

Plan Validation Errors

Introduction

The Agency for Persons with Disabilities (APD) and the Waiver Support Coordinators (WSCs) work to develop and maintain the clients of APD cost plans as it is outlined in the [Developmental Disabilities iBudget Handbook](#) and [Rate Table](#). When the WSC or the Waiver unit attempts to validate a plan, errors may be encountered. This job aid will assist in correcting most of the common errors associated with plan validation rules. Please work with your [Regional Waiver Liaison](#) for questions on Plan Validation issues.

The following headings are from the system message that generates when the plan validation fails. Navigate to the appropriate heading to assist in resolving that issue.

Plan Validation Error Messages:

- [This service has exceeded the maximum units per.](#)
- [Combination of Life Skills Development Services cannot exceed more than 56 hours per week.](#)
- [Total units exceed the max units allowed for this assessment service.](#)
- [Exceeds the nursing assessment max limit.](#)
- [You cannot add/edit units on a terminated authorization.](#)
- [The consumer does not have sufficient budget left on this FY cost plan to process the changes at this time. Please try again after confirming all the authorization requests sent to FMMIS are fully approved or canceled.](#)
- [This service always requires Regional review.](#)
- [This service always requires State review.](#)
- [The age for the consumer is not valid for this service.](#)
- [Review the living setting is appropriate for this service.](#)
- [When there is an increase in amounts for this service it will require Regional review.](#)
- [Regional review due to service requires valid prescription.](#)
- [This service has exceeded the maximum unit cost.](#)
- [This service has exceeded the maximum amount per.](#)
- [This service amount requires Regional review.](#)

- This service requires Regional review due to the amount of the total service amount.
- This service requires State review due to the amount of the total service amount.
- The providers address cannot be the consumers home address.
- Consumers can only receive transportation services if also receiving Life Skills 2, 3, & 4 services.
- These services requires Region Review to verify a mental health diagnosis.
- This service is only allowed when enrolled in the CDC+ Program.
- The Consumer is not enrolled for CDC to receive this service.
- The Consumers Division status is not valid.
- The Consumer cannot have the same service plan for the same service with the same provider.
- The rate for this service is not allowed to be \$0.00.
- The Provider ID is not Active during the service dates.
- The ISO selected does not match with the Consumers Program record.
- The Planned Service Date cannot be prior to Program Begin Date.
- This service is not valid due to the consumers date of death.
- This consumers' plan dates do not fall within the consumers budget dates.
- The planned services are not allowed to be prior dates.
- All initial plans require Regional review.
- This service has been denied.
- A new service was added to the plan, this requires the WSC to relink the plan to the budget.
- One or more current FY Plans are not linked to the current Consumer Budget or there is more than one plan with overlapping dates.
- Plan is not in an Approved status.

Additional Information:

[If Needed: Planned Services with Transportation](#)

[Helpful Tips for Successful Validation Contact the Region not the Help Desk for Validation Issues](#)

[Reviewing the Auths tab in iConnect](#)

- [Line Item Not Found.](#)
- [Sum of Claims Dollar Greater.](#)

[Table of Services that Require Region and/or State Reviews](#)

Plan Validation Error Messages Explained and Tips to Resolve

This service has exceeded the maximum units per.

When services exceed the iBudget Handbook and Rate Table limitations, validation rules have been added so that plans will fail validation appropriately.

EXAMPLE: Changing Res Hab providers and not updating the original authorization first. This will require updates to the planned service in iConnect and an Update to the Authorization for the Authorization to be adjusted in FMMIS prior to creating the new Authorization.

- Review the units that you have added and adjust as needed.
- Check for duplicate entries of services. Delete the entry as needed.
- Update any authorizations as needed.

Combination of Life Skills Development Services cannot exceed more than 56 hours per week.

The maximum allowable hours for combined Life Skills Development (LSD) services have been adjusted to 56 hours per week.

Plan validation rules have been added so that plans will fail validation if any combination of LSD services exceeds 56 hours per week.

EXAMPLE: A consumer receives 30 hrs of LSD 3 and 30 hrs of LSD 1 in a week.

- Review the hours for each LSD service and adjust accordingly.
- Check the authorizations to determine if they have been updated prior to the new cost plan changes.

Total units exceed the max units allowed for this assessment service. OR Exceeds the nursing assessment max limit.

