State of Florida

Agency for Persons with Disabilities

APD iConnect

Provider Mini-Manual For Providers

V1 April 27, 2020

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Introduction | Provider Management Training Mini-Manual

Summary

APD iConnect maintains a provider network that serves the consumers of the State of Florida - Agency for Persons with Disabilities. Due to the rolling implementation schedule for iBudget Waiver providers, this document reflects the specific functionalities included in the 2020 implementation schedule. It is not the entire Provider Management Training Manual. Additionally, for ease of use it also include excerpts from the Financial Management Training Manual, and the Electronic Visit Verification Training Manual.

Once all provider related functionalities are implemented in APD iConnect, the Provider Management Training Manual will be published in its entirety.

Learning Objectives for Provider Management Training Mini-Manual:

Log into and out of APD iConnect

Successfully navigate APD iConnect

Submit provider renewals and expansion requests

Respond to Plans of Remediation Corrective Action Plans (CAPs) and Complaints

Submit/void claims for services rendered

Assign workers to deliver services via the APD iConnect Electronic Visit Verification (EVV) mobile site

Review EVV service documentation

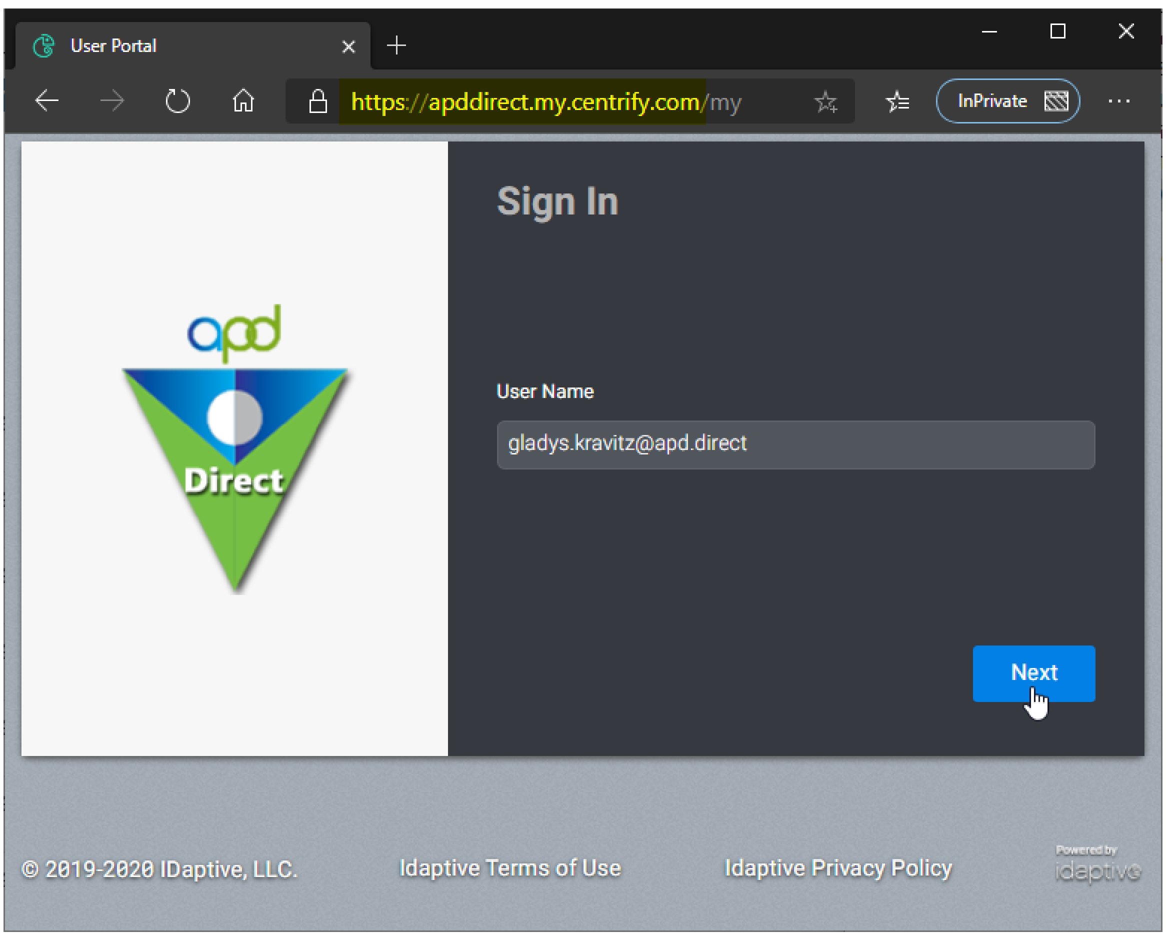
Submit claims for EVV services

Navigating APD iConnect

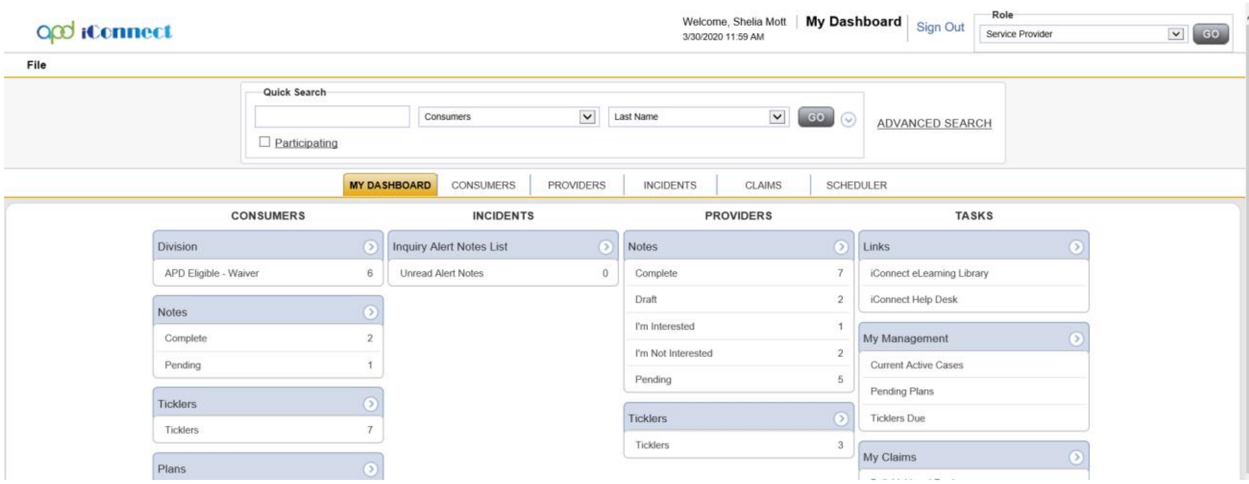
APD iConnect is an application that is accessed through the Internet. Best Practices recommend Internet Explorer.

Provider Agency Owners and Solo Providers will receive their APD iConnect login credentials after completing the ID PASS identity proofing. Once completed, providers will go to https://apddirect.my.centrify.com/my to access APD iConnect.

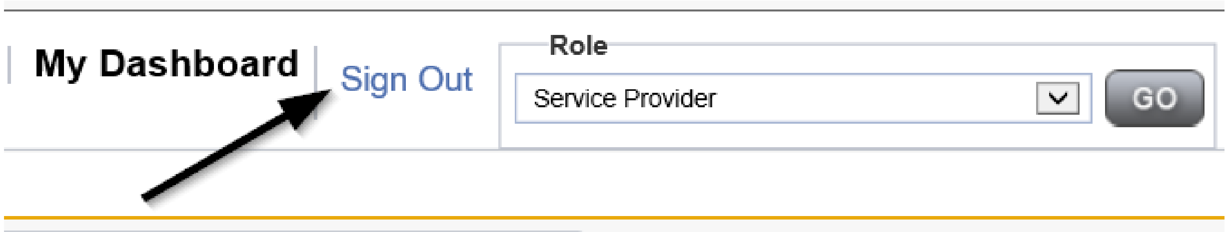
1. Open Internet Explorer and then enter the URL for APD iConnect
2. At the login, type your **User ID** and click **Next.**



3. Once logged in, the **My Dashboard** is displayed



4. **Exit** APD iConnect, In the upper right portion of the screen, click **Sign Out**

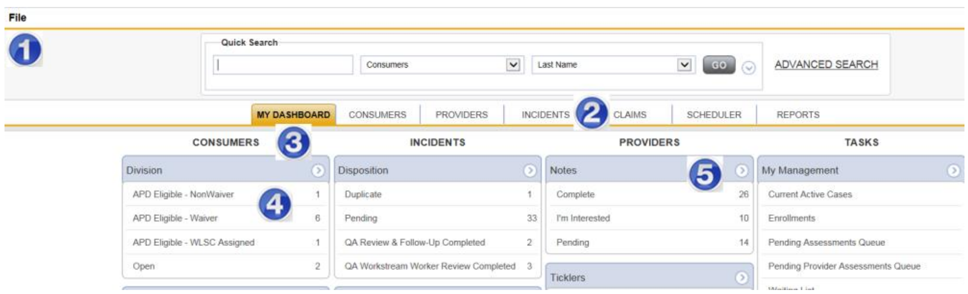


My Dashboard

My Dashboard is the user's home page and where tasks can be managed. When users first log in, they will begin from here. Keep in mind that any user's **My Dashboard** page may differ from that of a co-worker's. Roles determine which features a user may have.

My Dashboard Screen Elements

There are several parts of the **My Dashboard** screen, as shown in the screenshot below:

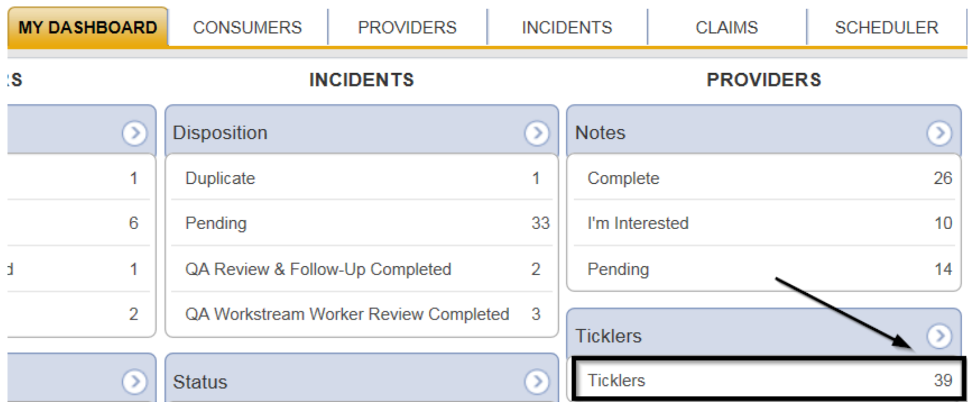


	The File menu is located throughout the program. Items on the File menu vary, depending on what you are doing. One of the more common functions you will use is the **File > Add Notes** and **File > Save and Close Notes**.
	The tabs along the top of the screen are called **Chapters**. A chapter is like a section of the program. To move to another chapter, just click it.
	**My Dashboard** is divided into areas for consumers, incidents, providers and tasks. You may see all or just some of these areas.
	Within each area are boxes that contain information. These are referred to as **Panes**.
	Each pane includes a down arrow. When you click the down arrow, items in the pane are collapsed. This is helpful if you need more space on your screen. To expand the items in the pane, click the now right-facing arrow.

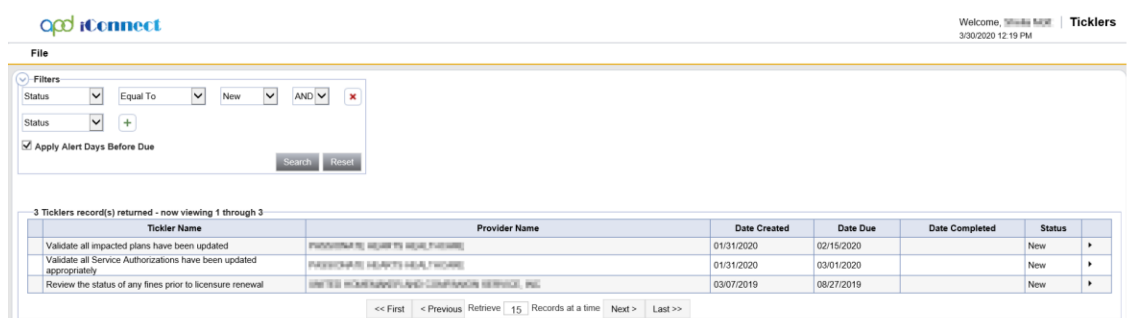
Many areas of the program allow you to collapse sections (panes). Click the down arrow in the circle . When you click it, it becomes a right-facing arrow 

Activities

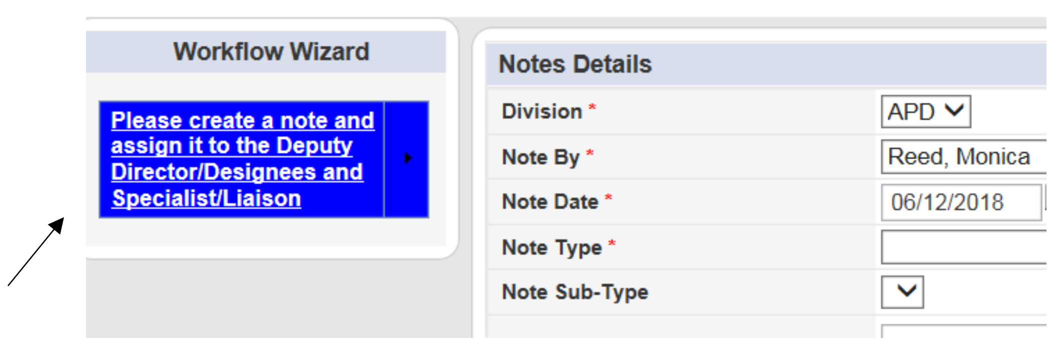
Within each Pane on the My Dashboard homepage, numbers will be visible next to different items. These numbers represent the number of activities that are due. For example, in the screenshot below, one can see that there are thirty-nine "ticklers" or reminders.



1. To display the ticklers, click anywhere in the row, as highlighted in the screenshot above. Ticklers will then display:

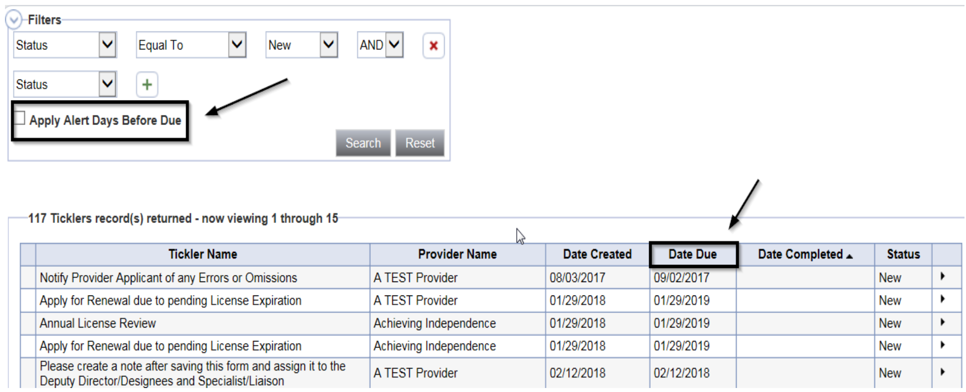


2. To complete a task associated with the tickler, first click on the record. In the screenshot below, the second record was selected revealing a task guide known as a **Workflow Wizard:**
3. To activate a **Workflow Wizard**, click anywhere in the blue box.



a. Once the tickler task has been completed, the Date Completed column in the tickler will automatically update with the date of completion.

4. For ticklers that have a due date in the future, uncheck the **Apply Alert Days Before Due** and click on search. The list view grid will refresh and present a list of the ticklers and their due dates.

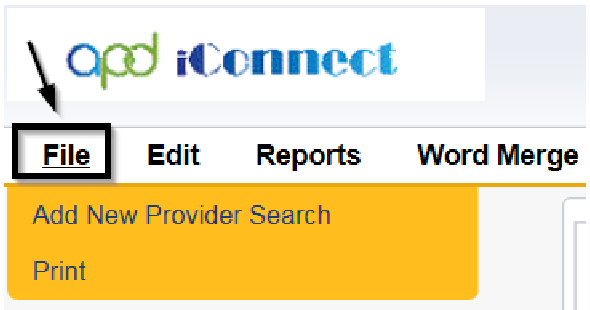


Tickler Name	Provider Name	Date Created	Date Due	Date Completed	Status
Notify Provider Applicant of any Errors or Omissions	A TEST Provider	08/03/2017	09/02/2017		New
Apply for Renewal due to pending License Expiration	A TEST Provider	01/29/2018	01/29/2019		New
Annual License Review	Achieving Independence	01/29/2018	01/29/2019		New
Apply for Renewal due to pending License Expiration	Achieving Independence	01/29/2018	01/29/2019		New
Please create a note after saving this form and assign it to the Deputy Director/Designees and Specialist/Liaison	A TEST Provider	02/12/2018	02/12/2018		New

Completing a form via a Workflow Wizard or from the ticklers list, will flag the tickler as complete. It will not mark the status of the form as complete. If the status = pending, you will have to navigate to the forms tab and finish filling out the form and change it to complete.

File Menu Bar

The **File Menu Bar** is displayed throughout the application and is located in the upper left corner of the screen. Depending on the open screen, other menus may be displayed as well. This is the location where one would go to create or add files, close and save files and print files, among other key functions.
Additional functions remain available under each option. Hovering above each **File Menu** bar category will expand additional menus. Access to these are granted based on the permissions which are driven by roles. Some examples include and are not limited to: **Save, Save and Close,** and **Print**.



When users scroll through a page in APD iConnect, the **File Menu** header is frozen so that users will always be able to access these **File Menu** functions no matter where the cursor is located on the page.

- **File –** Contains the functions to add a new record or to view history changes to the data in view.
- **Edit –** Provides the ability to make changes to the data included in the record.
- **Tools -** Provides the user with additional functionality based on the page currently in view.
- **Reports –** Lists standard reports built into the Harmony software. Additional reports may be available to certain roles or groups. If a user has access to the Reports Menu, click the menu and select the report and it will open in a new window.
- **Word Merge -** Lists documents that have been uploaded to the application using the **Word Merge** Utility and are available to certain roles and groups. To access the document, click the file menu and select the document and it will open a new window.

When you need to add, remove or save files, the **File Menu** is the place to go. An example could appear as: Go to **File>Save and Close Notes**.

Common Functions

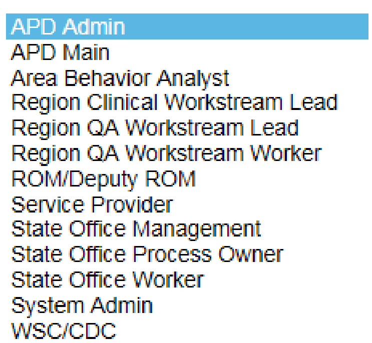
Throughout this training guide, some functions are performed multiple times. Rather than describing the complete function each time, the steps to perform the function are included in this section, with a reference to this section in the instruction.

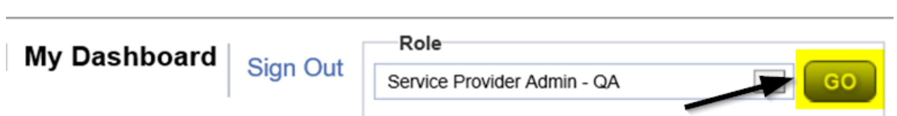
Switching Roles

Throughout the application, you may use many different Roles. Roles define a set of capabilities you have within APD iConnect, and each Role performs different functions. A Role change is indicated by the following symbol and instruction:

1. Switch Role to **Service Provider Admin-QA**
    a. When you switch roles, the following process must be followed:
    b. Go to the upper-right portion of the screen, in the **Role field**
    c. Click the down arrow and then select the **Role** you want to work with. You may not see all the roles as displayed in the screenshot below

2. Click the down arrow and then select the **Role** you want to work with and then click **Go**. You may not see all the roles as displayed in the screenshot below.





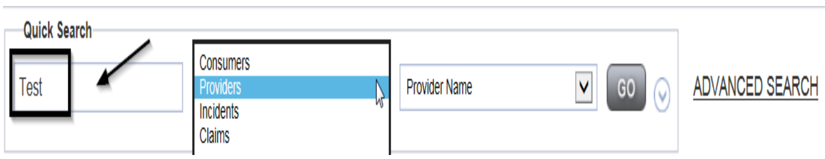
Begin a New Task

Each time you switch Roles and begin a new task, use the search function to locate the provider record you need.

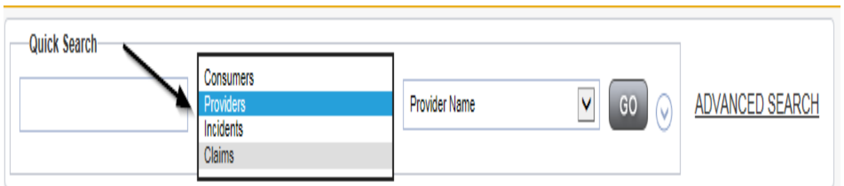
Search the Database

Use **Quick Search** to verify the existence of an entity. This step is important to ensure duplicate provider records are not added to APD iConnect. Begin by clicking on the Providers Chapter.

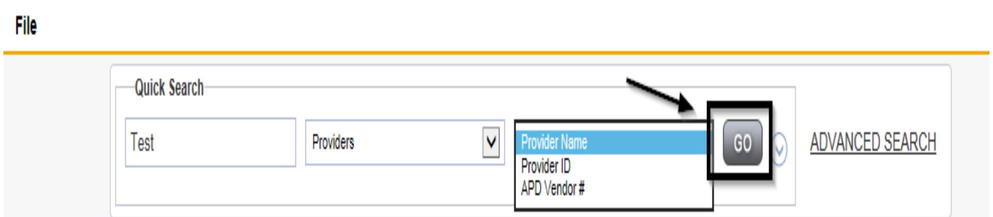
1. Type the search term in the first field. The search is not case-sensitive.



2. Click the down-arrow in the next field and Click the type of records on which to search.



3. Click the down-arrow in the last field. Click the type of records on which to search and Click **Go**
    a. This list varies, depending on what was selected in the second field.

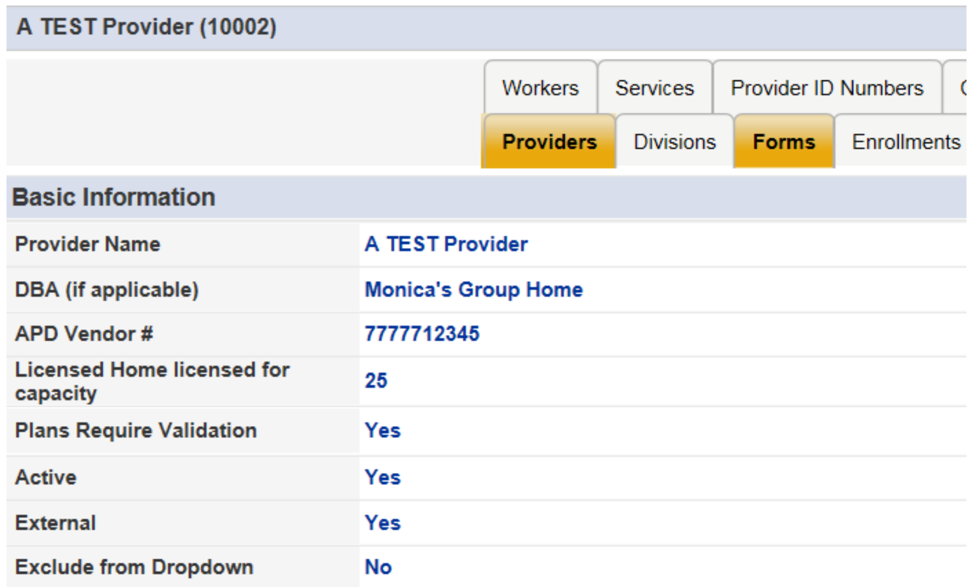


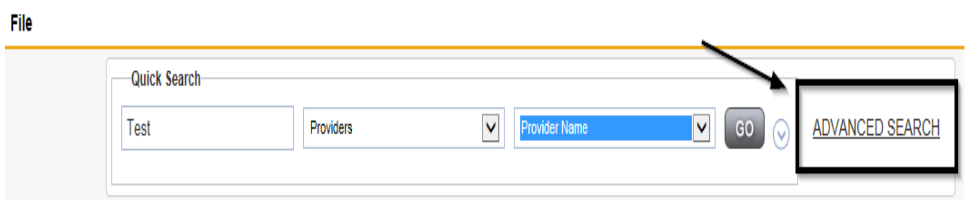
4. If more than one record matches the search term, they are displayed in a list. Click anywhere in the record to open it.


5 Quick Search Result record(s) returned - now viewing 1 through 5

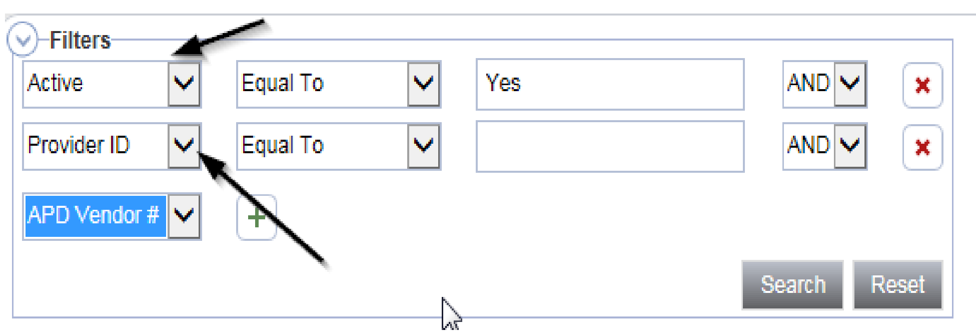
	Provider Name	Provider ID
	A TEST Provider	10002
	APD Test GH	10057
	APD Test Provider	10051
	Online Provider Test	10038
	Tuesday Test Provider	10079

5. If only one record matches the search term, the record is opened.

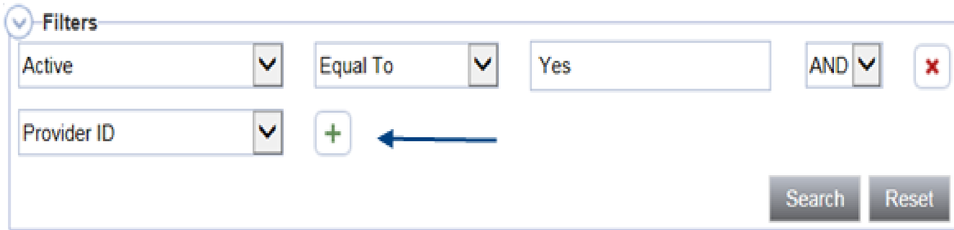




6. A user can execute an advanced search to locate a Provider record. The "Filters" box is presented allowing users to narrow their search by specifying one or more specific fields to search.



7. Use the Filter Dropdown to select the field to search, choose the Operator and then populate the search criteria. The Filter allows for multiple criteria to be used in a search. Use the "Plus" (+) button to build the query.



8. If there is a value in the filter dropdown that appears in the "Filter" you do not wish to search, use the "X" next to the row to remove it.

Each time you switch Roles and begin a new task, you must use **Search** to make sure that a record does not already exist.

Chapter 1 | MedWaiver Renewals

Introduction

Provider renewals are specific to Medicaid Waiver Services providers; IFS or Room and Board providers do not go through a renewal process. Renewals will occur every five years.

The Specialist/Liaison will review the Service Provider record and use the Renewal Notice to notify the Service Provider when the Medicaid Waiver Services Agreement (MWSA) is set to expire in 100 days.

The Specialist/Liaison will generate an updated MWSA and attach it to a note with Renewal Notice 1.

The Service Provider will receive the notification the MWSA is due for renewal. The Renewal Notice 1 will include a list of any documents need to be sent back to APD by the within 30 calendar days.

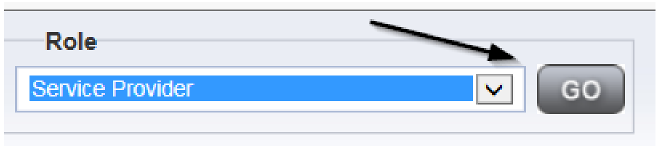
Documents include:
Signed MWSA
Eligible level II background screening
Local Law background screening
Limited Liability Insurance with APD listed as certificate holder
Copy of professional license or certificate (if applicable)

This notice will also include an updated MWSA for the provider to print, sign and return to the Specialist/Liaison

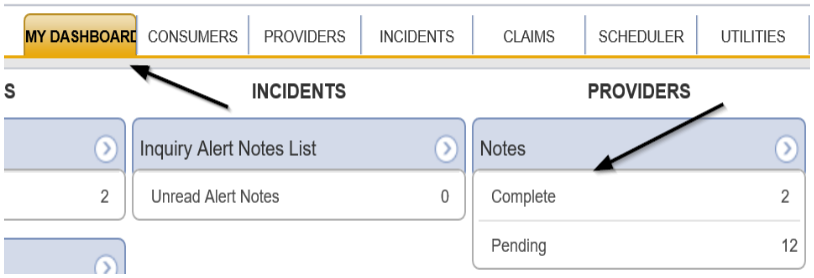
Respond to Renewal Notice 1 and Sign MWSA

The Service Provider will print the updated MWSA then sign, scan and save an electronic copy to their desktop. They will then attach it to a note back to the Specialist/Liaison.

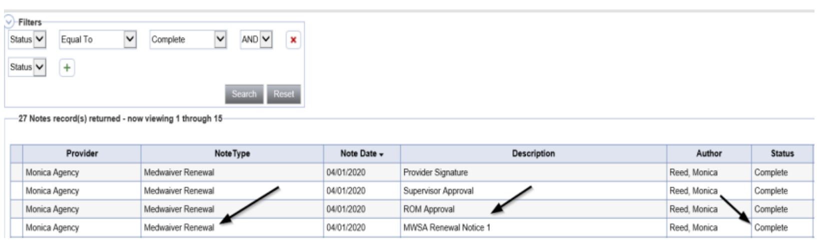
1. Set “Role” = *Service Provider or if applicable, Service Provider Admin - QA* then click **Go.**



2. Navigate to the **My Dashboard > Providers > Notes > Complete** and click the hyperlink for the Complete notes

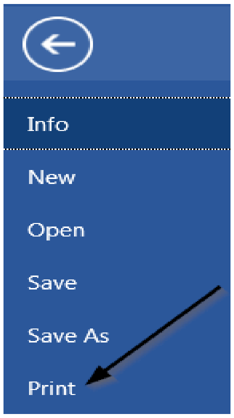


3. Select the **Note Type = Medwaiver Renewal and Description = MSWA Renewal Notice 1** and select the completed note via the hyperlink



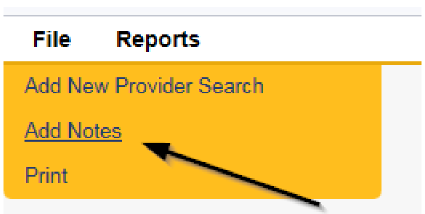
4. Click on the attachment for the Blank MWSA within the Medwaiver Renewal/MWSA Renewal Notice 1 note and then click **Open** on the pop-up message box.

5. Select **File > Print** within the Word Document

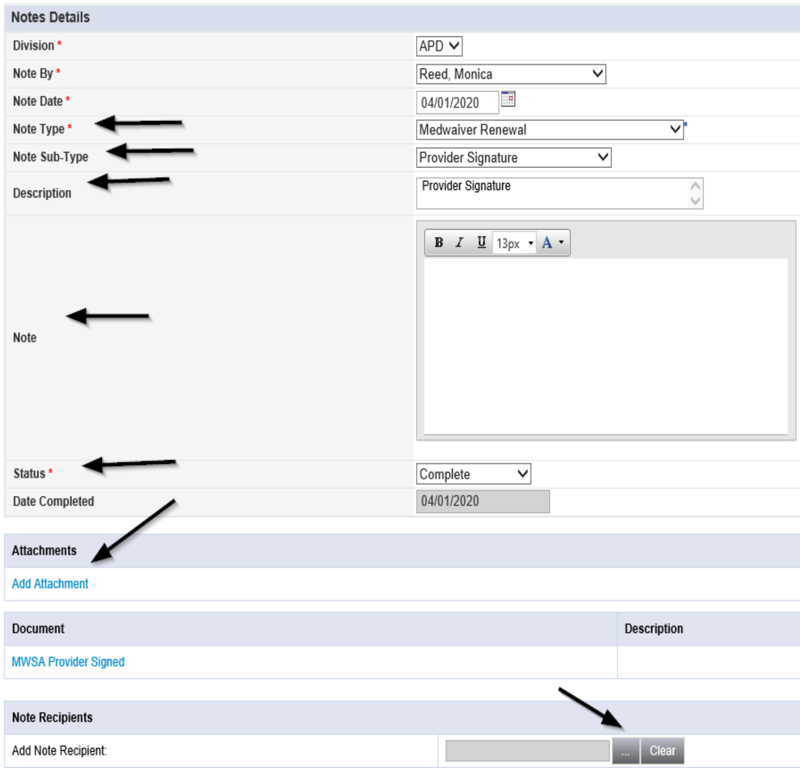


6. The Service Provider will sign the hard copy, scan and save it to their desktop and then attach it to a note back to the Specialist Liaison.

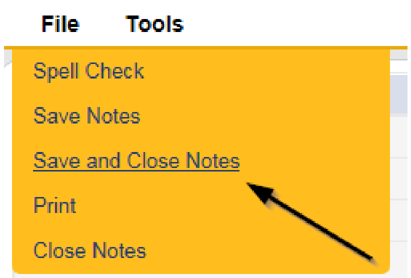
7. Click **File > Add Notes**



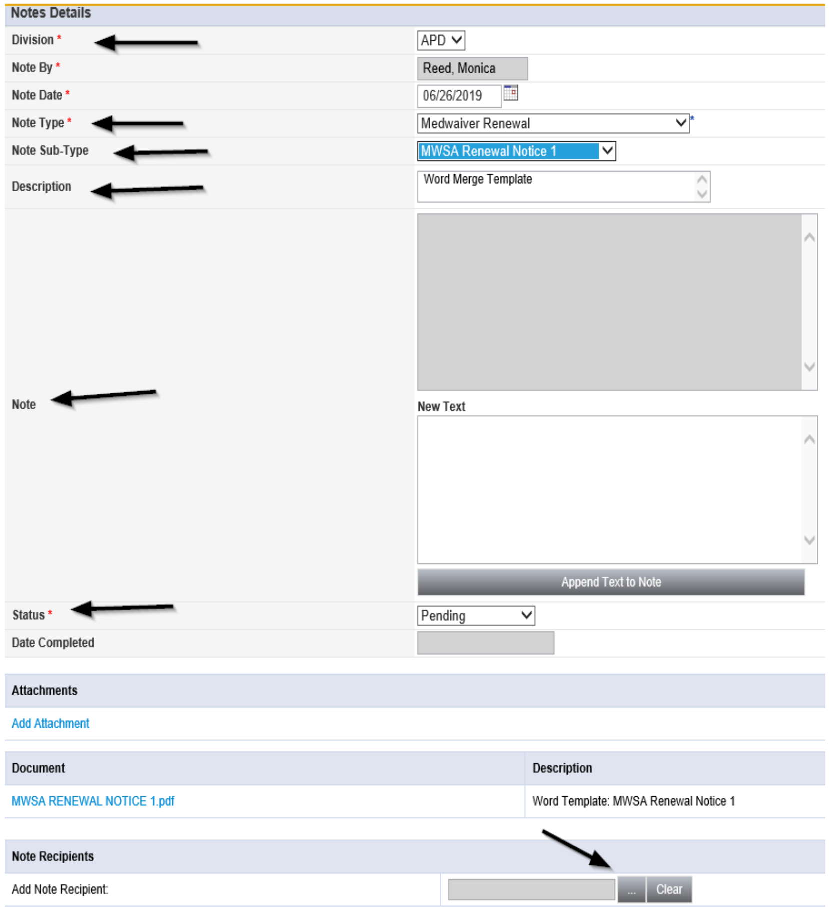
8. In the new Note record, update the following fields:
   a. "Division" = APD
   b. "Note Type" = Medwaiver Renewal
   c. "Note Subtype" = Provider Signature
   d. "Description" = Provider Signature
   e. "Note" = Enter notes
   f. "Status" = Complete
   g. Click "Add Attachment" and search for the copy of the signed MWSA on the user's computer. Click Upload
   h. Click the ellipsis on the "Add Note Recipient" to add the *Specialist/Liaison* as the Note Recipient
   i. Enter Last Name and Click Search in the pop-up browser window. Select the Name of the worker to attach them to the note



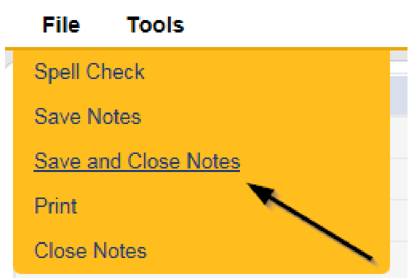
9. When finished click **File > Save and Close Notes**



13. Update the following fields on the Notes Detail Screen
    a. "Division" = APD
    b. "Note Type" = Medwaiver Renewal
    c. "Note Subtype" = MWSA Renewal Notice 1
    d. "Description" = Enter description as form name
    e. "Note" = Enter notes
    f. "Status" = *Complete*
    g. Add Attachment – Browse and attach the blank MWSA you saved to your desktop
    h. Click the ellipsis on the "Add Note Recipient" to add the *Service Provider or if applicable, Service Provider Admin - QA* as the Note Recipient
    i. Enter Last Name and Click Search in the pop-up browser window. Select the Name of the worker to attach them to the note



14. When finished, click **File > Save and Close Notes**



As Needed: Respond to MWSA Renewal Notice 2

If the Service Provider does not respond to Renewal Notice 1 within 30 calendar days, the Specialist/Liaison will send a second notice to the Service Provider stating that their renewal remains incomplete. This notice also notifies the Service Provider that they are not entitled to payment for services rendered after the MWSA end date and if they are still interested in being an APD provider, they will need to apply and enroll all over again.

As Needed: Generate MWSA Renewal Notice 3

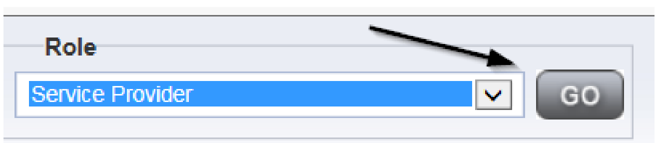
If the Service Provider does not respond to Renewal Notice 2, the Specialist/Liaison will send a third notice to the Service Provider advising of the MWSA end date. This Renewal Notice 3 also notifies the Service Provider that they are not entitled to payment for services rendered after the MWSA end date and if they are still interested in being an APD provider, they will need to apply and enroll all over again.

NOTE: Service Providers who do not respond to MWSA Renewal Notice 1, MWSA Renewal Notice 2, or MWSA Renewal Notice 3, will not receive any additional notification from APD. In the event that the MWSA expires, Waiver Support Coordinators (WSCs) will be notified to work with impacted consumers to find an alternative provider and the Service Provider's record will be closed.

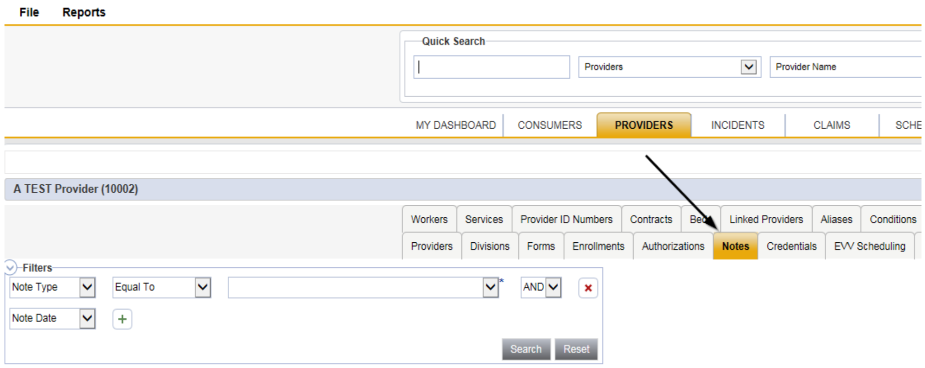
Additional Documentation

When responding to a MWSA Renewal Notice, the Service Provider will scan and save a copy of any needed intake documentation to their desktop and attach it to a note. They will create the note with a Note Type of "Intake Documentation" and upload any additional documentation as a single attachment with the corresponding Subtype.

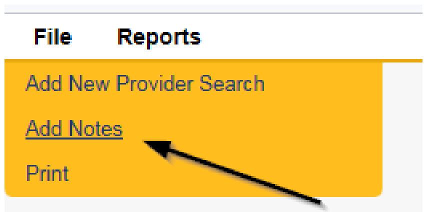
1. Set "Role" = *Service Provider or if applicable, Service Provider Admin - QA* then click **Go**



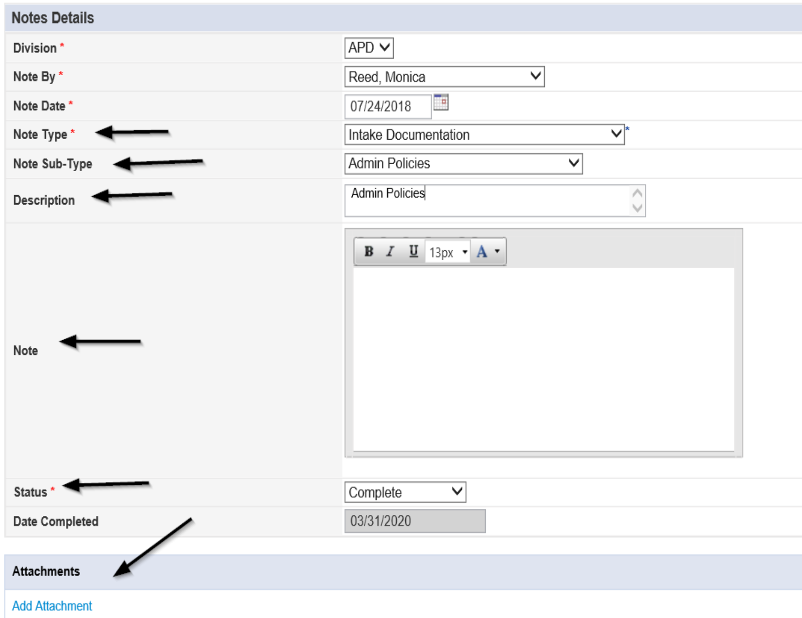
2. Navigate to the **Providers > Notes** tab



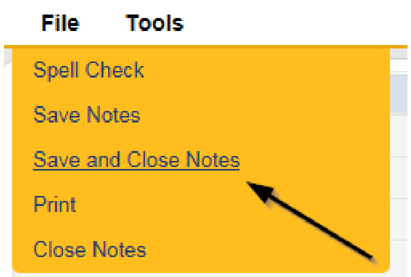
3. Click **File > Add Notes**



4. In the new Note record, update the following fields:
   a. "Division" = APD
   b. "Note Type" = Intake Documentation
   c. "Note Subtype" = May select one of the following as appropriate
      i. Level II Background Screening
      ii. Limited Liability Insurance
      iii. Medicaid Waiver Services Agreement
      iv. Professional License/Certificate
   d. "Description" = Enter description
   e. "Note" = Enter notes
   f. "Status" = Complete
   g. Click "Add Attachment" and search for the copy of the intake documentation on the user's computer. Click Upload



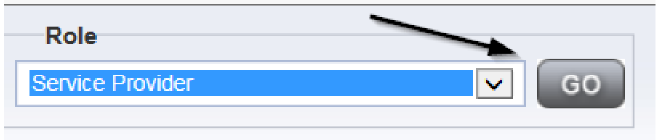
5. Repeat steps 3-4 until all additional documents have been added
6. When finished click **File > Save and Close Notes and**



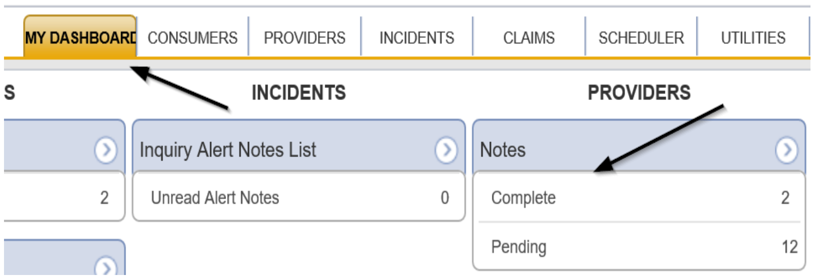
Sign MWSA

The Service Provider will print the updated MWSA (attached to the note with MWSA Renewal Notice 1) then sign, scan and save an electronic copy to their desktop. They will then attach it to a note back to the Specialist/Liaison.

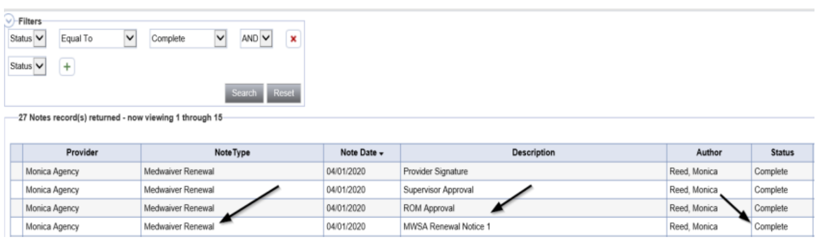
2. Set “Role” = *Service Provider or if applicable, Service Provider Admin - QA* then click **Go.**



2. Navigate to the **My Dashboard > Providers > Notes > Complete** and click the hyperlink for the Complete notes

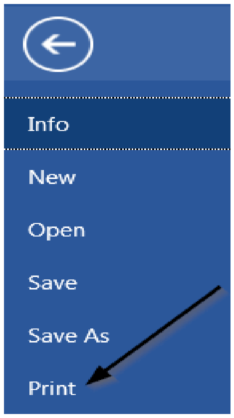


3. Select the **Note Type = Medwaiver Renewal and Description = MSWA Renewal Notice 1** and select the completed note via the hyperlink



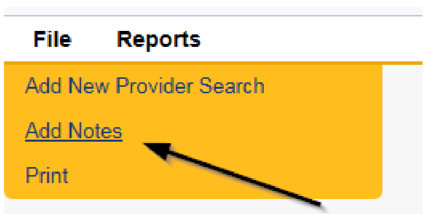
4. Click on the attachment for the Blank MWSA within the Medwaiver Renewal/MWSA Renewal Notice 1 note and then click **Open** on the pop-up message box.

5. Select **File > Print** within the Word Document

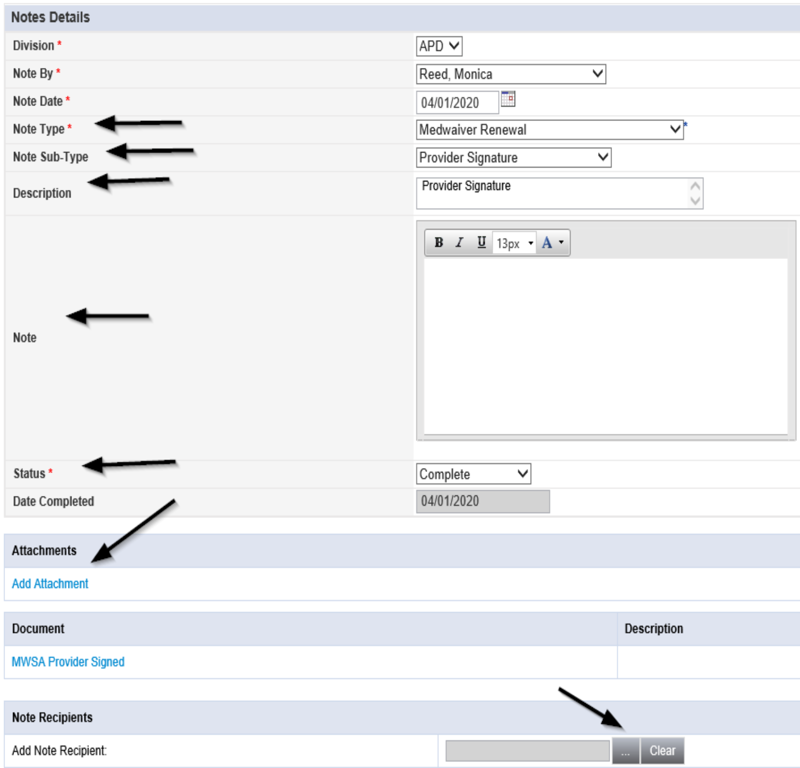


6. The Service Provider will sign the hard copy, scan and save it to their desktop and then attach it to a note back to the Specialist Liaison.

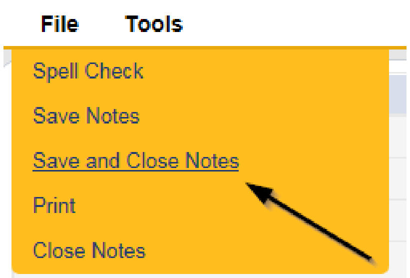
7. Click **File > Add Notes**



8. In the new Note record, update the following fields:
   j. "Division" = APD
   k. "Note Type" = Medwaiver Renewal
   l. "Note Subtype" = Provider Signature
   m. "Description" = Provider Signature
   n. "Note" = Enter notes
   o. "Status" = Complete
   p. Click "Add Attachment" and search for the copy of the signed MWSA on the user's computer. Click Upload
   q. Click the ellipsis on the "Add Note Recipient" to add the *Specialist/Liaison* as the Note Recipient
   r. Enter Last Name and Click Search in the pop-up browser window. Select the Name of the worker to attach them to the note



9. When finished click **File > Save and Close Notes**

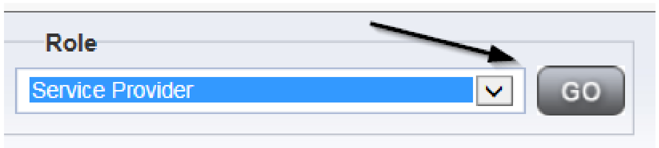


As Needed: Further Documentation Required / Revision Review

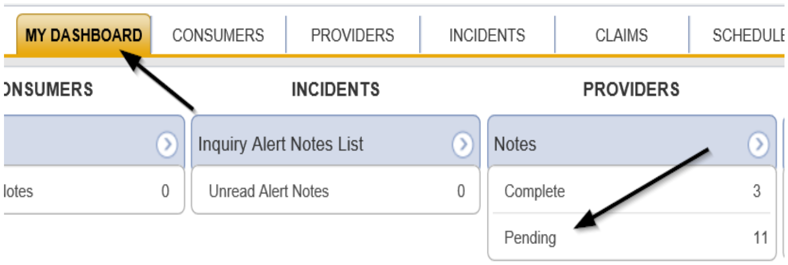
The Specialist/Liaison will create a note if the Medwaiver renewal request is incomplete and further documentation is required and send it to the Service Provider.

The Service Provider will provide any requested additional documentation and attach it to a note.

