

Overview of Waiver Support Coordination

Supplemental Resources

Table of Contents

This document contains the forms, tables, lists, and websites that were either displayed or referred to in the Overview of Waiver Support Coordination Pre-Service training. This document also contains additional resources to aide new WSCs in gaining the skills necessary to effectively coordinate the supports and services for individuals on their caseload.

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Overview of Waiver Support Coordination

APD Regional Offices

APD is a state-wide agency designated in Florida Statutes, Chapter 20.1971. The APD has a state headquarters office in Tallahassee, Florida. There are six APD Regional offices located around that state that are the front lines of services for individuals with disabilities and their providers.

Northwest Region 850-487-1992

Bay, Calhoun, Escambia, Franklin, Gadsden, Gulf, Holmes, Jackson, Jefferson, Leon, Liberty, Okaloosa, Santa Rosa, Wakulla, Walton, and Washington counties

Northeast Region 904-992-2440

Alachua, Baker, Bradford, Clay, Columbia, Dixie, Duval, Flagler, Gilchrist, Hamilton, Lafayette, Levy, Madison, Nassau, Putnam, St. Johns, Suwannee, Taylor, Union, and Volusia counties

Central Region 407-245-0440

Brevard, Citrus, Hardee, Hernando, Highlands, Lake, Marion, Orange, Osceola, Polk, Seminole, and Sumter counties

Suncoast Region 1-800-615-8720

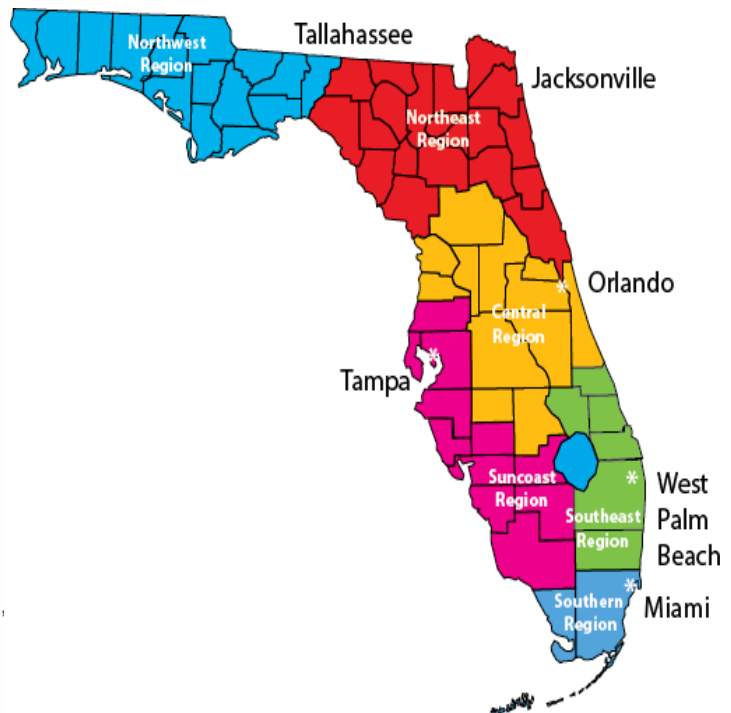
Charlotte, Collier, DeSoto, Glades, Hendry, Hillsborough, Lee, Manatee, Pasco, Pinellas, and Sarasota counties

Southeast Region 561-837-5564

Broward, Indian River, Martin, Okeechobee, Palm Beach, and St. Lucie counties

Southern Region 305-349-1478

Dade and Monroe counties



Local APD Contacts:

Check the Locations Tab on the APD Website to find specific contacts in the APD Regional Office for each workstream. <http://apd.myflorida.com/region/>

If you do not know how to contact your assigned Waiver Liaison, contact the APD Regional Office to find out.

WSC Advisories

The APD State Office issues regular WSC Advisories for WSCs to keep them up to date on any changes in APD policies, procedures, and other important information. WSC Advisories are posted on the APD website and emailed to all WSC email addresses entered in iConnect. It is important for WSCs to read these advisories because they contain key and timely information related to provision of quality support coordination service.

It is critical for WSCs to maintain a current email address in the APD data system. Having a current email address on file will better ensure that WSCs receive key information at the right time.

