# 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.

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Workplace 👌 📴 -	Consumers Ac	tive Consumers						Search for re	cords		
	First Name	Last Name 🔺	Tier Code	Medicaid Number	Date Of Birth	Social Security Number	PIN	Gender	District	County	Living S 🕄
My Work	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 broviders		AUGUST	IBGT	1264744543	2/17/1969	936-20-2388	000000080	Female	02	LEON	SUPPOI
		ADILLO	IBGT	0501171909	7/5/1966	695-88-4428	000000309	Male	02	TAYLOR	SUPPOI
Budget	SOFIA	BAINES	IBGT	1494896788	1/15/1996	529-60-0693	0001013376	Female	01	ESCAMBIA	FOSTER
2 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
Lo neip	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
	- /										

3. Double click the consumer's name.

4. Click on SANs on the left side.

File Consumer Add					APD a
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Collaborate Proc	cess Data				
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Annual Budgets	Social Security Number	930-34-1153	CDC ID		
Service Authorizations	Area	01	Region	Northwest	Q
Claims	Adjudication Documented	Yes V	County	SCAMBIA	<u>a</u>
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			Documentation of Incapacity	Yes	Y
	Physical Address				
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	City	PENSACOLA	State	📴 Florida	<b>a</b>
	Zip	54591			
	Phone Number	8503334444	Email		
	Mailing Address				Ť
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5. Click "Add New SAN" in the top ribbon.

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Claims	2016-2017	Draft	Pending				10.000.00	10,000.00		
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	Behaviors								~	Temporary loss of	Ĩ.			~	
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	Complex Med								~	Permanent loss of caregiver support				~	
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	DME								~	Medical				~	
	Other								~	Other (Description)					
	Does the individual have mental health concerns?								~	If yes, please describe					
	Please identify other n	esources currently p	providing M	lental Health treatn	ient										
	DCF Managing Entity								$\checkmark$	Medicaid State Plan				$\checkmark$	
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	If not accessing									If Other, describe					
	other resources, please explain why														
	4.00														
	* Notes														
	Enter a note														
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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."

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File SAN Add									APD &
Save & New Save & Save & New Close	Assign 🖓 E-mail a Link	Run Start Workflow	Run Report - Submit With	draw State Office Review	Send Back to Region	Cancel Make Complete	Additional P Information Ap	Partial Approve Deny	
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	DME					Medical			
	Other					Other (Description)			
	Does the individual have mental health concerns?					If yes, please describe			
	Please identify other	resources currently p	roviding Mental Health t	eatment					
	DCF Managing Entity					Medicaid State Plan			$\checkmark$
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#### 6/24/16 Version

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1 - 7 of	7 (0 selected)			H 🕯 Pag	e 1 🕨
Proper	ties <u>N</u> ew				
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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 and can be updated by Regional staff if a new QSI is subsequently completed. 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.

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			Tester 1 Level 1
Save & New Close	Assign Copy a Link	State         Base         Mail         Mail         State         St	
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	Region		<u> </u>
	Date of Birth	5/12/1976 EBR ❤ Age 40	
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	Primary Diagnosis	INTELLECTUAL DISABILITY ID (1) Secondary Diagnosis NO DISABILITY (0)	
	SS Income	\$ SSA/SSDI \$	
	Date of QSI	6/30/2014 Other Diagnosis NO DISABIL(TY (0)	
	Physical Score	2 IQ Score NORMAL INTELLENGENCE (0)	
	Behavioral Score	2 Functional Score 1	
	Behavioral Raw Score	3 Functional Raw 2 Score	
	Question 18	0 Overall Score 2	
	Question 23	1 Question 20 1	
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	Date Withdrawn	📼 🕶 Withdrawn By	ā
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 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.

File SAN Add															APD a	
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	Does the individual bave mental bealth								~	If yes, please describe						
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	Please identify other	resources currently	providing N	Mental Health treat	nent											
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	Private Insurance														$\sim$	1
	Other								$\checkmark$							
	If not accessing									If Other, desi	cribe					
	please explain why															
	4 Notes															
	Enter a note															

**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 selfinjurious 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 othe	r resources currently providing Mental Health treatment			
DCF Managing Entity *	No	~	Medicaid State Plan *	Yes 🔽
Private Insurance *	No			$\checkmark$
Other *	No	$\checkmark$		
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					
Enter a note					
Title: Note created Aging out of N	ated on 6/23 ledicaid Sta	/2016 11:5 te Plan in 1	i <b>4 PM by Tes</b> 90 days.	ter 1 Level 1	L
Support pla	<b>n.docx</b> 1 6/23/2016	5 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.mg	florida.com/?etc=10109&extraqs=%3f_CreateFromId%3d%257b3DECC51F-0ED4-E011 - Internet Explorer	_ 0 <b>_ x</b>
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3. Click browse.