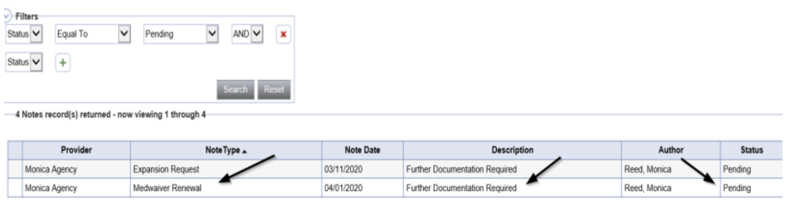
1. Set “Role” = Service Provider then click **Go**



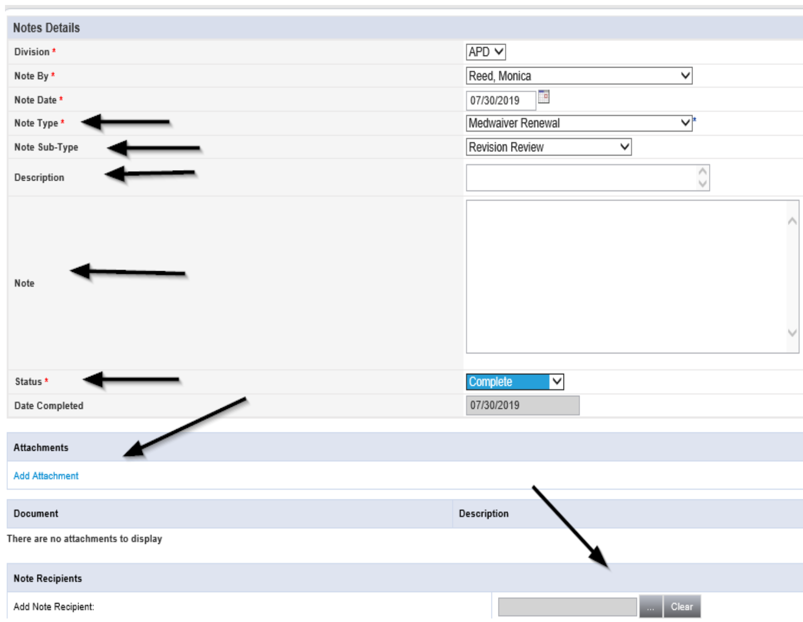
2. Navigate to the **My Dashboard > Providers > Notes > Pending** and click the hyperlink for the Pending notes



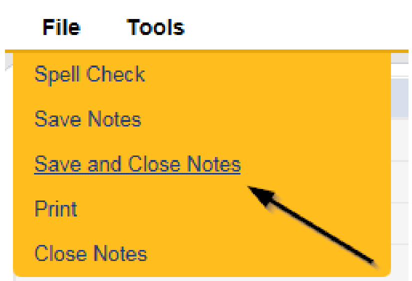
3. Select the **Note Type = Medwaiver Renewal and Description = Further Documentation Required** and select the record via the hyperlink



4. In the pending Note record, update the following fields:
    a. "Note Subtype" = *Update to Revision Review*
    b. "Description" = Revision Review
    c. "Note" = Enter notes
    d. "Status" = Complete
    e. Click "Add Attachment" and attach any requested supporting documentation. Click Upload
    f. Click the ellipsis on the "Add Note Recipient" to add the *Specialist/Liaison* as the Note Recipient
    g. Enter Last Name and Click Search in the pop-up browser window. Select the Name of the worker to attach them to the note



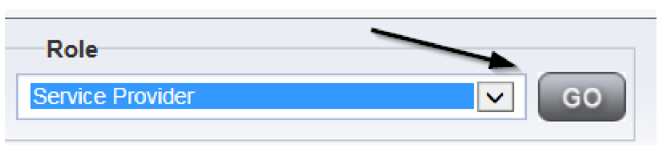
5. When finished click **File > Save and Close Notes**



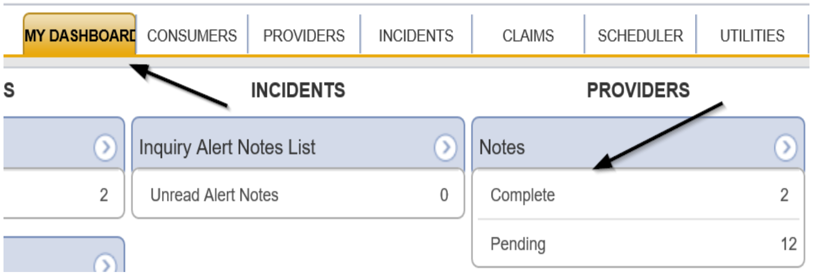
ROM Approval

Once the MWSA renewal is approved and the updated MWSA is signed by the ROM, the Specialist/Liaison will save the Provider/ROM signed MWSA to their desktop and then attach it to a note.

1. Set “Role” = *Service Provider or if applicable, Service Provider Admin - QA* then click **Go.**



2. Navigate to the **My Dashboard > Providers > Notes > Complete** and click the hyperlink for the Complete notes



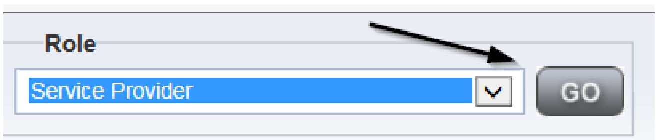
3. Select the **Note Type = Medwaiver Renewal and Description = ROM Approval** and select the completed note via the hyperlink

Provider ▲	NoteType	Note Date	Description	Author	Status
A TEST Provider	[illegible]	01/29/2018	[illegible]	[illegible]	Complete
A TEST Provider	[illegible]	03/22/2018	[illegible]	[illegible]	Complete
A TEST Provider	[illegible]	03/22/2018	[illegible]	[illegible]	Complete
A TEST Provider	[illegible]	10/29/2018		[illegible]	Complete
A TEST Provider	[illegible]	10/29/2018	[illegible]	[illegible]	Complete
A TEST Provider	[illegible]	10/29/2018		[illegible]	Complete
A TEST Provider	[illegible]	07/23/2019	[illegible]	[illegible]	Complete
A TEST Provider	Medwaiver Renewal	07/23/2019	ROM Approval	[illegible]	Complete

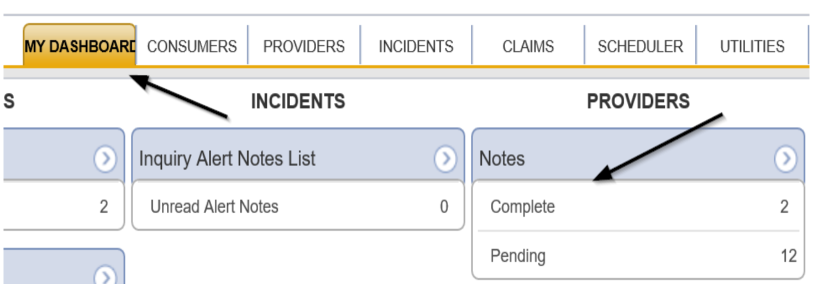
As Needed: Review Final Enrollment Letter

The Specialist/Liaison if applicable (in instances where there is a new Medicaid ID, a name change occurred or new services have been added, will also send a new note with the Final Enrollment Listing Letter to the Service Provider.

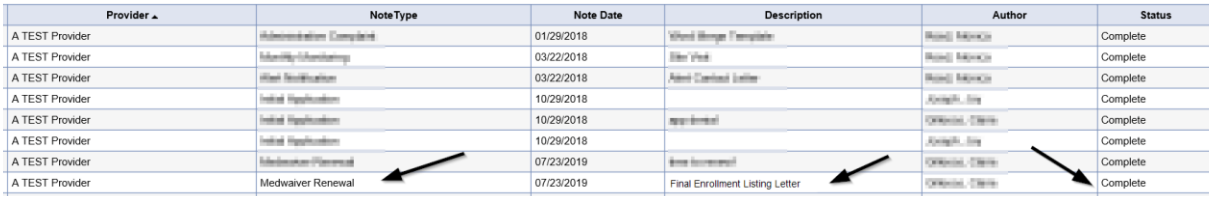
1. Set "Role" = *Service Provider or if applicable, Service Provider Admin - QA* then click **Go.**



2. Navigate to the **My Dashboard > Providers > Notes > Complete** and click the hyperlink for the Complete notes



3. Select the **Note Type = Medwaiver Renewal and Description = Final Enrollment Listing Letter** and select the completed note via the hyperlink

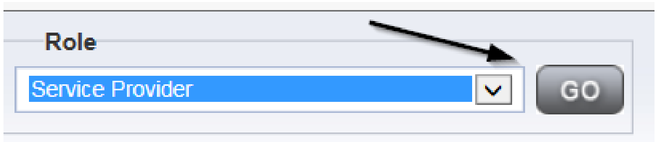


Provider	NoteType	Note Date	Description	Author	Status
A TEST Provider	[illegible]	01/29/2018	[illegible]	[illegible]	Complete
A TEST Provider	[illegible]	03/22/2018	[illegible]	[illegible]	Complete
A TEST Provider	[illegible]	03/22/2018	[illegible]	[illegible]	Complete
A TEST Provider	[illegible]	10/29/2018		[illegible]	Complete
A TEST Provider	[illegible]	10/29/2018	[illegible]	[illegible]	Complete
A TEST Provider	[illegible]	10/29/2018		[illegible]	Complete
A TEST Provider	[illegible]	07/23/2019	[illegible]	[illegible]	Complete
A TEST Provider	Medwaiver Renewal	07/23/2019	Final Enrollment Listing Letter	[illegible]	Complete

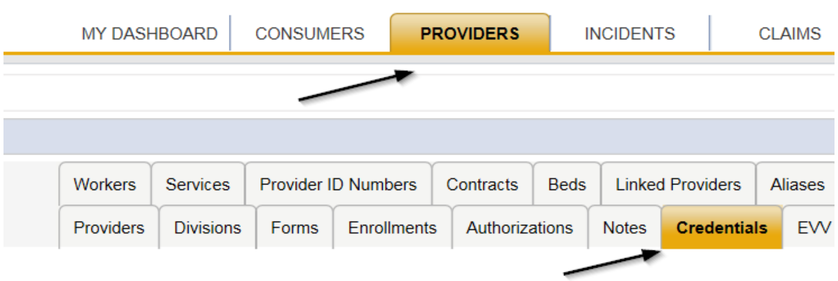
Updated Credentials

The Service Provider can check the Credentials tab of their provider record to confirm that their MWSA license record has been updated with the new effective and expiration dates.

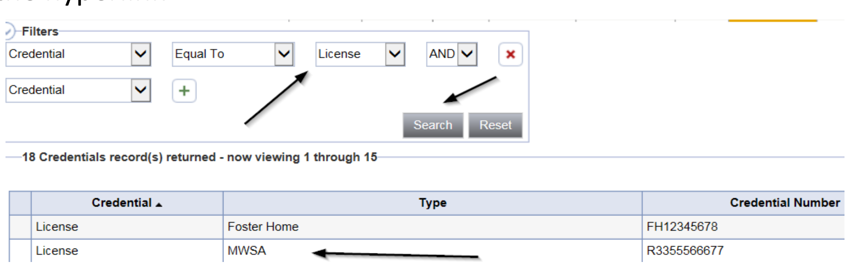
1. Set “Role” = *Service Provider or if applicable, Service Provider Admin - QA* then click **Go.**



1. Navigate to **Providers > Credentials** tab

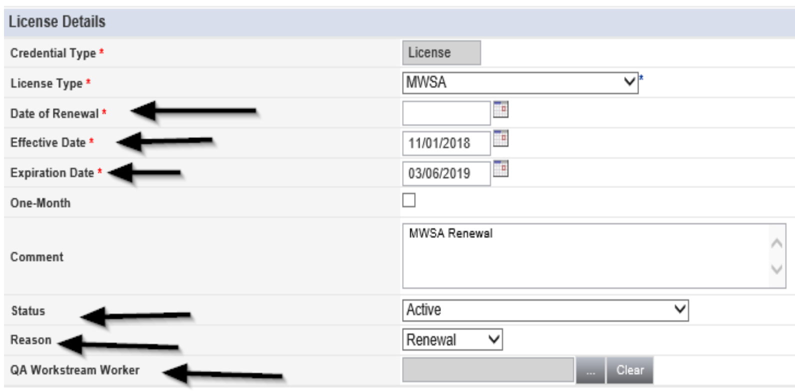


2. Select the Filter as Credential = **License** and click Search to select the MWSA record via the hyperlink

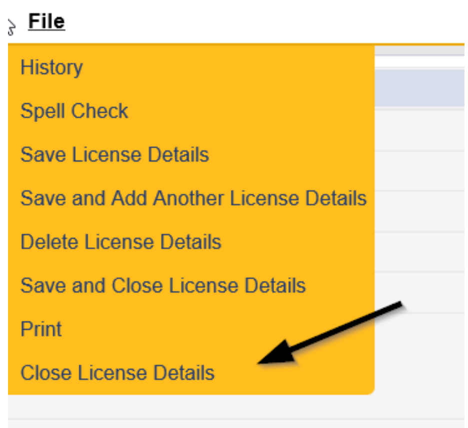


3. Review and confirm the following fields:

a. Date of Renewal =New Date of MWSA Renewal
b. Effective Date = New Effective Date
c. Expiration Date = New Expiration Date
d. Status = Active
e. Reason = Renewal
f. QA Workstream Worker = Specialist/Liaison



4. When finished, Click **File > Close License Details**



As Needed: MWSA Expires

If the Service Provider does not respond to any of the Renewal Notices or provide the requested documentation before the expiration date of the MWSA, the MWSA will expire. The Specialist/Liaison will notify the Waiver Workstream Lead, who will work with WSCs to and all authorizations and find alternate providers for impacted consumers. The provider record will be closed, and FMMIS will be notified. If the Service Provider wishes to provide services again, they will have to reapply.

Chapter 2 | QA- Other Remediation

Generate Non-QI Remediation Letter

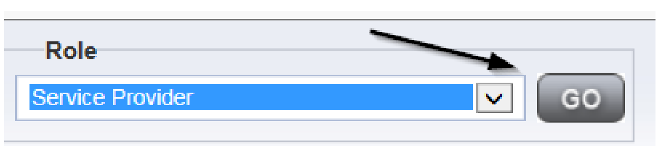
If an issue is identified during an APD Audit, AHCA Audit, Medicaid Program Integrity, Medicaid Fraud, Abuse/Neglect, Critical Incident Report, Reportable Incident Report, Medication Error, Complaint, CMS Survey or APD Inspector General Audit and the QA Workstream worker determines that a Plan of Remediation is necessary to resolve the issue, they will generate the remediation letter and create a CAP record.

The Service Provider will respond to the CAP record documenting their corrective action.

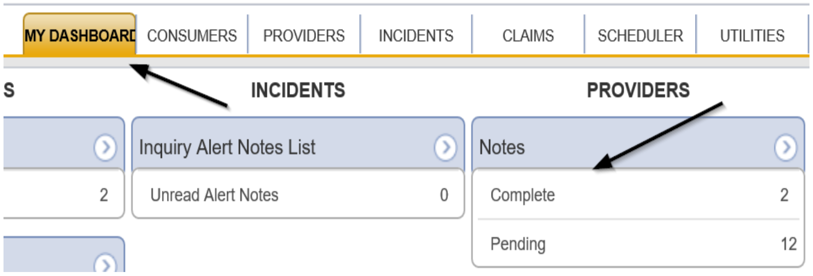
Update Item Detail

The Service Provider will receive a Non-QIO Remediation letter via a note on their My Dashboard. They will complete any remediation and then document it in the CAP record.

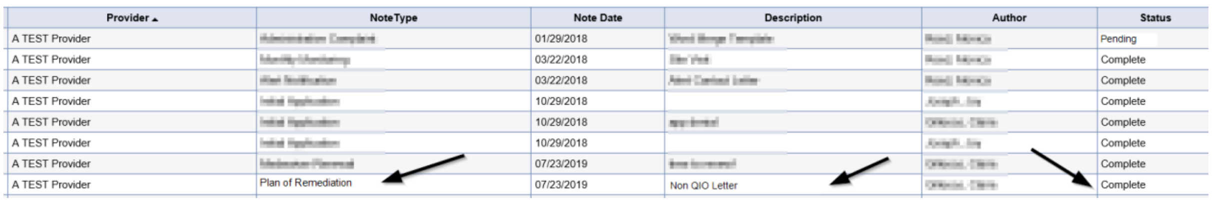
1. Set “Role” = *Service Provider or if applicable, Service Provider Admin - QA* then click **Go.**



2. Navigate to the **My Dashboard > Providers > Notes > Complete** and click the hyperlink for the Complete notes



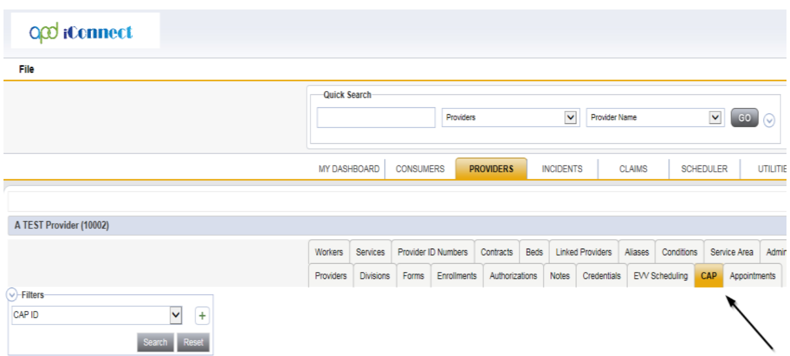
3. Select the **Note Type = Plan of Remediation and Description = Non QIO Letter** and select the completed note via the hyperlink



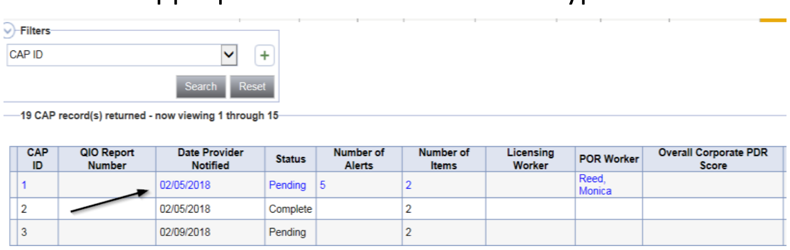
Provider	NoteType	Note Date	Description	Author	Status
A TEST Provider	[illegible]	01/29/2018	[illegible]	[illegible]	Pending
A TEST Provider	[illegible]	03/22/2018	[illegible]	[illegible]	Complete
A TEST Provider	[illegible]	03/22/2018	[illegible]	[illegible]	Complete
A TEST Provider	[illegible]	10/29/2018		[illegible]	Complete
A TEST Provider	[illegible]	10/29/2018	[illegible]	[illegible]	Complete
A TEST Provider	[illegible]	10/29/2018		[illegible]	Complete
A TEST Provider	[illegible]	07/23/2019	[illegible]	[illegible]	Complete
A TEST Provider	Plan of Remediation	07/23/2019	Non QIO Letter	[illegible]	Complete

4. Review the note and the letter to determine what remediation is needed

5. Navigate to the **Providers > CAP** tab

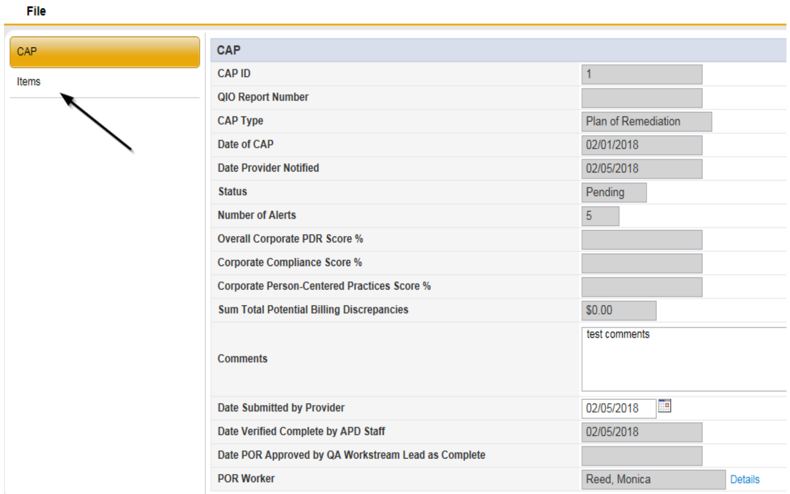


6. Select the appropriate CAP record via the hyperlink



CAP ID	QIO Report Number	Date Provider Notified	Status	Number of Alerts	Number of Items	Licensing Worker	POR Worker	Overall Corporate PDR Score
1		02/05/2018	Pending	5	2		Reed, Monica	
2		02/05/2018	Complete		2			
3		02/09/2018	Pending		2			

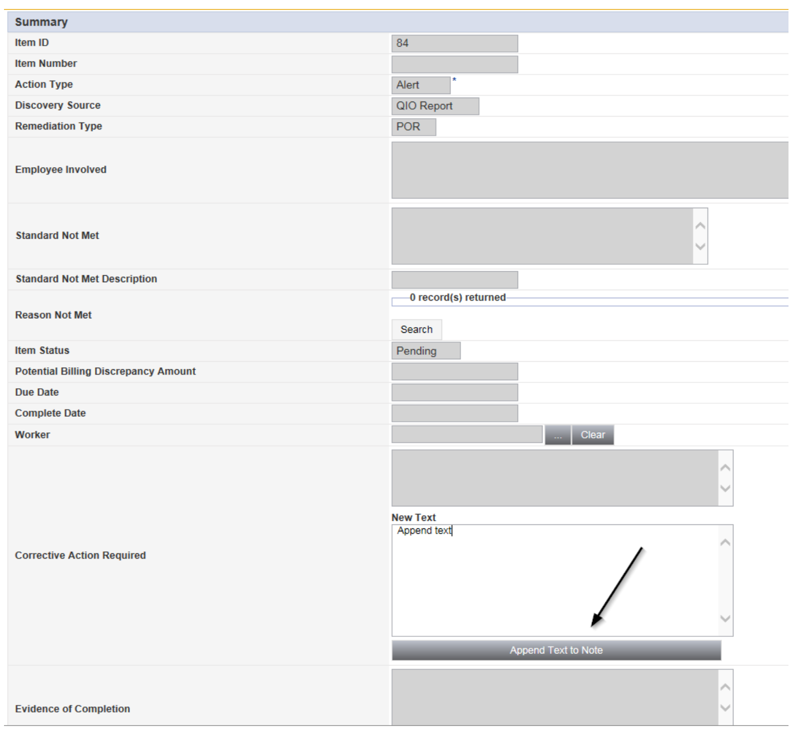
7. Click the Items link on the left-hand navigation menu



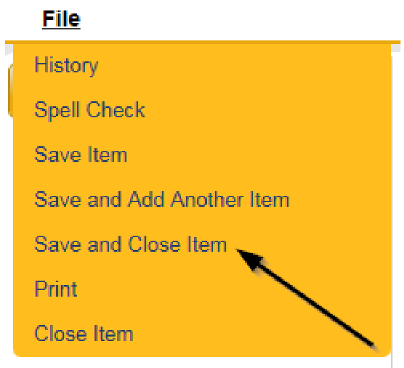
8. Select an Item via the hyperlink in the list view grid

Item Number	QIO Category	Remediation Type	Standard Not Met	Item Status	Due Date	Complete Date	Worker	Action Type
4455		POR	8.010 (3)	Pending	02/01/2018	02/05/2018	Buck, Jennifer	Regional QA
		Licensing	1	Pending			Reed, Monica	Licensing
	Rights	POR		Complete	10/10/2018	10/12/2018		Alert

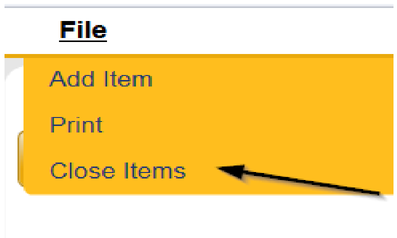
9. Enter the Corrective Action Required information and Click Append to Text to Note



10. When finished, Click **File > Save and Close Item**



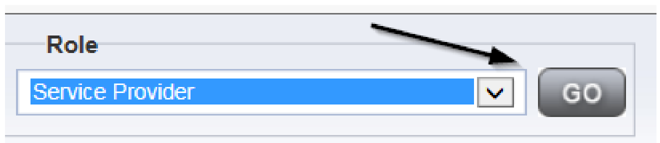
11. Click **File > Close Items**



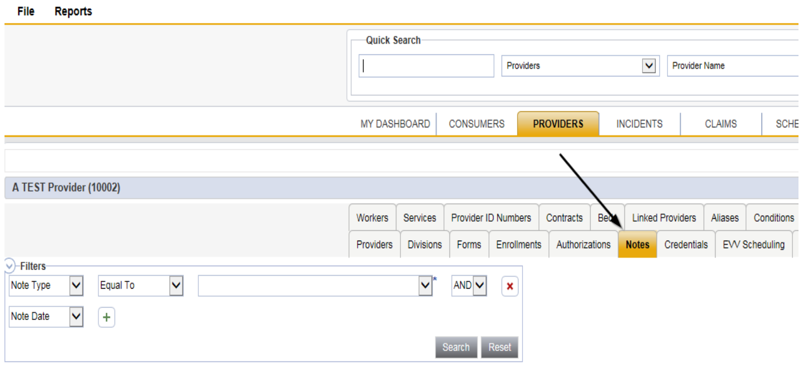
Supporting Documentation

The Service Provider will scan and save a copy of any supporting evidence to their desktop and attach it to a note. They will upload each document as a single attachment to a Note with the corresponding Subtype.

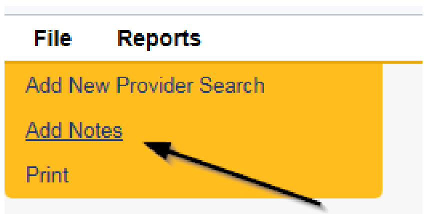
1. Set “Role” = Service Provider then click **Go**



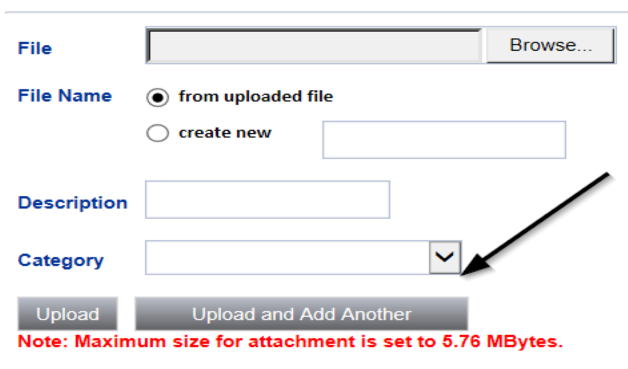
2. Navigate to the **Providers > Notes** tab



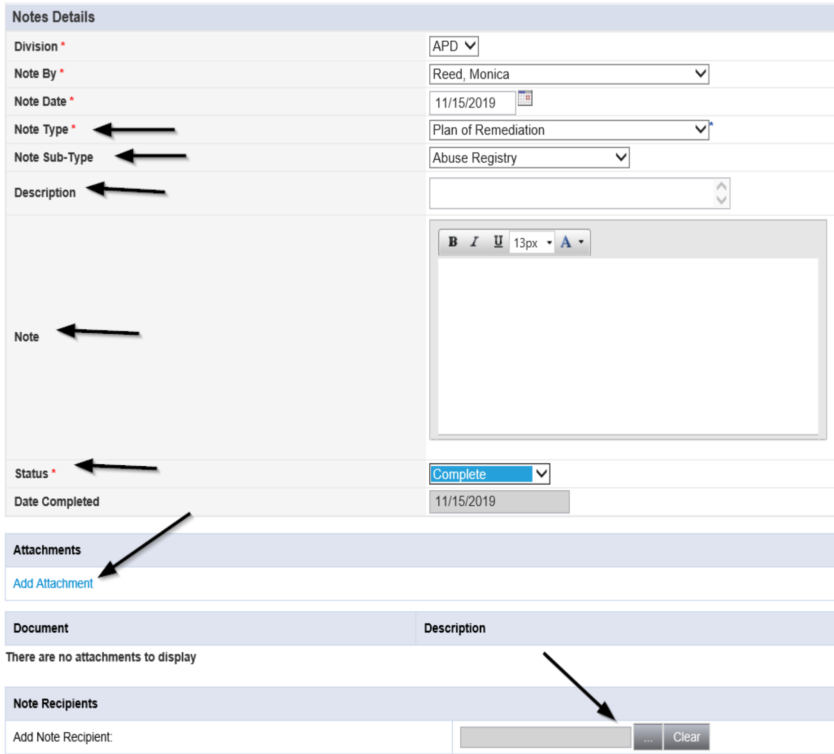
3. Click **File > Add Notes**



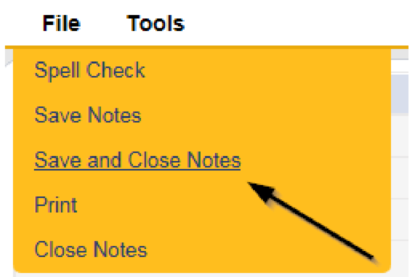
4. In the new Note record, update the following fields:
   a. Division" = APD
   b. "Note Type" = Plan of Remediation
   c. "Note Subtype" = Supporting Documentation
   d. "Description" = Enter description
   e. "Append Text to Note" = Enter notes
   f. "Status" = Pending
   g. Click "Add Attachment" and search for the copy of the supporting documentation on the user's computer. Click Upload and Add Another until finished



   h. Click the ellipsis on the "Add Note Recipient" to add the *QA Workstream Worker* as the Note Recipient
   i. Enter Last Name and Click Search in the pop-up browser window. Select the Name of the worker to attach them to the note



5. When finished click **File > Save and Close Notes**



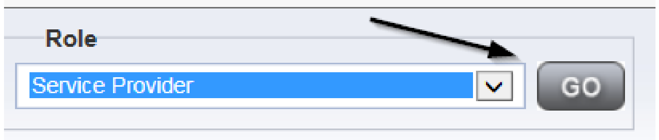
As Needed: Further Evidence Required

If the QA Workstream Worker determines that not all POR components are complete and further evidence is required, they will create a note in pending status and may call or visit the Service Provider.

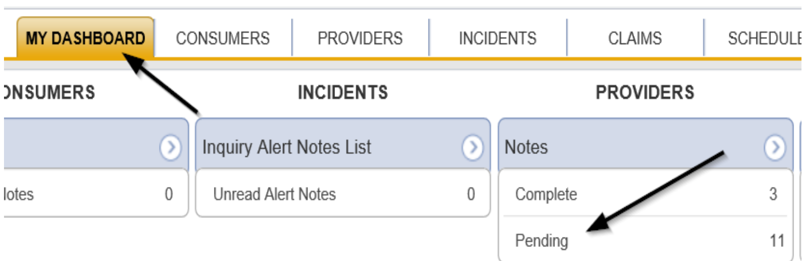
As Needed: Further Evidence Provided

The Service Provider will scan and save a copy of any requested further documentation to their desktop and attach it to the pending note. They will upload each document as an attachment to the pending note.

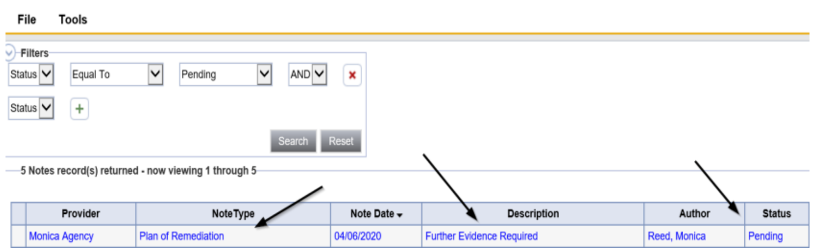
1. Set “Role” = Service Provider then click **Go**



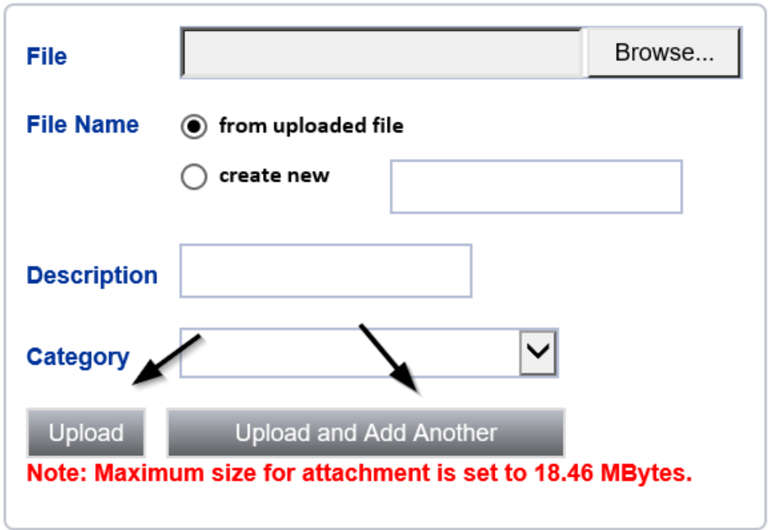
2. Navigate to the **My Dashboard > Providers > Notes > Pending** and click the hyperlink for the Pending notes



3. Select the **Note Type = Plan of Remediation and Description = Further Evidence Required** and select the record via the hyperlink

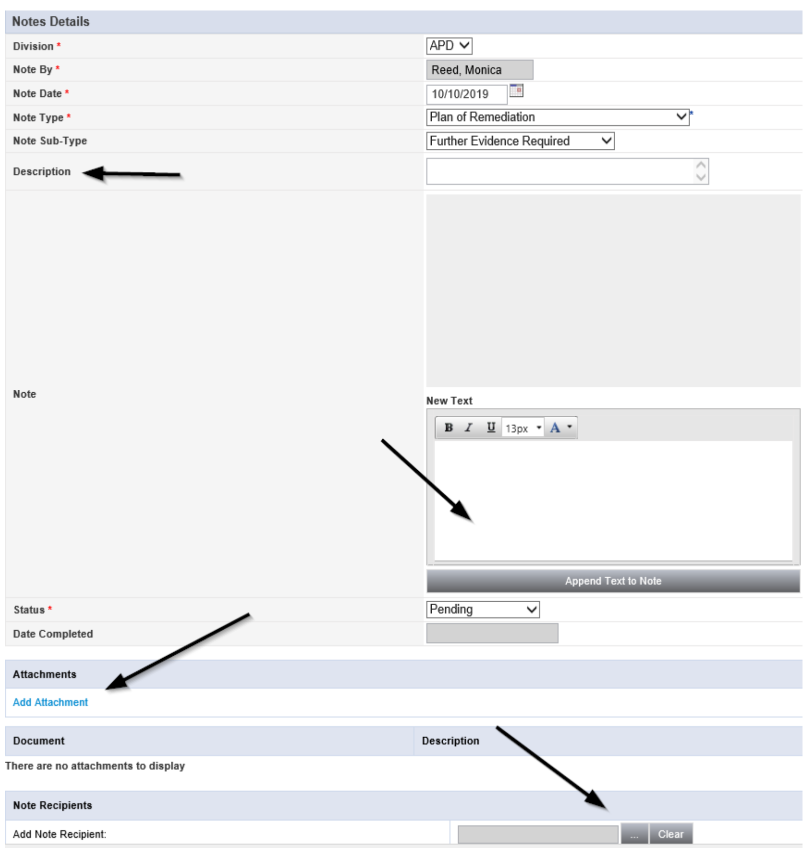


4. In the pending Note record, update the following fields:
   a. "Click Append Text to Note" = Enter notes
   b. "Status" = *Leave as Pending until all attachments are added then update to Complete*
   c. Click "Add Attachment" and search for the copy of the further evidence on the user's computer. Click Upload *OR* if multiple documents need to be added then select Upload and Add Attachment. Continue to click Upload and Add Attachment until all required evidence is attached

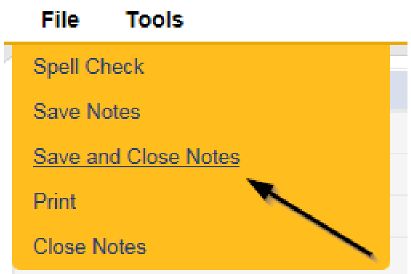


e. Click the ellipsis on the "Add Note Recipient" to add the *QA Workstream Worker* as the Note Recipient

f. Enter Last Name and Click Search in the pop-up browser window. Select the Name of the worker to attach them to the note



5. When finished click **File > Save and Close Notes**



As Needed: Visit Provider

The QA Workstream Worker may decide to visit the Service Provider to discuss the incomplete items. If a visit is made, the QA Workstream Worker can document the visit specifics in a note in complete status that will appear on the Service Provider's My Dashboard. **Note Type = Plan of Remediation, Subtype = Visit to Provider, Description = Visit to Provider.**

CAP Accepted

If the CAP submitted by the Service Provider, the Region QA Workstream Lead will update the pending note with Final Review Approval. The Service Provider will receive this completed note on their My Dashboard.

Additionally the QA Workstream Worker will update the CAP Items as complete, and then update the CAP record to Complete, closing out this instance of remediation.

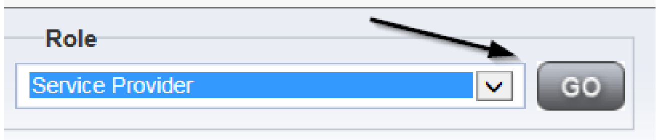
As Needed: CAP Rejected Note

If the decision is made to reject the CAP, the Service Provider will be notified via a pending note.

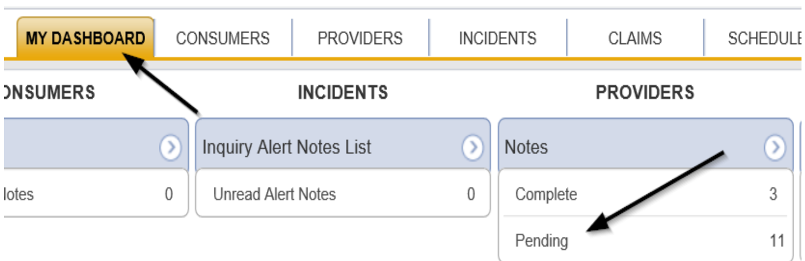
As Needed: CAP Revision Note

The Service Provider will scan and save a copy of the supporting documentation to their desktop for the requested information and attach it to the pending CAP Rejected note.

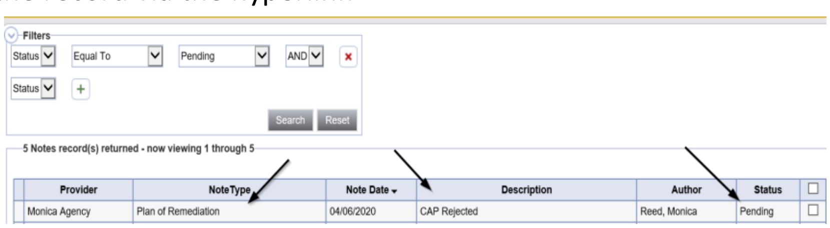
1. Set “Role” = Service Provider then click **Go**



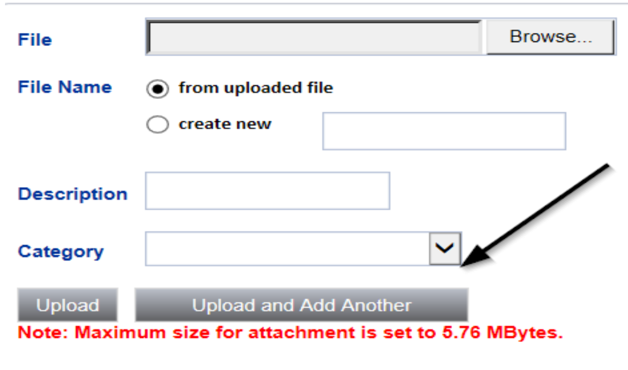
2. Navigate to the **My Dashboard > Providers > Notes > Pending** and click the hyperlink for the Pending notes



3. Select the **Note Type = Plan of Remediation and Description = CAP Rejected** and select the record via the hyperlink

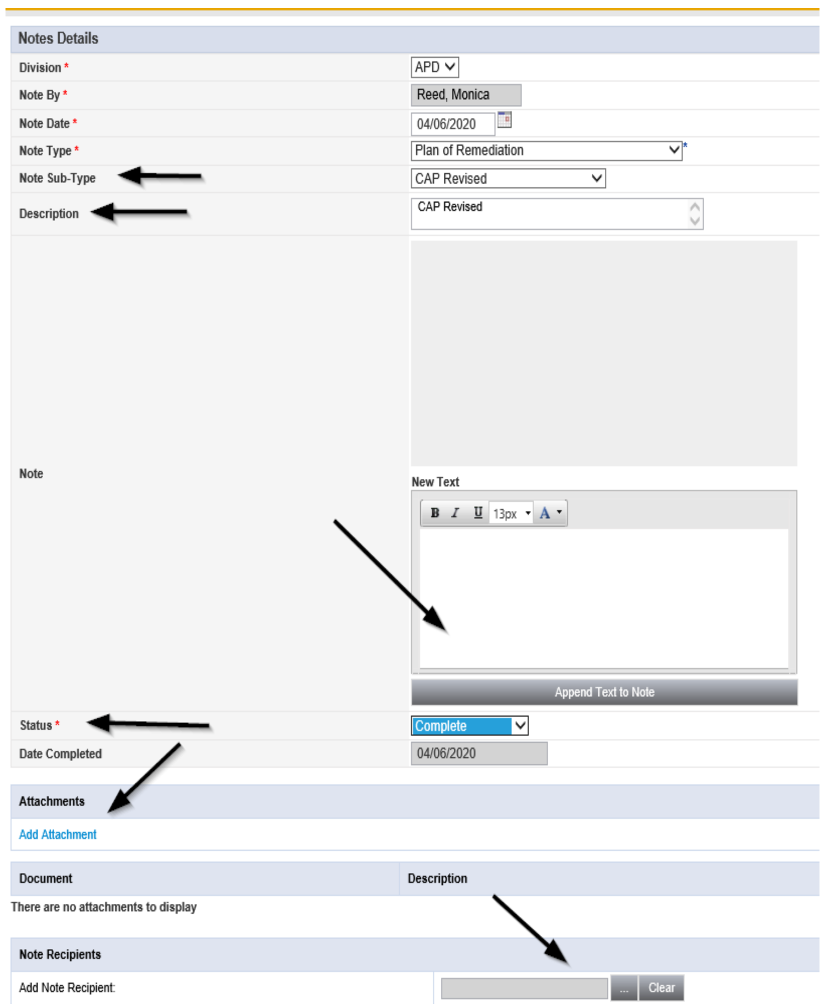


4. In the pending Note record, update the following fields:
    a. Note Subtype" = *Update to CAP Revised*
    b. "Description" = Update to CAP Revised
    c. "Append Text to Notes" = Enter notes
    d. "Status" = Pending until all attachments are added then update to Complete
    e. Click "Add Attachment" and search for the copy of the documentation on the user's computer. Click Upload and Add Another until finished

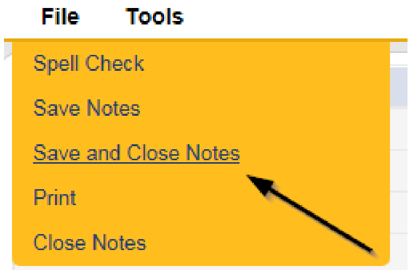


f. Click the ellipsis on the "Add Note Recipient" to add the *QA Workstream Worker* as the Note Recipient

g. Enter Last Name and Click Search in the pop-up browser window. Select the Name of the worker to attach them to the note



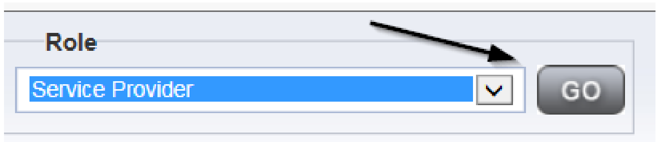
5. When finished click **File > Save and Close Notes**



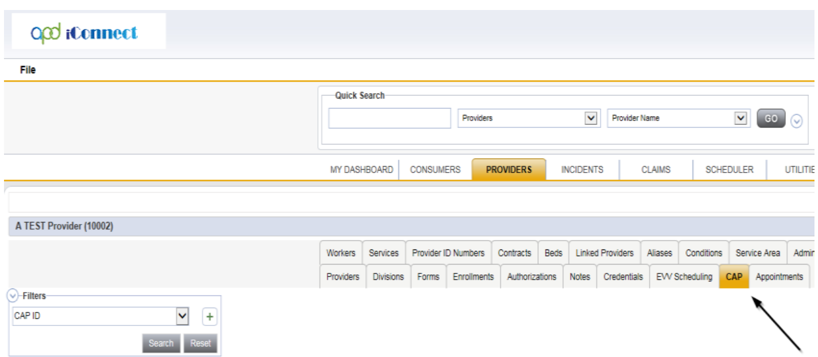
As Needed: CAP Record Revision

The Service Provider will review the CAP Rejected Note and make the necessary revisions to the CAP record if applicable.

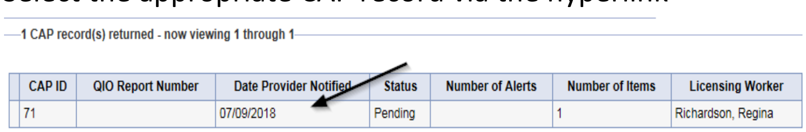
1. Set "Role" = Service Provider then click **Go**



2. Navigate to the **Providers > CAP** tab

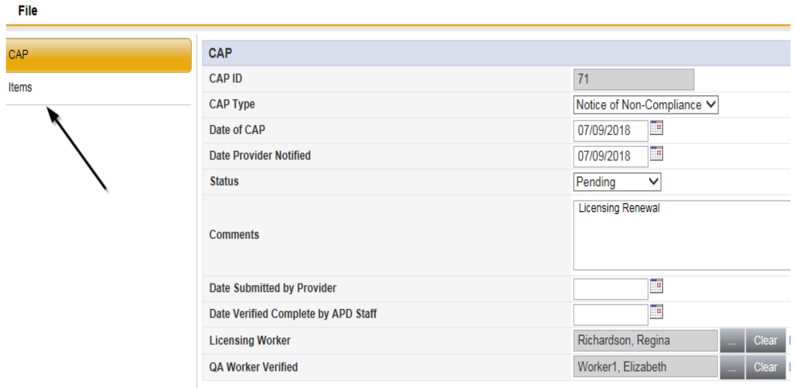


3. Select the appropriate CAP record via the hyperlink

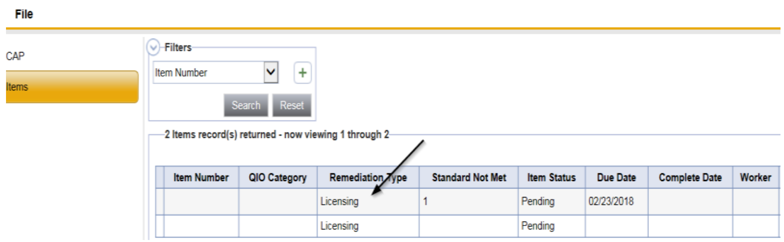

1 CAP record(s) returned - now viewing 1 through 1

CAP ID	QIO Report Number	Date Provider Notified	Status	Number of Alerts	Number of Items	Licensing Worker
71		07/09/2018	Pending		1	Richardson, Regina

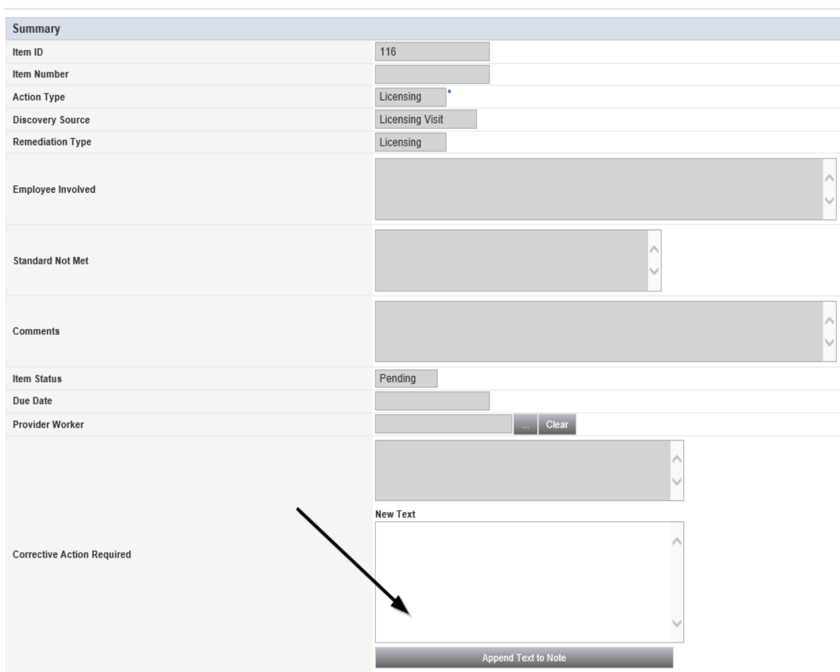
4. Click the Items link on the left-hand navigation menu



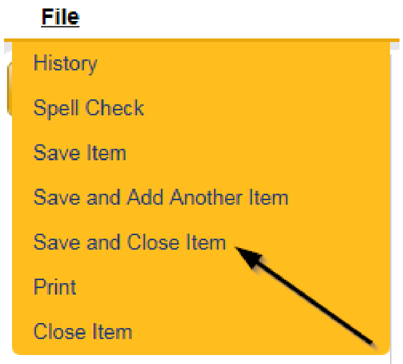
5. Select an Item via the hyperlink in the list view grid



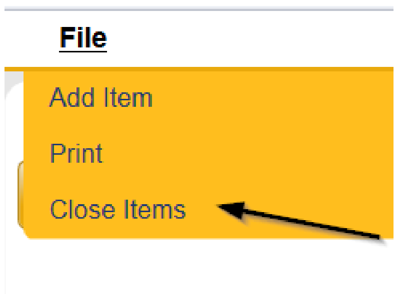
6. Enter the Corrective Action Required information and Click Append to Text to Note



7. When finished, Click **File > Save and Close Item**



8. Click **File > Close Items**



As Needed: CAP Missed Target Dates

If after reviewing the Corrective Action Plan, the QA Workstream Worker identifies that the CAP target dates have been missed, they will notify the Service Provider via a note. The Service Provider will then have an additional 10 days to resubmit an amended CAP.

The Service Provider will need to proceed to CAP Revision and update the CAP record after reviewing the CAP Missed Target Dates note.

As Needed: Call to Provider

The QA Workstream Worker may decide to call the Service Provider to discuss the incomplete items. If a call is placed, the QA Workstream Worker can document the call specifics in a note: **Note Type = Plan of Remediation, Subtype = Call to Provider, Description = Call to Provider.**

As Needed: Not Complete

The QA Workstream Worker will add a note if the Provider does not complete the Plan of Remediation and the 90-day clock has expired. The QA Workstream Lead will be notified via this note. The note will be available for review by the ROM and State Office.