Plan validation rules have been enhanced so assessments will pass validation when they meet these iBudget Handbook requirements.

EXAMPLE: Requesting two behavioral assessment units when only one is allowed as outlined in the iBudget Handbook.

- Physical therapy assessment services may not exceed two assessments per year.
- Behavioral assessments and speech therapy assessments are limited to one per year.
- Nursing assessments should be updated annually.
- Review the cost plan for prior assessments and adjust the planned service accordingly.

You cannot add/edit units on a terminated authorization.

The Florida Medicaid Management Information System (FMMIS) interface will reject an authorization with added units that were previously terminated.

A **new rule** has been created to prevent users from adding units to an authorization that was previously terminated to reduce rejected authorizations.

EXAMPLE: An authorization was terminated for LSD3 as the consumer decided he didn't want to go to the ADT, but later he changed his mind. The WSC then tried to update the terminated authorization instead of creating a new authorization for the LSD3 service.

- Check the Auths tab for authorizations with terminated status, do **not** use the authorization to add or edit units as the authorization is USED with 0 max units.
- Refer to [Processing Rejected Authorizations](#) video

The consumer does not have sufficient budget left on this FY cost plan to process the changes at this time. Please try again after confirming all the authorization requests sent to FMMIS are fully approved or canceled.

Consumers' cost plans should not exceed their allocated budget.

A **new rule** has been created to prevent users from creating authorizations if it will cause the consumer to incur a negative balance on their current fiscal year (FY) budget.

EXAMPLE: Personal Supports were ended, but the authorization has not been updated to release the money prior to adding new or increasing planned services. This will require updates to the planned service in iConnect and an Update to the Authorization for the Authorization to be adjusted in FMMIS prior to creating the new Authorization.

- Check for rejected authorizations and resolve.
- Check Auths tab for confirmation that the authorizations have been updated as needed. If authorizations have not been updated, you need to update the authorizations.
- If an authorization has been zero'd out, it will need to be approved by the Region and the authorization will need to be terminated prior to creating a new planned service.

This service always requires Regional review.

All services and new services require Regional review prior to passing plan validation.

EXAMPLE: Supported Living Coaching planned service always requires region review prior to passing Planned Validation.

- Check the planned services to verify that the planned service is in Proposed status.
- Send the Pending Plan to the Region for review with the Cost Plan Note to inform the Region of changes made to the Plan.

This service always requires State review.

Certain services and new services require State review prior to passing plan validation.

EXAMPLE: Intensive Behavior Focus planned service always requires State review prior to passing Plan Validation.

- Check the planned services to verify that the planned service is in Proposed status.
- Send the Pending Plan to the State Office for review with the Cost Plan Note to inform the State Office of changes made to the Plan.
- Note: if a cost plan requires both Region and State review, send to Region and then Region will send to State for review.

The age for the consumer is not valid for this service.

Certain services have age restrictions as outlined in the iBudget Handbook.

EXAMPLE: Creating a planned service for Respite services for a 25 yr old consumer.

- Check the planned services to verify that the proper services were selected.
- Reach out to the client and/or legal representative to discuss an alternative service(s) that meets the need(s) of the client as it pertains to the iBudget Handbook and medical necessity.

Review the living setting is appropriate for this service.

Certain services have living setting restrictions as outlined in the iBudget Handbook based on the dates of service and date of living setting.

EXAMPLE: A consumer may not get Supported Living Coaching Services if they are living in a Family Home. (Exceptions are made in transitional periods as outlined in the iBudget Handbook.)

- Check the planned services to verify that the proper services were selected.
- Living settings must be updated in the Consumer's Demographics at least 24 hours prior to adding Residential Habilitation Services to the Cost Plan.
- Verify that the date range of the planned service correlates to the living setting
- Verify that the address was inputted properly. Utilize the [Updating the Consumer Demographics](#) Job Aid to assist.
- Reach out to the client and/or legal representative to discuss an alternative service that meets the needs of the client as it pertains to the iBudget Handbook.
- In emergency situations, the WSC should reach out to the Waiver Liaison.

When there is an increase in amounts for this service it will require Regional review.

Certain services, such as Personal Support services, require Regional review if there is an increase in amount of that service.

EXAMPLE: WSC increased the LSD 3 services and now needs Region review for approval.

- Check the planned services to verify that the planned service is in Proposed status.
- Send the Pending Plan to the Region for review with the Cost Plan Note to inform the Region of changes made to the Plan.

