- **Other description:** If other is chosen, a brief description of the significant additional need is required.

Please identify other	resources currently providing Mental Health treatment			
DCF Managing Entity *	No	~	Medicaid State Plan *	Yes
Private Insurance *	No			\checkmark
Other *	No	~		
If not accessing other resources, please explain why*	accesses medication through Medicaid		If Other, describe	

Does the individual have mental health concerns? If so, choose "Yes." If not, choose "No."

If yes, please describe. If you chose "yes" on the mental health concern question, this field must be populated with a brief description of the mental health concern.

DCF Managing Entity: Identify yes/no if the individual is accessing mental health services through the DCF Managing entity.

Medicaid State Plan: Identify yes/no if the individual is accessing mental health services through the Medicaid State Plan.

Private Insurance: Identify yes/no if the individual is accessing mental health services through private insurance.

Other: Identify yes/no if the individual is accessing mental health services through other resources.

If other, please describe: If other resources are identified, the system will require a brief explanation.

If not accessing other resources, please explain why: If the individual has a mental health condition and is not accessing other resources, the system will require an explanation of why other services are not accessed.

A Notes
Enter a note
Title: Note created on 6/23/2016 11:54 PM by Tester 1 Level 1 Aging out of Medicaid State Plan in 90 days.
Support plan.docx Tester 1 Level 1 6/23/2016 11:54 PM

Notes: The WSC should provide a clear justification of how the individual meets the statutory criteria for significant additional needs funding. If this information is located elsewhere, the WSC may refer to the document. For example, "Justification included in updated support plan which is attached to this SAN;" or "Individual will turn 21 in 90 days and needs nursing services through Medicaid State Plan to continue through the waiver."

ATTACHING SUPPORTING DOCUMENTATION

When clicking in the Notes section, the system will allow the WSC to attach supporting documentation. WSCs can refer to the *Documentation Best Practices* for the required information to support a SAN request. WSCs should attach all documentation to the SAN request within the iBudget system at the time of submission.

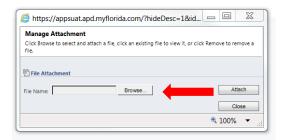
WSCs may attach multiple files. However, each attachment may not exceed 5 megabytes.

PLEASE NOTE, APD WILL REMOVE THE ATTACHED FILES FROM THE SAN REQUEST UPON RECEIPT TO ENSURE OPTIMUM SYSTEM PROCESSING. DOCUMENTS WILL BE SAVED IN A SECURE SITE OUTSIDE OF THE SAN SYSTEM.

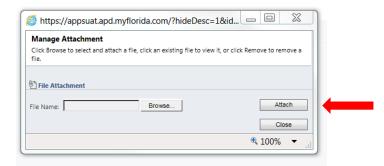
- 1. Click in the notes section.
- 2. Click attach file.

https://appsuat.apd.myl	lorida.com/?etc=10109&extraqs=%3f_CreateFromId%3d%257b3DECC51F-0ED4-E011 - Internet Explorer	_ 0 _ ×
File SAN Add	Jai Microsoft Dynamics CRM	Tester 1 Level 1 @
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Closed Activities	DCF Managing No V Medicaid State Pan No Entry*	×
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		* 100% -

3. Click browse.



- 4. Find the file in your computer system and select the file to be attached.
- 5. Click attach.



6. Click Close.

Manage Attachment		
Click Browse to select and at file.	tach a file, click an existing file to view	it, or click Remove to remove a
File Attachment		
ile Name:	Browse	Attach
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Additional files may be attached with the same process.

SAN SERVICE SECTION

The SAN Service section is where the Cost Plan Adjustment Worksheet (CPAW) service are input. In this section, the WSC will impact services in the following ways:

- Add New Services
- Reduce Request
- Increase Request
- No Change
- End Services

The WSC must address all current and changed/new services to show what the entire cost plan will reflect at the end of the SAN process.

In order to successfully submit a complete SAN Request, the WSC must:

1. Go into each existing service in the SAN Service section to identify if it will increase, decrease, end, or indicate no change to the service.

