

**WSC ADVISORY #2020-016**  
**ADDITIONAL COVID-19 WSC CLARIFICATIONS**

**MANDATORY ACTION**

**EFFECTIVE DATE: APRIL 27, 2020**

The Agency for Persons with Disabilities is continuing its efforts to keep Waiver Support Coordinators (WSCs) and Consumer Directed Care Plus (CDC+) Consultants informed of important actions related to COVID-19. This advisory provides WSCs and CDC+ Consultants with important information to help support APD clients.

The Agency for Healthcare Administration (AHCA) posted iBudget Waiver Frequently Asked Questions that explain some of the allowable flexibility with waiver services during this time. WSCs and CDC+ Consultants should view this information on the AHCA website by clicking [here](#).

**What are advance payments and how do they impact clients on my caseload?**

As described in the [iBudget Provider Payment Flexibility](#) provider alert that was issued by AHCA on March 18, 2020, AHCA and APD recognize the financial impact that COVID-19 may have on iBudget Waiver providers. In response, AHCA began making monthly advanced payments to certain types of iBudget providers, beginning on April 1, 2020. These advance payments are intended to keep providers experiencing a reduction in billing fiscally solvent and their workers employed during the pandemic.

Providers are eligible for an advanced payment for the following services: Residential Habilitation, Life Skills Development 1 - Companion, Life Skills Development 3 – Adult Day Training, and Personal Support services. Advanced payments are not available for Consumer Directed Care Plus (CDC+) services.

In addition, to qualify for the advanced payments, the provider must:

- Have billed Medicaid for iBudget services between October 2019 – March 2020,
- Not be in bankruptcy, and
- Not have any outstanding delinquent Medicare overpayments.

All providers rendering these services received an advanced payment for the month of April. In the future, providers will need to actively submit a request (“opt-in”) for an advanced payment in a subsequent month.

Providers should continue to render services to the extent possible. However, there are unavoidable circumstances that may prevent providers from continuing to serve all clients. Providers must continue to submit documentation to the WSC for those services that continue to be delivered, as well as provide a written explanation to the WSC when services cannot be rendered to a person with the reason.

AHCA will continue to provide additional information for providers regarding advance payments for future months.

**How does a WSC assist clients who receive services from a provider receiving advance payments?**

The WSC must obtain documentation of the service provided in accordance with iBudget Handbook criteria. If a provider renders services in an alternative setting or via an alternate means, the documentation must indicate where and how the service was provided. If services are continuing, regardless of the setting, the WSC does not need to make any changes in iBudget for these service authorizations.

**What if a provider does not accept a retention payment?**

If the provider does not opt to receive the retention payment, the WSC does not need to make any changes to iBudget for these service authorizations, unless the client needs a different service array or selects a different provider.

**How can I assist a client in supported living or the family home who needs additional Personal Supports due to an Adult Day Training Program closing temporarily?**

If the Adult Day Training service is not available, per existing iBudget Rules, the client has a choice in how to utilize unused funds for medically necessary and covered services in their cost plans. The WSC must first work with the client to address the need through natural supports. The WSC may assist the client by moving unused or unallocated services within their iBudget Amount. This will require the WSC to review provider claims or verify with the provider whether any services were provided but not yet billed so that funds from unused services can be moved to meet the client's need. To facilitate expedited approval, WSCs should indicate in the notes section of the service plan that the change is due to COVID-19, along with directions to the provider regarding service delivery.

If the WSC is unable to meet a service need by these methods and there is a critical health and safety need, a Significant Additional Needs request should be submitted.

CDC+ Consumers can redirect funds to another exiting authorization within the Purchasing Plan or they can submit a Quick Update to create an authorization for a new or existing employee to provide services. Please refer to the [CDC+ Consultant Advisory 2020-016](#).

**Can we automatically increase Personal Supports for 6 additional hours per day to make up for a client not attending a meaningful day activity due to closures due to COVID-19?**

No. The existing iBudget Rule provides client flexibility in how to utilize unused funds for medically necessary and covered services within their iBudget Amount. The WSC must first work with the client to address the need through natural supports. The WSC may assist the client by moving unused or unallocated services within their iBudget Amount. This will require the WSC to review claims and verify with the provider whether any services were provided and not yet billed so that funds from

unused services can be moved to meet the client's need. If the WSC is unable to meet a service need by these methods and there is a critical health and safety need, a Significant Additional Needs request should be submitted.

For CDC+ Consumers, please note that moving existing funds within the Cost Plan will not increase the monthly budget amount. CDC+ Consultants should still work with the consumer to address needs through natural supports. Funds can be shifted within the individual's Purchasing Plan. Please refer to [CDC+ Consultant Advisory 2020-16](#).

**How can I assist a client who is receiving Residential Habilitation services from a provider whose Adult Day Training Program is closing temporarily?**

Providers are temporarily permitted to provide Life Skills Development Level 1 – Companion and Life Skills Development Level 3- Adult Day Training at the licensed residential facility. The WSC can investigate whether this option is available for the client. Clients can choose to move funds from services not being utilized to other medically necessary and covered services within their iBudget Amounts. To facilitate expedited approval, WSCs should indicate in the notes section of the service plan that the change is due to COVID-19, along with directions to the provider regarding service delivery.

Please note that Personal Supports is not available in a licensed facility unless the client is recovering from surgery, staying with family or friends overnight, or other criteria specified in the iBudget Waiver Handbook.

**If a client is not using their transportation, can those funds be moved to another service?**

Yes. Clients can choose to move funds from services not being utilized to other medically necessary and covered services within their iBudget Amounts. To facilitate expedited approval, WSCs should indicate in the notes section of the service plan that the change is due to COVID-19, along with directions to the provider regarding service delivery.

**When should the WSC submit a Significant Additional Needs request?**

The Significant Additional Needs process and rule criteria has not changed. If a client has a significant additional need impacting their health, safety, and welfare that cannot be met through other resources, natural supports, or by moving unused and unallocated services within the current iBudget Amount, the WSC or CDC+ Consultant should submit a SANs request with supporting documentation as identified on the [WSC Job Aid for Significant Additional Needs Documentation](#).

**What if a WSC needs to provide a retroactive service authorization because of provider closures due to COVID-19?**

The WSC should contact the APD Regional Office. The iBudget Waiver Handbook allows the APD Regional Office to approve a retroactive service authorization when there is a health and safety risk or an emergency situation.

CDC+ Consumers/Representatives can bill over the current authorization for a service in the Services section of the purchasing plan. If the account is not overspent, the claim will pay. CDC+ Consumer/Representatives must pay close attention to the amounts billed for authorizations in Savings, as these will continue to automatically close once they are expended. If new providers are needed, provider packets must be submitted and processed prior to the employee working. CDC+ is not able to retroactively approve new hires.

WSCs and CDC+ Consultants are encouraged to review COVID-19 information on the [APD website](#) for additional guidance for providers, WSCs, CDC+ Consultants, clients, and families.