iBudget Rule

iBudget Rule

- There is no audio required for this presentation. Please set your PowerPoint to view the slides and notes.
- In presentation mode, click the mouse or press "enter" to advance to the next slide.
- In presentation mode, press the "backspace" to return to the previous slide.

There is no audio required for this presentation. Please set your PowerPoint to view the slides and notes. In presentation mode, click the mouse or press "enter" to advance to the next slide. Press the "backspace" to return to the previous slide.
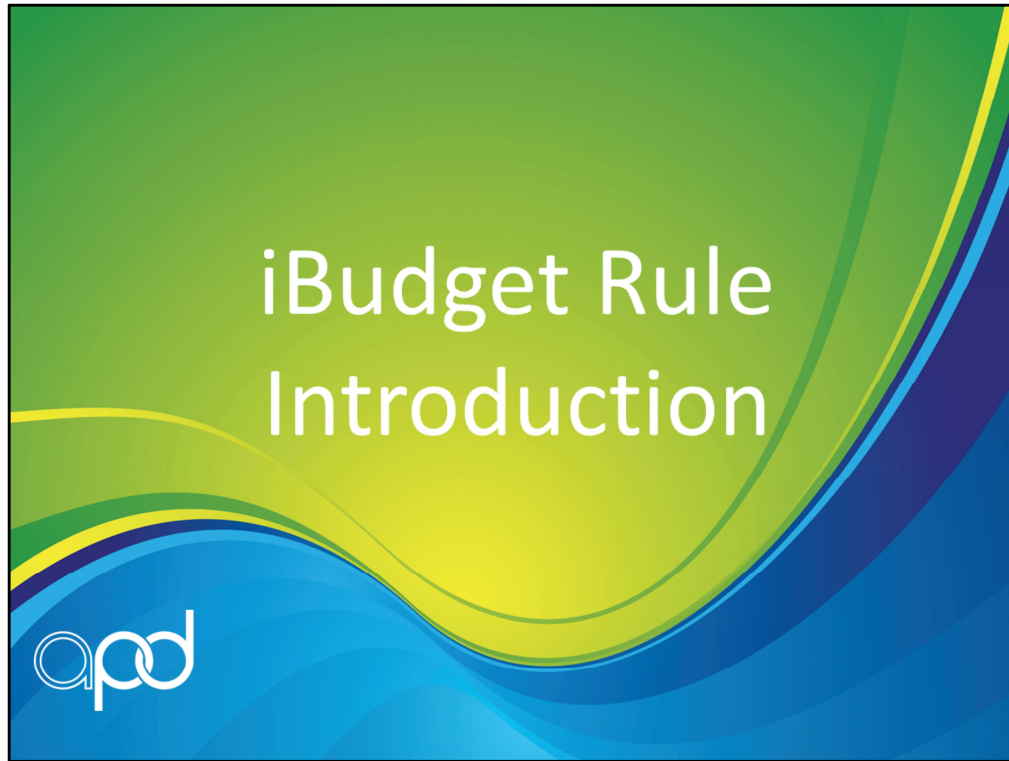
iBudget Rule

- Send procedural questions by email to iBudgetQuestions@apdcares.org.
- WSCs may contact the Regional office for assistance on specific cases.

WSCs who have procedural questions may e-mail iBudgetQuestions@apdcares.org. WSCs may contact the Regional office for assistance on specific cases. A regular FAQ will be posted with relevant questions received.