Chapter 3 | Complaints

Introduction

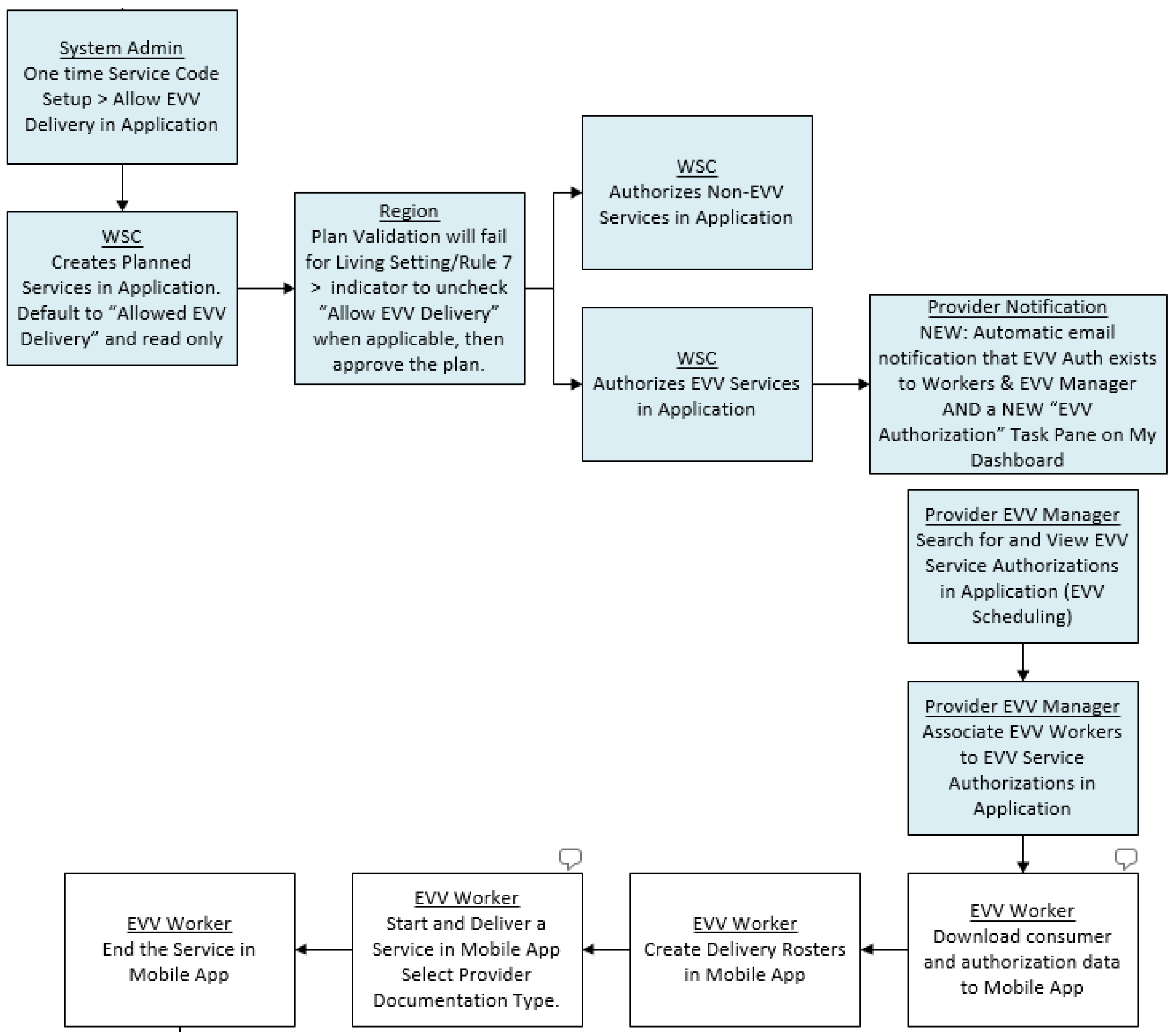
Provider complaints are generally received about a Service Provider via phone call or email and after review may generate a complaint letter. There may be violations or "fault" noted in the Provider Complaint or the complaint may be considered "no-fault." In the event the complaint indicates a violation or fault, the QA Workstream Worker will initiate a CAP record and notify the Service Provider via note.

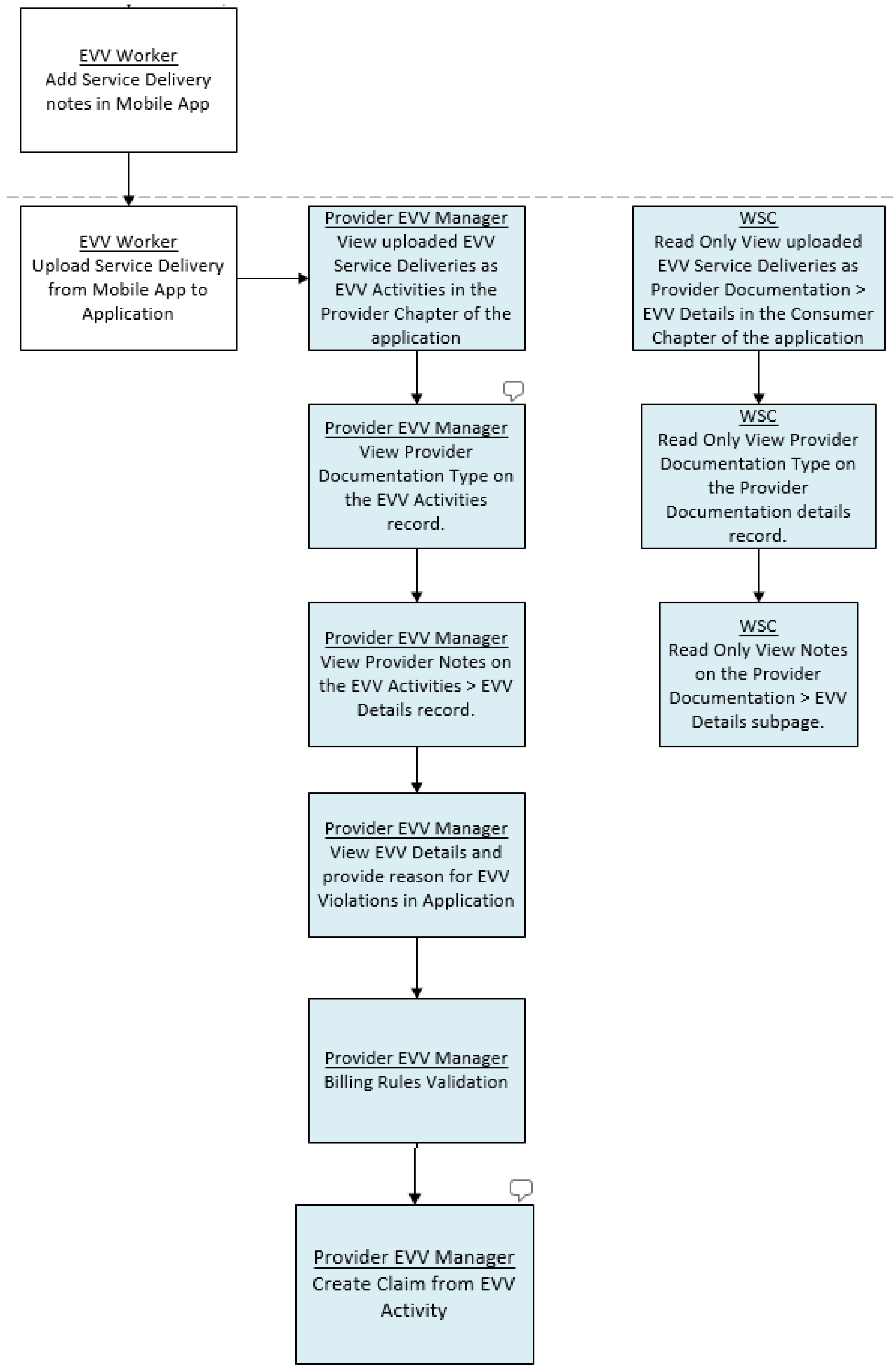
As Needed: Add CAP Record for Violations or Fault

A CAP record will be created ONLY for complaints that include violations or fault and the Provider will be notified via a note. This applies only when a Plan of Remediation (proceed to Chapter 2) is the recommended action.

Chapter 4 | Electronic Visit Verification (EVV)

Provider EVV Managers will assign EVV workers to deliver EVV services to specific consumers. The EVV worker will use the Mobile Site to record each service delivery. The start date, time, and GPS location will be recorded at the start and stop of each delivery. Completed deliveries will be uploaded to the iConnect application where they will be recorded as EVV Activities. Provider EVV Managers will review the uploaded Activities, and where appropriate, justify any violations before submitting the claim which will be processed in the normal manner.




EVV Worker
Add Service Delivery notes in Mobile App
EVV Worker
Upload Service Delivery from Mobile App to Application
Provider EVV Manager
View uploaded EVV Service Deliveries as EVV Activities in the Provider Chapter of the application
WSC
Read Only View uploaded EVV Service Deliveries as Provider Documentation > EVV Details in the Consumer Chapter of the application
Provider EVV Manager
View Provider Documentation Type on the EVV Activities record.
WSC
Read Only View Provider Documentation Type on the Provider Documentation details record.
Provider EVV Manager
View Provider Notes on the EVV Activities > EVV Details record.
WSC
Read Only View Notes on the Provider Documentation > EVV Details subpage.
Provider EVV Manager
View EVV Details and provide reason for EVV Violations in Application
Provider EVV Manager
Billing Rules Validation
Provider EVV Manager
Create Claim from EVV Activity

Users

Users typically include a program supervisor and their staff at the state/agency, a Provider EVV Manager, and a user that reviews EVV Activities and bills them.

1. State users ("APD")
    - State users primarily interact with EVV-specific functionality in the context of granting exceptions to EVV service deliveries that violate pre-determined criteria (e.g., activity was delivered in an unapproved location) and during QA/QIO activities.
2. Provider EVV Managers ("Providers")
    - Provider staff work within iConnect and are responsible for
        - Scheduling and/or assigning their EVV workers to deliver EVV services to their consumers
        - Reviewing uploaded/delivered EVV services
        - Justifying/explaining services that violate pre-determined criteria
        - Submitting EVV services that do not have violations (or have justified violations) for payment (convert to claims)
    - Some providers may opt to split these responsibilities among several of their staff
3. Provider EVV Workers ("Workers")
    - EVV workers are the individual workers at each provider organization that are responsible for going to the consumer's home and rendering the service. They work exclusively in the Mobile Site and are responsible for:
        - Starting a service delivery
        - Delivering a service
        - Ending the service delivery
        - Adding delivery notes
        - Uploading the completed service delivery to Harmony

EVV Validation Rules

Standard EVV Validation Rules, includes Violations and Billing Rules. Any Violation rules that fail will display in the EVV Details page. Billing rules that fail are visible on Billing Issue report that can be executed from the EVV Activities List, EVV Activities Details page and in the Consumer Activity Details page.

Violations Rules

Rule Name: **Allow EVV Delivery**

Rule Number: 1

Violation Type/Subtype: EVV Service/Not an EVV Service

Failed Rule Description: This service cannot be delivered via EVV. This may be because the service cannot ever be delivered via EVV, the rendering provider is not authorized to deliver the service via EVV, or the consumer is not authorized to receive the service via EVV.

Note: If this service is an EVV service, and the rendering provider is authorized to deliver EVV services, notify the iConnect Support Desk.

Rule Name: **Manual Entry Requires Justification**

Rule Number: 2

Violation Type/Subtype: EVV/Manual Entry

Failed Rule Description: The service delivery was not recorded using the Mobile Site.

Rule Name: **Service Requires Note**

Rule Number: 3

Violation Type/Subtype: Note Required/Service

Failed Rule Description: This service requires a delivery note.

Note: Within the EVV Mobile Site a warning message will display on the Current Deliveries list informing the user that a note is required for the service.

Rule Name: **Other Location Requires Note**

Rule Number: 4

Violation Type/Subtype: Note Required/Other Location

Failed Rule Description: Non-approved delivery locations require a note.

Rule Name: **Enforce Geolocation – No GPS**

Rule Number: 5

Violation Type/Subtype: Geolocation/Missing GPS

Failed Rule Description: GPS coordinates could not be obtained for address at which the service delivery was started and/or ended.

Rule Name: **Enforce Geolocation – Start**

Rule Number: 6

Violation Type/Subtype: Geolocation/Start Address

Failed Rule Description: The address at which the service delivery was started was too far away from the stated delivery address.

Rule Name: **Enforce Geolocation – Start Address is Blank**

Rule Number 6a
Violation Type/Subtype: Geolocation/Start Address
Failed Rule Description: The address at which the service delivery is blank.

Rule Name: **Enforce Geolocation – End**
Rule Number: 7
Violation Type/Subtype: Geolocation/End Address
Failed Rule Description: The address at which the service delivery was ended was too far away from the stated delivery address.

Rule Name: **Enforce Geolocation – End Address is blank**
Rule Number: 7a
Violation Type/Subtype: Geolocation/End Address
Failed Rule Description: The address at which the service delivery was ended is blank.

<u>Billing Rules</u>

Rule Name: **Primary Diagnosis Required**

Rule Number: 8

Failed Rule Description: A primary diagnosis is required to bill.

Rule Name: **Place of Service Required**

Rule Number: 9

Failed Rule Description: A place of service is required to bill.

Rule Name: **Consumer Gender Required**

Rule Number: 10

Failed Rule Description: The consumer must have a gender in order to bill.

Rule Name: **Consumer DOB Required**

Rule Number: 11

Failed Rule Description: The consumer must have a DOB and the DOB must not be in the future in order to bill.

Rule Name: **Consumer Address Required**

Rule Number: 12

Failed Rule Description: The consumer must have a complete address (street, city, state, zip code) in order to bill.

Rule Name: **Consumer Medicaid ID Required**

Rule Number: 13

Failed Rule Description: The consumer must have a Medicaid ID in order to bill. If the consumer does not have/need a Medicaid ID to receive the service, a placeholder/dummy value will still need to be populated. Consult your system administrator or program manager for the appropriate value to use.

Rule Name: **Provider Phone Required**

Rule Number: 14

Failed Rule Description: The provider must have a phone number in order to bill.

Rule Name: **Provider Mailing Address Required**

Rule Number: 15

Failed Rule Description: The provider must have a mailing address in order to bill.

Rule Name: **Provider EIN Required**

Rule Number: 16

Failed Rule Description: The provider must have an EIN / Tax ID in order to bill.

Rule Name: **Provider NPI Required**

Rule Number: 17

Failed Rule Description: The provide must have an NPI in the Provider > Edit Provider > NPI field in order to bill. If the provider does not have/need an NPI to deliver the service, you will still need to put a populate the field. Consult your system administrator or program manager for the appropriate value to use.

Rule Name: **Unresolved Violations**

Rule Number: 18

Failed Rule Description: Unresolved violations are associated with this service prevent this service from being Billed.

Rule Name: **Missing Submittal Folder**

Rule Number: 19

Failed Rule Description: The application is not currently configured to process claims. Please ask your system or program administrator to contact Customer Support.

Rule Name: **Missing Sender ID for Rendering Provider**

Rule Number: 20

Failed Rule Description: The rendering provider on the activity is not configured to submit claims. Please contact your system or program administrator and ask them to setup a Sender ID in the provider's Provider ID Numbers tab.

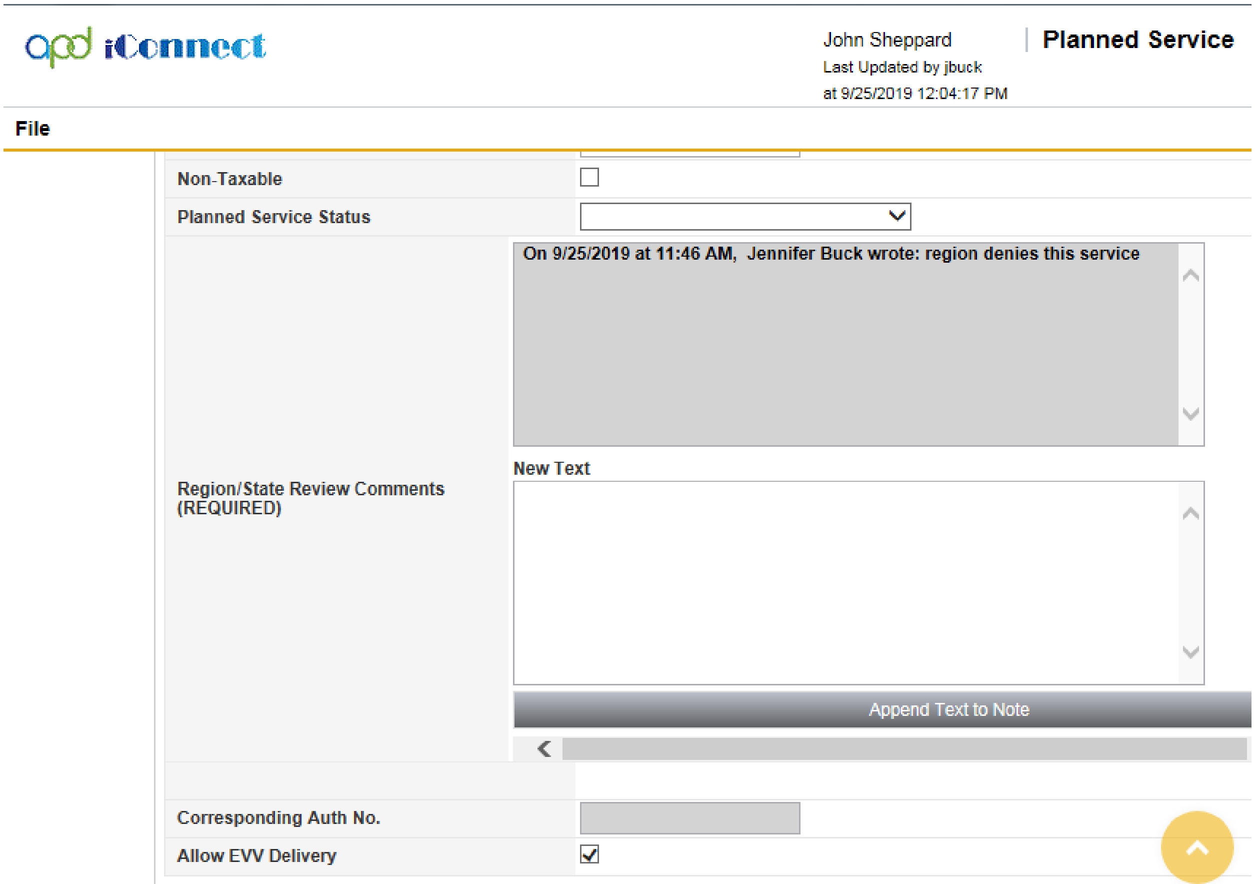
Rule Name: **No Issues - Set Activity to Billable**

Rule Number: 100

Rule Description: If all rules are passed, then the "EVV Billable?" will be set to "Yes" TRUE/checked) so that the user can convert the activity to a claim.

Authorize EVV Services (APD iConnect Application)

1. WSC's work with consumers to plan and authorize services that can meet the consumer's needs using the planned services, plan validation and authorization functionality in iConnect. This content is covered in the Case Management Training Manual.
2. If a service requires EVV delivery per APD business rules and CMS requirements, the Allow EVV Delivery field will be visible and checked on the Planned Services page. After the plan is approved and passes validation, the authorization is created and will be visible in the Consumer > Auths and Provider > EVV Activities tabs.

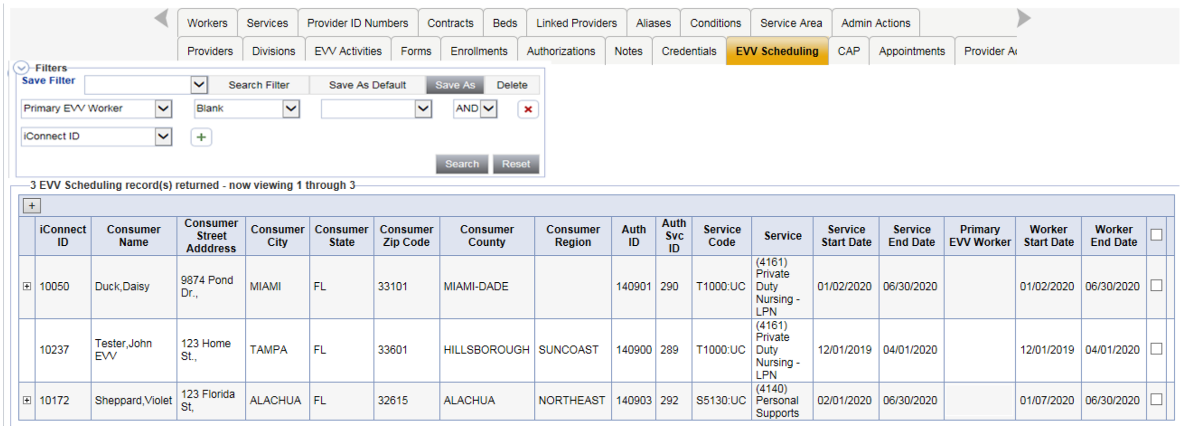


3. Regional staff will have permissions to uncheck the Allow EVV Delivery field, to force a service delivery to be delivered via traditional means rather than EVV for certain living settings.

Searching for and Viewing EVV Service Authorizations (Service Provider record in the APD iConnect Application)

The provider will have select staff that are responsible for managing the scheduling of EVV services for their organization. The EVV Scheduling tab presents a view of all consumers with an authorized EVV service. The user must also be a worker for the authorized provider to see any records on this tab. The user can use filters to quickly find and see individual or groups of consumers that meet specified criteria and can assign/reassign EVV workers to authorizations.

1. Navigate to the Provider record and click on the EVV Scheduling tab.
2. Specify one or more parameters in the Search filter section at the top of the grid. A likely filter will be Primary EVV Worker Equal to Blank.
3. Click “Search” to apply the filters. The screen will refresh to show only those EVV authorizations that meet the search criteria.



Save a Search Filter:

a. The user should save his/her search filters as default so each time he/she views the EVV Scheduling tab, the default filters will be in place and will not have to be set each time.

b. Once the Search filters are selected and the search executed, select Save As.

c. Enter a Name of the Search Filter and check Set as Default to set this as the default search filter for the user's EVV Activities tab. Leave this unchecked if this should be a saved search filter but NOT the default search filter. Click Save.

d. The next time the EVV Scheduling tab is opened, the default search filters will be in place and the user just has to select "Search"

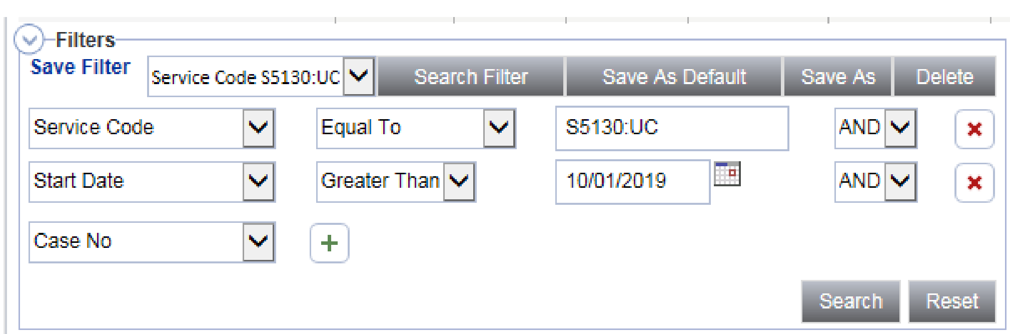
Edit a Saved Search Filter:

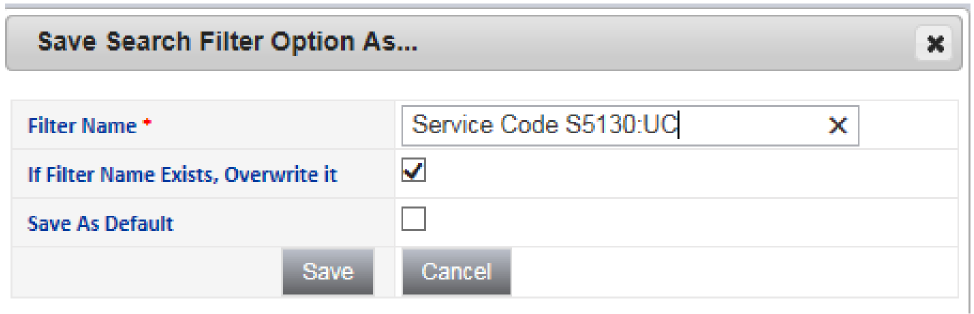
a. The user can made changes to a previously saved Search filter. Select the Name of the saved search filter from the dropdown that needs to be changed.

b. Make the changes and then select Save As.

c. You can save the edited filter with a new name or enter the same name as the original saved filter and make sure the "If Filter Name Exists, Overwrite it" is checked.

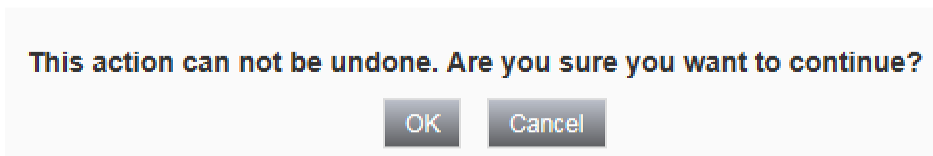
d. Click Save.





Delete a Saved Search Filter:

a. The user can delete a previously saved Search filter. Select the Name of the saved search filter from the dropdown that needs to be deleted. Select the Delete tab. Click OK to the Notification window. The search filter is deleted.



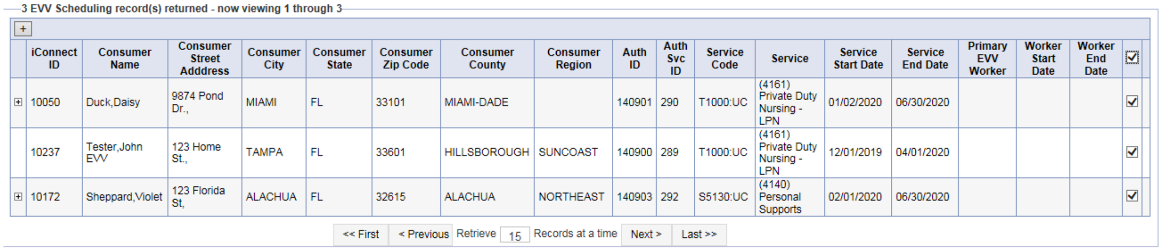
b. Click on an authorization from the search results grid.

c. The authorization will open in read-only mode. It is not possible to edit an authorization when it is opened from the EVV Scheduling tab.

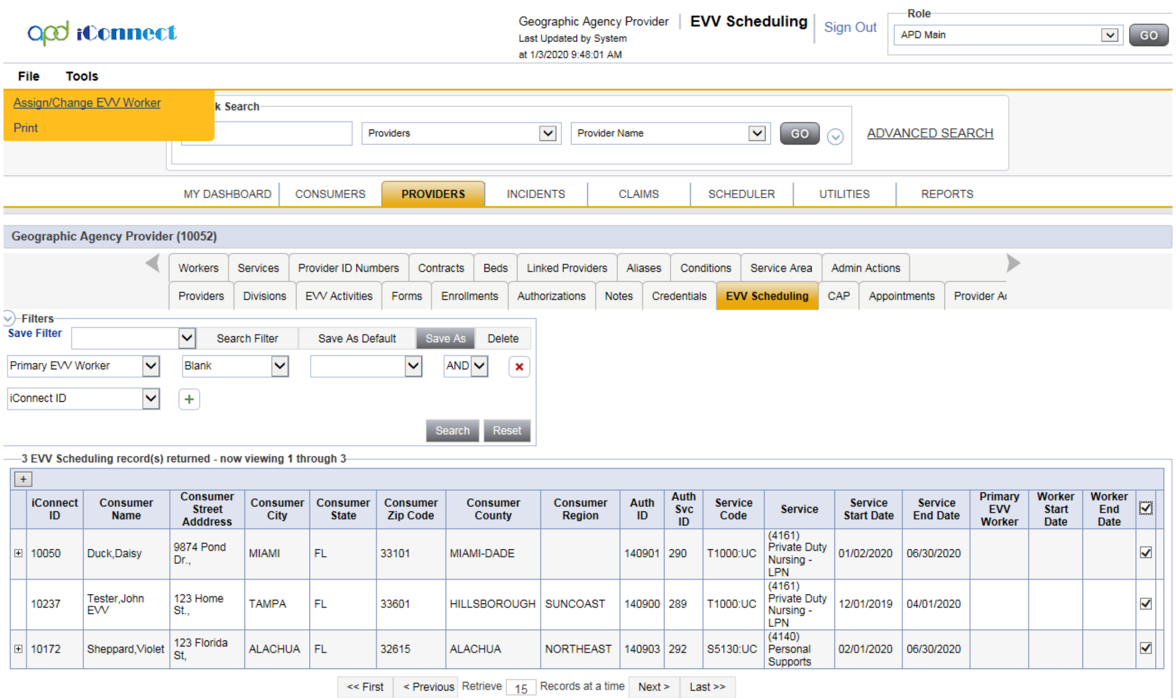
Assign/Unassign EVV workers to EVV service authorizations (APD iConnect Application)

Users will authorize EVV services in the normal manner, using the existing planned services > plan validation > authorization functionality. Typically, each EVV authorized service will be assigned a primary and backup worker to limit the number of individuals that can see the consumer and the services they're receiving but doesn't require a supervisor to continually update assignments when primary workers are on vacation or otherwise need coverage by a peer. Provider EVV Managers can associate their EVV workers, who are the individuals that will render the services to consumers, to EVV service authorizations from the EVV Scheduling tab. Assigning an EVV Worker from the EVV Scheduling tab controls which consumers are visible to the workers in the Mobile Site.

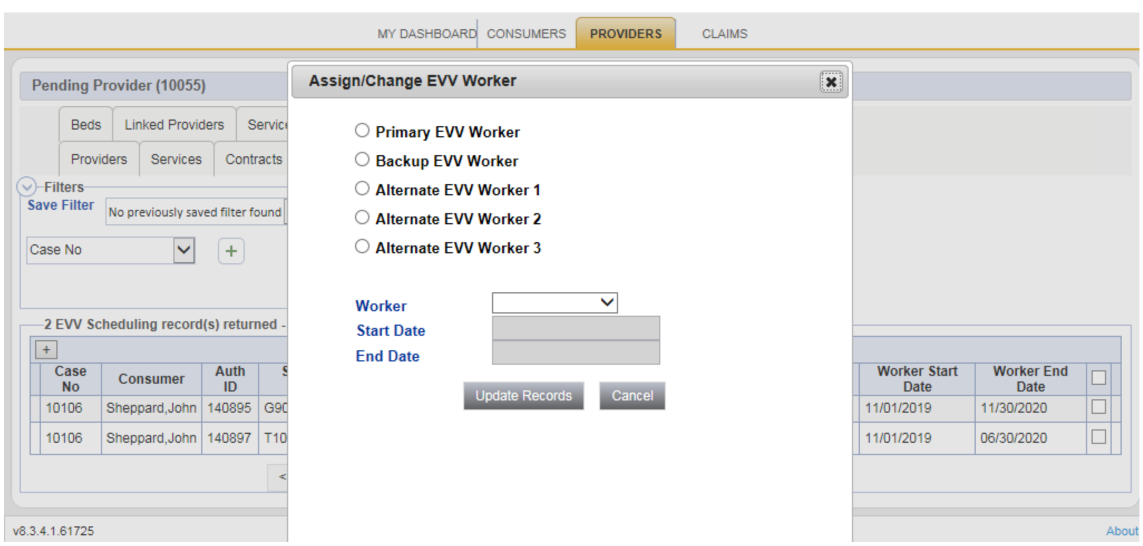
1. Navigate to the Provider record and click on the EVV Scheduling tab.
2. If desired, filter to see the desired consumer(s) as described in the previous section.
3. Check the box to the right of each EVV authorization for which an EVV worker needs to be assigned, modified, or removed.
    a. Checking the box at the top of the grid (listview) will select all service authorizations on the screen.



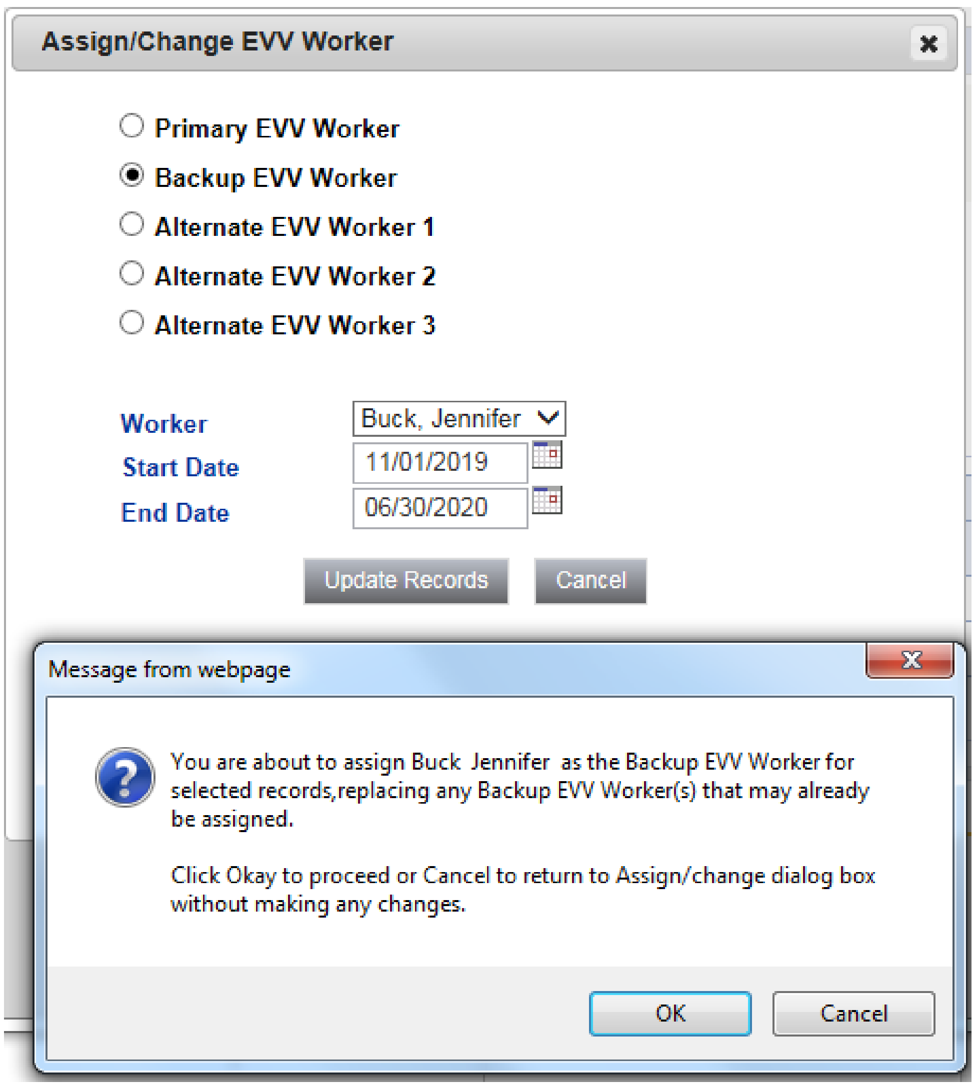
4. Select “Assign/Change EVV Worker” from the File menu.



5. The “Assign/Change EVV Worker” dialog box will be displayed.



6. To assign a worker when one is not already assigned or change the assigned worker from one worker to another, select the type of worker to be assigned/updated.
7. Select the worker to be assigned to the selected records.
8. Enter a Worker Start Date and End Date.
    a. If dates are populated, they are used to grant or remove visibility to consumer within the Mobile Site.
    b. If no dates are populated, the assigned EVV workers will always be able to see the consumer in the Mobile Site.
    c. Visibility of the EVV services in the Mobile Site is dependent on the start date of the service and the current date, not the Worker Start and End dates.
9. Click “Update Records” to assign/change the assigned worker or “Cancel” to return to the EVV Scheduling tab without making any changes.



10. A confirmation message will be displayed. Click “Okay” to proceed or “Cancel’ to abort the changes.

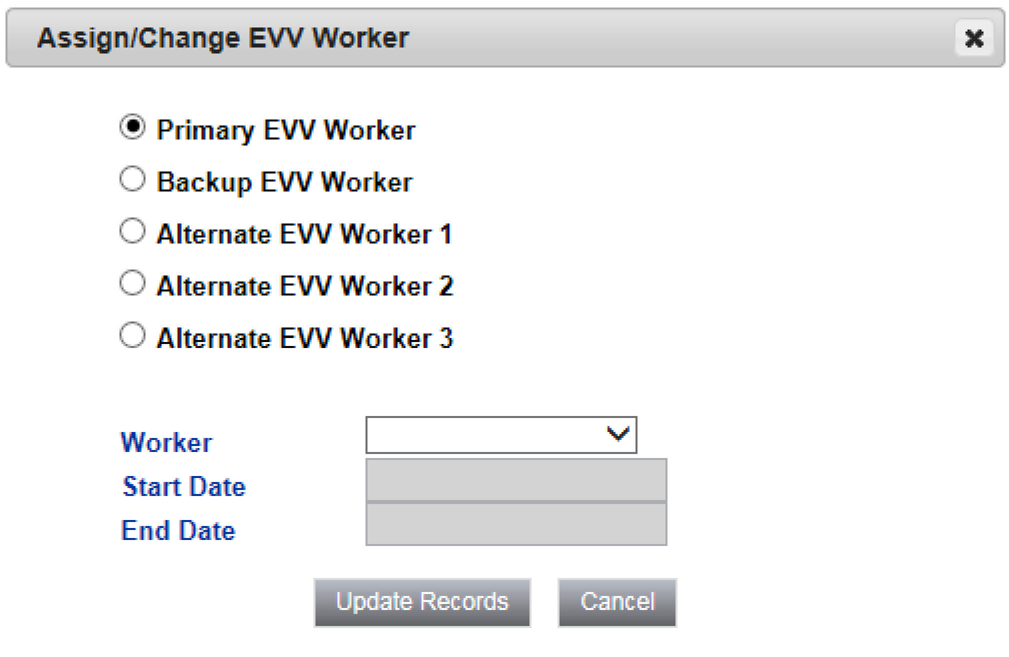
11. The system will assign the specified EVV worker to each selected record as the specified worker type. If another worker was already assigned to the record, they will be replaced by the new worker.

12. To remove an EVV worker without adding a replacement

    a. Select the type of EVV worker (Primary, Back-up, etc.) to be removed.

    b. Make sure the worker field is blank.

    c. Click “Update Records” to remove the assigned worker(s) or “Cancel” to return to the EVV Scheduling tab without making any changes.



    d. A confirmation message will be displayed. Click “Okay” to proceed or “Cancel’ to abort the changes.

    e. The system will remove any existing workers and, if present, their Worker Start and End Dates.

Download/Sync Consumer and Authorization Data (Mobile Site)

EVV workers are responsible for delivering EVV services to the consumer. In most cases, EVV workers will work exclusively in the Mobile Site. The Mobile Site allows EVV workers to:

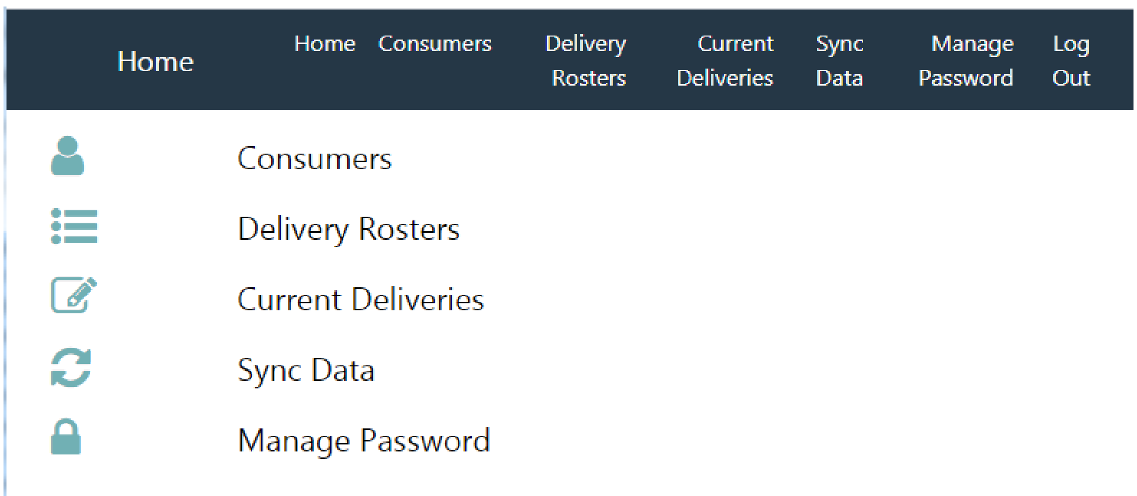
- Download/Sync appropriate consumer and authorization data
- Create delivery rosters
- Record service deliveries

- Upload completed deliveries to iConnect application

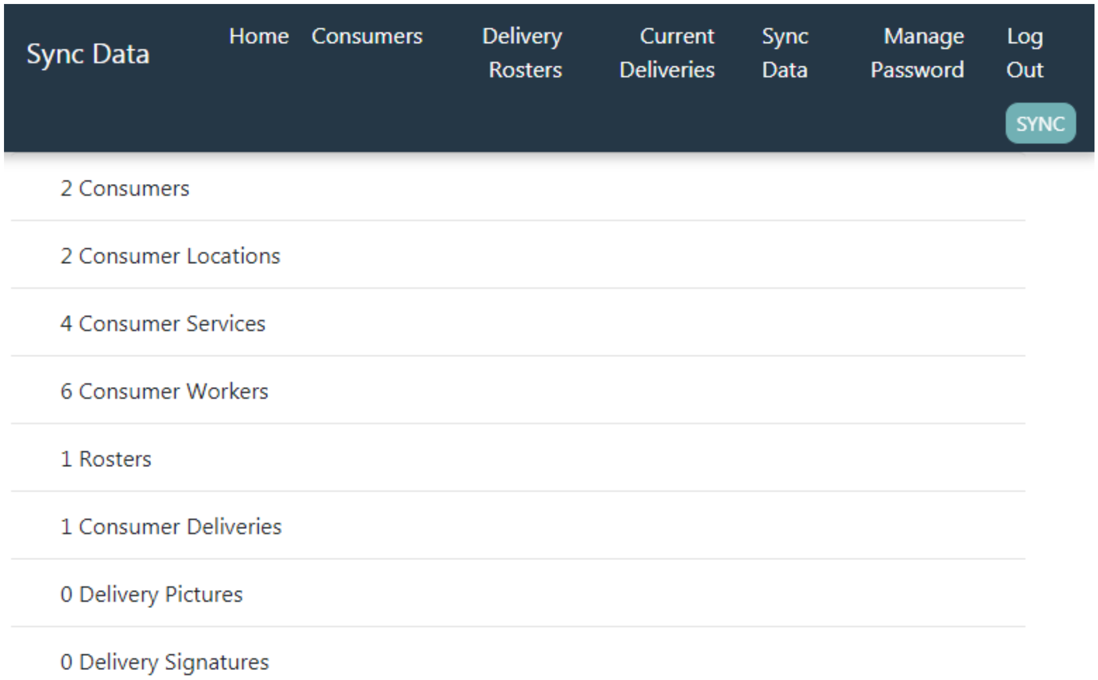
1. To record a service delivery, the Mobile Site must have consumer and authorization data. Workers can sync consumer and authorization data from the iConnect application to their mobile device anytime they have internet connectivity. The sync process downloads all consumer and authorization data that the worker has permission to see to the Mobile Site. It also removes consumer and authorization data that the worker might have been able to see previously but has now lost access. (e.g., worker is no longer an assigned EVV worker for a given consumer.)

2. Click the Mobile Site link from the Centrify home page to log in.

3. Select Sync Data from the Toolbar.



4. Select the Sync link.



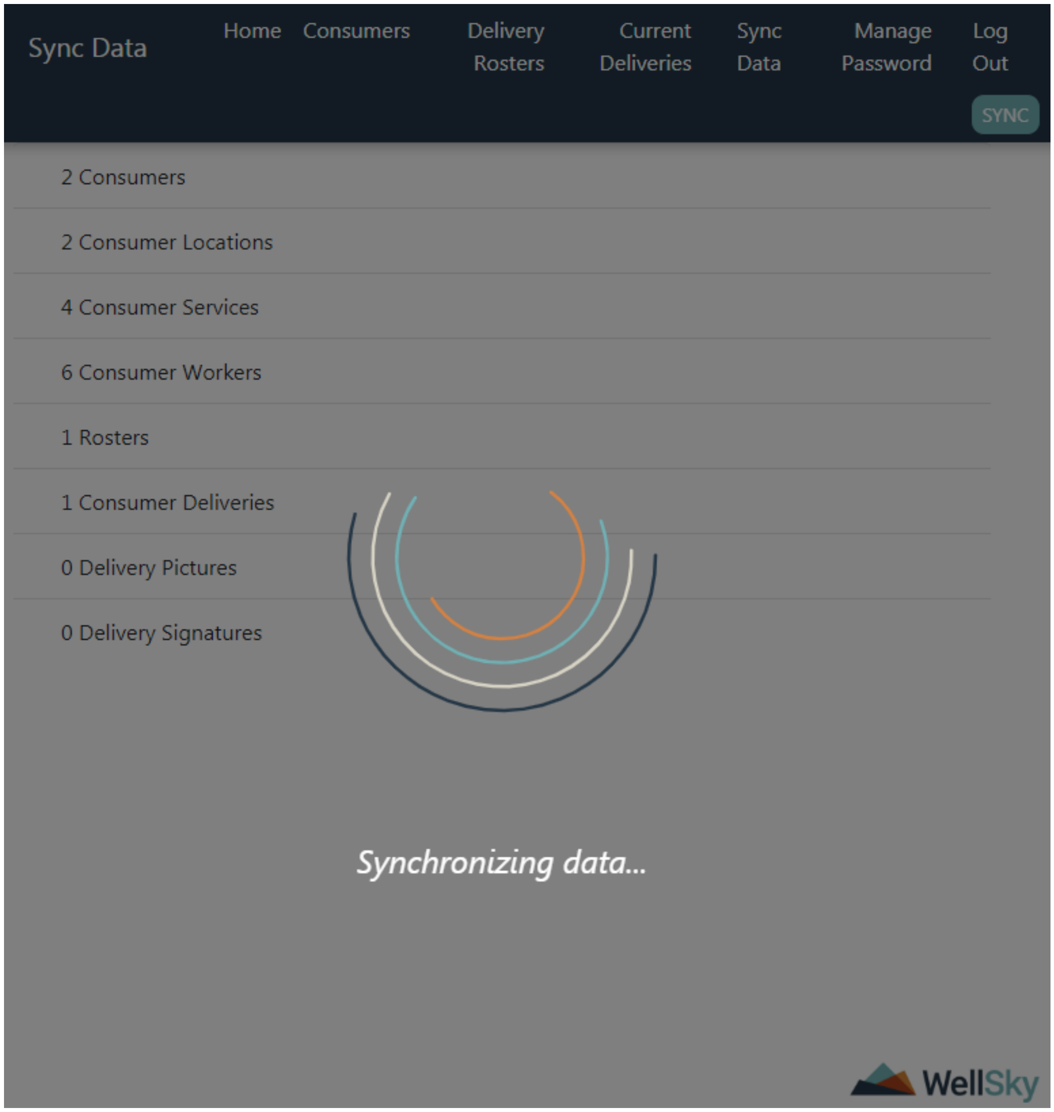
5. The system will:

   a. Download new consumers and their authorization data. New consumers are not automatically added to a delivery roster.

   b. Update existing consumers whose data has been modified in the iConnect application.

   c. Remove consumers and their authorization data for consumers that are no longer associated to the worker.

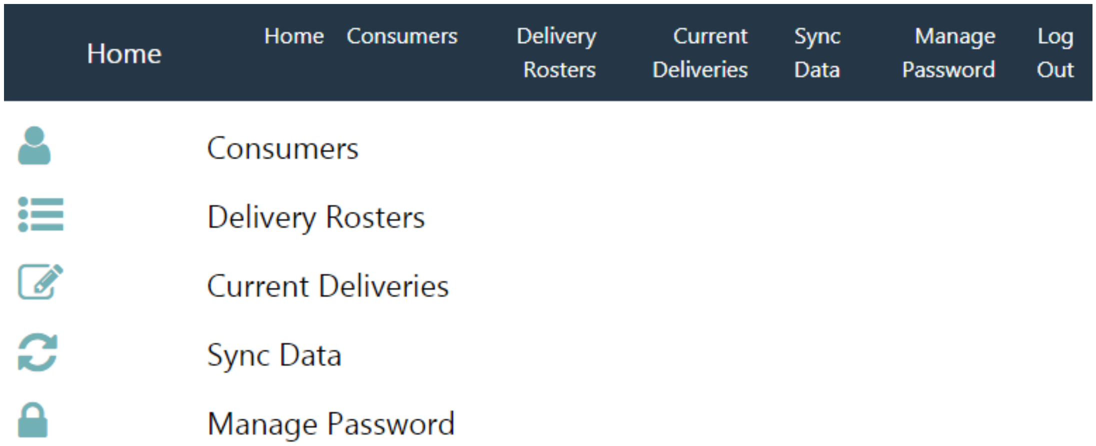
      - Consumers are also removed from delivery rosters.
      - Service deliveries that have not been uploaded for consumers that are no longer associated to the worker are not deleted. They can still be completed and uploaded.

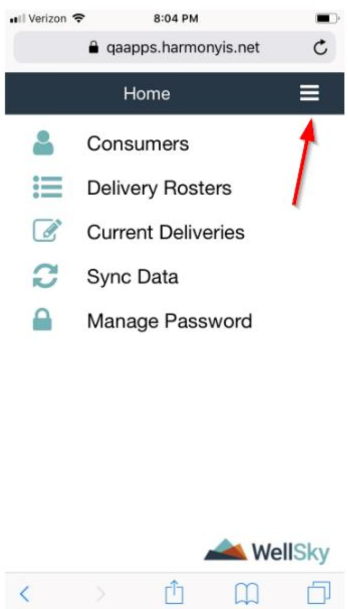


View Consumer Lists (Mobile Site)

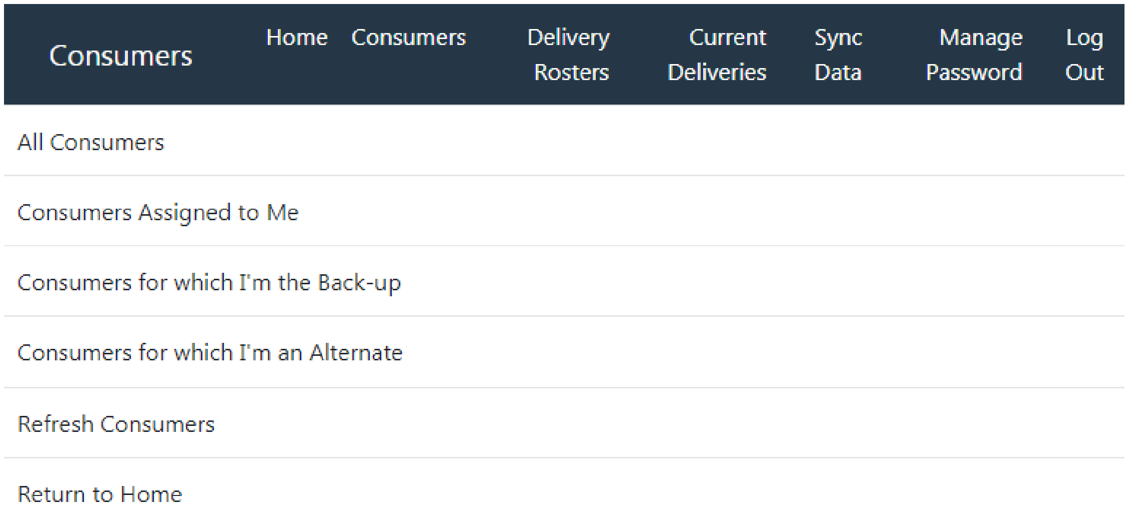
Consumers demographic and authorization data is the basis for EVV service deliveries. Data can be viewed from consumer lists which are based on the relationship of the worker to the consumer or from delivery rosters which are defined by the worker.

1. From the main menu, select “Consumers.”

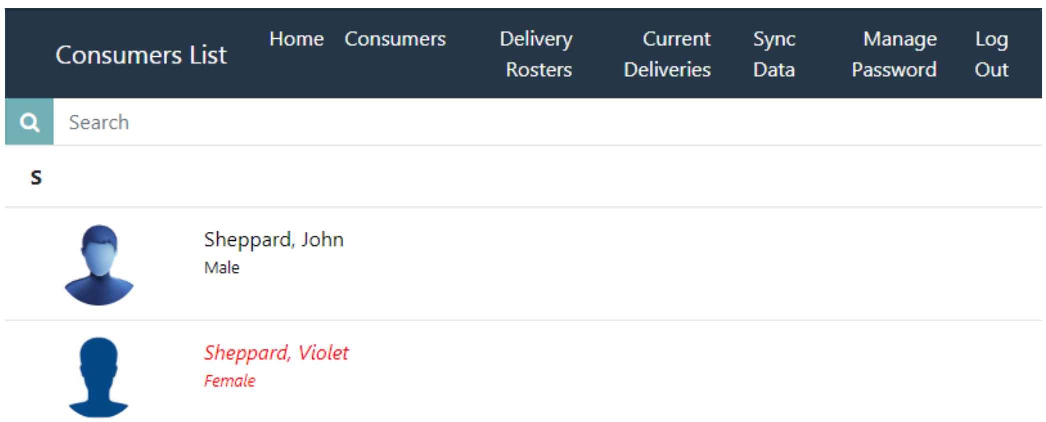




2. Select one of the following options:
    a. All Consumers: System displays all consumers to which the EVV worker has visibility
    b. Consumers Assigned to Me: System displays all consumers to which the EVV worker is assigned as the Primary EVV Worker
    c. Consumers for which I'm the Backup: System displays all consumers to which the EVV worker is assigned as the Backup EVV Worker
    d. Consumers for which I'm an Alternate: System displays all consumers to which the EVV worker is assigned as the Alternate EVV Worker 1, Alternate EVV Worker 2, or Alternate EVV Worker 3



3. Select a consumer from the list.
4. Consumers that appear in a consumer list in red italics are consumers that are not currently assigned to a delivery roster. This helps EVV worker quickly see new consumers that have been assigned to them and need to be added into their delivery route.