Regional review due to service requires valid prescription.

Certain services require Region review if there is a service that requires a valid prescription.

EXAMPLE: An occupational therapy planned service requires a prescription for the service.

- Check the planned services to verify that the planned service is in Proposed status.
- Send the Pending Plan to the Region for review with the Cost Plan Note to inform the Region of changes made to the Plan along with the required documentation, such as the prescription as an attachment in the Note. The Note containing the prescription should be referenced in the Cost Plan Note if not attached to the Cost Plan Note.

This service has exceeded the maximum unit cost.

Certain services contain a maximum unit cost as outlined in the iBudget Rate Table.

EXAMPLE: An Environmental Adaptations Accessibility Assessment of more than \$789.58.

- Check the planned services to update the unit cost to be within range of the iBudget Rate Table.
- Verify with the provider regarding the adjustment to the rate as allowed by the iBudget Rate Table.

This service has exceeded the maximum amount per.

Certain services have multiple service codes depending on the type of service and ratios associated.

EXAMPLE: Physical Therapy – Evaluations will have different service codes depending on the minutes. A client will not be able to overlap these different service codes since they are the same service.

EXAMPLE: Support Coordination – Support Coordination has different service codes for the same service depending on the level of Support Coordination (Enhanced, Limited, Full). This also includes CDC+ Consultants. These service codes cannot overlap because they are the same service.

- Check the planned services to update the unit amounts to be in line with the iBudget handbook.
- If providers are changing, verify that the old provider has the appropriate end date to allow to add the new provider.

This service amount requires Regional review.

Certain services require Region review if that service reaches a certain amount.

EXAMPLE: Specialized Mental Health Counseling Assessment will need to be approved by the region if the amount is over the usual and customary rate.

EXAMPLE: Behavioral Assessments at the max rate will require regional review prior to plan validation.

- Check the planned services to verify that the planned service is in Proposed status.
- Send the Pending Plan to the Region for review with the Cost Plan Note to inform the Region of changes made to the Plan.

This service requires Regional review due to the amount of the total service amount.

Certain services require Regional review if the amount of the total services reaches a certain amount.

EXAMPLE: LSD 3 services of more than 1440 units.

- Check the planned services to verify that the planned service is in Proposed status.
- Send the Pending Plan to the Region for review with the Cost Plan Note to inform the Region of changes made to the Plan.

This service requires State review due to the amount of the total service amount.

Certain services require State review if the amount of the total services reaches a certain amount.

EXAMPLE: Personal Supports totaling more than \$79,999.99 will require State review.

- Check the planned services to verify that the planned service is in Region Review Approved status.
- Send the Pending Plan to the State Office for review with the Cost Plan Note to inform the State Office of changes made to the Plan.

The providers address cannot be the consumers home address.

The consumer's home address cannot be the same address as the consumer's Supported Living Coach provider.

EXAMPLE: The business address of the provider is the same as the consumer.

- Verify the address of the consumer. Another Supported Living Coach provider may be needed.

Consumers can only receive transportation services if, also, receiving Life Skills 2, 3, & 4 services.

Consumers may only have transportation services if they also have an authorization for Life Skills Development (LSD) 2, 3 and/or 4.

EXAMPLE: If adding transportation services, there must also be a planned service for LSD 2, 3, and/or 4 within the same timeframe as the transportation services.

- Verify the consumer has an authorization for either LSD 2, 3 and/or 4 within the timeframe of the transportation service. If the consumer does not have an authorization for one of those services during the transportation planned service, transportation will not be an approved service. (Including changing providers, there can't be any discrepancies with the dates for transportation.)
- For more information on transportation, review the section titled - [If Needed: Planned Services with Transportation](#)

These services requires Region Review to verify a mental health diagnosis.

For Specialized Mental Health Counseling and Specialized Mental Health Counseling Assessment, region must verify the mental health diagnosis prior to approval for either of these services.

EXAMPLE: A planned service for Specialized Mental Health Counseling requires the region to review for mental health diagnosis.

- Check the planned services to verify that the planned service is in Region Review Approved status.
- Send the Pending Plan to the State Office for review with the Cost Plan Note to inform the State Office of changes made to the Plan.

This service is only allowed when enrolled in the CDC+ Program.