WSC Advisory Archives:

All past WSC Advisories are kept on the APD website in chronological order. Please visit <http://apdcares.org/waiver/support-coordination/>.

Florida Statutes

Florida Statutes are a permanent collection of state laws organized by subject area into a code made up of titles, chapters, parts, and sections. The Florida Statutes are updated annually. Chapter 393 of the Florida Statutes describes the requirements for the service delivery system for individuals with developmental disabilities in Florida.

Key chapters for WSCs include:

- Chapter, 393.0651, *Support Plans*
- Chapter, 393.066, *Community Services and Treatment*
- Chapter, 393.0662, *iBudget Waiver*
- Chapter, 393.125, *Hearing Rights*
- Chapter, 393.13, *The Bill of Rights for Persons with Developmental Disabilities*

Additional Reading:

Visit Florida Statutes, Chapter 393 online to become more familiar with its content.
<http://www.leg.state.fl.us/>

APD Clients

APD annually serves more than 56,000 Floridians with autism, cerebral palsy, spina bifida, intellectual disabilities, Down syndrome, Prader-Willi syndrome, and Phelan- McDermid syndrome. APD serves more than 34,000 individuals through the iBudget Florida waiver program. There are approximately 21,000 individuals who meet APDs eligibility criteria and are on a waiting list for these waiver services.

Additional Waiting List Information:

See <http://apdcares.org/customers/waitlist/> for additional information .

Overview of Developmental Disabilities

The following is a brief description of each of the developmental disabilities that qualify an individual to be served by APD:

Intellectual Disability (as defined in section 393.063(24), Florida Statutes): Individuals with intellectual disabilities have significantly subaverage general intellectual functioning existing concurrently with deficits in adaptive behavior which manifests before the age of 18 and can reasonably be expected to continue indefinitely. This is evidenced by IQ scores below 70, along with severe deficits in adaptive functioning as measured on presumptively accepted standardized tests. Intellectual disabilities are determined by certified or licensed psychologists.

Autism (as defined in section 393.063(5), Florida Statutes): Autism means a pervasive, neurologically based developmental disability of extended duration which causes severe learning, communication, and behavior disorders with age of onset during infancy or childhood. Individuals with autism exhibit impairment in reciprocal social interaction, impairment in verbal and nonverbal communication and imaginative ability, and a markedly restricted repertoire of activities and interests. A diagnosis of autism may be made by licensed psychiatrists, psychologists, neurologists, or developmental pediatricians with specific training in making such diagnosis.

Spina Bifida (as defined in section 393.063(40), Florida Statutes): Individuals with spina bifida have a medical diagnosis of spina bifida cystica or myelomeningocele. Diagnosis is confirmed by written documentation from either a medical doctor, doctor of osteopathy, or medical records that document a diagnosis of spina bifida cystica or myelomeningocele before the age of 18.

Cerebral Palsy (as defined in section 393.063(6), Florida Statutes): Individuals with cerebral palsy have a group of disabling symptoms of extended duration which results from damage to the developing brain that may occur before, during, or after birth and that results in the loss or impairment of control over voluntary muscles. For the purposes of this definition, cerebral palsy does not include those symptoms or impairments resulting solely from a stroke. Diagnosis is confirmed by written documentation from either a medical doctor, doctor of osteopathy, or other medical records documenting a diagnosis of cerebral palsy before the age of 18.

Prader-Willi syndrome (as defined in section 393.063(29), Florida Statutes): Prader-Willi syndrome is an inherited condition typified by neonatal hypotonia with failure to thrive, hyperphagia or an excessive drive to eat which leads to obesity usually at 18 to 36 months of age, mild to moderate intellectual disability, hypogonadism, short stature, mild facial dysmorphism, and a characteristic neurobehavior. Diagnosis is confirmed by written documentation from either a medical doctor, doctor of osteopathy, medical records that document a diagnosis of Prader-Willi syndrome before age 18.