Viewing Consumer Details (Mobile Site)

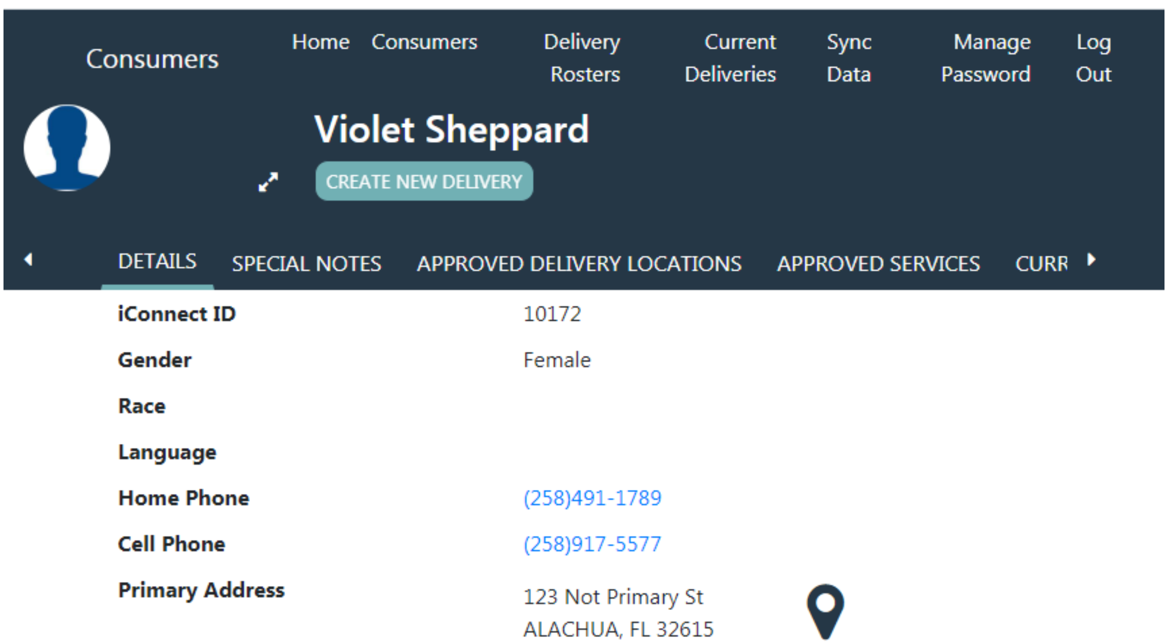
The consumer detail page houses consumer demographic details, special notes, approved delivery locations, approved services, current deliveries, and worker information. This information is most useful for the EVV worker when they get a new consumer or need additional information on a consumer. Information in this area is all read-only. Consumer data cannot be updated from within the Mobile Site. EVV workers can initiate a new service delivery from the consumer detail screen, though most EVV workers will do this from within a delivery roster.

1. From the main menu, select Consumers and then select the appropriate list.
2. Select a consumer from the list.

Details

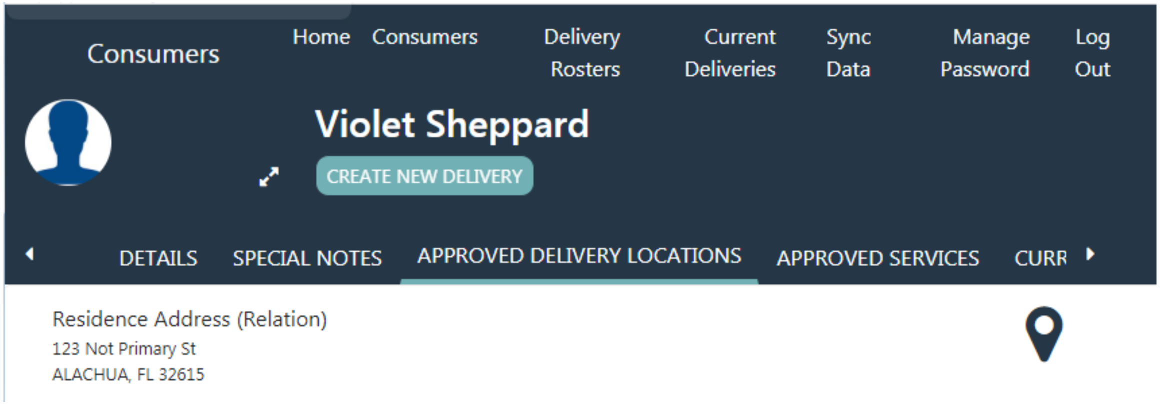
3. The consumer's Details page will be presented. The name and a photo of the consumer will be visible at the top of the screen. The photo can be used by the EVV worker to confirm that they are delivering a service to the correct consumer.
   a. The photo shown is from the Consumers > Edit Demographics screen in the iConnect application. The WSC will take this photo. This is not a photo taken by the EVV worker.
   b. Click on the photo to view a larger version of the photo. Click on the photo again to return to the thumbnail view.
4. To dial the consumer's home or cell phone, click the phone number. Your mobile device will offer to dial the number.

   NOTE: This feature may not be available on all devices as each operating system manages this type of control independently from the iConnect EVV Mobile Site.
5. The consumer's residential, primary address will display on the Details page for reference only. The approved delivery locations are not listed on this Details page, they are located on the Approved Delivery Locations page.



Approved Delivery Locations

6. Click on the "Approved Delivery Locations" menu. The addresses at which the consumer is authorized to receive services are listed. This includes the active, residence address of the consumer, guardian, guardian advocate or parent. The information on this page is read-only.

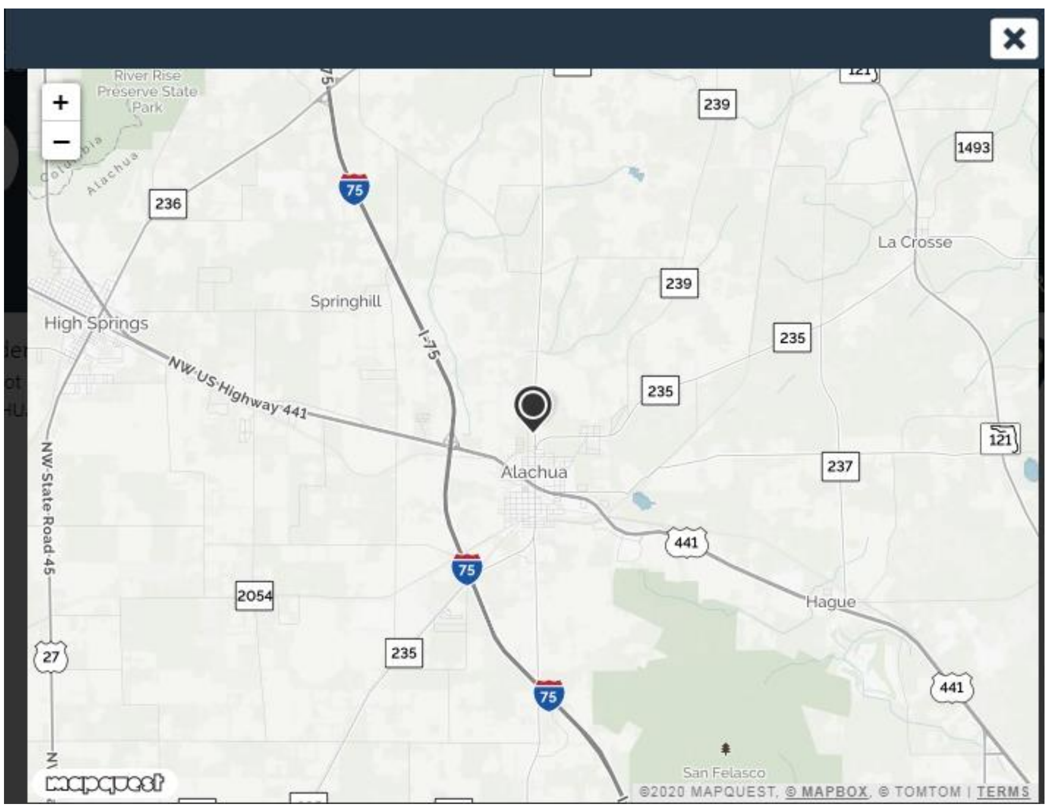


a. To view an address on a map, click the map icon in the address field. A map overlay will be displayed.

b. Use the "+" and "- "signs or "pinch-zoom" to zoom in and out.

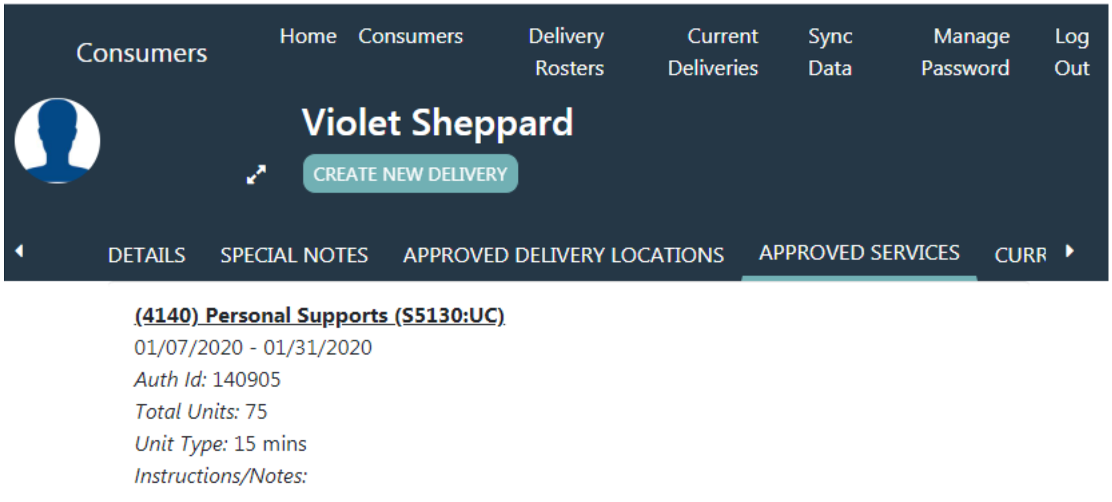
c. Use your finger to move the map.

d. Click the "X" in the upper right corner to close the map and return to the Approved Delivery Locations page.



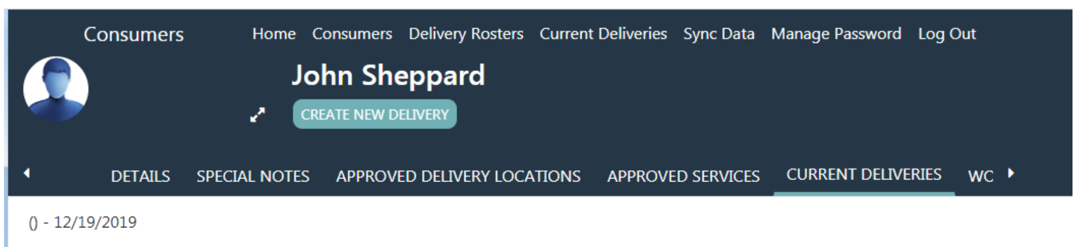
Approved Services

7. Click on the "Approved Services" menu. The consumer's EVV service authorizations are listed. The information on this page is read-only.



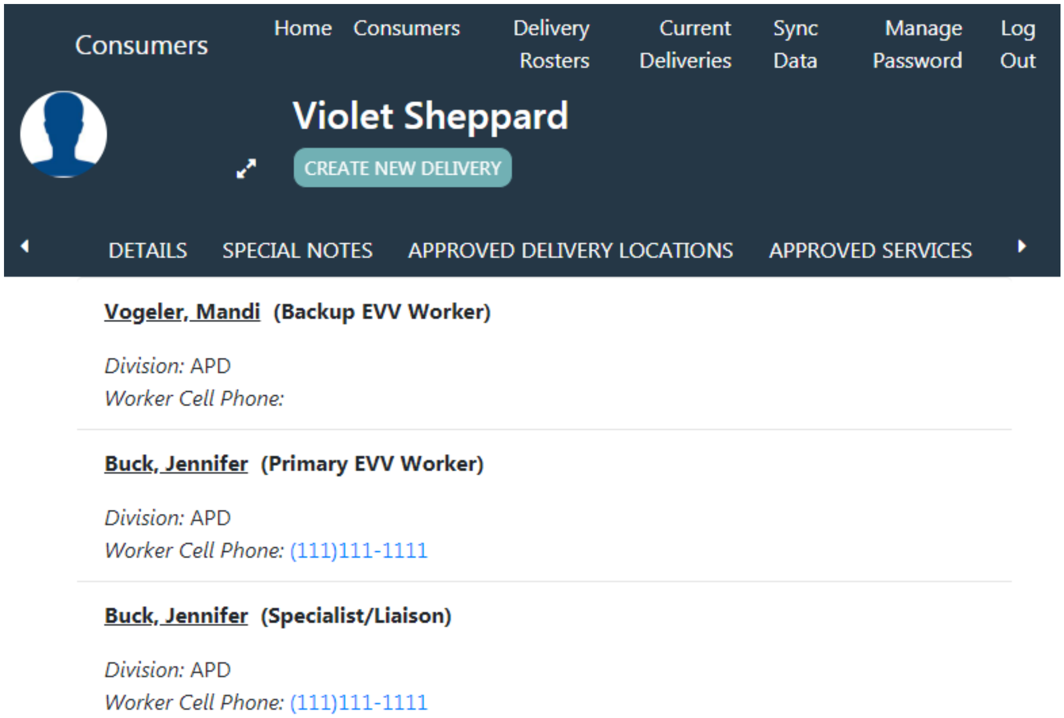
Current Deliveries

8. Click on the “Current Deliveries” menu. Service deliveries for the consumer that have been started and not completed or completed but not yet uploaded to the iConnect application are listed.



Workers

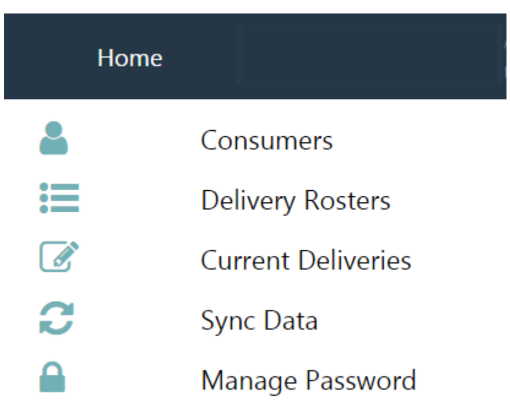
9. Click on the “Workers” menu. The EVV workers associated to the consumer are listed. The information on this page is read-only.



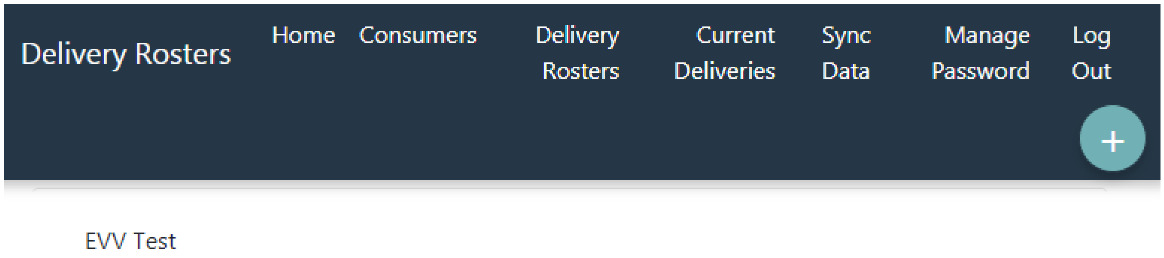
Create Delivery Rosters (Mobile Site)

Delivery rosters can be created by the EVV worker to help ensure that they deliver services to all consumers assigned to them. Delivery rosters can only be created from within the Mobile Site. Rosters can be based on several criteria including service, consumer location, and the relationship of the EVV worker to the consumer. For example, if an EVV worker may deliver personal care to consumers in County 1 on Mondays and Thursdays and in County 2 on Tuesdays and Fridays; using service and location in their roster filters, they could create a roster for MTh Personal Care and another for TF Personal Care.

1. From the main menu, select Delivery Rosters.

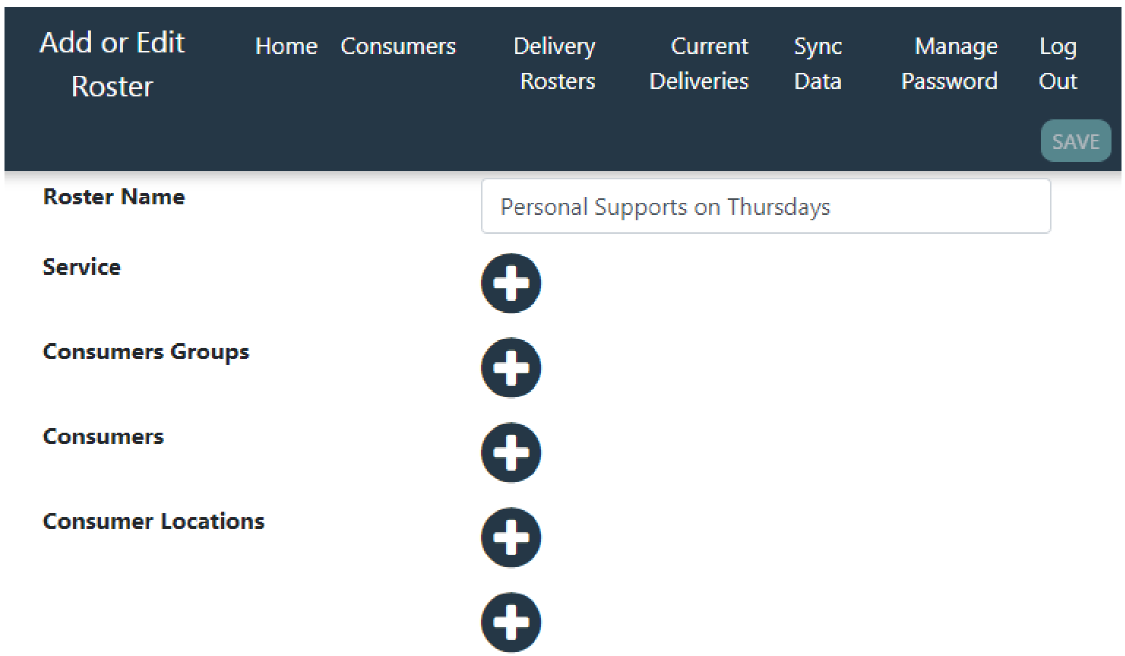


2. The list of delivery rosters (if any are present) will be displayed.
3. Click the + sign to add a delivery roster.



4. The Add/Edit Roster screen will be displayed.

5. Enter a name for the roster.



6. To create a roster that shows consumers based on their authorized services, click the Service option.
   a. The Add Services screen will be displayed.
   b. Select one or more services.
   c. Click the check to save and return to Add/Edit Rosters screen.

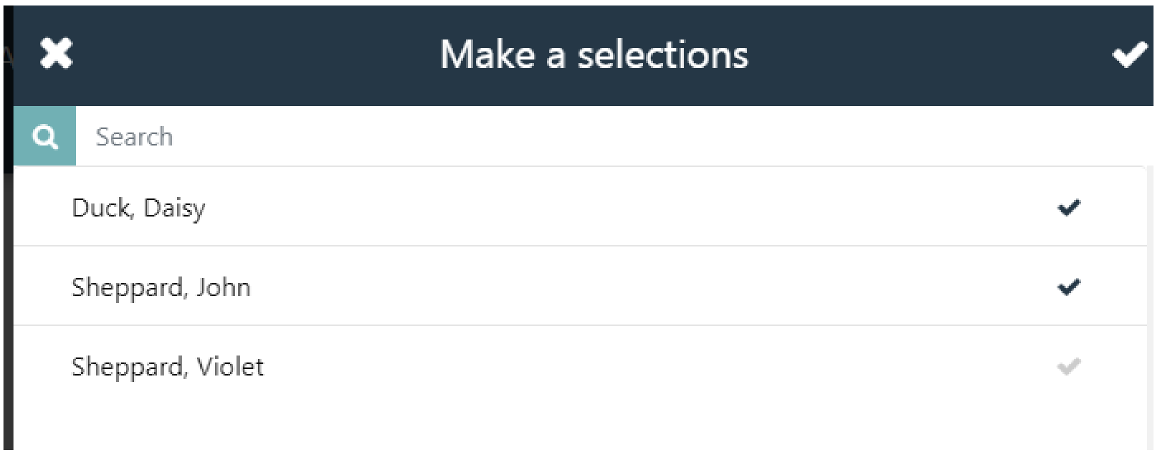
7. To create a roster that shows consumers based on their relationship to the EVV worker OR to add individual consumers, click the Consumers Groups option.
   a. The Add Consumers screen will be displayed.

b. To add consumers based on their relationship to the EVV worker, select one or more of the following options:

- Only Consumers Assigned to Me
- Only Consumers for which I'm the Backup
- Only Consumers for which I'm an Alternate Worker

8. To create a roster that contains specific consumers, select the Consumers option.

a. Select the consumer(s) to add to the roster.



b. Click the check to save and return to Add/Edit Rosters screen.

9. To create a roster that shows consumers based on their county, click the first Consumer Locations option.

a. The Add/Edit Consumer Locations screen will be displayed.

b. Select one or more of the listed counties.

c. Click the check to save and return to Add/Edit Rosters screen.

10. To create a roster that shows consumers based on their city, click the first Consumer Locations option.

a. The Add/Edit Consumer Locations screen will be displayed.

b. Select one or more of the listed cities.

c. Click the check to save and return to Add/Edit Rosters screen.

11. Click Save to save the roster.

Viewing a Delivery Roster

12. From the main menu, select Delivery Rosters.
13. The list of delivery rosters (if any are present) will be displayed. Click on the appropriate roster.
14. The roster will open and display a list of consumers

Editing a Delivery Roster

15. From the main menu, select Delivery Rosters.
16. The list of delivery rosters (if any are present) will be displayed.
17. Click Edit and select the roster to be edited.
18. Add/remove items as in the same manner used for creating a new roster.
19. Click Save to save the updated roster.

Recording a Service Delivery (Mobile Site)

Recording a service delivery requires the following actions:

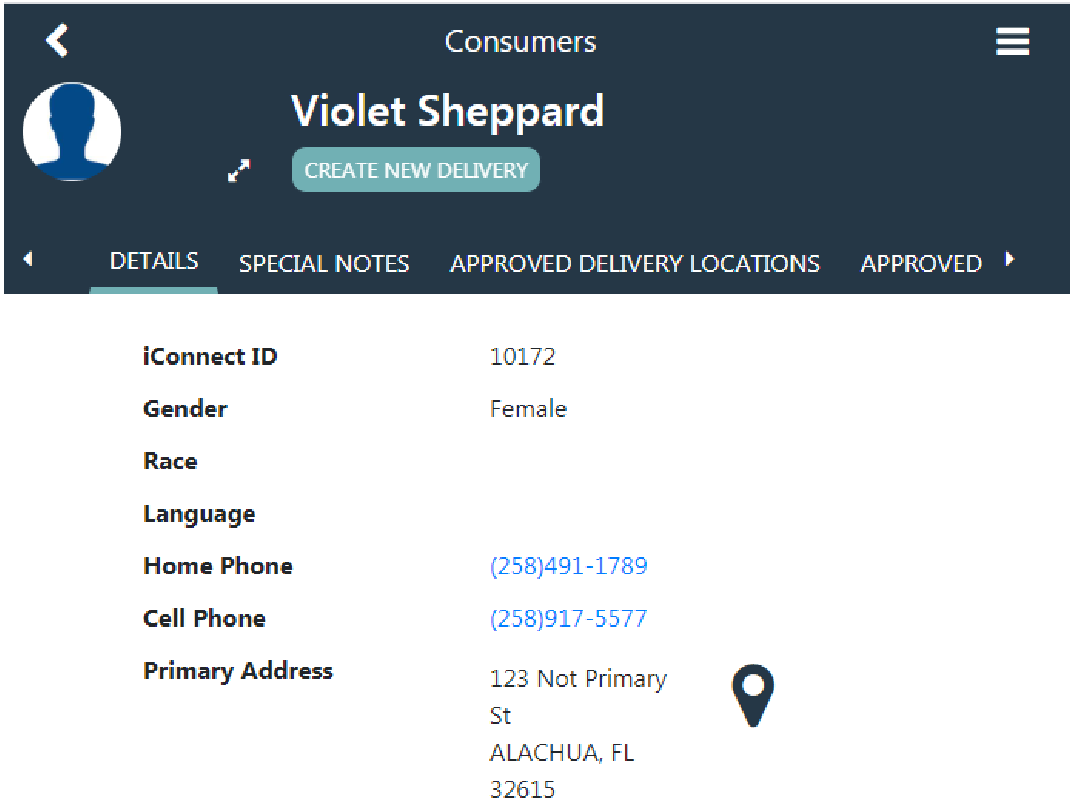
1. Initiate a delivery
2. Start and deliver a service
3. End the delivery
4. Add delivery notes
5. Upload delivery to iConnect application

Initiate a Delivery

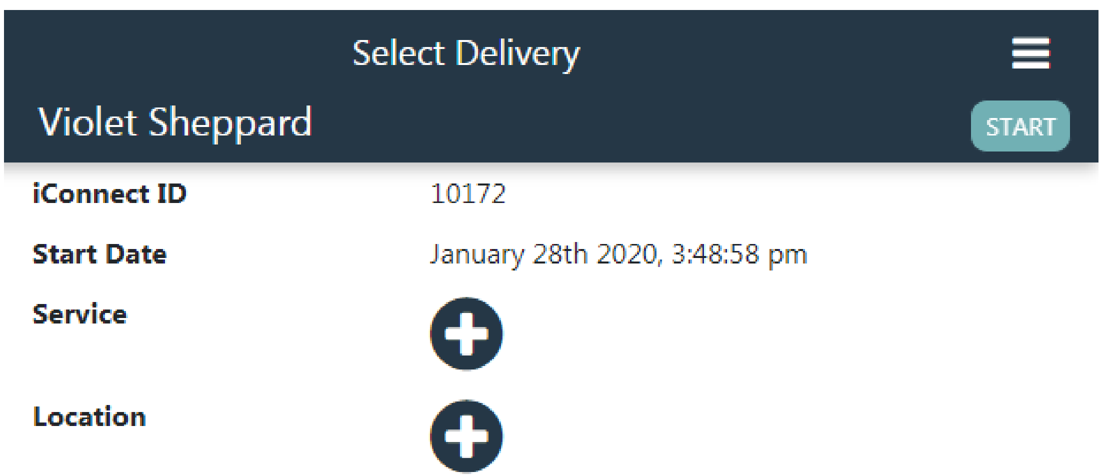
1. From the main menu, select Consumers and then select the appropriate list.
2. Select a consumer.
3. Click Create New Delivery to display the service delivery screen

OR

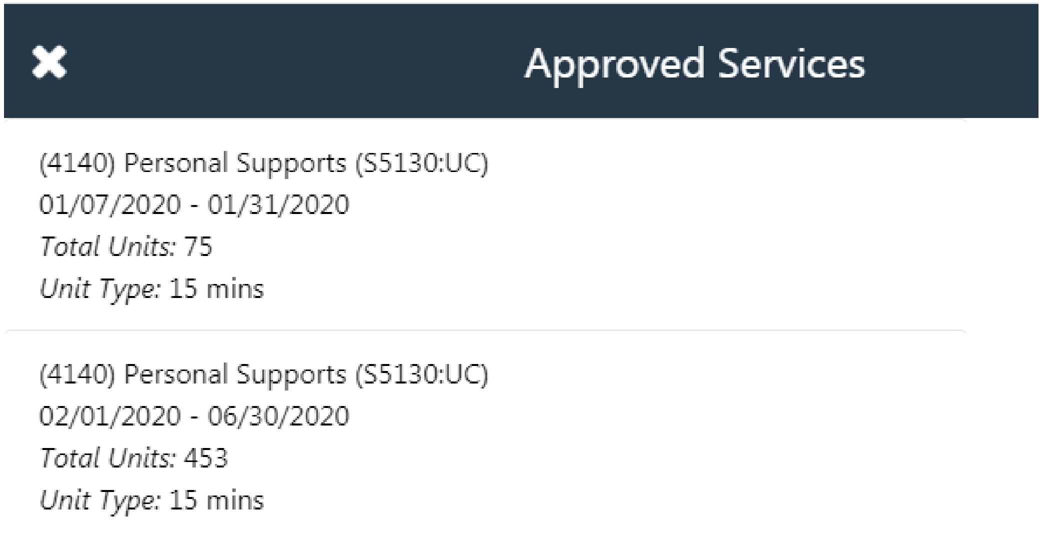
4. From the main menu, select Delivery Rosters and then select the appropriate roster.



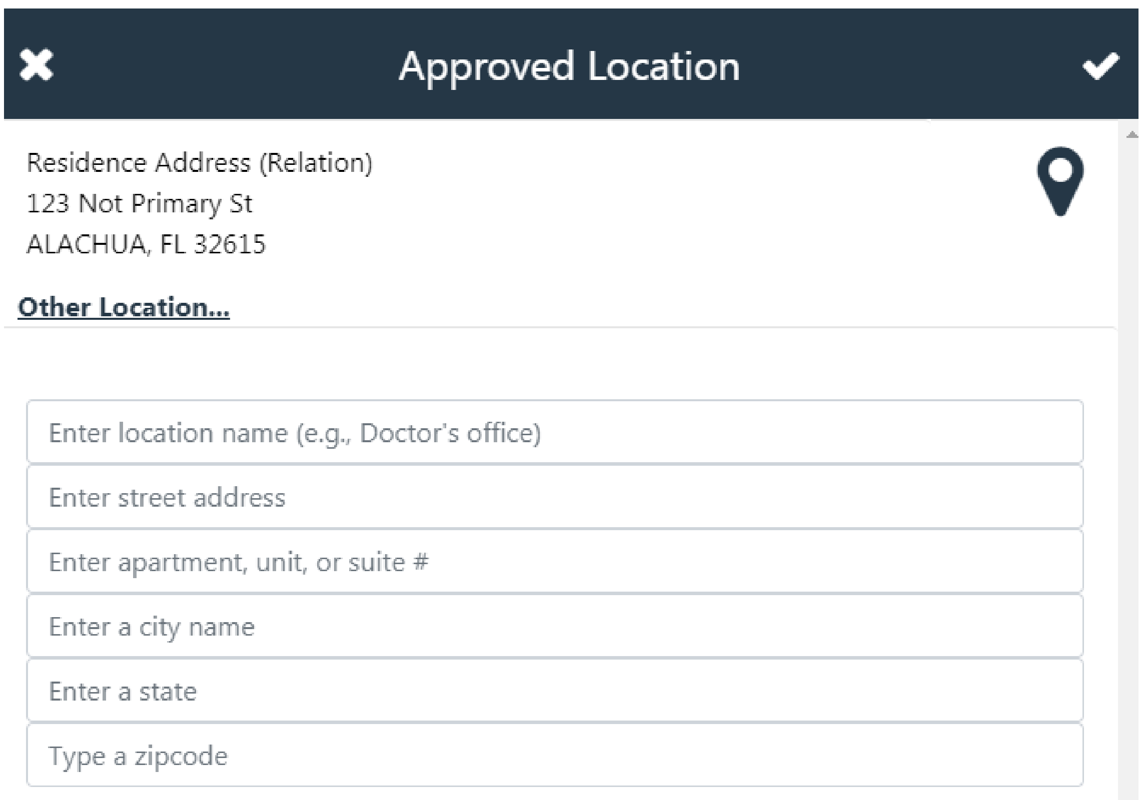
5. Select a consumer to display the service delivery screen. The consumer's iConnect ID and the start date will auto-populate and cannot be edited.



6. Select a service by clicking the + icon. Only the consumer's approved services will be shown.

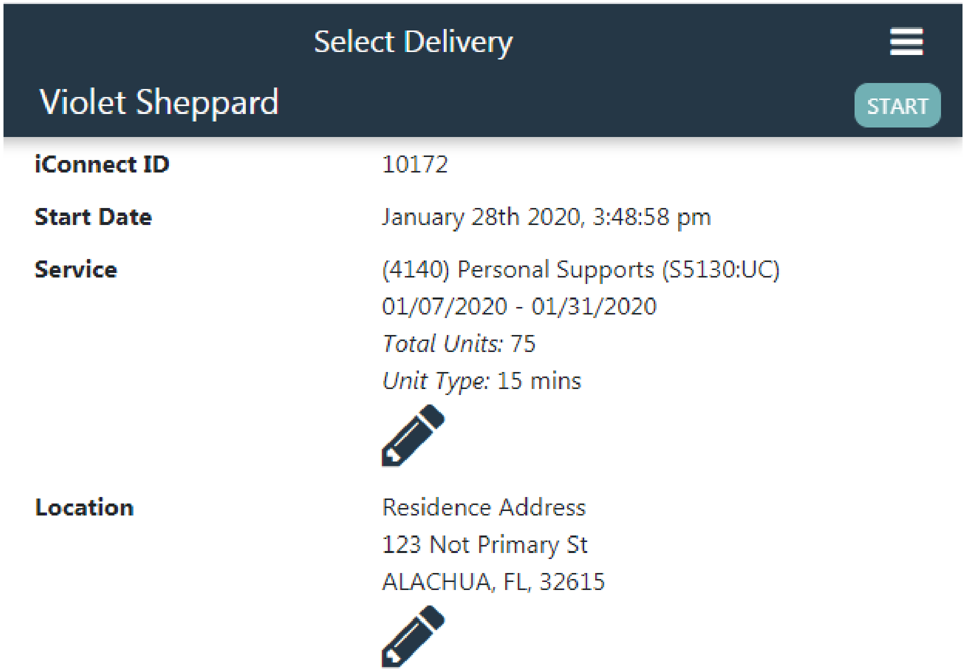


7. Select the location by clicking the + icon. Only a consumer's approved locations will be shown.
    a. If the service is being delivered at an approved location, select the location.

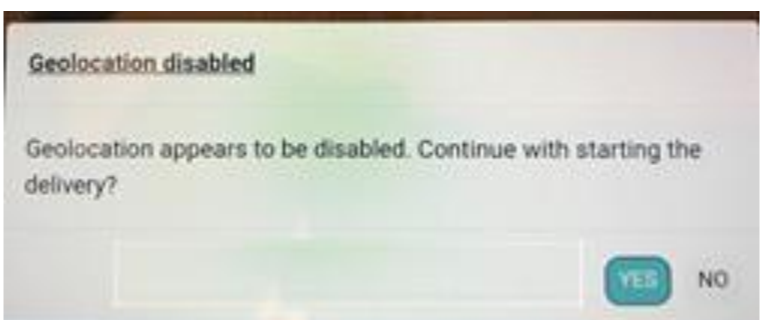


    b. If the service is being delivered at a non-approved location, enter a description (e.g., Doctor's office) and the full address (street, city, state, zip code.)

8. The Provider will select the Documentation Type for this service.
9. The selected service and location populate on the Service Delivery page. Click Start.

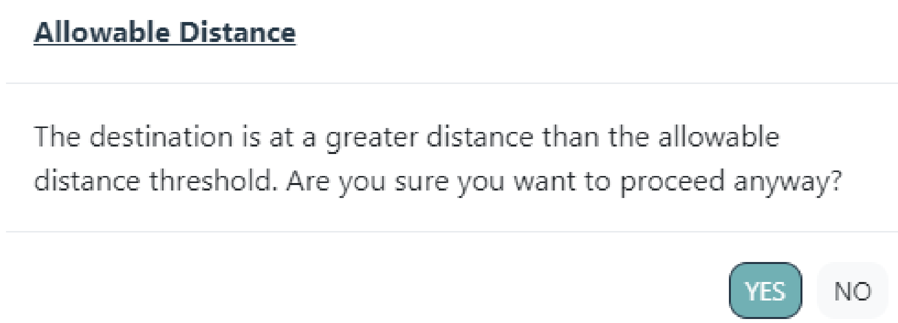


10. The system will check if the location services are active on the EVV Worker's mobile device. If not the EVV Worker will be prompted that Geolocation is disabled and must acknowledge to proceed with the service or click No to enable geolocation before starting the delivery. Service deliveries recorded without geolocation enabled will be marked with a violation when it is uploaded.



    a. Enabling Location Services is different than having internet connectivity and/or access to GPS coordinates. Enabling or "turning on" location services ensures that if connectivity is available, GPS coordinates will automatically be obtained.

11. If the error message "The destination is at a greater distance than the allowable distance threshold. Are you sure you want to proceed anyway?" is displayed, the Mobile Site has detected that the mobile device is outside of the geofence set for the selected service.



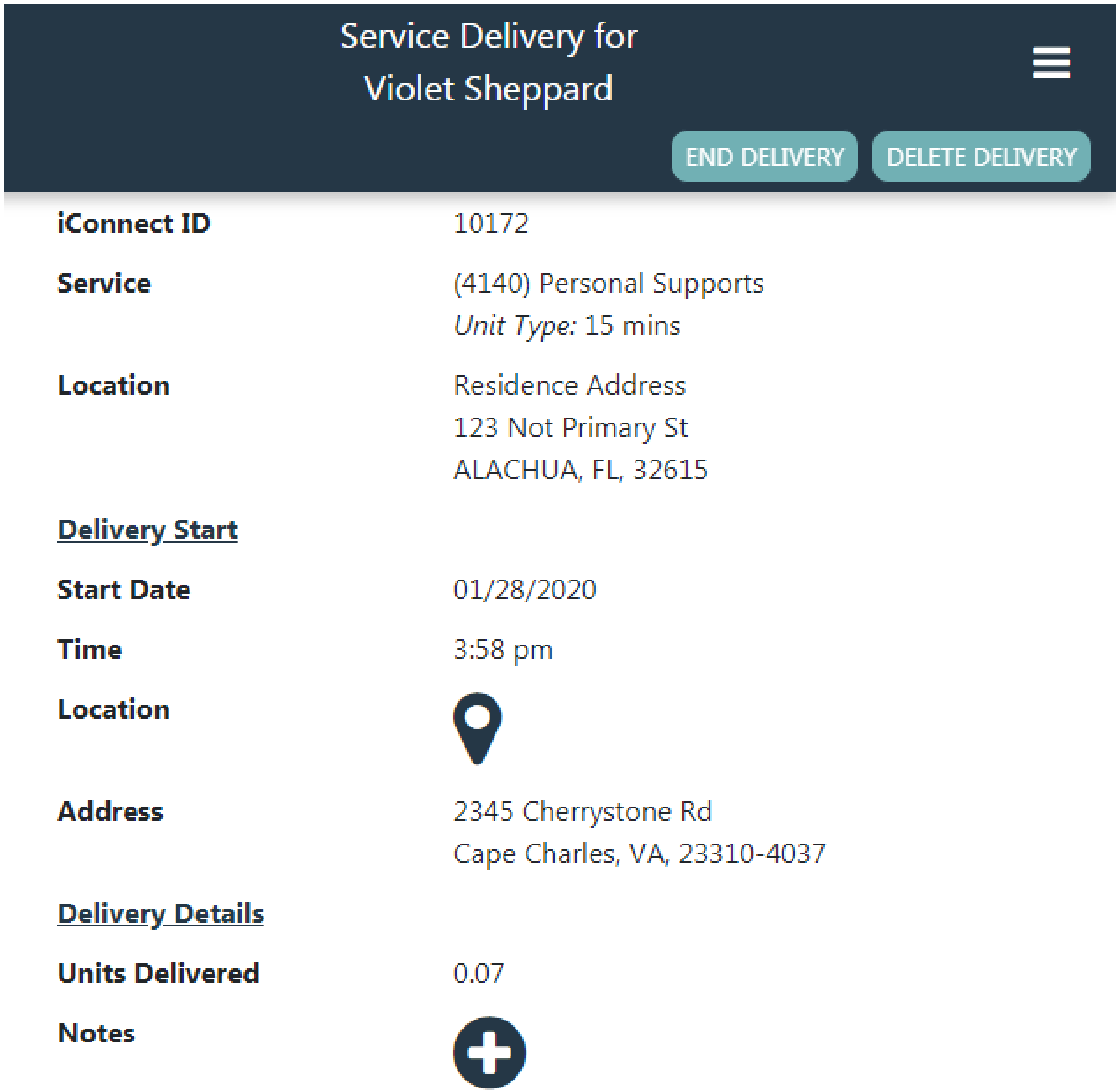
a. Select Yes to continue delivering the service (the service will be marked with a violation when it is uploaded).

b. Select No to return to the service delivery screen. Either select another location or move closer to the selected location and reinitiate the service delivery.

Start and Deliver a Service

Service deliveries can be recorded in the presence or absence of internet connectivity. If connected, the Mobile Site will automatically capture the date, time, and GPS location of the worker at the start and end of each service delivery. If not connected, the Mobile Site will record the service delivery, but the provider EVV supervisor may be asked to justify or explain the lack of GPS data after the service delivery has been uploaded to the iConnect application and prior to billing.

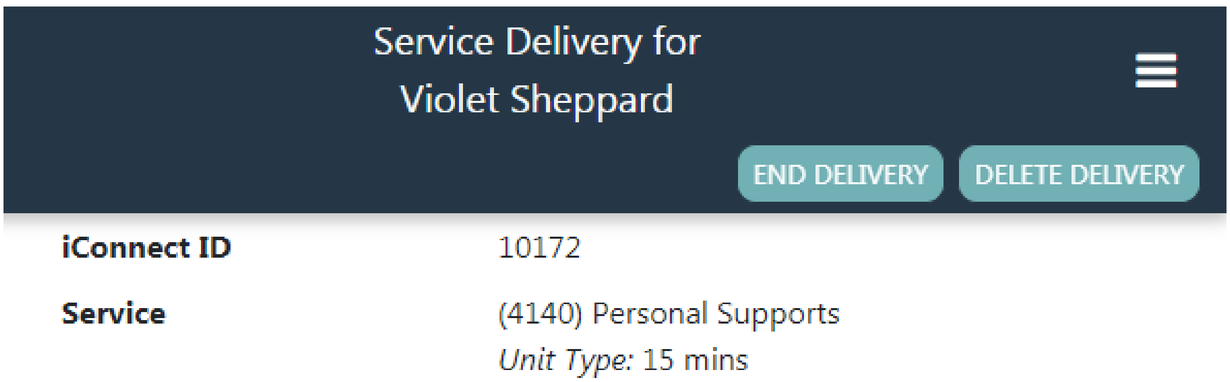
1. After selecting Start on the Service Delivery, the service delivery screen will update. The Service and Location will all be made read-only.
2. The start date and time will auto-populate and will be read-only.



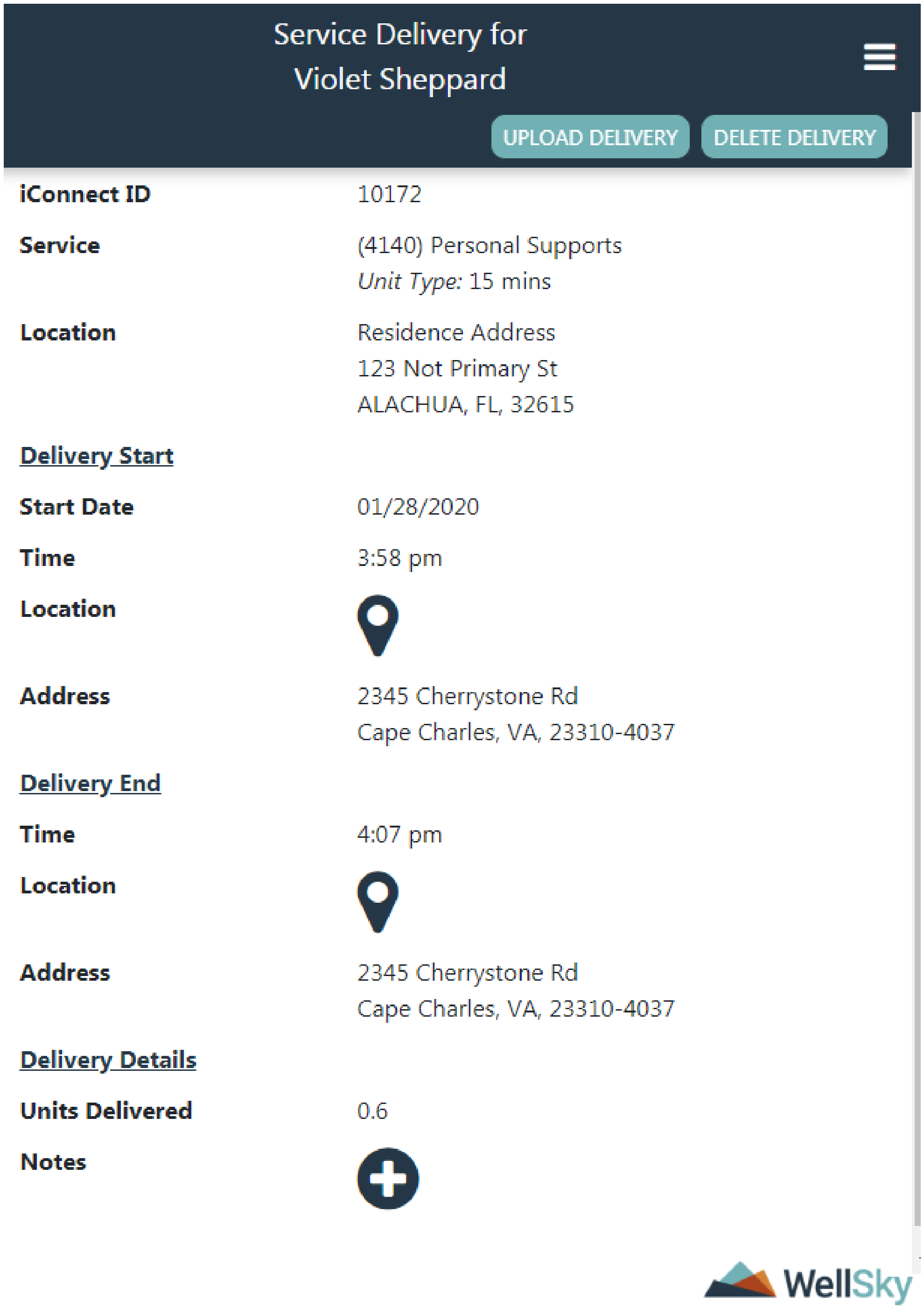
3. The latitude/longitude of the mobile device is captured and a reverse address lookup will be done. The address where the mobile device is located will be shown. If data is not present, the starting address field will be populated with "Unavailable."
4. The Units Delivered calculation begins and updates until the service delivery is ended.
5. The service delivery screen will remain open unless you navigate to another screen or the application times out but will now also be accessible from the Current Deliveries section on the main menu or the Current Deliveries section of the Consumer Detail page.
6. If you need to record multiple service deliveries simultaneously (e.g., delivering services using a 1:3 ratio), repeat the above steps for each consumer and/or service.

End the Delivery

1. If not already on the Service Delivery screen, navigate to the Service Delivery screen from one of the options below:
    a. Option 1: From Main Menu > (shows all deliveries across all consumers)
        i. Click on Current Deliveries from the main menu.
    b. Option 2: From Consumer Detail screen (shows deliveries for the selected consumer only)
        i. Navigate to the appropriate consumer record.
        ii. Click on Current Deliveries.
2. Select the appropriate delivery.
3. Click End Delivery.



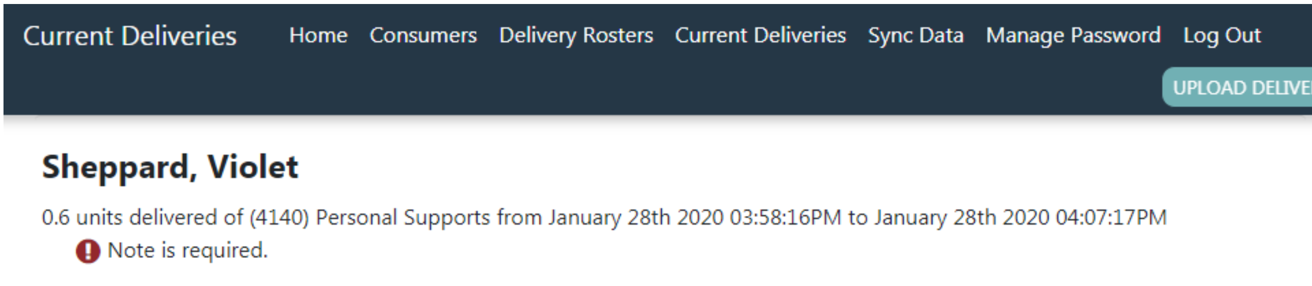
4. The service delivery screen will update. The end time will auto-populate and will be read-only.
5. If the service delivered is time-based, the units delivered will auto-populate and will be read-only.
    a. If the service is not time-based, enter the units delivered.



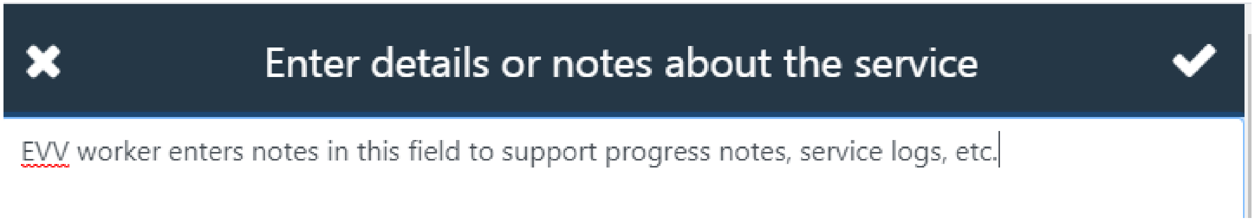
6. If an EVV worker does not click the End Delivery button within 24 hours, the Mobile Site will end the delivery automatically.
    a. When uploaded, the activity will be flagged with a violation and marked as having been auto-ended.