In order for consumers to have a CDC Consultant, the consumer must be enrolled in the CDC+ program.

EXAMPLE: WSC adds CDC Consultant planned service but the consumer does not have the Program CDC+.

- Verify that the correct service was selected. If the consumer is supposed to be in the CDC+ Program, reach out to the waiver liaison to get an update on the status of CDC+ enrollment.

The Consumer is not enrolled for CDC to receive this service.

In order for consumers to have a planned service with ID = S5199:UC:ZZ, the consumer must be enrolled in the CDC+ program.

EXAMPLE: WSC adds S5199:UC:ZZ planned service but the consumer does not have the Program CDC+.

- Verify that the correct service was selected. If the consumer is supposed to be in the CDC+ Program, reach out to the waiver liaison to get an update on the status of CDC+ enrollment.

The Consumers Division status is not valid.

In order for consumers to receive services through the waiver, the consumer must have a valid disposition in the Division tab.

EXAMPLE: The disposition on the Division tab is Pending Disenrollment.

- Verify with the Waiver Liaison that the Division tab is accurate.

The Consumer cannot have the same service plan for the same service with the same provider.

There should not be more than one service plan for the same service for the same provider. This will be a Duplicate Provider.

EXAMPLE: Accidentally adding supported living coach planned service twice using the same provider and same dates.

- Verify the service and the service provider. The existing planned service may need to be adjusted to capture the appropriate amount of units needed for that particular service for the client from that same provider. This will cause for an updated authorization.

The rate for this service is not allowed to be \$0.00.

There must be an amount over \$0.00 for a service.

EXAMPLE: Forgetting to enter the transportation rate for a planned service.

- Verify that the service has the correct rate amount (over \$0.00) as outlined in the iBudget Handbook for manual rates like Transportation, Durable Medical Equipment, and Environmental Accessibility Adaptations, etc.

The Provider ID is not Active during the service dates.

In order for consumers to have a planned service with a provider, the provider must be active and allowed to render the specific service at the time of the start date to the end date of the planned service.

EXAMPLE: Provider became active to provider a particular service on 8/5/20xx and WSC attempted to write a planned service starting 8/1/20xx.

- Reach out to the provider to review if the provider has an agreement with the proper service. This also includes the different ratios within the services. The provider can view their services on iConnect within their provider page. The Provider may need to reach out to their provider enrollment specialist to verify their service agreement and/or to do an expansion request.
- Identify other providers that are able to provide the needed service for the consumer for the consumer and/or legal guardian to interview.

The ISO selected does not match with the Consumers Program record.

In order for consumers to have services under the waiver, the consumer must have the appropriate Program listed in their Programs tab.

EXAMPLE: WSC accidentally selects region/IFS-General Revenue instead of iBudget Waiver and/or the incorrect region was selected in the Index/SubObject Code (ISO) on the planned service page.

- Verify that the Program for the consumer has an APD Waiver or CDC+ program that is not closed or unactive.
- Verify that the correct ISO was selected in the planned service.

The Planned Service Date cannot be prior to Program Begin Date.

Consumers may not receive services from the waiver prior to their enrollment date.

EXAMPLE: Consumer isn't enrolled on to the Waiver until 8/15/20xx but the planned service is dated 8/1/20xx.

- Verify with the Waiver Liaison of the enrollment of the consumer.
- Adjust the planned service to start within the time frame of the enrolled date.
- If there is a gap between the enrollment date and the need for service, reach out to the Waiver Liaison to look for alternative ways to meet the consumer's needs.

This service is not valid due to the consumers date of death.

Planned services will not be approved if the service dates are after the client's date of death.

EXAMPLE: Consumer passed on 7/25/20xx and planned services are thru 7/31/20xx.

- Verify that the end dates of the planned services are prior to the date of death of the client.

This consumers' plan dates do not fall within the consumers budget dates.

Consumer's planned services must be on or after the date of the approved budget.

EXAMPLE: Selecting the wrong dates in the planned service.

- Revisit the planned service and adjust the dates to correlate to the dates of the budget.
- If the consumer needs immediate services, reach out to the Waiver Liaison with emergency situations.

The planned services are not allowed to be prior dates.

Planned services are not allowed to be prior dated.

EXAMPLE: It is 8/11/20xx and the planned service has been entered to start 8/1/20xx.

