**Waiver Support Coordinator (WSC) Job Aid**

**Significant Additional Needs (SAN) Documentation**

CONSUMER NAME: Click or tap here to enter text. PIN: Click or tap here to enter text.

Region: Choose an item. Date: Click or tap here to enter text.

When submitting a SAN request, WSCs must follow the requirements in iBudget Rules 65G-4.0213 through 65G-4.0218, F.A.C. and the iBudget Handbook, Rule 59G-13.070, F.A.C. Submitting complete SAN requests streamlines the process and avoids extra requests for additional information.

***How to use this Job Aid:*** The WSCs must include items relevant to the SAN request from the lists in this document. Gather the documentation and check off each item related to the SAN request to ensure all required information is included. This form can be completed electronically. WSCs are encouraged to attach a copy of this completed job aid with the SAN request to show all required documentation was provided.

**Section A. Checkpoint for All Submissions**

|  | **Actions to be taken prior to submitting a SAN request** | **WSC Check Point** |
| --- | --- | --- |
| 1 | WSC attempted to address needs within available budget |  |
| 2 | WSC moved unallocated funds to meet needs, but funds were not sufficient to cover the need |  |
| 3 | WSC moved funds from unused services to meet needs, but funds were not sufficient to meet the need |  |
| 4 | Support Plan and applicable amendments completed and attached, with an explanation of why additional funding is needed. |  |
| 5 | Documentation attached includes attempts to locate natural or community supports, third party payers, or other sources of support to meet the individual’s health and safety needs |  |
| 6 | QSI is reflective of the current functional, behavioral, and physical status, and completed within the last three years. If the QSI does not reflect current information, APD was notified immediately of the need for a new assessment. The WSC can indicate the date that APD was notified of the need for the new assessment in the request. |  |
| 7 | A cost plan proposal (services requested) reflects the specific waiver services and supports paid (through SAN system) and unpaid (in updated support plan) that will assist the individual to achieve identified goals. Include the **AIM Worksheet** if the algorithm was re-calculated. Information on the AIM worksheet should match requested services in the SAN system and cost plan. |  |
| 8 | **CDC + Participants**. In addition to the above documentation CDC+ participants must also provide the following:   * Current approved purchasing plan * Documentation of efforts made to adjust budget within purchasing plan * Explanation on Savings available and how adjusted to meet needs. If not adjusted, explain why. |  |

**Section B: Significant Additional Needs Criteria**

Pursuant to iBudget Rule, 65G-4.0218(5), F.A.C., “The Agency will request the documentation and information necessary to evaluate an individual’s increased funding requests based on the individual’s needs and circumstances. The documentation will vary according to the funding request and may include the following as applicable: support plans, results from the Questionnaire for Situational Information, cost plans, expenditure history, current living situation, interviews with the individual and his or her providers and caregivers, prescriptions, data regarding the results of previous therapies and interventions, assessments, and provider documentation.” The list below identifies examples of the types of documentation that the Agency uses when reviewing SAN funding requests, depending on the time that the significant additional need occurs. Always send the **most recent** information that is **reflective of the current needs** of the individual and documents the issues of concern.

