

## iBudget Handbook FAQs #2

### General

<b>Question #</b>	<b>Question</b>	<b>Answer</b>
1	The Incident Report form in the Handbook has school under incident location and on bottom of 2nd page Form APD 10-002, April 1, 2014 (incorporated by reference in Rule 59G-13.070). The Incident Report form on the APD website has no date and has Appendix 1 APD OP-10-002 on the top and has DDDP (not school) under Incident Location. Which one are we supposed to use? Can the APD form on the website have the instructions from the form removed to reduce the size? The OP 10-002 on the APD website is dated 7/1/2013. Is this the latest OP?	Either Incident Report form can be used at this time. The form on the website is in the process of being updated. You do not need to submit the instructions when the Incident Report Form is submitted to the Regional office.
2	Update Log Page - Can we get clarification regarding the effective date?	The effective date is September 3, 2015.
3	Daily Attendance Log - Does the time period have to have exact time in and time out? For example, 8:30 am to 2:30 pm vs. 8:32 am to 2:42 pm.	Yes, the daily attendance log should reflect the actual times.
4	Page 3-5 indicates the WSC must notify the provider in advance of the effective date of a service change. In addition it indicates that generally a WSC should notify a provider 15 days in advance of a change in service. What does APD recommend as a course of action when a WSC repeatedly fails to either notify in advance or chronically gives very limited notice on a service change? The concern is that if the provider relates these concerns to the	The Region will address these concerns with the WSC.

	Regional office there is a possibility of retaliation by the WSC.	
5	Page 2-41 Limitations and Exclusions states, "The recipient's support plan must specifically explain the duties that a personal support provider will perform for the recipient". Does "specifically explain the duties" mean a goal is written and the entity rendering the service is listed?	This means that the support plan should identify the type of personal support needs of the individual.
6	Is a Financial Profile required for everyone receiving funding for Supported Living Coach services or only if the coach is assisting the recipient with money management when requested by the recipient or legal representative; or the individual is receiving or requesting a subsidy?	Page 2-89 indicates that the Financial Profile is required for recipients residing in their own home not receiving supported living coaching and when the recipient is receiving supported living coaching. The Financial Profile is critical in determining whether or not the housing selected by the recipient is within their financial means, and whether the recipient needs a monthly subsidy which must be approved by APD.
7	Who fills out the Financial Profile when they don't have a supported living coach?	The WSC, along with the recipient and personal supports provider, if applicable, will review the health and safety checklist and financial profile on a quarterly basis.
8	Does the most recently promulgated rule supersede other published rules when there is a conflict? Group home rules requires high school or GED for staff but the handbook only requires 18 years of age and experience for standard residential habilitation.	If they are an APD licensed home, they have to meet licensing standards in rule. If they are billing the waiver, they must meet waiver requirements as well. Therefore, if they are both an APD licensed home and waiver provider, the licensing rule has more stringent requirements than the handbook, they still have to meet the licensing requirements.

## PROVIDER ISSUES

Question #	Question	Answer
1	Who monitors to assure that providers are not billing the agency rate when they are not qualified?	APD and Delmarva have the responsibility for this. WSCs must ensure the appropriate rate for solo or agency provider is authorized in the service authorization and that the provider meets the requirements of the handbook to be authorized at the agency rate.
2	H-2 is the Housing Survey form. Page one of the form requests information on whether the dwelling accounts for no more than 10% of the houses or 10 % of the units in an apartment complex. We thought the 10% requirement was no longer needed or required. Are you reinstating it with this form?	No, this is not being reinstated.
3	If a provider wants to enroll as an agency to provide occupational, speech, physical or respiratory therapies and has one qualified staff to provide each service, are they an agency or a solo provider?	The provider is considered an agency provider if they directly hire two or more employees to provide direct services. If the owner is providing direct services, they count as one of the employees. Therefore, if they hire an employee who is not a subcontractor to perform direct services, there are two people doing direct services which would make it an agency. If an owner is providing a different service than the employee, it is still an agency because there are two people providing direct services.
4	How will APD monitor providers who are enrolled as agencies but won't qualify for the agency rate? How will we ensure it reflects the correct rate in iBudget moving forward?	WSCs and APD staff should verify that a provider qualifies for an agency rate prior to the submittal or approval of a service authorization. Delmarva will also verify at the time of the provider review.