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



# 6. Click Close.

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File Attachment		
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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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	Region	Northwest C Field Office 01	A
	Date of Birth	5/12/1976 Age 40	
	wsc*	Tester Level 1     GUPPORTED LIVING (IFS, SB) (11)	
	Primary Diagnosis	INTELLECTUAL DISABILITY ID (1) Secondary Diagnosis (NO DISABILITY (0)	
	SS Income	\$ \$\$A/\$501 \$	
	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	
	Behavioral Raw Score	3 Functional Raw 2 Score	
	Question 18	0 Overall Score 2	
	Question 23	t Question 20 1	
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1.Currer	t Appro	oved	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

1 - 4 of 4 (0 selected)

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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."

File SAN Add SAN Service				2417	Aicrosoft Dynamics CRI	м						Tester 1 Level 1
dd New SAN Service E-mail a l	Filter	Filters Filters as New View Set A	Default Chart Run New Pane+ Worlds	Start aw Dialog								
Records Collaborate	Currer	it View	View Pr	rocess Data								
tain form SAN Information Notes	SAN SAN Reques Processing Stage:	t for BRIANA AB	L for FY 2016-20	17 created on 6/20/2016 Request Status:	11:57:14 AM Pending			Date W	/SC Requested:		SANs	~   †   U
lelated												
Common	SAN Service SA	N Service Associated	View *						Search for recon	ds		
Activities	Stage 🔺	Recommendation	Service Code 🔺	Description (Service Code)	Service Level	Service Rate	Service Ratio	Current Units	Current Allocation	Current Annu	aliz New Units	New Amount
Closed Activities	1.Current	Approved	4141	Personal Supports (day)	Day	63.63	1:3	1	2 763.	56		
SAN Service	1.Current	Approved	4270	Support Coordination	None	125.71	None	1	2 1,508.	52		
	2.WSC		4141	Personal Supports (day)	Day	63.63	13	1	2 763.	56		
	2.WSC		4270	Support Coordination	None	125.71	None	1	2 1,508.	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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Activities	Service Summary		
Closed Activities	Service Code *	C Service Level	
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	Processie Code		
	Unit Type	Cal Service Rate	
	Current Units	Current Allocation	
	Annualized Units	Current Annualized	
	Recommendation	New Request V Stage 2.WSC	×
	New Units	New Amount	
	New Annualized	New Annualized	
	Effective Date		
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	A Notor		

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.

	https://appsuat.apd.my	tionda.com/?etc=10	01100extrags=%3f_CreateFromid%3d%257bF94Fb4A5-FF36-E611 - Internet Explorer	
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Arustal totals     Control Annuals       Reservedations     Segies     2000       Net vibits     Net A Kostrals       Under Data     Net A Kostrals       Centered Biology     Control Annuals		Current Units	Current Allocation	
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# **Increasing an Existing Service**

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

- I[	🖓 SAN Service SAN Service Associated View 🔻					Search for records		
	Stage 🔺	Recommendation	Service Code 🔺	Description (Service Code)	Sen	vice Level	Service Rate	Service Ra
	1.Current	Approved	4141	Personal Supports (day)	Day	1	63.63	1:3
	1.Current	Approved	4270	Support Coordination	Nor	ne	125.71	None
	2.WSC		4141	Personal Supports (day)	Day	1	63.63	1:3
	2.WSC		4270	Support Coordination	Nor	ne	125.71	None
	(							>
1	- 4 of 4 (0 selected)						н	✓ Page 1 ▶

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

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Closed Activities	Service Code *	4141	ā	Service Level	🝺 Day	a
	Procedure Code	6 S5130UCSC		Service Ratio	13	a
	Unit Type	age Day		Service Rate	63.63	
	Current Units	12		Current Allocation	763.56	
	Annualized Units *	12		Current Annualized	763.56	
	Recommendation *	Increase Request	V	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				
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	Sidtus	Acuve				
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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 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.

