

OPERATING PROCEDURE
APD OP 17-002

STATE OF FLORIDA
AGENCY FOR PERSONS
WITH DISABILITIES
TALLAHASSEE, March 31, 2006

SUPPORTED LIVING

PROVISION OF IN-HOME SUBSIDIES FOR PERSONS IN SUPPORTED LIVING ARRANGEMENTS

1. Purpose.

The purpose of this operating procedure is to establish uniform procedures relating to the application for and the distribution of in-home subsidies to persons receiving either Medicaid funded or general revenue funded supported living services.

The In-Home Subsidy program, established pursuant to s. 393.0695, F.S., authorizes APD to provide general revenue funded in-home subsidies to persons under certain conditions:

- Must be enrolled in either the Supported Living or the Family Care program,
- Specifies to whom payments may be made,
- Identifies specific uses for in-home subsidies,
- Provides maximum amounts to be set by the agency, and
- Requires re-assessment of need.

In addition, s. 393.503, F.S. states: "The Agency shall determine the amount of expenditures per fiscal year for the respite and family care subsidy to families and individuals with developmental disabilities living in their own homes. This information shall be made available to the family care councils and to others requesting the information. The family care councils shall review the expenditures and make recommendations to the Agency with respect to any new funds that are made available for family care."

2. Scope.

This operating procedure applies to all APD area offices statewide.

3. Eligibility. In-home subsidies will be provided to supported living program participants if it is determined that:

- a. It is in the best interest of the participant to remain in his or her own home.
- b. It is more cost-effective to remain in his or her own home rather than an out-of-home placement.
- c. Without the subsidy, the participant would not be able to remain in his or her own home.
- d. General revenue funding for the subsidies is available.

4. Use of Subsidy Funds for Persons in Supported Living.

- a. General Use. Upon distribution of their annual operating budget, each Area Office shall allocate a portion of their general revenue budget for both one-time non-recurring start-up in-home subsidies and for recurring in-home subsidies, and provide the APD Central Office with

a copy of this allocation. These operating procedures shall then be used to equitably distribute these funds at the Area Office level and in accordance with individual need.

- 1) Services purchased with supported living in-home subsidy payments must relate to the participant's goal of remaining in their own home. As provided in s. 393.0695, F.S., allowable expenditures for basic living necessities include, but are not limited to

- Rent (not mortgage),
- Utilities,
- Food,
- Clothing,
- Toiletries,
- Household supplies, and
- Other household items.

Examples of 'other household items' that could be included are assistance with deposits, furnishings, insurance, condominium fees, taxes, and other similar items.

- 2) Non-essential household items such as satellite or cable TV, maintenance of swimming pools, vacations, and aesthetic home improvements are not allowed under the in-home subsidy program. Other resources and income available to the participant should cover these items. Subsidies provided to supported living participants cannot be used to support or subsidize other persons in the household who are not approved to receive a subsidy.
- 3) Furthermore, in-home subsidies may not be used to pay a contractor for the provision of services and supports to the participant or to pay for medical or dental services, medicines, medical supplies, or adaptive equipment or aids.
- 4) In-home subsidies cannot be used to cover or replace supports or services which are allowable under the U.S. Department of Housing and Urban Development (HUD), Medicaid State Plan, Medicaid Home and Community-Based Services (HCBS) Waiver or other governmental agency.
- 5) Participants requesting a subsidy for food must show proof they have also applied for Food Stamps.

Due to the limited amount of funding available, in-home subsidies are to be considered funds of last resort. Area Offices need to consider the ability of the participant to acquire roommates or be gainfully employed when making the decision to approve or deny the application for a subsidy. Participants requesting a subsidy for rental assistance must show proof that they have applied for rental assistance through HUD or other local governmental organization (e.g., the local public housing authority).

- b. Housing Costs for Supported Living Participants. Rule 65B-11.005(1), F.A.C., states: "The individual shall select a home available for lease or sale to any member of the community based on the individual's own choice and personal financial resources with assistance from the supported living coaching provider as needed." This rule provision implies that individuals participating in a supported living arrangement must select a home or an apartment that is within their financial resources.

- 1) The Financial Profile. The Financial Profile (Appendix I) is an analysis of household costs and revenue sources associated with maintaining a balanced monthly budget for the individual. The analysis must substantiate the need for a monthly subsidy or the initial

start-up costs, and should be a source of information for determining strategies for assisting the person with money management. Completion of the Financial Profile (Appendix I) is a requirement for all persons receiving supported living under both the Developmental Disabilities Home and Community-Based Waiver and the Family and Supported Living Home and Community-Based Waiver.

