

iBudget Handbook FAQ – General

Question #	Question	Answer
1.	Is there a phase in period for the new Handbook rules?	No, the rule is effective September 3, 2015, unless specified in the Handbook for the specific requirement identified.
2.	Do we have a mechanism for exceptions?	Exceptions to the rule requirements require that the individual, provider, or entity needing an exception go through the rule variance process. A request for a variance must be requested through the Agency for Healthcare Administration (AHCA) because the Handbook is an AHCA rule.
3.	Are we to use the new AHCA iBudget Waiver Handbook as of today or wait for upcoming trainings?	The rule is in effect as of September 3, 2015
4.	Page 1-28 says that a relative CAN provide Personal Supports, respite, transportation if appropriate reason is documented; however, another section says "family members can be employed by providers, but cannot be paid for providing services to their relative." Please clarify/confirm whether a relative, not legally responsible for the care of the recipient, can be paid for providing services to their relatives for the above services.	A relative not legally responsible for the care of the recipient can be paid to provide personal supports, respite, or transportation ONLY when it is documented that there is a lack of available providers or the ability to meet specific scheduling needs of a recipient that other providers cannot meet. Convenience to the recipient, care or family alone is not adequate justification. The relative must meet the qualifications to provide the service. If a relative works for a provider agency, there would likely be other providers available to render the care. Therefore the relative cannot be employed by a provider and be paid for providing service to their relative.
5.	Regarding the new definition of agency related to subcontractors, clarification is needed as to whether both employees must be direct care providers or could one employee perform the service and the other employee be the bookkeeper for example?	In order to bill as an agency, the organization must have at least 2 employees who are not subcontractors providing waiver services to the recipients. If the owner carries out services directly to recipients, they would have at least one non-subcontracted employee also providing direct services. A bookkeeper does not typically provide direct services.
6.	Does APD already have in place what we are supposed to do for the electronic signing?	If using an electronic signature the name of the person providing the service should be typed on all documentation related to billing. Chapter 668 Florida Statutes (the "Electronic Signature Act of 1996") is state law that says electronic signatures are as legally valid and acceptable as a traditional, wet ink signature. Basically, an

		electronic signature is an electronic version of someone's signature. For example, I sign a form and I scan or fax you a copy - that's an electronic signature.
7.	Is the Core Assurance no longer a separate Appendix?	The content of the core assurances have been incorporated into other parts of the Handbook where applicable.

iBudget Handbook FAQ – Provider Issues

1.	Should we use the new iBudget Handbook to remediate concerns from today forward? How do we implement remediation for concerns presented today forward but related to dates prior to this Handbook implementation date?	Services provided prior to September 3, 2015, will be reviewed against the rules that were in effect at the time the services were provided. For services provided September 3 and forward, this iBudget Handbook rule will be used.
2.	Is the new rule saying that the subcontractors must become W-2 employees?	No, providers can have subcontractors.
3.	The new Handbook states that in order to bill ABC rates you have to employ two or more people that have W-2s. Does this apply to new providers only or will the old providers need to make the appropriate changes for this rule. If the old providers do not have two or more employees will they have to bill at a solo rate? If so, how will the provider still be classified an agency?	This provision is applicable to all providers as of the effective date of September 3, 2015. If a provider only employees subcontractors or does not have at least 2 employees providing waiver services, they must bill at the solo rate.
4.	What does this mean for providers who have not yet been reviewed by Delmarva this year?	Services provided prior to September 3, 2015, will be reviewed against the rules that were in effect at the time the services were provided. For services provided September 3 and forward, this iBudget Handbook rule will be used. For certain requirements, the iBudget Handbook allows an implementation period for providers to come into compliance.
5.	Are Policies and Procedures now required for solo providers wanting to provide SLC and SE services or are agencies just required to submit Policies and Procedures?	Policies and Procedures are only required for agency providers. Please refer to page 2-7 in the Handbook.
6.	As per the new definition of Agency we are required to have 2 employees but it is not clear as to the specification of these 2 employees, could it be the owner and the	In order to bill as an agency, the organization must have at least 2 employees who are not subcontractors carrying out the direct service to the recipients. If the owner carries out services