5	Does an agency provider who provides nursing services have to be a Home Health Agency or do the employees just have to be certified in their profession? Do they have to be part of a Nurse Registry with AHCA?	No, they do not have to be a Home Health Agency or part of a Nurse Registry. However, individuals providing nursing services must be licensed to provide it.
6	Will APD enrollment staff have to send out new agreements to all providers for signature now that there is a new handbook?	APD staff will use the new Medicaid Waiver Services Agreement at the time of renewal.

## QUALIFICATIONS

Question #	Question	Answer
1	Do administrative, executive, office or ancillary staff need to complete level 2 background screenings?	Anyone who has direct face-to-face contact with a client or has access to a client's living area, client funds, or client property must have a level 2 background screening.
2	The handbook states that Intensive Behavioral oversight must be done by a level 1 analyst. We have a level 2 who is currently doing this (because it was previously allowed) and will be a level 1 at the end of January. Can the analyst continue for the few months until she becomes a level 1?	Residential habilitation providers who were already enrolled prior to September 2015 must meet all qualifications of the November 2010 handbook. However, any new providers must meet the qualifications as specified in the 2015 Handbook. The direct care qualifications are on page 1-21. Other qualifications can be found on pages 2-47, 2-51, 2-52, 2-54, and 2-55.

## TRAINING

Question #	Question	Answer
1	We have been notified that the curriculum for the Overview of APD Waiver Provider Requirements is located on the APD website. There is a Certificate of Completion for the course, however, the certificate does not seem to meet the	Yes, Delmarva will accept this certificate. The certificate will be updated per the requirements.

	certificate requirements found in the new handbook (e.g. date or dates of training). Will this certificate be accepted by Delmarva?	
2	On page B-6, the certificate for validation of medication administration training requires an original signature of the validating nurse. What is recommended to verify and adequately document validation training if the employee moves to work for another provider? Both the old and the new provider will need to have documentation on file of the validation training, however, only one certificate will have the “original” signature.	The person who was validated (the Medication Assistance Provider) should keep their own original certificate with the signatures. All employers receive a copy.
3	Do we need to have training modules approved by APD before we train staff?	If training modules are identified in Appendix B table 1 in the required provider basic training and required service specific training, the modules cannot be changed. If this is a new training, the modules require APD approval.
4	Page C-12 of the handbook says that WSC must have at least 4 hours of employment-related services or benefits planning training. Why are WSC being required to take supported employment training if page 2-75 says we cannot provide any other waiver services?	One responsibility of the support coordinator is to inform and educate consumers currently in Adult Day Training centers, sheltered workshops, or segregated work environments about the options available to obtain competitive employment. The WSC must request a Benefits Planning Query (BPQY) from the Social Security Administration for each consumer interested in working, which must be discussed with the consumer and legal representative.
6	How does a provider locate the 13 listed required trainings that are required prior to providing services?	We are currently offering this course requirement on this link: <a href="http://apdcares.org/providers/training/requirements.htm">http://apdcares.org/providers/training/requirements.htm</a> . After you click on this link scroll down to the

		Requirements for All Waiver Providers PowerPoint Slideshow. The slideshow starts instantly and provides a certificate of completion at the end of the presentation that can be printed.
7	The iBudget Handbook became rule on September 3, 2015. The Handbook states in Appendix B (page B-2): “New provider staff, management staff, and solo providers enrolled and hired to render services after the promulgation of this rule must be in compliance with the rule.” The handbook allows up to 18 months for current staff to come into compliance with new requirements. Providers are required to adhere to the iBudget Handbook now for new staff hired after September 3, 2015 even though the state TRAIN system is not up and running yet, and other resources are not available. What considerations will be made by Delmarva for those individuals?	When providers are scheduled for review they are to provide Delmarva documented proof (i.e., W-4, offer letter, etc.) of the date of hire of their employees to determine if they have completed their training requirements within the specified time frames. Existing employees are to complete the mandatory training requirements within 18 months (by March 3, 2017) from the date the iBudget Handbook became rule. Employees hired September 3, 2015 forward are to complete their training courses within the stipulated times frames listed. All trainings listed to be in compliance to the iBudget Handbook are available and can be located in the APD Training Calendar. Enhancements are in the works with the many of the courses becoming available on TRAIN in the near future.
8	1-28 - Provider Agency Requirement - For training via TRAIN, is there a way to print out a hard copy of the training certificate?	Yes, once the TRAIN system is live, there will be a hard copy of the training certificate issued upon completion of the course. The certificate will be maintained in the provider's transcript on the TRAIN Florida Learning Management System.
9	B-4 and B-7 - When will Department of Health TRAIN system be available to APD providers and what required training will be on the TRAIN system?	The target date for the implementation of the TRAIN Florida Learning Management System is Spring 2016. The APD courses available at that time will be Direct Care Core Competencies, Zero Tolerance, and HIPAA. Others trainings will be added over time.