The Financial Profile contemplates that the individual's SSI, SSA, wages and other sources of income will be used first and foremost to pay for shelter (i.e., rent or mortgage payment). If the individual's third party benefits, wages and other sources of income are insufficient to pay the monthly rent, the Agency may provide a subsidy for a portion of the rent as well as other cost of living items identified in the Financial Profile. The Financial Profile should also incorporate the costs for home modifications or accessibility adaptations that would be required prior to occupancy. These modifications or adaptations may be funded in-full or in-part through other funding sources such as the HCBS Waivers or local housing grants.

Financial Profiles must disclose the full cost of start-up costs and on-going costs of maintaining the home. This is necessary to safeguard individuals from being approved to move to a home that may require extensive renovations in order to meet their needs, but for which no funding source is identified or approved. The Developmental Disabilities Waiver Services Coverage & Limitations Handbook specifies the responsibility of the supported living provider in assisting the beneficiary in completing the Financial Profile and submitting it to the support coordinator no more than 10 days following the selection of housing by the beneficiary. According to the Developmental Disabilities Waiver Services Coverage & Limitations Handbook, if the Financial Profile indicates a need for a one-time or recurring subsidy, the profile must be submitted to the waiver support coordinator and approved by the Area Office before the beneficiary signs a lease or mortgage agreement. This protects the individual from entering into legal agreements that they do not have the financial means to honor. Once the funding source for the necessary modifications has been identified and approved, the Area Office may proceed with review and approval of an in-home subsidy request.

- 2) An in-home subsidy cannot be used to pay any portion of the principle or interest of a mortgage payment except in emergency situations (see 7.e.(4) below).
- 3) The Developmental Disabilities Waiver Services Coverage & Limitations Handbook outlines the specific responsibilities of the Supported Living program, and the waiver support coordinator with regard to the submission and approval of an application for an in-home subsidy prior to any commitment on the part of the applicant to occupy a selected home. This is necessary to assure that participants do not commit to a living situation that is beyond their financial means prior to having the Agency review and approve the request for an in-home subsidy.

5. Procedures.

a. Requesting a Subsidy.

This request will be submitted through the support coordinator to the appropriate Area Office staff for approval. The approvals of all in-home subsidies are subject to the update and approval of the participant's support plan and cost plan. A determination of approval must occur within 15 working days of submission of the request. Once approved the Area Office will prepare a Letter of Agreement (see Appendix II and Appendix III as an example of a Letter of Agreement).

- b. Letter of Agreement. Prior to the initial payment, the Area Office will prepare a Letter of Agreement with the participant or guardian, if appropriate, as to the intended use of the subsidy funds. The Letter of Agreement is to be used for both one-time and recurring subsidies. The Area Office will forward the agreement to the support coordinator who will obtain the signatures of the participant or their guardian. The agreement will be placed in the participant's central record and a copy will be provided to the participant, the supported living coach, and the support coordinator.

6. Maximum Subsidy Amounts.

The maximum monthly subsidy amount will be based on individual need, as determined by the Financial Profile, and must not exceed the maximum amount for SSI benefits. The maximum amount for one-time start-up subsidies should not exceed \$2,000. The Area Administrator or designee must approve any request that exceeds these maximum limits. Approved requests for recurring in-home subsidies, which exceed the maximum allowed limit, are limited to 90 days. The Area Administrator must review and may renew the approval every 90 days.

7. Reviews and Adjustments to Subsidy Amounts.

- a. Supported living participants receiving a monthly subsidy must have the need for the subsidy reassessed annually. On a quarterly basis, or more frequently if necessary, the support coordinator will verify that the funds have been spent appropriately and according to the written agreement. During the quarterly meeting, the support coordinator will review receipts verifying the purchase of designated items.
- b. Although the reassessment of the determination of need for a subsidy occurs annually, situations may arise which justify the need for a change in the subsidy amount based on a change in a participant's financial situation during the year. A reassessment of the participant's need should be made as often as necessary to determine if the person's needs have increased or changed to the extent that the subsidy is no longer necessary.
- c. If it is determined that subsidy funds have not been spent according to the terms of the Letter of Agreement, the Area Office, together with the support coordinator, will take actions as warranted by the circumstance of the participant. This may include, but is not limited to, the provision of additional supports such as training or assistance with money management, designating someone as a fiscal agent for the participant, a decrease in the amount of the subsidy or direct payment to the vendor (e.g., utility company, landlord, etc.) in lieu of a subsidy payment to the participant.
- d. If it is determined that a family member, guardian, or fiscal agent has used subsidy funds in a way which is not for the sole benefit of the participant or is in violation of the Letter of Agreement, the Area Office together with the support coordinator, will take actions as warranted by the circumstance including a request for repayment of the funds, and, if necessary, make appropriate referrals to the State Attorney, Abuse Registry or other appropriate authorities.
- e. Situations that may affect the level of subsidy payments include:
 - 1) Social Security Lump Sum Settlements and Other Changes to Benefits. If the participant receives back payment for SSI or other benefits, or when benefits are reduced, the Financial Profile must be updated to determine the need for an increase or decrease in

the subsidy payment. Annual cost of living increases to SSI or SSA are, in most cases, not sufficient justification to adjust the level of subsidy payments.

