

# **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.

The screenshot shows the Microsoft Dynamics CRM interface with a list of consumers. The 'Consumers' tab is active, and the 'Active Consumers' view is selected. A red arrow points to the consumer 'SOPIA BAINES' in the list.

First Name	Last Name	Tier Code	Medicaid Number	Date Of Birth	Social Security Number	PIN	Gender	District	County	Living S
BRIANA	ABEL	IBGT	8751399318	5/12/1976	930-34-1153	0000153592	Female	01	ESCAMBIA	SUPPO
ALAYNA	ABNER	IBGT	2359427068	7/21/1972	750-85-8773	0000147772	Female	01	SANTA ROSA	FAMILY
CALE	ANDREWS	IBGT	1002396582	5/6/1972	173-35-6554	0000139503	Male	02	GADSDEN	FAMILY
NICO	ARRINGTON	IBGT	0821004821	2/24/1977	712-13-5827	0000180011	Male	02	GADSDEN	FAMILY
DAMION	ASHMORE	IBGT	2244079547	3/3/1976	466-76-6482	0000002450	Male	02	JACKSON	FAMILY
JOSEPHINE	AUGUST	IBGT	1264744543	2/17/1969	936-20-2388	0000000080	Female	02	LEON	SUPPO
ADILLO		IBGT	0501171909	7/5/1966	695-88-4428	0000000309	Male	02	TAYLOR	SUPPO
SOPIA	BAINES	IBGT	1494896788	1/15/1996	529-60-0693	0001013376	Female	01	ESCAMBIA	FOSTER
QUINTIN	BANKS	IBGT	8492041550	2/3/1962	430-91-3060	0000156908	Male	02	BAY	SUPPO
BRICE	BEELER	IBGT	4425980593	6/19/1961	528-56-0860	0000106323	Male	02	CALHOUN	FAMILY
MAURICE	BLOOM	IBGT	1524408087	7/24/1979	641-44-3136	0000142900	Male	02	BAY	SUPPO
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	0000000152	Female	02	WASHINGTON	SUPPO
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	SUPPO
MARTHA	BROWNE	IBGT	6848531645	1/14/1960	495-91-5954	0001016644	Female	01	SANTA ROSA	FAMILY
GAWYN	BRUNSON	IBGT	0465947933	6/4/1979	718-26-8649	0000161852	Male	02	MADISON	SUPPO

3. Double click the consumer's name.

4. Click on SANs on the left side.

The screenshot shows the 'Consumer' record for BRIANA ABEL. The left-hand navigation pane is titled 'Related' and contains a 'Common' section with several options. A red arrow points to the 'SANs' option. The main area displays demographic data for the consumer, including first name (BRIANA), last name (ABEL), gender (Female), date of birth (5/12/1976), and address (477 ADDRESS1329, PENSACOLA, FL 32501).

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

The screenshot shows the 'SANS SAN Associated View' table. The top ribbon has a 'List Tools' section with an 'Add New SAN' button highlighted by a red arrow. The table below lists various SAN records with columns for Fiscal Year, Processing Stage, Request Status, Date WSC Requested, and Budget information.

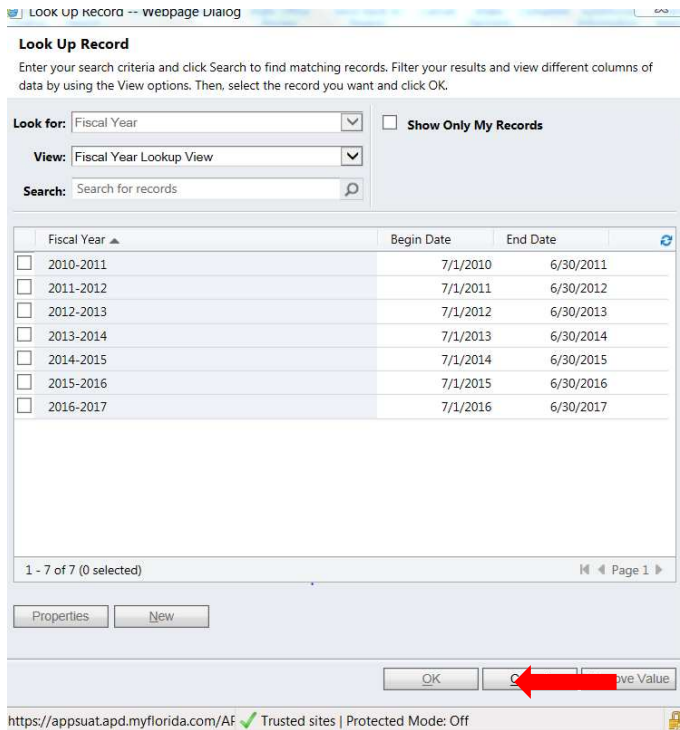
Fiscal Year	Processing Stage	Request Status	Date WSC Requested	30 Days from Re...	60 Days from Re...	Budget Allocate...	Budget Annualiz...	Proposed Budge...	Typ
2015-2016	Draft	Pending				50,000.00	3,423.00		
2015-2016	Draft	Pending				50,000.00	3,423.00		
2016-2017	Draft	Pending				3,423.00	5,232.00		
2016-2017	Region Review	Pending	6/13/2016	7/13/2016	8/12/2016	3,423.00	5,232.00		
2016-2017	Draft	Pending				3,423.00	5,232.00		
2015-2016	Draft	Pending				50,000.00	10,000.00		
2016-2017	Draft	Pending				10,000.00	10,000.00		
2016-2017	Draft	Pending				10,000.00	10,000.00		
2016-2017	Draft	Pending				10,000.00	10,000.00		
2016-2017	Draft	Pending				10,000.00	10,000.00		
2016-2017	Draft	Pending				10,000.00	10,000.00		
2016-2017	Draft	Withdrawn				3,423.00	5,232.00		
2015-2016	Region Review	Pending	3/22/2016	4/21/2016	5/21/2016	50,000.00	3,423.00		
2015-2016	Draft	Withdrawn	3/22/2016	4/21/2016	5/21/2016	50,000.00	3,423.00		
2015-2016	Region Review	Pending	3/22/2016	4/21/2016	5/21/2016	50,000.00	3,423.00		
2015-2016	Region Review	Pending	3/23/2016	4/22/2016	5/22/2016	50,000.00	3,423.00		
2015-2016	Region Review	Pending	3/23/2016	4/22/2016	5/22/2016	50,000.00	3,423.00		
2015-2016	Region Review	Pending	3/23/2016	4/22/2016	5/22/2016	50,000.00	3,423.00		
2015-2016	Region Review	Pending	3/23/2016	4/22/2016	5/22/2016	50,000.00	3,423.00		