|  | **Documentation for SAN Request** | **WSC Check Point** |
| --- | --- | --- |
| 1 | **Extraordinary Need: Increase/Onset of Behaviors**   * Psychological assessments * Psychiatric reports * Baker Act admission and discharge summaries for last 12 months * Behavior assessments, plans and data for last 12 months * If school-aged, current IEP, school behavior plan and data * If under 21 – describe behavior services accessed or attempted through Medicaid State Plan * Incident Reports, police reports regarding behaviors for last 12 months * Behavior Summary Report from the Region |  |
| 2 | **Extraordinary Need: Complex Medical Condition that requires active intervention by a licensed nurse on an ongoing basis**   * Documentation from physician or others that document the medically necessary situations * Prescription by physician, ARNP or physician assistant * List of specific nursing duties to be performed * Nursing care plan (if applicable) * Documentation from Skilled Nursing Exception Process, if applicable |  |
| 3 | **Extraordinary Need: Chronic Comorbid Condition**   * Documentation from physician or others that supports the medically necessary situation |  |
| 4 | **Extraordinary Need: Total Physical Assistance (with eating, bathing, toileting, grooming, personal hygiene, lifting, transferring, ambulation)**   * Updated QSI should be completed as appropriate. WSC does not need to attach to the request. * Documentation from caregivers |  |
| 5 | **One Time or Temporary Need: Environmental Modifications**   * Landlord approval, if home is rented * Ownership documentation of home by client or family * Bids per the iBudget Handbook: * One bid for modification under $1,000 * 2 bids modifications between $1,000-$3,499 or explanation of why bid cannot be obtained * 3 bids modifications $3,500 and up or explanation of why bids cannot be obtained * Home Accessibility Assessment if over $3500 * Explanation of how modification would ameliorate the need |  |
| 6 | **One Time or Temporary Need: Durable Medical Equipment**   * Prescription and recommendation by physician, ARNP, physician assistant, PT or OT * Documentation that durable medical equipment used by the client has reached the end of its useful life or is damaged, or the client’s functional or physical status has changed enough to require the use of waiver-funded durable medical equipment that has not previously been used. * Three bids for items costing $1000 and over |  |
| 7 | **One Time or Temporary Need: Temporary Loss of Support from Caregiver**   * Description of why caregiver can no longer provide care * Age and medical diagnoses of caregivers * Documentation from doctor(s) regarding caregiver(s) ability to provide care * Special services or treatment for a serious temporary condition when the service or treatment is expected to ameliorate the underlying condition (fewer than 12 continuous months) |  |
| 8 | **Significant increase in need for services after beginning of the service plan year: Permanent or long-term loss or incapacity of a caregiver**   * Description of why caregiver can no longer provide care * Age and medical diagnoses of caregivers * Documentation from doctor(s) regarding caregiver(s) ability to provide care |  |
| 9 | **Significant increase in need for services after beginning of the service plan year: Loss of Medicaid state plan services due to age**   * Medicaid Prior Service Authorization for all applicable services, such as personal care assistance and behavioral services. * Documentation that other caregivers are not available |  |
| 10 | **Significant increase in need for services after beginning of the service plan year: Loss of school-based services due to age**   * Documentation of standard diploma if under age 22 * Service specific documentation for services requested (see below) |  |
| 11 | **Significant change in medical or functional status which requires provision of additional services that cannot be accommodated within current budget**   * Documentation of change may be found in the QSI, support plan, or other service specific documentation (see Section C below) |  |

**Section C. Service Specific Documentation Requirements**

These documentation requirements appear in the iBudget Waiver Handbook.

* For all services requiring service logs or progress notes, a minimum of the three most recent months of documentation is recommended
* For services requiring a Quarterly Summary, include the most recent quarter. If the provider chooses to do a monthly summary instead of quarterly, provide a minimum of the 3 most current monthly summaries.
* Prescriptions, treatment plans, assessments, and plans of care for therapies and nursing must be less than 12 months old and based on current information regarding the individual
* Behavior Analysis Services Eligibility (BASE) form must be less than 12 months old and reflect current behavioral needs. This form documents compliance with requirements identified in the iBudget Handbook for services that require review by the Regional behavior analyst.