10	<p>B-7 Overview of APD Waiver Provider Requirements - Please verify this training can be done via review of APD power point (65 slides) and printing the Certificate of Completion. This option is not listed under Trainer Qualifications column. Clarify this training is not required to be completed within 18 months for employees hired before Sept. 2015.</p>	<p>The Requirements for All Waiver Providers is available on the APD website and a certificate of completion is issued upon completion of the course. Pursuant to the handbook, Appendix B-2, provider staff, management staff, and solo providers rendering services prior to the promulgation will have 18 months from the date of this handbook's promulgation to come into compliance with new training requirements not previously completed in this Appendix. New provider staff, management staff, and solo providers enrolled and hired to render services after the promulgation of this rule must be in compliance with the rule.</p>
11	<p>Appendix J - Qualifications for Trainers/Trainer Agreement Form - Who should interested providers who meet the 1-9 criteria to be a certified trainer contact? What is the process and timeframe for becoming certified?</p>	<p>The documents should be sent to <a href="mailto:Pamela.London@apdcare.org">Pamela.London@apdcare.org</a>. The timeframe varies and is contingent upon receipt of documentation.</p>
12	<p>Appendix J - Qualifications for Trainers/Trainer Agreement Form - Is APD's intent to eliminate all qualified trainers and have all required training done by APD staff or on TRAIN system?</p>	<p>APD is not eliminating trainers. The Agency goal is for all APD training to be accessible to all providers at no cost.</p>
13	<p>Appendix J - Qualifications for Trainers/Trainer Agreement Form - Who should the trainer send their Trainer Agreement form and reports at the Central office and when is it due? When is first 6 month report due?</p>	<p>If current trainers want to continue training, they will need to complete the application process. Documents should be sent to <a href="mailto:Pamela.London@apdcare.org">Pamela.London@apdcare.org</a>. Existing providers should continue to train but must complete the requirements within 12 months. Reports should be submitted to APD State Office on a semi-annual basis. The first report is due within 6 months of initiating the Trainer Agreement.</p>

14	Appendix J - regarding Agreement - What does "falls from good standing with APD licensure" and "no licensure issues" mean?	A provider who has a current valid license with (1) no open/pending administrative complaints or (2) no prior licensure revocations or suspensions would satisfy the intent of this standard.
15	Can we still accept HIPAA from DCF? We have a long relationship with DCF and their training content is similar to ours.	No, except those who had HIPAA training prior to the Rule promulgation. Otherwise, within 18 months of the Rule promulgation all providers must have the HIPAA training in Appendix B on page B-11.
16	Direct Care Core Competencies listed on page B-7 is currently not available to take at TCC or by an APD certified staff. What is going to happen if APD State Office does not release this curriculum and this training is not available to take by December 3 which will be the last day of the 90 days- time frame for someone that started working on Sept. 3, 2015? Are we going to be penalized?	The Direct Care Core Competencies is available on the TCC website and a current list of trainers is available on the APD provider calendar. Please see information at this location: <a href="http://apdcares.org/providers/training/service-specific-training.htm">http://apdcares.org/providers/training/service-specific-training.htm</a> .
17	Are the Health and Safety and Introduction to DD courses that are currently being offered through TCC still valid to take? On page B-7 these two classes are not listed individually but are a part of a 5 course content under the Direct Care Core Competencies course title. Also is TCC changing their course to include the rest of the course content listed under DCCC (Person-Centered Planning, and Choice, Right and Responsibilities)? If TCC is not changing its course, please inform us of the process to obtain certification on Basic Person-Centered Planning and	Yes, those courses are still valid. Existing employees are to complete the mandatory training requirements within 18 months (by March 3, 2017) from the date the iBudget Handbook became rule. Employees hired September 3, 2015 forward are to complete their training courses within the stipulated times frames listed. There will be no lapse in availability for this curricula.