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

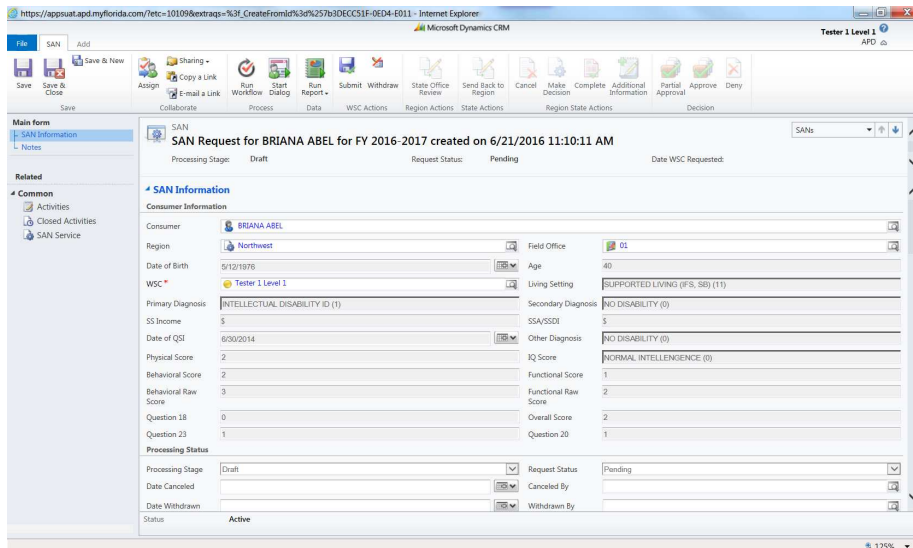
The screenshot shows a software interface for a 'SAN' form. The top menu bar includes 'File', 'SAN', and 'Add'. Below the menu is a toolbar with various icons for actions like 'Save & New', 'Share', 'Run Workflow', 'Submit', etc. The main form area is titled 'SAN New' and shows 'Processing Stage: Draft' and 'Request Status: Pending'. The 'WSC Processing' section is highlighted, and a red arrow points to the 'Fiscal Year\*' dropdown menu. Other fields include 'Prorated Increase', 'State Proposed Annualized Increase', 'Date Documents sent to Region', and various checkboxes for services like 'Behaviors', 'Complex Med', 'Comorbid', 'EAA', 'DME', and 'Other'. A 'Notes' section is at the bottom.

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

This screenshot is identical to the one above, showing the 'SAN New' form. The 'Fiscal Year\*' dropdown menu is highlighted with a red arrow, indicating the step where the user should select the effective year for the proposed SAN.



**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.**



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.

The screenshot shows a form titled "WSC Processing". It contains several fields and dropdown menus. Fields with an asterisk (\*) are required. The fields include: Fiscal Year\*, SAN requested due to updated algorithm\*, Reason for AIM, # of Clients at Address Receiving Services, Behaviors, Complex Med, Comorbid, EAA, Other, Does the individual have mental health concerns?, DME, DCF Managing Entity, Private Insurance, Other, and If not accessing other resources, please explain why. There are also several dropdown menus for selecting options like "Total Physical Assist", "Temporary loss of caregiver support", "Permanent loss of caregiver support", "Temporary", "Aging Out", "Medical", "Other (Description)", "Medicaid State Plan", and "If Other, describe". A "Notes" section is visible at the bottom left, and the status is "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		
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.

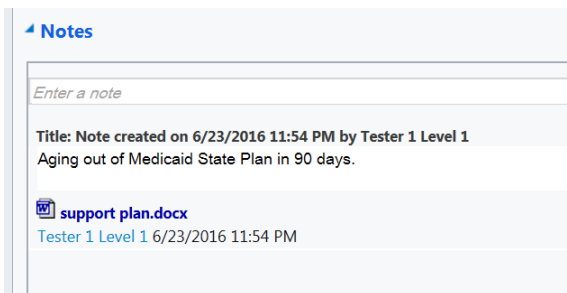
**Medicaid State Plan:** Identify yes/no if the individual is accessing mental health services through the Medicaid State Plan.

**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.



**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.*”

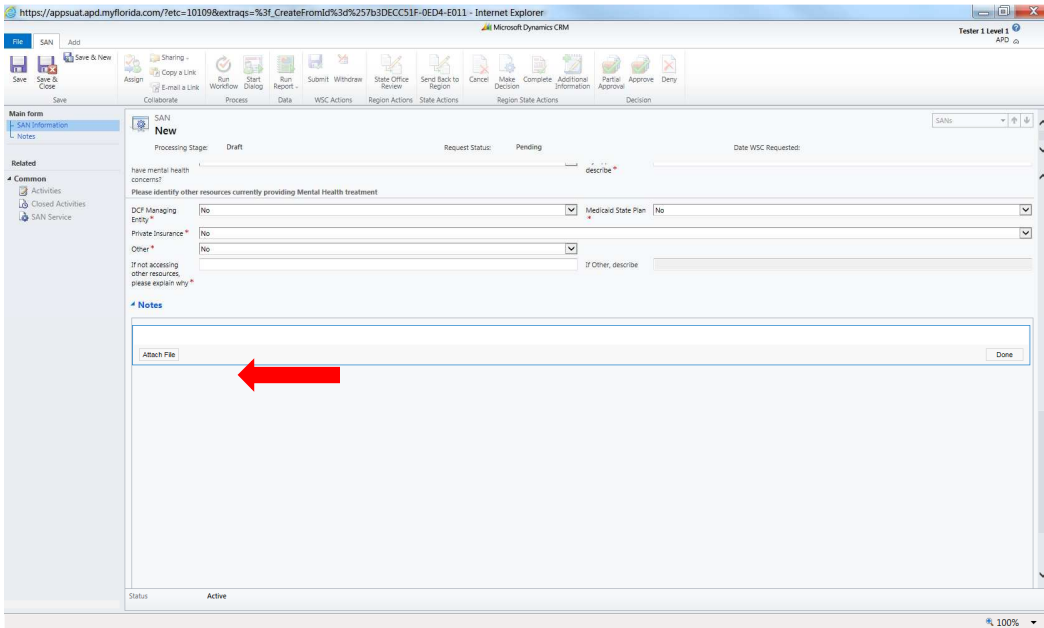
## **ATTACHING SUPPORTING DOCUMENTATION**

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.

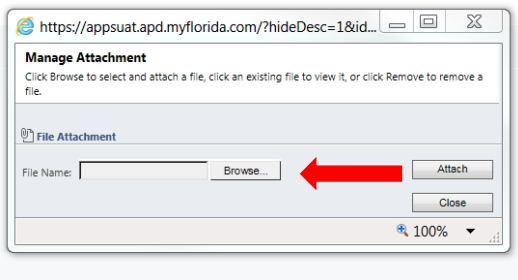
WSCs may attach multiple files. However, each attachment may not exceed 5 megabytes.

