

State of Florida Agency for Persons with Disabilities

Harmony for APD iConnect Provider Expansions Solo to Agency Training Manual

Updated: June 09, 2023

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Chapter 11 | Expansions – 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: providers indicate what they'd like to expand, complete/submit 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. All Providers must meet the handbook requirements for expansion.



When an expansion note is received, the QA Workstream Worker will review provider notes to see if there have been any prior expansion requests that have been denied or approved. The QA Workstream Worker will need to determine the reason for any previous expansion denials.

Submit Solo to Agency Expansion Note



The Solo Service Provider decides that they want to expand and become an Agency Provider. They will create a note to contact the QA Workstream Worker to determine what the next steps need to be.

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



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

File Reports										
	Quick S	earch								
	1			Providers			~	Provider N	lame	
	MY DASH	IBOARD	CONSUM	ERS PF	ROVIDERS	1	NCIDENTS	3 0	CLAIMS	SCHE
					\mathbf{N}					
A TEST Provider (10002)						<hr/>				
	Workers	Services	Provider I	D Numbers	Contracts	Bed	Linked	Providers	Aliases	Conditions
	Providers	Divisions	Forms	Enroliments	Authoriza	ations	Notes	Credentials	EVVS	cheduling
Filters Note Type Equal To Note Date +		*		×						
			Search	Reset						

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" = Solo to Agency Expansion
 - d. "Description" = Next Steps Inquiry
 - e. "Note" = Enter details about the expansion request
 - f. "Status" = Pending
 - g. Click the ellipsis on the "Add Note Recipient" to add the *QA Workstream Worker* 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

Notes Details	
Division *	APD V
Note By *	Reed, Monica 🗸
Note Date *	05/15/2023
Note Type *	Provider Expansion Request 🗸
Note Sub-Type	Solo to Agency Expansion
Description	Next Steps Inquiry
Note	B I I 10pt A Add details about request for expansion
Status *	Pending V
Date Completed	
Attachments	
Add Attachment	
Document C	Description
here are no attachments to display	
Note Recipients	*
Add Note Recipient:	Clear





Note

Each attachment must be under 5.76 MB. A note can have up to 10 attachments.



CAUTION

File names can only include letters, numbers, hyphens, underscores, and spaces. File Names cannot include special characters. You will not be able to open it and view the file.



Note

The accepted file types include:

- Images: bmp, dot, gif, jpg, jpeg, pict, png, tif, tiff and xps
- Documents: doc, docx, txt, ppt, pptx, and pdf
- Spreadsheet: xls, xlsx
- Sound: wav



The QA Workstream Worker will monitor My Dashboard for any Pending notes and respond to the Pending Provider Expansion Request Note.

Expansion Request Response



The QA Workstream Worker will ask the Provider if the expansion results in a new business name, new EIN and/or new Medicaid ID. They will update the pending Provider Expansion note with any questions or requests for documentation.

1. Set "Role" = Region QA Workstream Worker/Lead then click Go.



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

MY DASHBOARD	CONSUMERS PROVIDERS	INCIDENTS	CLAIMS	SCHEDULE
ONSUMERS	INCIDENTS		PROVIDERS	
	Inquiry Alert Notes List	Notes	-	\odot
lotes	0 Unread Alert Notes	0 Complete		3
		Pending		11

3. Select the **Note Type = Provider Expansion Request** and **Description = Next Steps Inquiry** and select the pending record via the hyperlink.

Filters Status V Equ	al To v Pending v AND v X				
łoteType ✓ +	Search Reset		,		
-11 Notes record(s)	returned - now viewing 1 through 11	•		\backslash	L
Provider	NoteType	Note Date -	Description	Author	Status
Test Provider	Provider Expansion Request	05/15/2023	Next Steps Inquiry	Reed, Monica	Pending

- 3. In the pending Note record, update the following fields:
 - a. "Append Text to Note" = Enter notes asking whether the expansion will result in a new business name, new EIN, and/or new Medicaid ID.
 - b. "Status" = Leave as *Pending*
 - c. Click the ellipsis on the "Add Note Recipient" to add the *Service Provider* as the Note Recipient
 - d. Enter Last Name and Click Search in the pop-up browser window. Select the Name of the worker to attach them to the note

Notes Details	
Division *	APD 🗸
Note By *	Reed, Monica
Note Date *	05/15/2023
Note Type *	Provider Expansion Request 🗸
Note Sub-Type	Solo to Agency Expansion
Associated Form ID#	1258
Description	Next Steps Inquiry
Note	on 511/2021 at 7:45 FM, Monice Breed works: Enter notes regarding whether the expansion will result in a new business name, new EIN, and/or new Medicaid ID.
Status *	Pending V
Date Completed	
Attachments	
Add Attachment	
Document	Description
There are no attachments to display	
Note Recipients	
Add Note Recipient:	Clear



Provider Expansion Request Response



The Service Provider will review the note from the QA Workstream Worker and respond to any questions. They will update the existing pending note.

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



 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 = Next Steps Inquiry** and select the pending record via the hyperlink.



- 4. In the pending Note record, update the following fields:
 - a. "Append Text to Note" = Enter notes to respond to questions from the QA Workstream Worker
 - b. "Status" = Leave as *Pending*
 - c. Click the ellipsis on the "Add Note Recipient" to add the *QA Workstream Worker* as the Note Recipient
 - d. Enter Last Name and Click Search in the pop-up browser window. Select the Name of the worker to attach them to the note

Notes Details	
Division *	APD V
Note By *	Reed, Monica
Note Date *	05/15/2023
Note Type *	Provider Expansion Request 🗸 *
Note Sub-Type	Solo to Agency Expansion
Description	Next Steps Inquiry
Note	or \$715/2023 at 7:45 PM, Maica Red wrote: Enter notes regarding whether the expansion will result in a new business name, new EIN, and/or new Medicaid ID. New Text
Status *	Pending V
Date Completed	
Attachments	
Add Attachment	
Document	Description
There are no attachments to display	
Note Recipients	
Add Note Recipient:	Clear



Request to Complete Provider Expansion Form



The QA Workstream Worker will update the existing Provider Expansion Request note to advise the Service Provider to submit the Provider Expansion Request form and attach supporting documentation by creating a new Expansion Intake Note.

1. Set "Role" = QA Workstream Worker then click Go.



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

MY DASHBOARD	CONSUMERS	PROVIDERS	INCIDE	ENTS	CLAIMS	SCHEDULE
ONSUMERS	<u> </u>	NCIDENTS			PROVIDERS	
	Inquiry Alert N	Notes List	$\overline{\mathbf{O}}$	Notes		
lotes	0 Unread Alert N	Notes	0	Complete		3
				Pending		11

3. Select the **Note Type = Provider Expansion Request** and **Description = Next Steps Inquiry** and select the pending record via the hyperlink.



- 4. In the pending Note record, update the following fields:
 - a. "Append Text to Note" = Enter notes to advise the Service Provider to complete the Provider Expansion Request form and submit supporting documentation.
 - b. "Status" = Leave as Pending
 - c. Click the ellipsis on the "Add Note Recipient" to add the *Service Provider* as the Note Recipient
 - d. Enter Last Name and Click Search in the pop-up browser window. Select the Name of the worker to attach them to the note

Notes Details	
Division *	
Note By *	Reed, Monica
Note Date *	05/15/2023
Note Type *	Provider Expansion Request V
Note Sub-Type	Solo to Agency Expansion
Associated Form ID#	1258
Description	Next Steps Inquiry
Note	Dis \$57,2833 at 7:45 PM, Molica Bead wrete: Enfer notes regarding whother the expansion will result in a new business name, new EIN, and/or new Medicaid ID. New Text B I I top: Enter notes to advise the Service Provider to complete the Provider Expansion Request form and submit supporting documentation Aggeend Text to Note
Status *	Pending V
Date Completed	
Attachments	
Add Attachment	
Document	Description
There are no attachments to display	
Note Recipients	
Add Note Recipient:	Clear



Complete Provider Expansion Request Form

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 = Next Steps Inquiry** pending record via the hyperlink.



- 4. Review the note directing the Provider to create the Provider Expansion Request form in iConnect.
- 5. Navigate to the **Providers > Forms** tab

File V	Vord Merge							
			Quick	Search	Pro	oviders		~
			MY DAS	HBOARD	CONSUMERS	PROVIDERS	IN	CIDENTS
A TEST Pro	ovider (10002)							
			Workers	Services	Provider ID Num	oers Contracts	Beds	Linked I
			Providers	Divisions	Forms Enro	Ilments Authoria	ations	Notes
Filters Status Division	Equal To	V Draft V	AND V	×				
31 Forms	record(s) returned	now viewing 1 through 15						
	Division			Form Name				
APD		Group Home Facility Checklist						
APD		Brouider Enrollment Application						

6. Click File > Add Forms



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

Provider Assessment			
Division *		Worker*	Reed, Monica Clear Details
Review*	× \	Status *	Draft 🗸
Review Date *	07/18/2018	Approved By	

- 8. Update the following Header fields on the form:
 - a. "Division" = APD
 - b. "Review" = Initial
 - c. "Status" = Complete
 - d. Complete all fields on the Provider Expansion Request Form

lease Select Type: Provider Expa	ansion Request_NEW	- ←			
Provider Assessment					
Division *	APD 🗸	_	Worker*	Reed, Monica	Clear Details
Review *	Initial 🗸 🔶		Status *	Complete V	
Review Date *	05/15/2023		Approved By	Reed, Monica	Details
Approved Date	05/15/2023				
		Provid	er Expansion Request Fo	rm	
		Provid	er Expansion Request Fo	rm	
		 Solo Provider 			
		 Agency Provider 		2	
Current Provider Designation:*		O Waiver Support Coordinator		* U	
		O Qualified Organization			



Sign Provider Expansion Request Form



The Service Provider will print, sign, scan and attach the Provider Expansion Request form to the existing note.