Add Notes

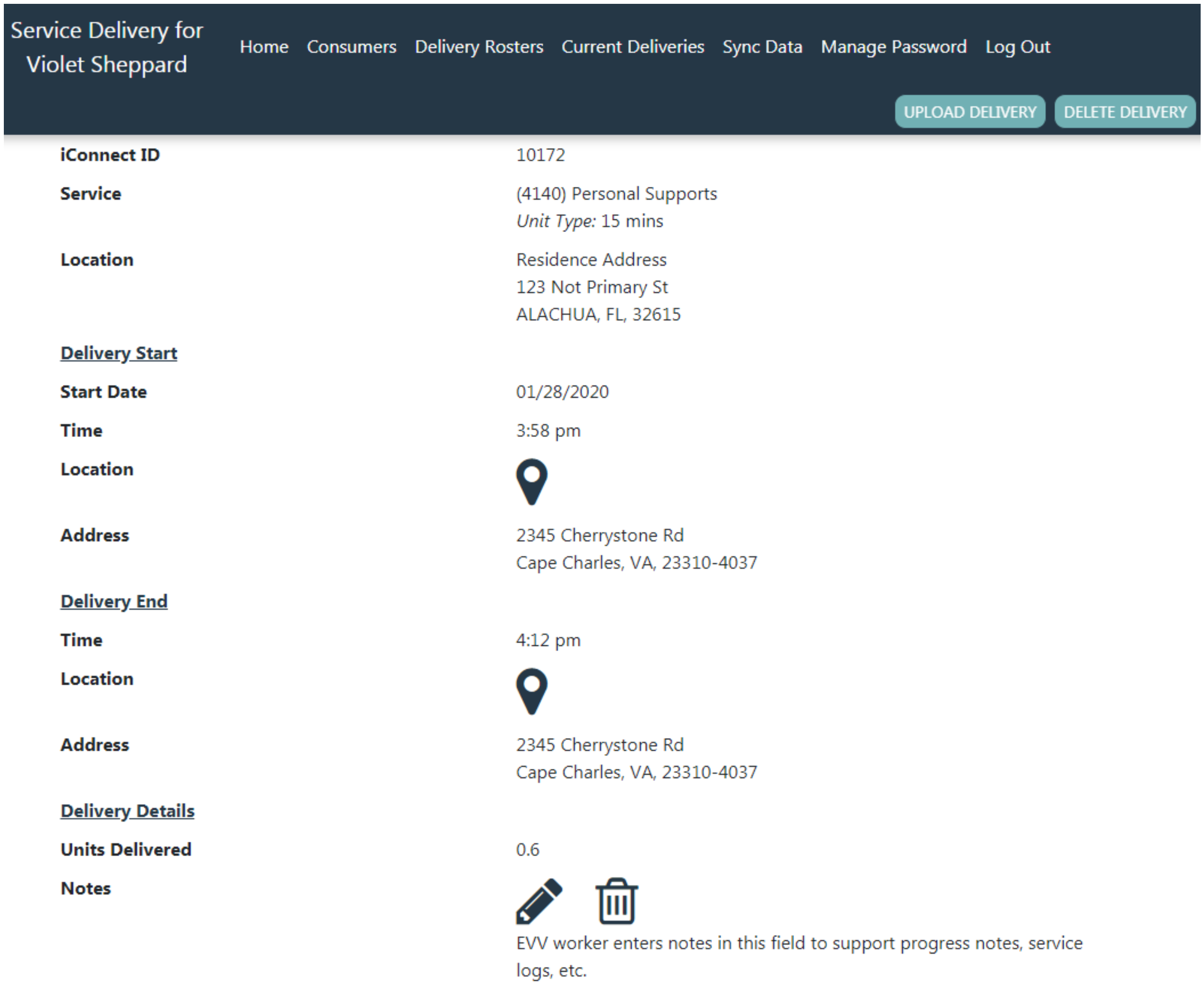
1. EVV services are configured to require a note. A Service Delivery can be started and ended without adding a Note but the EVV Worker will not be able to upload a Service Delivery without a Note.



2. From the Service Delivery details page, select the + icon next to the Notes field.
3. Enter the service delivery note.
4. Click the Check icon.



5. The Provider is returned to the Service Delivery details page where the notes are displayed.



6. The provider can edit the note by selecting the pencil icon, updating the note and then clicking the Check icon again.

Delete the Delivery

1. If a Service Delivery was created in error the provider can delete it.
2. Any time prior to upload, a service delivery can be deleted. If deleted, it cannot be restored. Deletion should be used sparingly and only in cases where a service delivery was created in error.
3. If not already on the Service Delivery screen, navigate to the Service Delivery screen from one of the options below:
    a. Option 1: From Main Menu > (shows all deliveries across all consumers)
        i. Click on Current Deliveries from the main menu.
    b. Option 2: From Consumer Detail screen (shows deliveries for the selected consumer only)

i. Navigate to the appropriate consumer record.

ii. Click on Current Deliveries.

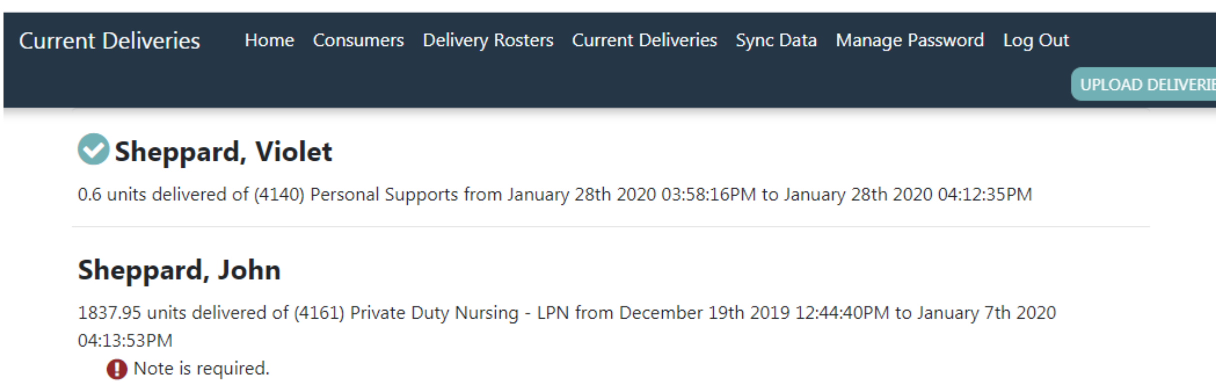
4. Select the appropriate delivery.
5. Click Delete Delivery.
    a. Click "Yes" to delete the delivery or "No" to return to the service delivery screen without deleting the record.

6. The service delivery has been deleted.

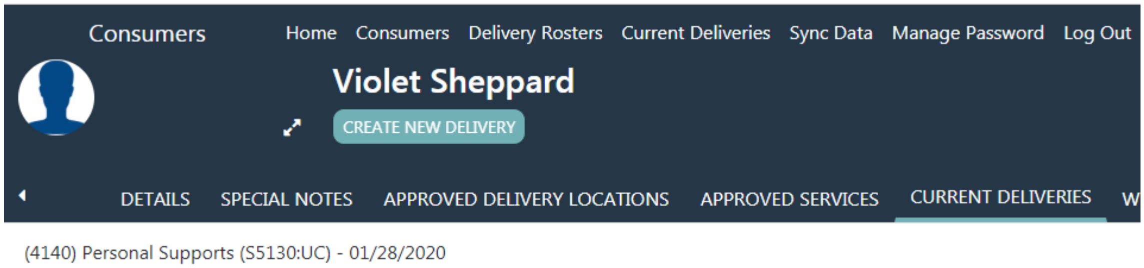
Upload Delivery to APD iConnect Application

Completed service deliveries will be uploaded to the iConnect application. The Mobile Site will prevent users from uploading deliveries that do not contain all required data.

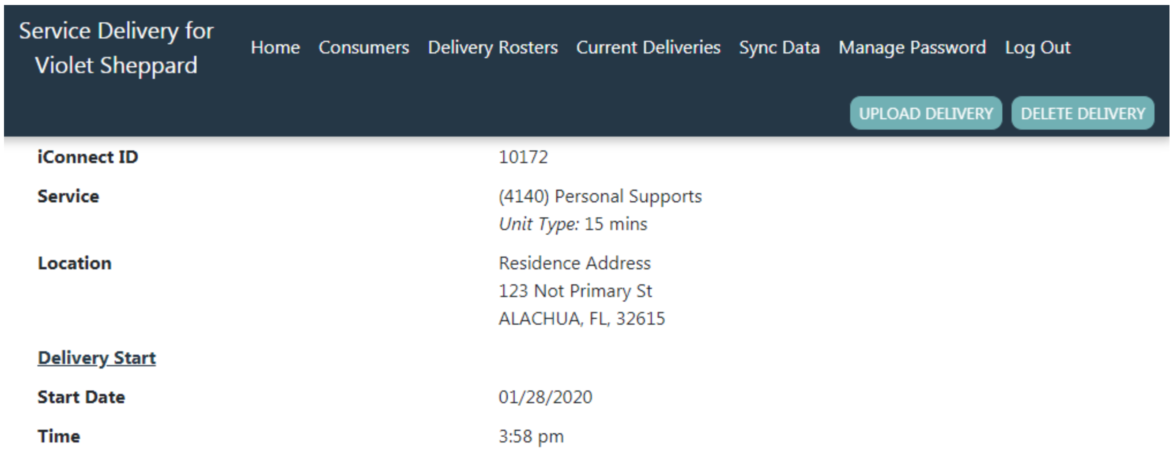
1. **Internet connectivity is required to upload service deliveries.**
2. From the main menu, select Current Deliveries. All services deliveries that have been started or completed but not yet uploaded will be displayed.



3. Click Upload Deliveries to upload all completed deliveries.
4. Deliveries can also be uploaded one by one by navigating to the Consumer details page and selecting Current Deliveries to display on that consumer's deliveries.



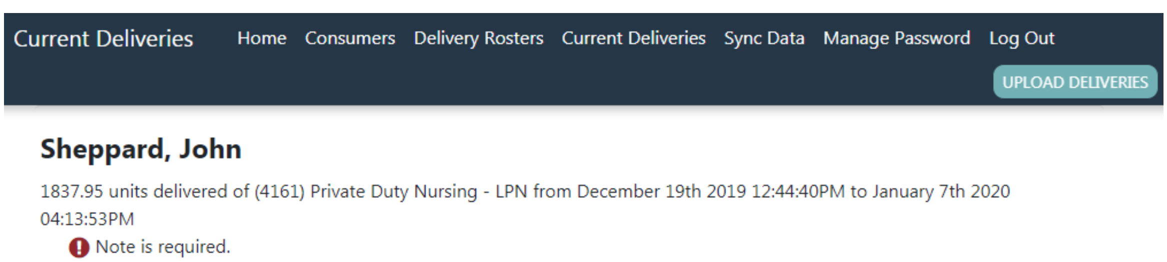
a. Select the delivery to open the Service Delivery details page. Select Upload Delivery.



5. If there are no issues, the message Upload Successful will be displayed and no additional action is needed.
6. If an internet connection is not detected, the following message will be displayed:

   "You must be online to upload deliveries."

   a. Connect to the internet and try again.
   b. If you are sure you are connected to the internet and the error message continues to be displayed, contact your supervisor for assistance.
7. If there are issues with the Service Delivery, typically a note is required but not completed, an error message will be displayed.



8. To correct missing information, click on the record and add any missing data then upload again by following steps 1-5.

EVV Activities Tab (APD iConnect Application)

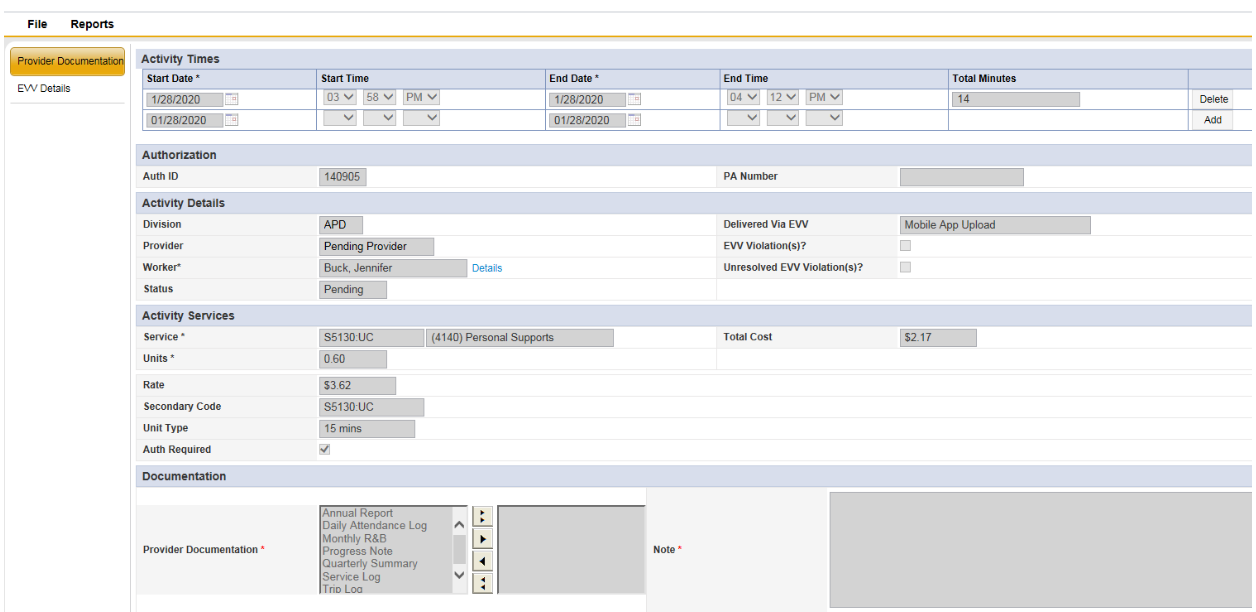
Service deliveries that are uploaded to the iConnect application from the Mobile Site are saved as EVV activity records. Provider EVV managers can search for and view individual activities or groups of activities. Searches can be saved so that the EVV manager can quickly call up a variety of lists based on their immediate business need. For example, a provider EVV manager might create and save a series of search filters for activities created by each worker they supervise to allow them ensure that each worker is delivering the services assigned to them in a timely manner and have another saved filter that shows only activities that have unresolved violations.

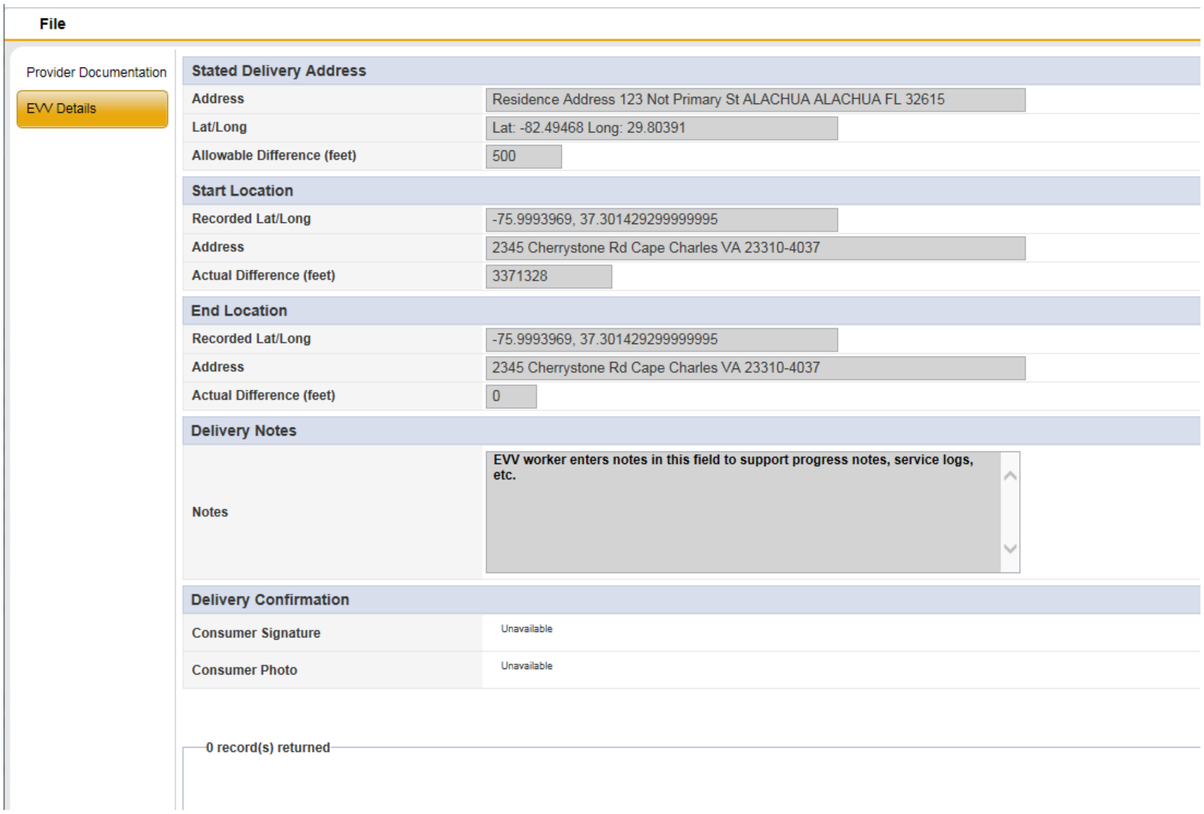
View EVV Activities

EVV service deliveries are recorded as EVV activities in iConnect. EVV activity records are visible in two locations – the consumer's record on the Provider Documentation tab and the provider's record on the EVV Activities tab. Provider EVV Managers will use the EVV Activities tab to review uploaded activities, justify violations, and initiate billing. FL APD staff will likely review activities in the context of QA processes. WSCs may also review EVV activities to ensure that consumers are receiving authorized services as per their support plan.

The standard activity detail page shows basic service delivery information such as start and end times, units delivered, service rendered, and worker. The EVV Details subpage displays EVV-specific information including the stated and actual delivery locations, delivery notes, and any validation requirements that the activity has violated.

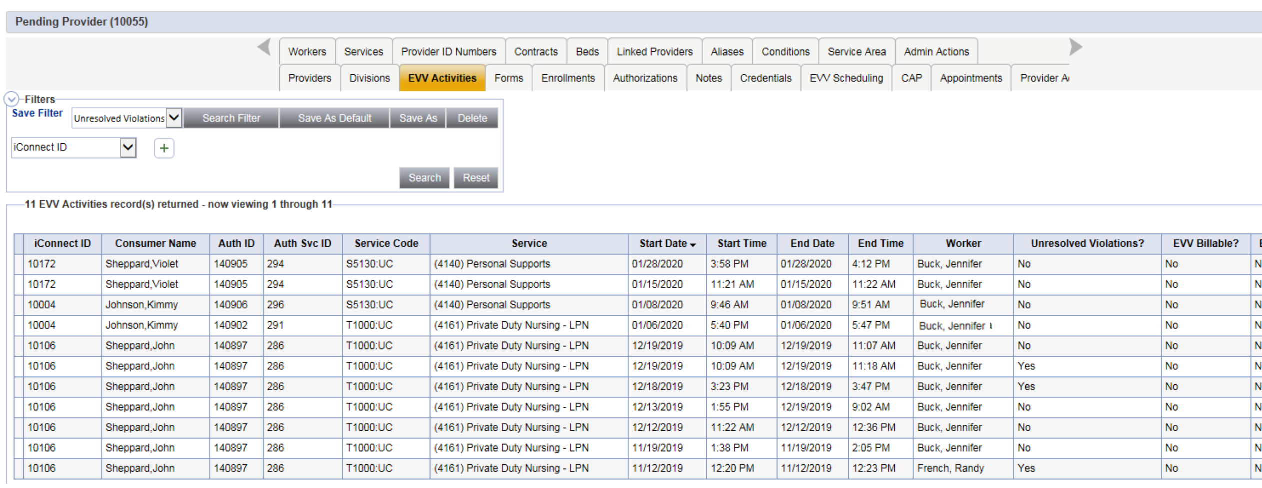
1. When viewed from the Consumers > Provider Documentation (Activities) tab, EVV activities are always read-only. Editing of EVV activities to add place of service, must be done from the Provider > EVV Activities tab.





2. When viewed from the Providers > EVV Activities tab, select fields are editable based on whether the activity was created via upload from the Mobile Site or manually entered in iConnect.

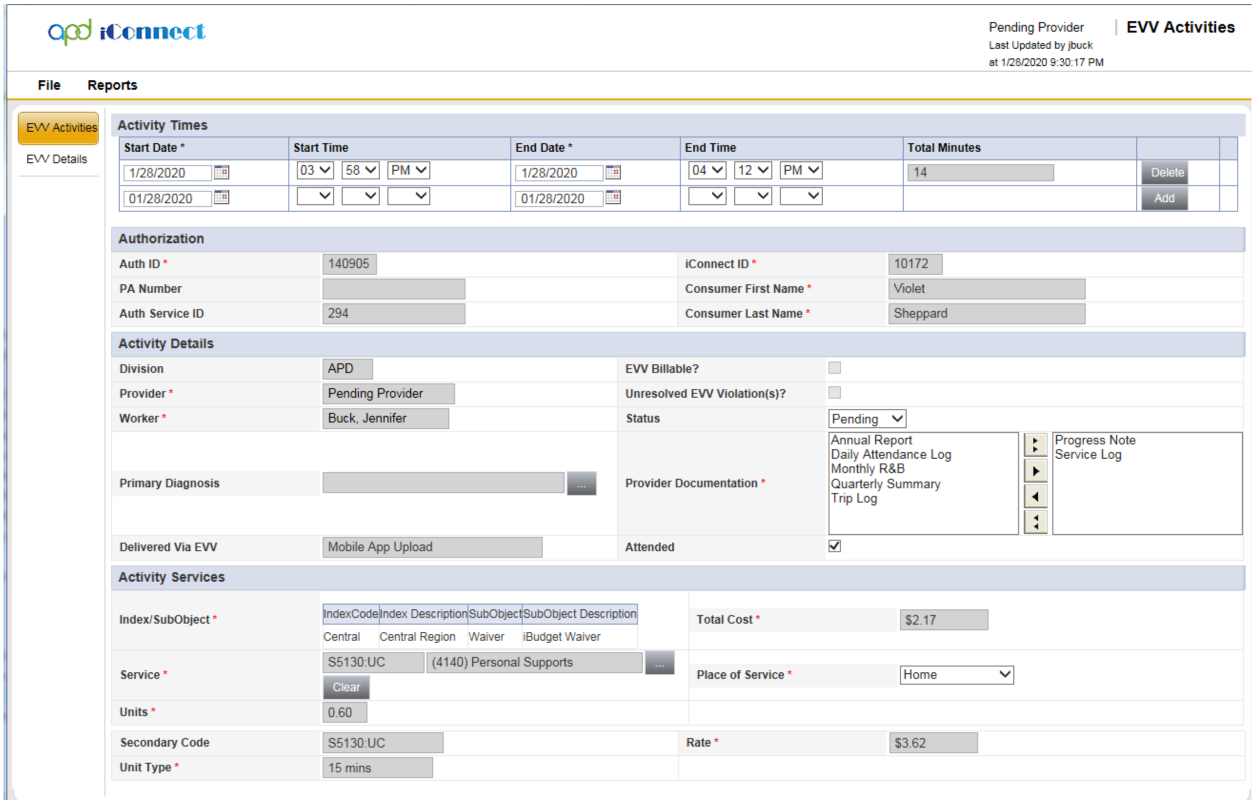
3. Navigate to the provider record and select the EVV Activities tab.



iConnect ID	Consumer Name	Auth ID	Auth Svc ID	Service Code	Service	Start Date	Start Time	End Date	End Time	Worker	Unresolved Violations?	EVV Billable?
10172	Sheppard,Violet	140905	294	S5130:UC	(4140) Personal Supports	01/28/2020	3:58 PM	01/28/2020	4:12 PM	Buck, Jennifer	No	No
10172	Sheppard,Violet	140905	294	S5130:UC	(4140) Personal Supports	01/15/2020	11:21 AM	01/15/2020	11:22 AM	Buck, Jennifer	No	No
10004	Johnson,Kimmy	140906	296	S5130:UC	(4140) Personal Supports	01/08/2020	9:46 AM	01/08/2020	9:51 AM	Buck, Jennifer	No	No
10004	Johnson,Kimmy	140902	291	T1000:UC	(4161) Private Duty Nursing - LPN	01/06/2020	5:40 PM	01/06/2020	5:47 PM	Buck, Jennifer	No	No
10106	Sheppard,John	140897	286	T1000:UC	(4161) Private Duty Nursing - LPN	12/19/2019	10:09 AM	12/19/2019	11:07 AM	Buck, Jennifer	No	No
10106	Sheppard,John	140897	286	T1000:UC	(4161) Private Duty Nursing - LPN	12/19/2019	10:09 AM	12/19/2019	11:18 AM	Buck, Jennifer	Yes	No
10106	Sheppard,John	140897	286	T1000:UC	(4161) Private Duty Nursing - LPN	12/18/2019	3:23 PM	12/18/2019	3:47 PM	Buck, Jennifer	Yes	No
10106	Sheppard,John	140897	286	T1000:UC	(4161) Private Duty Nursing - LPN	12/13/2019	1:55 PM	12/19/2019	9:02 AM	Buck, Jennifer	No	No
10106	Sheppard,John	140897	286	T1000:UC	(4161) Private Duty Nursing - LPN	12/12/2019	11:22 AM	12/12/2019	12:36 PM	Buck, Jennifer	No	No
10106	Sheppard,John	140897	286	T1000:UC	(4161) Private Duty Nursing - LPN	11/19/2019	1:38 PM	11/19/2019	2:05 PM	Buck, Jennifer	No	No
10106	Sheppard,John	140897	286	T1000:UC	(4161) Private Duty Nursing - LPN	11/12/2019	12:20 PM	11/12/2019	12:23 PM	French, Randy	Yes	No

4. Click on an activity from the search results grid (listview.) The activity will open.

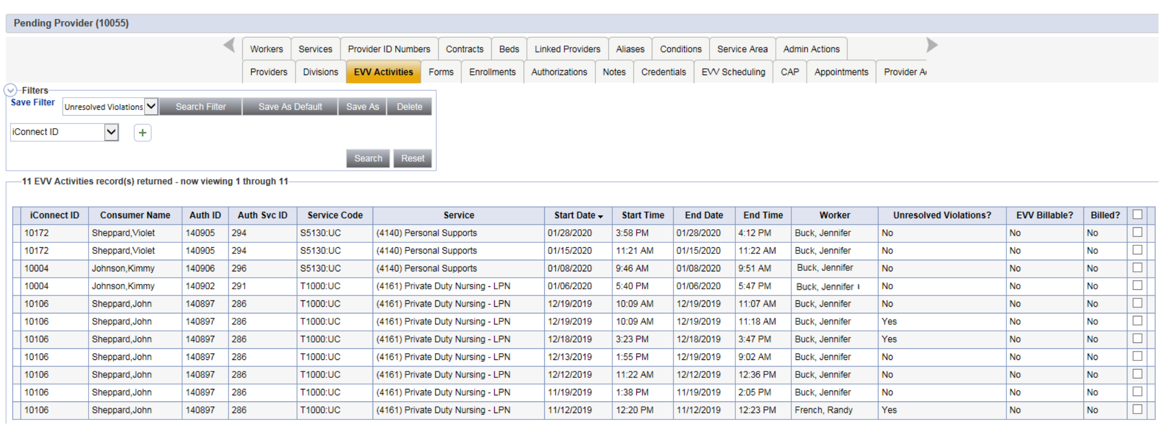
5. If the activity was created via upload from the Mobile Site, most fields on the activity detail and EVV detail pages will be read-only (user will be able to see and justify violations.)



6. If the activity was manually entered in the iConnect application, all fields needed to record the activity will be editable.

EVV Activities Search Filters

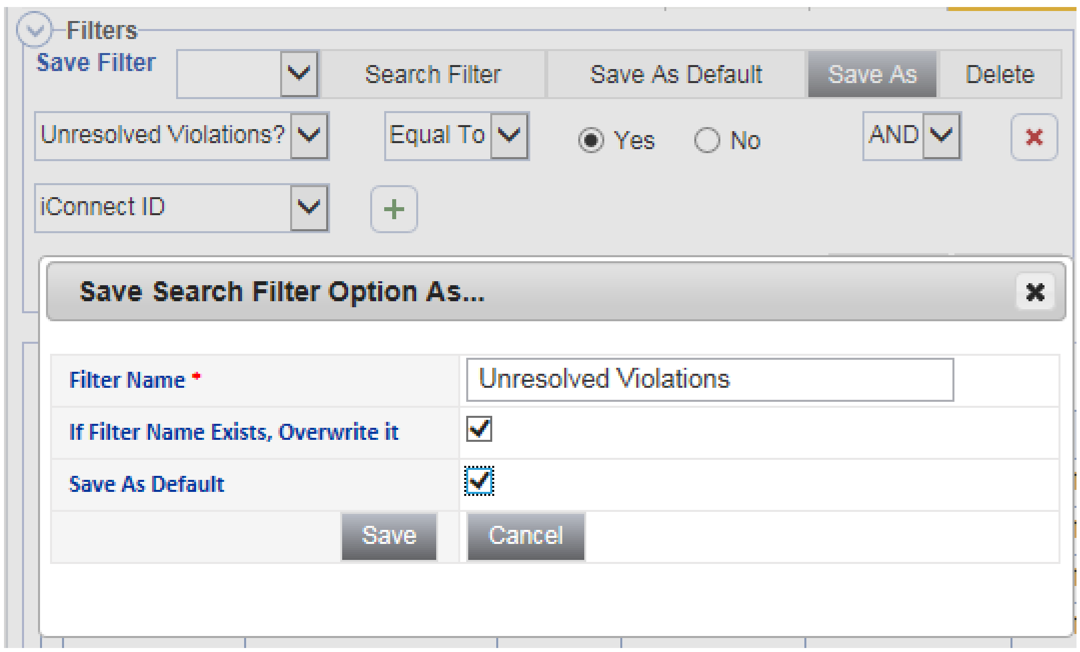
1. Navigate to the provider record and click on the EVV Activities tab.
2. Specify one or more parameters in the filter section at the top of the grid (listview.)
3. Click Search to apply the filters. The screen will refresh to show only those EVV authorizations that meet the specified criteria.



4. Click Reset to clear all filters and start over

Save a filter:

1. Click Save As.
2. Enter a name for the filter.
3. Check Save As Default if you want the filter to auto-populate with the current criteria when the tab is opened.
4. Click Save to save the filter or Cancel to return to the EVV Activities tab without saving the filter.



Apply a saved filter:

1. Select the appropriate saved search from the Save Filter dropdown in the Filters section of the screen.
2. Click Search Filter to populate the search filter with the saved criteria.
3. Click Search to apply the search criteria.

Edit a saved filter:

1. Select the appropriate saved search from the Save Filter dropdown in the Filters section of the screen.
2. Click Search Filter to populate the search filter with the saved criteria.
3. Edit the filter, adding, changing, or removing criteria as appropriate.

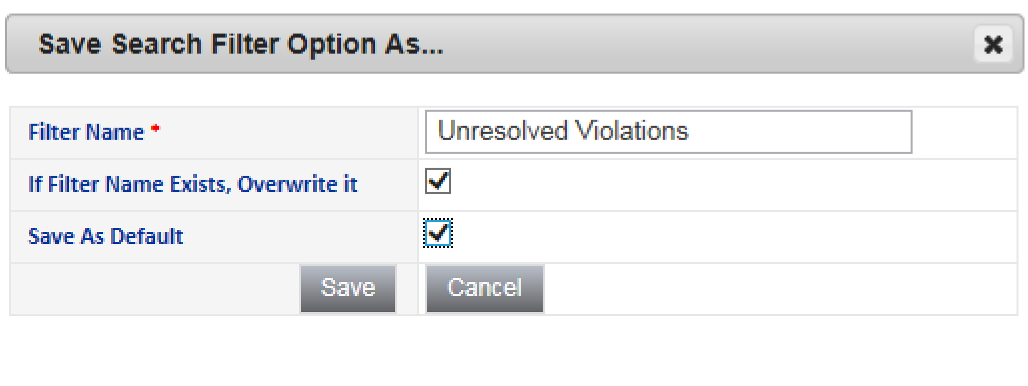
4. Click Save As.
5. Check If Filter Name Exists, Overwrite It.
    a. Click Save.
    b. The existing saved search will be updated.
6. Enter a new filter name.
    a. Click Save.
    b. The edited filter will be saved with the specified name. The original saved search filter will still exist and will not be updated.

Deleting a saved filter:

1. Select the appropriate saved search from the Save Filter dropdown in the Filters section of the screen.
2. Click Delete.
3. Click OK to confirm the deletion or Cancel to abort the deletion.
4. The filter will be deleted.

Save a saved search filter as default:

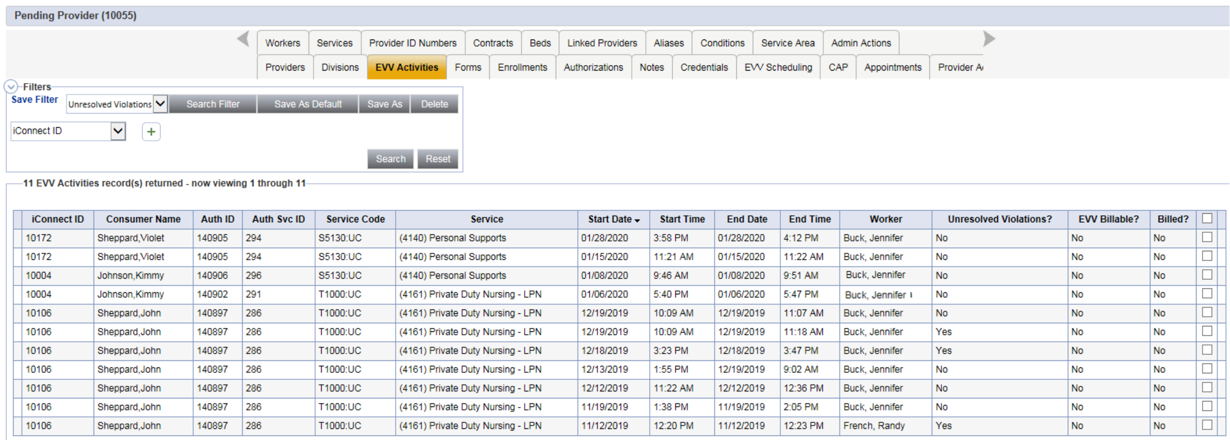
1. Select the appropriate saved search from the Save Filter dropdown in the Filters section of the screen.
2. Click Save as Default.
3. The selected filter will be saved as the default filter. The next time the EVV Activities tab is opened, the filter will auto-populate with the criteria of the saved filter.



Update EVV Activities

1. Certain data elements need to be defined on each EVV Activity before it can be submitted for claims processing.

2. Navigate to the provider record and select the EVV Activities tab.



iConnect ID	Consumer Name	Auth ID	Auth Svc ID	Service Code	Service	Start Date	Start Time	End Date	End Time	Worker	Unresolved Violations?	EVV Billable?	Billed?
10172	Sheppard,Violet	140905	294	S5130:UC	(4140) Personal Supports	01/28/2020	3:58 PM	01/28/2020	4:12 PM	Buck, Jennifer	No	No	No
10172	Sheppard,Violet	140905	294	S5130:UC	(4140) Personal Supports	01/15/2020	11:21 AM	01/15/2020	11:22 AM	Buck, Jennifer	No	No	No
10004	Johnson,Kimmy	140906	296	S5130:UC	(4140) Personal Supports	01/08/2020	9:46 AM	01/08/2020	9:51 AM	Buck, Jennifer	No	No	No
10004	Johnson,Kimmy	140902	291	T1000:UC	(4161) Private Duty Nursing - LPN	01/06/2020	5:40 PM	01/06/2020	5:47 PM	Buck, Jennifer	No	No	No
10106	Sheppard,John	140897	286	T1000:UC	(4161) Private Duty Nursing - LPN	12/19/2019	10:09 AM	12/19/2019	11:07 AM	Buck, Jennifer	No	No	No
10106	Sheppard,John	140897	286	T1000:UC	(4161) Private Duty Nursing - LPN	12/19/2019	10:09 AM	12/19/2019	11:18 AM	Buck, Jennifer	Yes	No	No
10106	Sheppard,John	140897	286	T1000:UC	(4161) Private Duty Nursing - LPN	12/18/2019	3:23 PM	12/18/2019	3:47 PM	Buck, Jennifer	Yes	No	No
10106	Sheppard,John	140897	286	T1000:UC	(4161) Private Duty Nursing - LPN	12/13/2019	1:55 PM	12/19/2019	9:02 AM	Buck, Jennifer	No	No	No
10106	Sheppard,John	140897	286	T1000:UC	(4161) Private Duty Nursing - LPN	12/12/2019	11:22 AM	12/12/2019	12:36 PM	Buck, Jennifer	No	No	No
10106	Sheppard,John	140897	286	T1000:UC	(4161) Private Duty Nursing - LPN	11/19/2019	1:38 PM	11/19/2019	2:05 PM	Buck, Jennifer	No	No	No
10106	Sheppard,John	140897	286	T1000:UC	(4161) Private Duty Nursing - LPN	11/12/2019	12:20 PM	11/12/2019	12:23 PM	French, Randy	Yes	No	No

3. Click on an activity from the search results grid (listview.) The activity will open.

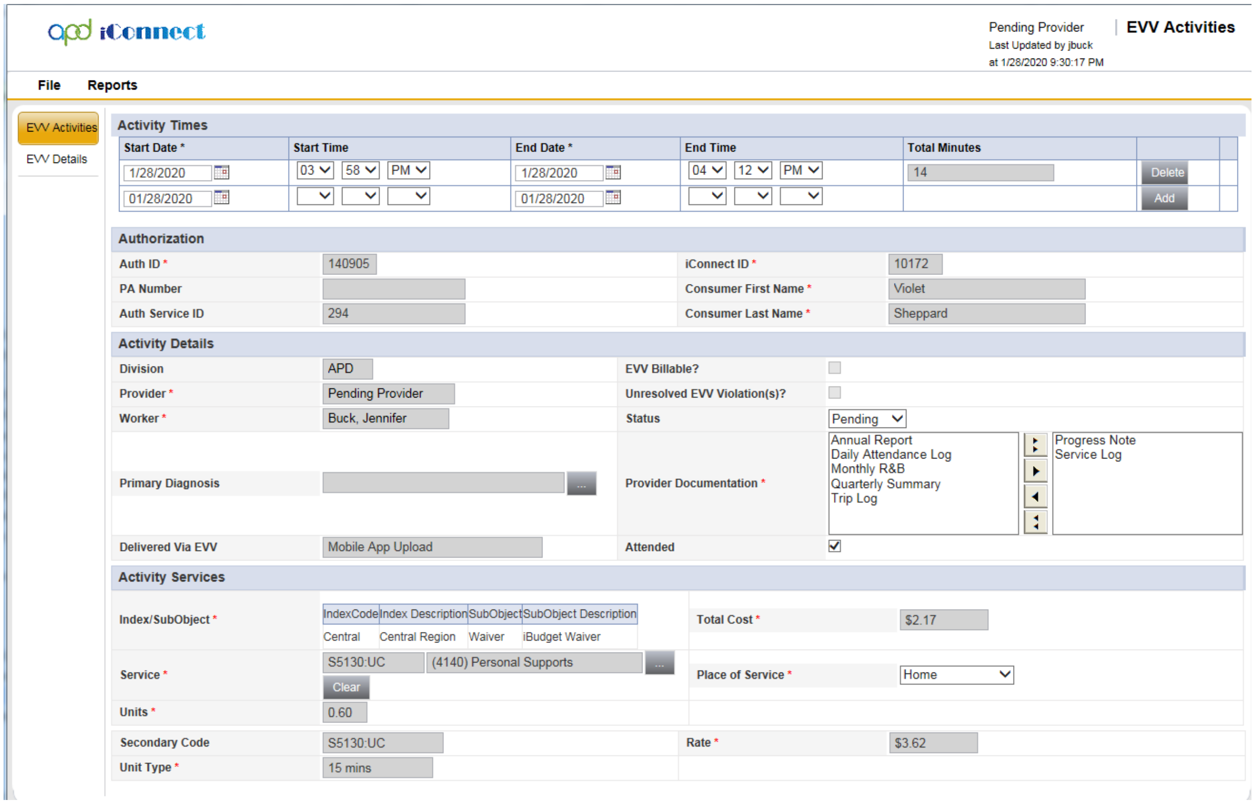
4. Update the following fields:

   a. Place of Service = select Home, Office or Other

   b. Diagnosis Code = If it does not auto-populate, add the APD Eligible Diagnosis from the Diagnosis tab of the consumer

   c. Provider Documentation = these values will populate from the uploaded delivery

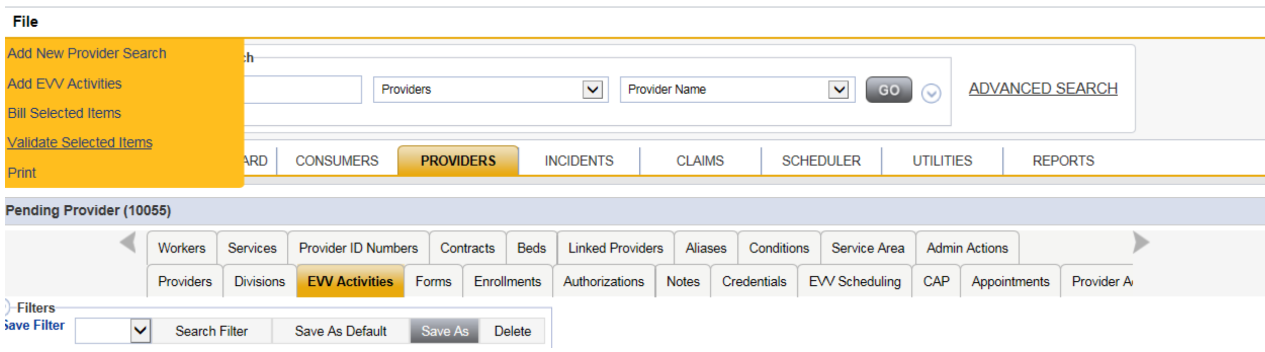
   d. Status = Complete



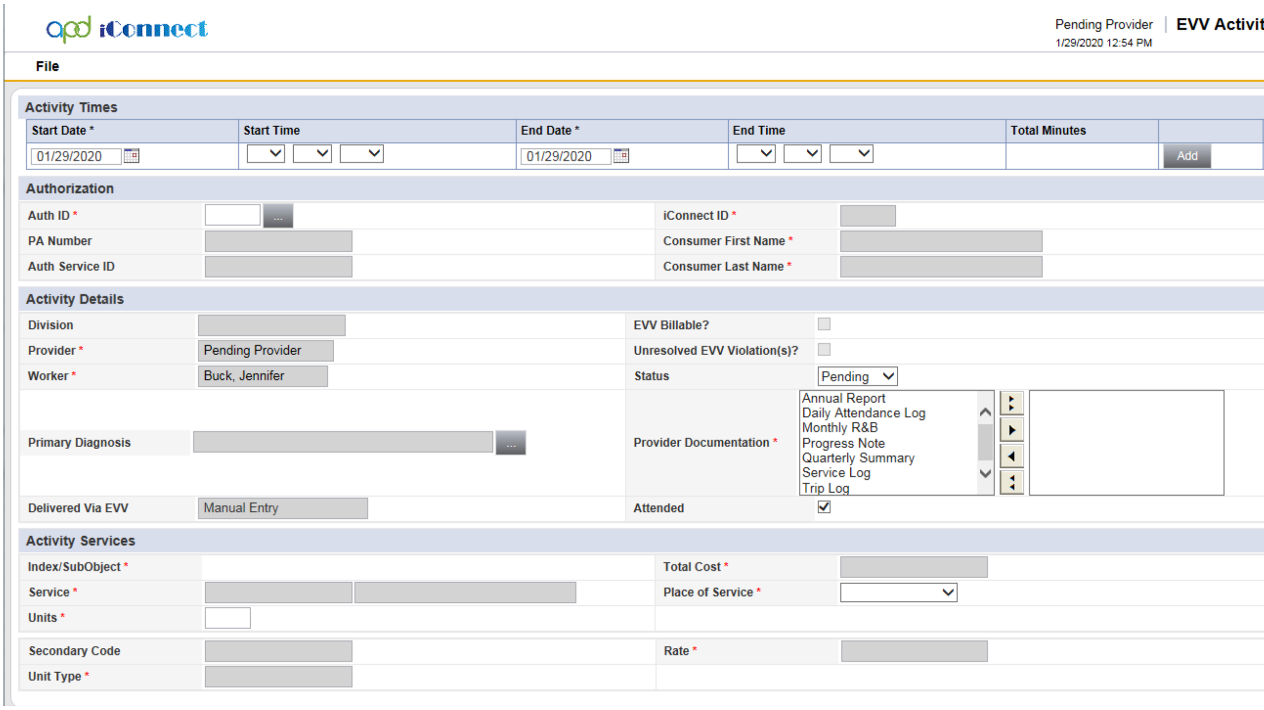
Manual Entry of EVV Activity

The intent of EVV is to capture service delivery location, start time, and end time at the time and point of delivery. However, there will be situations in which a worker's mobile device fails and service deliveries must be reconstructed and manually entered in the iConnect application as EVV Activities. Manually entered EVV activities require the data elements as activities created within the Mobile Site. The only data that will consistently be missing is GPS location data.

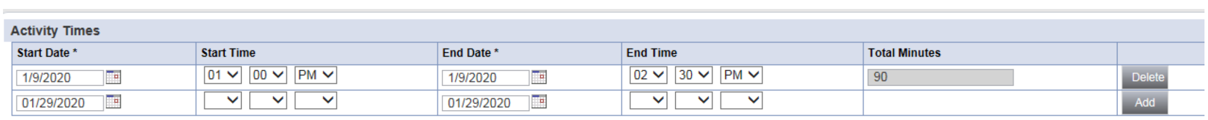
1. Navigate to the provider record and click on the EVV Activities tab.
2. Select Add EVV Activity from the File menu.



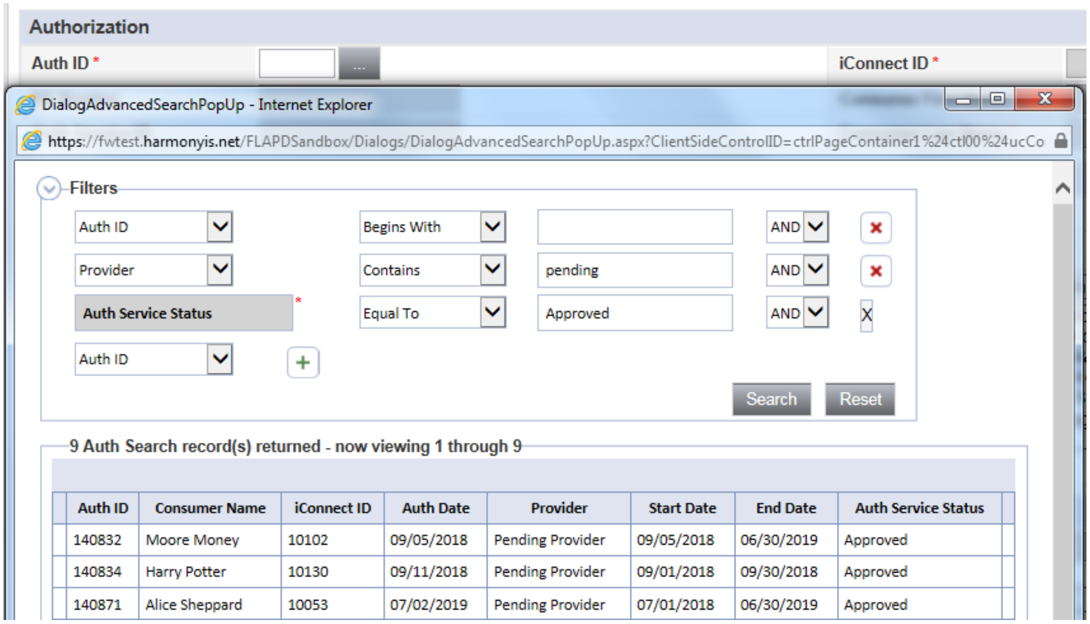
3. The Activity detail page will be displayed.



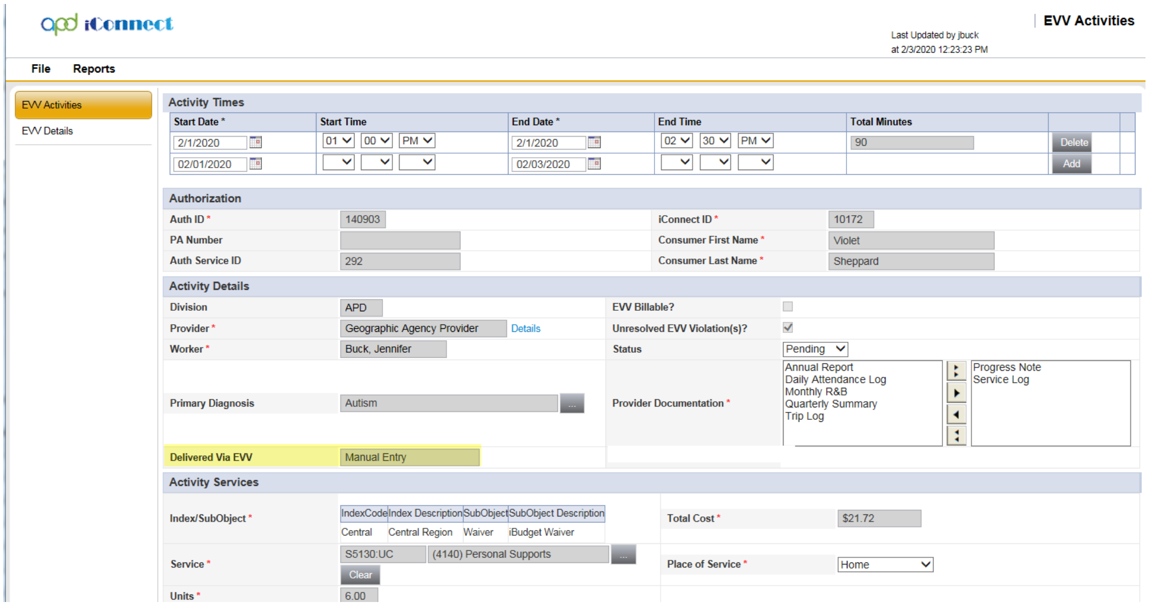
4. Enter the start date and start time. Enter the end date and end time.
5. Click Add.
6. The screen will refresh and auto-calculate the total elapsed time in minutes.



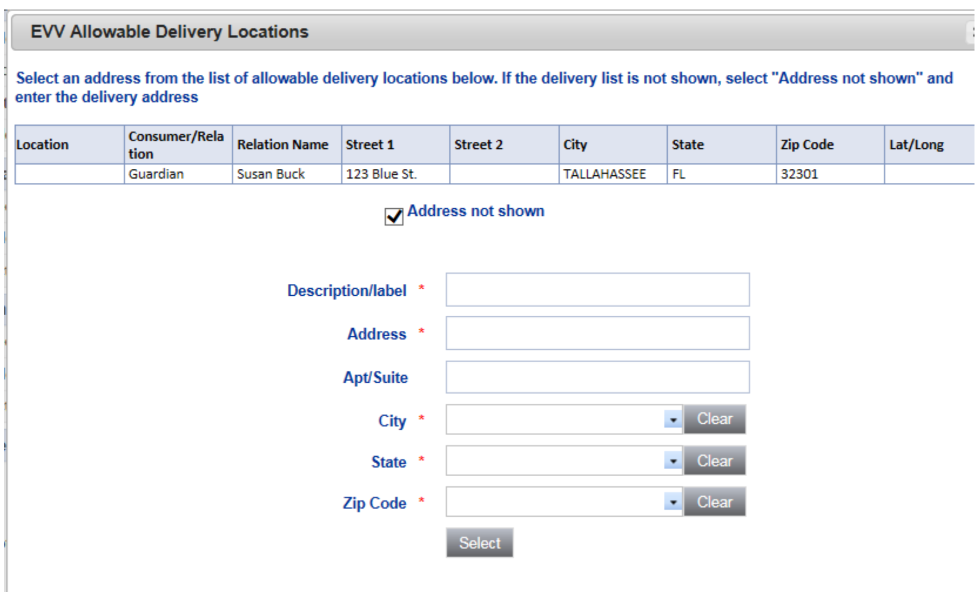
7. Click the ellipsis to the right of the authorization field.
8. A dialog box will be presented.
9. Search for and select the appropriate authorization.



10. The screen will refresh and auto-populate several fields. If the service is time-based, units will also auto-populate.
11. Enter the EVV worker that delivered the service in the Worker field.
12. Status can remain Pending.
13. The Primary Diagnosis will auto populate from the consumer's record if the diagnosis record is in complete status.
14. Select one or more values for Provider Documentation.
15. Delivered via EVV will default to Manual Entry and be read only.
16. Select a Place of Service.
17. From the File menu select Save.
18. The screen will refresh and the EVV Details subpage will be visible.