	<p>vice president of the company that supervise the independent contractors, visit the families and recipients as needed including to complete the documents needed (bill of rights, choices and rights, emergency plan, etc.) and work as on-call staff for nights weekends and holidays.</p>	<p>directly to recipients, they would have at least one non-subcontracted employee also providing direct services.</p>
7.	<p>If my agency has 2 employees (which includes the agency owner) who perform administrative and management functions regarding waiver services including training, compliance and auditing and these 2 employees are qualified (experience and required training) to provide direct care while all our other staff are contractors, are we able to bill as an agency? In other words, the employees have all the necessary qualifications to provide direct care, but do not actually bill hours. They can, however; "carry out" the enrolled services if needed.</p>	<p>The definition of Agency specifies that at least 2 individuals at the organization (which can include the owner) provide waiver services. The employee must meet qualifications and be scheduled to and carry out the service regularly.</p>
8.	<p>If one was an agency provider with the appropriate provider number and provider agreement, and decided to have "all" 1099s and no employees, are you then allowed to operate as an agency provider with the ability to hire others and just be reimbursed at the solo provider rate? Or are you then demoted from agency to solo provider stripping you of the ability to hire others and just be hands-on direct care? Is it your choice as an agency to do 1099s only and not have 2 employees? Can this be done and you just accept the lesser rate? The way the rule reads, this is unclear. It says if you want to be reimbursed at the agency rates you need two employees. That does not address if you were as an agency willing to accept the lesser rate and not have two employees.</p>	<p>In order to bill as an agency, the organization must have at least 2 employees who are not subcontractors provide the waiver service to the recipients. If the owner provides services directly to recipients, they would have at least one non-subcontracted employee also providing waiver services. The provider agency status can remain but the billing rate must be at the solo rate. For purposes of the service authorization the provider would have to be designated as a solo provider in the iBudget system. In order to change your status in the APD system, please contact your provider liaison in the APD Regional office.</p>
9.	<p>If an individual currently has live-in staff that also act as a supported living coach, would this arrangement be grandfathered and allowed to continue or is there a grace period in which to come into compliance?</p>	<p>Page 2-66 states, "Supported living coaching services may not be provided by a supported living coach who is living in a recipient's home." There is no grandfathering or implementation language related to this provision.</p>

10.	What is considered professional experience?	Professional experience refers to people with formal work experience in a particular field with a defined schedule, work duties and time period. Professional employment must be verifiable.
11.	If an employee of a companion, personal supports or respite provider was hired before September 2015, but changes employees, do they still fall under previous qualifications?	Yes, if there are no gaps in employment. For companion, respite, or personal support providers, providers and employees providing services hired before September 2015 (the effective date of this rule), with no break in employment, must meet the qualifications outlined in Developmental Disabilities Waiver Service Coverage and Limitations Handbook, November 2010.

iBudget Handbook FAQ – Qualifications

1.	When do new provider qualifications begin? For example residential habilitation says "this is effective for providers enrolled after January 1, 2015". Does the Handbook provision only apply to waiver providers who were initially enrolled on or after 1/1/15?	Yes, for residential habilitation it applies to providers initially enrolled on or after 1/1/15. For all other services the Handbook states specified dates for when the qualifications are in effect.
2.	The new Handbook removed the level 3 Board Certified Behavior Analyst from being qualified to perform the oversight requirements for behavior focus group homes. Can you please clarify if this is an error? We do not believe there are enough level 1 and 2 practitioners to meet this requirement. While a Board Certified assistant Behavior Analyst is able to provide the 20 hour training and supervise behavior assistants, it makes no sense that they can no longer provide the required oversight to Behavior Focus homes.	This is not an error. Pursuant to the Handbook page 2-51, "A board certified behavior analyst or a person licensed under Chapter 490 or Chapter 491, F.S., who meets the qualifications of a Level 1 or Level 2 behavior analysis provider, must provide face-to-face monitoring of behavioral services as described in the approved behavioral programs implemented within the residential program; as evidenced by a timesheet, a contract indicating monitoring activities to be conducted that meet the handbook requirement, or a behavioral service provider invoice, or some other form of documentation." Page 1-21 states " Providers and employees providing behavior focus and intensive behavior residential habilitation services hired before September 2015 (the effective date of this rule) with no