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



2. Navigate to the **Providers > Forms** tab and click the hyperlink for the Provider Expansion Request form.

t Provider (21347)				\												
		Workers	Services	Provider ID Number	ers Co	ntracts	Beds	Linked Provide	rs Co	onditions	Service Are	a Admin	Actions		>	
		Providers	Divisions	EVV Activities	Forms	Enrolim	ents	Authorizations	Notes	Creder	ntials EVV	Scheduling	CAP Appointm	ents F	Provider Adj	
sion	ned - now viewing 1 f	through 4														
Division	Form ID			F	orm Nam	e					Review		Review Date +		Status	Worker
				-												
	Ilters Ilters Ision V + Search Resel Forms record(s) return Division	t Provider (21347) illers ision v + Bearch Reset Forms record(s) returned - now viewing 11 Division Form ID	t Provider (21347) Workers Providers Ilters Scarch Reset Forms record(s) returned - now viewing 1 through Division Form ID	t Provider (21347) Workers Services Providers Divisions ilters ision v + Search Reset Forms record(s) returned - now viewing 1 through 4 Division Form ID	the provider (21347) Vorters Services Provider ID Num Providers Divisions EVV Activities iliters ision + Bearch Reset Forms record(s) returned - now viewing 1 through 3 Division Form ID Form ID Form ID	t Provider (21347) Worters Services Provider ID Numers Co Providers Divisions EVV Activities Forms ilters ision v + Search React Forms record(s) returned - now viewing 1 through Division Form ID Form Nam	t Provider (21347) Workers Services Provider ID Namers Contracts Providers Divisions EVV Activities Forms Envolm illers ison Forms record(s) returned - now viewing 1 through Division Form ID Form Name	t Provider (21347)	t Provider (21347) Workers Services Provider ID Numers Contracts Beds Linked Provide Providers Divisions EVV Activities Forms Enrolments Authorizations ilters ision + Barrol React Forms record(s) returned - now viewing 1 through Division Form ID Form Name	the provider (21347) Workers Services Provider ID Numers Contracts Beds Linked Providers C C Providers Divisions EVV Activities Forms Enrollments Authorizations Notes Iters Iters Recet Forms record(s) returned - now viewing 1 through Division Form ID Form Name	t Provider (21347) Workers Services Provider ID Names Contracts Beds Linked Providers Conditions Providers Divisions EVV Activities Forms Enrollments Authorizations Notes Creder ilters ision Frems Frems record(s) returned - now viewing 1 through Division Form ID Form Name	the provider (21347) Vorkers Services Provider ID Numers Contracts Beds Linked Providers Conditions Service Are Providers Divisions EVV Activities Forms Enrotiments Authorizations Notes Credentials EVV iliters ision resear Forms record(s) returned - now viewing 1 through Division Form ID Form Name Review			t Provider (21347) Vorkers Services Provider ID Namers Contracts Beds Linked Providers Conditions Service Area Admin Actions Providers Divisions EVV Activities Forms Envolments Authorizations Notes Credentials EVV Scheduling CAP Appointments F sion Forms record(s) returned - now viewing 1 through Division Form ID Form Name Review Review Date -	t Provider (21347) Workers Services Provider ID Numers Contracts Beds Linked Providers Conditions Service Area Admin Actions Provider Divisions EVV Activities Porms Enrollments Authorizations Notes Credentals EVV Scheduling CAP Appointments Provider Adj Terms record(s) returned - now viewing 1 through 3 Division Form ID Form Name Review Review Date - Status

3. Select **File > Print** from within the completed form.

File Word Merge
History
Duplicate Assessment
Spell Check
Save Forms
Delete Forms
Save and Add Another Forms
Save and Close Forms
Print
Close Forms

- 4. The Service Provider will print, sign and scan the hard copy and then attach it to the Provider Expansion Request pending note
- 5. Navigate to the **My Dashboard > Providers > Notes > Pending** and click the hyperlink for the Pending notes.



6. Select the **Note Type = Provider Expansion Request** and **Description = Next Steps Inquiry** and select the pending record via the hyperlink.



- 7. In the pending Note record, complete the following fields:
 - a. "Status" = Leave as Pending
 - b. Click "Add Attachment" and search for the copy of the signed Provider Expansion Request form on the user's device. Click Upload.

File	Browse
File Name	from uploaded file
	⊖ create new
Description	
Category	
Upload Note: Maxim	Upload and Add Another num size for attachment is set to 5.76 MBytes.

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

Notes Details	
Division *	APD V
Note By *	Reed, Monica
Note Date *	05/15/2023
Note Type *	Provider Expansion Request 🗸 *
Note Sub-Type	Solo to Agency Expansion
Description	Next Steps Inquiry
	On 5/15/2023 at 7:45 PM, Monica Reed wrote: Enter noles regarding whether the expansion will result in a new business name, new EIN, and/or new Medicald ID.
Note	New Text
	B Z II 16px • A • Append Text to Note
Status *	Pending 🗸
Date Completed	
Attachments	
Add Attachment	
Document	Description
There are no attachments to display	
Note Recipients	
Add Note Recipient:	Clear

File	Tools	
Spell Cl	neck	
Save N	otes	
Save ar	nd Close Notes	
Print		
Close N	lotes	

Expansion Intake Note



Expansion Intake documentation can include requisite documentation for a qualifying worker or other information. The Service Provider will scan and save a copy of the intake or qualifying worker documentation to their device and attach each to an individual note.

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



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

MY DASHE	BOARD	CONSUME	Providers	ROVIDERS	IN		Provider	Name	SCH
MY DASHE	BOARD	CONSUME	ERS	ROVIDERS	IN	ICIDENTS	;	CLAIMS	SCH
				\backslash					
Workers	Services	Provider II	D Numbers	Contracts	Bea	Linked I	Providers	Aliases	Conditions
Providers	Divisions	Forms	Enroliments	Authoriza	ations	Notes	Credential	s EVV S	scheduling
	×*	AND 🗸	×						
	roviders	Providers Divisions	Providers Divisions Forms	roviders Divisions Forms Enrollments	Toviders Divisions Forms Enrollments Authoriz	rovders Ulvisions Forms Enrollments Authorizations	Touclers Dursons Forms Frommerts Authorizations Notes	rouders Divisions Forms Enrolments Autorizations Notes Credental	Toviders Duvisions Forms Envolments Authorizations Notes Credentials EVV S

3. Click File > Add Notes.

File	Reports
Add Ne	w Provider Search
Add No	tes
Print	

- 4. In the new Note record, update the following fields:
 - a. "Division" = APD
 - b. "Note Type" = Expansion Intake
 - c. "Note Subtype" = Select a value from the list below or select Qualifying Worker Documentation
 - i. Attestation of Good Moral Character
 - ii. Attestation of Policies/Procedures
 - iii. Final APD iBudget Waiver Sign-off
 - iv. Level II Background Screening
 - v. Org Chart
 - vi. Professional Liability Insurance naming APD as certificate holder
 - vii. Provider Signed MWSA
 - viii. Qlarant Review
 - ix. Qualifying Worker Documentation
 - x. SS4/W9
 - xi. Transportation Council Approval
 - xii. Vehicle Registration/Insurance
 - 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 device. Click Upload and Add Another until finished

File	Browse
File Name	• from uploaded file
	create new
Description	
Category	
Upload Note: Maxim	Upload and Add Another um size for attachment is set to 5.76 MBytes.

Notes Details	
र्यंर्डision *	APD V
Note By *	Reed, Monica 🗸
Note Date *	05/15/2023
Note Type *	Expansion Intake *
Note Sub-Type	Level II Background Screening
Description	Level II Background Screening
Note	<u>В I Ш</u> 16рх • А •
Status *	Complete V
Date Completed	05/15/2023
Attachments	
Add Attachment	
Document	Description
There are no attachments to display	
Note Recipients	
Add Note Recipient:	Clear



6. Repeat steps 3 – 5 to add additional notes. Add one note per document.

Ready to Submit



When the Service Provider has completed the expansion request and attached all required intake documentation, they will update the existing pending note to submit the request. 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 = Next Steps Inquiry** and select the pending record via the hyperlink.



- 6. In the pending Note record, update the following fields:
 - a. "Note Subtype" = *Update to Ready to Submit*
 - b. "Description" = *Update to Ready to Submit*
 - c. "Note" = Enter any pertinent information
 - d. "Status" = Leave as Pending
 - 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

Notes Details	
Division *	APD V
Note By *	Reed, Monica
Note Date *	05/15/2023
Note Type *	Provider Expansion Request 🗸 "
Note Sub-Type	Ready To Submit 🗸 '
Description	Ready to Submit
	On 5/15/2023 at 7:45 PM, Monica Reed wrote: Enter notes regarding whether the expansion will result in a new business name, new EIN, and/or new Medicaid ID.
Note	New Text
Status *	Pending V
Date Completed	
Attachments	
Add Attachment	
Document	Description
There are no attachments to display	
Note Recipients	
Add Note Recipient:	Clear



8. Upon saving the note, two Workflow Wizards are triggered that are due in 30 and 70 calendar days.



- a. Tickler "Validate Provider has submitted all required documentation"
- b. Assigned to the QA Workstream Worker (Monitor 1)
- c. Due on the 3**0th** calendar day from the "Provider Expansion Request/Ready to Submit" pending note. Region has 30 days to review the entire expansion request and provide ONE list of deficiencies.
- d. Tickler "Validate all documentation has been provided. If no, close the Provider Expansion Request"
- e. Assigned to the QA Workstream Worker (Monitor 1)
- f. Due on the **70th** calendar day from the "Provider Expansion Request/Ready to Submit" pending note. Provider has 45 days to respond to list of deficiencies in one response.)
- 9. The QA Workstream Worker will access Ticklers via **My Dashboard**.

Request Complete Note



The QA Workstream Worker will review the Solo Provider record (Expansion Request Form, Notes, and any other pertinent tabs) to ensure provider meets minimum handbook requirements. If the Provider expansion request is complete, they will update the existing note to inform the Service Provider.

