

DRAFT iBUDGET FLORIDA RULES FOR RULE DEVELOPMENT WORKSHOP  
APRIL 3, 2012

1 65G-4.0210. Definitions

2 (1) ABC: The Allocation, Budgeting, and Contracts information technology system used  
3 by the agency to maintain demographic, services, budget, and other data.

4 (2) Approved cost plan: The document that lists all waiver services that have been  
5 authorized by the agency for the individual, including the anticipated cost of each  
6 approved waiver service, the provider of the approved service, and information regarding  
7 the provision of the approved service.

8 (3) Budget allocation: The amount of funds that has been approved by the agency for an  
9 individual to expend for waiver services during a fiscal year.

10 (4) Budget allocation formula: the mathematical equation used as an element of  
11 determining an individual's budget allocation.

12 (5) Current annualized cost plan: The annualized total amount of funding for the cost plan  
13 immediately prior to the new period for which a budget allocation is being developed.

14 (6) iBudget Florida: The operational name for the waiver program authorized as the  
15 Developmental Disabilities Individual Budgeting Waiver.

16 (7) Individual: a person with a developmental disability enrolled in the Developmental  
17 Disabilities Individual Budgeting Home and Community Based Services waiver.

18 (8) Initial budget allocation: The first budget allocation for an individual after his or her  
19 enrollment on the iBudget Florida waiver.

20 (9) Online iBudget Florida application: The information technology system that  
21 specifically supports the iBudget Florida waiver and works with the ABC system to  
22 process and store information related to the iBudget Florida program.

23 (10) Proposed cost plan: The document that lists all waiver services being requested by  
24 the individual, the anticipated cost of each waiver service, the proposed provider of the  
25 service, and proposed information regarding the provision of the service.

26 (11) Questionnaire for Situational Information (QSI): An assessment instrument used by  
27 APD to determine an individual's needs in the areas of functional, behavioral, and  
28 physical status.

29 (12) Service family: Broad categories that group services. The service families are: Life  
30 Skills Development, Environmental and Adaptive Equipment, Personal Supports,

DRAFT iBUDGET FLORIDA RULES FOR RULE DEVELOPMENT WORKSHOP  
APRIL 3, 2012

1 Residential Services, Support Coordination, Therapeutic Supports and Wellness  
2 Management, Dental Services, and Transportation

3 (13) Supplemental funding: Funding for temporarily or permanently changed needs or  
4 one-time needs granted after the beginning of the fiscal year or the date of the beginning  
5 of the individual's budget allocation for individuals who meet criteria for such funding.

6 (14) Support plan: An individualized plan of supports and services designed to meet the  
7 needs of an individual enrolled in the waiver. The plan is based on the preferences,  
8 interests, talents, attributes and needs of an individual.

9 (15) Temporary basis: A time period of less than 12 months.

10 (16) Waiver support coordinator: This term has the same definition as the term "support  
11 coordinator" defined in s. 393.063(36), F.S.

12

13 65G-4.0211. General Provisions

14 (1) Services. The services that may be authorized for individuals and their associated  
15 limitations are described by the Developmental Disabilities Individual Budgeting Waiver  
16 Services Coverage and Limitations Handbook, (hereinafter referred to as the "iBudget  
17 Florida Handbook"), adopted by Rule \_\_\_\_\_, F.A.C.

18 (2) To ensure that individuals' requests are fairly and thoroughly evaluated, the agency  
19 may request and review documentation and information including but not limited to  
20 support plans, results from the Questionnaire for Situational Information, documentation  
21 from reviews by contracted prior service authorization vendors, cost plans, expenditure  
22 history, interviews with the individual and his or her providers and caregivers,  
23 prescriptions, data regarding the results of previous therapies and interventions,  
24 assessment results, and other provider documentation required in the iBudget Florida  
25 Handbook. If the agency pends action on a request due to missing documentation, the  
26 deadline for that agency action shall be extended until the documentation is received or  
27 the request is denied, whichever is later. Requested documentation shall be provided by  
28 the waiver support coordinator within five (5) calendar days after the date of the agency  
29 request for additional documentation. If requested documentation is not submitted by the  
30 required deadline, the request shall be denied.