Training Topics

- iBudget Rule Introduction
- Key Terms
- Implementation/WSC Instructions
- Cost Plan Development
- Significant Additional Needs

This training is designed for Waiver Support Coordinators and Agency for Persons with Disabilities (APD) staff to gain understanding of the iBudget Rule. This training will cover the following topics: an Introduction to the iBudget rule, Key Terms, Implementation and WSC Instructions, Cost Plan Development, and Significant Additional Needs.

iBudget Rule
Introduction

The next several slides will provide an introduction to the iBudget Rule and key terms used in the rule.

iBudget Rule

- iBudget Rules 65G-4.0213 through 4.0218, F.A.C. became effective July 2016.
- View rule at http://apd.myflorida.com/ibudget/rules-regs.htm

Rules 65G-4.0213 through 4.0218 , Florida Administrative Code became effective in July 2016. This rule establishes a new algorithm for the iBudget and describes how an individual receives funding for services. This rule was developed with public input and can be viewed online at http://apd.myflorida.com/ibudget/rules-regs.htm. A copy of the rule is also posted with this training. Waiver Support Coordinators and APD staff should be familiar with the requirements in this rule to ensure that they can best assist individuals served through the waiver.

iBudget Rule

- Algorithm for new enrollees
- Algorithm, AIM, and Individual review at the time of the support plan for existing individuals enrolled on the waiver

The iBudget rule establishes a new algorithm for individuals enrolled on the iBudget Waiver. The rule requires an Allocation Implementation Meeting or AIM facilitated by the Waiver Support Coordinator with the individual and their representative. It also requires an individual review completed by APD to ensure that individuals receive services that are medically necessary and meet their health and safety needs.

Key Terms

- Rule 65G-4.0213 is a comprehensive list of definitions
- Some key terms included in the next several slides of the presentation

The iBudget rule provides for a comprehensive list of definitions in Rule 65G-4.0213. The next several slides will define some of the key terms used in the presentation from the rule.

Key Terms

- **Individual:** Person with a developmental disability, as defined by Section 393.063, F.S., and who is enrolled in iBudget.

The iBudget rule refer to an "individual" as a person with a developmental disability, as defined by Section 393.063, F.S., and who is enrolled in the iBudget waiver. This refers to individual on the WSC caseload that they are serving through the iBudget Waiver.

Key Terms

- **Individual representative:** Individual's parent (for a minor), guardian, guardian advocate, a designated person holding a power of attorney for decisions regarding health care or public benefits, designated attorney or a healthcare surrogate, or in the absence of any of the above, a medical proxy as determined under Section 765.401, F.S. The individual's Waiver Support Coordinator shall ascertain whether an individual has any of these representatives and inform the agency of the identity and contact information.

The "individual representative" is the individual's parent (for a minor), guardian, guardian advocate, a designated person holding a power of attorney for decisions regarding health care or public benefits, designated attorney or a healthcare surrogate, or in the absence of any of the above, a medical proxy as determined under Section 765.401, F.S. The individual's Waiver Support Coordinator shall ascertain whether an individual has any of these representatives and inform the agency of the identity and contact information. When someone has an individual representative, the WSC must include them in the management of an individual's case.

Key Terms

- **Allocation Algorithm:** The mathematical formula based upon statistically validated relationships between individual characteristics (variables) and the individual's level of need for services provided through the Waiver .

- **Allocation Algorithm Amount:** Result of the Allocation Algorithm apportioned according to available funding.

"Allocation Algorithm" is a frequently used term in the rule. This is a mathematical formula based upon statistically validated relationships between individual characteristics (variables) and the individual's level of need for services provided through the Waiver . The "Allocation Algorithm Amount" is The result of the Allocation Algorithm apportioned according to available funding The specific elements used in the Allocation Algorithm are found in the iBudget Rule. This will be covered on slides 35-39 of this presentation.

Key Terms

- **Amount Implementation Meeting Worksheet (AIM**): A form used by the Agency for new waiver enrollees, and upon recalculation of an individual's algorithm, to (a) communicate an individual's Allocation Algorithm Amount, (b) identify proposed services based upon the Allocation Algorithm Amount, and (c) identify additional services, if any, should the individual or their representative feel that any Significant Additional Needs of the individual cannot be met within the Allocation Algorithm Amount.

