

Cost Plan Rollover Cheat Sheet for WSCs

Introduction

The Agency for Persons with Disabilities (APD) automatically copies cost plans for the subsequent fiscal year (FY). Waiver Support Coordinators (WSCs), WSC Mentees and Consumer Directed Care Plus (CDC+) Consultants must verify that current plans are accurate and ready for the automated continuation process.

WSCs and WSC Mentees will continue to maintain the individual service plans and generate service authorizations throughout the fiscal year as outlined in [Chapter 11 – Cost Plan in the Case Management Training Manual](#).

UPDATED - Preparation

The WSCs and WSC Mentees will be notified of the cost plan rollover process through an advisory and communications from their Regional Waiver Unit. However, preparation can occur throughout the year and does not have to wait for an official APD advisory to begin these steps.

The APD Regional office will provide Qualified Organizations (QOs) with a list of plans that require immediate attention.

The WSCs and WSC Mentees will verify the following on the cost plans for each of their clients:

- The client planned services have the correct annualized units.
- Verify there are no duplications of planned services.
- The current cost plans must **not** be in “Complete” status (plans in “Complete” will not roll over).
- Verify the current plans end on June 30.
- Verify the cost plans are within the clients’ budget.
- Verify that all plans for the same fiscal year are linked to the budget and validated.

Annual Cost Plan preparation and helpful tips:

WSCs and WSC Mentees will need to correct any of these items:

1. **Clients with more than one plan for the same fiscal year:** Clients who have enrolled in the CDC+ program from the iBudget Florida waiver or returned to the iBudget Florida waiver from the CDC+ program may have a cost plan for each program. Please ensure that the duplicate plan has end dates associated with planned services/authorizations, ensuring only one active plan by June 30.

- **Verify the Plans Information page is end-dated.**
 - **Verify that all plans for the same fiscal year are linked to the budget, and that the plans are validated after linking all current fiscal year plans to the budget.**
2. **Cost plans with no planned services:** Determine if the client is still receiving waiver services. If not, contact the appropriate APD Regional office to begin waiver disenrollment and/or case closure.
 3. **Planned Services with a county that does not match the county listed in the client's demographics: If the county or Index SubObject (ISO) code doesn't match the consumer's demographics, end the service and create a new service plan. Do not backdate the service plan; that will impact billing.**
 4. **Incorrect address setup:** Review clients' demographics to verify regional information and addresses are accurate.
 - Each client must have a Residential Address with Region specified and marked as the primary address.
 - Address must be entered by utilizing the places utility- manual entry of county or region is prohibited, as it can cause errors during the cost plan rollover. (See [Updating Consumer Demographics](#)).

IMPORTANT: *If the WSC/WSC Mentees notices that the client's residential address is not populating correctly, submit a Help Desk Ticket using the client iConnect ID. Indicate that the address utility is not populating the correct county, city, etc. The APD IT Department will update the address to allow the cost plan rollover functions properly. Overriding the auto-populated address will prevent the cost plan rollover from working as intended.*

5. **Planned Services with ISO Mismatch:** Planned services must align with the correct ISO and region based on the client's county and waiver enrollment (e.g., iBudget Waiver versus CDC+).
 - If there is a mismatch, current services must be ended and a new service plan created with the correct county and waiver enrollment listed.
 - **Do not backdate the service plan**, as this will impact billing.
6. **Clients with a negative balance:** Align services and authorizations with the budget immediately. Please verify that service authorizations match the cost plan.
7. **Cost Plans in complete status:** Cost Plans marked **complete** must not be copied to the new fiscal year.
 - Review these cost plans to confirm the status is correct.
 - Plans in **complete** status must still be linked to the budget.
 - If the plan is complete and should **not** be copied, no action is needed.
 - If the cost plan is not complete and should be copied, update the status of the cost plan to either *Draft, Pending, Approved* or *No Review Required*.

8. **Service Authorizations in Rejected Status:** Rejected authorizations will roll over into the new FY. All rejected authorizations must be corrected before the rollover.
 - Refer to [Importance of Resolving Rejected Authorizations](#) to assist in remediating Rejected authorizations.
9. **Cost Plans for CDC+ Waiver Clients with non-generic providers listed for services:** Review planned services for CDC+ waiver clients to identify any services for non-generic providers. All planned services (except Consultant services) must list the “Generic CDC+ Provider.”
 - If corrections are needed, the CDC+ Consultant must end the current service plan and create a new service plan with the “Generic CDC+ Provider”.
 - **Do not back date planned services** as it will impact billing.