**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 Service SAN	I Service Associated View	Search for rec	Search for records			
	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
	C						>
1 -	- 4 of 4 (0 selected)					И	✓ Page 1 ▶

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

		A Microsoft Dynamics CRM	Terter 1 Level 1 🖗
File SAN Service Add			APD a
Save & New Close	Assign Sharing +	C S Sat Rept-	
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Related			ľ
Common Activities	Service     Service Summary		^
Closed Activities	Service Code*	🕼 4141 🔟 Service Level 🍺 Day	ব
	Procedure Code	S5130UCSC	<u>م</u>
	Unit Type	Na Day Service Rate 63.63	
	Current Units	12 Current Allocation 763.56	
	Annualized Units*	12 Current Annualized 763.56	
	Recommendation *	Reduce Request Stage 2.WSC	
	New Units *	6 New Amount * 381.78	
	New Annualized	6 New Annualized 381.78	
	Effective Date	5/31/2016	
	4 Notor		

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 remainder of the 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.

I[	🌢 SAN Service SAN	I Service Associated View	v <b>-</b>		Search for rec	ords	P
	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
•	C						>
1	- 4 of 4 (0 selected)					М	4 Page 1 ▶

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

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Closed Activities	Service Code *	4141	لي ا	Service Level	🍺 Day	
	Procedure Code	🚳 \$5130UCSC	<b>a</b>	Service Ratio	13	ā
	Unit Type	<b>4,5</b> Day	a	Service Rate	63.63	
	Current Units	12		Current Allocation	763.56	
	Annualized Units*	12		Current Annualized	763.56	
	Recommendation *	End Request	V	Stage	2.WSC	
	New Units	6		New Amount	381.78	
	New Annualized	6		New Annualized	381.78	
	Effective Date	6/31/2016	~	Amount *		
	Comments*	6 days for final month   Moving to Romand home.				
	Status	Active				
						€ 100% ▼

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 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.

**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:

https://appsuat.apd.myf	lorida.com/?etc=10	10109&extrags=%3f_CreateFromId%3d%257b3DECC51F-0ED4-E011 - Internet Explorer	_ 0 <mark>_ X</mark>
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Closed Activities	Consumer	DUDM	12
a SAN Service	Region	Anothwest	 
	Date of Birth	5/12/1976 Age 40	
	wsc*	Tester I Level 1     DVing Setting     SUPPORTED LIVING (FS, SB) (11)	
	Primary Diagnosis	INTELLECTUAL DISABILITY ID (1) Secondary Diagnosis NO DISABILITY (0)	
	SS Income	\$ \$\$A/\$501 \$	
	Date of QSI	8/30/2014 Other Diagnosis NO DISABILITY (0)	1
	Physical Score	2 IQ Score NORMAL INTELLENGENCE (0)	1
	Behavioral Score	2 Functional Score 1	
	Behavioral Raw Score	3 Functional Raw 2 Score	
	Question 18	0 Overall Score 2	
	Question 23	1 Question 20 1	
	Processing Status		
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	Date Withdrawn	imi ₩ Withdrawn By	<b>a</b>
	Clock		
	Date WSC Requested	Due Date	
	30 Days from Request Budget Amounts	60 Days from Request	
	Allocation Algorithm	n	
	Budget Allocated	10.000.00 Budget Annualized 10.000.00	· · · · · · · · · · · · · · · · · · ·
	Status	Active	
1			■ 100× -

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.

File Consumers View	Charts Add				Microsoft Dynamics C	RM				Tester 1 L	APD A
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	First Name	Last Name 🔺	Tier Code	Medicaid Number	Date Of Birth	Social Security Number	PIN	Gender	District	County	Living S 🔕
4 My Work	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
4 People	NICO	ARRINGTON	IBGT	0821004821	2/24/1977	712-13-5827	0000180011	Male	02	GADSDEN	FAMILY
💈 Consumers	DAMION	ASHMORE	IBGT	2244079547	3/3/1976	466-76-6482	0000002450	Male	02	JACKSON	FAMILY
4 Provider	JOSEPHINE	AUGUST	IBGT	1264744543	2/17/1969	936-20-2388	0000000080	Female	02	LEON	SUPPOI
k Providers	🗌 KAI	BADILLO	IBGT	0501171909	7/5/1966	695-88-4428	000000309	Male	02	TAYLOR	SUPPOI
4 iBudget	SOFIA	BAINES	IBGT	1494896788	1/15/1996	529-60-0693	0001013376	Female	01	ESCAMBIA	FOSTER
nnual 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
telp	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	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	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