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DRAFT iBUDGET FLORIDA RULES FOR RULE DEVELOPMENT WORKSHOP  
APRIL 3, 2012

1 65G-4.0212: Budget Allocations.

2 (1) The budget allocation formula shall be posted on the agency's website. The formula  
3 shall include the following information regarding an individual:

4 (a) For an individual's age and living setting, the current information in ABC for that  
5 individual as of the date of commencing calculation of the budget allocation formula.

6 (b) The information regarding the individual's Questionnaire for Situational Information  
7 (QSI) results shall be from its most recent administration as of the date of beginning  
8 calculation of budget allocations.

9 (2) Budget allocations shall be determined as follows:

10 (a) The agency shall determine an initial budget allocation for each individual as follows:

11 1. The agency shall calculate a funding amount for an individual using the budget  
12 allocation formula.

13 2. Funding for waiver support coordination shall be added to the amount in (2)(a)1.

14 Individuals shall receive funding for waiver support coordination services in their  
15 allocation as follows:

16 a. Individuals age 21 and older shall receive funding for full waiver support coordination,  
17 unless they meet one or more of the criteria for receiving enhanced waiver support  
18 coordination.

19 b. Individuals under age 21 shall receive funding for limited waiver support coordination,  
20 unless they meet one or more of the criteria for receiving full or enhanced waiver support  
21 coordination.

22 c. Individuals who meet either of the following criteria shall receive funding for full  
23 waiver support coordination:

24 i. Currently receiving services as a client of the community based care (foster) system, or  
25 having transitioned out of that system within the last three months.

26 ii. Residing in an independent living or supported living arrangement.

27 d. Individuals who meet either of the following criteria shall receive funding for  
28 enhanced waiver support coordination:

29 i. Currently transitioning from or having transitioned within the last 6 months from an  
30 Intermediate Care Facility for the Developmentally Disabled or developmental disability  
31 center setting, or a nursing home.

DRAFT iBUDGET FLORIDA RULES FOR RULE DEVELOPMENT WORKSHOP  
APRIL 3, 2012

- 1 ii. Currently transitioning or having transitioned within the last 6 months from the  
2 Mentally Retarded Defendant Program, jail, or other secure setting.
- 3 3. Funding shall be adjusted in consideration of statutory geographic differentials if  
4 necessary.
- 5 (3) Individuals' initial budget allocations shall be adjusted, if necessary, as provided in  
6 this subsection. If an individual experiences a significant change simultaneously with the  
7 calculation of budget allocations for the new fiscal year, the budget allocation shall be  
8 based on the amended cost plan reflecting the new situation.
- 9 (a) An individual shall not experience a decrease of more than 50% compared to his or  
10 her current annualized cost plan.
- 11 (b) No individual shall experience any increase in his or her budget allocation above his  
12 or her current annualized cost plan.
- 13 (c) In determining an amount for extraordinary needs, the Agency may estimate the  
14 amount needed using the sum of approved services on the individual's existing cost plan  
15 associated with health and safety. These may only include: Adult Day Training,  
16 Behavior Services, Consumable Medical Supplies, Durable Medical Equipment, In-  
17 Home Supports, Nursing Services, Occupational Therapy, Personal Care Assistance,  
18 Physical Therapy, Residential Habilitation, Respiratory Therapy, Special Medical Home  
19 Care, Supported Employment, Supported Living Coaching, and Waiver Support  
20 Coordination. The sum of these services may be used to establish a benchmark against  
21 which to measure the services in the cost plan and determine if the amount of  
22 extraordinary needs is reasonable. The amount of funding needed to address each  
23 individual's extraordinary needs shall be reviewed by the agency in order to determine  
24 the medical necessity for each service in the amount, duration, frequency, intensity, and  
25 scope that meets the individual's needs. The agency shall consider the individual's  
26 characteristics based on a needs assessment as well as the his or her living setting,  
27 availability of natural supports, availability of other state services, family circumstances,  
28 and other factors that may affect the level of service needed by the  
29 individual.

DRAFT iBUDGET FLORIDA RULES FOR RULE DEVELOPMENT WORKSHOP  
APRIL 3, 2012

1 (d) If after adjusting for (3)(a)-(c), the initial budget allocation is less than his or her  
2 annualized cost plan, and is within \$1,000 of the current cost plan, the agency may adjust  
3 the budget allocation to equal the cost plan amount.