- 2) Gain or Loss of Roommates. When there is a change in the number of roommates, the Financial Profile must be adjusted. In the case of the loss of a roommate who shared expenses, the Area Office may approve a temporary subsidy or increase in subsidy for up to 90 days. The Area Office will then review the need for a subsidy every 30 days. In cases where an additional roommate is added and who will share expenses, the Financial Profile must be updated to reflect a reduction in the subsidy amount if warranted.

- 3) Adjustment to Wages and Employment Status. When an individual receives a salary increase or decrease, the net affect must be considered and the Financial Profile updated. The need for an increase or decrease in the subsidy amount is based on the unique circumstances surrounding each individual case. Minimal increases or decreases in wages may not warrant a change to the subsidy amount. The loss of a job or substantial reduction in pay will most likely justify a subsidy increase to compensate for lost funds. In this case, employment should be identified as a goal in the support plan.

- 4) Emergency Subsidies. In the event the financial situation of a participant suddenly changes or they experience an unexpected expenditure that will result in their inability to meet their monthly expenses, the Area Program Administrator may approve an emergency subsidy to assist them in paying their bills for a period of up to 90 days. The designated fiscal agent or the participant, with assistance from their support coordinator or supported living coach, must supervise and oversee the use of emergency subsidy funds. The use of emergency subsidy payments can include all areas of the household monthly cost including mortgage payments and rent. Emergencies resulting from the failure of support staff to adequately plan shall not be a reason to deny the emergency subsidy.

8. Payment Mechanism.

- a. Payments to participants eligible for in-home subsidies or to their families may be in the form of a one-time lump sum, a recurring supplement, or a combination of both. Specifics regarding the intent and payment plan of the subsidy must be addressed in the support plan or its addendum and in the Letter of Agreement.

- b. Payments will be made directly to the participant or his or her designated fiscal agent. If the participant has been adjudicated incompetent, payments will be made to the guardian, appointed fiscal agent, or representative payee.

- c. The Social Security Administration does not consider in-home subsidies as reportable income, therefore, subsidy payments do not affect eligibility for Medicaid services.

9. Notice of Denial.

Participants who are denied or have their level of subsidy decreased for in-home subsidies due to a lack of general revenue funds shall be provided with a Notice of Denial Due to Lack of General Revenue Funds (Appendix IV).

10. Resources.

- *Developmental Disabilities Waiver Services Coverage & Limitations Handbook*, dated October 2003 , incorporated by reference in Rule 59G-13.080, F.A.C.
- Sections 393.0695 and 393.503, Florida Statutes.

BY DIRECTION OF THE DIRECTOR:

Shelly Brantley
Director

APPENDIX I

INDIVIDUAL FINANCIAL PROFILE

Name:			Soc Sec. #:	000-00-0000
Address:				
Number of Roomates:				
Savings Account was	\$0.00	as of		
Checking Account Balance was	\$0.00	as of		

I. MONTHLY INCOME RECEIVED BY INDIVIDUAL				
A. Employment	\$0.00	Social Security Representative Payee:		
B. SSA	\$0.00			
C. SSI	\$0.00			
D. VA Benefits	\$0.00			
E. Foodstamps	\$0.00			
F. Other (specify)				
		TOTAL MONTHLY INCOME: \$0.00		

II. PROJECTED MONTHLY EXPENSES				
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(Record only the Individual's portion if expenses are shared among roomates)

A.	Housing	Consumer	(Roomate)		
1	Rent/Mortgage	\$0.00	\$0.00		
	Total from Line G above	\$0.00			
	Subtotal Income Remaining	\$0.00			
2	Utilities	\$0.00	\$0.00		
3	Food				
4	Telephone	\$0.00	\$0.00		
5	Water	\$0.00	\$0.00		
6	Garbage	\$0.00	\$0.00		
7	Lawn Service	\$0.00	\$0.00		
8	Other (specify)	\$0.00	\$0.00		
		Consumer Housing Subtotal			\$0.00
			Roomate Housing Subtotal		\$0.00
B.	Food	Food Subtotal			\$0.00
C.	Transportation	Transportation Subtotal			\$0.00
D.	Personal				
	1 Entertainment				
	2 Cable TV				
	3 Personal Items				
	4 Health Related				
	5 Insurance				
	6 Other (specify)				
		Personal Subtotal			\$ 0.00
		TOTAL MONTHLY EXPENSES			\$ 0.00