- Adjust the planned services to the current date or a later date.
- If there is an emergency situation, reach out to your Waiver Liaison.
- Waiver Liaisons, verify that the planned services are updated to Region Review Approved and the Plan status is in the Approved status.

All initial plans require Regional review.

All initial plans require the region to review and approve.

EXAMPLE: The first cost plan for a new waiver enrollee.

*Should also be the first cost plan of the new fiscal year.

- Check the planned services to verify that the planned service is in Proposed status.
- Send the Pending Plan to the Region for review with the Cost Plan Note to inform the Region that this is for the Initial Plan.

This service has been denied.

If the planned service was originally denied by either the region or state, the planned service is not able to be updated.

EXAMPLE: Behavioral Analysis services were denied. The planned service cannot be used to update once Behavioral Analysis services would be approved.

- Delete planned service that was denied by the state or region.
- If the service is being requested again, create a new planned service.

A new service was added to the plan, this requires the WSC to relink the plan to the budget.

Plans need to be linked to the budget. If changes were made to the Plan, the budget needs to be unlinked and then relinked.

EXAMPLE: Added personal supports and didn't relink the plan to the budget.

- Navigate to the Consumer's Budget tab and unlink the Plan from the Budget. Then relink the current Plan to the current Budget.

One or more current FY Plans are not linked to the current Consumer Budget or there is more than one plan with overlapping dates.

Consumers are to have only one Plan for a given Fiscal Year (FY) within the same Program. Consumers may have multiple Plans for different Programs as long as the Plans and Programs do not overlap in the dates.

EXAMPLE: Linked last year's plan to this year's budget

- Verify that the dates of the Programs and Plans do not overlap.
- If authorizations were not sent in a duplicated Plan, delete the planned services associated with the duplicated plan.
- Reach out to the Waiver Liaison for further assistance.

Plan is not in an Approved status.

Plans must be Approved or No Review Required to pass validation.

EXAMPLE: Planned services need to be changed from the Proposed status to the Approved status.

- Verify that the planned services were reviewed as needed with the region and/or state.
- Update the Status of the Plan as appropriate.
- No Review Required is for Plans and planned services that were previously reviewed and approved within the same fiscal year and adjustments are made within that fiscal year to that planned service that do not require additional Regional or State review. If there is one planned service within that Plan that requires Regional or State Review, the whole Plan will need to have the appropriate status (not No Review Required, since at least one of the planned services requires review). All Plans need to be reviewed during the cost plan rollover and the No Review Required should not be used during this process.

If Needed: Planned Services with Transportation

In order to have a Transportation planned service, Consumers must have a planned service for either one or a combination of the following: Life Skills Development (LSD) 2, LSD 3 and/or LSD 4.

The Transportation planned service will only validate when there is a planned service for LSD 2,3 and/or 4 services exist without a gap service in the service dates.

Auth ID	Provider	Service Code	Service Description	Unit Type	Rate	Max Amount	Total No of Units	Amount Requested	Begin Date	End Date	Provider Rate Type	Service Ratio	Consumer County	Planned Service Status
	Tester 1 Level 1	S5102:UC	(4082) Life Skills Development - Level 3 (ADT) - Facility Based	Hour	\$15.92	\$22,924.80	1440.0000		07/01/2025	06/30/2026	Agency	1:3	VOLUSIA	
	Tester 1 Level 1	T2003:UC	(4320) Transportation - Trip	Trip	\$10.00	\$4,800.00	480.0000		07/01/2025	06/30/2026	Agency		VOLUSIA	

Different Scenarios Regarding Transportation Services:

If the LSD 3 service ends on 07/25/25, then the planned service for Transportation must also be ended on 07/25/25 to avoid the plan validation error.

Auth ID	Provider	Service Code	Service Description	Unit Type	Rate	Max Amount	Total No of Units	Amount Requested	Begin Date	End Date	Provider Rate Type	Service Ratio	Consumer County
	Tester 1 Level 1	T2003:UC	(4320) Transportation - Trip	Trip	\$0.00	\$0.00	40.0000		07/01/2025	07/25/2025	Agency		VOLUSIA
	Tester 1 Level 1	S5102:UC	(4082) Life Skills Development - Level 3 (ADT) - Facility Based	Hour	\$6.70	\$804.00	120.0000		07/01/2025	07/25/2025	Agency	1:10	VOLUSIA

When adding the new planned service for LSD 3, it must be added without a gap. For example, the new LSD 3 began on 07/26/25 when you are extending the transportation service up to 06/30/26.

