

## Cost Plan Rollover Cheat Sheet for WSCs

### Introduction

The purpose of this cheat sheet is to summarize how to prepare a cost plan for the subsequent fiscal year. Waiver Support Coordinators (WSCs) and Consumer Directed Care Plus (CDC+) Consultants no longer create new cost plans for the new Fiscal Year (FY). This is done by APD. WSCs and CDC+ Consultants will need to ensure that the cost plans are prepared for the rollover process.

WSC will continue to maintain the individual service plans and generate service authorizations throughout the fiscal year as outlined in [Chapter 11 – Cost Plan in the Case Management Training Manual](#).

### Preparation

The WSCs will get notification of the cost plan rollover process through an advisory and communications with their Regional Waiver Unit. The WSCs will verify that the cost plans for each of their clients have the correct annualized units, no duplications, are not in “Complete” status and that they are within their budget. The APD Regional office will provide Qualified Organizations (QOs) with a list of plans that require immediate attention.

*These preparations do not need to wait until WSCs receive notification from APD. WSCs can complete these preparations throughout the entire fiscal year to minimize the impact during the cost plan rollover.*

Please see below for the Annual Cost Plan preparation and some helpful tips. This also provides tips on what to do when encountering specific items. WSCs will need to correct any of these items:

1. **Clients with more than one plan for the same fiscal year:** Clients who have enrolled in the CDC+ program from the iBudget Florida waiver or returned to the iBudget Florida waiver from the CDC+ program may have a cost plan for each program. Please ensure that the duplicate plan has end dates associated with planned services/authorizations, ensuring only one active plan by fiscal year end. **The Plans Information page will also need to be end-dated.**
2. **Cost plans with no planned services:** Please determine if these clients are still receiving waiver services. If the client is not receiving services, contact the appropriate APD Regional office to begin case closure.
3. **Different counties listed:** Planned services with a county that does not match the county listed in the consumer’s demographics and planned services with an Index SubObject (ISO) code that does not match the program or county.
4. **Incorrect address setup:** A review is needed of the clients’ demographics to ensure correct regional information and addresses are up to date. The client

should have a Residential Address with Region noted and it should be marked as the primary address. (See [Updating Consumer Demographics](#) ).

5. **Clients with a negative balance:** If the cost plan exceeds the client's budget, the WSC or CDC+ Consultant is required to bring the service plans and authorizations into alignment with the client's budget. Please ensure that service authorizations match the cost plan.
6. **Cost Plans in complete status:** Cost Plans in complete status will not be copied to the new fiscal year. Please review these cost plans to determine if this is the correct status. If the plan should not be copied, no action is needed. If the cost plan should be copied, change the status of the cost plan to either Draft, Pending, Approved or NO Review Required.

### Preparation for CDC+ Consumers

- CDC+ Consultants must verify each consumer's FY planned services in iConnect are in Approved or No Review Required status and on a validated plan, ensuring the monthly CDC+ budget amount can be established. APD Staff will submit deadline information to put all plans in draft or pending status. See [CDC+ Cost Planning Job Aid](#) for more information.

In addition to the instructions above, the CDC+ Consultant must also complete the following actions:

1. Review and confirm the service code and rate (Full or Limited) are correct for the CDC+ Consultant.
2. If a change needs to be made before the plan is copied, the prior FY plan will need to be in Pending, Region/State Approved, or No Review Required status by the date determined by APD Waiver staff. Once the previous FY plan is in Region/State Approved status, the service code or rate can only be corrected by terminating the copied planned service and creating a new planned service with the correct information.
3. Ensure the new FY plan meets the client's needs and goals identified in their support plan. Add any Short-Term Expenditures (STEs) or One-Time Expenditures (OTEs).
4. Make sure there are 12 units of CDC+ Consultant services indicated on cost plans. Review and confirm that planned services are equal to or less than annual budget allocations.
5. The New FY cost plan must show a full year of planned services for each active consumer ending on the last date of the new FY Plan.

### Review Subsequent Fiscal Year's Cost Plan Service

APD will rollover the cost plan and an advisory will notify WSCs and CDC+ Consultants once that process is completed. WSCs and CDC+ Consultants must log in to iConnect and review FY plans for all clients on their caseload so that providers receive service authorizations. When reviewing a client's FY plan, please check for the following:

1. Review all services on the FY plan to ensure that necessary services continue. Review all planned services **regardless** of their status. Even though the FY plan may show an *approved* status and have authorizations, WSC or CDC+ Consultants should ensure that plans and planned services reflect the client's current needs, including the correct provider, and correct units, and all services are in place.
2. Planned services that were authorized for a partial year in the previous FY are copied in an approved status in the new FY. **Please annualize the units for these planned services and ensure that the plans are submitted for approval to APD by their due dates as communicated by the advisory. Please prioritize plans for CDC+ clients first.**
3. Review units for the continuing service plans on the new FY plan to ensure that the units are annualized for the entire fiscal year and reflected accurately in the Annualized Units box on planned services.
4. Verify that service authorizations are generated accurately. If a planned service was copied without authorization, the WSC will need to follow the plan validation process and manually create the authorization. Do not update all authorizations on the new FY plan if not all planned services were edited.
5. Ensure the FY plan addresses the client's needs identified in their support plan, meets medical necessity criteria, is within iBudget Handbook coverage and limitations, complies with legal notices, and complies with Final Orders.
6. Ensure the full 12 months of WSC or CDC+ Consultant services are entered into the plan.

#### **FYI:**

The following plans or planned services were not copied and must be addressed manually by the WSC or CDC+ Consultant:

1. Previous FY plans in complete status at the time the plans were copied were not copied into the new FY. WSCs and CDC+ Consultants will need to create plans for new FY for these clients.
2. One-time services and planned services that ended prior to June 30, were not copied into the new FY plan.