APPENDIX I

III. COMPARISON OF MONTHLY INCOME WITH PROJECTED MONTHLY EXPENSES						
	Total Monthly Income (minus)		Total Monthly Expenses		(equals)	
	\$0.00	(-)	\$0.00	(=)	\$0.00	
	Present monthly income will be			sufficient to meet project need		
				insufficient		

IV. STARTUP EXPENSES						
			Consumer		Roomate	
A.	First Month Rent		\$0.00		\$0.00	
B.	Last Month Rent		\$0.00		\$0.00	
C.	Security Deposit		\$0.00		\$0.00	
D.	Electric Deposit		\$0.00		\$0.00	
E.	Electric Hook Up		\$0.00		\$0.00	
F.	Telephone Deposit		\$0.00		\$0.00	
G.	Telephone Hook Up		\$0.00		\$0.00	
H.	Cable Installation		\$0.00		\$0.00	
I.	Furnishings		\$0.00		\$0.00	
J.	Household Supplies		\$0.00		\$0.00	
K.	Pantry Stocks		\$0.00		\$0.00	
L.	Moving Costs		\$0.00		\$0.00	
M.	Other (specify)				\$0.00	
			CONSUMER TOTAL START-UP EXPENSES		\$0.00	
			ROOMATE TOTAL START-UP EXPENSES		\$0.00	

V. COMPARISON OF AVAILABLE FUNDS WITH PROJECTED START-UP EXPENSES						
ENTER	savings account balance			\$0.00		
ADD	checking account balance			\$0.00		
SUBTOTAL				\$0.00		
SUBTRACT	amount needed to meet any financial obligations			\$0.00		
	prior to move					
SUBTOTAL				\$0.00		
SUBTRACT	amount to remain in savings for emergencies, etc.			\$0.00		
	(living expenses for 2 months is suggested)					
SUBTOTAL				\$0.00		
SUBTRACT	amount of start-up expense			\$0.00		
	(total from section IV)					
TOTAL				\$0.00		

A positive total represent surplus savings for the individual and no start-up grant should be needed. A negative total represents the maximum amount of the start-up funds needs by the individual.

APPENDIX I

V. INDIVIDUAL START-UP AND MONTHLY STIPEND RECOMMENDATIONS

- X Based on the figures above, a startup grant of **\$0.00** is recommended for **May 1, 2001** from Department of the Children and Families, Developmental Services.
- X Based on the figures above, a monthly stipend of **\$0.00** to commence on **May 1, 2001** is recommended from Children and Families, Developmental Services.
- X Based on the figures above, monthly income and other personal financial resources will be sufficient to meet both start-up and monthly expenses. No financial assistance is requested from the Department of Children and Families/Developmental Services at this time.

Signatures

Individual _____

Supported Living Coach _____

Supported Living Coordinator/Manager _____

Support Coordinator _____

District Office

Start-up Grant
Monthly Stipend

Denied
 Denied

Approved for \$
 Approved for \$

Authorizing Signature: _____

Revised 04/2001 for Microsoft Excel USAGE by Independence Unlimited, Inc.

APPENDIX II

IN-HOME SUBSIDY REQUEST / APPROVAL FORM

Requested by: _____ APD Area Office: _____
(applicant)

SS #: _____

Check one:
REQUEST FOR START-UP GRANT _____
MONTHLY IN-HOME SUBSIDY _____
EMERGENCY IN-HOME SUBSIDY _____

Based on the completed Financial Profile, a one-time start up subsidy is requested in the amount of:
\$ _____

Based on the completed Financial Profile, a recurring monthly subsidy is requested in the amount of
\$ _____

Based on an emergency situation, a one-time emergency subsidy is requested in the amount of
\$ _____

The in-home subsidy is requested for the following specific purpose: _____

Explain the nature of the emergency: _____

Signatures:

Approve Disapprove Signature

Supported Living Coach: _____

Support Coordinator: _____

Area Office Administrator: _____
(or designee)

Make In-Home Subsidy Payable to:

(applicant or fiscal agent/representative payee)

APPENDIX III

SAMPLE AGREEMENT TO PAY SUPPORTED LIVING IN-HOME SUBSIDY

This Agreement is made between the Agency for Persons with Disabilities (hereinafter referred to as the "Agency"), and _____, or _____ as fiscal agent/representative payee for _____.