Auth ID	Provider	Service Code	Service Description	Unit Type	Rate	Max Amount	Total No of Units	Amount Requested	Begin Date	End Date	Provider Rate Type	Service Ratio	Consumer County
	Tester 1 Level 1	T2003:UC	(4320) Transportation - Trip	Trip	\$10.00	\$4,800.00	480.0000		07/01/2025	06/30/2026	Agency		VOLUSIA
	Tester 1 Level 1	S5102:UC	(4082) Life Skills Development - Level 3 (ADT) - Facility Based	Hour	\$6.70	\$804.00	120.0000		07/01/2025	07/25/2025	Agency	1:10	VOLUSIA
	Tester 1 Level 1	S5102:UC	(4082) Life Skills Development - Level 3 (ADT) - Facility Based	Hour	\$15.92	\$22,924.80	1440.0000		07/26/2025	06/30/2026	Agency	1:3	VOLUSIA

If the service cannot begin from 07/26/25 then Transportation service must also be ended on 07/25/25 and new planned service for transportation must be added from 07/28/25.

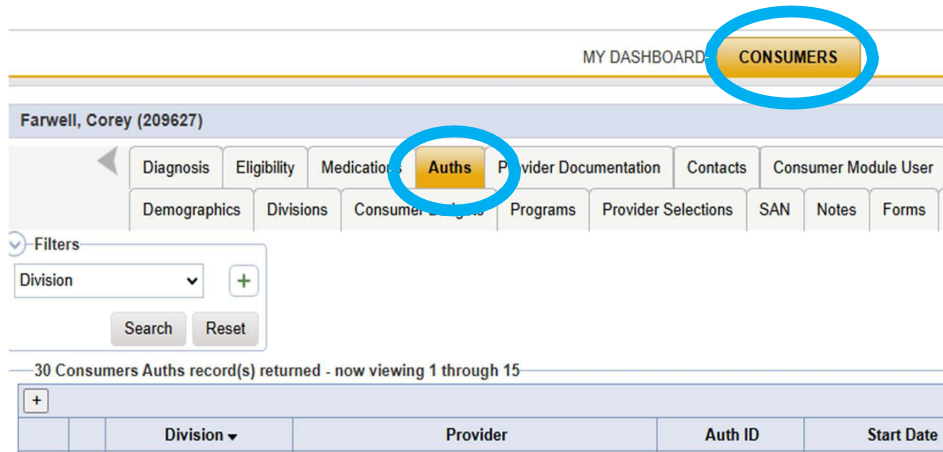
Auth ID	Provider	Service Code	Service Description	Unit Type	Rate	Max Amount	Total No of Units	Amount Requested	Begin Date	End Date	Provider Rate Type	Service Ratio	Consumer County
	Tester 1 Level 1	T2003:UC	(4320) Transportation - Trip	Trip	\$10.00	\$400.00	40.0000		07/01/2025	07/25/2025	Agency		VOLUSIA
	Tester 1 Level 1	T2003:UC	(4320) Transportation - Trip	Trip	\$10.00	\$4,800.00	480.0000		07/28/2025	06/30/2026	Agency		VOLUSIA
	Tester 1 Level 1	S5102:UC	(4082) Life Skills Development - Level 3 (ADT) - Facility Based	Hour	\$6.70	\$804.00	120.0000		07/01/2025	07/25/2025	Agency	1:10	VOLUSIA
	Tester 1 Level 1	S5102:UC	(4082) Life Skills Development - Level 3 (ADT) - Facility Based	Hour	\$15.92	\$22,924.80	1440.0000		07/28/2025	06/30/2026	Agency	1:3	VOLUSIA

Helpful Tips for Successful Validation Contact the Region not the Help Desk for Validation Issues

1. Inability to create/update auths is because the plan hasn't validated
2. Inability to print auths is due to the authorization is terminated or rejected
3. Update authorizations first, then create authorizations to eliminate rejected authorizations
4. After you have sent authorizations to FLMMIS, check the Auths tab to confirm the returned authorization is in either Approved or Terminated status

