

Instructions for completing the Waiver Support Coordinator (WSC) Systems Access Request Form (WARF)

Prior to completing the form, ensure that you are using Internet Explorer 10 or 11 only, and that you have Adobe Reader installed. If you are using Windows 10, the Edge browser is not supported.

Note that all information must be typed except for the required signatures. If any information besides the required signatures is handwritten, it will not be processed.

Provider Enrollment staff in each region is responsible for obtaining and verifying the information for each WSC, as well as completing the SARF.

Action

Effective Date: This is the date you want the requested changes to be effective. For example, a newly hired WSC may start with an agency on the 1st of the month but their first day may be on the 10th or you may know of a WSC who is leaving an agency and will need their access terminated on a specific date.

New: Select this box if you are requesting access for a *new* WSC. Please note, each new WSC must order a VPN, so all of the VPN information referenced below must be completed on the form.

Modify: Select this box if you are requesting access be modified for an *existing* WSC. For example, a WSC may need a profile added in ABC.

Suspend Until: Select this box to suspend a WSC's access and add a date when the WSC will return to regular work duties. For example, a WSC going on maternity leave.

Separate: Select this box when a WSC is leaving the agency and should no longer have access to APD systems.

WSC User Information

Waiver Support Coordinator: Check this box if the user needing access is a Waiver Support Coordinator (WSC).

Agency Head: Check this box if the user needing access is the owner or manager of a Waiver Support Coordinator agency.

Solo Provider: Check this box if the user needing access is a solo WSC.

Agency Name: Type in the name of the WSC agency.

Provider Agency: Check this box if the agency listed in the Agency Name field is a provider agency.

First Name: First name of WSC needing access to system(s).

Middle Initial: Middle Initial of WSC needing access to system(s).

Last Name: Last name of WSC needing access to system(s).

Region: Region in which WSC needing access works. For example, Central.

Area: Area or Center in which WSC needing access works. For example, Area 1.

City: Type in the name of the city in which the WSC requesting access works.

County: The county in which the WSC works is required for the VPN order.

Phone: Phone number for WSC requesting access.

Treating Provider #: Type in the WSC's Treating Provider Number.

E-mail: E-mail address of WSC requesting access.

VPN Access

VPN (\$10.70 per month, per user): Check this box if the WSC needs VPN access to the APD network. Note that the WSC's signature is required as they will be billed \$10.70 per month, per account.

Billing Address: Billing address where VPN invoices are to be sent.

Billing Contact Name: Enter the name of the person responsible for paying the monthly VPN fee. This is required.

Signature: The person responsible for paying the monthly VPN fee must sign acknowledging this responsibility. This is also required.

Note: WSCs are not allowed to share accounts or usernames and passwords; each WSC must have his or her own unique account.

APD Business Systems

ABC: Check this box if the WSC needs access to ABC.

iBudget: Check this box if the WSC needs access to iBudget.

QSI (Level 2): Check this box if the WSC needs Level 2 access to QSI.

Notes: This field is to add information not already included on the form. If the WSC requires access to more than one area, please include that information in this section.

Required Signatures:

User: The signature of the WSC must sign when requesting VPN access to acknowledge and approve the monthly VPN charge.

Supervisor Authorizing User: If the WSC is part of an agency, the user's supervisor will need to sign to authorize the user's access to the APD systems. **An APD employee does not need to sign here.**

Area Authorizing User: Provider Enrollment Staff signs here.

Is the Medicaid Waiver Service Agreement currently active? If yes, please initial here: Provider Enrollment Staff will initial to verify that the WSC's Medicaid Waiver Service Agreement is currently active.

Once the SARF is correct and complete, open a Help Desk ticket (<https://apdfloida.zendesk.com>). In the subject field, please enter the file name of the SARF in the following format, to ensure proper routing: LastName_FirstName_Action_YYYY DD. In the description field, please list the exact location of the file (Ex: J: \SARFs\Central Office\Smith_John_Modify_20170101.