4 (e) Initial budget allocations shall be pro-rated as appropriate based on the length of time  
5 remaining in the fiscal year.

6 (4) If the individual wishes to move to a more expensive living setting and the individual  
7 does not meet the criteria for supplemental funding, the agency shall not increase the  
8 individual's budget allocation. The individual may move if he or she first demonstrates  
9 to the agency that he or she has sufficient remaining funding in his or her budget  
10 allocation to meet his or her health and safety needs based on both his or her current and  
11 foreseeable future situation in the new setting for the remainder of the current fiscal year,  
12 and that he or she could also meet his or her health and safety needs on an annualized  
13 basis thereafter based on the individual's current budget allocation.

14  
15 65G-2.022: Service Approval

16 (1) During an individual's transition to iBudget Florida from a tier waiver, the agency  
17 shall pre-approve types and intensities of services for individuals to the extent of their  
18 budget allocation. The agency shall pre-approve those service types which are  
19 comparable to those service types previously approved for the individual on the cost plan  
20 in place immediately prior to transition to iBudget Florida, unless the individual's  
21 situation has changed such that he or she no longer qualifies for the service types. The  
22 frequency, scope, or duration of such service types is not subject to pre-approval but is  
23 determined through the cost plan approval process. Pre-approval of types and intensities  
24 of services permits an individual to place such pre-approved services at the frequency,  
25 scope, and duration that can be accommodated within his or her budget allocation on a  
26 proposed cost plan for review by the agency. Pre-approval of a service type or intensity  
27 does not guarantee that an individual's proposed cost plan containing those services will  
28 be approved, nor does it guarantee that the frequency, scope, or duration of pre-approved  
29 services listed on the individual's proposed cost plan will be approved. The agency may  
30 deny the purchase of a pre-approved service if the cost plan containing that service does  
31 not meet the requirements in law and rule for approval.

DRAFT iBUDGET FLORIDA RULES FOR RULE DEVELOPMENT WORKSHOP  
APRIL 3, 2012

1 (2) After an individual's transition to iBudget Florida, and for individuals who were not  
2 previously enrolled on a tier waiver prior to enrolling in iBudget Florida, waiver support  
3 coordinators may apply for individuals to be approved for services through the online  
4 iBudget Florida application and in accordance with the iBudget Florida Handbook. The  
5 agency shall respond to requests for approval of services within ten (10) calendar days.

6 (3) Approval shall be ended for a service when the criteria for receiving the service are no  
7 longer met.

8 (4) The waiver support coordinator shall notify the APD area office within ten (10)  
9 calendar days of becoming aware that the individual may no longer meet the criteria for  
10 an approved service.

11  
12 65G-4.023 Process for Cost Plan Development and Review

13 (1) Individuals' cost plans shall be developed in the online iBudget Florida application.

14 (2) Each individual's initial iBudget Florida cost plan shall be reviewed by the agency.  
15 Subsequently, the online iBudget Florida application shall screen requests for cost plan  
16 changes to ensure iBudget Florida Handbook and budgeting requirements are met. Plans  
17 which do not meet the criteria for approval by the online application shall be reviewed by  
18 the agency. The agency shall respond to requests for cost plan changes within ten (10)  
19 calendar days.

20 (3) For an individual to begin receiving a specific waiver service, that service shall have  
21 been listed in a cost plan that has been reviewed and approved by the agency, and the  
22 service authorization shall have been issued to the provider.

23 (4) Submitted cost plans must detail funding for services through the entire fiscal year or  
24 portion of year the individual is enrolled in iBudget Florida, regardless of when the cost  
25 plan is submitted. The total amount of services requested to be authorized for the fiscal  
26 year may not exceed the individual's current budget allocation for that fiscal year.

27 (5) Individuals shall use all available services authorized under the state Medicaid plan,  
28 school-based services, private insurance and other benefits, and any other resources that  
29 may be available to them before using funds from their budget allocations to pay for  
30 support and services.

DRAFT iBUDGET FLORIDA RULES FOR RULE DEVELOPMENT WORKSHOP  
APRIL 3, 2012

1 (6) Individuals must budget their funds so that their needs are met throughout the plan  
2 year. All individuals shall allocate funding each month for waiver support coordination  
3 services, which is a required service under the waiver.