Preparation for CDC+ Consumers

CDC+ Consultants must verify the following before the cost plan rollover:

1. Verify each consumer’s FY planned services in iConnect are in **Approved** or **No Review Required** status and on a validated plan to establish the monthly CDC+ budget.
 - APD Staff will submit deadline information to put all plans in draft or pending status.
 - See [CDC+ Cost Planning Job Aid](#) for more information.
2. If a waiver client is expected to enroll onto the CDC+ Program after the cost plan rollover process, verify the client has an approved APD Waiver cost plan for the FY 2026 with an end-date of 6/30/2026.
 - i. If the APD waiver cost plan is in **Complete** status the CDC+ Program **auto budget process will not work** when attempting to create a monthly budget for the consumer; therefore, delaying the enrollment process.
 - ii. For the auto budget process to be successful, there must be an **Approved** APD Waiver cost plan for the FY 2026 in place with an end-date of **6/30/2026**.
 - iii. When the CDC+ start date is finalized, the approved APD Waiver cost plan, planned services, and the planned information page must be end-dated at the end of the month to allow the consumer to start on the CDC+ Program on the 1st of the month.
 - iv. CDC+ FY 2026 cost plan with finalized start date will need to be created through 6/30/2026 and FY 2027 with begin date of 7/1/2026 will also need to be created.

In addition to the instructions above, the CDC+ Consultant must also complete the following actions:

1. Review and confirm the service code and rate (Full or Limited) are correct for the CDC+ Consultant.
2. If changes are needed before Rollover:
 - The prior FY plan must be in **Pending, Region/State Approved, or No Review Required** status by the date determined by APD Waiver staff.
 - Once the plan is in **Region/State Approved status**, the service codes or rates can only be corrected by terminating the copied planned service and creating a new planned service with the correct information.
3. Verify the new FY plan meets the client's needs and goals identified in their support plan. Add any Short-Term Expenditures (STEs) or One-Time Expenditures (OTEs).
4. Make sure there are 12 units of CDC+ Consultant services indicated on cost plans.
 - Review and confirm that planned services are equal to or less than annual budget allocations.
5. The New FY cost plan must show a full year of planned services for each active consumer ending on the last date of the new FY Plan.

UPDATED - Review Subsequent Fiscal Year's Cost Plan Service

After APD completes the rollover and issues an advisory, WSCs and CDC+ Consultants must log in to iConnect and review FY plans to verify providers receive accurate service authorizations.

When reviewing, confirm the following:

1. Verify all planned services - **regardless** of their status- reflect the client's current needs, correct provider, and accurate units.
2. Annualize units for planned services copied from the prior FY that were authorized for a partial year and verify that the units annualized for the full FY in the continuing service plans. Submit plans for APD approval by the advisory deadlines, prioritizing CDC+ clients.
3. Verify that service authorizations are generated correctly. If a copied service lacks authorization, follow the plan validation process and create the authorization manually.
 - Only update authorizations on plans that were edited.
4. Confirm the FY plan meets client needs, complies with medical necessity

criteria, iBudget Handbook coverage and limitations, legal notices, and Final Orders.

5. Ensure the full 12 months of WSC or CDC+ Consultant services are entered into the plan.
6. Verify all documentation is current and supports medical necessity. This includes but is not limited to:
 - WSC Progress Notes
 - Provider Documentation (see [WSC Job Aid for Cost Plans and Significant Additional Needs Documentation](#))
 - Questionnaire for Situational Information (QSI) within the last 3 years
 - Person-Centered Support Plan (PCSP) within the last year
 - Home and Community Based Services Waiver Eligibility Worksheet (HCBS) within the last year
 - Verification of Available Services (VAS) form within the last year
 - Behavior Analysis Services Eligibility (BASE) within the last year if there is a request for behavior services

UPDATED - FYI:

The following plans or planned services are not copied automatically and must be addressed manually by the WSC or CDC+ Consultant:

1. Previous FY plans in **complete** status at the time of rollover.
2. One-time services and planned services that ended prior to June 30.
3. Plans that ended prior to the end of the FY.