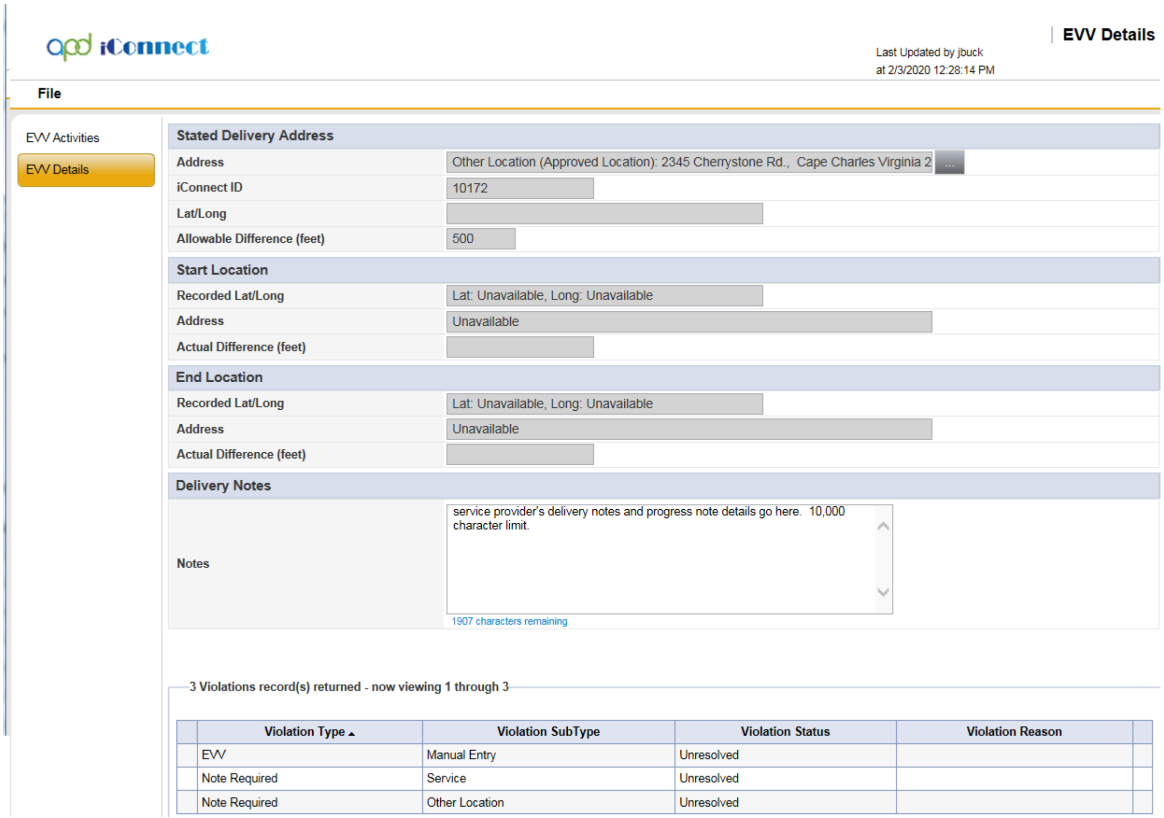
19. Click on the EVV Details subpage.
20. In the Stated Delivery Address section, use the ellipsis to select the appropriate address from the list of approved delivery locations.
21. If needed, select address not shown to enter a different location. This manual entry will be flagged with a violation.



22. The system will automatically determine the latitude and longitude of the selected address.
23. The Start Location and End Location sections will automatically populate with Unavailable.

24. Enter a note.

25. From the File menu, select Save.



26. The screen will refresh and violations will automatically be created for the manual entry and the other location entry if a delivery address was manually added.

Validate EVV Activities

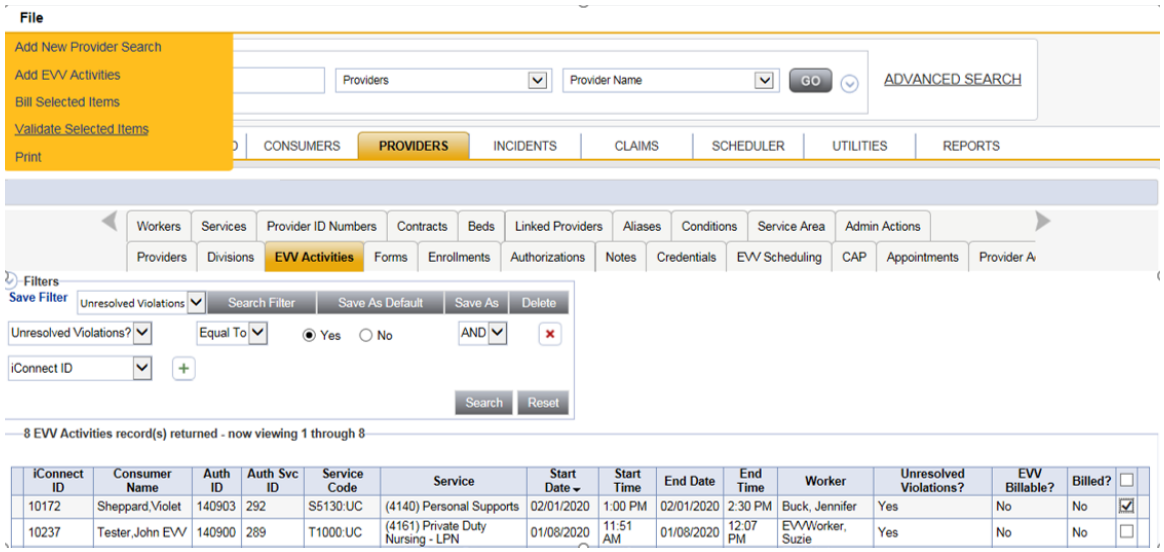
Standard EVV validation rules include violations and billing rules. Any violations that fail will display on the EVV Details page. Billing rules that fail are visible on Billing Issue report that can be executed from the EVV Activities List, EVV Activities Details page and the Consumer Activity Details page.

1. This validation is completed automatically when the service deliveries are uploaded from the mobile site. The validation of manually added EVV activities must be completed manually.

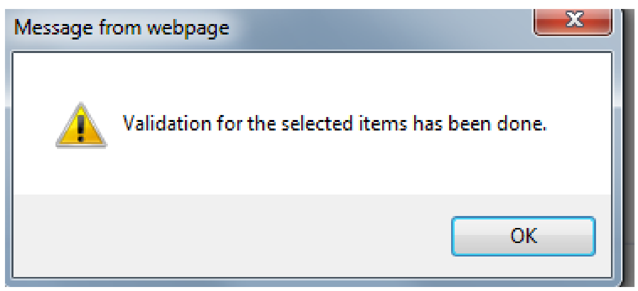
2. Select the EVV Activities tab on the Provider record.

3. From the list view, add a check to each EVV Activity that needs to be validated, and or select the box at the top to select all.

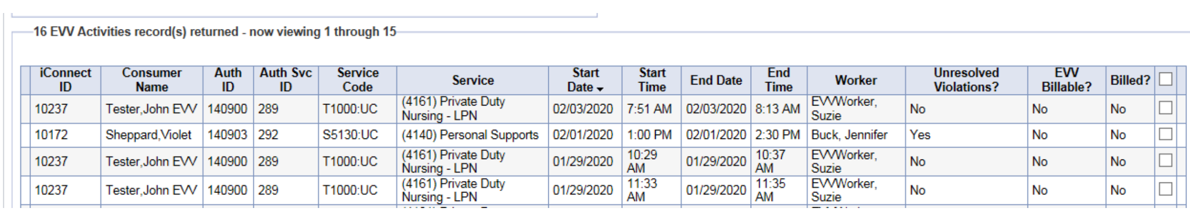
4. From the **File** menu > select **Validate Selected Items.**



5. Notification that the validation is successful displays. Click OK.



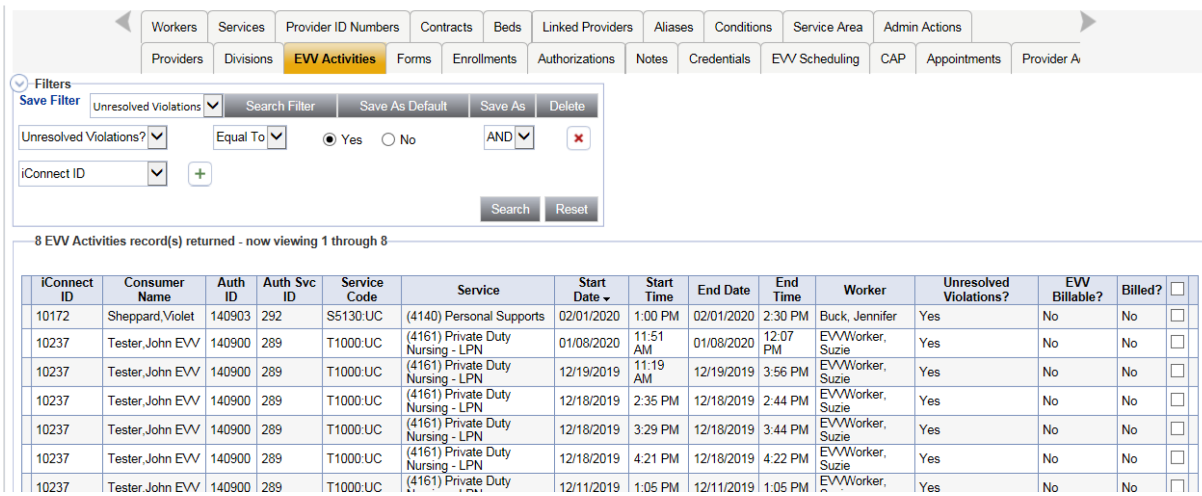
6. The Unresolved Violation column on the EVV Activities List View page updates to Yes when violations are present. Violations are visible and must be justified on the EVV Details page. Once violations are justified and revalidated, the Unresolved Violation column updates to No. EVV Violations are described in the EVV Validation Rules section of this manual.



Justifying Violations (APD iConnect Application)

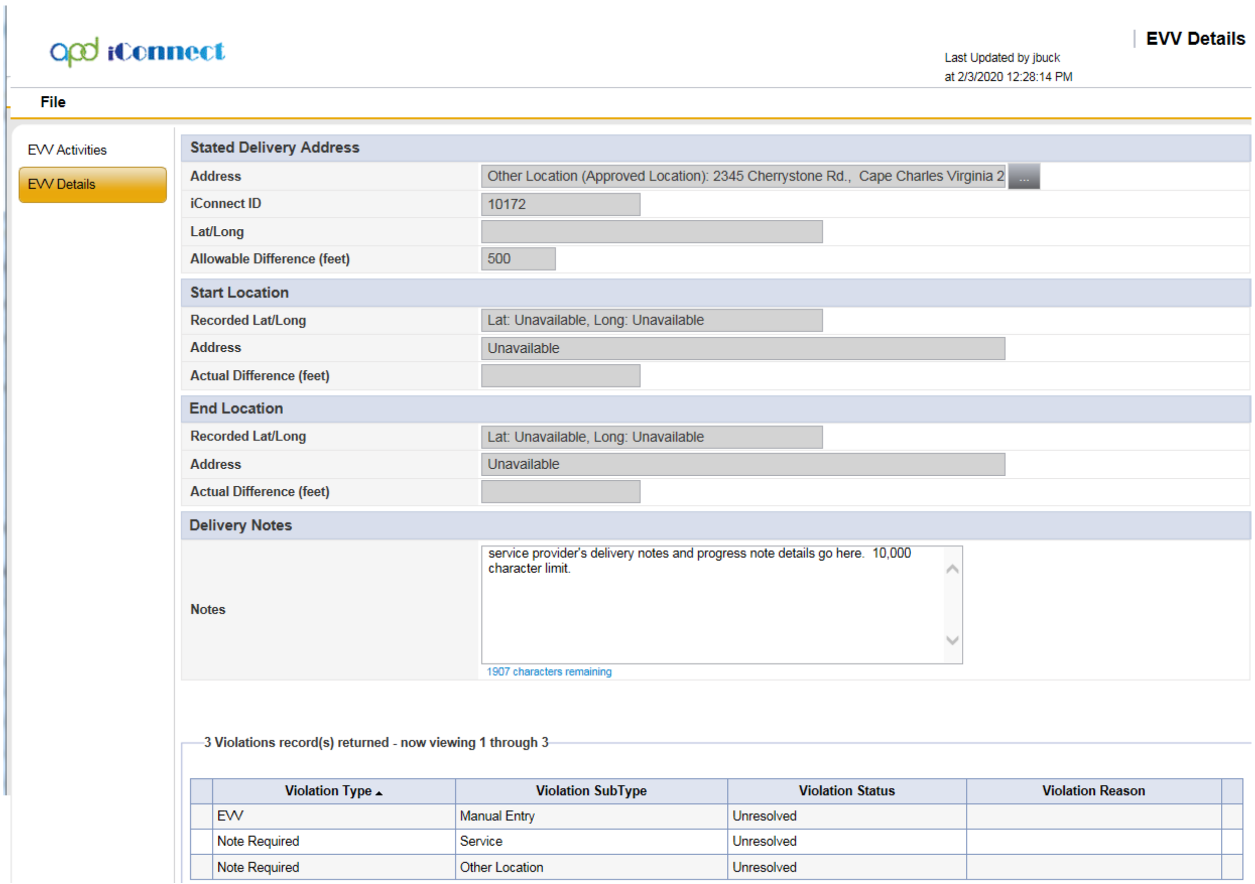
When a service delivery is uploaded to the iConnect application as an EVV activity, additional validation is applied to ensure that the activity complies with all EVV requirements for that service beyond the validation that was applied in the Mobile Site. When this occurs, the details of the violation(s) are visible on the EVV Details > Violation Detail page. Depending on the violation and how the service code has been configured, a provider EVV manager may be permitted to provide a justification (explanation) and proceed with billing.

1. Identify activities with violations: Navigate to the Provider record and click on the EVV Activities tab.
2. Use the search filters to isolate activities with violations
   a. Using a filter of “Unresolved EVV Violation(s)?” Equal to Yes will return all activities that have a violation that has not yet been justified.

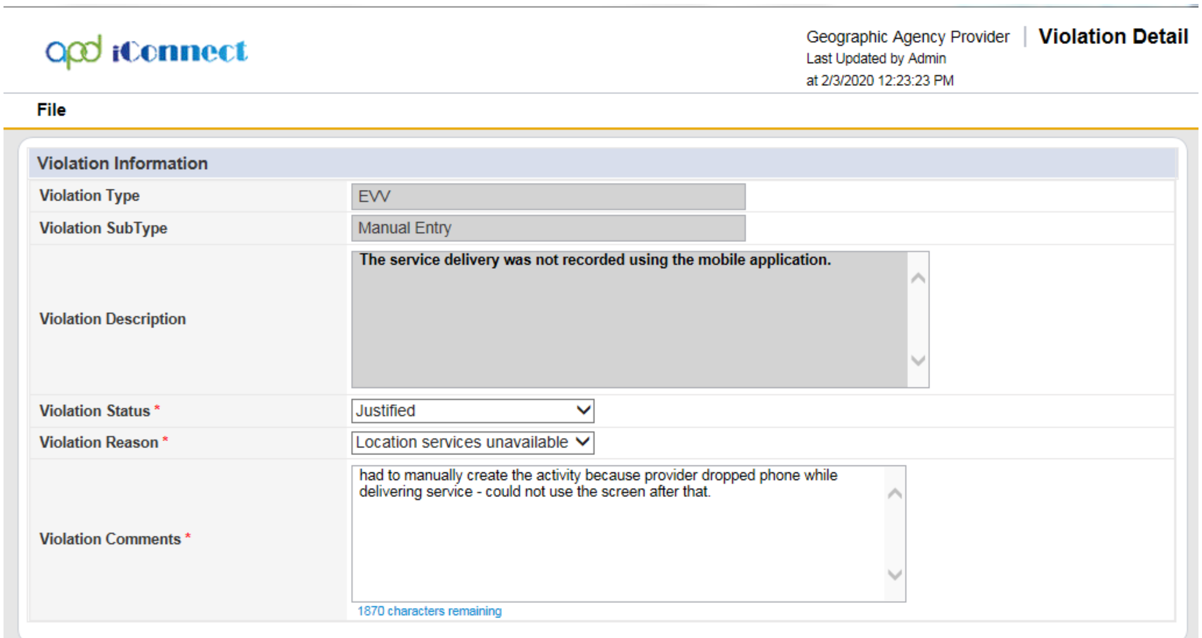


iConnect ID	Consumer Name	Auth ID	Auth Svc ID	Service Code	Service	Start Date	Start Time	End Date	End Time	Worker	Unresolved Violations?	EVV Billable?	Billed?
10172	Sheppard,Violet	140903	292	S5130:UC	(4140) Personal Supports	02/01/2020	1:00 PM	02/01/2020	2:30 PM	Buck, Jennifer	Yes	No	No
10237	Tester,John EVV	140900	289	T1000:UC	(4161) Private Duty Nursing - LPN	01/08/2020	11:51 AM	01/08/2020	12:07 PM	EVVWorker, Suzie	Yes	No	No
10237	Tester,John EVV	140900	289	T1000:UC	(4161) Private Duty Nursing - LPN	12/19/2019	11:19 AM	12/19/2019	3:56 PM	EVVWorker, Suzie	Yes	No	No
10237	Tester,John EVV	140900	289	T1000:UC	(4161) Private Duty Nursing - LPN	12/18/2019	2:35 PM	12/18/2019	2:44 PM	EVVWorker, Suzie	Yes	No	No
10237	Tester,John EVV	140900	289	T1000:UC	(4161) Private Duty Nursing - LPN	12/18/2019	3:29 PM	12/18/2019	3:44 PM	EVVWorker, Suzie	Yes	No	No
10237	Tester,John EVV	140900	289	T1000:UC	(4161) Private Duty Nursing - LPN	12/18/2019	4:21 PM	12/18/2019	4:22 PM	EVVWorker, Suzie	Yes	No	No
10237	Tester,John EVV	140900	289	T1000:UC	(4161) Private Duty	12/11/2019	1:05 PM	12/11/2019	1:05 PM	EVVWorker,	Yes	No	No

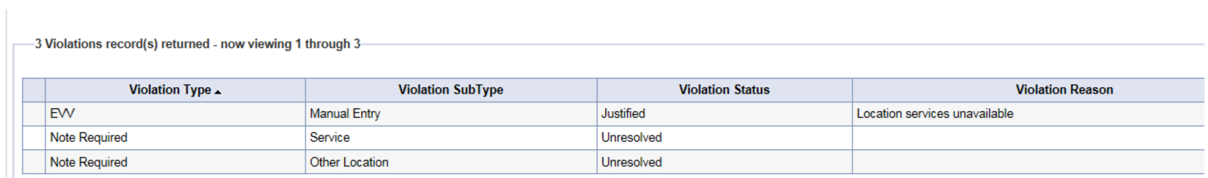
3. Use additional filters such as date or service to further refine the results.
4. Click on an activity in the listview to open the activity detail page.
5. Click on the EVV Details subpage to see the specific violations.



6. Click on a violation to see full details.
7. The violation type, subtype, and description are all read-only fields that classify the violation and provider a user-friendly, plain text description of the violation.
8. The status of the violation will be defaulted to “Unresolved”.
9. Change the status to “Unable to justify” if the violation is one that, regardless of justification, cannot be billed.
10. Change the status to “Justified” if the violation can be explained and then billed.
11. Populate the Violation Reason field from the associated dropdown menu.
12. Enter a justification (explanation) in the Violation Comments field.



13. Click File, then Save and Close Violation Detail. The page refreshes and the EVV Details page displays. The violation list view has been updated.



3 Violations record(s) returned - now viewing 1 through 3

Violation Type	Violation SubType	Violation Status	Violation Reason
EVV	Manual Entry	Justified	Location services unavailable
Note Required	Service	Unresolved	
Note Required	Other Location	Unresolved	

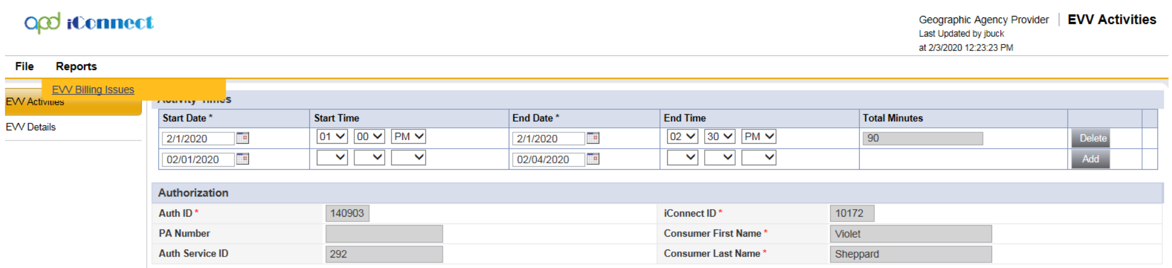
14. Repeat for each violation associated to the activity. When all violations are resolved, the Unresolved Violations? Indicator will change from Yes to No. The provider may then proceed with scrubbing the activity against the billing rules and once passed, submitting the claim.

Billing EVV Activities (APD iConnect Application)

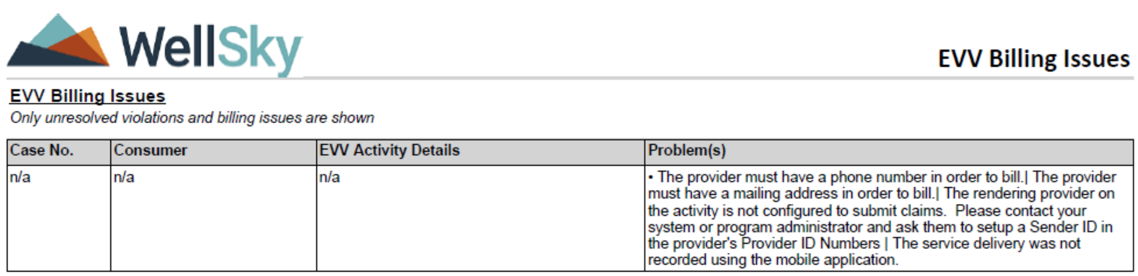
Once the violations have been addressed, the EVV activity will be validated against the billing rules described in the [EVV Validation Rules](#) section of this manual. Billing rules that fail are visible on Billing Issue report that can be executed from the EVV Activities List, EVV Activities Details page and in the Consumer Activity Details page.

After passing validation, when a provider EVV manager is ready to bill, they select the appropriate activities from the EVV Activities tab and click the Bill Selected Items option. The activities will automatically be converted into claims and submitted to the claims workflow. At this point, they behave and are managed like any other claim in iConnect – results are visible in the Claims grid. iConnect will automatically “lock” (read-only) activity records that are associated with claims that are “in process” (do not have final remittance) or have been approved for payment; conversely, iConnect will “unlock” (editable) activity records associated with denied or voided claims.

1. Navigate to the Provider record and select the EVV Activities tab.
2. Use the search filters to isolate EVV activities that do not have any unresolved violations but have not yet been scrubbed against the billing rules.
   a. Using a filter of “Unresolved EVV Violation(s)?” Equal to No and “EVV Billable” Equal to No will return all activities that have no unresolved violations and have not yet been scrubbed.
3. Select each activity and the EVV Activity page displays. From the Report menu, select EVV Billing Issues to view the billing rules that must be satisfied before the EVV activity can be submitted as a claim. See the EVV Validation Rules section for details on the EVV Billing Rules.



4. The EVV Billing Issues report displays in a new window, listing each billing rule the EVV activity does not satisfy. These are issues that the service provider cannot resolve. The APD Regional or State Office staff must be contacted to resolve the issues.


WellSky

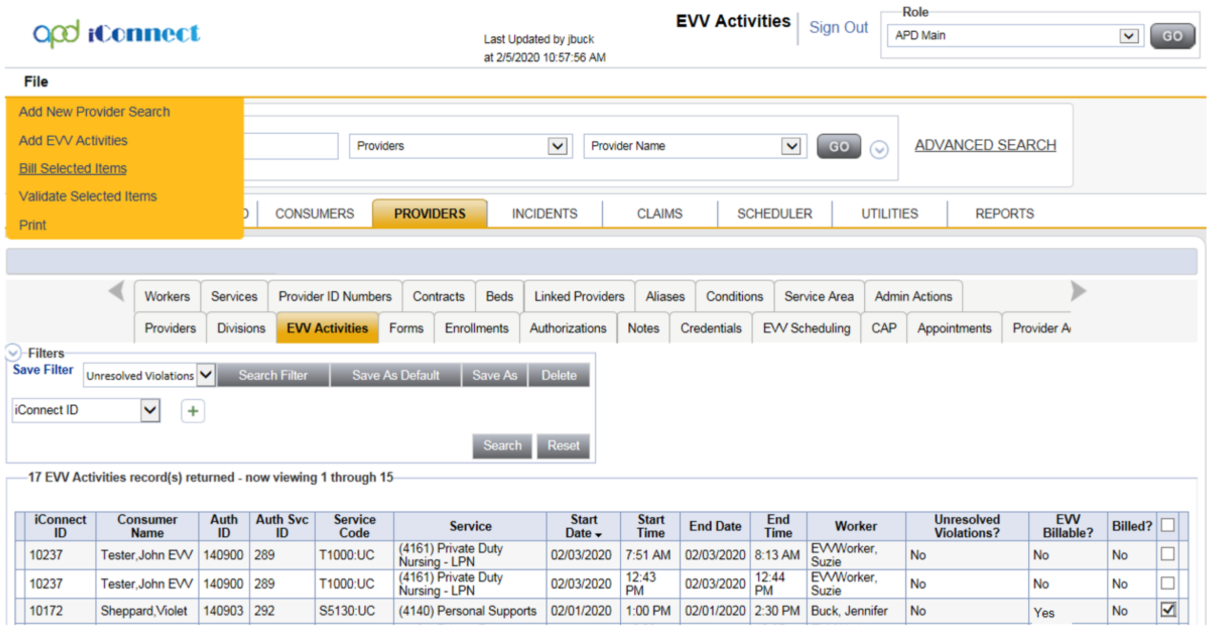
EVV Billing Issues

EVV Billing Issues

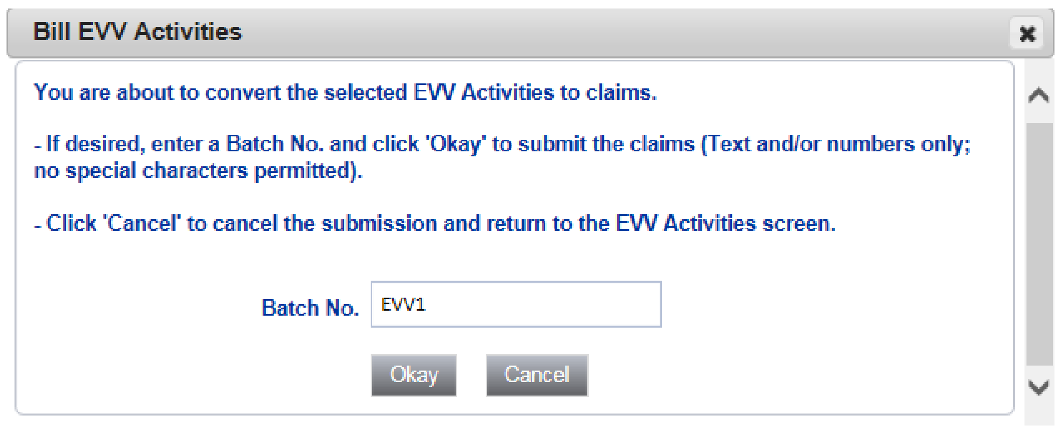
Only unresolved violations and billing issues are shown

Case No.	Consumer	EVV Activity Details	Problem(s)
n/a	n/a	n/a	• The provider must have a phone number in order to bill.| The provider must have a mailing address in order to bill.| The rendering provider on the activity is not configured to submit claims. Please contact your system or program administrator and ask them to setup a Sender ID in the provider's Provider ID Numbers | The service delivery was not recorded using the mobile application.

5. Once the EVV activity has no unresolved violations and does not violate any billing rules, it can be billed.
6. From the EVV Activities tab, use the search filters to isolate billable activities.
   a. Using a filter of “Unresolved EVV Violation(s)?” Equal to No and “Billed” Equal to No will return all activities that no unresolved violations and have not yet been billed.
7. Use additional filters such as date or service to further refine the results.
8. Check the box to the left of each activity to be billed (check the box at the top of the column to select all activities on the screen).
9. Select “Bill Selected Items” from the File menu.

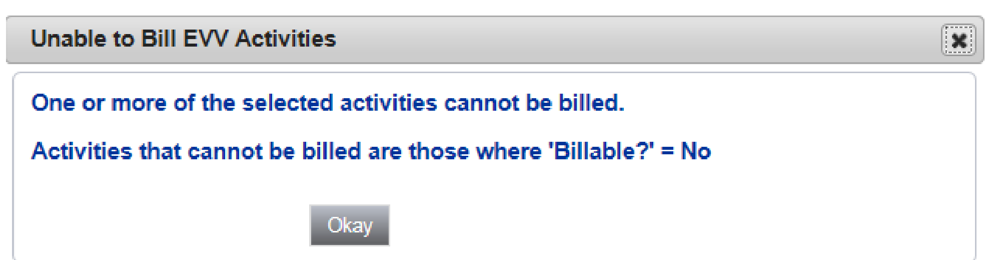


10. The Bill EVV Activities dialog box displays. Enter a batch number. Click Okay.



11. iConnect will convert the selected activities to claims and automatically submit them to the claims workflow.

12. If the provider tries to bill EVV activities that still have violations or outstanding billing rules, the application will not submit the EVV activity to the claims workflow.



EVV Remittance Processes (APD iConnect Application)

Submitted claims are automatically processed and adjudicated. The **Claims** chapter, commonly referred to as the Claims Grid, allows users to view the results of applying the business rules and adjudication, and the current status of claims.

For Waiver services the remittance from FMMIS will automatically be posted in iConnect, though FMMIS will continue to issue the payment requests as they do today. From a business process perspective, this is a change for providers as they previously billed directly to FMMIS.

Use the filter on the Claims grid to isolate the appropriate Claims. It is useful to view the Batch No and Submit Date to verify that Claims that were just submitted conformed to the rules.

- **Claim status** indicates where in the workflow the claim is and is not necessarily a terminal (final) status.
- **Remittance status** indicates if the Claim was paid, denied, or voided and is a terminal (final) status.
- **Claims without a remittance status** are locked and no action can be taken until remittance advice is posted.
- **Claims with a remittance status of Denied** can be corrected and resubmitted.
- **Claims with a remittance status of Paid** can be voided.

Please refer to the Chapters 6 – 9 of this Mini Manual for more information.

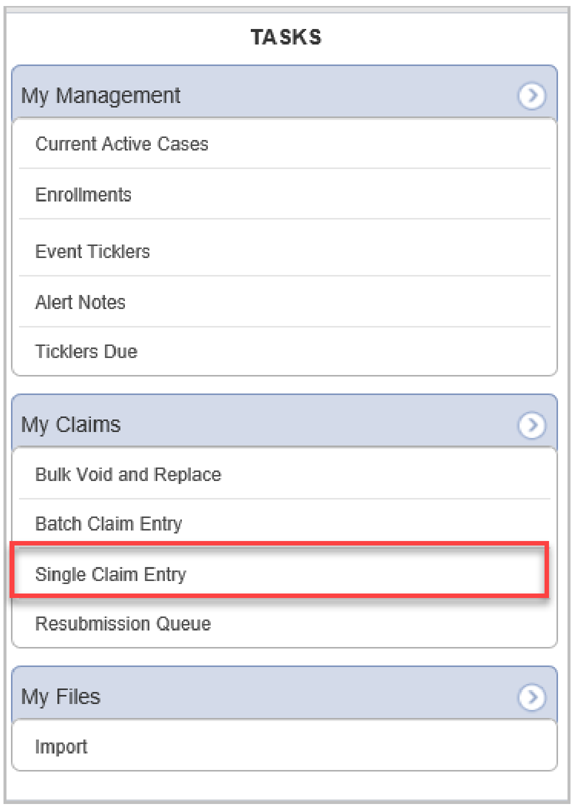
Chapter 6 | Claims Submission

Introduction

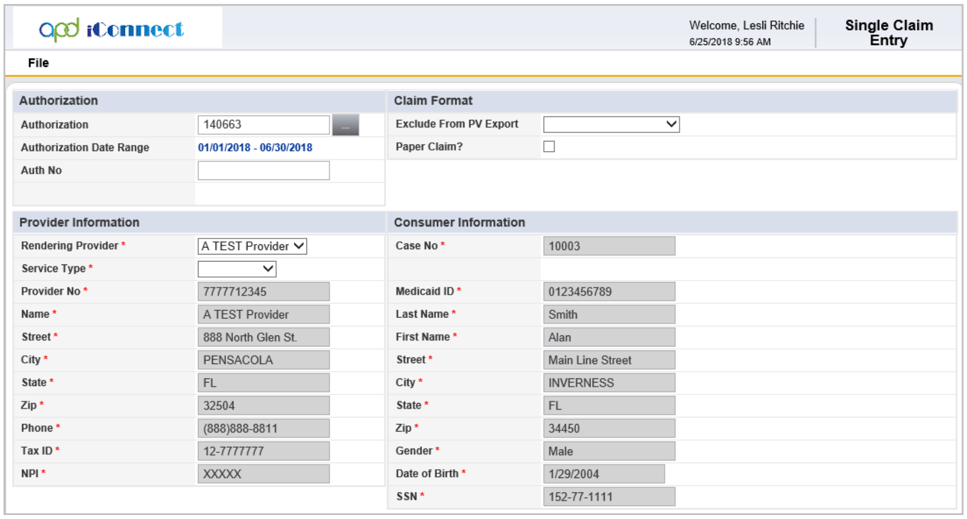
APD Providers will have many options for submitting claims via the User Interface (UI) or by using a file upload process. Options that APD may use include: Single Claim Entry, Batch Claim Entry, file upload, and EVV.

Claim Submission using the single Claim Entry (SCE) Screen

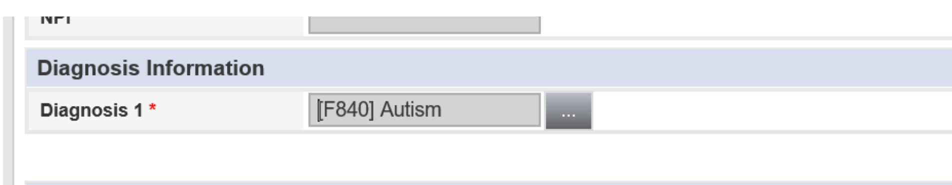
1. The Claim Submitter (e.g. Provider or Regional Office Worker) navigates to **My Dashboard**, clicks on the **Single Claim Entry** link in the **My Claims** panel to open a blank claim form.



2. Key the authorization number into the "Authorization" field, OR
3. Click on the **ellipsis** button and search for the appropriate authorization.
4. Select the Authorization record.
   a. The screen will auto-populate data in the other sections of the screen once an authorization is selected.



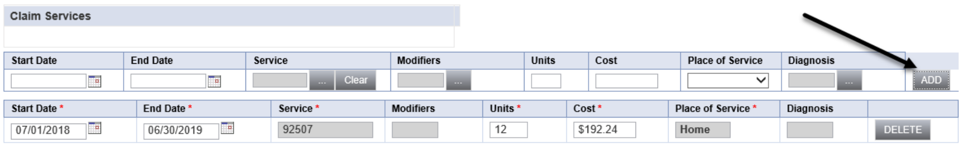
5. If the claim needs to be printed to paper CMS-1500 form and mailed, check the "Paper Claim?" checkbox. (This option is available only for Exception claims or claims over a year old.)
6. If rendering provider has not prepopulated, select the appropriate provider from the dropdown.
7. If the service type has not prepopulated, select the appropriate service type from the dropdown.
8. The remaining fields will auto populate and are read-only.
9. If a diagnosis does not auto populate or if the diagnosis needs to be changed, click on the **ellipsis** button and search for the appropriate diagnosis.



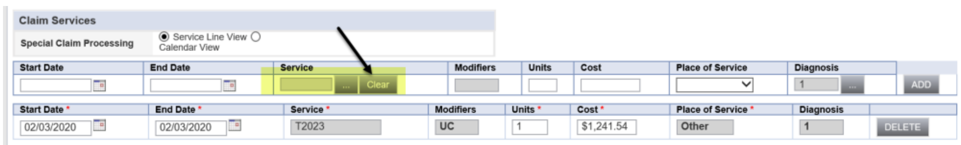
10. If the Provider on the Auth is an Agency Provider, select the appropriate Individual WSC Provider from the "Secondary Provider Information" dropdown. The Provider's Vendor No and Name will auto populate. (All WSC Agency providers must select secondary provider information.)
11. The screen will default to the **Service Line View** to enter service data as individual lines. This view supports claims with multiple service codes (e.g., Supported Employment and Personal Supports Services), OR
12. Click the button next to **Calendar View** to enter service data using a calendar. This view supports claims with a single service code (e.g. Supported Employment). Skip to Step 20.
13. Enter a Start and an End Date.
    a. Use the same date for the start and end date.
14. Select the **Service Code** using the **ellipsis** button. The list of available services will be filtered by the **Authorization** (if used) and/or the **Service Type** indicated at the claim level.
    a. The modifiers will auto-complete once the service code is selected.
15. Enter the number of units.
    a. The cost will auto-calculate.
    b. Select the month to be billed.

c. The calendar will automatically default to the previous month but can be adjusted using either the left and right arrows on the calendar or the month and year drop down menus. If the dropdown menus are used, the **Update Calendar** button must be clicked to refresh the calendar.

16. Click the **Add** button to save the service line.



17. Repeat the steps above, adding as many service lines as needed. But clear the service code prior to entering a new service line.



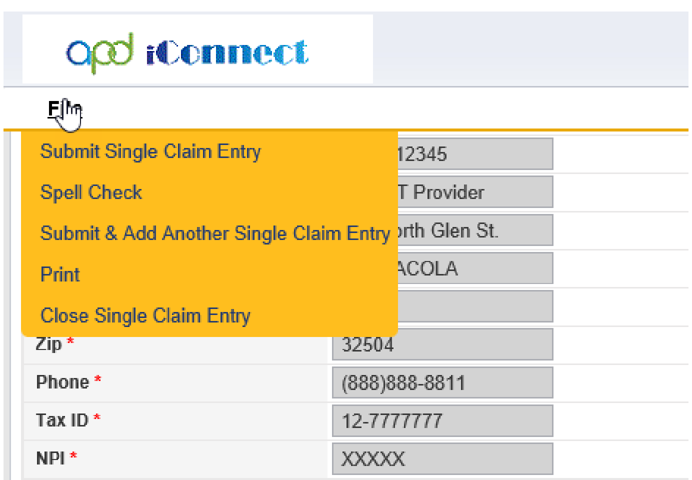
18. Enter the number of units delivered.

19. Enter individual dates directly in the Calendar grid.

Tip

Default the entire month by entering the number of units per day in the "Default Units" box and clicking the "Update Calendar" button.

20. To submit the claim, click **File > Submit Claims Entry** or **File > Submit & Add Another Claims Entry**.



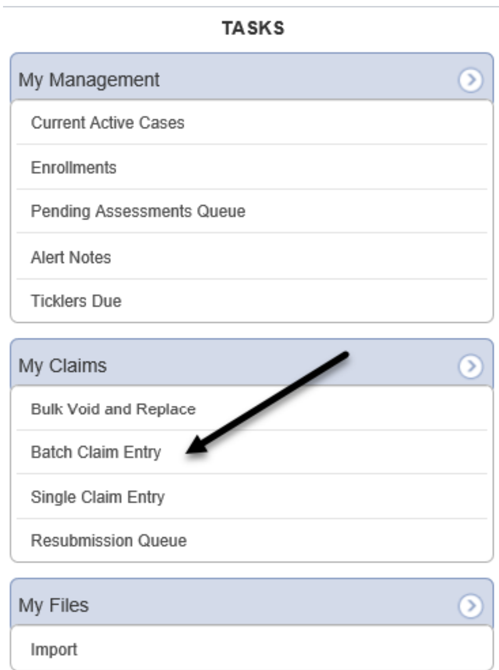
Key Point

Remember to save the Note in "Pending" status so that the recipient can update the Note and route it back to the sender.

a. Submitted claims are automatically processed, and business rules are applied. Then the claim is routed appropriately.
b. The system automatically generates a claim for each day of service. This only applies to Calendar view.
c. When using the Calendar view, if a box in the calendar is left blank (i.e., a service was not delivered on that day), the system automatically skips that day when creating claims.

Claim Submission Using the Batch Claim Entry (BCE) Screen

1. From **My Dashboard**, click on the **Batch Claim Entry** link to open a blank claim form.



2. Select the "Program" and "Service Type."
3. Select the "Service Code" using the **ellipsis** button.
   a. Only Consumers with an active authorization during the specified dates of service will be displayed.
4. Enter the "Total Units" (optional). This value is used as a default and can be edited once consumers have been selected. Services with 0 units cannot be saved.
5. The "Batch No" will auto populate with your User ID followed by a number that increments automatically but can be edited or deleted.
6. Click the **Select Matching Consumers** button.
   a. The system automatically displays all consumers that match the criteria in the header. The total amount to be billed is shown at the bottom of the list view.

Key Point

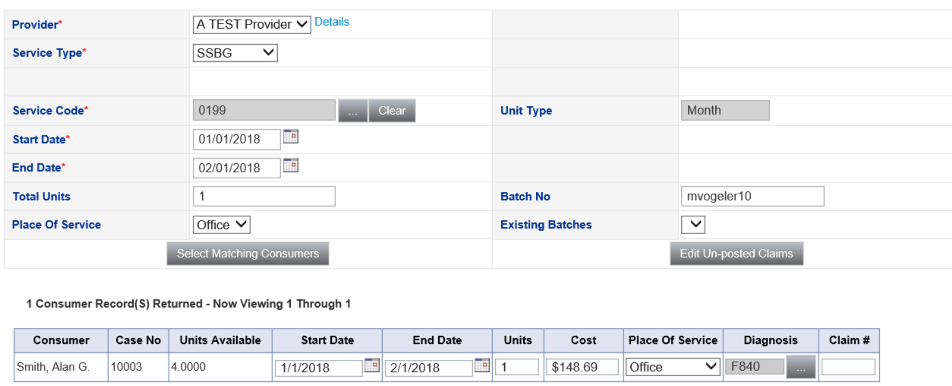
Batches are specific to a single user; only the user that creates a batch will be able to view, retrieve and edit a single batch.

7. Edit or update the service lines as appropriate.
   a. "Claim #" is the same as "Provider Claim ID" on the Single Claim Entry (SCE) screen and can be used to enter reference, identifier, or tracking names/numbers. These can be used post-submission to quickly find groups of claims

Key Point

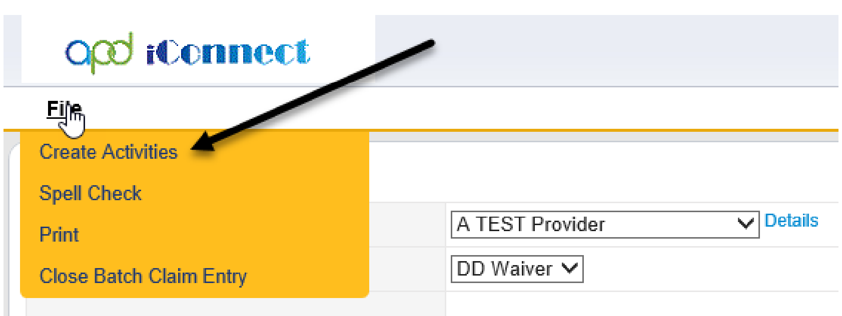
If changes are made to the Provider or Service Type and consumers are reselected, edits made to the service lines will be lost.

8. After edits have been completed, click the **Calculate Total** button to update the "Total amount to be billed" (optional).

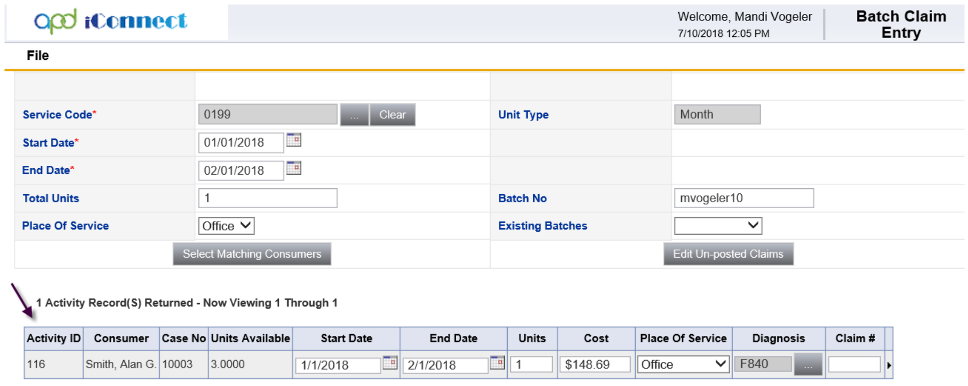


9. Select the "Apply" checkbox for each service that should be included in the batch. Use the checkbox in the header to select all services on the screen.

10. Click **File > Create Activities** to save the batch.
    a. The screen is refreshed and all services that were saved are removed.



11. Click the **Edit Un-posted claims** button.
12. The screen is refreshed to display all claims in the current batch.



13. Edit the service information, as appropriate.
14. After edits have been completed, click the **Calculate Total** button to update the "Total Amount to be Billed" field (optional).

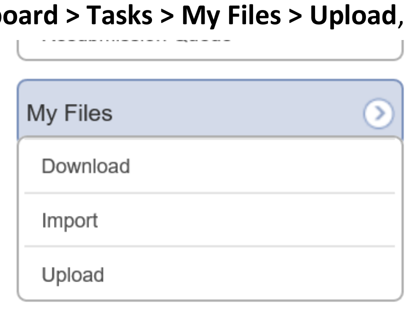
Key Point

Only completed services can be submitted. The system converts the services into Claims which will be visible in the Claims grid.

15. Select the "Apply" checkbox in the green header to submit all services on the screen, OR
16. Check the "Apply" checkbox next to specific services to submit only those services.
17. Click **File > Save & Complete** from the file menu**.**
18. Click **File** > **Submit Claims** from the file menu**.**
    a. Submitted Claims are automatically processed, pre-adjudicated and routed appropriately.

Claim Submission Using File Upload

1. From **My Dashboard > Tasks > My Files > Upload**, click the **Upload** link to display the file upload option.



2. Select the correct Provider.
3. Click the **Browse…** button to find the Claim (837P) file to be uploaded.
4. Click **Upload**. The file will be uploaded to iConnect and will be visible in the Uploaded window.
5. Click the red "X" in the upper right of the Upload window to end the upload session.

6. Click the **Download** link to open the “File Upload” option.
a. iConnect will issue a 999, which is available for download.
7. Select the correct Provider, if more than one is available.
8. Select the appropriate file and click **Download**.
a. Submitted claims are automatically processed and adjudicated.

Chapter 7 | Adjudication and Remittance Advice (RA)

Introduction

The **Claims** chapter, commonly referred to as the “Claims Grid,” allows users to view the results of applying the business rules and adjudication, and the current status of claims. Users can also resubmit denied claims, and void claims paid in error.

For Waiver services the remittance from FMMIS will automatically be posted in iConnect, though FMMIS will continue to issue the payment requests as they do today. From a business process perspective, this is a change for providers as they previously billed directly to FMMIS.

Adjudication Rules

Standard and APD-specific rules are applied to all submitted Claims. Rules ensure that all required data is present, that the content of the claim conforms to APD requirements for payment and determine the appropriate funding source and payer.

If a Claim passes all rules and is a Medicaid claim, iConnect automatically sends the claim to the FMMIS system for final adjudication.

Tip

Claims that must be sent using a CMS-1500 must be printed and mailed to the FMMIS.

If a Claim conforms to all rules and is not a Medicaid claim, the Claim is automatically approved for payment. If the Claim requires review by the Regional Staff, skip to the Payment Voucher section.

If a Claim does not conform to a rule, it is denied by iConnect (and in the case of Medicaid claims, will NOT be sent to the FMMIS).

Adjudication Results/Claim Status

Use the filter on the Claims grid to isolate the appropriate Claims. It is useful to view the **Batch No** and **Submit Date** to verify that Claims that were just submitted conformed to the rules.

- **Claim status** indicates where in the workflow the claim is and is not necessarily a terminal (final) status.
- **Remittance status** indicates if the Claim was paid, denied, or voided and is a terminal (final) status.
- **Claims without a remittance status** are locked and no action can be taken until remittance advice is posted.
- **Claims with a remittance status of Denied** can be corrected and resubmitted.
- **Claims with a remittance status of Paid** can be voided. Skip to Chapter 4, Voids.

Chapter 8 | Resubmit a Claim

Introduction

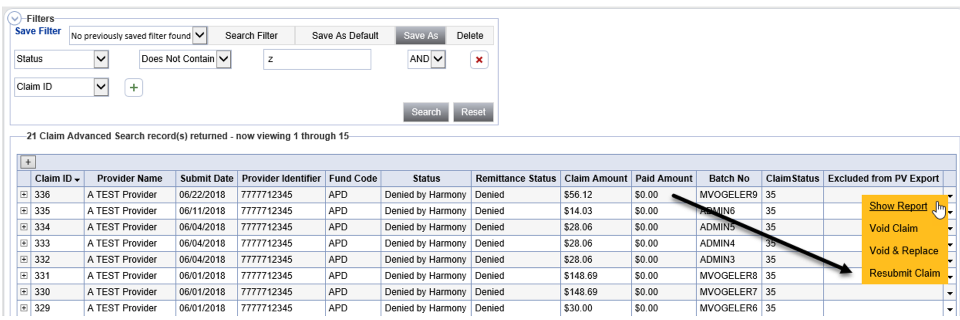
When a Claim is denied it can be resubmitted, either with the same data, or with slightly modified data.

Key Point

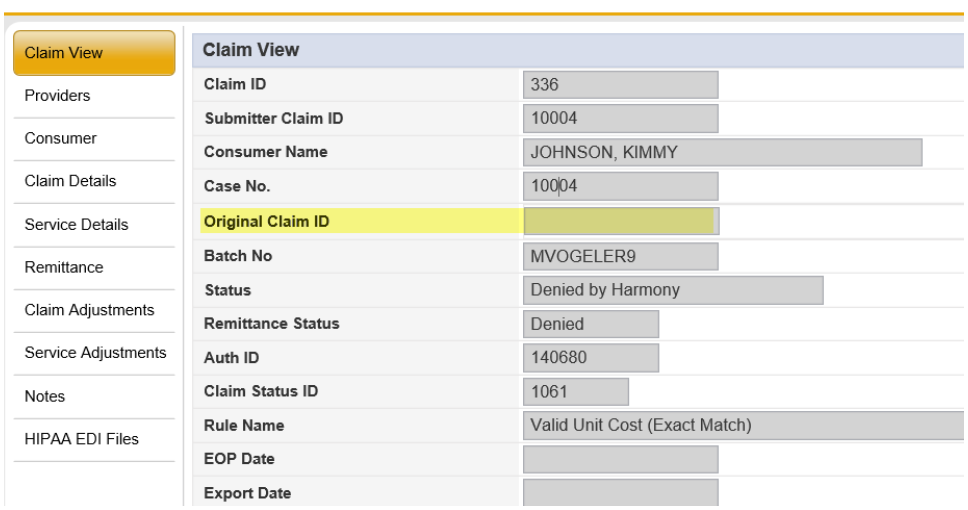
If a different vendor, consumer, or authorization needs to be used, a new Claim must be submitted.

Resubmit a Denied Claim

1. Click the **Claims** chapter and then use the filters to locate the denied Claim you want to work with.
2. With the Claim in the list view, click the flyout menu on the right and select "Resubmit Claim."



3. A prompt is displayed, "You are about to resubmit this claim, do you wish to continue?" Click **OK**.
4. A **copy** of the original Claim is displayed. Edit the information, as needed.
5. Click **File > Submit Single Claim Entry**.
6. Locate the new Claim and select to review the results.
7. Click on Original Claim Details tab to review the original Claim.