**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.**

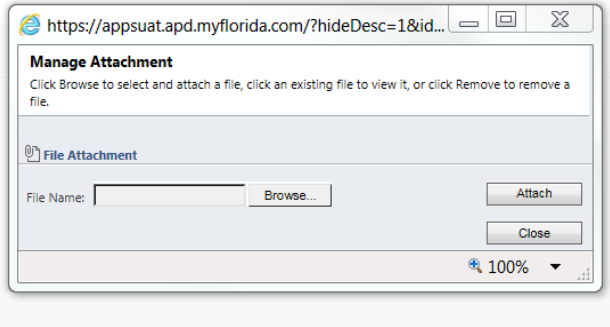
1. Click in the notes section.
2. Click attach file.



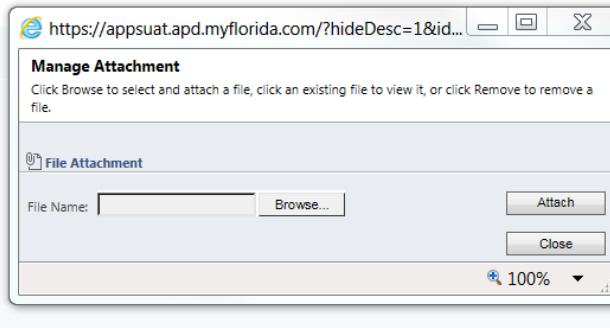
3. Click browse.



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



6. Click Close.



***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.

The screenshot shows a web browser window displaying a Microsoft Dynamics CRM form titled "SAN Request for BRIANA ABEL for FY 2016-2017 created on 6/20/2016 11:57:14 AM". The form is in a "Draft" state with a "Pending" request status. The left-hand navigation pane has "SAN Service" highlighted, with a red arrow pointing to it. The main form area contains various fields for consumer information, including Region (Northwest), Date of Birth (5/12/1976), WSC (Tester 1 Level 1), Primary Diagnosis (INTELLECTUAL DISABILITY ID (1)), and several scores (Physical Score: 2, Behavioral Score: 2, Behavioral Raw Score: 3, Question 18: 0, Question 23: 1, etc.).

The screenshot shows a table titled "SAN Service SAN Service Associated View". The table has the following columns: Stage, Recommendation, Service Code, Description (Service Code), Service Level, Service Rate, and Service Rate. There are four rows of data. Two red arrows point to the "SAN Service" and "SAN Service Associated View" tabs at the top of the table.

Stage	Recommendation	Service Code	Description (Service Code)	Service Level	Service Rate	Service Rate
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 **stage** defines the current stage in process on the service in relation to the SAN request or existing cost plan. The **recommendation** 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

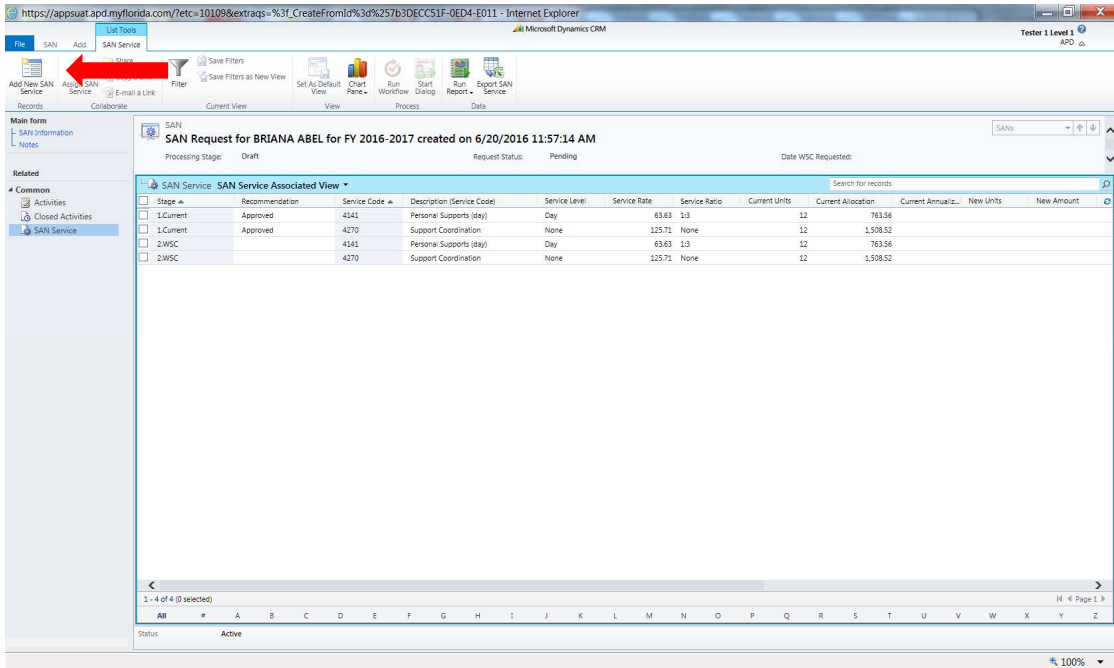
**Region stage** – When the WSC submits the SAN request, the services will copy into the Region stage. The Region will input their recommendation for each service during the review process. **Region Recommendations** of services requested will be input as: Increase Request, Reduce Request, End Request, 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

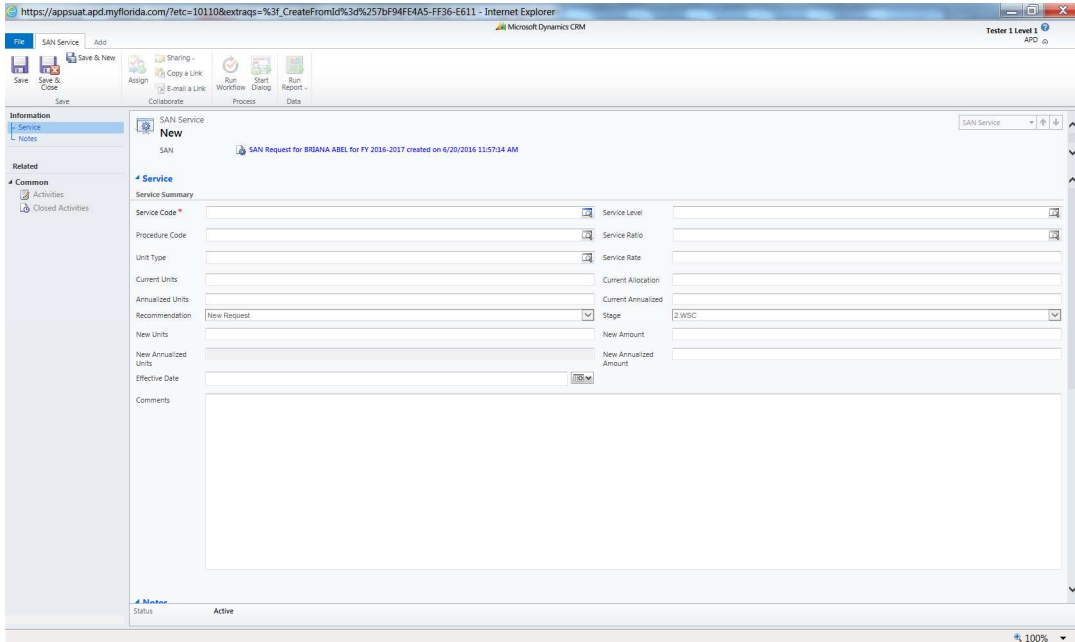
Please note that this section contains recommendations by service. For information on a “completed” request, please refer to the section in this document entitled “**Notice of Missing Information/Final Determinations.**”

### **Requesting a New Service**

1. Click “Add New SAN Services.”



2. Populate the information on the screen: Use the **TAB** key between fields and some information will pre-populate automatically.