Down syndrome (as defined in section 393.063(15), Florida Statutes): Down syndrome is a disorder caused by the presence of an extra chromosome 21. Evidence under this category requires medical records documenting a chromosome analysis (also referred to as a karyotype) finding the individual has an extra genetic material on their number 21 chromosome. In the absence of a chromosome analysis, a diagnosis of Down syndrome can be accepted from a health care provider qualified to certify the diagnosis if the provider certifies the physical signs of the syndrome. A diagnosis could also be verified from review of medical records that document a diagnosis of Down syndrome before the age of 18, if the diagnosis was completed by a health care provider qualified to certify the diagnosis at the time of diagnosis. A prenatal diagnostic test may also be accepted as proof of diagnosis.

Phelan-McDermid syndrome (as defined in section 393.063(28), Florida Statutes): Phelan-McDermid is a disorder caused by the loss of the terminal segment of the long arm of chromosome 22, typically leading to developmental delay, intellectual disability, dolichocephaly, hypotonia, or absent or delayed speech. Although the range and severity of symptoms may vary, Phelan-McDermid syndrome is generally characterized by low muscle tone, absent to severely delayed speech, moderate to profound intellectual disability, minor malformed or misshapen features, symptoms of autism spectrum disorder, motor delays, and epilepsy. Evidence under this category requires documentation from a physician which provides the diagnosis of Phelan-McDermid syndrome as derived from genetic testing.

Florida Medicaid Program

Medicaid is the medical assistance program that provides access to health care for low-income families and individuals. Medicaid also assists the elderly and people with disabilities with the costs of nursing facility care and other medical and long-term care expenses. Medicaid was created to provide basic health care for people who could not afford it otherwise.

The Florida Medicaid program is administered by the Agency for Health Care Administration (AHCA) and includes all the various Medicaid programs available to individuals eligible for Medicaid. The iBudget waiver is just one of the Medicaid programs in Florida.

Eligibility for Medicaid is handled through the Department of Children and Families. WSCs are responsible for assisting the individual with accessing services through all Medicaid programs for which they are eligible and in maintaining their eligibility for Medicaid on a yearly basis.

Links to information on Florida Medicaid and Medicaid Eligibility:

<https://www.myflfamilies.com/service-programs/access/medicaid.shtml>

<https://ahca.myflorida.com/Medicaid/index.shtml>

iBudget Waiver

The iBudget waiver is a Florida program operated by APD and is one of many waivers in Florida. The iBudget waiver provides home and community-based supports and services to eligible persons living at home or in a home-like setting.

Individuals enrolled in the iBudget waiver should receive services that enable them to:

- Have a safe place to live.
- Have a meaningful day activity.
- Receive medically necessary medical and dental services.
- Receive medically necessary supplies and equipment.
- Receive transportation required to access other waiver services.

This waiver uses an individual budgeting approach and enhanced opportunities for self-determination. The purpose of this waiver is to:

- Promote and maintain the health and welfare of eligible individuals with developmental disabilities.
- Provide medically necessary supports and services to delay or prevent institutionalization.
- Foster the principles of self-determination as a foundation for services and supports.

iBudget Waiver Video:

Learn more about the iBudget waiver from a self-advocate who utilizes waiver services.

<https://www.youtube.com/watch?v=izV1N3Z4JBE>

Waiver Support Coordination Overview

All individuals enrolled on the iBudget waiver must receive Waiver Support Coordination services. Waiver Support Coordination is the service of advocating for the individual and identifying, developing, coordinating, and accessing supports and services on the individual's behalf, regardless of the funding source. WSCs promote the health, safety, and well-being of individuals. They also promote the dignity, privacy, and respect for all individuals, including sharing personal information and decisions when necessary.

The waiver is to be the payer of last resort, which means services must not be authorized under the iBudget waiver if they are available from another source.

Hierarchy of Reimbursement:

It is the WSC's responsibility to ensure that the same type of service offered through the Waiver cannot be accessed through other funding sources. The following is the order from which services must be reimbursed:

1. Third party payors (e.g. private insurance)
2. Medicare
3. Other Medicaid Programs (e.g., Medicaid State Plan)
4. iBudget Waiver

Waiver Services and the iBudget Waiver Handbook

There are 29 services available through the iBudget waiver, and they can be separated into eight service families.

Service Family 1 – Life Skills Development

Service Family 2 – Supplies and Equipment

Service Family 3 – Personal Supports

Service Family 4 – Residential Services

Service Family 5 – Support Coordination

Service Family 6 – Wellness and Therapeutic Supports

Service Family 7 – Transportation

Service Family 8 – Dental Services

Specific requirements for all waiver services is specified in the iBudget Waiver Handbook. The iBudget Waiver Handbook is incorporated by reference into Rule 59G-13.070, Florida Administrative Code.

