WSC Dual Employment Plan Review Request

The Qualified Organization must submit a dual employment plan to the APD regional office for review when: (1) the QO is reviewing a candidate for employment as a WSC and the candidate is dually employed; (2) any WSC seeks additional employment after becoming a WSC; or (3) any WSC whose other employment changes after APD approved the previous dual employment plan.

Reference: Florida Medicaid Developmental Disabilities Individual Budgeting Waiver Services Coverage and Limitations Handbook ("iBudget Handbook") pages 2-82 through 2-83.

Applicant/WSC Information	
Applicant/WSC Name:	Associated Qualified Organization:
Status: ☐ New WSC Applicant ☐ Active WSC – Include Medicaid provider number (if applicable):	
Role: ☐ WSC Mentor ☐ WSC Supervisor ☐ WSC Treating Provider	
Services Approved or Applied for: ☐ WSC ☐ CDC+	
Name of Non-QO Employer:	
Start Date of Non-WSC Employment:	
Required Elements of the Dual Employment Plan	

1. Provide a detailed description of the Non-WSC employment. Include job title and primary job duties.

2. Is the non-QO employer an active Medicaid or APD Medicaid Waiver provider? Do they have any involvement with APD clients? If yes to either, provide a detailed description.

3. Number of hours worked at non-WSC employment per week:

4. During the hours worked at the non-WSC employment, how will waiver clients be able to contact the WSC, and how will waiver client's emergency needs be addressed? (Include expected response time for WSC communications. Must follow the QO Policies & Procedures).

5. Describe how conflicting priorities, meetings and mentoring requirements will be handled.

6. Is the QO imposing a caseload limit for this dually employed WSC? If yes, how many cases will this WSC maintain while dually employed?

_____ _____ _____

Printed name and signature of applicant or WSC requesting dual employment   Date

_____ _____ _____

Printed name and signature of QO owner or supervisor   Date

THE REMAINING SECTIONS ARE FOR APD USE ONLY

Regional Recommendation

☐ Region recommends approval of WSC Dual Employment Plan

☐ Region recommends denial of WSC Dual Employment Plan

Summary for Regional Recommendation

Required Supporting Documents
(Please include the following items if applicable with this form for review)

☐ A copy of the current MWSA if the review is for an active WSC
☐ Copy of any relevant POR's, submitted by the provider within the past 2 years
☐ Any additional documentation to support the regional recommendation

Regional Operations Manager Authorization

Regional Operations Manager: (print name):	Regional Operation Manager signature:	Date: