What is iBudget Florida?

- A brand new waiver which replaces the current four-tier waivers
- Focus is on individual budgets based on individual characteristics and needs
- Developed with people with disabilities, their families, waiver support coordinators, providers, and advocates
iBudget Background

• 2009 General Appropriations Act (GAA) required a plan by February 2010
  – Agency for Persons with Disabilities (APD) researched other state systems and best practices
  – APD worked with iBudget Florida stakeholders group to design a plan
Comments from individuals/families:

- “We want more variety of services”
- “I’m tired of so much change”
- “Services my son needs are denied”
- “We can do things better ourselves”
- “I have to wait for decisions”
- “There’s way too much paperwork”
- “I want the waiver around to help for the long term”
iBudget Background

- iBudget implementation was authorized in s. 393.0662, F.S., in 2010
- APD Rule 65G-4.0210 to 65G-4.0218 describes the iBudget algorithm and budget approval process
Overall Goals

- Self-Direction
- Equity
- Simplicity
- Sustainability
Why a new waiver?

• Self-direction – you make more choices, have more control

• Equity – fairness based on age, living situation, and needs assessment

• Sustainability – agency expenditures on waiver services remain within appropriations

• Simplicity – cut red tape
How will I know when iBudget comes to my area?

• You will receive a Welcome Guide and a letter from APD

• You will be contacted by your WSC

• Your WSC will go over the Welcome Guide and the letter with you and explain what happens next
What does iBudget Florida mean for me?

• More flexibility in moving your waiver funds to meet your service needs

• Can change providers and services faster in most cases

• Many changes do not require Region/Area Office review or approval
How is it better?

- WSC uses a new electronic tool to help plan, request, and manage services for you
- Similar services available under iBudget – organized into Service Families to help you choose among them
What are the Service Families?
Life Skills Development

- Companion – Life Skills 1
- Supported Employment – Life Skills 2
- Adult Day Training – Life Skills 3
Personal Supports

- For individuals over age 18 living in own home or in supported living
- Combines Respite, Personal Care, Companion, and In-Home Supports Services into one service
- More flexibility in what your worker does day to day
- Can negotiate the rate for Personal Supports
Respite

- For individuals under age 21 who are living in the family home
- Provides supportive care and supervision to individuals when primary caregiver is not available
- Respite can also be provided for limited periods of time in a licensed residential facility
Supplies & Equipment

- Consumable Medical Supplies
- Durable Medical Equipment and Supplies
- Environmental Accessibility Adaptations
- Personal Emergency Response Systems
Residential Services

- Standard Residential Habilitation
- Behavior-Focused Residential Habilitation
- Intensive-Behavior Residential Habilitation
- Live-In Residential Habilitation
- Specialized Medical Home Care
- Supported Living Coaching
Therapeutic Supports & Wellness

- Private Duty Nursing
- Residential Nursing
- Skilled Nursing
- Dietician Services
- Respiratory Therapy
- Speech Therapy
- Occupational Therapy
- Physical Therapy
- Specialized Mental Health Counseling
- Behavior Analysis Services
- Behavior Assistant Services
Support Coordination

• Full Support Coordination

• Limited Support Coordination
  o Less services provided by waiver support coordinator for half the cost of full support coordination
  o Individual/guardian must agree to less frequency of services from the WSC
  o Region/Area Office approval required

• Enhanced Support Coordination
  o For a very high level of service needed and costs more than full support coordination
• Dental treatment and procedures

• For adults only (children receive dental services under Medicaid State Plan until age 21)
Transportation

- Transportation services are provided to Home and Community-Based Waiver services
- Coordinated transportation providers are used
- Does not duplicate transportation provided under Medicaid State Plan
Consumer Flexibility in Spending

LEAST FLEXIBLE:
- Residential Services
- Therapeutic Supports and Wellness

MOST FLEXIBLE:
- Life Skills Development
- Supplies and Equipment
- Personal Supports
- Support Coordination
- Transportation
- Dental Services
Electronic Tool for WSC

• Simplifies creation of cost plan with data entry

• Allows WSC to communicate quickly with Region/Area Office regarding service changes and approvals needed

• Simplifies service authorization and transmittal of authorization to the service provider
Electronic Tool for WSC

• Unique reporting features
  – Claims report
  – Service authorizations
  – Monitor service use
  – View current status of budget
What do I need to do?

1. Identify your health and safety needs
2. Discuss and identify with your WSC all community other available resources that can be used to meet your needs
3. Work with your WSC and the APD office to arrive at your final iBudget allocation
What do I need to do?

4. Ask questions and discuss these with your WSC

5. Request additional review by the Region/Area Office if needed

6. Manage your iBudget allocation with your WSC so that you use the funding in the most cost-effective manner
How do I use the funding?

– Meet your health and safety needs
– Meet requirements for receiving the service
– Stay within service limits (some of which are being raised from previous service limits)
– Stay within your annual iBudget allocation
– Move funding from one month or quarter to the next to meet changing needs
How are services approved?

- Services that were on the individual's previous cost plan will be available for use in the iBudget cost plan (referred to as pre-approved services)
- You can request other services as needed through your WSC
How are providers paid?

- WSC provides service authorizations to providers every 3 months
- Services changes can be requested by the individual as needed
- WSC will revise the service authorization and notify the provider
- After the provider delivers the service(s) the provider bills Medicaid for the services using the authorization received from the WSC
How do I change services from a provider?

- Notify your WSC
- When requesting a change, individuals/families should provide as much notice as possible so the provider can make changes
- WSC can make changes and have a new service authorization over night
- If change requires Regional Office review, the change must be approved first before the service can be changed
CDC+ and iBudget Florida

• Funding is determined by the iBudget allocation formula
• Flexibility of “spending” will continue according to CDC+ rules and policies
• The 8% reduction will be applied to budget funding as it now is
• The 4% administrative fee will continue so that fiscal agent functions are continued
• Implementation for CDC+ is July 2013
How is my iBudget allocation funding determined?
iBudget Allocation Formula

AGE

QSI ASSESSMENT
1) Functional score
2) Behavioral score
3) Ability to transfer, self-protect, and maintain hygiene

LIVING SETTING

Determine Individual Budgets
Then what?

• The results of the iBudget allocation formula are compared to your current cost plan services

• No cost plan amounts can be increased
Funding Option 1

If your existing cost plan is **lower** than the iBudget allocation, then your **cost plan remains the same**

No change to funding

Next Step - Convert services to the iBudget Waiver with the assistance of the WSC
If your existing cost plan is higher than iBudget allocation, the iBudget allocation may be reduced.

Next step: WSC will discuss with you:

1. Health and safety needs and concerns
2. Available support from family, friends, and community supports
3. Family circumstances and other concerns
Individual Reviews

Individual reviews:

• Required if there is a potential reduction in the person's funding amount

• Conducted by the WSC with the individual

• Uses the Allocation Implementation Meeting (AIM) Work Sheet
AIM Work Sheet

• Complete by WSC and individual if there is a potential reduction in funding identified

• Work Sheet used by WSC and the individual to identify how services funds will be used

• Identifies if there are health and safety issues that require additional funding to meet the need
Individual Review between Individual and WSC

• Discuss health and safety needs
• Identify other resources or additional waiver funding needed to meet health and safety needs
• WSC submits AIM Work Sheet to Region/Area Office for review
• Region/Area Office issues final notice to individual/guardian of the annual iBudget amount
Due Process

• Region/Area Office can be contacted any time there is a health and safety issue

• Final notice of iBudget allocation is sent in writing to the individual/guardian

• If necessary, the individual submits a request for hearing in writing
What is the impact statewide?

- Statewide, approximately 60 percent of individuals will receive no reduction; their allocation will remain the same.
- Potential reductions will be reviewed individually and adjusted for health and safety needs to remain living in the community.
New Waiver Enrollees

- New enrollment limited to individuals who meet crisis criteria of homeless, danger to self or others, caregiver unable to give care
- iBudget allocation formula is completed and an individual review is conducted to determine if health and safety needs are met
- Region/Area Office provides notice to individual of final funding amount
Want more information?

• Browse the website: iBudgetFlorida.org
  – There you can read frequently asked questions, watch a short video, and view other documents and presentations

• Contact your Region/Area Office for more information about iBudget Florida

• Talk to your WSC
THANK YOU!