4 (7) To ensure the agency remains within its appropriation for waiver services, and  
5 because individuals have flexibility in the use of funds, no additional funding shall be  
6 provided to individuals approved for services within the Wellness & Therapeutic  
7 Supports service family or for Personal Supports or Supported Living Coaching services  
8 if that need is created by the individual's use of funds for alternative services rather than  
9 these previously-approved services.

10  
11 65G-4.024 Changes to cost plans

12 (1) As long the agency determines that an individual's health and safety is assured under  
13 the proposed cost plan, an individual may, to the extent permitted by these rules and the  
14 iBudget Florida Handbook:

15 (a) Rebudget funds for future needs.

16 (b) Reduce the amount of an unused service on their cost plans in the previous quarter or  
17 quarters retroactively down to the amount actually received in order to free up funds for  
18 other services in the future; however, they may not increase the amount of service  
19 retroactively.

20 (2) If funding is reallocated to other services, individuals and waiver support coordinators  
21 shall ensure that sufficient funding remains allocated to pay for services that have been  
22 and will have been rendered up to the ending date of the service,

23  
24 65G-4.025 Reductions in Budget Amounts

25 (1) If the individual's situation changes during the fiscal year such that the budget  
26 allocation formula would generate a lesser amount of funding (for example, if the  
27 individual moves from a licensed residential facility to a family home), the individual's  
28 budget allocation shall be recalculated as provided in these rules and adjusted on a pro-  
29 rata basis to reflect his or her new situation.

30 (2) If an individual's budget allocation includes additional funding beyond what was  
31 determined by the budget allocation formula, the agency shall review any service changes

DRAFT iBUDGET FLORIDA RULES FOR RULE DEVELOPMENT WORKSHOP  
APRIL 3, 2012

1 requested by him or her to determine whether his or her situation has changed such that  
2 some or all of the additional funding is no longer necessary for ensuring health and  
3 safety. If the agency determines that the additional funding is no longer necessary, the  
4 agency shall reduce the individual's budget allocation on a pro-rata basis to the amount  
5 actually needed to ensure health and safety.

6  
7 65G-4.026 Supplemental Funding Request and Review –

8 (1) Individuals requesting supplemental funds shall use the required form, hereby  
9 incorporated by reference, to apply, and shall meet criteria described below as well as the  
10 other requirements provided in these rules.

11 (2) Supplemental funding shall only be requested if the individual is in one or more of the  
12 following situations, has sought other resources to meet his or her needs, and has  
13 attempted to adjust his or her existing cost plan to meet his or her health and safety needs,  
14 but he or she requires an increase to his or her current budget allocation to meet his or her  
15 health and safety needs.

16 (a) The applicant is currently homeless, living in a homeless shelter, or living with  
17 relatives in an unsafe environment. In such cases, the following indicia, supported by  
18 credible evidence, are relevant:

- 19 1. Without immediate provision of waiver services, the health and safety of the applicant  
20 are in serious jeopardy;
- 21 2. The applicant has no shelter available and needs emergency placement by the Agency  
22 or another state agency;
- 23 3. Alternative funding or other federal, state, local, community, and other resources are  
24 not available for other placement and services to the applicant;
- 25 4. The applicant temporarily is staying with friends or relatives but residence is not  
26 expected to last more than several weeks;
- 27 5. The applicant's caregiver has no legal obligation to provide shelter to the applicant and  
28 the caregiver's commitment to shelter the applicant is low;
- 29 6. Factors affecting the applicant's safety in the current setting include risk of physical  
30 abuse of the applicant or risk of insufficient supervision and support;



DRAFT iBUDGET FLORIDA RULES FOR RULE DEVELOPMENT WORKSHOP  
APRIL 3, 2012

1 7. The home has insufficient room to shelter the applicant, or the applicant must share a  
2 room in an inappropriate living arrangement, based on the ages, genders, and conditions  
3 of the persons sharing the room;

4 8. The applicant's desire for placement creates a reasonable expectation that the applicant  
5 will be cooperative with placement;

6 9. Violence or illegal activities within the applicant's current living environment by the  
7 applicant or others has required the intervention of local or state law enforcement  
8 authorities;

9 10. Complaints of neglect, exploitation, or abuse of the applicant to Protective Services,  
10 or other adverse environmental conditions affecting the applicant, have been investigated  
11 and confirmed pursuant to Chapter 39, Part II, or Section 415.104, F.S.;

12 11. The applicant requires services of greater intensity.