In addition to the services funded through the HCBS Medicaid Waiver, the Agency agrees to pay, pursuant to Florida Statute 393.0695 (a copy of which is attached), a:

1. A monthly subsidy in the amount of \$_____ per month, for the period of _____ through _____,
2. A one time subsidy in the amount of \$_____.

This subsidy is to be used to pay for the needs identified in the approved request for an in-home subsidy, for _____ and is intended to address community related needs which cannot be paid through the HCBS Medicaid Waiver. A specific list of items approved is found in the In-home Subsidy Request / Approval Form attached to this agreement.

Subsidies, as with all programs funded within the Agency, are paid based upon "availability of funds" and justification of need. If monies are not available, funds cannot be disbursed. Further, subsidies are paid based upon the financial and service needs of the Agency's clients, with the understanding that all other sources of assistance have been explored, developed and executed. The subsidy request will be reviewed during the last month of the agreement to justify its continuance. It is understood that the subsidy is not entitlement and may be increased, decreased or terminated at any time.

In witness thereof, the parties have caused this one page agreement to be executed by their undersigned official as duly authorized.

Applicant (print name): _____

By (signature): _____

Relationship: _____

Date: _____

State of Florida, Agency for Persons with Disabilities

By (signature): _____

Title (Program Administrator or designee): _____

Date: _____

APPENDIX IV

SAMPLE LETTER K

Notice of Denial

On Letterhead

Date of Mailing:

Name of Applicant:

C/O [Applicant's Legal Representative [Guardian, Parent of a Minor, Guardian Advocate, or Attorney]

Address [Applicant or Representative, as appropriate]

City, State, Zip

Dear *[enter name of Applicant, not Representative]:*

This letter concerns your recent request to the Agency for Persons with Disabilities (APD or Agency) for an In-Home Subsidy provided pursuant to § 393.0695, Florida Statutes. This is to notify you that your request has been denied due to the following reason(s):

[Area office should select and insert the appropriate reason(s) from list below and discard ones that do not apply:

___ *Applicant does not reside in an eligible supported living arrangement as set forth in Rule 65B-11 of the Florida Administrative Code*

___ *Applicant is requesting subsidy for items not authorized by § 393.0695, F.S.*

___ *Applicant's request cannot be granted within the limits of the Agency's general revenue funding and Florida law prohibits the Agency from spending or committing funds in excess of its appropriation.*

___ *Other reason (an description of the 'other' reason must be inserted)]*

Notice of Administrative Hearing Rights

This denial shall constitute final agency action unless a person whose substantial interests are affected by the action submits a written request for an administrative hearing. The hearing request must be received by the Agency within 30 days from the date of receipt of this notice. Section 120.569, F.S., requires the Agency to dismiss an untimely or incomplete hearing request. Pursuant to §120.569(2)(c), F.S., and Rule 28-106.201 or Rule 28-106.301, F.A.C., the request for the hearing must include the following information:

1. The name and address of the APD Area Office that rendered the decision, and, if known, the case number that the Area Office has assigned to this matter.
2. The name, address, and telephone number of the person requesting the hearing (the petitioner);
3. The name, address and telephone number of the petitioner's representative, if any;
4. An explanation of how the petitioner's substantial interests will be affected by the Agency's decision.

5. A statement of when and how the petitioner first received written notice of the Agency decision;
6. A statement of all disputed issues of material fact; or if none, the petition must so state.
7. A concise statement of the ultimate facts alleged, including the specific facts the petitioner contends warrant reversal or modification of the Agency's proposed action;
8. A statement of the specific rules or statutes the petitioner contends require reversal or modification of the Agency's proposed action.
9. A statement of the relief sought by the petitioner, stating precisely the action the petitioner wishes the Agency to take with respect to the agency's proposed action.

Failure to request a hearing in writing and within the timeframe noted, or failure to provide the information required constitutes a waiver of any right to a hearing on this matter. Mediation under § 120.573, F.S., is not available.

The request must be received by the APD Area Office at the following address on or before 30 days of the receipt of this notice.

Address:
Office Number:
Phone Number:
Fax Number:

If you have any questions about this letter or would like to meet with a representative of the Agency, please contact _____ at _____ (*insert phone number*). **Please note, if you elect to meet with an APD representative, the meeting will not affect your right to request a hearing or the timeframes within which you must request the hearing.**

Sincerely,

Appendix: "Your Rights to Due Process" brochure