		break in service, must meet the qualifications outlined in Developmental Disabilities Waiver Service Coverage and Limitations Handbook, November 2010,
3.	Regarding page 1-21 of the Handbook - does this just pertain to residential habilitation direct care staff or does it include the level of practitioner doing the oversight? Providers and employees providing behavior focus and intensive behavior residential habilitation services hired before September 2015 (the effective date of this rule) with no break in service, must meet the qualifications outlined in Developmental Disabilities Waiver Service Coverage and Limitations Handbook, November 2010, as outlined below".	Residential habilitation providers and employees who were already enrolled prior to September 2015 must meet all qualifications of the November 2010 Handbook. However, any new providers or new employees must meet the qualifications as specified in the September 2015 Handbook. The direct care qualifications are on page 1-21. Other qualifications can be found on pages 2-47, 2-51, 2-52, 2-54, and 2-55.

iBudget Handbook FAQ – Training

1.	Do we need to obtain APD certification to train our own employees in writing? How do they define who meets the qualifications to train in a specific subject?	APD will no longer be conducting train the trainer classes. In order to be a trainer of a provider’s own staff or other providers, a trainer must meet the requirements in Appendix B. Appendix J identifies the requirements to be a trainer and includes the Trainer Agreement Form, which must be signed by the trainer and approved by APD staff. All trainings listed in the Handbook are available.
2.	Will providers be able to train on any part of the Handbook or will all training come through APD and when? Currently providers can train themselves on the Handbook as an overview and write up a certificate for themselves since there is limited to no training in the Regional offices.	Providers need to read and familiarize themselves with the iBudget Handbook. All provider training requirements are identified in Appendix B. We are currently offering the Requirements for All Waiver Providers course on this link: http://apdcares.org/providers/training/requirements.htm . After you click on this link, scroll down to the Requirements for All Waiver Providers PowerPoint Slideshow. The slideshow starts instantly and provides a certificate of completion at the end of the presentation that can be printed. Appendix J identifies the

		requirements to be a trainer and includes the Trainer Agreement Form, which must be signed by the trainer and approved by APD staff. Agency providers who are approved by APD to train on a specific topic in accordance with the Handbook can train their staff. Training is currently being developed and will be posted on the TRAIN Florida Learning Management System.
3.	Regarding the already published training schedule for providers already enrolled, do we continue to post the sessions with the old titles/hours for each session?	No, do not continue to post sessions with old titles.
4.	Are the Regions expected to post both the old and the new sessions in our last quarter for this year? What about the Requirements for All Waiver Providers training?	Discontinue use of old titles. The "Requirements for All Waiver Providers" training is posted on the APD website for providers to utilize.
5.	When would we start using the new course titles?	New course titles should begin immediately.
6.	Is APD to continue WSC pre-service and Region-specific trainings in its current format?	WSC pre-service training is provided by the approved trainers on the APD website at http://apdcares.org/waiver/support-coordination/ . Region-specific training on iBudget, ABC and liaison responsibilities can be provided by the APD Regional office.
7.	When should regions conduct ABC and iBudget training for WSCs? Can it be done before they start providing services?	If the WSC has a signed Medicaid Waiver Services Agreement, this can be conducted.
8.	WSC agency heads (already approved in the past) want to know if they can now start providing the statewide training to persons outside their agency.	Pre-service training can be provided by anyone who meets the qualifications in Appendix J. Please see page B-14 in reference to Region Specific training.
9.	Can Waiver Support Coordinator Agency heads continue to conduct pre-service training to their own staff?	Pre-service training can be provided by anyone who meets the qualifications in Appendix J. Please see page B-14 in reference to Region Specific training.
10.	Can Waiver Support Coordinator agency heads be approved to conduct the other training such as Core Competencies, Zero Tolerance, etc.?	No there are specific requirements based on the iBudget Handbook for entities to be approved to be trainers for Core Competencies, Zero Tolerance, etc. These courses are currently available per the website and will be made available on TRAIN Florida Learning Management System.
11.	If I have been approved by APD to provide the medication administration course to	Please send an email request to Pamela London indicating you are interested in becoming an