Amount Implementation Meeting Worksheet (AIM) is A form used by the Agency for new waiver enrollees, and upon recalculation of an individual's algorithm, to (a) communicate an individual's Allocation Algorithm Amount, (b) identify proposed services based upon the Allocation Algorithm Amount, and (c) identify additional services, if any, should the individual or their representative feel that any Significant Additional Needs of the individual cannot be met within the Allocation Algorithm Amount. The AIM process is covered on slides 20 through 27 of this presentation.

Key Terms

- **iBudget Amount**: Total amount of funds that have been approved by the agency, pursuant to the iBudget Rules, for an individual to expend for waiver services during a fiscal year

The Allocation Algorithm Amount is not the final iBudget amount for an individual. The "iBudget Amount" is the total amount of funds that have been approved by the agency, pursuant to the iBudget Rules, for an individual to expend for waiver services during a fiscal year.

Key Terms

- **iBudget Amount**

Algorithm + Significant Additional Needs =
iBudget Amount

Therefore, the algorithm, plus significant additional needs is equal to the individual's iBudget Amount for the year.

Key Terms

- **Individual Review** – Agency review of information submitted by a WSC, to determine if the request meets significant additional needs criteria.

The Individual Review is a critical process in ensuring that an individual receives the services that they need. An individual review is completed by APD to review information submitted by a WSC and to determine if the request meets significant additional needs criteria. Additional information regarding Significant Additional Needs will be covered on Slides 52-76.

The next several slides will provide information about the implementation of the new algorithm for individuals served on the iBudget Waiver.

Implementation

- Old and New Allocation Algorithm
- New Enrollees
- At the time of support plan for individuals presently receiving waiver services
- For new enrollees with AIMs from the old algorithm in process or individuals with pending SANs, APD will contact the WSCs with further direction
- Refer to the *iBudget Rule Implementation WSC Process Steps* document

The Agency began running the new algorithm for new waiver enrollees in August 2016. For most individuals presently on the waiver, the Agency will implement the new algorithm at the time of the individual's annual support plan. This will enable the WSC to engage the individual and the individual representative during the support planning process to ensure that funding levels meet the individual's health and safety needs. For new enrollees with AIMs from the old algorithm in process or individuals with pending SANs, APD will contact the WSCs with further direction. Please refer to the *iBudget Rule Implementation WSC Process Steps* posted with this training.

Implementation at the time of the Support Plan

- 60 days prior to support plan, WSC receives the Allocation Algorithm from APD via email with the EZ Budget Calculator attached

At least 60 days prior to the support plan date for an individual on the waiver, the APD Regional office will provide the Waiver Support Coordinator with the Allocation Algorithm for the individual.

Implementation at the Time of the Support Plan

Date Algorithm Provided	Support Plan Date in ABC
November 1, 2016	January 2017
December 1, 2016	February 2017
January 1, 2017	March 2017
February 1, 2017	April 2017
March 1, 2017	May 2017
April 1, 2017	June 2017
May 1, 2017	July 2017
June 1, 2017	August 2017
July 1, 2017	September 2017
August 1, 2017	October 2017
September 1, 2017	November 2017
October 1, 2017	December 2017

The Algorithm will be provided to WSCs by the Regional office via email based on a schedule of the individual's support plan. For example, if a client has a support plan in January 2016, the algorithm will be provided in November. This will give the WSC time to meet with the individual and discuss the algorithm and any significant additional needs during annual support plan activities.

Implementation/WSC Instructions

- The WSC will meet with the individual and conduct the Allocation Implementation Meeting and document this using the AIM Worksheet.

- The AIM Worksheet is located at http://apd.myflorida.com/ibudget/users.htm

The WSC must meet with the individual and conduct the Allocation Implementation Meeting, also known as the AIM. The WSC must document the AIM process using the AIM Worksheet. The AIM Worksheet is available online at http://apd.myflorida.com/ibudget/users.htm. The WSC may wish to schedule the AIM in conjunction with support planning.