1. Set "Role" = Region QA Workstream Worker then click **Go.**



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

MY DASHBOARD	СС	ONSUMERS	PROVIDERS	NCID	ENTS	CLAIMS	SCHEDULE
ONSUMERS			INCIDENTS			PROVIDERS	
	\bigcirc	Inquiry Aler	t Notes List	\odot	Notes		
lotes	0	Unread Ale	rt Notes	0	Complete		3
					Pending		11

3. Select the **Note Type = Provider Expansion Request** and **Description = Ready to Submit** and select the pending record via the hyperlink



- 4. In the pending Note record, update the following fields:
 - a. "Note Subtype" = Update to *Request Complete*
 - b. "Description" = Update to *Request Complete*
 - c. "Append Text to Note" = Enter notes and add any relevant information
 - d. "Status" = Leave as *Pending*
 - e. Click the ellipsis on the "Add Note Recipient" to add the *Service Provider* 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

Notes Details	
Division *	APD V
Note By *	Reed, Monica
Note Date *	05/15/2023
Note Type *	Provider Expansion Request 🗸 *
Note Sub-Type	Request Complete 🗸 *
Associated Form ID#	1250
Description	Request Complete
	on 5757/323 at 7:45 MM, Monica Reed wrote: Enter notes regarding whether the expansion will result in a new business name, new EIN, and/or new Medicaid ID.
Note	New Text
Status *	Pending V
Date Completed	
Attachments	
Add Attachment	
Document	Description
here are no attachments to display	
Note Recipients	



Generate Final-APD iBudget Waiver Sign-Off form



The QA Workstream Worker will generate the Final APD iBudget Waiver Sign-off form when no new Medicaid ID is needed. If a new Medicaid ID is needed proceed to <u>Generate Initial APD iBudget Waiver Sign-Off</u>

1. Set "Role" = Region QA Workstream Worker/Lead then click Go.

Role	
Region QA Workstream Lead	GO GO

2. Navigate to the **Providers** chapter and enter the Provider's name in the Quick Search filter and click Go.



3. The Provider's record will display. Navigate to the **Providers > Forms** tab.

0	æ iconnec	£			
File	Word Merge				
			Quick Search	Providers	V
			MY DASHBOARD	CONSUMERS PRO	DVIDERS INCIDENTS
A TEST	Provider (10002)				
			Workers Services	Provider ID Numbers	Contracts Beds Linked F
			Providers Divisions	Forms Enrollments	Authorizations Notes
Filters Status Division	Equal To	Draft	AND X Search Reset		
31 For	ms record(s) returned -	now viewing 1 through 15			
	Division		Form Name		
AP	D	Group Home Facility Checklist			
AP	D -	Group Home Personnel Record Review			
AP	D	Provider Enrollment Application			

4. Select Word Merge > Final APD iBudget Waiver Sign-Off Form.

Word Merge



 Generate the Word Merge and set the effective date to at least be a *minimum of 10* calendar days AND the first day of a future month then Click Upload and Save to Note.

Final iBudget Waiver Sign-Off Form								
Provider Name: Test Provider								
DBA (if applicable):								
Contact Name: John Test								
Provider Address: 9125 Branchwater Ct Jacksonville, FL 32244								
Email Address:								
Phone Number:								
Designation: Solo: Agency: Qualified Organization: WSC of a Qualified Organization:								
Home Region: Click to Select Region.								
Approved Regions: Northwest 🗌 Northeast 🗌 Central 🗌 Suncoast 🗌 Southeast 🗌 Southern 🗌								
9 Digit Medicaid ID: FL545454								
Effective Date of form: Click or tap to enter a date.								

- 6. Update the following fields on the Notes Detail Screen:
 - a. "Division" = APD
 - b. "Note Type" = Expansion Request
 - c. "Note Subtype" = ROM Review
 - d. "Associated Form ID#" = Enter Form ID# (e.g., Provider Expansion Form ID#)
 - e. "Description" = ROM Review
 - f. "Note" = Enter notes
 - g. "Status" = Complete
 - h. Click "Add Attachment" and search for the copy of the signed Provider Expansion Request form on the user's device. Click Upload.

File	Browse
File Name	from uploaded file
	⊖ create new
Description	
Category	
Upload Note: Maxim	Upload and Add Another um size for attachment is set to 5.76 MBytes.

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

Notes Details	
Division *	APD V
Note By *	Reed, Monica
Note Date *	05/15/2023
Note Type *	Expansion Request 🗸
Note Sub-Type	ROM Review
Associated Form ID#	794
Description	ROM Review
Note	New Text B Z II 15px - A - Add any pertinent information
	Append Text to Note
Status *	Append Text to Note
Status * Date Completed	Append Text to Note
Status * Completed Attachments	Append Text to Note Complete 06/15/2023
Status * Completed Attachments Add Attachment	Append Text to Note Complete 06/15/2023
Status * Date Completed Attachments Add Attachment Document	Append Text to Note Complete O6/15/2023 Description
Status * Attachments Add Attachment Document FINAL APD Bludget Walver Sign-Off Form pdf	Append Text to Note Complete OS/15/2023 Description Word Template: Final APD iBudget Walver Sign-Off Form
Status * Date Completed Attachments Add Attachment Document FINAL APD Budget Waiver Sign-Off Form pof Note Recipients	Append Text to Note Complete OS/15/2023 Description Word Template: Final APD (Budget Waiver Sign-Off Form



ROM Approval



The ROM will print, sign, scan and attach a copy of the Final APD iBudget Waiver Sign-off form to a new Provider note.

1. Set "Role" = ROM/Deputy ROM then click **Go.**

Role	
ROM/Deputy ROM	GO

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



3. Select the **Note Type = Expansion Request and Description = ROM Review** and select the record via the hyperlink.

Status 🗸	Equal To	✓ Pending						
Status 🗸	+							
		Sea	Irch Reset					
14 Notes record(s) returned - now viewing 1 through 14								
F	Provider	NoteType	Note Date -	Description	Author	Status		
A Test P	Provider E	xpansion Request	02/26/2020	ROM Review	Reed, Monica	Complete		

4. Click on the attachment within the ROM Review note and then click **Open** on the popup message box.



- 5. Select **File > Print** within the document.
- 6. The ROM/Designee will sign the hard copy, scan and save an electronic copy to a specified folder on their device. They will then add a new note.
- 7. Navigate to the **Providers > Notes** tab.

File Reports											
	Quick S	earch									
	Providers						Provider Name				
						_					
	MY DASH	IBOARD	CONSUM	ERS PI	ROVIDERS	IN	ICIDENTS		CLAIMS	SCH	
					\mathbf{i}						
A TEST Provider (10002)						$\langle \rangle$					
	Workers	Services	Provider I	D Numbers	Contracts	Bed	Linked F	Providers	Aliases	Conditions	
	Providers	Divisions	Forms	Enrollments	Authoriza	ations	Notes	Credentials	EW	Scheduling	
Filters Note Type Equal To Note Date +		~		×							
		4	Search	Reset							

8. Click File > Add Notes.



- 9. In the new Note record, update the following fields:
 - a. "Division" = APD
 - b. "Note Type" = Provider Expansion Request
 - c. "Note Subtype" = ROM Approval
 - d. "Associated Form ID#" = Enter Form ID#
 - e. "Description" = ROM Approval
 - f. "Note" = Enter notes
 - g. "Status" = Complete
 - h. Click "Add Attachment" and search for the Signed Final APD iBudget Waiver Sign-Off Form on the user's device. Click Upload.

File	Browse
File Name	from uploaded file
	⊖ create new
Description	
Category	\checkmark
Upload Note: Maxim	Upload and Add Another num size for attachment is set to 5.76 MBytes.

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

Notes Details	
Division *	APD 🗸
Note By *	Reed, Monica 🗸
Note Date *	05/15/2023
Note Type *	Provider Expansion Request 🗸 *
Note Sub-Type	ROM Approval 🗸 *
Associated Form ID#	759
Description	ROM Approval
Note	B I U 16px • A •
Status *	Complete 🗸
Date Completed	05/15/2023
Attachments	
Add Attachment	
Document	Description
There are no attachments to display	
Note Recipients	
Add Note Recipient:	Ciear



Update Credentials



The QA Workstream Worker will monitor My Dashboard for incoming notes. The QA Workstream Worker was added as a recipient to the ROM Approval note. This note serves as notification to the QA Workstream Worker to end the iBudget Waiver Solo Provider Credential. 1. Set "Role" = QA Workstream Worker then click Go.



2. Navigate to the **Providers** chapter and enter the Provider's name in the Quick Search filter and click Go.



3. Navigate to the **Providers > Credentials** tab and select the iBudget Waiver Solo Provider credential via the hyperlink on the row.

1	Test Provider (21347)											
		Workers	orkers Services Provider ID Numbers Contracts Beds Linked Provider							ers Conditions Serv		
		Providers	Divisions	EVV Activities	Forms	Enrollr	ments	Authorizations	Notes	Credent	ials E\	/V Sch
0	Fibres Credential Providers Divisions LVV Activities Points Entoinments Authorizations Notes Credentials EVV Sci Forma Forma											
	Credential 🔺		Туре	•		C	redentia	Number		Effective	Date	
	Certification iE	Budget Waiver Se	olo Provider	-	•				04/01/	2023		

- 4. Update the following fields:
 - a. "Expiration Date" = one day before effective date of Final APD iBudget Waiver Sign-Off Form
 - b. "Status" = Expansion/Closed

Certification Details	
Credential Type *	Certification
Certification Type	iBudget Waiver Solo Provider
Effective Date	04/01/2023
Expiration Date	05/14/2023
Comment	
Status	Expansion/Closed 🗸
QA Workstream Worker	

5. When finished, click File > Save and Close Certification Details.

File
History
Spell Check
Save Certification Details
Save and Add Another Certification Details
Delete Certification Details
Save and Close Certification Details

 Select File > Add Certification to add the new iBudget Waiver Agency Provider Certification record.

FileWord MergeAdd New Provider SearchAdd LicenseAdd CertificationAdd InsurancePrint

- 7. Update the Certification Details page for the following fields:
 - a. "Effective Date" = Effective Date of Final APD iBudget Waiver Sign-Off Form
 - b. "Expiration Date" = LEAVE THIS FIELD BLANK
 - c. "Status" = Active
 - d. "QA Workstream Worker" = Provider Enrollment Staff name that is updating the Certification record

Certification Details	
Credential Type *	Certification
Certification Type	iBudget Waiver Agency Provider
Effective Date	05/15/2023
Expiration Date	
Comment	
Status	Active 🗸
QA Workstream Worker	Reed, Monica

8. When finished, click File > Save and Close Certification Details.



End Services



The QA Workstream Worker will end services at the solo rate.