	<p>providers and am interested in becoming an APD approved trainer for the required courses, who should I contact to begin the process?</p>	<p>APD approved trainer and which courses you are interested in providing. Pam's email address is Pamela.London@apdcares.org.</p>
12.	<p>Page B2 - 3rd paragraph, last sentence states "Students may retake a test if no passing score was achieved." What does this language mean? When are the re-tests to be administered? How are they to be administered? How many chances will providers have to retake the tests?</p>	<p>The Handbook does not identify a maximum number of attempts.</p>
13.	<p>Appendix C, Page C-4 of the Handbook requires the following for medication administration training for an ADT provider: In those facilities that perform medication administration or use (or can use) behavioral emergency procedures, a minimum of at least one staff member or 50% of all staff at the facility (whichever is greater) must have been trained on Behavioral Emergency procedures Training and Medication Administration Training and Validation."</p> <p>We have a member who operates a fairly large ADT with 56 staff members on campus at any time during the program day. The ADT has one individual on medication for which they are responsible for administering. The ADT has 3-5 people on campus who are Med Certified and they assure at least 1 trained and validated person is on campus at all times. In order to comply with the training requirement as stated above, the program will have to train 28 staff in medication administration. This seems unreasonable and is an unnecessary cost to the program that is adequately covering the med administration responsibility. Please advise on what options the member may have to avoid the expense and time of unnecessary staff training and yet meet regulations.</p>	<p>The program does not need to train 28 staff for Medication Administration. There must be a trained and certified staff person who delivers the medication to the individual. That is the intent of this requirement.</p>
14.	<p>Please let us know what plans are being made to allow time for adequate</p>	<p>"Pursuant to the handbook, Appendix B-2, provider staff, management staff, and solo</p>

	<p>implementation of these training requirements. We would appreciate having the agencies identify their plans in writing so all stakeholders can be advised.</p>	<p>providers rendering services prior to the promulgation will have 18 months from the date of this handbook's promulgation to come into compliance with new training requirements not previously completed in this Appendix. New provider staff, management staff, and solo providers enrolled and hired to render services after the promulgation of this rule must be in compliance with the rule. The use of trainers certified by the named entities contained in the following chart are effective immediately: AIDS/HIV/Infection Control, First Aid, CPR and HIPAA.”</p> <p>The “Requirements for All Waiver Providers training” is posted on the APD website. Once the TRAIN Florida Learning Management system is up and running, all of the APD specific required training courses listed will be posted on it.</p> <p>More information will be forthcoming to provide guidance on training resources to utilize.</p>
15.	<p>I see where Person-Centered planning/Choices and Rights is listed under the course content for Direct Care Core Competencies. Is Person-centered planning/Choices and rights now part of that training and no longer separate trainings?</p>	<p>Yes</p>
16.	<p>I did not see where the course "Behavioral Emergency Procedures" is listed on the APD website. This new staff would need to have that class for this particular client within 30 days of providing services. Do you know when that class is expected to be offered?</p>	<p>Curricula is developed by private vendors consistent with APD’s Rule Chapter 65G-8, Reactive Strategies, F.A.C., as well as reviewed approved in writing by APD state office. Options can be found on http://www.apdcares.org/providers/training/ . Click on "Required Service Specific Training" and then the "Reactive Strategies Trainers" page.</p>
17.	<p>The trainings listed on the training calendar are offered in Fort Lauderdale and Fort Myers. Is there a new training calendar with classes offered closer to our area scheduled to be posted to within the next month or so? The new staff will have 30-90 days to complete the trainings.</p>	<p>Courses are available statewide. However, the Training Calendar is being updated to reflect changes from the Handbook. Providers may also visit the APD website for links to available trainings online or other courses at http://apd.myflorida.com/providers/training/.</p>