| **Service** | **Documentation** | **WSC Check Point** |
| --- | --- | --- |
| **Adult Dental Services** | **New and Continued Services:**   * Invoice or treatment plan listing each procedure and negotiated cost * If only requesting 2 cleanings and exam, this can be specified in the support plan |  |
| **Behavior Analysis Services** | **New Service**   * Copy of assessment report, if completed * If assessment has not been completed, the support plan or other documentation describes the behaviors requiring intervention   **Continuation**   * Service logs * Graphic displays from the last quarter of acquisition and reduction target behaviors * Behavior analysis service plan * Quarterly summary for of the most recent quarter that services were provided |  |
| **Behavior Assistant Services** | **New Service**   * Approval from the Local Review Committee of behavioral needs documented on the BASE form   **Continuation**   * Approval from the Local Review Committee of behavioral needs documented on the BASE form * Service logs * Quarterly summary for of the most recent quarter that services were provided * Behavior analysis service plan, including the behavior assistant services with a plan for fading |  |
| **Consumable Medical Supplies/Personal Care Items** | **New and Continued Services**   * Listing of supplies * Prescription is needed for: * Ensure or other food supplements * Hearing Aid Supplies * Bowel Management Supplies * Surgical masks * Any exception requests   **Exception Requests**   * Prescription * Statement from Physician, ARNP, or physician assistant of how the item is medically necessary, directly related to the developmental disability and why, without the item, the client cannot continue to reside in the community or current placement |  |
| **Dietitian Services** | **New**   * Prescription from physician, ARNP or physician assistant that identifies the specific condition for which service is being prescribed * For nutritional supplements, provide a dietitian’s assessment documenting such need that is updated at least annually   **Continuation**   * Prescription from physician, ARNP or physician assistant that identifies the specific condition for which service is being prescribed. * Dietary management plan * For nutritional supplements – a dietitian’s assessment documenting such need that is updated at least annually. * Quarterly summary for of the most recent quarter that services were provided |  |
| **Durable Medical Equipment** | * Assessment and prescription by a licensed physician, ARNP, physician assistant, physical therapist, or occupational therapist * One bid for items under $1000 * Three bids for all items $1000 and over or documentation to show was efforts were made to secure the three bids * For items by exception, also include a statement from a physician, ARNP, or physician assistant of how the item is medically necessary, directly related to the developmental disability and without which the client cannot continue to reside in the community |  |
| **Environmental Accessibility Adaptations** | * Prescription for adaptations and medical equipment * Assessment documenting how the specific EAA is medically necessary and is a critical health and safety need, how it is directly related to the recipient’s developmental disability, how it is directly related to accessibility issues within the home, and how, without the identified EAA, the recipient cannot continue to reside in the current residence. * Documentation of approval from landlord, if home is rented * One bid for EAA costing under $1000 * Two bids for EAA costing between $1000 and $3499 * Three bids for EAA costing $3500 and over |  |
| **Life Skills Development- Level 1 (Companion)** | **New**   * Documentation in the support plan that includes the training goals related to the service performed by the provider and a daily schedule   **Continuation**   * Documentation in the support plan that includes the training goals related to the service performed by the provider and a daily schedule. * Service logs |  |
| **Life Skills Development- Level 2 (Supported Employment)** | **Phase 1 Services (obtaining a job)**   * Documentation that client has already exhausted resources through the Division of Vocational Rehabilitation (VR). Documentation that supported employment services are not available from VR can be in the form of one of the following: * A letter from VR. * Documentation detailing contact with a named VR representative to include the date and summary of the conversation.   **Continued**   * Quarterly summary for of the most recent quarter that services were provided |  |
| **Life Skills Development-Level 3 (Adult Day Training)** | **New**   * Documentation to support the requested ratio as follows: * 1:5 ratio – documentation of personal care needs which are typically identified in the support plan and QSI and/or behavior analysis services plan implemented by the ADT provider * 1:3 ratio – documentation of intense level of personal care and/or behavior analysis services plan implemented by ADT provider and documentation that consumer meets behavior focus residential habilitation criteria by Regional Behavior Analyst. Personal care needs are typically documented on the support plan or QSI. Behavioral needs are documented on the BASE form * 1:1 ratio – Behavior analysis services plan implemented by ADT and documentation that consumer meets intensive behavioral residential habilitation criteria by the Local Review Committee. Behavioral needs are documented on the BASE form   **Continuation**   * Documentation to support the requested ratio as stated above * Quarterly summary for of the most recent quarter that services were provided |  |
| **Occupational Therapy** | **New**   * Prescription by a physician, ARNP or physician assistant * Current occupational therapy assessment * Plan of care   **Continuation**   * Prescription by a physician, ARNP or physician assistant * Current occupational therapy assessment * Plan of care * Daily progress notes for days service was rendered and billed for a minimum of three months * Quarterly summary for of the most recent quarter that services were provided |  |
| **Personal Emergency Response Systems** | * Documentation to support that the consumer lives alone or is alone for significant parts of the day and has no regular caregiver for extended periods of time, and otherwise requires extensive routine supervision. This documentation can be provided in the support plan, or as part of a daily schedule. |  |
| **Personal Supports** | **New**   * Documentation that includes a description of the duties to be performed by the provider and a daily schedule for the consumer   **Continuation**   * Documentation that includes a description of the duties to be performed by the provider and a daily schedule for the consumer * Copy of service logs |  |
| **Physical Therapy** | **New**   * Prescription by a physician, ARNP or physician assistant * Current physical therapy assessment * Plan of care   **Continuation**   * Prescription by a physician, ARNP or physician assistant * Current physical therapy assessment * Plan of care * Daily progress notes for days service was rendered and billed for a minimum of three months * Quarterly summary for of the most recent quarter that services were provided |  |