13 (b) The applicant has an increase or onset of behaviors that, without provision of  
14 immediate waiver services, may create a life-threatening situation for the applicant or  
15 others, or that may result in bodily harm to the applicant or others requiring emergency  
16 medical care from a physician. In such cases, the following indicia supported by credible  
17 evidence are relevant:

18 1. Without immediate waiver services, the health and safety of the applicant or others in  
19 the household is in serious jeopardy;

20 2. The applicant's injury to self or others is frequent or intense;

21 3. The applicant or others are at risk for serious injury or permanent damage;

22 4. There is documentation of medical treatment for the applicant's injury to self or others;

23 5. No other supports are available to address the applicant's behaviors;

24 6. Other attempted behavioral assessments and interventions have proven ineffective;

25 7. The relative ages, sexes, and sizes of the aggressor and the subjects of aggression place  
26 the subjects of aggression at risk of injury;

27 8. The caregiver has insufficient ability to control the applicant;

28 9. The ages or disabilities of the applicant or caregiver exacerbate the problems;

29 10. Violence or illegal activity within the applicant's current living environment by the  
30 applicant or others has required the intervention of local or state law enforcement  
31 authorities;

DRAFT iBUDGET FLORIDA RULES FOR RULE DEVELOPMENT WORKSHOP  
APRIL 3, 2012

1 11. Complaints of neglect, exploitation, or abuse of the applicant, or other adverse  
2 environmental conditions affecting the applicant have been investigated by Protective  
3 Services and confirmed pursuant to Chapter 39, Part II, or Section 415.104, F.S.;

4 12. The applicant requires services of greater intensity.

5 (c) The individual's current caregiver is in extreme duress and is no longer able to  
6 provide for the applicant's health and safety because of illness, injury, or advanced age.

7 The applicant needs immediate waiver services to remain living with the caregiver or to  
8 relocate to an alternative living arrangement. In such cases, the following indicia,  
9 supported by credible evidence, are relevant to a determination of crisis in this category:

10 1. Without immediate provision of waiver services, the applicant's health and safety are  
11 in serious jeopardy;

12 2. Other potential caregivers, such as another parent, stepparent, brother, sister or other  
13 relative or person, are unavailable or are unwilling or unable to provide care;

14 3. The caregiver's physical or mental condition prevents the provision of adequate care;

15 4. The caregiver is deceased, about to expire, or permanently disabled;

16 5. The caregiver's age impairs the caregiver's ability to provide sufficient care to the  
17 applicant;

18 6. The caregiver cannot provide sufficient care because of the age or size of the applicant,  
19 or the physical, functional, or behavioral demands of the applicant;

20 7. The services provided by the caregiver are limited in amount, duration, or frequency,  
21 rendering the applicant semi-dependent or totally dependent;

22 8. The caregiver's economic situation is unstable and unlikely to improve as a result of  
23 the care-giving demands of the applicant;

24 9. The caregiver's obligations to the needs of other dependents prevent the caregiver from  
25 providing the applicant with adequate care, or the caregiver's obligation of care to the  
26 applicant places other dependents at risk of insufficient care;

27 10. Violence or illegal activities within the applicant's current living environment by the  
28 applicant or others has required intervention by local or state law enforcement authorities;

29 11. Complaints of neglect, exploitation, or abuse of the applicant, or other adverse  
30 environmental conditions affecting the applicant have been investigated by Protective  
31 Services and confirmed pursuant to Chapter 39, Part II, or Section 415.104, F.S.;

DRAFT iBUDGET FLORIDA RULES FOR RULE DEVELOPMENT WORKSHOP  
APRIL 3, 2012

1 12. The individual requires services of greater intensity.

2 (d) The individual loses services authorized under the state Medicaid plan due to the  
3 individual's turning age 21.