- 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.*

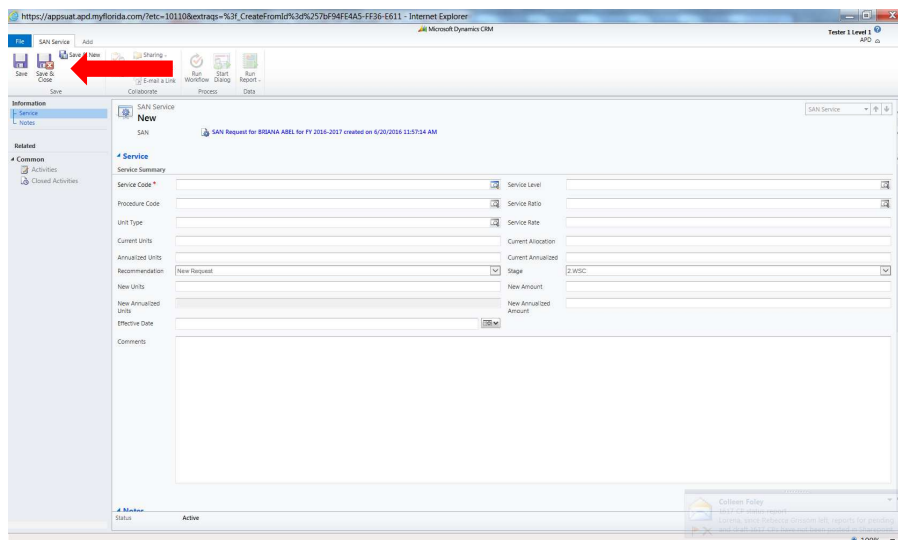
**New Annualized Units:** Enter the # of units required for an entire fiscal year.

**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.





## Increasing an Existing Service

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

Stage	Recommendation	Service Code	Description (Service Code)	Service Level	Service Rate	Service R
<input type="checkbox"/> 1.Current	Approved	4141	Personal Supports (day)	Day	63.63	1:3
<input type="checkbox"/> 1.Current	Approved	4270	Support Coordination	None	125.71	None
<input type="checkbox"/> 2.WSC		4141	Personal Supports (day)	Day	63.63	1:3
<input type="checkbox"/> 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.

Service Summary

Service Code *	4141	Service Level	Day
Procedure Code	55130UCSC	Service Ratio	1:3
Unit Type	Day	Service Rate	63.63
Current Units	12	Current Allocation	763.66
Annualized Units *	12	Current Annualized	763.66
Recommendation *	Increase Request	Stage	2.WSC
New Units *	24	New Amount *	1,527.12
New Annualized Units *	36	New Annualized Amount *	2,290.68
Effective Date	7/1/2016		
Comments *	24 days/year to provide respite when caregiver is away		

Status: Active

**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.

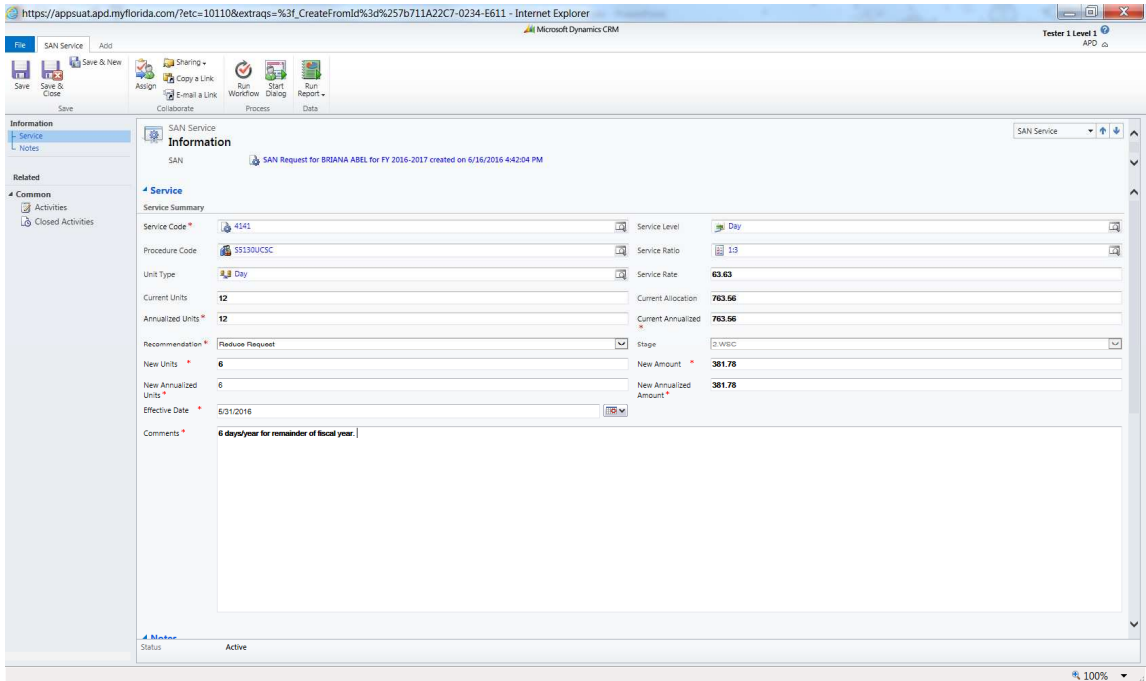
### Reducing an Existing Service

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

<input type="checkbox"/> Stage ▲	Recommendation	Service Code ▲	Description (Service Code)	Service Level	Service Rate	Service R: ↻
<input type="checkbox"/> 1.Current	Approved	4141	Personal Supports (day)	Day	63.63	1:3
<input type="checkbox"/> 1.Current	Approved	4270	Support Coordination	None	125.71	None
<input type="checkbox"/> 2.WSC		4141	Personal Supports (day)	Day	63.63	1:3
<input type="checkbox"/> 2.WSC		4270	Support Coordination	None	125.71	None