| **Private Duty Nursing** | **New**   * Prescription by a physician, ARNP or physician assistant * Current nursing assessment * Nursing Care Plan * List of duties to be performed by the nurse * Documentation that recipient requires active nursing interventions on a continuous basis for over two consecutive hours per episode   **Continuation**   * Prescription by a physician, ARNP or physician assistant * Nursing Care Plan with Annual Updates * Daily progress notes for days service was rendered and billed for a minimum of three months * Quarterly summary for of the most recent quarter that services were provided. Summaries should include details regarding health status, medication, treatments, medical appointments, and other relevant information * List of duties to be performed by the nurse * Documentation that recipient requires active nursing interventions on a continuous basis for over two consecutive hours per episode |  |
| **Residential Habilitation/ Behavior Focus** | **New**   * Support plan identifies need based on living setting chosen by the consumer * BASE form completed by the Regional Behavior Analyst documenting that behavior focus criteria are met   **Continuation**   * Support plan identifies need based on living setting chosen by the consumer. * BASE form completed by the Regional Behavior Analyst documenting that behavior focus criteria are met * Quarterly summary for of the most recent quarter that services were provided |  |
| **Residential Habilitation/**  **Intensive Behavior** | **New**   * Support plan identifies need based on living setting chosen by the consumer. * BASE form completed by the Regional Behavior Analyst documenting that intensive behavior criteria are met * Global Behavior Service Need Matrix (IB Matrix)   **Continuation**   * Support plan identifies need based on living setting chosen by the consumer. * BASE form completed by the Regional Behavior Analyst documenting that intensive behavior criteria are met * Global Behavior Service Need Matrix (IB Matrix) * Quarterly summary for of the most recent quarter that services were provided |  |
| **Residential Habilitation/**  **Standard or Live-In** | **New**   * Support plan identifies need based on living setting chosen by the consumer   **Continuation**   * Support plan identifies need based on living setting chosen by the consumer * Quarterly summary for of the most recent quarter that services were provided |  |
| **Residential Nursing Services** | **New**   * Prescription by a physician, ARNP or physician assistant * Current nursing assessment * Nursing Care Plan * List of duties to be performed by the nurse * Documentation that recipient requires active nursing interventions on a continuous basis for over two consecutive hours per episode.   **Continuation**   * Prescription by a physician, ARNP or physician assistant * Nursing Care Plan with Annual Updates * Daily progress notes for days service was rendered and billed for a minimum of three months * Quarterly summary for of the most recent quarter that services were provided. Summaries should include details regarding health status, medication, treatments, medical appointments, and other relevant information * List of duties to be performed by the nurse * Documentation that recipient requires active nursing interventions on a continuous basis for over two consecutive hours per episode |  |
| **Respiratory Therapy** | **New**   * Prescription by a physician, ARNP or physician assistant * Current respiratory therapy assessment * Plan of care   **Continuation**   * Prescription by a physician, ARNP or physician assistant * Current respiratory therapy assessment * Plan of care * Daily progress notes for days service was rendered and billed for a minimum of three months * Quarterly summary for of the most recent quarter that services were provided |  |
| **Respite** | **New**   * Documentation that personal care assistance has been sought through Medicaid State Plan * If provided by a licensed nurse, a prescription from a physician, ARNP, or PA * Support plan identifies the need for respite and the schedule   **Continuation**   * Support plan identifies the need for respite and the schedule * If provided by a licensed nurse, a prescription from a physician, ARNP, or PA * Documentation that personal care assistance has been sought through Medicaid State Plan * Service logs |  |
| **Skilled Nursing** | **New**   * Prescription by a physician, ARNP or physician assistant * Current nursing assessment * Nursing Care Plan * List of duties to be performed by the nurse * Documentation that recipient requires active nursing interventions on an intermittent or part-time basis * Annual exception letter from the Agency for Healthcare Administration (AHCA)   **Continuation**   * Prescription by a physician, ARNP or physician assistant * Nursing Care Plan with Annual Updates * Daily progress notes for days service was rendered and billed for a minimum of three months * Quarterly summary for of the most recent quarter that services were provided. Summaries should include details regarding health status, medication, treatments, medical appointments, and other relevant information * List of duties to be performed by the nurse * Documentation that recipient requires active nursing interventions on an intermittent or part-time basis * Annual exception letter from the Agency for Healthcare Administration (AHCA) |  |
| **Special Medical Home Care** | * Nursing care plan and revisions * Annual Nursing assessment * Daily progress notes or service logs for dates of service rendered at a minimum for the last 6 months * Prescription for service * List of duties to be performed by the nurse * Authorization by APD state office nursing staff |  |
| **Specialized Mental Health Counseling** | **New**   * Prescription by a physician, ARNP or physician assistant * Current specialized mental health assessment   **Continuation**   * Prescription by a physician, ARNP or physician assistant * Current specialized mental health assessment * Daily progress notes for days service was rendered and billed for a minimum of three months * Quarterly summary for of the most recent quarter that services were provided |  |
| **Speech Therapy** | **New**   * Prescription by a physician, ARNP or physician assistant * Current speech therapy assessment * Plan of care   **Continuation**   * Prescription by a physician, ARNP or physician assistant * Current speech therapy assessment * Plan of care * Daily progress notes for days service was rendered and billed for a minimum of three months * Quarterly summary for of the most recent quarter that services were provided |  |
| **Supported Living Coaching** | **New**   * Information in the support plan documenting the service need and demonstrating that the service is not duplicative of other services in place   **Continuation**   * Information in the support plan documenting the service need and demonstrating that the service is not duplicative of other services in place * Daily progress notes for the three most recent months which should include documentation of activities, supports, and contacts with the recipient, other providers, and agencies with dates and times, and a summary of support provided during the contact, follow-up needed, and progress toward achievement of support plan goals * Quarterly summary for of the most recent quarter that services were provided |  |
| **Transportation Services** | **New and Continuation**   * Documentation in the support plan that consumer requires transportation to/from a community-based waiver service * Rate requested should match the rate listed on the provider’s Medicaid Waiver Services Agreement Addendum |  |