The iBudget Waiver Handbook is an important document for WSCs to review, understand, and utilize on a continuous basis. This document will help WSCs:

1. Identify potential services for individuals on their caseload
2. Understand the requirements to be a Waiver Support Coordinator
3. Understand the requirements for services and providers
4. Assist the WSC in monitoring service provision
5. Identify limitations and exclusions for service delivery under the waiver

Additional Reading:

Review chapter two of iBudget Waiver Handbook and become familiar with the requirements for each waiver service. A copy of the Handbook can be found at

apd.myflorida.com/ibudget/docs/iBudget

Service Delivery

Service delivery refers to how a provider is required to plan and deliver their services. Service delivery usually includes a list of guidelines or parameters to guide where, when, how frequent, and who is eligible to provide and receive a given service. All waiver service providers, including WSCs, have criteria for their service delivery.

Two elements that impact service delivery for all waiver service providers are the Medicaid Waiver Services Agreement form and Service Authorizations.

Medicaid Waiver Services Agreement form

Prior to being able to provide waiver services, all providers must sign a Medicaid Waiver Services Agreement (MWSA) form. The MWSA is the contract between APD and providers of waiver services. The Agreement is in effect for five years and is signed by all providers, including support coordinators who work for a support coordination agency.

When signing the MWSA, each provider agrees to:

- Comply with monitoring, audits, inspections and investigations; as well as all state and federal laws or regulation regarding confidentiality of client information
- Hold APD and AHCA harmless from all claims, suits, judgments or damages
- Obtain and maintain insurance at all times
- Abide by current provider rates
- Correct all billing or reimbursement errors in a timely manner
- Act as an independent service provider and not an agent of APD, AHCA or the state of Florida
- Notify APD of any change of name or ownership and maintain public records

An example of the MWSA is shown below:

MEDICAID WAIVER SERVICES AGREEMENT

This Agreement is entered into between the Florida Agency for Persons with Disabilities, hereinafter referred to as “APD,” and _____, hereinafter referred to as the “Provider.” Pursuant to the terms and conditions of this Agreement, APD authorizes the Provider to furnish Home and Community-Based Services (HCBS) Medicaid waiver services to eligible APD clients, and to receive payment for such services. Services may be authorized by multiple Region offices for multiple service types and service locations within the respective region pursuant to the standards specified in Florida’s HCBS waivers. The services that may be provided in any APD region or location within a region are limited to the services that the respective Region office has authorized.

I. AGREEMENT DOCUMENTS:

A. The Medicaid Waiver Services Agreement consists of the terms and conditions specified in this Agreement, any attachments, and the following documents, which are incorporated by reference:

1. *The Developmental Disabilities Individual Budgeting Medicaid Waiver Coverage and Limitations Handbook*, dated [insert date of current handbook], and any updates or replacements thereto. The Handbook can be found at the Medicaid fiscal agent’s Web Portal: <http://www.mymedicaid-florida.com/>. Click on Public Information for Providers, then on Provider Support, and then on Provider Handbooks. The Handbook provides the terms and conditions by which the provider of Developmental Disabilities Individual Budgeting HCBS waiver services agrees to be bound.

2. *Attachment* ____, providing individually negotiated unit rates of payment for services not already established and available on APD’s Web site: <http://www.apdcares.org>, as referenced in II.E., and any other service or data requirements, as applicable.

B. Prior to executing this Agreement and furnishing any waiver services, the Provider must have executed a Medicaid Provider Agreement with the Agency for Health Care Administration (AHCA), and be issued a Medicaid provider number by AHCA. The Provider must at all times during the term of this Agreement, maintain a current and valid Medicaid Provider Agreement with AHCA, and comply with the terms and conditions of the Medicaid Provider Agreement.

II. THE PROVIDER AGREES:

To comply with all of the terms and conditions contained within this Agreement, including all documents incorporated by reference and any attachments.