1 - 4 of 4 (0 selected) Page 1

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



**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 “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.

SAN Service SAN Service Associated View							Search for records
<input type="checkbox"/>	Stage ▲	Recommendation	Service Code ▲	Description (Service Code)	Service Level	Service Rate	Service R
<input type="checkbox"/>	1.Current	Approved	4141	Personal Supports (day)	Day	63.63	1:3
<input type="checkbox"/>	1.Current	Approved	4270	Support Coordination	None	125.71	None
<input type="checkbox"/>	2.WSC		4141	Personal Supports (day)	Day	63.63	1:3
<input type="checkbox"/>	2.WSC		4270	Support Coordination	None	125.71	None

1 - 4 of 4 (0 selected) Page 1

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

The screenshot shows the 'SAN Service' form in Microsoft Dynamics CRM. The form is titled 'SAN Service' and includes a 'Service Summary' section with the following fields:

- Service Code #: 4141
- Procedure Code: 5113UUCSC
- Unit Type: Day
- Current Units: 12
- Annualized Units: 12
- Recommendation: End Request
- New Units: 6
- New Annualized Units: 6
- Effective Date: 6/31/2016
- Comments: 6 days for final month. Moving to licensed home.

Additional fields on the right side of the form include:

- Service Level: Day
- Service Ratio: 1:3
- Service Rate: 63.63
- Current Allocation: 763.56
- Current Annualized: 763.56
- Stage: WSC
- New Amount: 381.78
- New Annualized Amount: 381.78

**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.”

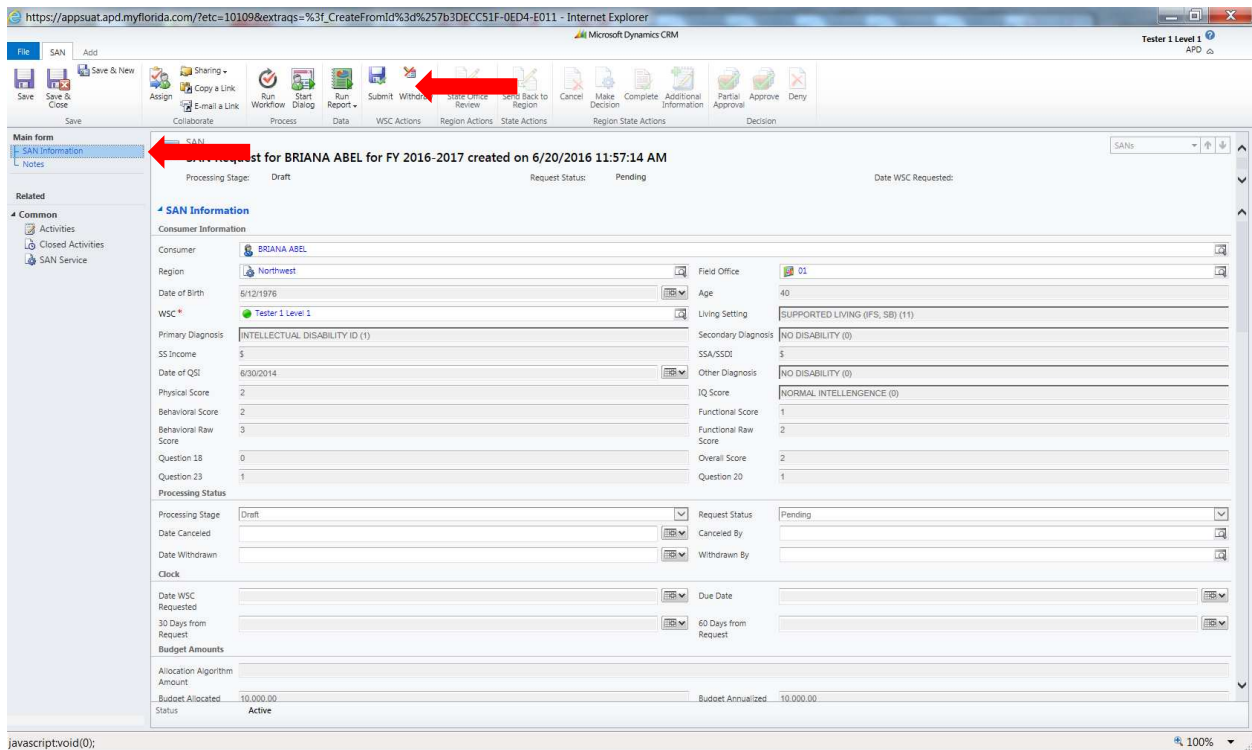
3. Click Save.

### **Submitting the SAN Request for APD Review**

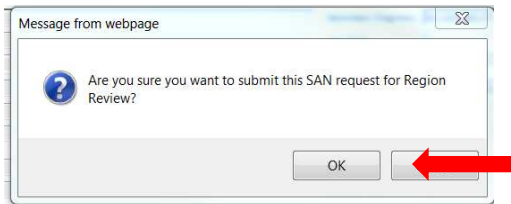
Once the WSC has completed the following actions, the SAN is ready to send to the Agency for Review.

1. Complete WSC Processing Section
2. Attach required documentation.
3. 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:



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



### 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.

1. To do this, double click on the consumer.

First Name	Last Name	Tier Code	Medicaid Number	Date Of Birth	Social Security Number	PIN	Gender	District	County	Living Status
BRIANA	ABEL	IBGT	8751399318	5/12/1976	930-34-1153	0000153592	Female	01	ESCAMBA	SUPPOI
ALAYNA	ABNER	IBGT	2359427068	7/21/1972	750-85-8773	0000147772	Female	01	SANTA ROSA	FAMILY
CALE	ANDREWS	IBGT	1002396582	5/6/1972	173-35-6554	0000139503	Male	02	GADSDEN	FAMILY
NICO	ARRINGTON	IBGT	0821004821	2/24/1977	712-13-5827	0000180011	Male	02	GADSDEN	FAMILY
DAMON	ASHMORE	IBGT	224079547	3/3/1976	466-76-6482	0000002450	Male	02	JACKSON	FAMILY
JOSEPHINE	AUGUST	IBGT	1264744643	2/17/1969	936-20-2388	0000000080	Female	02	LEON	SUPPOI
KAJ	BAEILLO	IBGT	0501171209	7/5/1966	695-88-4428	0000000309	Male	02	TAYLOR	SUPPOI
SOFA	BANKS	IBGT	1494896788	1/15/1996	629-60-0693	0000113276	Female	01	ESCAMBA	FOSTER
QUINTIN	BANKS	IBGT	8492041550	2/3/1962	430-91-3060	0000156908	Male	02	BAY	SUPPOI
BRICE	BEELER	IBGT	4425980593	6/19/1961	528-56-0860	0000106323	Male	02	CALHOUN	FAMILY
MAURICE	BLOOM	IBGT	1524408087	7/24/1979	641-44-1336	0000142900	Male	02	BAY	SUPPOI
TERESA	BLUNT	IBGT	2005053194	9/13/1982	229-56-7394	0000010857	Female	02	BAY	FAMILY
CASSANDRA	BOLDUC	IBGT	5416551384	6/1/1962	903-54-0519	0000001896	Female	02	BAY	FAMILY
NYLA	BOLIN	IBGT	1401720155	8/21/1955	786-64-8570	0000000152	Female	02	WASHINGTON	SUPPOI
RAUL	BOSTON	IBGT	5371831020	8/9/1991	405-16-9824	0000163292	Male	02	GULF	FAMILY
QUINN	BRAAG	IBGT	7039670046	5/4/1982	230-61-2623	0000017927	Female	01	ESCAMBA	SMALL
TRENTON	BROOKS	IBGT	463490149	7/21/1989	622-05-4763	0000154361	Male	02	JACKSON	SMALL
KAELENN	BROWDER	IBGT	2543411366	1/31/1957	023-82-3231	0000164230	Female	02	BAY	SUPPOI
MARTHA	BROWNE	IBGT	6848531645	1/31/1960	495-91-5954	0000166444	Female	01	SANTA ROSA	FAMILY
GAVYN	BRUNSON	IBGT	0465947933	6/4/1979	718-26-8649	0000161852	Male	02	MADISON	SUPPOI