1. Set "Role" = Region QA Workstream Worker then click Go.

	\
Role	
Region QA Workstream Worker	GO GO

2. Navigate to the **Providers** chapter and enter the Provider's name in the Quick Search filter and click Go.

o <mark>co iConnect</mark>		Welc 6/20/2
File		
	Quick Search	
	A Test Provider X Providers	Provider Name GO
	MY DASHBOARD CONSUMERS PROVIDERS	INCIDENTS CLAIMS SCHEDULER
➢ Filters		

3. Navigate to the **Providers > Services** tab.

		MY DASH	IBOARD	CONSUMERS	PRO	/IDER\$
A TEST Provider (10002)			•			
	<	Workers	Services	Provider ID Numbers		ontracts
		Providers	Divisions	EVV Activities	Forms	Enrollme
-Filters			·			

4. Select the services that are defined at a <u>solo rate</u> via the hyperlink for that record.

Test Provider (21347															
			< Workers	Services	Provider ID Num	bers (Contracts	Beds	Linked Provi	ders (Conditions	Service Area	Admin Actio	ons	
			Providers	Divisions	EVV Activities	Forms	Enrolin	ents	Authorizations	Notes	Credentia	als EVV Sch	eduling CA	P Appointments	Prov
Filters Active V Service Code V (Services record(s))	Equal To 🗸	Yes (ving 1 through) No /	ND 🗸	× et									/	
														×	
Service Code 🛓	Effective Date	Division	End Date	Unit Type	Description	1	Cost	Seco	ndary Code	Comm	ents Acti	ive Consu	mer County	Provider Rate	Туре
0199	01/01/2023	APD	1	Nonth	Support Coordination	on	\$148.69	0199			True	(More tha	n 5)	Solo	

- 5. In the Services record, update the following field:
 - a. "Service End Date" = Service End date is the day before the effective date of the Final APD iBudget Waiver Sign-Off Form

Service	
ServiceID *	5629
Service Code	0199
Division *	APD 🗸
Unit Type	Month
Service Description	Support Coordination
Secondary Code *	0199
Active Date *	01/01/2023
Service End Date	05/15/2023

6. When finished, click File > Save and Close Services



7. Repeat steps 4 – 6 for ALL solo services.

Add New Services

The QA Workstream Worker will add new services at the Agency rate.

If this expansion request is in conjunction with a Behavior Focused, Intensive Behavioral, Enhanced Intensive Behavior or Medical Enhanced Intensive Behavior service level designation, the QA Workstream Worker will need to add the services, but disable the "active" checkbox. Additionally, the Active date will need to be in the future to allow time for the designation approval.



5740
0998-BasD
APD V
Day
Residential Habilitation Child - Basic (day)
0998-BasD
07/01/2023
\$38.80
Agency
ABBEVILLE ACADIA ACCANACK ACCANACK ADAR ADAR ADAR ADAR ADAR

1. Set "Role" = Region QA Workstream Worker then click Go.



2. Navigate to the **Providers** chapter and enter the Provider's name in the Quick Search filter and click Go.

Opd iConnect			Welc 6/20/2
File			
	Quick Search		
	A Test Provider X Providers	Provider Name	GO
	MY DASHBOARD CONSUMERS PROVIDERS	INCIDENTS CLAIMS	SCHEDULER
Filters			

3. Navigate to the **Providers > Services** tab.

		MY DASH	IBOARD	CONSUMERS	PROV	/IDER S
A TEST Provider (10002)			•			
	<	Workers	Services	Provider ID Num	bers C	ontracts
		Providers	Divisions	EVV Activities	Forms	Enrollme
Filters						

4. Select File > Add Services.



- 5. In the new Services record, update the following fields:
 - a. "ServiceID" = Select the Approved Agency Service Code
 - b. "Division" = APD
 - c. "Active Date" = the effective date of Final APD iBudget Waiver Sign-Off Form

NOTE: The '0000 – WVR' service code MUST BE ADDED for providers to create non-billable notes.
Service	
ServiceID *	
Service Code	
Division *	~
Unit Type	
Service Description	
Secondary Code *	
Active Date *	05/15/2023

6. When finished, click File > Save and Close Services.



8. Repeat steps 4 – 6 to add additional Agency services.

Service Plan Impact



The QA Workstream Worker will notify the Waiver Lead of the Expansion. *The Waiver Workstream Lead will follow the cost planning workflow once they receive this note.*

1. Set "Role" = QA Workstream Worker then click Go.



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

File Reports										
	Quick S	iearch								
	1			Providers			~	Provider	Name	
	MY DASH	IBOARD	CONSUM	ERS P	ROVIDERS		NCIDENTS	3	CLAIMS	SCHI
					`					
A TEST Provider (10002)						、 、				
	Workers	Services	Provider I	D Numbers	Contracts	Bea	Linked	Providers	Aliases	Conditions
	Providers	Divisions	Forms	Enroliments	Authoriz	ations	Notes	Credential	IS EVV	Scheduling
O Filters Note Type Equal To Note Date +		~		×						
			Search	Reset						

3. Click File > Add Notes.



- 4. In the new Note record, update the following fields:
 - a. "Division" = APD
 - b. "Note Type" = Expansion Request
 - c. "Note Subtype" = Service Plan Impact
 - d. "Associated Form ID#" Enter Form ID# (e.g., Provider Expansion Request form#)
 - e. "Description" = Solo to Agency Expansion with Service Plan Impact
 - f. "Note" = Provider ID (solo provider record ID) has expanded to an agency. Please work with WSCs to end all planned services and authorizations at the solo rate and create new planned services/authorizations for the agency rate. Solo rate services will end on the day before the effective date of the Final APD iBudget Waiver Sign-off. Any authorizations not ended prior to that date could result in rejection from FMMIS.
 - g. "Status" = Complete
 - h. Click the ellipsis on the "Add Note Recipient" to add the *Waiver Workstream Lead* 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

Notes Details	
Division*	APD 🗸
Note By *	Reed, Monica 🗸
Note Date *	05/16/2023
Note Type *	Expansion Request *
Note Sub-Type	Service Plan Impact
Associated Form ID#	759
Description	Solo to Agency Expansion with Service Plan Impact
Note	B I U 16px • A • Provider ID (solo provider record ID) has expanded to an agency. Please work with WSCs to end all planned services and authorizations at the solo rate and create new planned services?authorizations for the agency rate. Solo rate services will be ended on the day before the effective date of the Final APD iBudget Waiver Sign-off. Any authorizations not ended prior to that date could result in rejection from FMMIS
Status *	Complete 🗸
Date Completed	05/16/2023
Attachments Add Attachment	
Document	Description
There are no attachments to display	
Note Recipients	
Add Note Recipient:	Clear

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





For EIN and/or Medicaid ID, the QA Workstream Worker will submit a SARF to deactivate the Solo Provider user account.



For EIN and/or Medicaid ID, the State Office Process Owner will initiate the Provider record closure process for the Solo Provider record.

New Medicaid ID: Generate Initial APD iBudget Waiver Sign-Off Form



When the Service Provider requires a new Medicaid ID, the QA Workstream Worker will generate the Initial APD iBudget Waiver Sign-Off word merge. A note will be created to advise the Provider that a new Medicaid application is going to be needed.

1. Set "Role" = Region QA Workstream Worker then click Go.



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

apod iConnec	E					
File Word Merge						
		Quick Searc	:h	Prc	oviders	
		MY DASHBOA	ARD	CONSUMERS	PROVIDERS	INCIDEN
A TEST Provider (10002)						
		Workers Ser	rvices	Provider ID Numb	oers Contracts	Beds Linke
		Providers Di	ivisions	Forms Enrol	Iments Authoriz	ations Notes
Filters Status Equal To Division +	Draft	Search Reset				
31 Forms record(s) returned -	now viewing 1 through 15					
Division		Form	Name			
APD	Group Home Facility Checklist					
APD	Group Home Personnel Record Review					
APD	Provider Enrollment Application					

3. Select Word Merge > Initial APD iBudget Waiver Sign-Off form.



4. Select **Open Document** to open the Word Merge document for editing.

File
Generate Merge Document
Click the "Open Document" button to open the
Merge Document for editing.
Open Document

- 5. Save the Word Merge Document to the device by clicking the **Save** button and then **Open.**
- 6. Edit the Word Merge Document as necessary.
 - a. **Designation =** Agency
 - b. Effective Date of Form = Enter today's date
 - c. Expiration Date of Form = 180 days from Effective Date on the word merge

	Budget Florida
Initial iBudget Waiver Sign-Off Form	
Provider Name: Test Provider	
DBA (if applicable):	
Group Name (If enrolling as a member of a group): Click or tap here to enter text.	
Contact Name: John Test	
Applicant Address: 9125 Branchwater Ct Jacksonville, FL 32244	
Email Address:	
Phone Number:	
Designation: Solo: 🗆 Agency: 🗆	
Qualified Organization: WSC of a Qualified Organization:	
Home Region: Click to Select Region.	
Effective Date of Form: Click or tap to enter a date. Expiration Date of Form: Click or ta	p to enter a date.

- 7. When finished with editing the Word Merge Document, click **File > Save as** to save the updated Word Merge to the user's device.
- Navigate to the My Dashboard > Providers > Notes > Pending and click the hyperlink for the Pending notes.

MY DASHBOARD	CONSUMERS	PROVIDERS	INCIE	ENTS	CLAIMS	SCHEDULE
ONSUMERS		INCIDENTS			PROVIDERS	
	Inquiry Ale	ert Notes List	۲	Notes		
lotes	0 Unread Ale	ert Notes	0	Complete		3
				Pending		11

9. Select the **Note Type = Provider Expansion Request** and **Description = Ready to Submit** and select the pending record via the hyperlink.