	Individual Choice, Right and Responsibilities.	
18	Appendix B, Page B-5 - Non-classroom Training has DCF on the list of all acceptable web-based trainings. However, on page B-11 HIPAA does not list DCF as an option for DCF's HIPAA web-based training. Isn't this a contradiction? Can we still use the DCF's HIPAA web-based course or only ATTAIN and CMS are accepted? Are you aware both the Attain and CMS website classes are not working?	The DCF HIPAA course cannot continue to be used except for those who had HIPAA training prior to the Rule promulgation. Otherwise, within 18 months of the Rule promulgation all providers must have the HIPAA training in Appendix B on page B-11.
19	Pages B-9 and B-10 list the acceptable Agency Courses Organization and Titles for CPR and First Aid. If a person takes a CPR class from the American Red Cross or any of the acceptable entities on page B-10 but the course title is not the specific one listed for that entity can we still accept it or not?	It is acceptable if the course content should include CPR and First Aid specific to the iBudget Handbook.
20	Are you aware the required American Red Cross titled Professional Rescuers and Health Care Providers appears on the certificate as CPR/AED for Professional Rescuers with First Aid?	That is acceptable as long as the course content includes CPR and First Aid specific to the iBudget Handbook.
21	Medicaid Waiver Documentation Training is not listed on the new handbook, is it still required?	There is no course with that name in the current handbook. Please refer to Appendix B.
22	On the bottom of page B-2 A. Basic Training states, "All Direct Service Providers must successfully complete all the basic training courses as noted on Table 1 except Requirements for All Waiver Providers; however, on top of page B-12 states, "Section 2: Required of all Independent or Solo	This is required of all Independent or Solo Providers and Management staff of All Agencies

	Providers and Management staff of All Agencies" for the course titled Requirements for All Waiver Providers. Is the course titled Requirements for All Waiver Providers required for provider agency's independent contractors direct service providers?	
23	One section of Handbook states: Provider staff, management staff and solo providers rendering services prior to the promulgation will have 18 months to come into compliance with new training requirements not previously completed. However, under support coordination and supported living it states those two service providers only have 12 months to complete Social Security Work Incentives. Do WSCs and SLCs have 12 or 18 months to complete training in Social Security Work Incentives?	Existing supported employment, supported living and WSC providers must complete this training within 18 months of the promulgation date.
24	When will the Overview of APD Waiver Provider Requirements training become available?	We are currently offering this course requirement on this link: <a href="http://apdcares.org/providers/training/requirements/htm">http://apdcares.org/providers/training/requirements/htm</a> . After you click on this link scroll down to the Requirements for All Waiver Providers PowerPoint Slideshow. The slideshow starts instantly and provides a certificate of completion at the end of the presentation that can be printed.
25	Can trainers with current train-the-trainer certificates for Zero Tolerance and Core Competency continue to train those courses or must they now follow the application process identified in appendix J?	If current trainers want to continue training, they will need to complete the application process. Existing providers should continue to train but must complete the requirements within 12 months.

## SERVICES

Question #	Question	Answer
1	Provider of DME and CMS is asking how to handle the change in CMS requirements related to wipes, page 2-26 which limits wipes to individuals over the age of 21 and then only if they receive incontinent supplies. We currently have service authorizations for wipes for children under 21 as well as individual over 21 who get no incontinent supplies.	Providers should use the normal procedure to submit claims for consumable medical supplies under the Medicaid State Plan. Items not specifically identified on the fee schedules should be submitted as a request for Special Services under Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) for eQHealth to review for supplies, such as wipes.
2	Exactly where in the handbook does it state that WSC must submit support plans and supporting documentation to APD 20 days prior to support plan start date?	Support plans must be completed annually. They must be provided to APD upon request per the Medicaid Waiver Services Agreement.
3	Pages 2-79, 2-89 and 2-90 all refer to the APD Health and Safety Checklist and the APD housing survey as 2 separate documents. Where is the APD Health and Safety checklist?	The Health and Safety Checklist can be found on the APD website at the following location: <a href="http://apdcares.org/customers/support-ed-living/">http://apdcares.org/customers/support-ed-living/</a>
4	Page 2-69 says that for persons over age 21 who have chosen limited support coordination, they or their representative must have completed the approved training on the APD iBudget Waiver system. Who at APD will be providing this training and will they be going to these individuals who typically have no transportation?	Waiver support coordinators provide training to families as part of their face-to-face contacts regarding how the iBudget waiver works.
5	If direct care providers are to transport the consumer, are they allowed to charge the consumer mileage for anything over 15 miles?	The Handbook does not allow providers to charge clients for transportation which is an inherent part of the service they are providing.