2. Go to the SANs page.

Consumer: BRIANA ABEL

Fiscal Year	Processing Stage	Request Status	Date WSC Requested	30 Days from Re...	60 Days from Re...	Budget Allocate...	Budget Annualiz...	Proposed Budge...	Typ
2015-2016	Draft	Pending				50,000.00	3,423.00		
2015-2016	Draft	Pending				50,000.00	3,423.00		
2016-2017	Draft	Pending				3,423.00	5,232.00		
2016-2017	Region Review	Pending	6/13/2016	7/13/2016	8/12/2016	3,423.00	5,232.00		
2016-2017	Draft	Pending				3,423.00	5,232.00		
2015-2016	Draft	Pending				50,000.00	10,000.00		
2016-2017	Draft	Pending				10,000.00	10,000.00		
2016-2017	Draft	Pending				10,000.00	10,000.00		
2016-2017	Draft	Pending				10,000.00	10,000.00		
2016-2017	Draft	Pending				10,000.00	10,000.00		
2016-2017	Draft	Pending				10,000.00	10,000.00		
2016-2017	Region Review	Pending	6/20/2016	7/20/2016	8/19/2016	10,000.00	10,000.00		
2016-2017	Draft	Withdrawn				3,423.00	5,232.00		
2015-2016	Region Review	Pending	3/22/2016	4/21/2016	5/21/2016	50,000.00	3,423.00		
2015-2016	Draft	Withdrawn	3/22/2016	4/21/2016	5/21/2016	50,000.00	3,423.00		
2015-2016	Region Review	Pending	3/22/2016	4/21/2016	5/21/2016	50,000.00	3,423.00		
2015-2016	Region Review	Pending	3/23/2016	4/22/2016	5/22/2016	50,000.00	3,423.00		
2015-2016	Region Review	Pending	3/23/2016	4/22/2016	5/22/2016	50,000.00	3,423.00		
2015-2016	Region Review	Pending	3/23/2016	4/22/2016	5/22/2016	50,000.00	3,423.00		

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

Consumer: NICO A. ARRINGTON

Fiscal Year	Processing Stage	Request Status	Date WSC Requested	30 Days from Re...	60 Days from Re...	Budget Allocate...	Budget Annualiz...	Proposed Budge...	Typ
2015-2016	Region Review	Pending	6/13/2016	7/13/2016	8/12/2016	50,000.00	1,234.00		
2016-2017	Draft	Pending				1,234.00	1,234.00		
2015-2016	Draft	Pending	6/15/2016	7/15/2016	8/14/2016	50,000.00	1,234.00		
2016-2017	Draft	Pending				1,234.00	1,234.00		
2016-2017	Region Review	Pending	6/15/2016	7/15/2016	8/14/2016	1,234.00	1,234.00		
2016-2017	Draft	Pending				1,234.00	1,234.00		
2015-2016	Draft	Pending				50,000.00	1,234.00		
2015-2016	Draft	Withdrawn				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	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		
2015-2016	Draft	Pending				50,000.00	1,234.00		
2015-2016	Draft	Pending				50,000.00	1,234.00		
2016-2017	Draft	Pending				1,234.00	1,234.00		
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	
2015-2016	State Office Review	Complete	6/15/2016	7/15/2016	8/14/2016	50,000.00	1,234.00		

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:

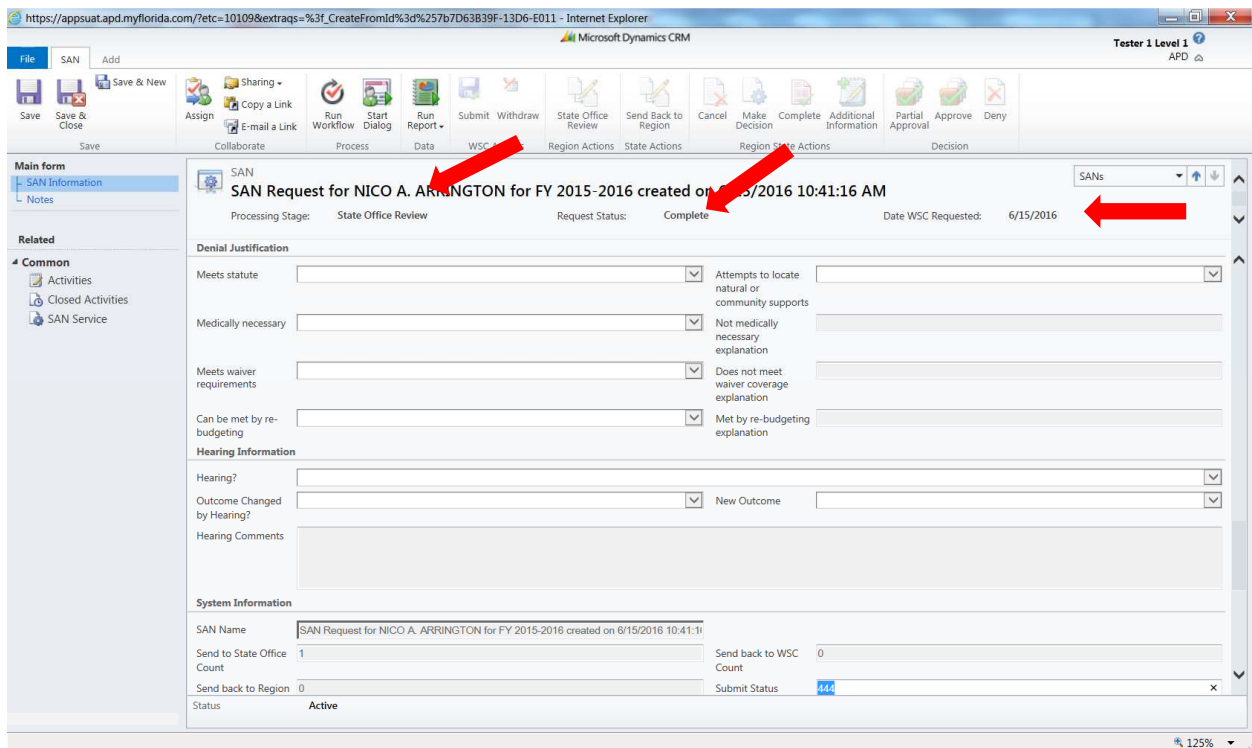
**Pending** – The request is in process.