# 2. Go to the SANs page.

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Information Consumer Notes	8	Consumer BRIANA	ABEL		416.4					Data									Cc	onsumers	•	<b>↑ ↓</b>
	-6	SANs SAN	Associate	d View	. •											S	earch for rec	ords				P
Related	Fis	scal Year	Process	ng Stage	9	Reque	est Status		Dat	e WSC Req	uested	30	Days from Re	60 0	Days from Re	Budg	et Allocate	Budg	et Annualiz	Proposed	Budge	Тур ∂
4 Common	20	015-20 <mark>16</mark>	Draft			Pendi	ng										50,000.00	)	3,423.00			
Activities	20	015-2016	Draft			Pendi	ng										50,000.00	)	3,423.00			
Closed Activities	20	016-2017	Draft			Pendi	ng										3,423.00	j –	5,232.00			
Legal Representatives			Region	Review		Pendi	ng				6/13/201	6	7/13/2016		8/12/2016		3,423.00	)	5,232.00			
Annroued Senices	20	016-2017	Draft			Pendi	ng										3,423.00	)	5,232.00			
Approved Services	20	015-2016	Draft			Pendi	ng										50,000.00	)	10,000.00			
Annual Cost Plans	20	016-2017	Draft			Pendi	ng										10,000.00	)	10,000.00			
Service Authorizations	20	016-2017	Draft			Pendi	ng										10,000.00	)	10,000.00			
Claims	20	016-2017	Draft			Pendi	ng										10.000.00	)	10.000.00			
	20	016-2017	Draft			Pendi	ng										10.000.00	)	10.000.00			
	20	016-2017	Draft			Pendi	ng										10,000.00	)	10.000.00			
	20	016-2017	Region	Review		Pendi	ng				6/20/201	6	7/20/2016		8/19/2016		10.000.00	)	10.000.00			
	20	016-2017	Draft			Witho	Irawn										3,423.00	)	5,232.00			
	20	015-2016	Region	Review		Pendi	ng				3/22/201	6	4/21/2016		5/21/2016		50,000.00	)	3,423.00			
	20	015-2016	Draft			Witho	Irawn				3/22/201	6	4/21/2016		5/21/2016		50,000.00	)	3,423.00			
	20	015-2016	Region	Review		Pendi	ng				3/22/201	6	4/21/2016		5/21/2016		50,000.00	)	3,423.00			
	20	015-2016	Region	Review		Pendi	ng				3/23/201	6	4/22/2016		5/22/2016		50,000.00	)	3,423.00			
	20	015-2016	Region	Review		Pendi	ng				3/23/201	6	4/22/2016		5/22/2016		50,000.00	)	3,423.00			
	20	015-2016	Region	Review		Pendi	ng				3/23/201	6	4/22/2016		5/22/2016		50,000.00	)	3,423.00			*
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	All	#	A B	С	D	E	F G	н	I	J.	K L	M	N O		P Q	R	S T	U	v	w x	Y	Z
	Status		Active																			