Implementation/WSC Instructions

AIM Meeting Requirements:

- Communicate Allocation Algorithm Amount
- Identify proposed services
- Identify additional services if there are Significant Additional Needs.
- Document with the AIM Worksheet

During the AIM Meeting, the WSC must communicate the individual's Allocation Algorithm Amount with the individual and individual representative, if they have one. They should identify proposed services based upon the Allocation Algorithm Amount, and identify additional services, if any, should the individual or their representative feel that any Significant Additional Needs of the individual cannot be met within the Allocation Algorithm Amount. Significant Additional needs will be discussed in greater details on Slides 52 through 76. The WSC must document the meeting using the AIM Worksheet.

Implementation/WSC Instructions

iBudget Florida

Amount Implementation Meeting (AIM) Worksheet - APD 2015-01

Discussion on iBudget Amount

Date: _____	Date of Enrollment: _____
Individual: _____	Field Office: _____
Legal Rep: _____	Region: _____
Attendees: _____	PIN: _____
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: _____   ☐ APPROVED

Final Recommended Amount: _____   ☐ NOT APPROVED

Signature of ROM: _____   Date: _____

Effective 12/3/2014. Updated 5/21/2015.   Rule 65G-4.0213   Page 1 of 3

On page 1 of the AIM Worksheet, the WSC will populate the demographic information at the top and identify any Significant Additional Needs if additional funding is requested about the algorithm amount. The WSC must have the Individual and/or Individual representative check the box in the middle of the form and sign acknowledging the discussion that occurred.

Implementation/WSC Instructions

Region: _____ Date Submitted: _____
iBudget Cost Plan Begin/End Dates From: _____ To: _____

Individual's Name: _____ PIN: _____
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)

Effective 12/3/2014. Updated 5/21/2015.   Rule 65G-4.0213   Page 2 of 3

On page 2 of the AIM Worksheet, the WSC documents the services requested.
The WSC must identify the services, begin dates, end dates, rates, units, and annualized units. The Amounts and Annualized Amounts will calculate automatically. The WSC must ensure that all past, current, and future services within the fiscal year are prorated accordingly.

Implementation/WSC Instructions

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:		$ -		$ -

Effective 12/3/14   Rule 65G-4.0213   Page 3 of 3

Page 3 of the AIM is utilized by APD as part of the individual review. Page 3 does not need to be completed by the WSC.

Implementation/WSC Instructions

- WSC submits AIM within 30 calendar days of receipt of the Allocation Algorithm Amount

- APD will issue a notice of the decision of iBudget Amount within 30 days of receipt of AIM Worksheet or 60 days if additional documentation is requested

The AIM Worksheet must be completed as part of the Individual Review and submitted to the Agency within 30 days of receipt of the new Allocation Algorithm Amount. The Agency will conduct an individual review and issue a decision of the iBudget Amount within 30 days of receipt of the AIM Worksheet form. The individual or their representative will be advised of the Agency's decision for the amount of the individual's final iBudget Amount within 30 days. If additional documentation is requested, the deadline for the Agency's response shall be extended to 60 days following the receipt of the original request.

Implementation/WSC Instructions

- If the individual is satisfied with the algorithm amount, the WSC can submit the AIM Worksheet to APD Regional office using email addresses for AIM submission.