**Withdrawn** – The request was withdrawn by the WSC.

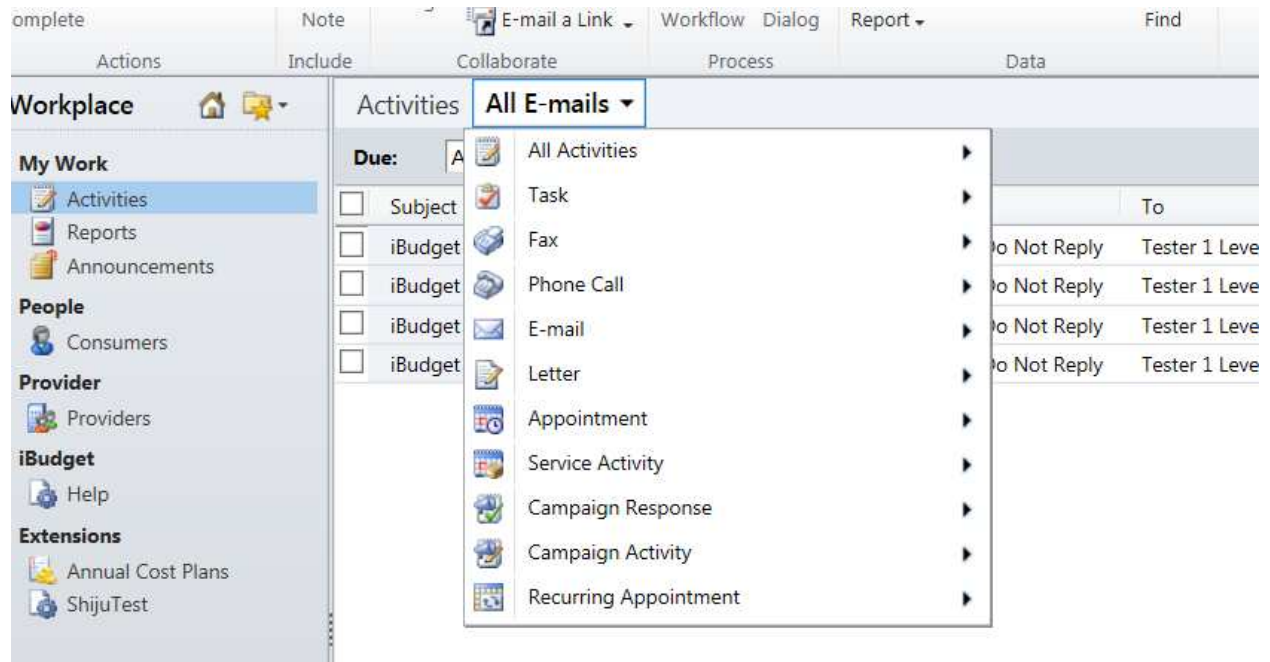
**Canceled** - The request was cancelled by APD staff after appropriate consensus.

**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.

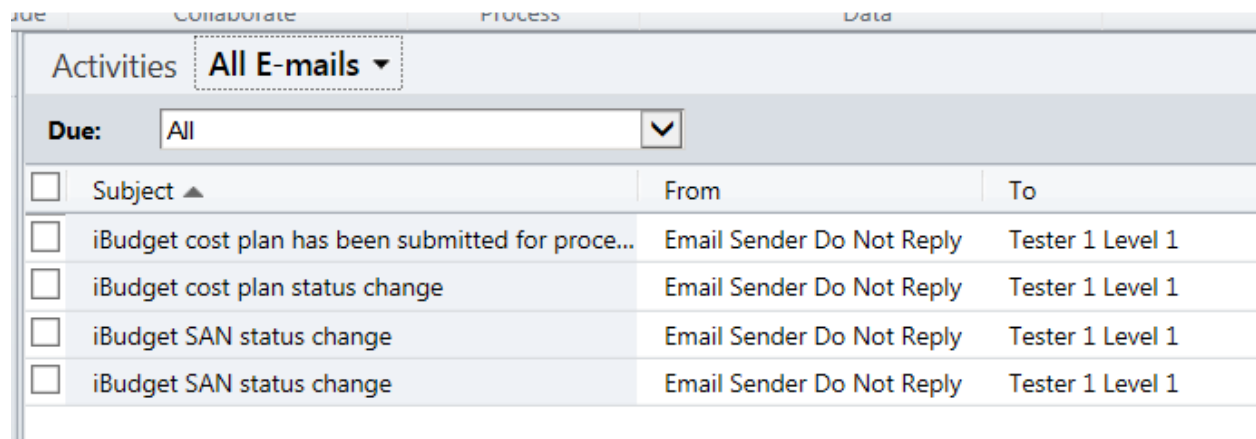
The WSC can double click on the request for further details. The top of the page also describes the processing state, request status, and the date of the WSC request.



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.



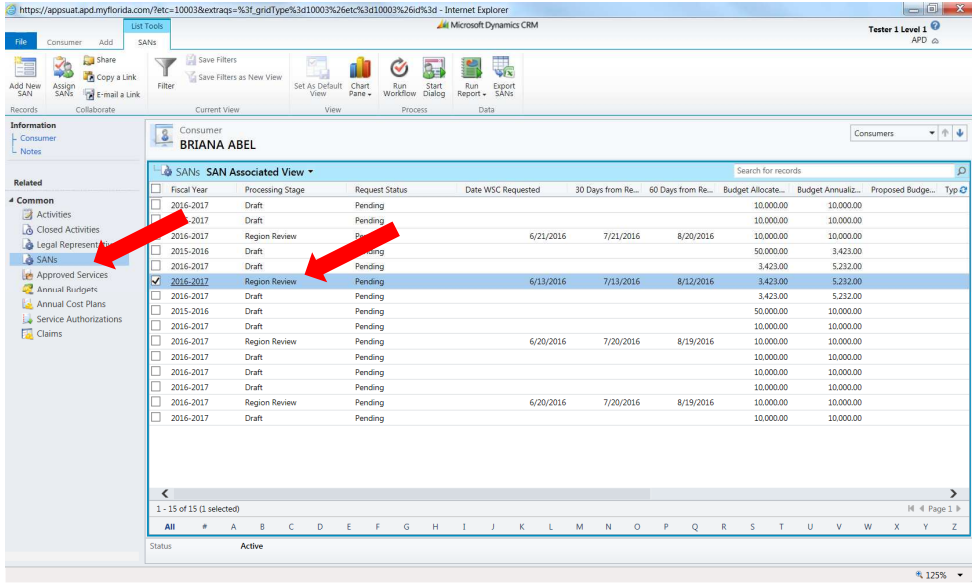
**When you select E-mail you will see the current status of submitted SANS as well as iBudget cost plan changes.**