2. Add any new service request.

1. Click SAN Service on the left side.

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Save	Collaborate	Process Data WSC Actions Region Actions State Actions Region State Actions Decision	
form	SAN CAN Dem		SANS + 1
IN Information otes	SAN Req	uest for BRIANA ABEL for FY 2016-2017 created on 6/20/2016 11:57:14 AM	
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nmon	4 SAN Informati		
Activities	Consumer Informati	20	
Closed Activities	1 commence	BRIANA ABEL	12
SAIN SEIVICE	Region	Northwest C Field Office 20 01	
	Date of Birth	5/12/1976 EX Age 40	
	wsc*	Tester I Level 1 SUPPORTED LIVING (IFS, SB) (11)	
	Primary Diagnosis	INTELLECTUAL DISABILITY ID (1) Secondary Diagnosis NO DISABILITY (0)	
	SS Income	\$ \$\$A/\$501 \$	
	Date of QSI	67302014 Other Diagnosis NO DISABILITY (0)	
	Physical Score	2 IQ Score NORMAL INTELLENGENCE (0)	
	Behavioral Score	2 Functional Score 1	
		3 Functional Raw 2	
	Score	0 Overal/Score 2	
	Question 23 Processing Status	1 Question 20 1	
		Draft V Request Status Plending	12
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	Date Canceled	Canceled By	12
	Date Withdrawn	CR W Withdrawn By	
	Clock		
	Date WSC Requested	III w Due Date	[[6] N
	30 Days from	60 Days from	
	Request	Request	1.080.5
	Budget Amounts		
	Allocation Algorithm Amount		
	Budget Allocated	10.000.00 Budget Annualized 10.000.00	
	Status	Active	

Stage 🔺	Recommendation	Service Code 🔺	Description (Service Code)	Service Level	Service Rate	Service Ra
1.Current	Approved	4141	Personal Supports (day)	Day	63.63	1:3
1.Current	Approved	4270	Support Coordination	None	125.71	None
2.WSC		4141	Personal Supports (day)	Day	63.63	1:3
2.WSC		4270	Support Coordination	None	125.71	None

The **<u>stage</u>** defines the current stage in process on the service in relation to the SAN request or existing cost plan. The **<u>recommendation</u>** identifies the recommendation which was the outcome of the stage.

Current stage- Reflects current services approved on the current approved cost plan.

WSC stage– When the SAN is initiated by the WSC, all existing services will be copied by the system and automatically appear with the WSC stage. The WSC will be required to address each service in relation to the SAN. **WSC Recommendations** of existing services will be input as:

No Change Increase Request Reduce Request End Request

Region stage – When the WSC submits the SAN request, the services will copy into the Region stage. The Region will input their recommendation for each service during the review process. **Region Recommendations** of services requested will be input as: Increase Request, Reduce Request, End Request, Partial Approved, Approved, Denied, Terminated, No change.

State Office stage– When the Region submits a SAN to the State Office, the State Office recommendations will be identified. **State Office Recommendations** of services requested will be input as: Increase Request, Reduce Request, End Request, Partial Approved, Approved, Denied, Terminated, No change

Please note that this section contains recommendations by service. For information on a "completed" request, please refer to the section in this document entitled "**Notice of Missing Information/Final Determinations.**"

Requesting a New Service

1. Click "Add New SAN Services."

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	Stage 🔺	Recommendation	Service Code 🔺	Description (Service Code)	Service Level 1	Service Rate	Service Ratio	Current Units	Current Allocation	Current Annualiz	z New Units	New Amount
Closed Activities	1.Current	Approved	4141	Personal Supports (day)	Day	63.63		1				
SAN Service	1.Current	Approved	4270	Support Coordination	None	125.71		1				
	2.WSC		4141	Personal Supports (day)	Day	63.63		1				
	2.WSC		4270	Support Coordination	None	125.71	None	1	2 1,508.5	52		
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2. Populate the information on the screen: Use the **TAB** key between fields and some information will pre-populate automatically.