Resubmit an Approved Claim

1. Click the **Claims** chapter and then use the filters to locate the approved claim you want to work with.
2. With the Claim in the list view, click the flyout menu on the right side and select “Resubmit Claim.”

Chapter 9| Void

Introduction

When a Claim is approved but was paid in error, it can be voided.

Key Point

If a different vendor, consumer, or authorization needs to be used, a new Claim must be submitted.

Void an Approved Claim

1. The claim submitter logs into the application and clicks the **Claims** chapter.
2. Use filters to locate the approved Claim you want to work with.
3. Click on the flyout menu to the right of the claim that needs to be resubmitted and select "Void Claim."
4. A prompt is displayed: "You are about to void this claim, do you wish to continue?" Click OK.
5. Select the "Claim Void Reason" and then click **Save**.
   a. A message is displayed that the claim was voided successfully.

Key Point

The void is automatically processed, creating a voider Claim that negates the originally-paid Claim. The voider and original Claim will be linked together.

Chapter 10a | Expansions – Non-WSC Solo to Agency

Introduction

FL APD allows active providers to request 3 different types of expansions: expansion of a solo provider to become an agency provider, expansion to provide additional services, and expansion to provide services in additional geographic (service) areas. All expansions follow the same general business process as new provider applications: provider indicates what they'd like to expand, completes/submits required documentation and data, APD reviews and either approves or denies request. The differences in the process are in the documentation/data that the provider must submit and the criteria by which they are evaluated. Unique requirements for each expansion type are described in the following section.

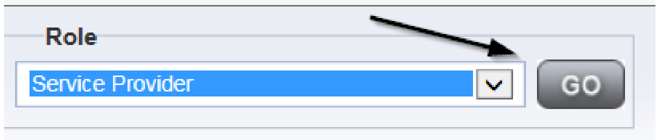
The Service Provider will notify the Region that they wish to convert from a Non WSC Solo to an agency via a phone call or email. The Region will direct the Service Provider to complete all tasks, documentation and the Expansion Request form

Service Providers will need to complete the Provider Expansion Request form

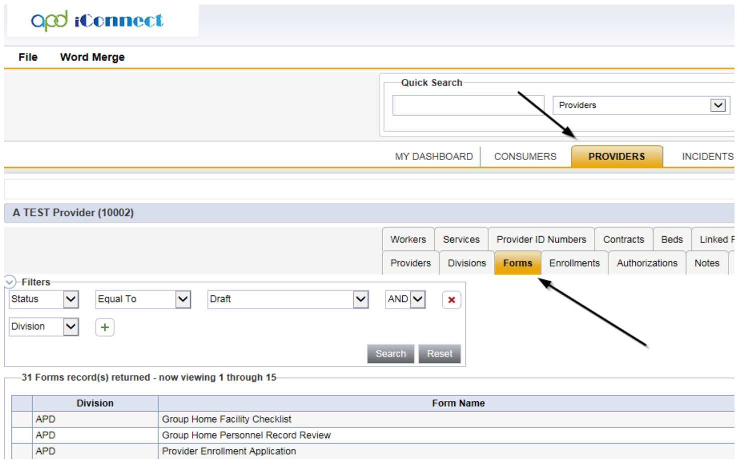
The Specialist/Liaison will need to review services to ensure the Provider meets qualifications as an Agency

Complete Provider Expansion Request Form

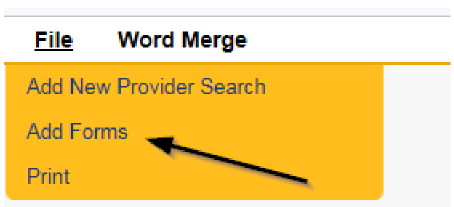
1. Set “Role” = Service Provider then click **Go**



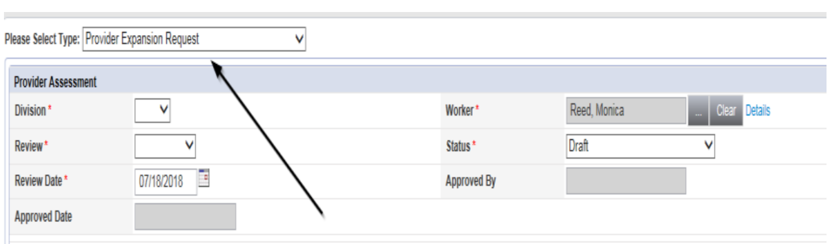
2. Navigate to the **Providers > Forms** tab



3. Click **File > Add Forms**

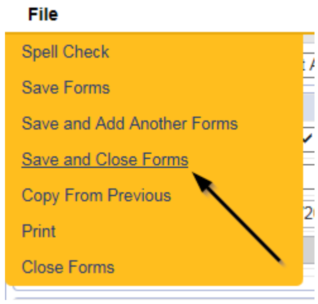


4. Select “Please Select Type” as “Provider Expansion Request” from the drop-down list



5. Update the following Header fields:
    a. "Division" = APD
    b. "Review" = Initial
    c. Complete all fields on the Provider Enrollment Application Form

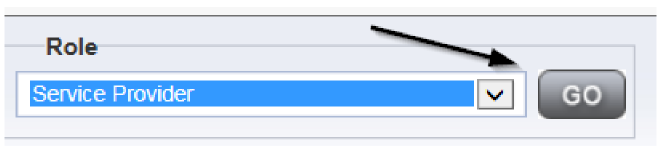
6. When finished, click **File > Save and Close Forms**



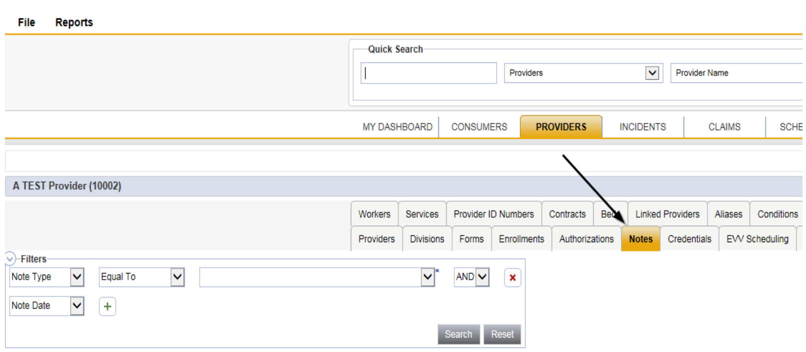
Expansion Intake Documentation Note

Expansion Intake documentation can include requisite documentation for a qualifying worker. The Service Provider will scan and save a copy of the intake or qualifying worker documentation to their desktop and attach it to a note.

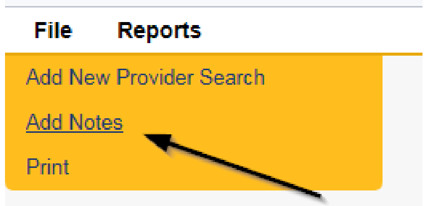
1. Set "Role" = Service Provider then click **Go**



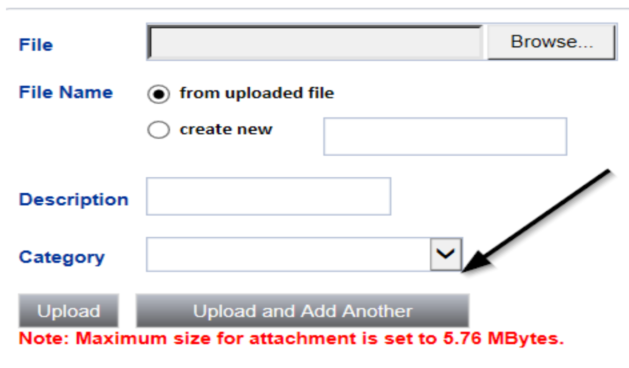
2. Navigate to the **Providers > Notes** tab



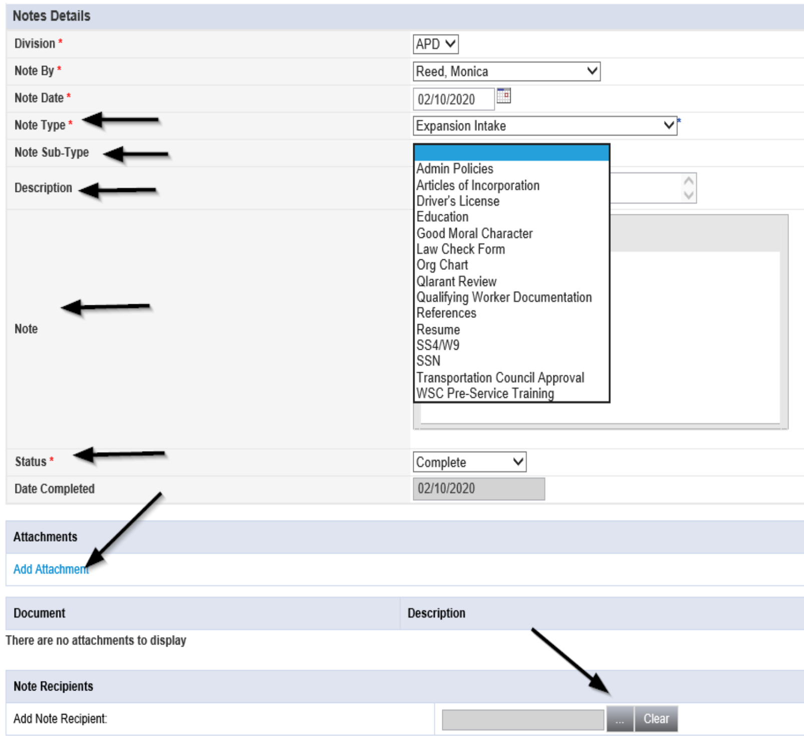
3. Click **File > Add Notes**



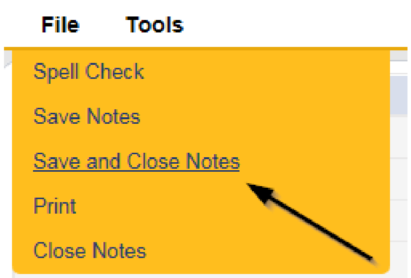
4. In the new Note record, update the following fields:
   a. "Division" = APD
   b. "Note Type" = Expansion Intake
   c. "Note Subtype" = Select as appropriate or Qualifying Worker Documentation (if applicable)
   d. "Description" = same as note subtype
   e. "Note" = Enter notes
   f. "Status" = Complete
   g. Click "Add Attachment" and search for the copy of the supporting documentation on the user's computer. Click Upload and Add Another until finished



   h. Click the ellipsis on the "Add Note Recipient" to add the *Specialist/Liaison* as the Note Recipient
   i. Enter Last Name and Click Search in the pop-up browser window. Select the Name of the worker to attach them to the note



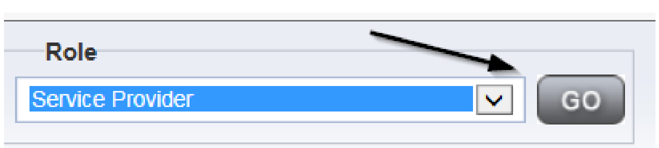
5. When finished click **File > Save and Close Notes**



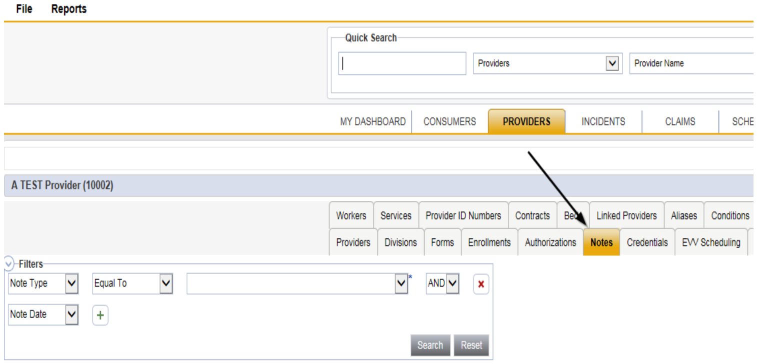
Submit Expansion Request Note

When the Service Provider has completed the expansion request and attached all required intake documentation, they will create a note that the request is submitted

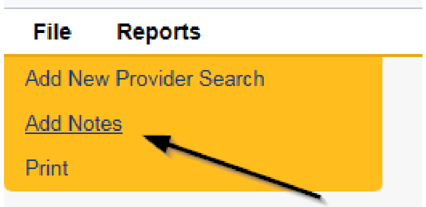
1. Set “Role” = Service Provider then click **Go**



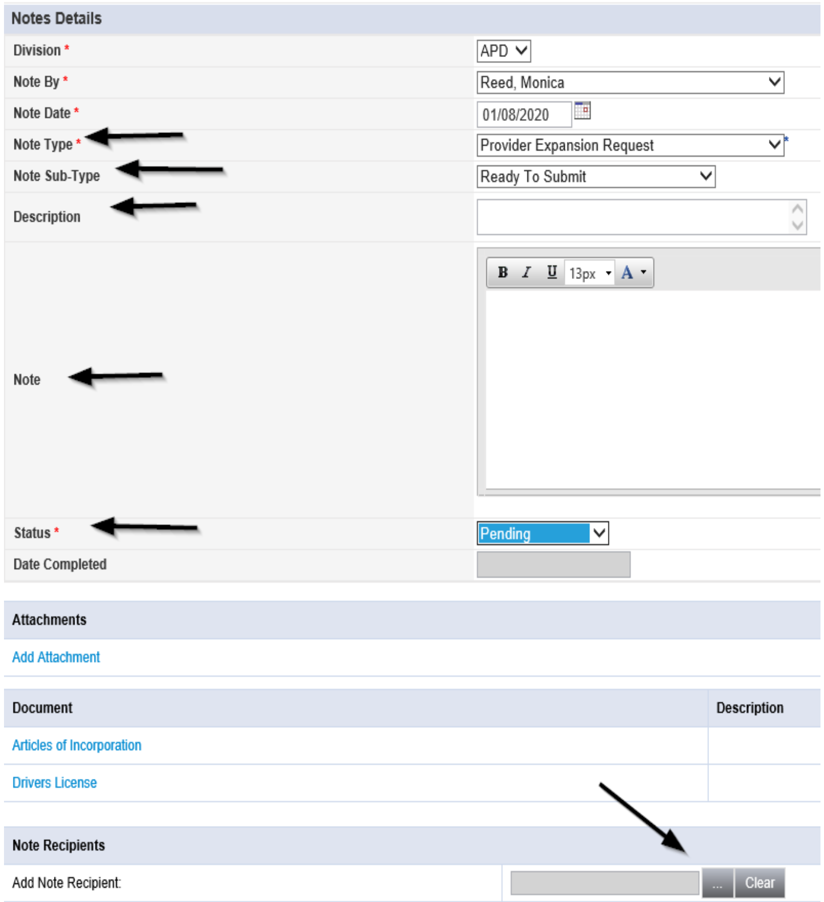
2. Navigate to the **Providers > Notes** tab



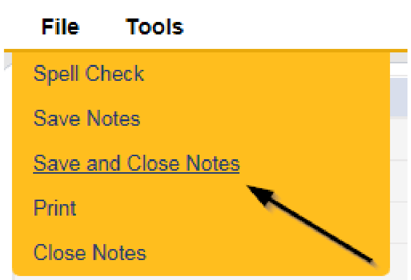
3. Click **File > Add Notes**



4. In the new Note record, update the following fields:
   a. "Division" = APD
   b. "Note Type" = Provider Expansion Request
   c. "Note Subtype" = Ready to Submit
   d. "Description" = Ready to Submit
   e. "Note" = Enter notes
   f. "Status" = Pending
   g. Click the ellipsis on the "Add Note Recipient" to add the *Specialist/Liaison* as the Note Recipient
   h. Enter Last Name and Click Search in the pop-up browser window. Select the Name of the worker to attach them to the note



5. When finished click **File > Save and Close Notes**



Submit Expansion Complete Note

The Specialist/Liaison will review the Provider record, forms and all documentation. If complete, they will update the pending note to inform the Service Provider that the request will be reviewed. This will be done by responding to the pending note the Service Provider submitted. The Specialist/Liaison will update the status of that note to complete. Service Providers will be able to see this note on their My Dashboard in the Complete Notes pane.

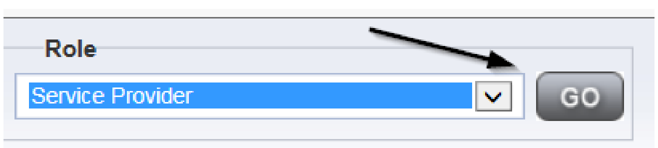
As Needed: Further Documentation Required

If the Specialist/Liaison determines more documentation is needed to complete their review of the expansion request, they will create a note in the Provider record to notify the Service Provider that the request is incomplete and further documentation is required.

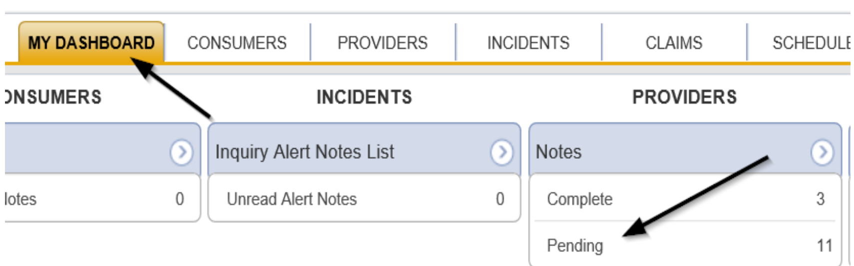
As Needed: Revision Review

If the Service Provider was notified that further documentation is required, they will review the note and then append the note with the requested information in the Provider record. Each document will be uploaded to this note.

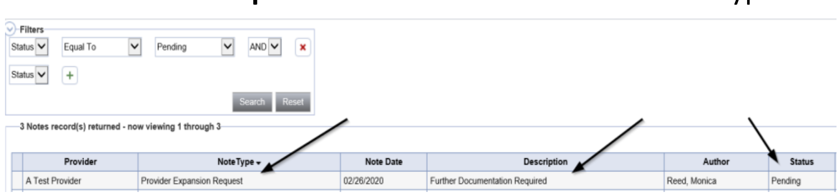
1. Set “Role” = Service Provider then click **Go**



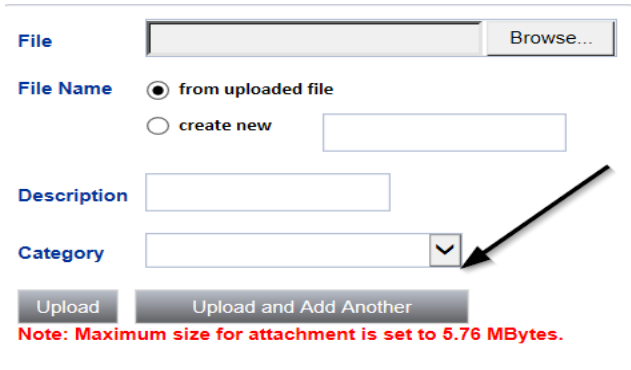
2. Navigate to the **My Dashboard > Providers > Notes > Pending** and click the hyperlink for the Pending notes



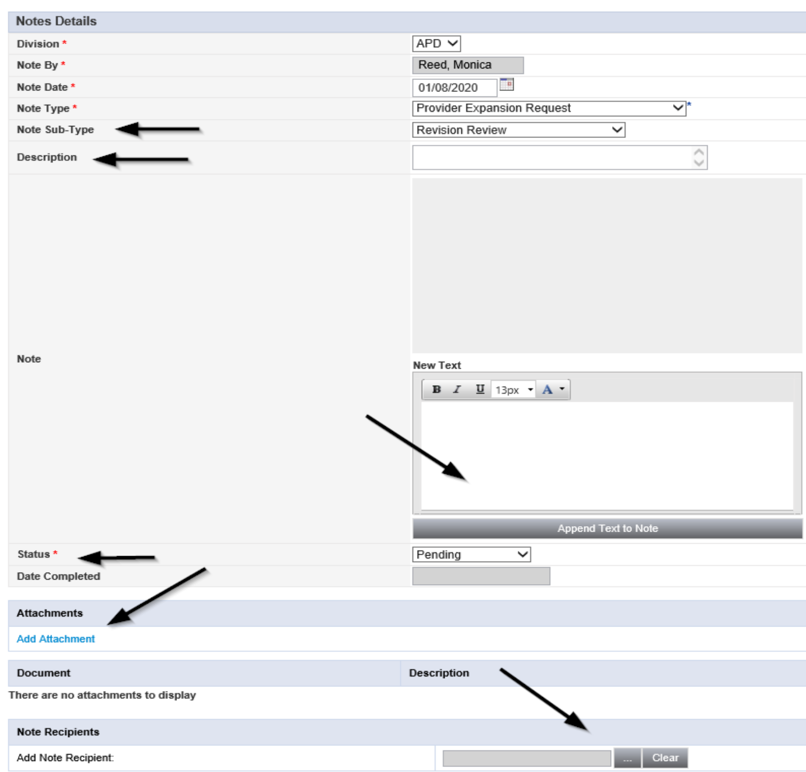
3. Select the **Note Type = Provider Expansion Request and Description = Further Documentation Required** and select the record via the hyperlink



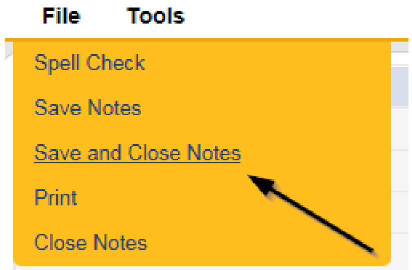
4. In the pending Note record, update the following fields:
    a. "Note Subtype" = *Update to Revision Review*
    b. "Description" = Revision Review
    c. "Append Text to Note" = Enter notes
    d. "Status" = Pending (until all attachments are added and then change to *Complete*)
    e. Click "Add Attachment" and search for the copy of the supporting documentation on the user's computer. Click Upload and Add Another until finished



    f. Click the ellipsis on the "Add Note Recipient" to add the *Specialist/Liaison* as the Note Recipient
    g. Enter Last Name and Click Search in the pop-up browser window. Select the Name of the worker to attach them to the note



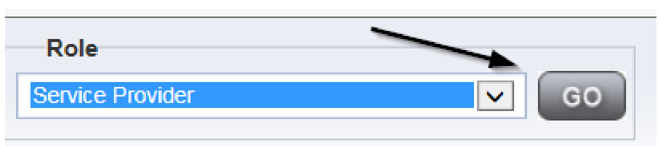
6. When finished click **File > Save and Close Notes**



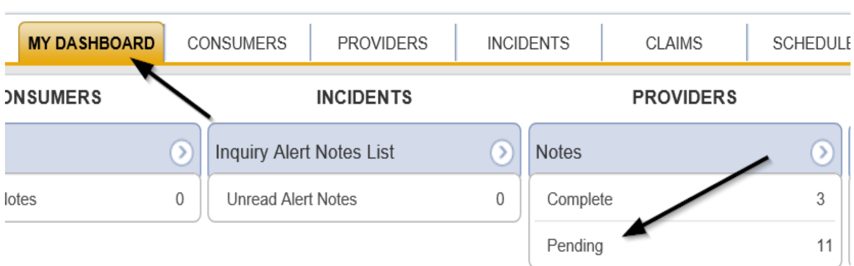
Provider Signed MWSA

As the region completes their review, they will send the Service Provider a new MWSA via a note. The Service Provider will print out the MWSA, sign, save an electronic copy to their desktop and then attach it back to the pending note in the Provider record.

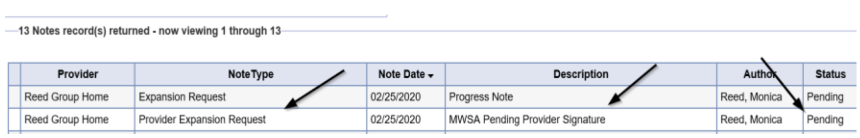
1. Set “Role” = Service Provider then click **Go**



2. Navigate to the **My Dashboard > Providers > Notes > Pending** and click the hyperlink for the Pending notes



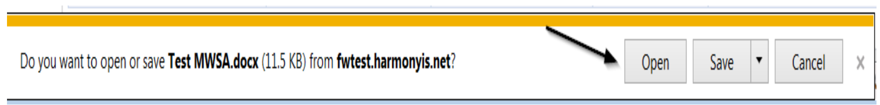
3. Select the **Note Type = Provider Expansion Request** and **Description = MWSA Pending Provider Signature** and select the pending record via the hyperlink



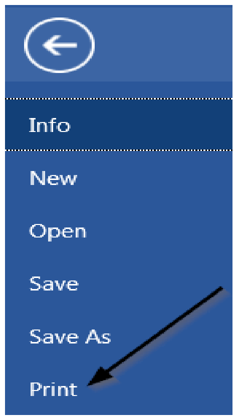
13 Notes record(s) returned - now viewing 1 through 13

Provider	NoteType	Note Date	Description	Author	Status
Reed Group Home	Expansion Request	02/25/2020	Progress Note	Reed, Monica	Pending
Reed Group Home	Provider Expansion Request	02/25/2020	MWSA Pending Provider Signature	Reed, Monica	Pending

4. Click on the attachment within the MWSA Pending Provider Signature note and then click **Open** on the pop-up message box.

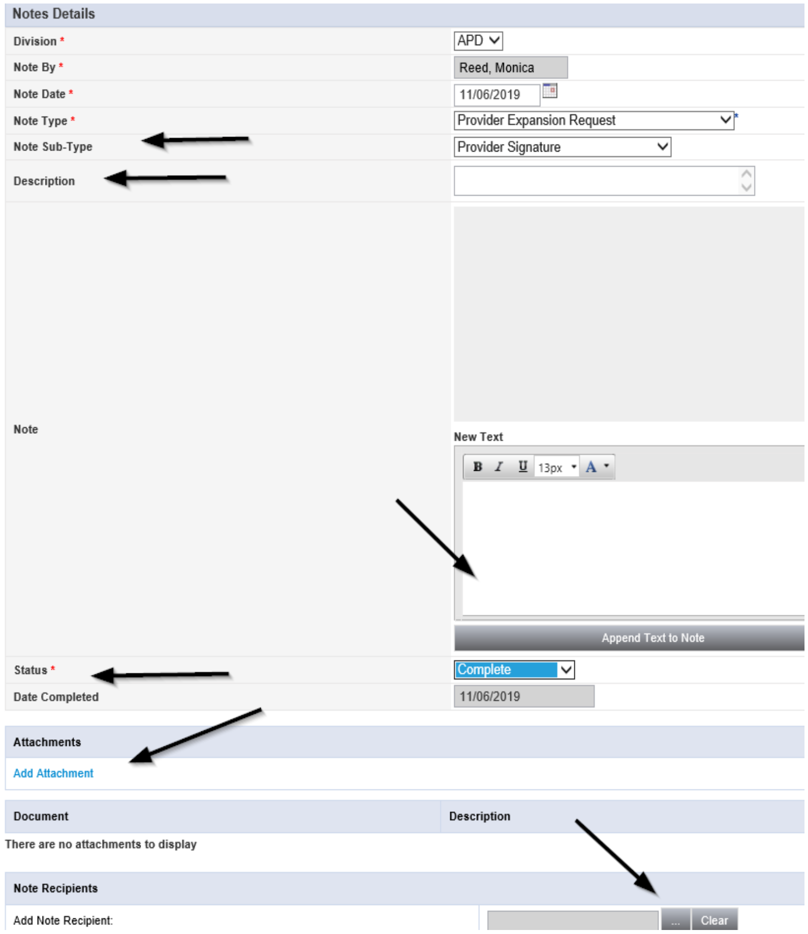


5. Select **File > Print** within the Word Document

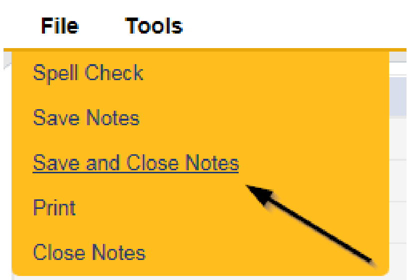


6. The Service Provider will sign the hard copy and attach it to the pending note

7. In the pending Note record, update the following fields:
    a. "Note Subtype" = *Update to Provider Signature*
    b. "Description" = Provider Signature
    c. "Append Text to Note" = Enter notes
    d. "Status" = Update to *Complete*
    e. Click "Add Attachment" and search for the copy of the Provider signed MWSA on the user's computer. Click Upload
    f. Click the ellipsis on the "Add Note Recipient" to add the *Specialist/Liaison* as the Note Recipient
    g. Enter Last Name and Click Search in the pop-up browser window. Select the Name of the worker to attach them to the note



8. When finished click **File > Save and Close Notes**



Added/Updated Credential Records

If the expansion request is approved, the Specialist/Liaison will need to submit a SARF to APD IT to change the Service Provider from Solo to Agency ID PASS access.

The Specialist/Liaison will then add a new certification record for iBudget Waiver Agency Provider in the Service Provider record. They will also update/end date the iBudget Solo Provider certification record. A new MWSA license record will be added to reflect the dates of the new MWSA.

Final Enrollment Letter Note

Once the Specialist/Liaison receives the ROM signed Final Enrollment Listing Letter, they will create a note to inform the Service Provider of the Provider Expansion Request approval. This note will appear on the Service Provider's My Dashboard in the Completed Notes pane.

The Specialist/Liaison will also update the Expansion Request Form to complete.

As Needed: New Rate Letter Note

The Provider Enrollment Specialist Liaison will create a note for a new rate letter when there is an expansion from solo to agency or agency to solo. The Provider Enrollment Specialist Liaison will generate the New Rate Letter and attach it to a note in iConnect. This note will appear on the Service Provider's My Dashboard in the Completed Notes pane.

NOTE: The effective date of rates is listed on the New Rate Letter. It may not coincide with the dates of the newly signed agreement as the Waiver Workstream will need to work with WSCs to ensure all consumers impacted have an opportunity to update their plans/planned services.

As Needed: Denial Letter Note

If the expansion request is denied, the Specialist/Liaison will attach an electronic copy of the ROM signed Denial letter to a note in the Provider record. The Service Provider can find this note on their My Dashboard in the Completed Notes pane.

As Needed: Expansion Request Abandoned

If the Service Provider stops working on the expansion request for more than 30 days the Specialist/Liaison will close the expansion request as abandoned in the Provider record. The Service Provider will need to reapply if they want to still pursue an Expansion Request.

Chapter 10b | Expansions – Non-WSC Agency to Solo

Introduction

FL APD allows active providers to request 3 different types of expansions: expansion of a solo provider to become an agency provider, expansion to provide additional services, and expansion to provide services in additional geographic (service) areas. All expansions follow the same general business process as new provider applications: provider indicates what they'd like to expand, completes/submits required documentation and data, APD reviews and either approves or denies request. The differences in the process are in the documentation/data that the provider must submit and the criteria by which they are evaluated. Unique requirements for each expansion type are described in the following section.

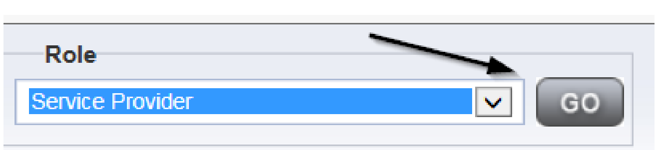
The Service Provider will notify the Region that they wish to convert from a Non WSC Agency to a Solo via a phone call or email. The Region will direct the Service Provider to complete all tasks, documentation and the Expansion Request form

Service Providers will need to complete the Provider Expansion Request form as well as remove all employees from their ID PASS account.

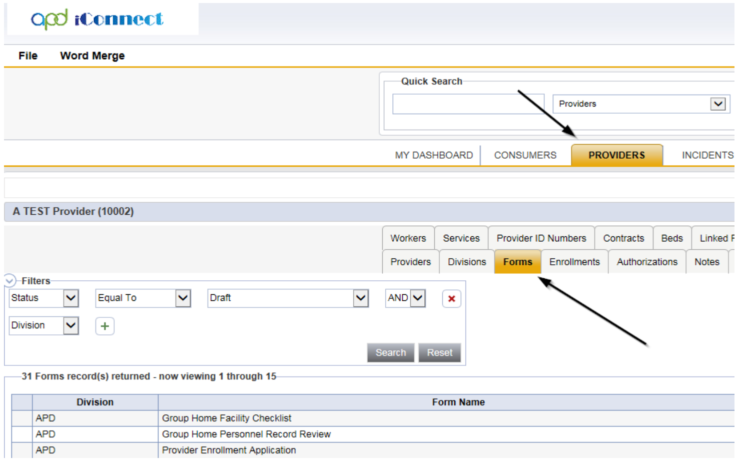
The Specialist/Liaison will need to review services to ensure the Provider meets qualifications as a Solo. All workers will then need to be inactivated on the Provider Agency record.

Complete Provider Expansion Request Form

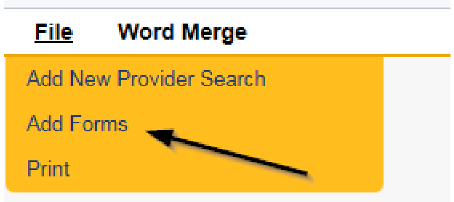
1. Set "Role" = Service Provider then click **Go**



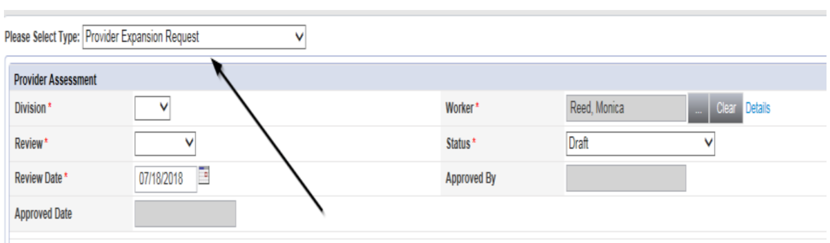
2. Navigate to the **Providers > Forms** tab



3. Click **File > Add Forms**

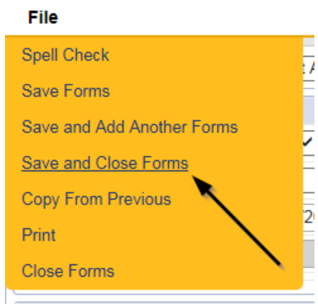


4. Select "Please Select Type" as "Provider Expansion Request" from the drop-down list



5. Update the following Header fields:
   a. "Division" = APD
   b. "Review" = Initial
   c. Complete all fields on the Provider Enrollment Application Form

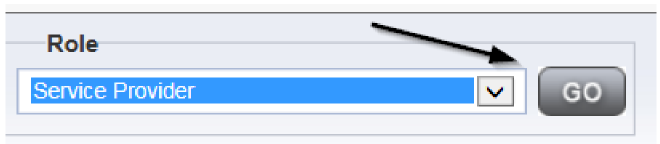
6. When finished, click **File > Save and Close Forms**



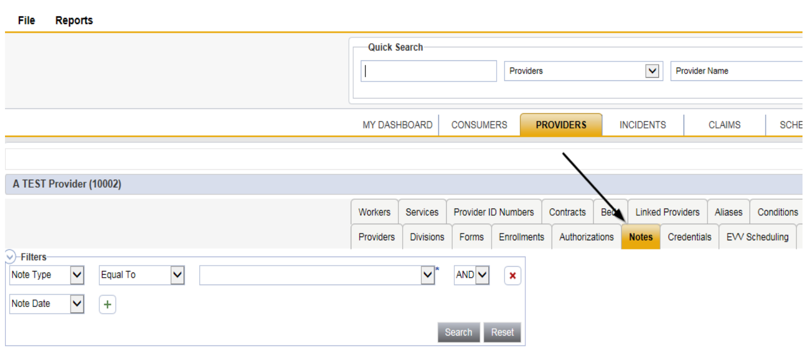
Expansion Intake Documentation Note

Expansion Intake documentation can include requisite documentation for a qualifying worker. The Service Provider will scan and save a copy of the intake or qualifying worker documentation to their desktop and attach it to a note.

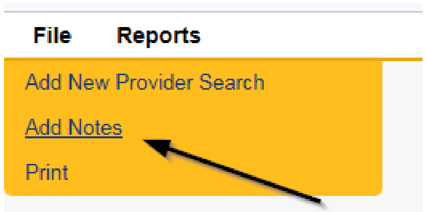
1. Set “Role” = Service Provider then click **Go**



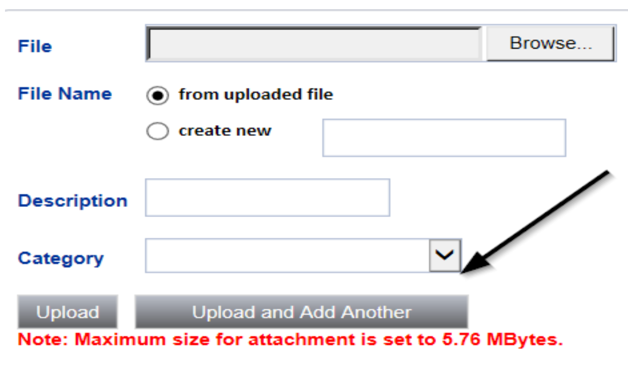
2. Navigate to the **Providers > Notes** tab



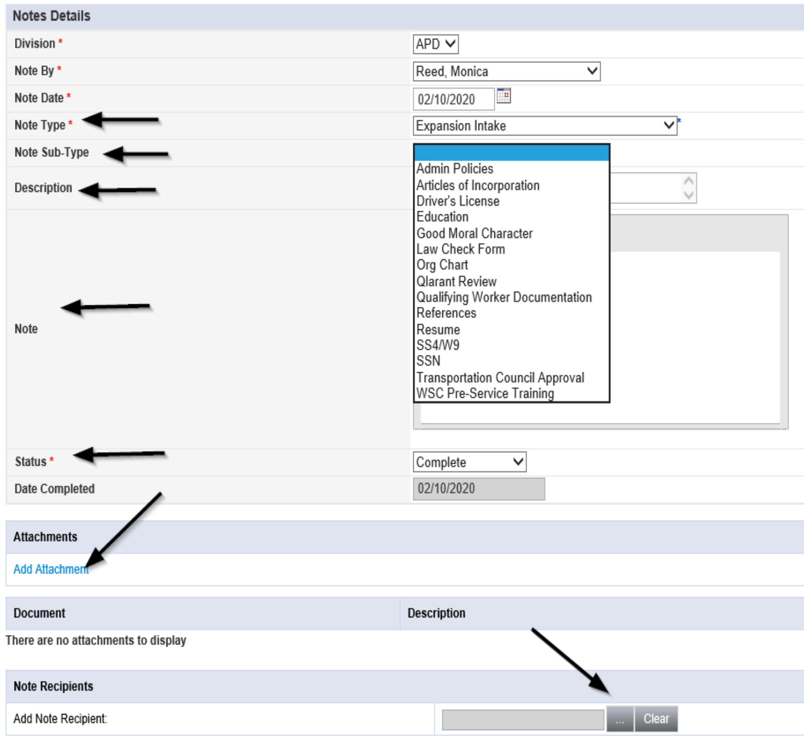
3. Click **File > Add Notes**



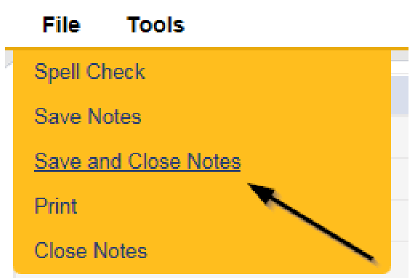
4. In the new Note record, update the following fields:
    a. "Division" = APD
    b. "Note Type" = Expansion Intake
    c. "Note Subtype" = Select as appropriate or Qualifying Worker Documentation (if applicable)
    d. "Description" = same as note subtype
    e. "Note" = Enter notes
    f. "Status" = Complete
    g. Click "Add Attachment" and search for the copy of the supporting documentation on the user's computer. Click Upload and Add Another until finished



    h. Click the ellipsis on the "Add Note Recipient" to add the *Specialist/Liaison* as the Note Recipient
    i. Enter Last Name and Click Search in the pop-up browser window. Select the Name of the worker to attach them to the note



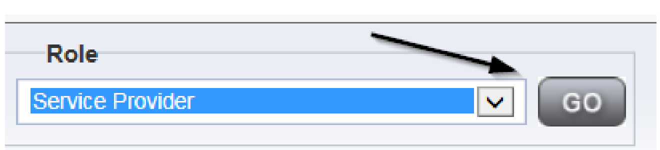
5. When finished click **File > Save and Close Notes**



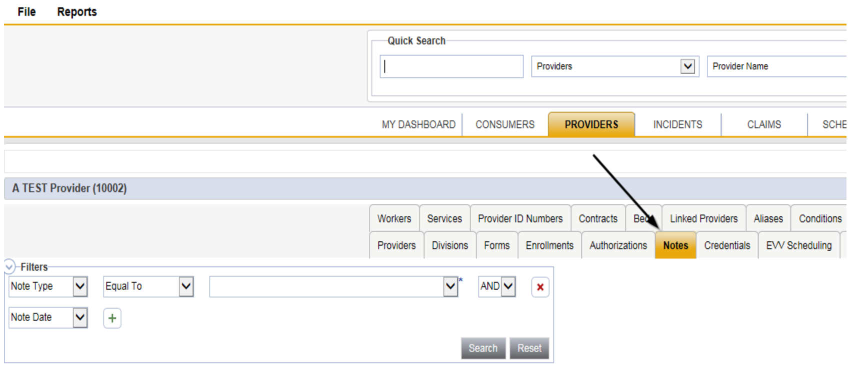
Submit Expansion Request Note

When the Service Provider has completed the expansion request and attached all required intake documentation, they will create a note that the request is submitted

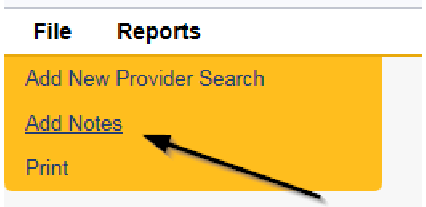
1. Set “Role” = Service Provider then click **Go**



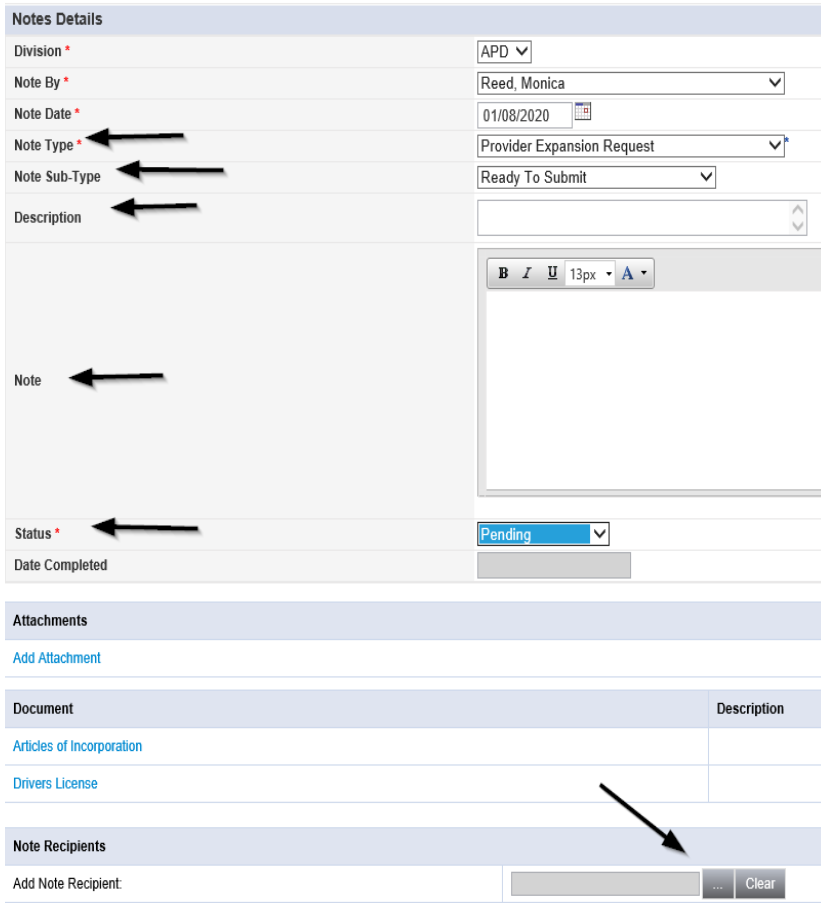
2. Navigate to the **Providers > Notes** tab



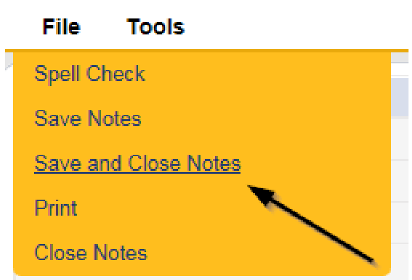
3. Click **File > Add Notes**



4. In the new Note record, update the following fields:
   a. "Division" = APD
   b. "Note Type" = Provider Expansion Request
   c. "Note Subtype" = Ready to Submit
   d. "Description" = Ready to Submit
   e. "Note" = Enter notes
   f. "Status" = Pending
   g. Click the ellipsis on the "Add Note Recipient" to add the *Specialist/Liaison* as the Note Recipient
   h. Enter Last Name and Click Search in the pop-up browser window. Select the Name of the worker to attach them to the note



5. When finished click **File > Save and Close Notes**



Submit Expansion Complete Note

The Specialist/Liaison will review the Provider record, forms and all documentation. If complete, they will update the pending note to inform the Service Provider that the request will be reviewed. This will be done by responding to the pending note the Service Provider submitted. The Specialist/Liaison will update the status of that note to complete. Service Providers will be able to see this note on their My Dashboard in the Complete Notes pane.

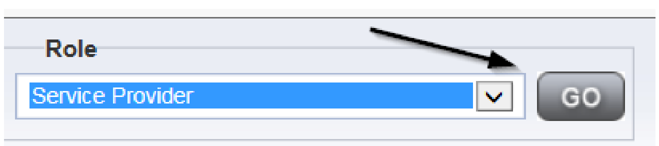
As Needed: Further Documentation Required

If the Specialist/Liaison determines more documentation is needed to complete their review of the expansion request, they will create a note in the Provider record to notify the Service Provider that the request is incomplete and further documentation is required.

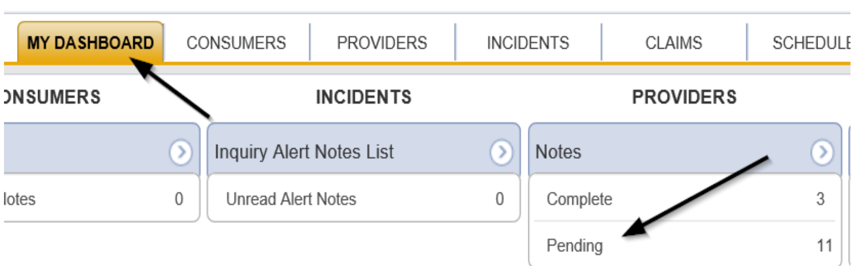
As Needed: Revision Review

If the Service Provider was notified that further documentation is required, they will review the note and then append the note with the requested information in the Provider record. Each document will be uploaded to this note.

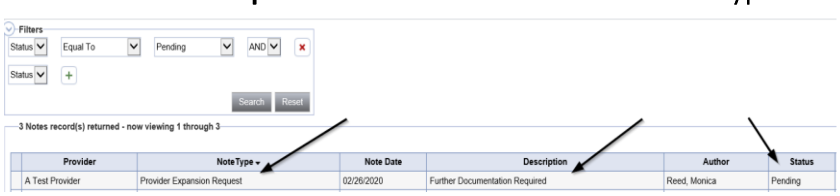
1. Set "Role" = Service Provider then click **Go**



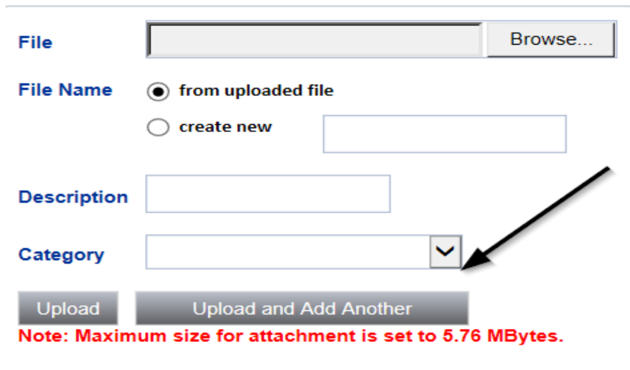
2. Navigate to the **My Dashboard > Providers > Notes > Pending** and click the hyperlink for the Pending notes



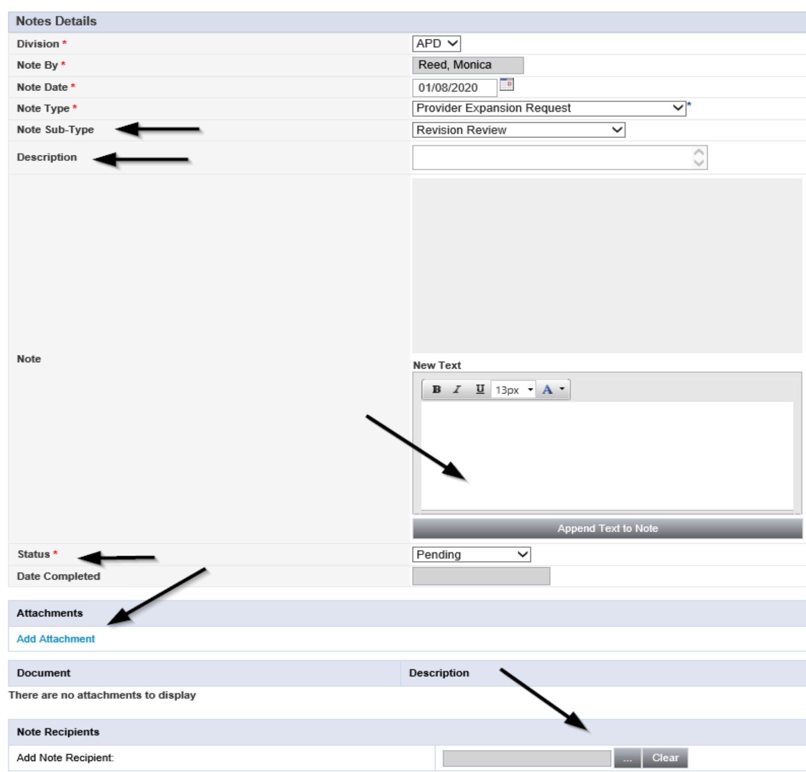
3. Select the **Note Type = Provider Expansion Request and Description = Further Documentation Required** and select the record via the hyperlink



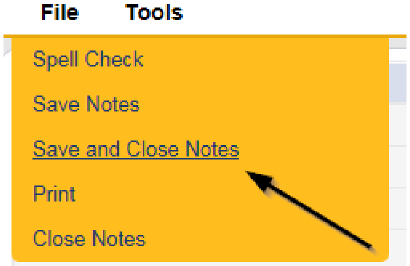
4. In the pending Note record, update the following fields:
    a. "Note Subtype" = *Update to Revision Review*
    b. "Description" = Revision Review
    c. "Append Text to Note" = Enter notes
    d. "Status" = Pending (until all attachments are added and then change to *Complete*)
    e. Click "Add Attachment" and search for the copy of the supporting documentation on the user's computer. Click Upload and Add Another until finished



    f. Click the ellipsis on the "Add Note Recipient" to add the *Specialist/Liaison* as the Note Recipient
    g. Enter Last Name and Click Search in the pop-up browser window. Select the Name of the worker to attach them to the note



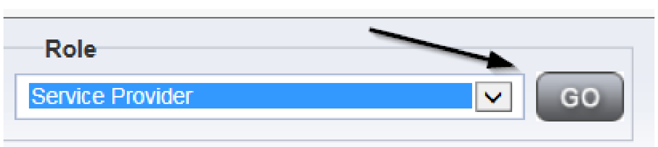
6. When finished click **File > Save and Close Notes**



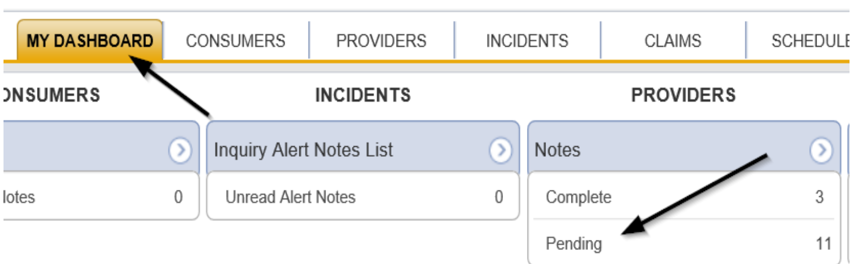
Provider Signed MWSA

As the region completes their review, they will send the Service Provider a new MWSA via a note. The Service Provider will print out the MWSA, sign, save an electronic copy to their desktop and then attach it back to the pending note in the Provider record.