A. Monitoring, Audits, Inspections, and Investigations

To permit persons duly authorized by APD, the Agency for Health Care Administration (AHCA), or representatives of either, to monitor, audit, inspect, and investigate any recipient records, payroll and expenditure records (including electronic storage media), papers, documents, facilities, goods and services of the Provider which are relevant to this Agreement, and to interview any recipients receiving services and employees of the Provider to assure APD of the satisfactory performance of the terms and conditions of this Agreement.

1. Following such monitoring, audit, inspection, or investigation, APD or its authorized representative, will furnish to the Provider a written report of its findings and, if deficiencies are found, request for development, by the Provider, a Plan of Remediation for needed corrections. The Provider hereby agrees to correct all noted deficiencies identified by APD, AHCA, or their authorized representatives within the specified period of time identified within the report documentation. Failure to correct noted deficiencies within stated time frames may result in termination of this Agreement.

2. Upon demand, and at no additional cost to the APD, AHCA, or their authorized representatives, the Provider will facilitate the duplication and transfer of any records or documents (including electronic storage media), during the required retention period of six years after termination of the Agreement, or if an audit has been initiated and audit findings have not been resolved at the end of six years, the records shall be retained

until resolution of the audit findings or any litigation which may be based on the terms of this Agreement, at no additional cost to APD.

3. To comply and cooperate immediately with APD requests for information, records, reports, and documents deemed necessary to review the rate setting process to ensure that provider rates are based on accurate information and reflect the existing operational requirements of each service. Any individual who knowingly misrepresents the information required in rate setting commits a felony of the third degree, punishable as provided in sections 775.082 and 775.083, F.S.

4. To comply and cooperate immediately with any inspections, reviews, investigations or audits deemed necessary by APD's Office of the Inspector General pursuant to section 20.055, F.S.

5. To include the aforementioned audit, inspections, investigations and record keeping requirements in all subcontracts and assignments.

B. Confidentiality of Client Information

Not to use or disclose any information concerning a client receiving services under this Agreement for any purpose prohibited by state or federal law or regulation, except with the written consent of a person legally authorized to give that consent or when authorized by law. This includes compliance with: the Health Insurance Portability and Accountability Act of 1996, 42 U.S.C. 1320d, and all applicable regulations provided in 45 CFR Parts 160, 162, and 164; and 42 CFR, Part 431, Subpart F, relating to the disclosure of information concerning Medicaid applicants and recipients.

The computer hard drives used by APD Waiver Support Coordinators shall implement Full Disk Encryption software. For other types of electronic data storage devices that store confidential APD consumer data, such data shall be encrypted using a minimum of a 128-bit encryption algorithm.

C. Indemnification

1. To be liable for and indemnify, defend, and hold APD, AHCA and all of their officers, agents, and employees harmless from all claims, suits, judgments, or damages, including attorneys' fees and costs, arising out of any act, actions, neglect, or omissions by the Provider, its agents, employees, or subcontractors during the performance or operation of this Agreement or any subsequent modifications thereof, whether direct or indirect, and whether to any person or tangible or intangible property. The Provider shall not be liable for that portion of any loss or damages proximately caused by the negligent act or omission of APD or AHCA.

2. That its inability to evaluate its liability or its evaluation of liability shall not excuse the Provider's duty to defend and to indemnify within 7 days after notice by APD or AHCA by certified mail. After the highest appeal taken is exhausted, only an adjudication or judgment specifically finding the Provider not liable shall excuse performance of this provision. The Provider shall pay all costs and fees, including attorneys' fees related to these obligations and their enforcement by APD or AHCA. APD or AHCA's failure to notify the Provider of a claim shall not release the Provider of these duties.

3. If the provider is an agency or subdivision of the State, its obligation to indemnify, defend, and hold harmless shall be to the extent permitted by section 768.28, F.S. or other applicable law, and without waiving the limits of sovereign immunity.

D. Insurance

To obtain and maintain at all times continuous and adequate liability insurance coverage during the term of this Agreement. The Provider accepts full responsibility for identifying and determining the type and extent of liability insurance necessary to provide reasonable financial protection for the Provider and APD clients served by the Provider. At all times, the Provider shall maintain with APD a current certificate of insurance describing the types and extent of liability insurance obtained pursuant to this Agreement. The Provider shall cause APD to be named as a certificate holder under each policy of liability insurance maintained by the Provider pursuant to this Agreement. The limits of coverage under each such policy shall not be interpreted as limiting the Provider's liability and obligations under this Agreement. All insurance policies shall be

through insurers authorized or eligible to write policies in Florida. Such coverage may be provided by a self-insurance program established and operating under Florida law.