SI SI	Filters atus V Equal To atus V +	Pending AND X Search Read			`	
	12 Notes record(s) return	ed - now viewing 1 through 12			\setminus	
	Provider	NoteType	Note Date +	Description	Author	Status
	A Test Provider	Provider Expansion Request	02/24/2020	Ready to Submit	Reed, Monica	Pending

- 10. In the pending Note record, update the following fields:
 - a. "Note Type" = Leave as Provider Expansion Request
 - b. "Note Subtype" = Update to Initial APD iBudget Waiver Sign-Off
 - c. "Description" = Update to Initial APD iBudget Waiver Sign-Off
 - d. "Append Text to Note" = Enter notes and add any relevant information. Advise Service Provider to complete Medicaid Application in the Medicaid Enrollment Portal. They also need to register in My Florida Marketplace in order to complete the agency expansion process.
 - e. "Status" = Leave as *Pending*
 - f. Click "Add Attachment" and search for the Initial APD iBudget Waiver Sign-Off form on the user's device. Click Upload

File	Browse
File Name	from uploaded file create new
Description	
Category	
Upload Note: Maxim	Upload and Add Another um size for attachment is set to 5.76 MBytes.

- g. Click the ellipsis on the "Add Note Recipient" to add the *Service Provider* 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

Notes Details	
Division *	APD 🗸
Note By *	Reed, Monica
Note Date *	05/16/2023
Associated Form ID#	352
Note Type *	Provider Expansion Request 🗸 *
Note Sub-Type	Initial APD iBudget Waiver Sign-Off 🗸 *
Description	Initial APD Budget Waiver Sign-Off
Note	New Text B I I Topx A * Enter notes and add any relevant information Append Text to Note
Status *	Pending V
Date Completed	
Attachments	
Con Arrangement	
Document	
Initial APD iBudget Waiver Sign-Off Form 05152023.docx	
Note Recipients	
Add Note Recipient:	Clear

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



10. Upon saving the note, a Workflow Wizard triggered the reminder tickler that is due in 180 calendar days.

app iconnect					
File	Reports				
۷	/orkflow Wizard				
Check t	o see if Provider mitted the new				

- a. Tickler "Check to see if Provider has submitted the new Welcome Letter"
- b. Assigned to the QA Workstream Worker (Monitor 1)
- c. Due on the **180th** calendar day from the "Provider Expansion Request/Initial APD iBudget Waiver Sign-Off" pending note
- 11. The QA Workstream Worker will access Ticklers via My Dashboard.
 - a. Go to **My Dashboard > Providers** and scroll down to the Ticklers Panel. Click on the **Ticklers** link to open the Tickler Queue:

PROVIDERS	
Notes	\odot
Complete	30
I'm Interested	10
Pending	16
Tinking	
TICKIEIS	O
Ticklers	57

New Medicaid ID: Welcome Letter Received



Once the Service Provider receives their Medicaid Welcome Letter, they will attach a copy to a note to inform the QA Workstream Worker. If the Provider did not receive the Welcome letter before the Initial APD iBudget Waiver Sign-off form expires, proceed to <u>Generate</u> <u>Handbook Denial</u>

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



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

File Reports										
	Quick	Search		1						
				Providers			~	Provider N	lame	
	MY DASI	HBOARD	CONSUM	ERS PI	ROVIDERS		NCIDENTS	(CLAIMS	SCHI
					\mathbf{X}					
A TEST Provider (10002)										
	Workers	Services	Provider I	D Numbers	Contracts	Bea	Linked P	roviders	Aliases	Conditions
	Providers	Divisions	Forms	Enroliments	Authoriza	ations	Notes	Credentials	EW	Scheduling
O Filters Note Type V Equal To V Note Date +		×*		×						
		- 1	Search	Reset						

3. Click File > Add Notes.

File	Reports
Add Ne	w Provider Search
Add No	tes 🚽
Print	

- 4. In the new Note record, update the following fields:
 - a. "Division" = APD
 - b. "Note Type" = Provider Expansion Request
 - c. "Note Subtype" = Medicaid Welcome Letter
 - d. "Description" = Medicaid Welcome Letter
 - e. "Note" = Enter notes
 - f. "Status" = Complete
 - g. Click "Add Attachment" and search for the copy of the Medicaid Welcome Letter on the user's device. Click Upload.

File	Browse
File Name	• from uploaded file
	⊖ create new
Description	
Category	\checkmark
Upload Note: Maxim	Upload and Add Another um size for attachment is set to 5.76 MBytes.

- 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

Notes Details				
Division *		APD 🗸		
Note By *		Reed, Monica	~	
Note Date *		05/16/2023		
Note Type *		Provider Expansion Reques	t 🗸 *	
Note Sub-Type		Medicaid Welcome Letter	*	
Description		Medicaid Welcome Letter		le
Note		B I ∐ 16px - A - Enter notes		
Status*		Complete 🗸		
Date Completed		05/16/2023		
Attachments				
Automitiento				
Add Attachment				
Document				Description
Medicaid Welcome Letter.docx				
Note Recipients				
Add Note Recipient:			Clear	
Name	Date Sent		Date Read	
Reed, Monica	5/16/2023			

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



New Medicaid ID: Create New Provider Record



After the Service Provider provides the Welcome letter, the QA Workstream Worker will need to create the *NEW* Agency Provider Record. It will be important to establish a coordinated effective date.

1. Set "Role" = Region QA Workstream Worker then click Go.



2. Navigate to the **Providers** chapter and enter the Solo Provider's name in the Quick Search filter and click Go.



3. The Provider's record will be displayed. Navigate to the **Providers > Providers** tab then Select **File > Add New Provider Search.**

<u>File</u>	Edit	Reports	Word Merge							
Add Ne	w Provide	r Search 🔪		Quick S	earch			、 、		
Print				1			Providers			
Add Inc	idents							X		
					MY DASHB	OARD	CONSUMER	S PRO	OVIDER	5
A Test I	Provider (18602)								
				Workers	Services	Provider II	O Numbers	Contracts	Beds	Lin
				Providers	Divisions	Forms	Enrollmen	ts Authoria	zations	Not

4. In the Provider Search screen, update the following fields:

File				
-Filters				
Provider Name	Equal To	~		AND 🗸 🗙
Provider Number 🗸	+	/		
			Search	Reset Add New
0 record(s) returned	j	•		
				· · · · ·

- a. Provider Name = Enter the New Provider Name and Click **Search**. If no records returned, click **Add New.**
- 5. On the Provider Detail Screen, add at a minimum the following fields. Complete as much information as possible for the remaining fields:
 - a. "Initial Division" = APD
 - b. "Provider Name" = Enter New Agency Provider Name
 - c. "APD Vendor Number" = FEIN0001
 - d. "Active" = will default to enabled
 - e. "Medicaid Provider ID" = Medicaid ID if available

- f. "Exclude from Selection" = Enable this checkbox
- g. "Specialist/Liaison" = QA Workstream Worker assigned to this Provider

Basic Information			
Initial Division*	APD V	Residential Monitor	×
Provider Name *	Test Provider	Licensing Specialist	~
DBA (if applicable)/Facility Name		Area Behavior Analyst	×
APD Vendor Number	FEIN0001	Group Home/ADT # of workers	
WSC QO	v	Provider \$\$N	
Active *		Medicaid Provider ID	123456
Provider Type	v	Provider EIN	
Exclude from Selection		Licensed Facility	~
Specialist/Liaison	Reed, Monica	Presumptively Institutional	0

6. When finished, click **File > Save Provider.**



- 7. The Division Details page will be displayed. Update the following fields:
 - a. "Disposition" = Open
 - b. "Open Date" = Enter Date

Division Liptails	
Division *	APD
Disposition *	Open 🗸
Open Date	05/15/2023
Open Date	03/13/20

8. Select File > Save and Close Division.





The QA Workstream Worker will need to submit a SARF to add the Provider worker to the New Agency Provider record.

New Medicaid ID: Add Sender ID



The QA Workstream Worker will add the new Sender ID in the *NEW* Agency Provider record. The format for the SenderID is the iConnect ID plus the first 5 characters of the Provider name (i.e., 18602_A TES). The SenderID is used in XML files for Providers who opt to use the External Provider Interface.



1. Set "Role" = Region QA Workstream Worker then click Go.



2. Navigate to the **Providers** chapter and enter the *NEW* Agency Provider's name in the Quick Search filter and click Go.



3. Navigate to the **Providers > Provider ID Numbers** tab.



4. Select File > Add Provider ID Numbers.



- 5. Update the Provider ID Number Details page for the following fields:
 - a. "Division" = APD
 - b. "Identifier" = Enter format of iConnect ID plus first 5 characters of the Provider Name in capital letters (e.g., 18602_A TES)

NOTE: Spaces count as characters.

- b. "Start Date" = enter today's date
- c. "End Date" = Leave blank
- d. "Type" = SenderID
- e. "Status" = Active

Provider ID Number	
Division*	APD V
Identifier *	18602_A TES ×
Start Date *	02/26/2020
End Date	
Туре	SenderID V
Category	
Active	\checkmark

6. When finished, click File > Save and Close Provider ID Number



New Medicaid ID: Generate MWSA



The QA Workstream Worker will generate the blank MWSA word merge from the *NEW* Agency Provider record, save it to their device, edit as appropriate, and attach it to a note in the *OLD* Solo Provider record so it will be visible to the provider.

1. Set "Role" = Region QA Workstream Worker then click Go.



2. Navigate to the **Providers** chapter and enter the *NEW* Agency Provider's name in the Quick Search filter and click Go.

Opd iConnect			Welc 6/20/2
File			
	Quick Search A Test Provider X Providers	Provider Name	G 0
	MY DASHBOARD CONSUMERS PROVIDERS	INCIDENTS CLAIMS	SCHEDULER
Filters			

3. Navigate to the **Providers > Providers** tab and Select **Word Merge > Medicaid Waiver Service Agreement.**

File	Edit	Reports	Word Merge							
					Quick S	earch				
								Providers		
					MY DASH	BOARD	CONSUME	RS PI	ROVIDERS	
A TEST	Provide	r (10002)								
					Workers	Services	Provider ID) Numbers	Contracts	Bed
					Providers	Divisions	Forms	Enrollment	s Authori	zations
Cove	r Lette	r with Cer	tificate of Service							

4. Select **Open Document** to open the Word Merge document for editing.

File	
Generate Merge Docume	nt

Click the "Open Document" button to open the Merge Document for editing.