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	Units	Amount	
	Effective Date		
	Comments		
	Comments		
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	Status	Active	

Service Code: Choose the service code from the list.
Service Level: Choose the service level from the list.
Procedure Code: Choose the procedure code from the list.
Service Ratio: Choose the service ratio from the list.

Unit Type: Choose the unit type from the list.

Current Units: For new services that do not appear on the current approved cost plan, this should be 0.

Current Allocation: This will automatically populate once the current units are input.

Annualized Units: For new services that do not appear on the current approved cost plan, this should be 0.

Current Annualized: This will automatically populate once the Annualized Units are input.

Recommendation: For new services, this should be "New Request" and will prepopulate.

Stage: This will automatically populate to show "WSC" while the WSC is still completing the SAN request.

New Units: Enter the # of units being requested for the remainder of the fiscal year. In many instances, the units will need to be prorated because a change is being made within the fiscal year.

New Amount: This will automatically populate once the New Units are input. **New Annualized Units:** Enter the # of units required for an entire fiscal year. **New Annualized Amount:** This will automatically populate once the New Annualized Units are entered.

Effective Date: Enter the effective date for the new service to start. **Comments:** Add additional notations about the service being requested.

3. Click save.

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Increasing an Existing Service

1. Double click on the service where an increase is requested. The Stage should be WSC.

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🗌 Stage 🔺	Recommendation	Service Code 🔺	Description (Service Code)	Service Level	Service Rate	Service R: 😂
1.Current	Approved	4141	Personal Supports (day)	Day	63.63	1:3
1.Current	Approved	4270	Support Coordination	None	125.71	None
2.WSC		4141	Personal Supports (day)	Day	63.63	1:3
2.WSC		4270	Support Coordination	None	125.71	None
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2. Populate the information on the screen: Use the **TAB** key between fields and some information will pre-populate automatically.

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	Units*	Amount*	а арайо.00
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Service Code: Will be automatically populated. Service Level: Will be automatically populated. Procedure Code: Will be automatically populated. Service Ratio: Will be automatically populated. Unit Type: Will be automatically populated. Service Rate: Will be automatically populated. Current Units: Will be automatically populated.

Current Allocation: Will be automatically populated.

Annualized Units: Input the current annualized units. This is the number of existing units for a 12 month period.

Annualized Amount: Will automatically populate when the annualized units are input.

Recommendation: Choose "Increase Request" from the drop down. *Stage: Will automatically show as WSC.*

New Units: Identify the # of units required for the current fiscal year. In many instances, the units will need to be prorated because a change is being made within the fiscal year. This will be **current** annualized units **plus** new units needed for the balance of the fiscal year.

Annualized Units: Will automatically populate once the new units are input. **New Annualized Units:** Input the # of units that are required for a full 12 month period.

New Annualized Amount: Will automatically populate once the new annualized units are input.

Effective Date: Identify the effective date of the increase.

Comment: Add relevant brief comments related to the service increase request, including the intensity, frequency, and duration. For example: "*Increase 5 hours/day to 7 hours/day due to caregiver availability.*"

3. Click Save.

Reducing an Existing Service

1. Double click on the service that will reduce as a result of the SAN request, if any. The Stage should be WSC.

SAN SENICE	SAN Service Associated	view		Search for r		Q
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1.Current	Approved	4141	Personal Supports (day)	Day	63.63	1:3
1.Current	Approved	4270	Support Coordination	None	125.71	None
2.WSC		4141	Personal Supports (day)	Day	63.63	1:3
		4070	Support Coordination	None	125.71	None
2.WSC		4270	Support Coordination	None	125.71	None
2.WSC		4270	support coordination	NOTE	125.71	None

2. Populate the information about the service. Use the **TAB** key between fields and some information will pre-populate automatically.

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Unit Type: Will be automatically populated.

Service Rate: Will be automatically populated.

Current Units: Will be automatically populated.

Current Allocation: Will be automatically populated.

Annualized Units: Input the current annualized units. This is the number of existing units needed for a 12 month period.