4 (e) The individual experiences a documented significant change in medical or functional  
5 status that would necessitate increased service utilization or a need for a more costly  
6 service. A change in the individual's condition or circumstances that affects the  
7 individual's health or welfare is significant if it is a change of considerable magnitude or  
8 considerable effect. Examples of such changes are:

9 1. A deterioration in medical condition that requires that the recipient receive  
10 services at a greater intensity or in a different setting to ensure that recipient's  
11 health or safety;

12 2. Onset of a health, environmental, behavioral, or medical condition that requires  
13 that the recipient receive services at a greater intensity or in a different setting  
14 to ensure the recipient's health or safety; or

15 (f) A change in age or service setting resulting in a loss of services funded or  
16 otherwise provided from sources other than the waiver. This may include a  
17 change in living setting which requires a different service array or a change in  
18 presence or health status of a primary caregiver that prevents the caregiver  
19 from continuing to provide support.

20 (g) The individual has documented serious, acute dental needs requiring prompt attention  
21 and a provider is available to provide services to the individual.

22 (h) The durable medical equipment used by the individual has reached the end of its  
23 useful life or is damaged, or the individual's functional or physical status has changed  
24 enough to require the use of waiver-funded durable medical equipment that had not  
25 previously been used; and the individual cannot fund the entire amount of the purchase  
26 from his or her budget allocation without jeopardizing health and safety.

27 (i). The individual has had the onset of a physical condition or a significant decrease in  
28 the abilities of the caregiver, it has been documented that environmental modifications  
29 are the most cost-effective way to meet the individual's needs for the long-term.

30 (3) To ensure that limited supplemental funding targeted to those individuals most in  
31 need:

DRAFT iBUDGET FLORIDA RULES FOR RULE DEVELOPMENT WORKSHOP  
APRIL 3, 2012

1 (a) Whenever an individual requests supplemental funding, a proposed cost plan shall be  
2 submitted indicating how the current budget allocation and requested supplemental funds  
3 would be used. Documentation of attempts to locate natural or community supports,  
4 third-party payers, or other sources of support to meet the individual's health and safety  
5 needs must be submitted before the agency may review the request.

6 (b) The maximum amount of supplemental funds that may be granted to an individual is  
7 that amount required beyond the individual's current budget allocation to meet the  
8 individual's health and safety needs that are not able to be adequately met through other  
9 sources of support.

10 (c) Supplemental funds may be approved for a specific time period and for specific  
11 supports and services and, if so, may not be used outside of this time period or for  
12 another purpose without agency approval. If after 90 calendar days supplemental funds  
13 have not been used and will not be needed to meet health and safety needs, the unused  
14 funds may be reallocated for use by another individual.

15 (d) The services for which the supplemental funding is being specifically requested, as  
16 well as all other waiver-paid services on the proposed cost plan, must only be for the  
17 purpose of meeting health and safety needs.

18 (e) Supplemental funding may not be provided for purposes including but not limited to:  
19 addressing temporary loss of support from a caregiver due to reasons including but not  
20 limited to caregiver vacation, general respite needs, or accommodating caregiver work  
21 schedules; accommodating a preference for a more intense level of service when a less  
22 intense level of service will meet health and safety needs; when an individual has a single  
23 incident or a minor change in circumstance which does not jeopardize health and safety;  
24 routine dental procedures; solely for the convenience of the caregiver; or due to provider  
25 scheduling issues.

26  
27 65G-4.027 Rate Negotiation

28 (1) Individuals may negotiate rates for Family and Legal Representative Training which  
29 are lower than the rates in Rule (insert # of iBudget Florida rate rule) for these services.

30 (2) The provider shall provide documentation of rates negotiated using specified forms,  
31 hereby incorporated by reference, requiring the signature of the provider and the

DRAFT iBUDGET FLORIDA RULES FOR RULE DEVELOPMENT WORKSHOP  
APRIL 3, 2012

1 individual receiving the services. The form must include at a minimum the name and  
2 description of the services to be provided, levels, ratios, frequencies, duration, and the  
3 rates for each service.

4 (3) All requirements in the handbook must be adhered to except those that are specifically  
5 stated to be allowed to be waived.

6 (4) This rule shall not apply to individuals participating in the Consumer Directed Care  
7 Plus (CDC+) Program.

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