

## Planned Services vs Authorization\_WSC Report Job Aid

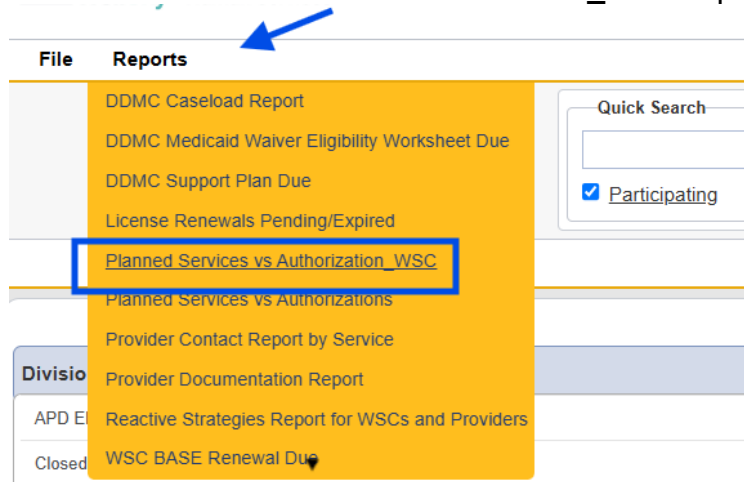
### Introduction

The Agency for Persons with Disabilities (APD) has developed a report to assist Waiver Support Coordinators (WSCs) and Consumer Directed Care Plus (CDC+) Consultants in verifying clients' planned services versus the authorizations. This report can assist the user in identifying if there are overages in the budget and the reasoning for that overage by reviewing the information from the Budgets tab, Plans tab, and Auth tab in one report. The report can be utilized in remediating the Plan Validation (PV) Rule 41 – "The consumer does not have sufficient budget left on this FY cost plan to process the changes at this time. Please try again after confirming all the authorization request(s) sent to FMMIS are fully approved or canceled."

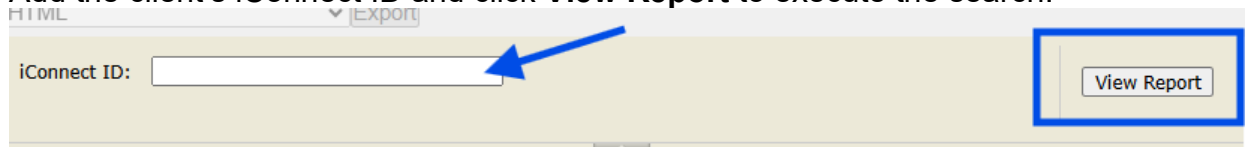
The report will only pull the selected client, if the WSC/CDC is listed as the Primary Worker in the client's Division tab.

### Pulling the Planned Service vs Authorizations Report

1. To begin, log into iConnect and set the Role **WSC/CDC**. Click **Go**.
2. On **My Dashboard**, navigate to the **Reports** menu and scroll down to select the **Planned Services vs Authorization\_WSC** report.



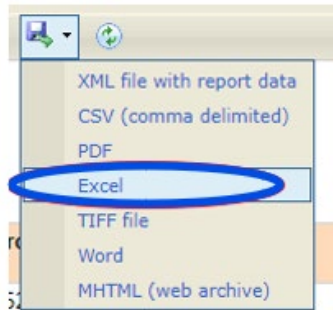
3. Add the client's iConnect ID and click **View Report** to execute the search.



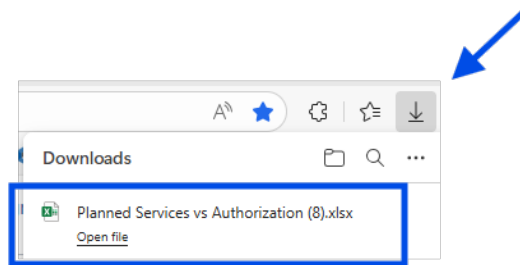
4. A report will be generated on the screen. View the report in this window or export the report.
  - a. To export the report, go to the caret next to the Save (floppy disk) icon.



- b. Select Excel (other formats are not compatible with the report).



- c. The Excel report will download. Click the report from the computer's downloads.



- d. Enable Editing by clicking the button at the top of the screen.
5. The report will display information from the 2026 fiscal year:
  - a. Current Budget – information from the Budgets tab
  - b. Amount Authorized – information from the Budgets tab
  - c. Sum of all Authorizations – information from the Auths tab
  - d. Sum of all Planned Services – information from the Plans tab
  - e. Plans (all information from the Plans tab)
    - i. Auth ID
    - ii. Provider
    - iii. Service Code
    - iv. Rate
    - v. Max Amount
    - vi. Total # of Units
    - vii. Start Date
    - viii. End Date
    - ix. Planned Service Status

- f. Auths (all information from the Auths tab)
- Auth ID (if an authorization was not created (no Auth ID), the record will not show in the Auth section of the report)
  - Provider
  - Service Code
  - Rate
  - Amount Approved
  - Total # of Units
  - Start Date
  - End Date
  - Auth Service EDI Status
    - Ready to Send = has not been sent to FMMIS
    - Sent = sent to FMMIS, but has not been approved
    - Unable to Send = Authorizations for CDC+ clients with a Generic CDC+ Provider, Clients who have no Eligibility Record or incorrect Medicaid ID.
    - Approved = fully approved in FMMIS
    - Terminated = terminated in FMMIS
    - Rejected = errors were located by FMMIS and need to be remediated by the WSC. For further assistance, use the [Handling Rejected Errors in iConnect Checklist located in the WSC Library](#).
  - Status
  - PA Number = will display once approved by FMMIS, except for CDC+ authorizations.

</