Open Document	+
---------------	---

- 6. Edit the Word Merge Document as necessary. Note the effective date. This is the date used on the SARF, credential, license and service records.
- 7. When finished with editing the Word Merge Document, click **File > Save as** to save the updated Word Merge to a specified folder on the user's device.
- 8. Navigate to the *OLD* Solo Provider's record. Select the **Providers > Notes** tab.

File Reports									
	Quick S	earch							
				Providers		~	Provider 1	lame	
	MY DASH	IBOARD	CONSUME	RS PF	ROVIDERS	INCIDEN	TS	CLAIMS	SCHE
					\mathbf{X}				
A TEST Provider (10002)									
	Workers	Services	Provider I) Numbers	Contracts	Bea Linke	d Providers	Aliases	Conditions
	Providers	Divisions	Forms	Enroliments	Authorizatio	ons Notes	Credentials	EVV So	heduling
Fitters Note Type Y Equal To Y Note Date Y		v *	AND 🗸	×					
			Search	Reset					

9. Click File > Add Notes.

File	Reports
Add Nev	v Provider Search
Add Not	es 👞
Print	

10. In the new Note record on the *OLD* Solo Provider record, update the following fields:

- a. "Division" = APD
- b. "Note Type" = Provider Expansion Request
- c. "Note Subtype" = MWSA Pending Provider Signature
- d. "Associated Form ID#" = Enter Form ID# if applicable
- e. "Description" = Solo to Agency Expansion MWSA Pending Provider Signature
- f. "Note" = Enter "Please print the attached MWSA and sign"
- g. "Status" = Pending
- h. Click "Add Attachment" and search for MWSA on the user's device. Click Upload

File	Browse
File Name	from uploaded file
	🔿 create new
Description	
Category	\checkmark
Upload	Upload and Add Another
Note: Maxim	um size for attachment is set to 5.76 MBytes.

i. Click the ellipsis on the "Add Note Recipient" to add the *Service Provider* as the Note Recipient

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

Notes Details		
Division *		APD V
Note By *		Reed, Monica 🗸
Note Date *		05/16/2023
Associated Form ID#		
Note Type *		Provider Expansion Request 🗸 *
Note Sub-Type		MWSA Pending Provider Signature 🗸 *
Description		Solo to Agency Expansion MWSA Pending Provider Signature
		B ∠ U 16px - A - Please print the attached MWSA and sign
Note		
Status *		Pending 🗸
Date Completed		
Attachments		
Add Attachment		
Document		Description
MWSA.docx		
Note Recipients		
Add Note Recipient:		Clear
Name	Date Sent	Date Read
Reed, Monica	5/16/2023	

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



New Medicaid ID: Provider Signed MWSA



The Service Provider will print out the MWSA, sign, scan and save an electronic copy to their device and then attach it back to the pending note in the *OLD* Solo Provider Record.

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



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

MY DASHBOARD	СС	ONSUMERS	PROVIDERS	IN	CIDENTS	CLAIMS	SCHEDULE
ONSUMERS			INCIDENTS			PROVIDERS	
	\diamond	Inquiry Aler	t Notes List	0	Notes		
lotes	0	Unread Aler	rt Notes	C	Comple	te	3
					Pending	, A	11

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) return	ned - now viewing 1 through 13-					
	Provider	NoteType	/	Note Date -	Description	Authox	Status
	Reed Group Home	Expansion Request		02/25/2020	Progress Note	Reed, Monica	Pending
Г	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.

	<					
Do you want to open or save Test MWSA.docx (11.5 KB) from fwtest.harmonyis.net?		Open	Save	•	Cancel	х

- 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 in the *OLD* Solo Provider record, update the following fields:
 - a. "Note Type" = Provider Expansion Request
 - b. "Note Subtype" = *Update to Provider Signature*
 - c. "Description" = *Update to Provider Signature*
 - d. "Append Text to Note" = Enter notes

- e. "Status" = *Update to Complete*
- f. Click "Add Attachment" and search for the copy of the Provider signed MWSA on the user's device. Click Upload.

File	Browse
File Name	from uploaded file
	⊖ create new
Description	
Category	\sim
Upload Note: Maxim	Upload and Add Another um size for attachment is set to 5.76 MBytes.

- g. Click the ellipsis on the "Add Note Recipient" to add the *QA Workstream Worker* 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

Notes Details		
Division *		APD V
Note By *		Reed, Monica
Note Date *		05/16/2023
Note Type *		Provider Expansion Request 🗸
Note Sub-Type		Provider Signature
Description		Provider Signature
		On 5/16/2023 at 7:44 PM, Monica Reed wrote: Please print the attached MWSA and sign
Note	~	New Text
Status *		Complete V
Date Completed		05/16/2023
Attachments		
Add Attachment		
Document		Description
MWSA.docx		
Note Recipients		
Add Note Recipient:		Clear
Name	Date Sent	Date Read
Reed, Monica	05/16/2023	

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



New Medicaid ID: Final APD iBudget Waiver Sign-Off Form



The QA Workstream Worker will generate the Final APD iBudget Waiver Sign-off form from the *NEW* Agency Provider record.

1. Set "Role" = Region QA Workstream Worker then click Go.



2. Navigate to the **Providers** chapter and enter the *NEW* Agency Provider's name or ID in the Quick Search filter and click Go.

Qcd iConnect				Welc 6/20/3
File				
	Quick Search			
	A Test Provider	X Providers	Provider Name	G 0
	MY DASHBOARD	CONSUMERS PROVIDERS	INCIDENTS CLAIMS	SCHEDULER
- Filters		1		

 The NEW Agency Provider's record will display. Navigate to the Providers > Forms tab.

File Word Merge					
		Quick Search	Provider	18	~
		MY DASHBOARD	CONSUMERS	PROVIDERS	NCIDENT
A TEST Provider (10002)					
		Workers Services	Provider ID Numbers	Contracts Beds	Linked
		Providers Division	s Forms Enrollmer	Authorizations	Notes
Filters Status Equal To Division +	Draft	Search Reset			
Filters Status Equal To Division + -31 Forms record(s) return	Draft	Search Reset			
Filters Equal To Division + -31 Forms record(s) return Division	Draft ed - now viewing 1 through 15	Search Reset	,		
Filters Equal To Division Filters Equal To Division Filters The second (s) return APD Division Filters	Orat Orat Group Home Facility Checklist	Search Reset			

4. Select Word Merge > Final APD iBudget Waiver Sign-Off Form.



5. Generate the Word Merge and set the effective date to at least be a *minimum of 10 calendar days AND the first day of a future month* then Save to the user's device.

Final iBudget Waiver Sign-Off Form
Provider Name: Test Provider
DBA (if applicable):
Contact Name: John Test
Provider Address: 9125 Branchwater Ct Jacksonville, FL 32244
Email Address:
Phone Number:
Designation: Solo: Agency: Qualified Organization: WSC of a Qualified Organization:
Home Region: Click to Select Region.
Approved Regions: Northwest 🗌 Northeast 🗌 Central 🗌 Suncoast 🗌 Southeast 🗌 Southern 🗌
9 Digit Medicaid ID: FL545454
Effective Date of form: Click or tap to enter a date.

6. This form will be attached to the ROM Review note later in the workflow.

New Medicaid ID: ROM Review



Once the Provider signed MWSA has been received by the QA Workstream Worker they will review the signed MWSA and FMMIS Enrollment screen for accuracy prior to sending to the ROM. The QA Workstream Worker will save a copy to their device and then attach it to a new note for ROM Review in the *NEW* Agency Provider Record along with the Final APD iBudget Waiver Sign-off form.

1. Set "Role" = Region QA Workstream Worker then click Go.



2. Navigate to the **Providers** chapter and enter the *NEW* Agency Provider's name or ID in the Quick Search filter and click Go.

app iconnect		Welc 6/207.
File		
	Quick Search	
	A Test Provider X Providers	Provider Name GO
	MY DASHBOARD CONSUMERS PROVIDERS	INCIDENTS CLAIMS SCHEDULER

 The NEW Agency Provider's record will display. Navigate to the Providers > Notes tab



4. Click File > Add Notes



- 5. Update the following fields on the Notes Detail Screen
 - a. "Division" = APD
 - b. "Note Type" = Expansion Request
 - c. "Note Subtype" = ROM Review
 - d. "Associated Form ID#" = Enter Form ID# (e.g., Provider Expansion Form ID#)
 - e. "Description" = ROM Review
 - f. "Note" = Enter notes
 - g. "Status" = Complete
 - h. Click "Add Attachment" and search for the copy of the Provider signed MWSA on the user's device. Click Upload and Add another to attach the Final APD iBudget Waiver Sign-Off form

File	Browse
File Name	from uploaded file create new
Description	
Category	
Upload Note: Maxim	Upload and Add Another um size for attachment is set to 5.76 MBytes.

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

Notes Details	
Division *	APD 🗸
Note By *	Reed, Monica
Note Date *	05/15/2023
Note Type *	Expansion Request 🗸
Note Sub-Type	ROM Review
Associated Form ID#	794
Description	ROM Review
Note	New Text B If I
Status *	Complete V
Date Completed	05/15/2023
Attachments	
Add Attachment	
Document	Description
FINAL APD IBudget Waiver Sign-Off Form.pdf	Word Template: Final APD IBudget Waiver Sign-Off Form
Note Decisionte	
note receptored	
Add Note Recipient:	Clear

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



New Medicaid ID: ROM MWSA Signature/Approval



The ROM/DROM will print, sign, scan and attach the executed MWSA and Final APD iBudget Waiver Sign-Off form and then attach it to a new note in the *NEW* Agency Provider record. The Service Provider will be notified via this note.

1. Set "Role" = ROM/Deputy ROM then click Go.

Role	
ROM/Deputy ROM	GO GO

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



3. Select the **Note Type = Expansion Request and Description = ROM Review** and select the record via the hyperlink

Filters Status Equal To Complete AND Status + Search Reset						
1	-14 Notes record(s) returned - now viewing 1 through 14					
	Provider	NoteType	Note Date +	Description	Author	Status
	A Test Provider	Expansion Request	02/26/2020	ROM Review	Reed, Monica	Complete

- 4. Click and Open the MWSA and Final APD iBudget Waiver Sign-Off attachments within the ROM Review note
- 5. Select File > Print within each of the documents
- 6. The ROM/Designee will sign the hard copies, scan and save an electronic copy to a specified folder on their device. They will then add a new note and attach the signed forms
- 7. Navigate to the **Providers > Notes** tab.