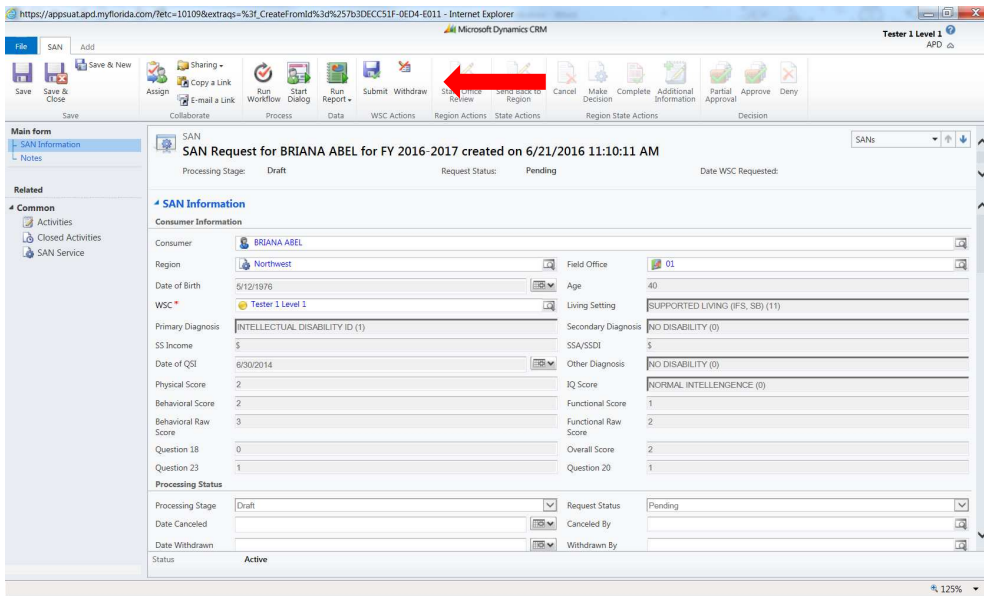
### Withdrawing a SAN

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

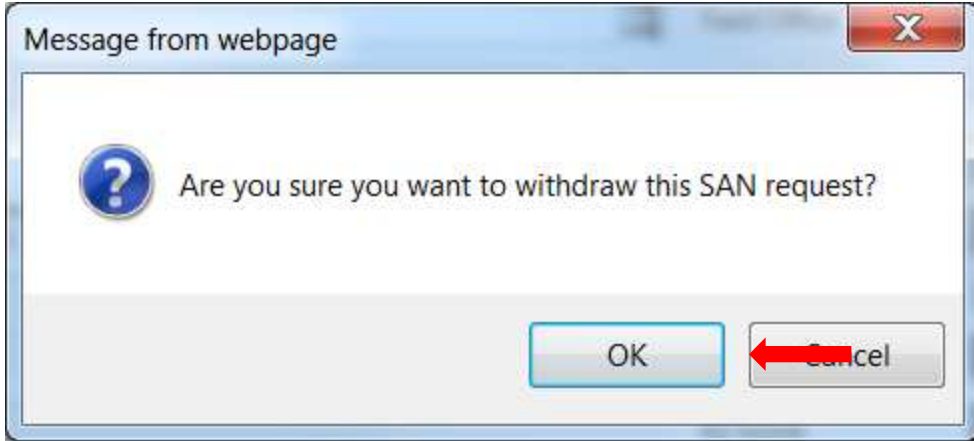
1. From the SANs section, double click the consumer for which a SAN is pending review by APD. This may be Region Review or State Review.



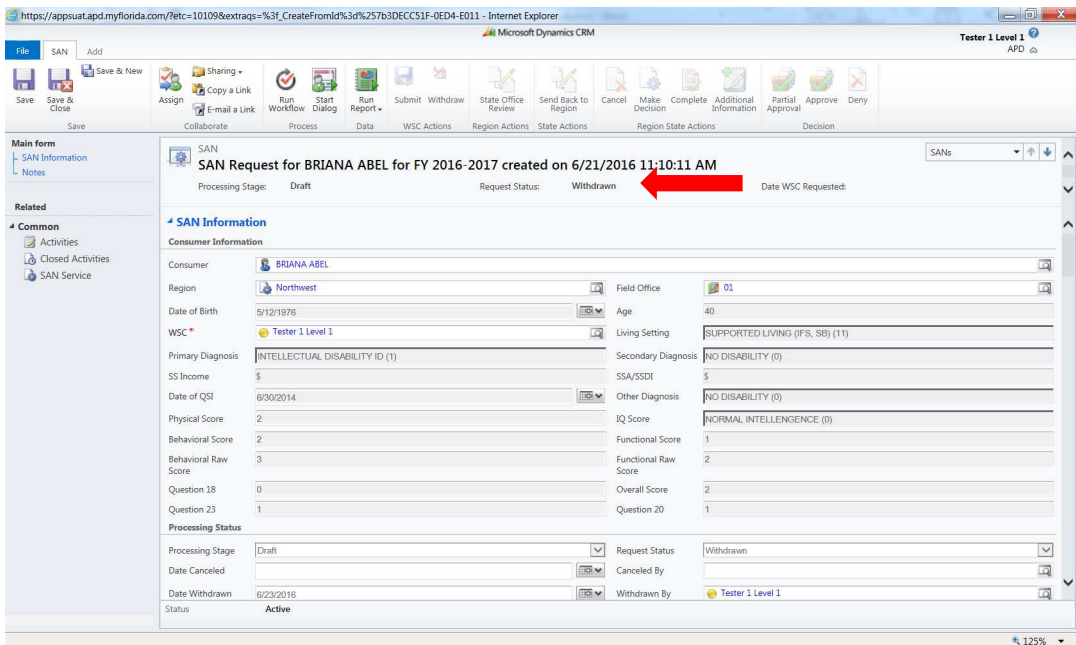
2. Click Withdraw.



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."



## **Questions/Help**

Training information is posted online at <http://apdcares.org/waiver/support-coordination/>. If WSCs need assistance, they may contact the APD Regional office. For technical support, WSCs can open a helpdesk ticket at <https://apdfloida.zendesk.com/home/> or call (850) 488-4357 between 8 a.m. and 6 p.m. (Eastern time), Monday through Friday.