E. Payment

Current rate information is available on the Medicaid fiscal agent's Web site at www.mymedicaid-florida.com. Select Public Information for Providers, Provider Support, and then select Fee Schedules. The signatories recognize that APD is limited by appropriation and acknowledge that Florida law requires AHCA and APD to make any adjustment necessary to comply with the availability of moneys and any limitations or directions provided for in the General Appropriations Act, including but not limited to adjusting fees, reimbursement rates, lengths of stay, number of visits, or number of services, or limiting enrollment. (See sections 393.0661, 409.906, 409.908, F.S.)

F. Return of Funds

To be responsible for the timely correction of all billing or reimbursement errors resulting in an overpayment, including reimbursement for services not properly authorized or documented. Reimbursement will be made pursuant to the Florida Medicaid Provider Reimbursement Handbook, CMS-1500. Federal regulations, 42 Developmental Disabilities Individual Budgeting Waiver Services Coverage and Limitations Handbook

CFR § 433.312, require refund of overpayments within 60 days of discovery. AHCA will be the final authority regarding the timeliness of the reimbursement process.

G. Independent Status

That the Provider acts at all times in the capacity of an independent service provider and not as an officer, employee, or agent of APD, AHCA, or the State of Florida. The Provider shall not represent to others that it has the authority to bind the APD or AHCA unless specifically authorized in writing to do so. In addition to the Provider, this is also applicable to the Provider's officers, agents, employees, or subcontractors in performance of this Agreement.

H. Revocation of Licenses

In the event the Provider or any employee of the Provider is the holder of any license required to render the services that are subject to this Agreement, the Provider must immediately notify APD if any such license is suspended or revoked.

I. Change of Name or Ownership

The Provider shall notify APD and clients served of any change of name, or change, sale, or transfer of ownership at least sixty (60) days prior to the change, sale, or transfer. Prior to the change, sale, or transfer, the Provider shall complete the change of ownership process with Medicaid. Prior to, or contemporaneously with, the change, sale, or transfer, the Provider must execute a new Medicaid Waiver Services Agreement to ensure no lapse in service delivery. Clients receiving services will be given an opportunity to receive services from the new owner, purchaser, or transferee, or to select another provider.

J. Public Records

The Provider shall: keep and maintain public records that ordinarily and necessarily would be required by APD in order to perform the service under this Agreement; provide the public with access to public records on the same terms and conditions that APD would provide the records, and at a cost that does not exceed the cost provided by law; ensure that public records that are exempt or confidential and exempt from public records disclosure requirements are not disclosed except as authorized by law; and, meet all requirements for retaining public records and transfer, at no cost, to APD all public records in possession of the Provider upon termination of this Agreement, and destroy any duplicate public records that are exempt or confidential and exempt from public records disclosure requirements (all records stored electronically must be provided to the public agency in a format that is compatible with the information technology systems of the public agency). If the Provider does not comply with a public records request, APD shall enforce the contract provisions in accordance with the Agreement.

III. TERMINATION:

A. Termination of Agreement Without Cause

This Agreement may be terminated by either party without cause, upon no less than 30 calendar days' notice in writing to the other party unless a lesser time is mutually agreed upon in writing by both parties. Said notice shall be delivered by certified mail, return receipt requested, or in person with proof of delivery. Developmental Disabilities Individual Budgeting Waiver Services Coverage and Limitations Handbook

B. Termination of Agreement With Cause

This Agreement may be terminated for the Provider's unacceptable performance, non-performance or misconduct upon no less than 24 hours' notice in writing to the Provider. Waiver by either party of any breach of any term or condition of this Agreement shall not be construed as a waiver of any subsequent breach of any term or condition of this Agreement. If APD determines that the Provider is not performing in accordance with any term or condition in this Agreement, APD may, at its exclusive option, allow the Provider a period of time to achieve compliance. The provisions herein do not limit APD's right to any other remedies at law or in equity.