Annualized Amount: Will automatically populate when the annualized units are input.

Recommendation: Choose "Reduce Request" from the drop down. *Stage: Will automatically show as WSC.*

New Units: Identify the # of units required for the current fiscal year for the reduced service need. In many instances, the units will need to be prorated because a change is being made within the fiscal year.

Annualized Units: Will automatically populate once the new units are input. **New Annualized Units:** Input the # of units that are required for a full 12 month period.

New Annualized Amount: Will automatically populate once the new annualized units are input.

Effective Date: Identify the effective date of the reduction.

Comment: Add relevant brief comments related to the service reduction, including the intensity, frequency, and duration. For example, "Reducing

companion from 10 hours/week to 5 hours/week due to initiation of ADT on March 1."

3. Click Save.

Ending an Existing Service

1. Double click on the service that will end as a result of the SAN request, if any. The Stage should be WSC.

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🗌 Stage 🔺	Recommendation	Service Code 🔺	Description (Service Code)	Service Level	Service Rate	Service R: 😂
1.Current	Approved	4141	Personal Supports (day)	Day	63.63	1:3
1.Current	Approved	4270	Support Coordination	None	125.71	None
2.WSC		4141	Personal Supports (day)	Day	63.63	1:3
2.WSC		4270	Support Coordination	None	125.71	None
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2. Populate the information about the service. Use the **TAB** key between fields and some information will pre-populate automatically.

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	Procedure Code	🐒 S5130UCSC 🔲 Service Ratio 🔡 13	<u>م</u>
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Service Code: Will be automatically populated. Service Level: Will be automatically populated. Procedure Code: Will be automatically populated. Service Ratio: Will be automatically populated. Unit Type: Will be automatically populated. Service Rate: Will be automatically populated. Current Units: Will be automatically populated. Current Allocation: Will be automatically populated.

Annualized Units: Input the current annualized units. This is the number of existing units needed for a 12 month period.

Annualized Amount: Will automatically populate when the annualized units are input.

Recommendation: Choose "End Request" from the drop down.

Stage: Will automatically show as WSC.

New Units: Identify the # of units required for the current fiscal year. In many instances, the units will need to be prorated because a change is being made within the fiscal year. This will be the # of units already provided or that will be provided prior to the change.

Annualized Units: Will automatically populate once the new units are input. **New Annualized Units:** Input the # of units that are required for a full 12 month period.

New Annualized Amount: Will automatically populate once the new annualized units are input.

Effective Date: Identify the effective date of when services will stop.

Comment: Add relevant brief comments related to the service reduction. For example, "PS ended due to moving into licensed facility."

3. Click Save.

Submitting the SAN Request for APD Review

Once the WSC has completed the following actions, the SAN is ready to send to the Agency for Review.

- 1. Complete WSC Processing Section
- 2. Attach required documentation.
- Complete SAN Service Section.
 For ALL existing services: increase, decrease, no change, or end actions Add New Services, if applicable

From the SAN Information page, click "submit:

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Activities	Consumer Informati	lon			
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	wsc*	Tester 1 Level 1	Living Setting	SUPPORTED LIVING (IFS, SB) (11)	
	Primary Diagnosis	INTELLECTUAL DISABILITY ID (1)		gnosis NO DISABILITY (0)	
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	Date of QSI	6/30/2014	Other Diagnos	NO DISABILITY (0)	
	Physical Score	2	IQ Score	NORMAL INTELLENGENCE (0)	
	Behavioral Score	2	Functional Sco	rre 1	
	Behavioral Raw Score	3	Functional Raw Score	v 2	
	Question 18	0	Overall Score	2	
	Question 23	1	Question 20	1	
	Processing Status				
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	Date Withdrawn		Withdrawn By		
	Clock				
	Date WSC Requested		Due Date		
	30 Days from Request		60 Days from Request		
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	Allocation Algorithm				
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	Status	Active			

The system will verify that you are ready to submit. If so, click ok.

essage	from webpage	25
?	Are you sure you want to su Review?	bmit this SAN request for Region

Notice of Missing Information/Final Determinations

If APD Requests additional information, the WSC will receive an e-mail notification with the consumer's PIN number. The WSC will need to review the *Notice of Intent to Deny* from the Region and respond accordingly. This may include adding information into the system or attaching additional documents.