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

https://appsuat.apd.myflorida.co	om/?etc=10003&extr	aqs=%3f_gridType%3d1000	3%26etc%3d10003%26id%3d -	Internet Explorer			
File Consumer Add 5	t Tools SANs			Microsoft Dynamics CRM			Tester 1 Level 1 🔮 APD 💩
Assign SANN Copy a Link SANN E E-mail a Link	Filter	ilters ilters as New View Set As	ault Chart Pane -	Run Export Report - SANS			
nformation - Consumer - Notes	Consumer NICO A	ARRINGTON				[	Consumers 👻 🛧 🗸
	SANs SA	N Associated View	•				٩
Related	Fiscal Year	Processing Stage	Request Status	Date WSC Requested	30 Days from Re 60 Days from Re	Budget Allocate Budget Annualiz	Proposed Budge Typ 🤇
Common	2015-2016	Region Review	Pending	6/13/2016	7/13/2016 8/12/2016	50,000.00 1,234.0	0
Activities	2016-2017	Draft	Pending			1.234.00 1.234.0	0
Closed Activities	2015-2016	Draft	Pending	6/15/2016	7/15/2016 8/14/2016	50,000.00 1,234.0	0
Lo Legal Representatives	2016-2017	Draft	Pending			1,234.00 1,234.0	0
Approved Convices	2016-2017	Region Review	Pending	6/15/2016	7/15/2016 8/14/2016	1.234.00 1.234.0	0
Approved Services	2016-2017	Draft	Pending			1,234.00 1,234.0	0
Annual Cost Plans	2015-2016	Draft	Pending			50.000.00 1.234.0	0
Service Authorizations	2015-2016	Draft	Withdrawn			50.000.00 1.234.0	0
Gaims	2015-2016	Draft	Canceled			50,000.00 1,234.0	0
	2015-2016	Draft	Canceled			50.000.00 1.234.0	0
	2015-2016	Draft	Canceled			50.000.00 1,234.0	0
	2015-2016	State Office Review	Pending	6/15/2016	7/15/2016 8/14/2016	50.000.00 1,234.0	0
	2015-2016	State Office Review	Withdrawn	6/15/2016	7/15/2016 8/14/2016	50,000.00 1,234.0	0
	2015-2016	Draft	Pending			50.000.00 1.234.0	0
	2015-2016	Draft	Pending			50,000.00 1,234.0	0
	2016-2017	Draft	Pending			1.234.00 1.234.0	0
	2015-2016	Draft	Pending			50.000.00 1.234.0	0
	2016-2017	Region Review	Pending	4/18/2016	5/18/2016 6/17/2016	1,234.00 1,234.0	0 23.00
	2015-2016	State Office Review	Complete	6/15/2016	7/15/2016 8/14/2016	50.000.00 1.234.0	0 Api
	<						>
	1 - 22 of 22 (0 sele	ected)					H ≪ Page 1 ▶
	All #	A B C D	E F G H	I J K L	M N O P Q	R S T U V	W X Y Z
	Status	Active					
							A 10504 -

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.

mtps://appsuat.apd.mynonda.c	oul/reic=1010adexirads=xs1_Createrioundxs0x52/D/D03839F-15D0-6011 - Internet Explore	
File SAN Add	Aik Microsoft Dynamics CRM	Tester 1 Level 1 🕜 APD 🚕
Save & Save & New Close	Sharing -       Sharing -       Sharing -         Assign -       Copy a Link       State       Sharing -         Run       State       Submit Withdraw       State       Sharing -         State       Sharing -       Submit Withdraw       State	
Save	Collaborate Process Data WSC Region Actions State Actions Region State Actions Decision	
Main form SAN Information Notes	SAN SAN Request for NICO A. ARMINGTON for FY 2015-2016 created on the s/2016 10:41:16 AM Processing Stage: State Office Review Request Status: Complete Date WSC Requested: 6/15/2016	SANs • • •
Related	Danial Justification	•
▲ Common	Meets statute Attempts to locate anti-	× ^
Glosed Activities	Medically necessary  Medically necessary  Medically necessary  Medically necessary  Medically  Medi	
	Meets waiver V Does not meet waiver coverage explanation	
	Can be met by re- budgeting explanation explanation	
	Hearing Information	
	Hearing? Outcome Changed V New Outcome V New Outcome	<ul><li>✓</li><li>✓</li></ul>
	Hearing Comments	
	System Information	
	SAN Name SAN Request for NICO A. ARRINGTON for FY 2015-2016 created on 6/15/2016 10:41:11	
	Send to State Office 1 Send back to WSC 0 Count Count	
	Send back to Region 0 Submit Status 444	×
	Status Active	
		® 125% ▼