6	<p>Page 2-74 says that WSCs do not have an option to decline to serve recipients who choose services and if the recipients are within the geographic boundaries approved by APD, the WSC has the capacity to serve them. How does that work if the WSC already has a full caseload?</p>	<p>The Regional office should only be sending information on WSC's who have availability on their caseload when sending a selection packet to a consumer.</p>
7	<p>Page 2-87 talks about situations that require a more immediate change to the service authorization and what WSC must do. One of the bullets says that WSC must "document the conversation in both the provider's and WSC's case notes." How does the WSC document anything in the provider's case notes?</p>	<p>WSC's are expected to ensure the conversation is accurate in their own case notes.</p>
8	<p>Page 2-87 it talks about in the event of an emergency sending updated support plan and supporting documentation within 3 calendar days. Does that mean someone from APD will be reviewing them promptly even if it is on a weekend?</p>	<p>If a WSC is aware of an emergency service need they cannot address after hours, they should call the Region's after hour telephone number for immediate assistance.</p>
9	<p>On page 2-80, when talking about contacts it says "These contacts or activities are not merely incidental, but are planned" and that these contacts can be via telephone, letter writing, or e-mail. How do we "plan" a telephone call, letter, or to send an e-mail?</p>	<p>The WSCs needs to plan their contacts to ensure client's needs are being met.</p>
10	<p>Page 2-82 the new handbook says, "The WSC must request a Benefits Planning Query from the Social Security Administration for each recipient who indicates an interest in working." However, the very next bullet says "The BPQY will</p>	<p>One bullet requires the BPQY for individuals interested in working. The other bullet is for people who are working who experience an impact on their income and benefits.</p>

	be requested only if the recipient experiences an impact on income and benefits." These are contradictory statements as until a recipient actually is placed in a job, there would be no impact on income and benefits.	
11	Page 2-73 the handbook states, "Waiver support coordination applications who are employed as the time of application as a Medicaid waiver provider and who intend to remain in their current employment" must submit and receive approval a plan for dual employment. However, on page 2-75, it says WSC must not "At the time of certification and any time thereafter, provide waiver services within the state of Florida other than support coordination." This is contradictory.	This is not contradictory as some support coordinators are dually employed in jobs that are not tied to being a service provider.
12	Page A-8 the last bullet under WSC says that for recipients receiving Phase 1 supported employment services, there must be documentation indicating the lack of available VR funding for supported employment. Has VR been notified that they will need to provide letters when requested to meet this documentation requirement?	Page 2-20 states that documentation must be maintained in the file of each recipient receiving this service, in the form of a written denial of supports from vocational rehabilitation or a note in the progress notes describing the content of a telephone call, the person contacted and the date of the call.
13	Page 2-84 says that for recipients not working and receiving supported employment services, ACLM5 must be updated monthly. However, page A-3 says that ACLM5 will be updated quarterly for recipients who are not working	This is an error. WSC's will be held to the standards listed in page A-3 for quarterly updates.

	and who are receiving supported employment.	
14	Under transportation the Handbook states, "Providers must utilize group trips, ride sharing and multi-loading to the greatest extent possible. If more than one recipient is being transported, the mileage charge will be shared among recipients transported". If providers now charge by the trip will they need to change and go by mileage?	No, if a provider is currently approved for transportation by the mile per their Agreement, this provision applies to them. Trip rates do not need to change to miles.
15	Page 2-23 Life Skills Level 3 ADT - Place of Service - indicates services "must be provided in the community integrated settings or designated ADT centers that are compliant with the federal HCBS settings rule 42 CFR 441.301" We haven't completed the Self-Assessment or validation process and shouldn't we be able to follow the AHCA Transition Plan?	Yes, please follow the transition plan.
16	Page 2-41 - Personal Supports - Limitations and Exclusions - How do personal supports staff get the Implementation Plan if another agency is the supported living coach provider?	Please work with the Waiver Support Coordinator for assistance with obtaining this documentation.
17	Page 2-47 - Residential Habilitation Standard - Who Can provide - Should effective date be September 2015 and not January 1 2015?	No, the January 1, 2015 date is correct for this service.
18	Page 2-51 Residential Habilitation Behavior Focus - Who Can Provide - need grandfather for level 3 BCABA to do oversight for staff employed before Sept. 2015 Handbook date. There is a shortage and they are often some of the most	Residential habilitation providers who were already enrolled prior to September 2015 must meet all qualifications of the November 2010 handbook. However, any new providers must meet the qualifications as specified in the 2015 Handbook. The direct care qualifications are on page 1-21. Other qualifications can be