18.	Does anyone we hire starting September 2015 have to have the Requirements for all Waiver Providers Course prior to starting working or does this apply to caregivers/Independent contractors working for our Agency? Can you tell me where they can obtain this course?	We are currently offering this course requirement on this link: http://apdcares.org/providers/training/requirements.htm . After you click on this link scroll down to the Requirements for All Waiver Providers PowerPoint Slideshow. The slideshow starts instantly and provides a certificate of completion at the end of the presentation that can be printed.
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iBudget Handbook FAQ – Legal Related

1.	Does the family have 120 appeal rights due to reduction in services?	If a service is denied, reduced or terminated, the individual has fair hearing rights under 393.125 F.S. In these instances, APD issues a notice of the fair hearing rights and the individual can request a fair hearing.
2.	Could a hearing judge decide that the consumer retain his original allocation of hours?	The hearing officer is bound by the rule limitation. If the Judge decides to exceed the limit, it would be subject to appeal.

iBudget Handbook FAQ – Services

1.	Is it going to remain APD process to only approve 1440 hours of Adult Day Training when approving the Significant Additional Needs Request? Some providers are pushing for more.	It's the client's choice if they want to move services around. The services must be medically necessary. The Handbook allows more than 1440 units. If it is medically necessary, it can be approved. APD does not have a special policy for Adult Day Training. Services must be medically necessary and within Handbook coverages and limitations.
2.	Regarding the requirement for the guardian to sign the Medicaid waiver sheet within 10 days of support plan meeting, that is in effect from Sept 1 forward correct? Is this only guardians? Do we have to worry about power of	The effective date of the rule is September 3, 2015. Please refer to definition of legal representative on page 1-6 to identify who is considered a legal representative. Page 2-81 requires the legal representative to sign the Waiver Eligibility Worksheet.

	attorneys or guardian advocates regarding signature? Is it only when the guardians are on the phone for the support plan meeting?	
3.	On page 2-82 regarding Waiver Support Coordinators and obligation to “provide information to options available”... the 3rd bullet seems to contradict the 4th bullet. The 3rd bullet says "The WSC must request a BPQY from SSA for each recipient who indicates an interest in working". The 3rd bullet states "...The BPQY will be requested only if the recipient experiences an impact on income and benefits." Does the 3rd bullet mean that the BPQY will only be requested by the Agency? Because if not, it means that the BPQY will only be requested from SSA on that condition.	The Benefits Planning Query is to be requested prior to the individual working so that the income limits and benefits are clear to the individual prior to earning income. The 4 th bullet refers to after the individual is employed that it should be requested if the person experiences changes to their income or benefits either from new employment income or other circumstances.
4.	On page 2-79, the last bullet reads: "for recipients residing in their own home and considered to be in an independent living situation - the WSC must conduct face-to-face visit every 3 months in a variety of settings, with a face-to-face visit in the recipient's place of residence at least every 6 months. This is contradicted on page 2-89, first section that reads "It is the WSC responsibility to visit the recipient's home to ensure health and safety standards are met and the home meets acceptable standards as outlined in the APD housing survey. The WSC, along with the recipient and personal supports provider, if applicable, will review the health and safety checklist and financial profile on a quarterly basis. For supported living subsidy from APD, the WSC will review and update the financial profile on a quarter basis or more frequently as needed. There is more than one contradiction - If the requirement is HV every 6 months but we required to do quarterly home and safety checklist. The second contradiction is that at one point it	Page 2-79 refers to recipients in independent living while page 2-89 references individuals who have to have supports, and therefore are in supported living even if no supported living coach services are being provided.