The WSC may log into the iBudget system, access the consumer, go into the SAN request and attach the missing documentation to the WSC Processing Section in accordance with page 9.

Once the final decision is made, the WSC will receive an email notification and the Region will provide a copy of the *Notice of Approval for Significant Additional Needs Request* or the *Notice of Denial of Significant Additional Needs Request* for the WSC to share with the consumer. The Region will also mail a copy of the notice to the consumer and/or their legal representative.

The WSC can update the service authorizations on the cost plan accordingly based on the notice.

Checking the Status of a SAN

The WSC may check the status of a SAN within the iBudget system at any time.

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 BRIANA ABEL Tier Code Medicaid Number Date Of Birth Social Security Nu Living S 😋 4 My Work IBGT IBGT IBGT Medicaid Nur 8751399318 2359427068 1002396582
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 930-34-1153

 7/21/1972
 750-85-8773

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 173-35-6554
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 3/3/1976
 466-76-9482

 2/17/1969
 936-20-2388

 7/5/1966
 695-88-4428

 1/15/1996
 529-60-0693

 2/3/1962
 430-91-3060
 Female Male IOSEPHINE AUGUST IBGT IBGT 00000008 SUPPOI LEON TAYLOR Providers KAL SOFIA QUINTIN BADILLO BAJNES BANKS IBGT IBGT 0001013376 Femal Male FOSTER ESCAMBLA Annual Budgets 0000156908 BAY 6/19/1961 528-56-0860 BRICE BEELER IBGT 4425980593 0000106323 Male CALHOUN FAMILY MAURICE BLOOM IBGT 1524408087 7/24/1979 641-44-3136 0000142900 Male 02 BAY SUPPOI 9/13/1982 229-56-7394 6/1/1962 903-54-0519 8/21/1955 786-64-8570 BAY BAY WASHINGTON IBGT IBGT IBGT Female Female Female TERESA BLUNT 2005053194 0000010857 EAMIL 0000001896 FAMILY CASSANDRA BOLDUC 5416511384 1401720155 NYLA BOLIN RAUL 8/9/1991 405-16-9824 5/4/1982 230-61-2623 7/21/1989 622-05-4763 0000163292 BOSTON IBGT 5371831020 Male 02 GULF FAMILY ESCAMBIA OUINN BRAGG IBGT 7039670046 0000017927 Female 01 SMALL TRENTON BROOKS IBGT 4634490149 0000154361 Male 02 IACKSON SMALL KAELYNN MARTHA GAVYN IBGT IBGT IBGT IBGT 4634490149 2543411366 6848531645 0465947933 //21/1989 622-05-4/63 1/3/1957 023-82-3231 1/14/1960 495-91-5954 6/4/1979 718-26-8649 Male Female Male BROWDER BROWNE BRUNSON 0000164230 0001016644 FAMILY SUPPOI 0000161852 MADISON < > 50 of 169 (0 selected)
- 1. To do this, double click on the consumer.

2. Go to the SANs page.

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3. The processing stage will identify the processing status at the current time.

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SANs	2016-2017	Draft	Pending						1,234.00	1,234.00		
Approved Services	2016-2017	Region Review	Pending			6/15/2016	7/15/2016	8/14/2016	1.234.00	1.234.00		
Annual Budgets	2016-2017	Draft	Pending						1,234.00	1,234.00		
Annual Cost Plans	2015-2016	Draft	Pending						50,000.00	1,234.00		
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Claims	2015-2016	Draft	Canceled						50,000.00	1,234.00		
	2015-2016	Draft	Canceled						50,000.00	1,234.00		
	2015-2016	Draft	Canceled						50,000.00	1,234.00		
	2015-2016	State Office Review	Pending			6/15/2016	7/15/2016	8/14/2016	50,000.00	1,234.00		
	2015-2016	State Office Review	Withdrawn			6/15/2016	7/15/2016	8/14/2016	50,000.00	1,234.00		
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	2015-2016	Draft	Pending						50.000.00	1,234.00		
	2016-2017	Region Review	Pending			4/18/2016	5/18/2016	6/17/2016	1,234.00	1,234.00	23.00)
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The Processing Stage status identifies the status of review as either:

Draft: The WSC has a request they are working on in the system.