	qualified to do so from a practical perspective.	found on pages 2-47, 2-51, 2-52, 2-54, and 2-55.
19	Page 2-66 Supported Living Coaching - Limitations and Exclusions - clarify that APD Representative Payee approval prior to becoming representative payee doesn't apply for consumers the provider was rep payee for prior to Sept. 2015 revision.	This is correct. Arrangements in place prior to handbook promulgation do not require APD notification.
20	Page 2-97 - Behavior Assistant Services - Will consumers be provided due process for reduced services that are above the new cap of 32 QH? When will reduction be effective and will new service authorizations with reduction for Oct.-Dec. 2015 be issued?	Yes, clients will be afforded due process.
21	Page 2-107 - Transportation Services - Reimbursement - If the provider has a monthly rate but it is significantly below actual expenses, should the provider contact Region office or APD Tallahassee to renegotiate monthly rate to reflect actual cost?	Yes, please work through the Region office.
22	Appendix A - Documentation Requirements - Life Skills Development - there is no asterisk (*) for Daily attendance log. Are the only items required to be sent the quarterly summary and implementation plan to WSC prior billing or within 10 calendar days of the billing as per A-2?	The items that have an asterisk in the Life Skills Development section on A-2 and A-3 are the service log, quarterly summary and implementation plan. Please review those pages for the specific Life Skills Development service you provide.
23	In the past, Adult Day Training was limited to 6 hours a day. Our program runs from 8am to 2pm. Many of the individuals are here for longer than 6 hours. ADT's can now bill up to 8 hours per day. Does the notes section	The provider needs to work with the client and WSC to ensure service provision matches the client's preferences and needs. The handbook does allow more than 6 hours per day of adult day training. However, there is also a limit to no

	<p>on the service authorization dictate how many hours a day we can bill? If a service authorization states in the notes section "based on 6 hrs. a day for 80 days" which would be 480 units, could we bill 7 hours a day for 68 days?</p>	<p>more than 112 hours per week of all life skills development combined, which includes adult day training, companion and supported employment. We would want to make sure there is no conflict with other services. The WSC will be key in helping with this. Additionally, page 3-4 has the following information about the "comments" section of the service authorization: "The provider must have an APD approved service authorization for the service rendered. The service authorizations will be issued by the WSCs at least quarterly or as they change. The total units of service are available for the entire quarter and not limited to a monthly amount. In order to allow for increased flexibility the "Comments" section of the service authorization should be used to describe how the amount, frequency, duration, intensity and scope of the service are generally intended. The 'Comments' section is not intended to be used for monitoring but for general guidance."</p>
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## BILLING

Question #	Question	Answer
1	Should the billing date be the last day of the month or the last day the consumer received services? For example, if the consumer's last day of service was 9/29/15, then should we date the billing as such or do we reflect the last billable calendar date of 9/2015?	Either the last day of service or the end of the month if the individual attended all month
2	Should the billing be monthly for the consumers as opposed to daily? The daily records should reflect the hours and minutes per day and at the end of the month we should add either 15, 30 or 45 minutes per day and at the end of the month, round down if 30 minutes or	The number of hours the consumer attends each day should be added together for all days the service was provided to get a monthly total. You should not round for each day of service. The resulting

	under and round up if 31 minutes or over?	monthly amount will be rounded once either up or down based on the rounding information in the handbook.
3	Page 3-2 - Billing for Life Skills Development - Does APD/AHCA expect the exact time in and time out for typical 20 days a month vs. following the example "assume 13 ADT days attended would calculate to 32.5 hours and be billed at 32 hours"? The work load to enter exact time in and out each day for ADT's that serve large numbers of consumers is very labor intensive and to set up excel spread sheets to add all minutes and hours to round only once at the end of the month has been significant. It also doesn't recognize that the costs remain the same relative to physical plant and staffing if a consumer is late or absent. If there could be some consideration in this area such as entering in 5 minute vs. minutes.	The actual times should be reflected on the documentation.