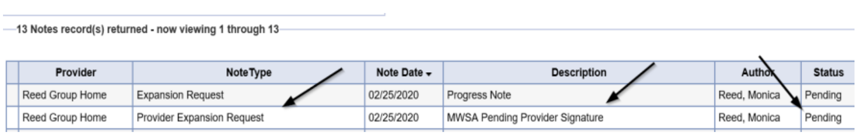
1. Set "Role" = Service Provider then click **Go**



2. Navigate to the **My Dashboard > Providers > Notes > Pending** and click the hyperlink for the Pending notes

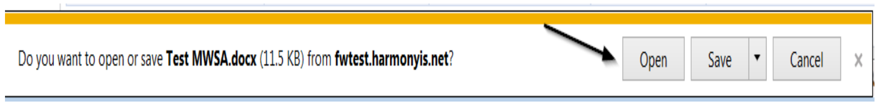


3. Select the **Note Type = Provider Expansion Request** and **Description = MWSA Pending Provider Signature** and select the pending record via the hyperlink

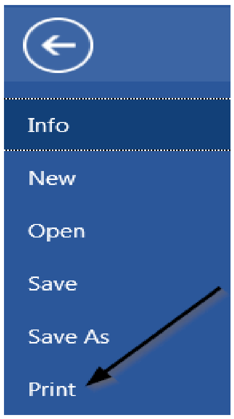

13 Notes record(s) returned - now viewing 1 through 13

Provider	NoteType	Note Date	Description	Author	Status
Reed Group Home	Expansion Request	02/25/2020	Progress Note	Reed, Monica	Pending
Reed Group Home	Provider Expansion Request	02/25/2020	MWSA Pending Provider Signature	Reed, Monica	Pending

4. Click on the attachment within the MWSA Pending Provider Signature note and then click **Open** on the pop-up message box.

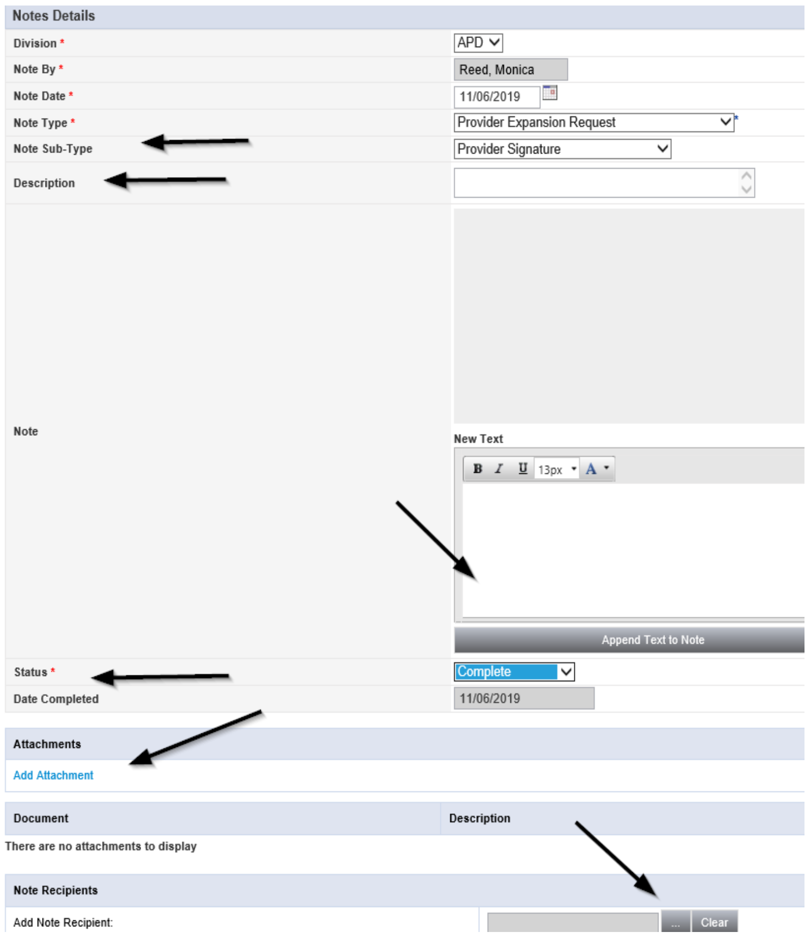


5. Select **File > Print** within the Word Document

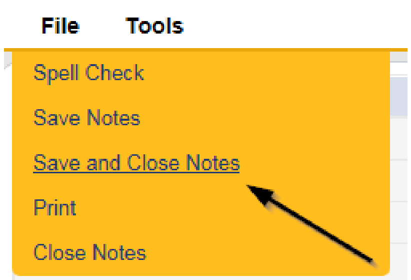


6. The Service Provider will sign the hard copy and attach it to the pending note

7. In the pending Note record, update the following fields:
    a. "Note Subtype" = *Update to Provider Signature*
    b. "Description" = Provider Signature
    c. "Append Text to Note" = Enter notes
    d. "Status" = Update to *Complete*
    e. Click "Add Attachment" and search for the copy of the Provider signed MWSA on the user's computer. Click Upload
    f. Click the ellipsis on the "Add Note Recipient" to add the *Specialist/Liaison* as the Note Recipient
    g. Enter Last Name and Click Search in the pop-up browser window. Select the Name of the worker to attach them to the note



8. When finished click **File > Save and Close Notes**



Added/Updated Credential Records

If the expansion request is approved, the Specialist/Liaison will need to submit a SARF to APD IT to change the Service Provider from Agency to Solo ID PASS access.

The Specialist/Liaison will then add a new certification record for iBudget Waiver Solo Provider in the Service Provider record. They will also update/end date the iBudget Waiver Agency Provider certification record. A new MWSA license record will be added to reflect the dates of the new MWSA.

Final Enrollment Letter Note

Once the Specialist/Liaison receives the ROM signed Final Enrollment Listing Letter, they will create a note to inform the Service Provider of the Provider Expansion Request approval. This note will appear on the Service Provider's My Dashboard in the Completed Notes pane.

The Specialist/Liaison will also update the Expansion Request Form to complete.

As Needed: New Rate Letter Note

The Provider Enrollment Specialist Liaison will create a note for a new rate letter when there is an expansion from solo to agency or agency to solo. The Provider Enrollment Specialist Liaison will generate the New Rate Letter and attach it to a note in iConnect. This note will appear on the Service Provider's My Dashboard in the Completed Notes pane.

NOTE: The effective date of rates is listed on the New Rate Letter. It may not coincide with the dates of the newly signed agreement as the Waiver Workstream will need to work with WSCs to ensure all consumers impacted have an opportunity to update their plans/planned services.

As Needed: Denial Letter Note

If the expansion request is denied, the Specialist/Liaison will attach an electronic copy of the ROM signed Denial letter to a note in the Provider record. The Service Provider can find this note on their My Dashboard in the Completed Notes pane.

As Needed: Expansion Request Abandoned

If the Service Provider stops working on the expansion request for more than 30 days the Specialist/Liaison will close the expansion request as abandoned in the Provider record. The Service Provider will need to reapply if they want to still pursue an Expansion Request.

Chapter 10c | Expansions – Region to Region

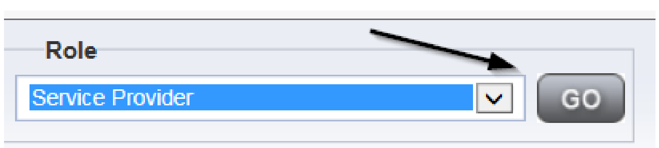
Introduction

FL APD allows active providers to request 3 different types of expansions: expansion of a solo provider to become an agency provider, expansion to provide additional services, and expansion to provide services in additional geographic (service) areas. All expansions follow the same general business process as new provider applications: provider indicates what they'd like to expand, completes/submits required documentation and data, APD reviews and either approves or denies request. The differences in the process are in the documentation/data that the provider must submit and the criteria by which they are evaluated. Unique requirements for each expansion type are described in the following section.

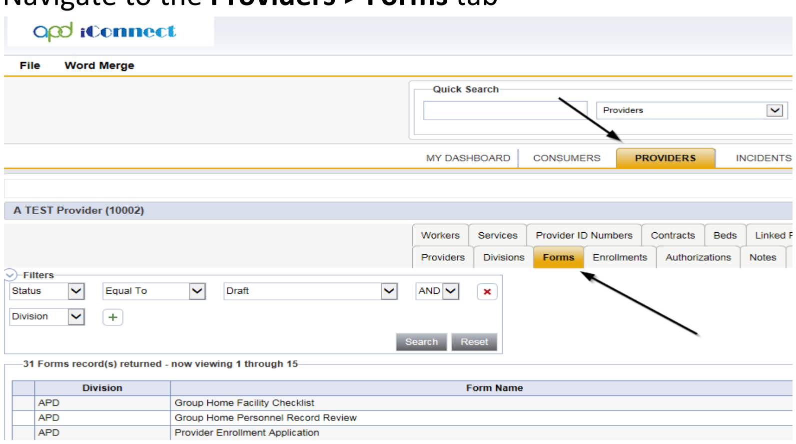
The Service Provider will notify the Region that they wish to expand into another region via a phone call or email. The Region will direct the Service Provider to complete all tasks, documentation and the Expansion Request form

Complete Provider Expansion Request Form

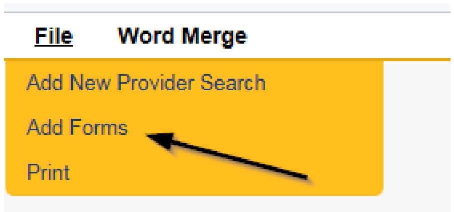
1. Set "Role" = Service Provider then click **Go**



2. Navigate to the **Providers > Forms** tab



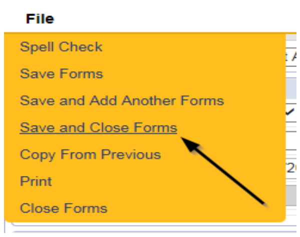
3. Click **File > Add Forms**



4. Select “Please Select Type” as “Provider Expansion Request” from the drop-down list

5. Update the following Header fields:
   a. "Division" = APD
   b. "Review" = Initial
   c. Complete all fields on the Provider Enrollment Application Form

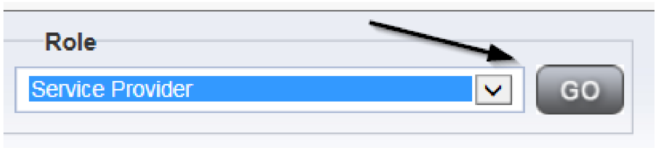
6. When finished, click **File > Save and Close Forms**



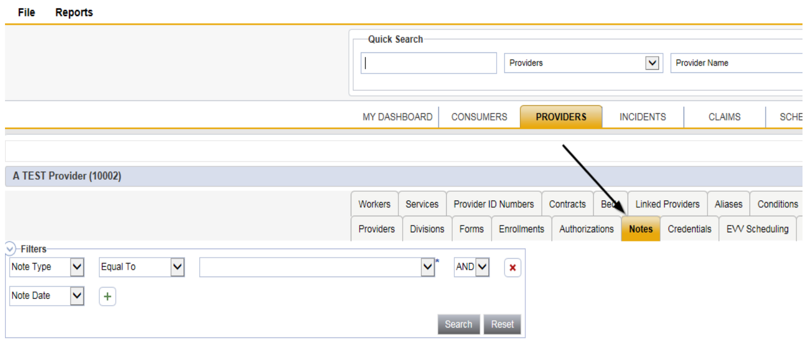
Expansion Intake Documentation Note

Expansion Intake documentation can include requisite documentation for a qualifying worker. The Service Provider will scan and save a copy of the intake or qualifying worker documentation to their desktop and attach it to a note. They will upload all qualifying documents to a single note. The Provider will need to send in a copy of the current MWSA, Business Liability Insurance, Licenses, Qlarant reports and have no outstanding billing discrepancies with AHCA.

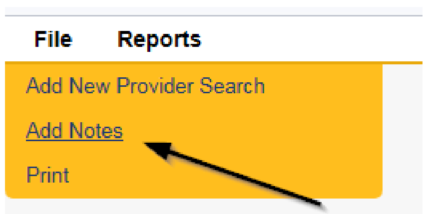
1. Set “Role” = Service Provider then click **Go**



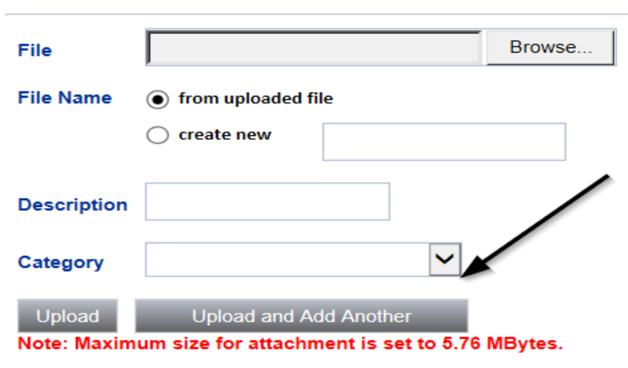
2. Navigate to the **Providers > Notes** tab



3. Click **File > Add Notes**

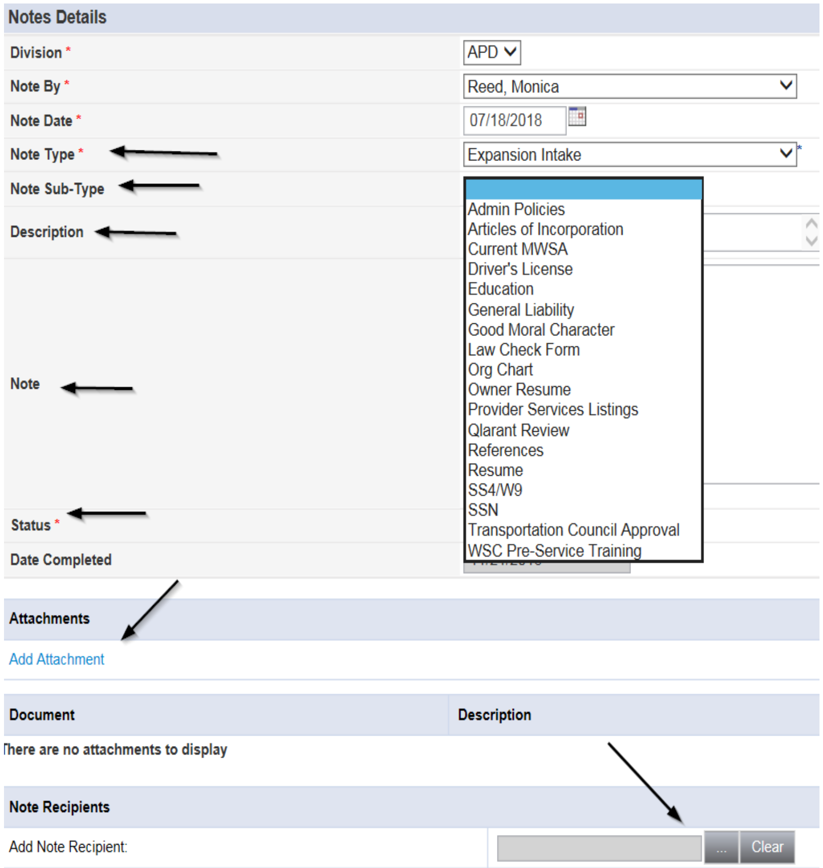


4. In the new Note record, update the following fields:
   a. "Division" = APD
   b. "Note Type" = Expansion Intake
   c. "Note Subtype" = Select as appropriate
   d. "Description" = same as subtype
   e. "Note" = Enter notes
   f. "Status" = Complete
   g. Click "Add Attachment" and search for the copy of the supporting documentation on the user's computer. Click Upload and Add Another until finished

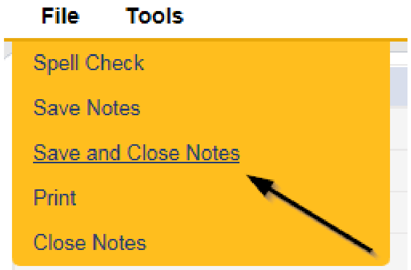


h. Click the ellipsis on the "Add Note Recipient" to add the *Specialist/Liaison* as the Note Recipient

i. Enter Last Name and Click Search in the pop-up browser window. Select the Name of the worker to attach them to the note



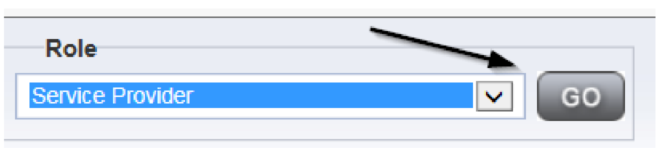
5. When finished click **File > Save and Close Notes**



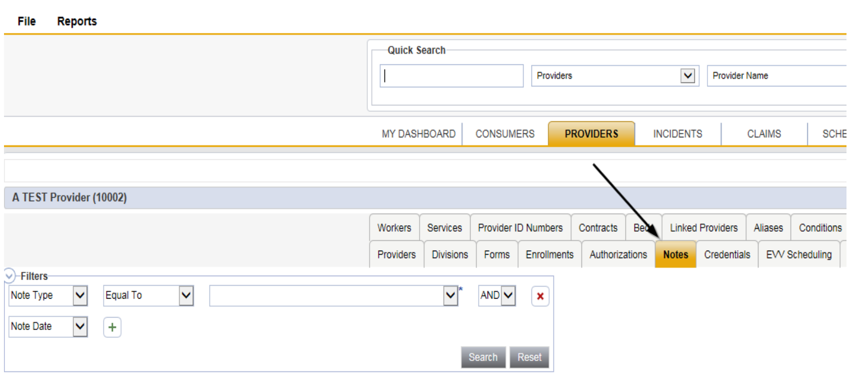
Submit Expansion Request Note

When the Service Provider has completed the expansion request and attached all required intake documentation, they will create a note that the request is submitted and ready for review.

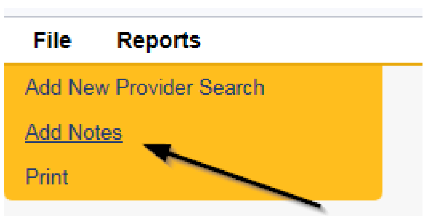
1. Set "Role" = Service Provider then click **Go**



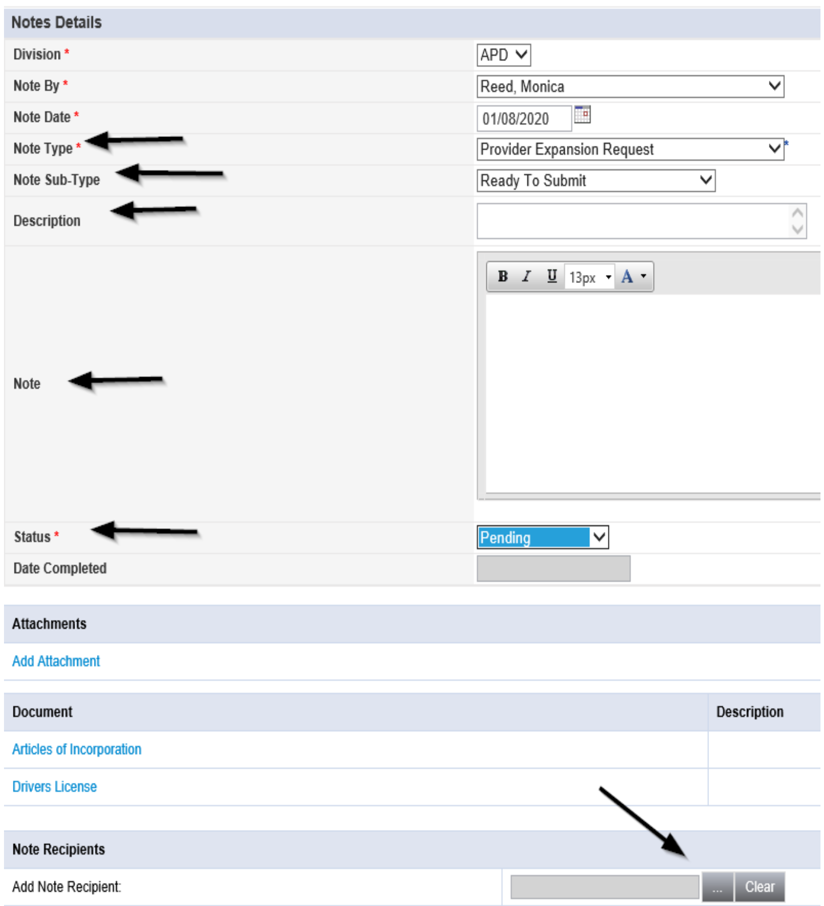
2. Navigate to the **Providers > Notes** tab



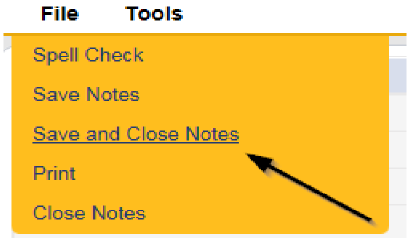
3. Click **File > Add Notes**



4. In the new Note record, update the following fields:
    a. "Division" = APD
    b. "Note Type" = Provider Expansion Request
    c. "Note Subtype" = Ready to Submit
    d. "Description" = Enter description
    e. "Note" = Enter notes
    f. "Status" = Pending
    g. Click the ellipsis on the "Add Note Recipient" to add the *Specialist/Liaison* as the Note Recipient
    h. Enter Last Name and Click Search in the pop-up browser window. Select the Name of the worker to attach them to the note



5. When finished click **File > Save and Close Notes**



Submit Expansion Complete Note

The Specialist/Liaison will review the Provider record, forms and all documentation. If complete, they will update the pending note to inform the Service Provider that the request will be reviewed. This will be done by responding to the pending note the Service Provider submitted. The Specialist/Liaison will update the status of that note to complete. Service Providers will be able to see this note on their My Dashboard in the Complete Notes panel.

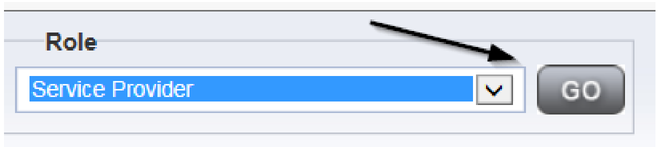
As Needed: Further Documentation Required

If the Specialist/Liaison determines more documentation is needed to complete their review of the expansion request, they will create a note in the Provider record to notify the Service Provider that the request is incomplete and further documentation is required.

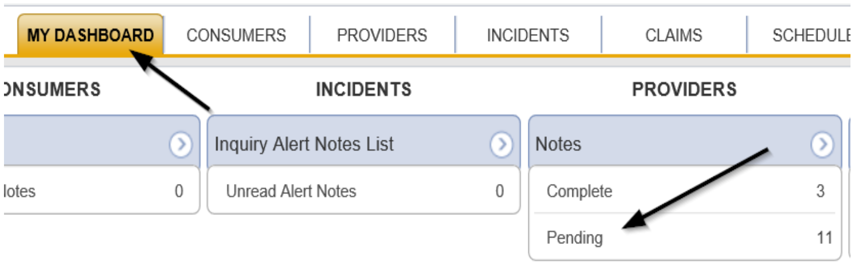
As Needed: Revision Review

If the Service Provider was notified that further documentation is required, they will review the note and then append the note with the requested information in the Provider record. Each document will be uploaded to this note.

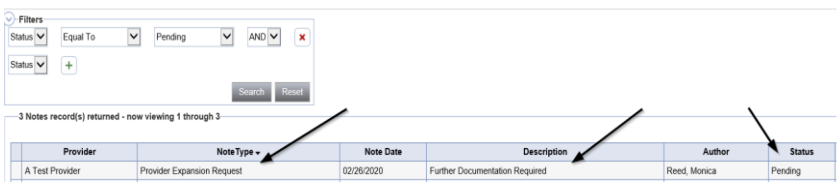
1. Set “Role” = Service Provider then click **Go**



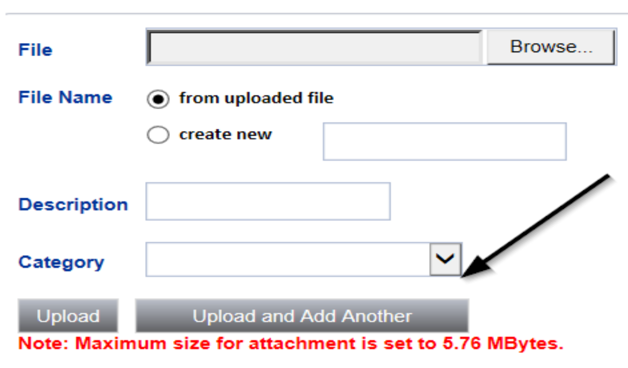
2. Navigate to the **My Dashboard > Providers > Notes > Pending** and click the hyperlink for the Pending notes



3. Select the **Note Type = Provider Expansion Request and Description = Further Documentation Required** and select the record via the hyperlink

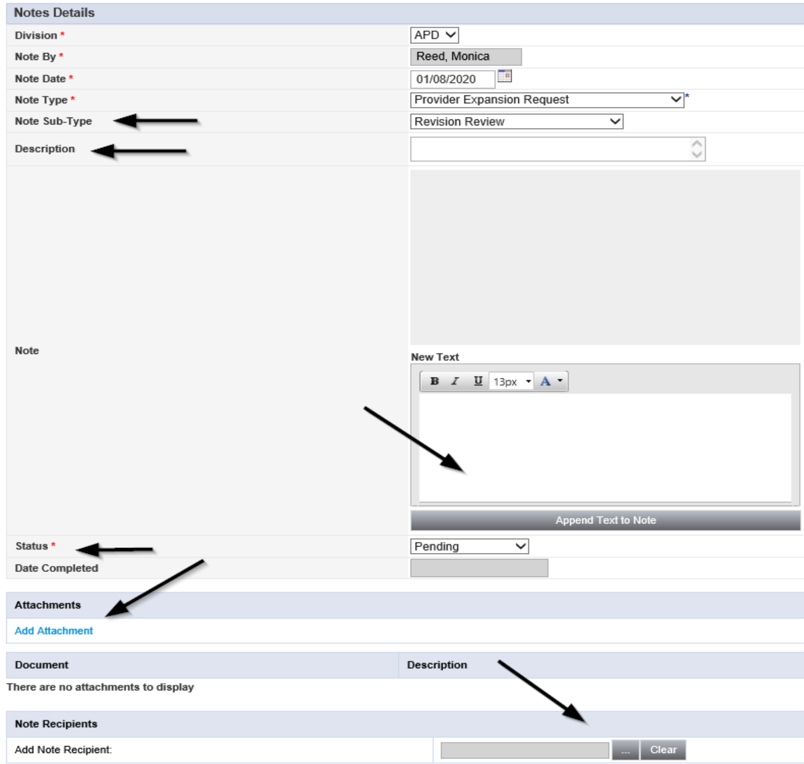


4. In the pending Note record, update the following fields:
    a. "Note Subtype" = *Update to Revision Review*
    b. "Description" = Revision Review
    c. "Append Text to Note" = Enter notes
    d. "Status" = Pending (until all attachments are added and then change to *Complete*)
    e. Click "Add Attachment" and search for the copy of the supporting documentation on the user's computer. Click Upload and Add Another until finished

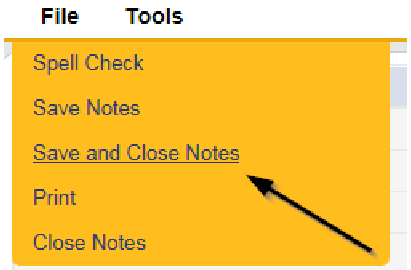


    f. Click the ellipsis on the "Add Note Recipient" to add the *Specialist/Liaison* as the Note Recipient

g. Enter Last Name and Click Search in the pop-up browser window. Select the Name of the worker to attach them to the note



6. When finished click **File > Save and Close Notes**



Provider Notification of Approval

If the expansion is approved, the Specialist/Liaison will notify the Provider via a note. The note will appear on the Service Provider's My Dashboard in the Completed Notes pane.

Add Service Area

The Specialist/Liaison will update the Service Area of the Service Provider's record to include the new region.

As Needed: Denial Letter Note

If the expansion request is denied, the Specialist/Laison will attach an electronic copy of the ROM signed Denial letter to a note in the Provider record. The Service Provider can find this note on their My Dashboard in the Completed Notes pane.

As Needed: Expansion Request Abandoned

If the Service Provider stops working on the expansion request for more than 30 days the Specialist/Liaison will close the expansion request as abandoned in the Provider record. The Service Provider will need to reapply if they want to still pursue an Expansion Request.

Chapter 10d | Expansions – Service

Introduction

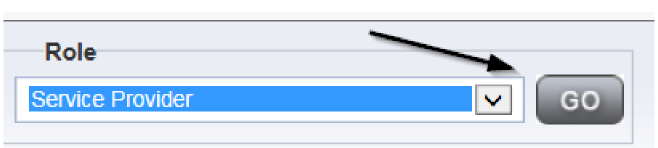
FL APD allows active providers to request 3 different types of expansions: expansion of a solo provider to become an agency provider, expansion to provide additional services, and expansion to provide services in additional geographic (service) areas. All expansions follow the same general business process as new provider applications: provider indicates what they'd like to expand, completes/submits required documentation and data, APD reviews and either approves or denies request. The differences in the process are in the documentation/data that the provider must submit and the criteria by which they are evaluated. Unique requirements for each expansion type are described in the following section.

The Service Provider will notify the Region that they wish to provide additional services via a phone call or email. The Region will direct the Service Provider to complete all tasks, documentation and the Expansion Request form.

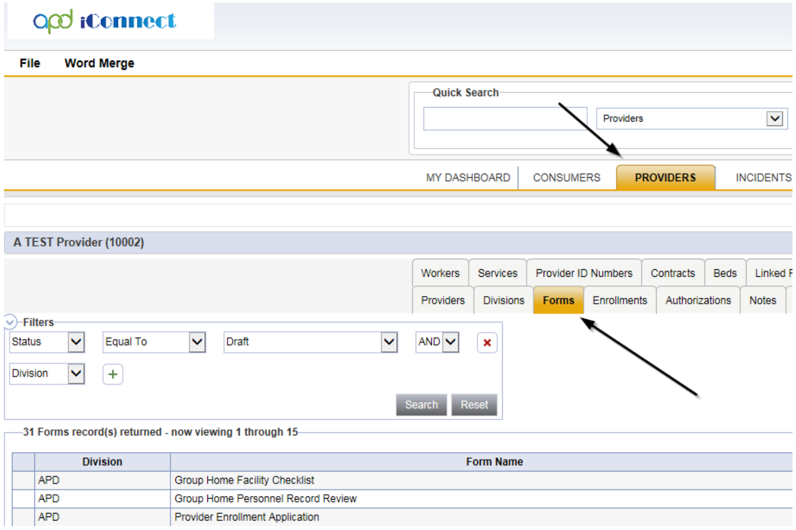
Service Providers will need to send APD IT the list of Qualifying worker records that need to be created in iConnect for the requested expansion services if they don't currently have a worker record. The worker will need to login in order for their worker record to be created.

Complete Provider Expansion Request Form

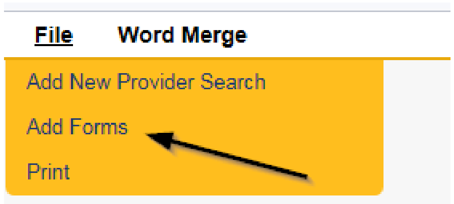
1. Set "Role" = Service Provider then click **Go**



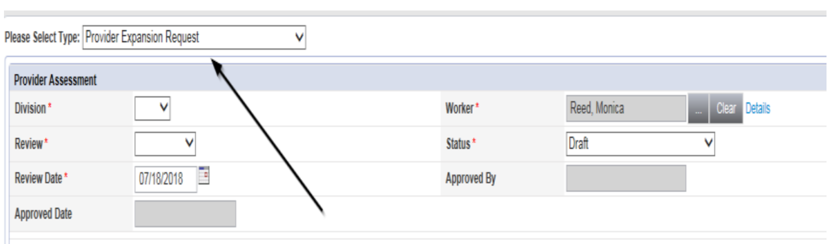
2. Navigate to the **Providers > Forms** tab



3. Click **File > Add Forms**



4. Select “Please Select Type” as “Provider Expansion Request” from the drop-down list



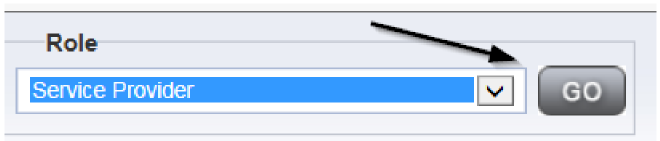
5. Update the following Header fields:
   a. "Division" = APD
   b. "Review" = Initial
   c. Complete all fields on the Provider Enrollment Application Form

6. When finished, click **File > Save and Close Forms**

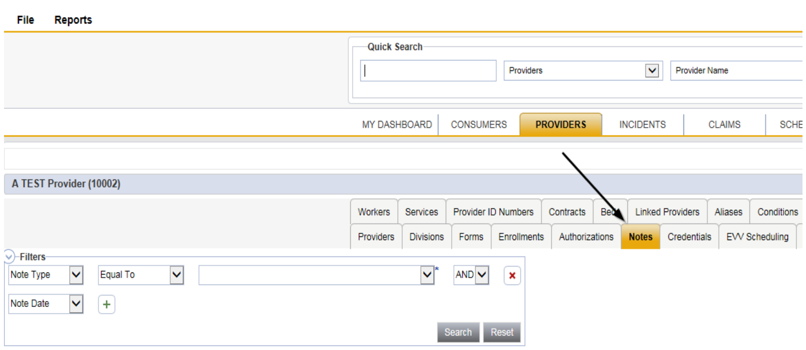
Expansion Intake Documentation Note

Expansion Intake documentation can include requisite documentation for a qualifying worker. The Service Provider will scan and save a copy of the intake or qualifying worker documentation to their desktop and attach it to a note. They will upload all qualifying documents to a single note. The Provider will need to send in a copy of the current MWSA, Business Liability Insurance, Licenses, Qlarant reports and have no outstanding billing discrepancies with AHCA.

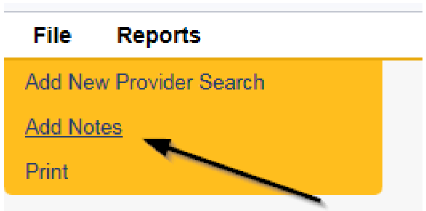
1. Set “Role” = Service Provider then click **Go**



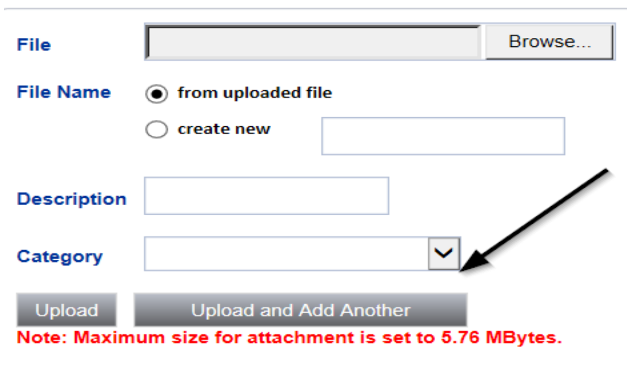
2. Navigate to the **Providers > Notes** tab



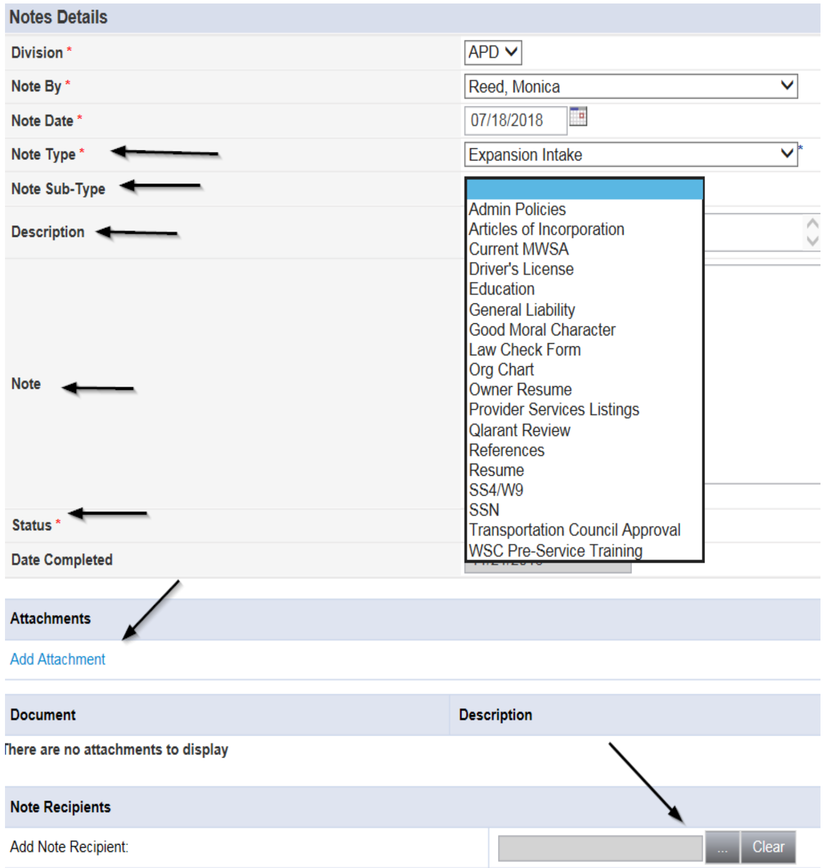
3. Click **File > Add Notes**



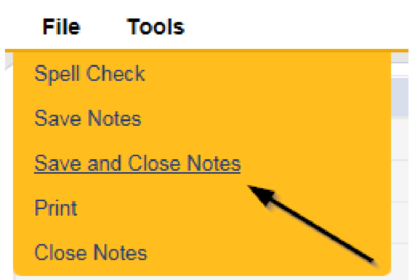
4. In the new Note record, update the following fields:
    a. "Division" = APD
    b. "Note Type" = Expansion Intake
    c. "Note Subtype" = Select as appropriate
    d. "Description" = Enter description
    e. "Note" = Enter notes
    f. "Status" = Complete
    g. Click "Add Attachment" and search for the copy of the supporting documentation on the user's computer. Click Upload and Add Another until finished



    h. Click the ellipsis on the "Add Note Recipient" to add the *Specialist/Liaison* as the Note Recipient
    i. Enter Last Name and Click Search in the pop-up browser window. Select the Name of the worker to attach them to the note



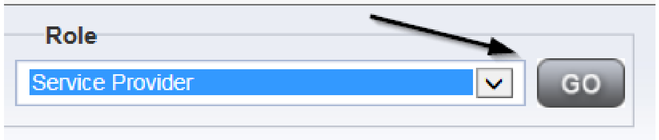
5. When finished click **File > Save and Close Notes**



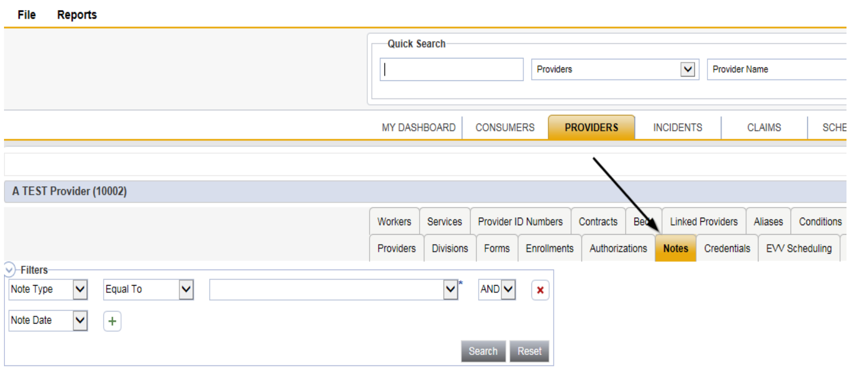
Submit Expansion Request Note

When the Service Provider has completed the expansion request and attached all required intake documentation, they will create a note that the request is submitted

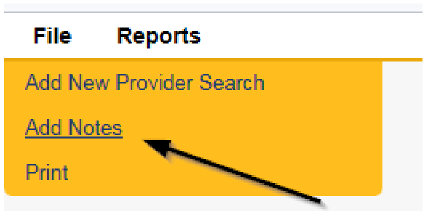
1. Set “Role” = Service Provider then click **Go**



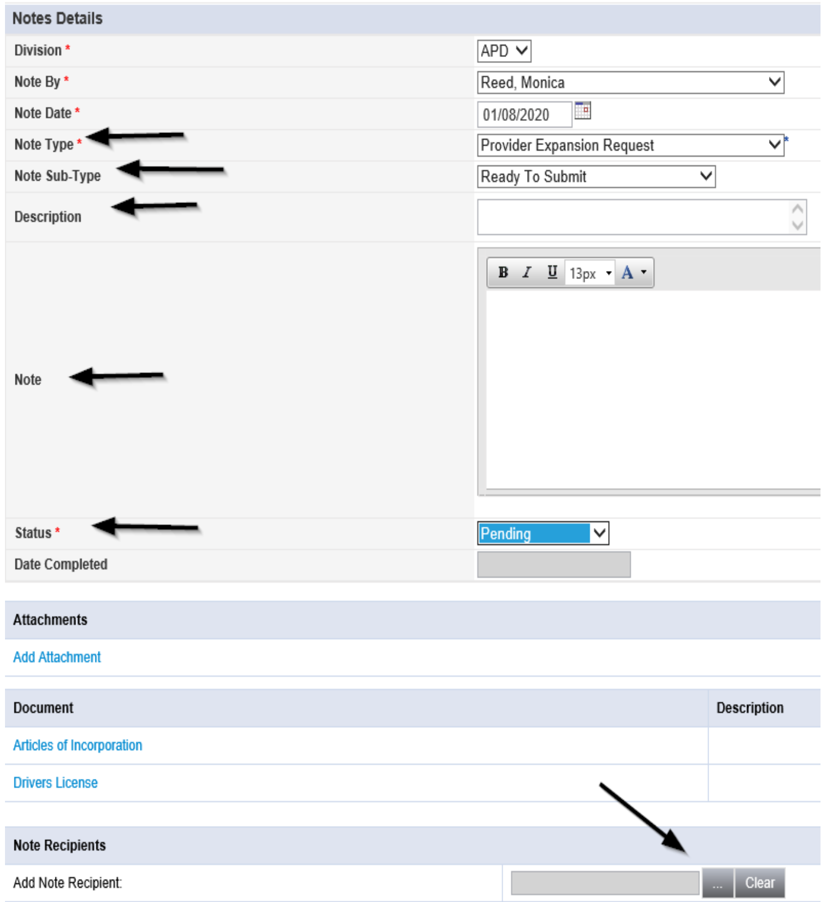
2. Navigate to the **Providers > Notes** tab



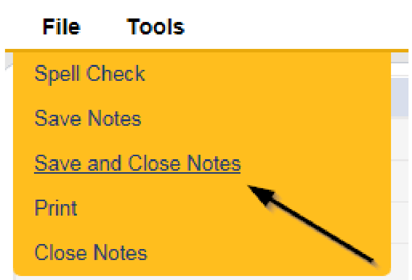
3. Click **File > Add Notes**



4. In the new Note record, update the following fields:
    a. "Division" = APD
    b. "Note Type" = Provider Expansion Request
    c. "Note Subtype" = Ready to Submit
    d. "Description" = Enter description
    e. "Note" = Enter notes
    f. "Status" = Pending
    g. Click "Add Attachment" and search for the copy of the document on the user's computer. Click Upload
    h. Click the ellipsis on the "Add Note Recipient" to add the *Specialist/Liaison* as the Note Recipient
    i. Enter Last Name and Click Search in the pop-up browser window. Select the Name of the worker to attach them to the note



5. When finished click **File > Save and Close Notes**



Submit Expansion Complete Note

The Specialist/Liaison will review the Provider record, forms and all documentation. If complete, they will update the pending note to inform the Service Provider that the request will be reviewed. This will be done by responding to the pending note the Service Provider submitted. The Specialist/Liaison will update the status of that note to complete. Service Providers will be able to see this note on their My Dashboard in the Complete Notes pane.

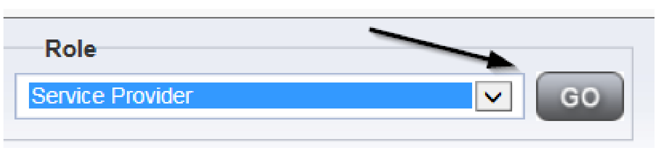
As Needed: Further Documentation Required

If the Specialist/Liaison determines more documentation is needed to complete their review of the expansion request, they will create a note in the Provider record to notify the Service Provider that the request is incomplete and further documentation is required.

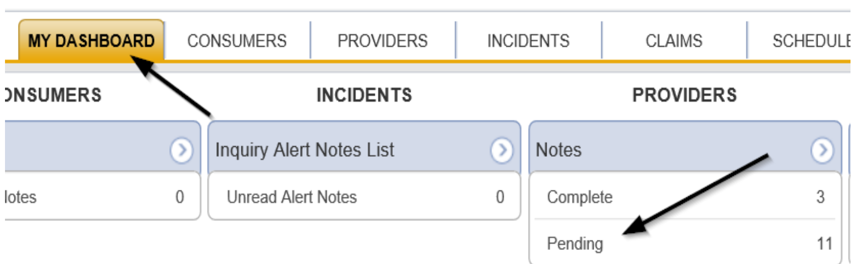
As Needed: Revision Review

If the Service Provider was notified that further documentation is required, they will review the note and then append the note with the requested information in the Provider record. Each document will be uploaded to this note.

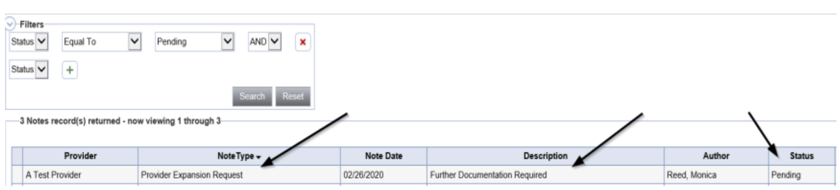
1. Set “Role” = Service Provider then click **Go**



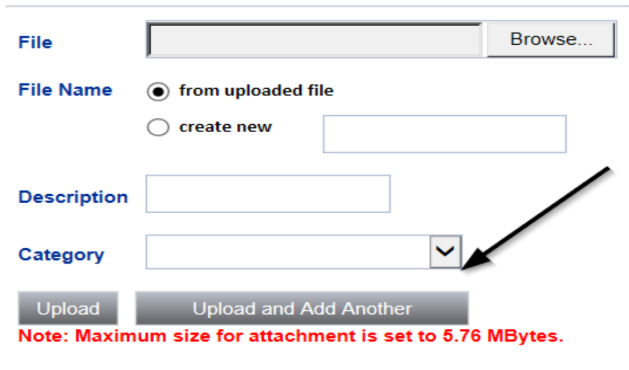
2. Navigate to the **My Dashboard > Providers > Notes > Pending** and click the hyperlink for the Pending notes



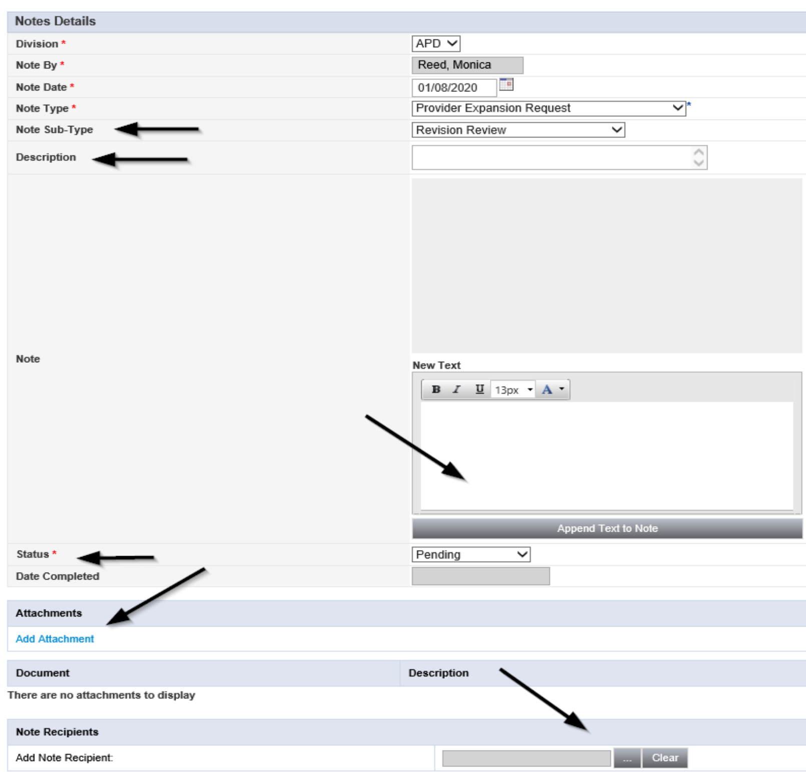
3. Select the **Note Type = Provider Expansion Request and Description = Further Documentation Required** and select the record via the hyperlink



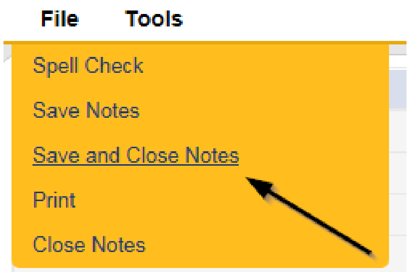
4. In the pending Note record, update the following fields:
   a. "Note Subtype" = *Update to Revision Review*
   b. "Description" = Revision Review
   c. "Append Text to Note" = Enter notes
   d. "Status" = Pending (until all attachments are added and then change to *Complete*)
   e. Click "Add Attachment" and search for the copy of the supporting documentation on the user's computer. Click Upload and Add Another until finished



   f. Click the ellipsis on the "Add Note Recipient" to add the *Specialist/Liaison* as the Note Recipient
   g. Enter Last Name and Click Search in the pop-up browser window. Select the Name of the worker to attach them to the note



6. When finished click **File > Save and Close Notes**



Provider Notification of Approval

If the expansion is approved, the Specialist/Liaison will notify the Provider via a note. The note will appear on the Service Provider's My Dashboard in the Completed Notes pane.

Add New Services

The Specialist/Liaison will add new services. On the Services tab of the Service Provider's record.

Final Enrollment Letter Note

Once the Specialist/Liaison receives the ROM signed Final Enrollment Listing Letter, they will create a note to inform the Service Provider of the Provider Expansion Request approval. This note will appear on the Service Provider's My Dashboard in the Completed Notes pane.

The Specialist/Liaison will also update the Expansion Request Form to complete.

As Needed: Denial Letter Note

If the expansion request is denied, the Specialist/Liaison will attach an electronic copy of the ROM signed Denial letter to a note in the Provider record. The Service Provider can find this note on their My Dashboard in the Completed Notes pane.

As Needed: Expansion Request Abandoned

If the Service Provider stops working on the expansion request for more than 30 days the Specialist/Liaison will close the expansion request as abandoned in the Provider record. The Service Provider will need to reapply if they want to still pursue an Expansion Request.