Reviewing the Auths tab in iConnect

1. Navigate to the consumer's record and click on the **Auths** tab.

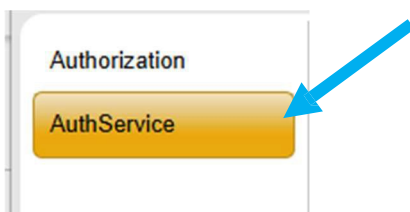


2. Select the name of the provider for the authorization you want to review.

30 Consumers Auths record(s) returned - now viewing 1 through 15

	Division	Provider	Auth ID	Start Date	End Date	Cancelled
<input type="checkbox"/>	APD	MHNE-PROVIDERS	279578	07/01/2025	06/30/2026	No
<input type="checkbox"/>	APD	MHNE-PROVIDERS	299950	07/01/2025	06/30/2026	No
<input type="checkbox"/>	APD	MHNE-WSC AGENCY	299951	07/01/2025	06/30/2026	No
<input type="checkbox"/>	APD	MHNE-PROVIDERS	258548	07/01/2024	06/30/2025	No
<input type="checkbox"/>	APD	MHNE-WSC AGENCY	258549	07/01/2024	06/30/2025	No
<input type="checkbox"/>	APD	MHNE-BEHAVIORAL	258550	07/01/2024	06/30/2025	No
<input type="checkbox"/>	APD	MHNE-BEHAVIORAL	258038	07/01/2023	06/30/2024	No
<input type="checkbox"/>	APD	MHNE-Res Hab LLC	258287	12/01/2023	06/30/2024	No
<input type="checkbox"/>	APD	NE-HHCS-Provider	256717	07/01/2022	06/30/2023	No

3. Click on the AuthService tab.



4. Select the appropriate authorization.

5. Review the AuthService for accuracy.

Authorized Service		
PA Number		
Start Date *	07/01/2025	
End Date *	06/30/2026	
Index/SubObject *	Index / SubObject	
	IndexCode	Index Description SubObj
	Northeast	Northeastern Region Waiver
Service Code *	S5102:UC	
Secondary Code	S5102:UC	
Service Description	(4082) Life Skills Development - Level 3 (ADT) - Facility Based	
Unit Type *	Hour	
Units Per	239.00	
Units of Measure	Quarter	
Max. Units *	954	
Rate *	\$6.70	
Amount Approved *	\$6,391.80	
Auth Service EDI Status	Rejected	
Status	Rejected	
78.90 units of LSD3 services per month Service provided in accordance with current support plan. Documentation must be provided in accordance with the IBudget Waiver Handbook. [Rate Change 2309] [Rate Change 3113]		

6. Click the Error Message tab to view the error message from FLMMIS.

AuthService

Error Message

1 Consumers Error Message record(s) returned - now viewing 1 through 1

Date	Source	Code	Error Message	Code Type	A
1/31/2022 5:00:18 AM	FMMIS	L3	LINE ITEM NOT FOUND		

Line Item Not Found.

A prior authorization doesn't exist which usually means all units were used/billed.

EXAMPLE: An authorization was used by the provider and the WSC is attempting to update an exhausted authorization.

- Double check what has been billed prior to trying to update the authorization.

Sum of Claims Dollar Greater.

The provider has billed and the units on the adjusted planned service is less than the claimed amount.

EXAMPLE: WSC reduces units in an authorization below what has already been billed by the provider.

- Double check what has been billed prior to updating the authorization.

Table of Services that Require Region and/or State Reviews

Service	Region Review	State Review
Adult Dental	Y	N
Behavior Analysis	Y	N
Behavior Assistant Services	Y	N
Behavioral Assessment	Y	N
Consumable Medical Supplies	Y	N
Dietitian Services	Y	N
Durable Medical Equipment	Y	N
Environmental Accessibility Adaptations	Y	N
Environmental Accessibility Adaptations – Assessment	Y	N
Live Skills Development Services	Y	N
Nursing Services	Y	N
Personal Emergency Response System – Installation	Y	N
Personal Emergency Response System – Service	Y	N
Personal Supports	\$16,001.00 and above total	\$79,999.99 and above total Personal Supports-Day
Residential Habilitation Services	Y	Standard Ext. 1 and 2 Behavior Focus Intensive Behavior Enhanced Intensive Behavior
Respite Services	\$5,001.00 and above total	\$12,001.00 and above total
Special Medical Home Care	Y	Y
Specialized Mental Health Counseling	Y	N
Support Coordination	Y	N
Therapies	Y	N
Transportation	Y	N