iBudget Florida

Amount Implementation Meeting (AIM) Worksheet

Discussion on iBudget Amount

Date:		Date of Enrollment:	
Individual:		Field Office:	
Legal Rep:		Region:	
Attendees:		SSN:	
WSC:		Date of Birth:	
Algorithm Amt:		Proposed iBudget CP:	

Please identify Significant Additional Needs that justify funding to exceed the algorithm amount.

☐ I have met with my Waiver Support Coordinator to discuss my iBudget.

Individual or Legal Representative (Signature) _____ Date: _____

Individual or Legal Representative Printed Name _____

For Regional Office Use Only

Waiver Unit Staff Member Notes: *Attach a page if space here is not sufficient.

Total of services required to meet Significant Additional Needs: _____

Total of all services: _____

Final Recommended Amount: _____

☐ APPROVED

☐ NOT APPROVED

Signature of ROM: _____ Date: _____

Region: _____ **Date Submitted:** _____

iBudget Cost Plan Begin/End Dates **From:** _____ **To:** _____

Individual's Name: _____ **SSN:** _____

Legal Rep. Name: _____ **iBudget Amount:** _____

Requested Annualized Services

SERVICE	BEGIN DATE	END DATE	RATE	UNITS *(Number only)*	AMOUNTS	ANNUALIZED UNITS	ANNUALIZED AMOUNTS
					$ -		$ -
					$ -		$ -
					$ -		$ -
					$ -		$ -
					$ -		$ -
					$ -		$ -
					$ -		$ -
					$ -		$ -
					$ -		$ -
					$ -		$ -
				TOTAL:	$ -		$ -

Region Office Notes
(For Region Office Use Only)

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Proposed Annualized iBudget Services (To be used if Significant Additional Needs exceed the Algorithm Amount)

SERVICE	BEGIN DATE	END DATE	RATE	CURRENT UNITS *(Number only)*	AMOUNTS	ANNUALIZED UNITS	ANNUALIZED AMOUNTS
					$ -		$ -
					$ -		$ -
					$ -		$ -
					$ -		$ -
					$ -		$ -
					$ -		$ -
					$ -		$ -
					$ -		$ -
					$ -		$ -
					$ -		$ -
					$ -		$ -
					$ -		$ -

Recommended Annualized iBudget Services (To be used by regional office if all proposed annualized services are not considered medically necessary

SERVICE	BEGIN DATE	END DATE	RATE	CURRENT UNITS *(Number only)*	AMOUNTS	ANNUALIZED UNITS	ANNUALIZED AMOUNTS
					$ -		$ -
					$ -		$ -
					$ -		$ -
					$ -		$ -
					$ -		$ -
					$ -		$ -
					$ -		$ -
					$ -		$ -
					$ -		$ -
					$ -		$ -
				TOTAL:	$ -		$ -