	says we must do health and safety checklist and financial profile but in the same paragraph it contradicts and we only do a financial profile if the recipient is on a subsidy. Which one is it? Do we do both documents on all own home recipients or not?	
5.	What will happen to individuals between the age of 18 and 21 who are receiving full Waiver Support Coordination services? Does the new Handbook require they be reduced to limited WSC?	No, there is no requirement for those individuals to have limited support coordination.

iBudget Handbook FAQ – Billing

1.	Should Adult Day Training providers begin billing using the new method? When should this start?	The Agency for Health Care Administration indicated that the new method of billing will begin with October dates of service.
2.	In the Florida Medicaid Management Information System (FMMIS) respite has the maximum units of 96 Quarter Hours and 31 days, however; the maximum units for skilled respite is 39 QH. Shouldn't that be 96 max units in FMMIS also to match the respite care max units? For the Skilled respite day the max units in FMMIS is 1. Shouldn't that be 31 to match the respite care day max units?	Skilled respite is a different procedure code than respite. The maximum units for respite is 96 quarter hours per day for the QH rate and 31 days per month for the day rate. The maximum units for skilled respite is 39 QH/day for the QH rate and 31 units per month for the day rate.
3.	If a provider were to bill for 78 Quarter Hours of skilled respite, would they get paid for the 78 or the maximum units of 39 as allowed in FMMIS? This is the same for the day skilled respite. If a provider billed for 20 days per month, would they get paid the 20 days or only 1 day as allowed by FMMIS.	The maximum units for skilled respite is 39 QH per day. APD is working with the Agency for Health Care Administration on updates to the FMMIS system.
4.	For Life Skills Development 1 – companion services, there is no mention of any daily maximum units. Shouldn't FMMIS have the maximum units as 448?	Yes the maximum units should be 448, APD is working with the Agency for Health Care Administration (AHCA) on updates to the FMMIS system.

5.	I see no maximum units per day for supported living services. FMMIS, however; has 24 quarter hours per day. Maximum units should be mentioned in the Handbook.	AHCA decided to remove references to limits for most services in the Handbook as they will be on the Rate Table.
6.	Behavior Assistant maximum units in iBudget is 32 Quarter Hours per day. FMMIS has maximum units of 1984 QH per month. That works out to be 64 QH per day. FMMIS needs to be updated to reflect the 32 maximum units per day.	APD will be working with AHCA to review all limits in the FMMIS system and adjust as needed. APD is reviewing currently approved service plans to determine impact on clients.
7.	Dietician services in iBudget has no mention of maximum units per day. FMMIS has maximum units set at 12 Quarter Hours per day. Handbook needs maximum units listed.	The maximum units for dietician services is 12 QH per day. These maximum units will be included on the Rate Table which is in the process of promulgation.
8.	In the iBudget Handbook there is no mention of maximum units for Private Duty or Residential Nursing, There is also no mention that the 96 maximum units is for any combination of Private Duty and Residential nursing. The iBudget handbook needs to be updated to include the maximum units per day and that the maximum units is for combined nursing services.	AHCA decided to remove references to limits for most services in the Handbook as they will be on the Rate Table.
9.	The iBudget Handbook has maximum units of 4 quarter hours per day for physical therapy, respiratory therapy, speech therapy and occupational therapy, but FMMIS has units set at 8 units per day.	APD will be working with AHCA to review all limits in the FMMIS system and adjust as needed.
10.	Please clarify if the billing period can be weekly or must it only be monthly for Adult Day Training. If the billing period can be weekly is rounding to the nearest hour allowed weekly?	Billing for Life Skills 3 (ADT) will be billed monthly beginning with October dates of service.
11.	Please clarify if the billing period can be weekly for quarter hour waiver services.	The Handbook does not identify a billing period for quarter hour services. Providers shall bill in accordance with general Medicaid billing provisions.