C. Termination of Service Regions or Service Locations

When a Provider has been authorized to provide multiple service types within a region, or to provide services in multiple regions, or at multiple locations within a region, the Provider's authorization for any individual service type, region, or location may be revoked, without cause, upon 30 days' prior written notice, without terminating this Agreement.

IV. GOVERNING LAW:

This Agreement shall be construed, performed, and enforced in all respects in accordance with all the laws and rules of the State of Florida, and any applicable federal laws and regulations.

V. AGREEMENT DURATION:

This Agreement shall be effective on the date on which it has been signed by both parties, whichever is later, and shall terminate on which is no later than five years from the effective date.

VI. OFFICIAL REPRESENTATIVES (Names, Address, Telephone Number, and E-mail Address):

1. The Provider's contact person and street address where financial and administrative records are maintained is:

Name: _____

Telephone Number: _____

Address: _____

E-mail Address: _____

2. The representative of the Provider responsible for administration of the services under this Agreement is:

Name: _____

Telephone Number: _____

Address: _____

E-mail Address: _____

4. The Agency for Persons with Disabilities contact person for this Agreement is:

Name: _____

Telephone Number: _____

Address: _____

E-mail Address: _____

5. Upon change of the representative’s names, addresses, telephone numbers, and e-mail addresses, by either party, notice shall be provided in writing to the other party and the notification attached to the originals of this Agreement.

VII. INTEGRATED AGREEMENT:

Only this Agreement, any attachments referenced, the Medicaid Provider Agreement, the **Developmental Disabilities Individual Budgeting Medicaid Waiver Coverage and Limitations Handbook**, which is incorporated into this Agreement by reference, contain all the terms and conditions agreed upon by the parties.

There are no provisions, terms, conditions, or obligations other than those contained herein, and this Agreement shall supersede all previous communications, representations, or agreements, either verbal or Developmental Disabilities Individual Budgeting Waiver Services Coverage and Limitations Handbook written between the parties. If any term or provision of the Agreement is found to be illegal or unenforceable, the remainder of the Agreement shall remain in full force and effect and such term or provision shall be stricken.

The Provider, by signing below, attests that the Provider has received and read the entire Agreement, inclusive of its attachments and documents as referenced in Section I, A., including the service-specific requirements and for enrolled providers contained in the *Developmental Disabilities Individual Budgeting Medicaid Waiver Coverage and Limitations Handbook Waiver Services Coverage and Limitations Handbook*, and understands each section and paragraph.

IN WITNESS THEREOF, the parties hereto have caused this page Agreement to be executed by their undersigned officials as duly authorized.

PROVIDER:

STATE OF FLORIDA,

AGENCY FOR PERSONS WITH DISABILITIES

SIGNED BY:

SIGNED BY:

NAME:

NAME:

TITLE:

TITLE:

DATE:

DATE:

MEDICAID PROVIDER ID:

(DD WAIVER)

Service Authorizations

Another element that impacts service delivery is “service authorizations”.

Service authorizations:

- Are an **APD document**
- Document approval of a **specific service** is authorized to be provided by a **specific provider** to a **specific individual**
- **Include all necessary identifying information** such as: the provider’s name, and the specific amount, duration, scope, frequency, and intensity of the approved service
- Given **prior to service delivery**
- **Can change** if your client decides to redistribute funds in their cost plan, change providers, or change how they want their services to be delivered
- **Cannot be approved retroactively** except under limited circumstances, such an administrative error or to consider an individual’s health and safety
- **Remain in effect** even if a client’s Medicaid eligibility is terminated

Resource Development

WSCs assist in identifying resources, such as paid or unpaid providers, who will work with clients to reach their support plan goals. Assistance include identifying and developing resources outside of the iBudget Waiver program.

The following are some tools that can help WSCs locate specific service providers and connect them with their clients. In addition to these online tools, it is recommended that every WSC establish their own network of contacts and sources of both paid and unpaid supports for individuals on their caseload.

Community Resource Links:

APD Resource Directory: <http://resourcedirectory.apd.myflorida.com/resourcedirectory/>

Florida Navigator: <https://navigator.apd.myflorida.com/>

FLDD Provider Search: www.flddresources.org/ProviderSearch.aspx

Additional information and resources regarding developing natural and community resources can be found in the WSC Pre-Service training, *Support Plan Development, part 3*