# 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.

https://appsuat.apd.mynonda.com	v?etc=10	003&extraqs=	%3f_gnaType	%3d10003%2	6etc%3d	10003%26	a%3a - II	nternet E	plorer												511 III - S
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ecords Collaborate		Current View		View	(	Pros	DESS	0	ata												
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	Là s	ANs SAN As	sociated V	iew 🔻											S	earch for rec	ords				
elated	Fisc	al Year	Processing S	tage	Reque	st Status		Date	WSC Requ	ested	30 Da	ays from Re	60 Days	from Re	Budg	et Allocate	Budg	et Annualiz.	Pro	posed Budge	. Тур
Common	201	6-2017	Draft		Pendi	ng										10,000.00	)	10,000.0	10		
Activities		-2017	Draft		Pendi	ng										10,000.00	)	10,000.0	0		
Closed Activities	201	6-2017	Region Revie	ew.	Pe					6/21/2016		7/21/2016		8/20/2016		10,000.00	2	10,000.0	0		
Legal Represent of	201	5-2016	Draft			ng										50,000.00	)	3,423.0	0		
Approved Services	201	6-2017	Draft		Pendi	ng										3,423.0	2	5,232.0	0		
Approved Services	201	6-2017	Region Revie	iw.	Pendi	ng				6/13/2016		7/13/2016		8/12/2016		3,423.0	)	5.232.0	0		
Annual Cost Plans	201	6-2017	Draft		Pendi	ng										3,423.0	)	5,232.0	0		
Service Authorizations	201	5-2016	Draft		Pendi	ng										50,000.00	)	10,000.0	0		
Claims	201	6-2017	Draft		Pendi	ng										10,000.00	)	10,000.0	0		
	201	6-2017	Region Revie	w	Pendi	ng				6/20/2016		7/20/2016		8/19/2016		10.000.00	)	10.000.0	0		
	201	6-2017	Draft		Pendi	ng										10,000.00	)	10,000.0	0		
	201	6-2017	Draft		Pendi	ng										10,000.00	)	10,000.0	0		
	201	6-2017	Draft		Pendi	ng										10,000.00	)	10,000.0	10		
	201	6-2017	Region Revie	w	Pendi	ng				6/20/2016		7/20/2016		8/19/2016		10.000.00	)	10.000.0	0		
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	All	7 A	H	L D	- F	G	H			C	<b>N</b>	N 0	p	1	N N	5 T		v	W	X Y	Z

2. Click Withdraw.

https://appsuat.apd.myflorida	.com/?etc=10109&extra	qs=%3f_CreateFromId%3d%257b3DECC51F-0ED4-E011 - Internet Explorer									
		244 Microsoft Dynamics CRM	Tester 1 Level 1								
Save & Save & New Save & New Close Save	Assign Remained a Line Copy a Line Collaborate	A Run Start Run Labert Withdraw Start Actions Region Actions State Actions Region									
Main form SAN Information Notes	SAN SAN Rec Processing S	quest for BRIANA ABEL for FY 2016-2017 created on 6/21/2016 11:10:11 AM           tage:         Draft         Request Status:         Pending         Date WSC Requested:	SANs • • •								
4 Common	<ul> <li>SAN Information</li> <li>Consumer Information</li> </ul>	tion tion	^								
Closed Activities	Consumer	S BRIANA ABEL	4								
Lo SAN Service	Region										
	Date of Birth	Date of Birth 5/12/1976 Age 40									
	WSC *	Tester 1 Level 1     Living Setting     SUPPORTED LIVING (IFS, SB) (11)									
	Primary Diagnosis	INTELLECTUAL DISABILITY ID (1) Secondary Diagnosis NO DISABILITY (0)									
	SS Income	\$ SSA/SSDI \$									
	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									
	Behavioral Raw Score	3 Functional Raw 2 Score									
	Question 18	0 Overall Score 2									
	Question 23	1 Question 20 1									
	Processing Status										
	Processing Stage	Draft V Request Status Pending	$\checkmark$								
	Date Canceled	Canceled By									
	Date Withdrawn	Withdrawn By	<u>a</u>								
	Status	Active									

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."

		Microsoft Dynamics CRM	0
File SAN Add			APD a
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Aain form - SAN Information - Notes	SAN SAN Rec Processing St	age: Draft Request Status: Withdrawn Date WSC Requested:	SANs 💌 🛧 🔰
Related			
Common Activities	SAN Informat Consumer Informat	ion Ion	
Closed Activities	Consumer	8 BRIANA ABEL	
La SAN Service	Region	Northwest	
	Date of Birth	5/12/1976 Age 40	
	wsc*	Tester 1 Level 1     Living Setting     SUPPORTED LIVING (IFS, SB) (11)	
	Primary Diagnosis	INTELLECTUAL DISABILITY ID (1) Secondary Diagnosis NO DISABILITY (0)	
	SS Income	s ssa/ssbi 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	
	Behavioral Raw Score	3 Functional Raw 2 Score	
	Question 18	0 Overall Score 2	
	Question 23	1 Question 20 1	
	Processing Status		
	Processing Stage	Draft Request Status Withdrawn	$\checkmark$
	Date Canceled	Ganceled By	<b>a</b>
	Date Withdrawn	6/23/2016 Withdrawn By 🧽 Tester 1 Level 1	q
	Status	Active	

# **Questions/Help**

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