Region Review: The request has been submitted by the WSC and is pending Region Review.

State Review: The request has been processed by the Region and is pending review by the APD State Office.

The Request Status identifies the status of review as either:

Pending – The request is in process.

Withdrawn - The request was withdrawn by the WSC.

Canceled - The request was cancelled by APD staff after appropriate consensus.

Complete- All reviews for the request have been completed and the WSC should receive (or have already received) an e-mail notification with appropriate notices of the outcome per page XX.

The WSC can double click on the request for further details. The top of the page also describes the processing state, request status, and the date of the WSC request.

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Related	Denial Justification	
Common Activities Closed Activities	Meets statute Attempts to locate natural or community supports	<u> </u>
💩 SAN Service	Medically necessary Vite Constraints Not medically necessary explanation	
	Meets waiver requirements explanation	
	Can be met by re- budgeting Hearing Information	
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	Send to State Office 1 Send back to WSC 0	
	Send back to Region 0 Submit Status 444	×
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The WSC will also receive E-mail notifications in the iBudget system when the SAN status changes. To view the e-mails click on Activities in the left ribbon. Click the down arrow next to where it says Activities in the top ribbon and select E-mail.

Note	E-mail a Link - Workflow D	ialog Report -	Find
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When you select E-mail you will see the current status of submitted SANS as well as iBudget cost plan changes.

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	iBudget SAN status change	Email Sender Do Not Reply	Tester 1 Level 1

Withdrawing a SAN

The WSC may withdraw a SAN that has been submitted with consensus from the consumer and/or their legal representative.

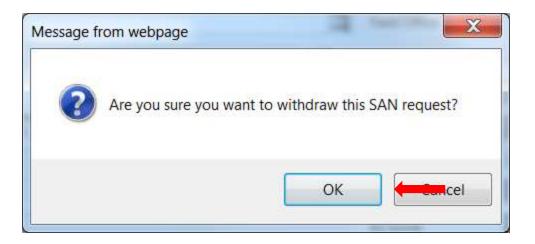
1. From the SANs section, double click the consumer for which a SAN is pending review by APD. This may be Region Review or State Review.

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Claims		16-2017	Draft			Pendi	ng											10.0	00.00		10,000.00			
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2. Click Withdraw.

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	Primary Diagnosis	INTELLECTUAL DISABILITY ID (1) Secondary Diagnosis NO DISABILITY (0)	
	SS Income	s ssayssoi s	
	Date of QSI	6/30/2014 Other Diagnosis NO DISABILITY (0)	
	Physical Score	2 IQ Score NORMAL INTELLENGENCE (0)	
	Behavioral Score	2 Functional Score 1	
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	Question 18	0 Overall Score 2	
	Question 23	1 Question 20 1	
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	Processing Stage	Draft Request Status Pending	~
	Date Canceled	Canceled By	
	Date Withdrawn	Withdrawn By	9
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3. Respond to the notification "Are you sure you want to withdraw this SAN request?" by clicking "ok."



4. The system will process the withdrawal and the Request Status will show as "withdrawn."

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👌 SAN Service	Region	Northwest				Field Office	1 01			<u>a</u>
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Questions/Help

Training information is posted online at http://apdcares.org/waiver/support-

<u>coordination/</u>. If WSCs need assistance, they may contact the APD Regional office. For technical support, WSCs can open a helpdesk ticket at

https://apdflorida.zendesk.com/home/ or call (850) 488-4357 between 8 a.m. and 6 p.m. (Eastern time), Monday through Friday.