File Reports									
	Quick S	earch							
	1			Providers			Provider	Name	
		1		_					1
	MY DASH	IBOARD	CONSUME	RS PR	OVIDERS	INCIL	DENTS	CLAIMS	SCH
					\mathbf{i}				
A TEST Provider (10002)						<hr/>			
	Workers	Services	Provider ID) Numbers	Contracts	Beat	inked Providers	Aliases	Conditions
	Providers	Divisions	Forms	Enrollments	Authoriza	tions No	tes Credential	s EVV S	Scheduling
Filters Equal To Image: Constraint of the second s		v *	AND 🗸	×					
		s	Search F	Reset					

8. Click File > Add Notes.



- 9. Update the following fields on the Notes Detail Screen
 - a. "Division" = APD
 - b. "Note Type" = Provider Expansion Request
 - c. "Note Subtype" = MWSA ROM Approval
 - d. "Associated Form ID#" = Enter Form ID# (e.g., Provider Expansion Form ID#)
 - e. "Description" = MWSA ROM Approval
 - f. "Note" = Enter notes
 - g. "Status" = Complete
 - h. Click "Add Attachment" and search for the copy of the ROM signed MWSA on the user's device. Click Upload and Add another to attach the ROM Signed Final APD iBudget Waiver Sign-Off form

File		Browse
File Name	from uploaded file create new	
Description		
Category	✓	
Upload Note: Maxim	Upload and Add Another um size for attachment is set to 5.76	MBytes.

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

Notes Details			
Division *		APD 🗸	
Note By *		Reed, Monica	~
Note Date *		05/16/2023	
Associated Form ID#		352	
Note Type *		Provider Expansion Request	t 🗸 *
Note Sub-Type		MWSA ROM Approval	▼ *
Description		MWSA ROM Approval	1
Note		<u>В / Щ</u> 16рх • А •	
Status *		Complete 🗸	
Date Completed		05/16/2023	
Attachments			
Add Attachment			
Document			Description
Signed MWSA			
Signed Final APD iBudget			
Note Recipients			
Add Note Recipient:			Clear
Name	Date Sent		Date Read
Reed, Monica	5/16/2023		

10. When finished, click File > Save and Close Notes.



New Medicaid ID: End Solo Certification Record



The QA Workstream Worker will close the Solo Certification record in the *Old* Solo Provider record.

1. Set "Role" = Region QA Workstream Worker then click **Go.**

	\
Role	
Region QA Workstream Worker	GO GO

Navigate to the *Old* Solo Provider record > Providers > Credentials tab and select File > Add Certification.

<u>File</u>	Word Merge
Add Ne	w Provider Search
Add Lic	ense
Add Ce	rtification
Add Ins	urance
Print	

- 3. Update the Certification Details page for the following fields:
 - a. "Certification Type" = *iBudget Waiver Solo Provider*
 - b. "Effective Date" = no change
 - c. "Expiration Date" = enter as the day before the effective date of the Final APD iBudget Waiver Sign-Off form
 - d. "Comment" New Medicaid ID Due to Solo Agency Expansion
 - e. "Status" = Expansion/Closed
 - f. "QA Workstream Worker" = Worker name that is updating the Certification record

Certification Details	
Credential Type *	Certification
Certification Type	iBudget Waiver Solo Provider 🗸 🗸
Effective Date	04/01/2023
Expiration Date	05/14/2023
Comment	New Medicaid ID Due to Solo Agency Expansion
Status	Expansion/Closed 🗸
QA Workstream Worker	Reed, Monica Clear Details

4. When finished, click File > Save and Close Certification Details.



New Medicaid ID: End Solo Services



The QA Workstream Worker will end services for the *OLD* Solo Provider record at the solo rate.

1. Set "Role" = Region QA Workstream Worker then click Go.



2. Navigate to the **Providers** chapter and enter the Provider's name in the Quick Search filter and click Go.



3. Navigate to the **Providers > Services** tab.



4. Select the services that are defined at a <u>solo rate</u> via the hyperlink for that record.

Test Provider (21347)														
	4	Workers	Services	Provider ID Num	bers C	ontracts	Beds	Linked Provid	ders Co	onditions	Service Area	Admin Actio	ns	
		Providers	5 Divisions	EVV Activities	Forms	Enrollm	ents	Authorizations	Notes	Credential	EVV Sch	eduling CA	P Appointments	Prov
Active Equ Service Code	To V (*) Yes C) No /	anD ✓	×									/	
Service Code _ Effect	ve Date Division	End Date	Unit Type	Description		Cost	Secor	ndary Code	Comme	nts Activ	e Consur	ner County	Provider Rate T	ype
0199 01/01/2	23 APD	1	Vonth	Support Coordinatio	n	\$148.69	0199			True	(More than	15)	Solo	

- 5. In the Services record, update the following field:
 - a. "Service End Date" = Service End date is the day before the effective date of the Final APD iBudget Waiver Sign-Off Form

Service	
ServiceID *	5629
Service Code	0199
Division *	APD 🗸
Unit Type	Month
Service Description	Support Coordination
Secondary Code *	0199
Active Date *	01/01/2023
Service End Date	05/15/2023

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



6. Repeat steps 4 – 6 for ALL solo services.

New Medicaid ID: Close Solo Provider Record



The QA Workstream Worker will send a note to the State Office Process Owner requesting the *OLD* Solo Provider record be closed.

1. Set "Role" = Region QA Workstream Worker then click Go.



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

File Reports									
	Quick Search								
	1			Provider	5	×	Provider N	lame	
	MY DASH	IBOARD	CONSUME	ERS F	ROVIDERS	INCIDEN	ts (CLAIMS	SCHE
					\mathbf{X}				
A TEST Provider (10002)						`			
	Workers	Services	Provider II	D Numbers	Contracts	Bea Linke	d Providers	Aliases	Conditions
	Providers	Divisions	Forms	Enrollment	s Authoriza	ations Notes	Credentials	EVV So	cheduling
O Filters Note Type Y Equal To Y Note Date Y		v *	AND 🗸	×					
		s	Search	Reset					

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" = Close Provider Record
 - d. "Associated Form ID#" = Leave blank
 - e. "Description" = Closed Old Solo Provider Record
 - f. "Note" = Request closure of the Old Solo Provider record with an end date of the day before the start date of the Final APD iBudget Waiver Sign Off form.
 - g. "Status" = Complete

- h. Click the ellipsis on the "Add Note Recipient" to add the *State Office Process Owner* 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

Notes Details									
Division *	APD 🗸	APD V							
Note By *	Reed, Monica	a	~						
Note Date *	05/18/2023	05/18/2023							
Note Type *	Provider Exp	Provider Expansion Request *							
Note Sub-Type	Close Provide	Close Provider Record							
Associated Form ID#									
	Close Old Sol	o Provider Record		<u>s</u>					
Note 🗲	B Z U Request o end date APD iBud	16px • A • closure of the Old Sol of the day before the get Waiver Sign Off f	o Provider record start date of the F orm.	with an inal					
Status * 🔶	Complete 🗸]							
Date Completed	05/18/2023								
Attachments									
Add Attachment									
Document	Description		Category		Action				
There are no attachments to display	/	\							
Note Recipients		X							
Add Note Recipient:			Clear						
Name	Date Sent	Date Read	Status	Date Signed					
Buck, Jennifer	5/18/2023		Unread		Remove				

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



New Medicaid ID: Add Agency Certification Record



The QA Workstream Worker will add the iBudget Waiver Agency certification record in the *NEW* Agency Provider record.

1. Set "Role" = Region QA Workstream Worker then click Go.



2. Navigate to the **Providers > Credentials** tab and select **File > Add Certification.**



- 3. Update the Certification Details page for the following fields:
 - a. "Certification Type" = *iBudget Waiver Agency Provider*
 - b. "Effective Date" = enter the effective date as *the date on the Final APD iBudget Waiver Sign-Off form*
 - c. "Expiration Date" = Leave blank
 - d. "Comment" = New Medicaid ID Due to Solo Agency Expansion
 - e. "Status" = Active
 - f. "QA Workstream Worker" = Worker name that is updating the Certification record

Certification Details	
Credential Type *	Certification
Certification Type	iBudget Waiver Agency Provider 🗸
Effective Date	08/01/2019
Expiration Date	08/31/2019
Comment	
Status	Active 🗸
QA Workstream Worker	Reed, Monica Clear

4. When finished, click File > Save and Close Certification Details.

File History Spell Check Save Certification Details Save and Add Another Certification Details Delete Certification Details Save and Close Certification Details Print Close Certification Details



When a new Medicaid ID is required, the QA Workstream Worker (QA Workstream Worker) will complete the process to deactivate the user account for the old solo account and create the new user account through the SARF process.

New Medicaid ID: Add Provider License Record



The QA Workstream Worker will follow the standard process for creating a User Access Request for the business owner/designee outside of APD iConnect.

User access request needs to be completed including the face-toface visit (e.g., video or in person identity verification) by the QA Workstream Worker who will also add the MWSA license information in the *NEW* Agency Provider record.

1. Set "Role" = Region QA Workstream Worker then click Go.

	\
Role	
Region QA Workstream Worker	GO GO

2. Navigate to the **Providers > Credentials** tab **File > Add License.**

	<u>File</u>	Word Merge
	Add Ne	w Provider Search
	Add Lic	ense
	Add Cer	tification
	Add Ins	urance
l	Print	

- 3. Update the following fields:
 - a. "License Type" = MWSA
 - b. "Effective Date" = enter the effective date of the Final APD iBudget Waiver Sign-Off form
 - c. "Expiration Date" = enter the end date
 - d. "Comment" = if applicable
 - e. "Status" = Active
 - f. "Reason" = Expansion
 - g. "QA Workstream Worker" = Worker name that is adding the License record

opd iConnect

File	
License Details	
Credential Type *	License
License Type *	MWSA 🗸
Effective Date *	05/01/2023
Expiration Date *	05/31/2024
Less than One Year	0
Comment	
Status	Active
Reason	Expansion 🗸
QA Workstream Worker	Reed, Monica Clear Detail

4. When finished, click File > Save and Close License Details.
File History Spell Check Save License Details Save and Add Another License Details Delete License Details Save and Close License Details Print Close License Details

New Medicaid ID: Add Agency Services

The QA Workstream Worker will add new services for the new service expansion on the *NEW* Agency Provider record.

If this expansion request is in conjunction with a Behavior Focused, Intensive Behavioral, Enhanced Intensive Behavior or Medical Enhanced Intensive Behavior service level designation, the QA Workstream Worker will need to add the services, but disable the "active" checkbox. Additionally, the Active date will need to be in the future to allow time for the designation approval.



Service			
ServiceID *	5740		
Service Code	0998-BasD		
Division	APD 🗸		
Unit Type	Day		
Service Description	Residential Habilitation Child - Basic	c (day)	
Secondary Code *	0998-BasD		
Active Date *	07/01/2023		
Service End Date			
Unit Cost *	\$38.80		
Start Age			
End Age			
Require Credentials	0		
Provider Rate Type *	Agency		
Consumer County	ABBEVILLE ACADIA ACCOMACK ADA ADAIR ADAMS	ALACHUA BAKER BAY BRADFORD BREVARD CALHOUN CHARLOTTE	ŕ
Service Ratio	11 12 14 13 15 16 7	<u>}</u>	^

1. Set "Role" = Region QA Workstream Worker then click Go.



2. Navigate to the **Providers** chapter and enter the Provider's name in the Quick Search filter and click Go.

Qcd iConnect			Welc 6/20/
File		\sim	
	Quick Search		
	A Test Provider X Providers	Provider Name	GO
	MY DASHBOARD CONSUMERS PROVIDERS	INCIDENTS CLAIMS	SCHEDULER
Filters			

3. Navigate to the **Providers > Services** tab.

		MY DASH	IBOARD	CONSUMERS	PROV	/IDER S
A TEST Provider (10002)			•			
	•	Workers	Services	Provider ID Num	bers C	ontracts
		Providers	Divisions	EVV Activities	Forms	Enrollme
Filters						

4. Select File > Add Services.



- 5. In the new Services record, update the following fields:
 - a. "ServiceID" = Select the Approved Agency Service Code
 - b. "Division" = APD

c. "Active Date" = the effective date of Final APD iBudget Waiver Sign-Off Form NOTE: The '0000 – WVR' service code MUST BE ADDED for providers to create non-billable notes.

Service	
ServiceID *	
Service Code	
Division *	~
Unit Type	
Service Description	
Secondary Code *	
Active Date *	05/15/2023

6. When finished, click File > Save and Close Services.



7. Repeat Steps 4 – 6 for each Agency service.



Proceed to Service Plan Impact

New Medicaid ID: Activate New Agency Provider Record



The QA Workstream Worker will update the Exclude from Selection checkbox so that the Service Provider is now available and active in the *NEW* Agency Provider record.

1. Set "Role" = Region QA Workstream Worker then click **Go.**

	\
Role	
Region QA Workstream Worker	GO GO

2. Navigate to the **Providers** chapter and enter the Provider's name in the Quick Search filter and click Go.



3. Navigate to the **Providers > Providers** tab.

A TEST Provider (10002)				
		Workers	Services	Provider IC
		Providers	Divisions	Forms
Basic Information				
Provider Name	A TE	ST Provider		
DBA (if applicable)/Facility Name	Monica's Group Home			

4. Click Edit > Edit Provider.



5. Click Edit > Edit Provider and disable the Exclude from Selection checkbox.

Basic Information	
Provider Name *	Test Provider
DBA (if applicable)/Facility Name	
APD Vendor Number	
WSC QO	~
Active *	
Provider Type	Licensed Home [GR]
Exclude from Selection	
Specialist/Liaison	Reed, Monica 🗸
Residential Monitor	~

6. When finished, Click File > Save and Close Provider.



As Needed: Request Not Complete



The QA Workstream Worker will review the Solo Provider record (Expansion Request Form, Notes, and any other pertinent tabs) to ensure provider meets minimum handbook requirements. If the Provider expansion request is not complete, they will respond to the Ready to Submit Pending note to advise the Service Provider. 1. Set "Role" = Region QA Workstream Worker then click Go.



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 = Ready to Submit** and select the pending record via the hyperlink.



- 4. In the pending Note record, update the following fields:
 - a. "Note Subtype" = Leave as Ready to Submit
 - "Description" = Update to include the due date for all deficiencies which is 45 calendar days from date of this note, or the application is closed, and the Provider must reapply
 - c. "Append Text to Note" = List any missing documentation that is needed.
 - d. "Status" = Leave as *Pending*
 - e. Click the ellipsis on the "Add Note Recipient" to add the *Service Provider* 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

Notes Details			
Division *	[APD 🗸	
Note By *		Reed, Monica	
Note Date *		05/10/2023	
Associated Form ID#			
Note Type *	[Provider Expansion Request 🗸	1
Note Sub-Type	[Ready To Submit	✓ [*]
Description		Must include the due date for all defic days from date of this note, or the ap	ciencies which is 45 calendar plication is closed, and the
Note		On 512/0223 at 8-33 PM, Moniz Add any notes as necessary to 512/0223 at 24:03 PM, Moni List any missing documentation that is New Text B <u>I</u> <u>I</u> 16px - A -	a Reed wrote: ca Reed wrote: needed
Status *	[Pending 🗸	
Date Completed			
Attachments			
Add Attachment			
Document	D	escription	
There are no attachments to display			
Note Recipients		X	
Add Note Recipient:			Clear
Name	Date Sent		Date Read
Reed, Monica	5/16/2023		

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





The Service Provider will receive the Provider Expansion Request/Ready to Submit Pending note on their My Dashboard and respond accordingly. Proceed to <u>Ready to Submit</u> and follow the process through until the Request is complete.

As Needed: Request Not Approved



The QA Workstream Worker will review the request and may not approve the expansion request.

- 1. If the denial is due to without cause then the QA Workstream Worker will initiate the PAARF process.
- 2. If the denial is due to handbook denial, proceed to next section.

As Needed: Generate Handbook Denial



If the QA Workstream Worker did not approve the expansion request, they will generate a handbook denial word merge and attach to a note.

1. Set "Role" = Region QA Workstream Worker/Lead then click Go.



Navigate to the **Providers** chapter and enter the Provider's name in the Quick Search filter and click Go.

Opd iConnect					Welc 6/20/2
File				/	
	Quick Search				
	A Test Provider	X Providers	V	Provider Name	GO
	MY DASHBOARD	CONSUMERS PROVIDERS	INCIDENTS	CLAIMS	SCHEDULER
O-Filters		1			

3. The Provider's record will display. Navigate to the **Providers > Provider** tab.

		I	MY DASHBOARD	CONS	UMERS	P	ROVIDERS	
Test Provider (21347)								
	Workers	Services	Provider ID Numb	ers Co	ntracts	Beds	Linked Provid	ers
	Providers	Divisions	EVV Activities	Forms	Enrollr	nents	Authorizations	

4. Select Word Merge > Provider Expansion Denial with Cause-Rate Change.



5. Generate the Word Merge, print, sign and then scan and save to the user's device.

	agency for	persons with disabilities ate of Florida
	Click here to enter a dat	e
Ron DeSantis		
Governor	Test Provider	
	John Test	N
Taylor Hatch		45
Director	1	
	Dear John Test	
State Office	Boar John Test.	
4030 Esplanade Way	The Agency for Dereen	a with Dischilition (Agapav) reasized your
Suite 380	The Agency for Person	s with Disabilities (Agency) received your
Tallahassee, FL 32399-0950	request to expand u	ider the Home and Community-Based
Northwest Region	Services Medicaid Waiv	er.
Northwest Region		
Suite 280	You requested the follow	ving type of Expansion(s):

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

MY DASHBOARD	CONSUMERS PROVIDERS	INCIDENTS	CLAIMS	SCHEDULE
ONSUMERS	INCIDENTS		PROVIDERS	
	Inquiry Alert Notes List	Notes		
lotes	0 Unread Alert Notes	0 Complet	le internet	3
		Pending		11

7. Select the **Note Type = Provider Expansion Request** and **Description = Ready to Submit** and select the pending record via the hyperlink.



- 8. In the pending Note record, update the following fields:
 - a. "Note Type" = Provider Expansion Request
 - b. "Note Subtype" = *Update to Expansion Denial*
 - c. "Associated Form ID" = Enter Form ID#
 - *d.* "Description" = Update to "Solo to Agency Expansion Request Does Not Meet Handbook Requirements"
 - e. "Append Text to Note" = Enter notes and add any relevant information
 - f. "Status" = Update to Complete
 - g. Click "Add Attachment" and search for the Signed Notice of Provider Expansion Denial with Reasons word merge on the user's device. Click Upload
 - h. Click the ellipsis on the "Add Note Recipient" to add the *Service Provider* 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

Notes Details	
Division *	APD 🗸
Note By *	Reed, Monica
Note Date *	05/16/2023
Associated Form ID#	352
Note Type *	Provider Expansion Request 🗸
Note Sub-Type	Expansion Denial 🗸 '
Description	Solo to Agency Expansion Request Does Not Meet Handbook Requirements
Note	New Text
	Append Text to Note
Status *	Append Text to Note
Status *	Append Text to Aue Complete > 05192023
Status * Date Completed Attachments	Append Text to Hole
Status Date Completed Attachments Add Attachment	Append Text to Note Complete 09/16/2023
Status *	Append Text to Note Complete D9/19/2023 Description
Status * Date Completed Attachments Add Acaphment Decembert Nere are no attachments to display	Append Text to Male Complete 2 06/18/2023 Description
Status * Date Completed Attachments Add Association Decument here are no attachments to display Note Recipients	Append Text to Note Complete 2 05/19/2023 Description
Status * Date Completed Attachments Add Associated Document There are no attachments to display Note Recipients Add Yos Recipients Add Yos Recipients	Append Text to Hole Complete OS/10/2023 Description Coccription
Status Date Completed Attachments Attachments Add Assolution Document There are no attachments to display Note Recipients Add Nose Recipients Name	Agend Text to Note Complete Original Description Description Det Sent Date Read

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