  northwest.aim@apdcares.org
  northeast.aim@apdcares.org
  central.aim@apdcares.org

  suncoast.aim@apdcares.org
  southeast.aim@apdcares.org
  southern.aim@apdcares.org.
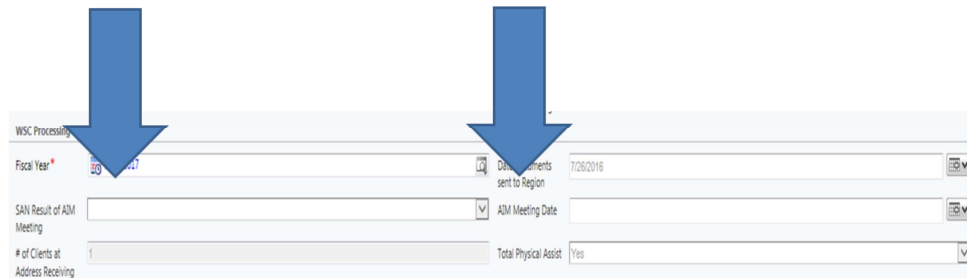
If the individual is satisfied with the algorithm amount, the WSC shall submit the AIM Worksheet to the APD Regional office. WSCs may use the usual email addresses for AIM submission.

Implementation/WSC Instructions

- If the individual is requesting services that exceed the algorithm amount due to significant additional needs, the WSC must submit the AIM Worksheet and documentation to APD on the iBudget SAN system.

If the individual is requesting services that exceed the algorithm amount due to significant additional needs, the WSC will submit the AIM Worksheet and documentation to APD on the iBudget SAN system.

Implementation/WSC Instructions

The SAN system now has two fields to document the attachment of the AIM Worksheet and date of the AIM meeting. The WSC can identify through the drop down (yes or no) if the SAN is a result of an AIM Meeting. The WSC will document the date of the AIM meeting.

Implementation/WSC Instructions

- The WSC is responsible for ensuring that the individual and their individual representative understand the iBudget notice. This includes:

1. Reviewing the notice content
2. Explaining information in the notice
3. Answering questions or following up on concerns

When APD issues the notice identifying the individual's iBudget Amount, the WSC is responsible for ensuring that the individual and their individual representative receive and understand the notice.
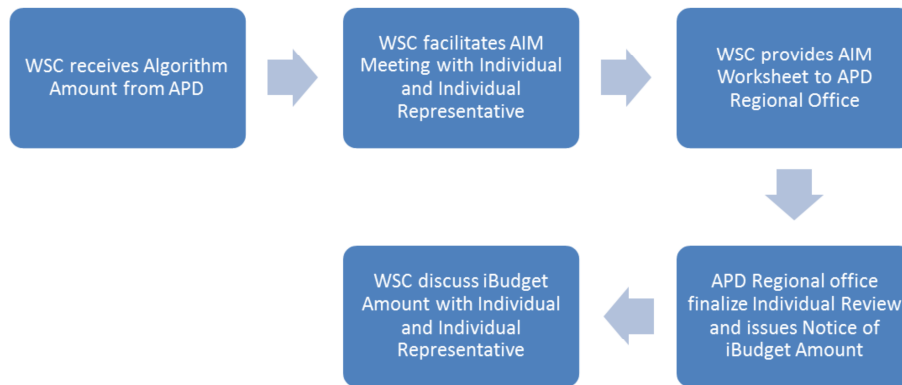
As a recap, this diagram shows a high level overview of the WSC process.
1. The WSC will receive the Allocation Algorithm 60 days prior to the support plan effective date.
2. The WSC will facilitate the AIM process with the individual and the individual representative.
3. The WSC will provide the AIM Worksheet to the Regional Office within 30 days of receipt of the Allocation Algorithm.
4. APD will issue a notice of the individual's iBudget Amount within 30 days of receipt of the AIM Worksheet or within 60 days if additional information is requested.
5. The WSC will discuss the notice with the individual and individual representative.

SANS During Implementation

- During statewide implementation of the new algorithm, if the WSC needs to submit a new SAN request prior to the individual's support plan annual date, the WSC will request the new algorithm from the Region via email.
- The Region will run the new algorithm and provide it to the WSC.
- The WSC will complete the AIM process with the consumer and document on the AIM Worksheet, which must be included in the SAN Request.

During statewide implementation of the new algorithm, if the WSC needs to submit a new SAN request prior to the individual's support plan annual date, the WSC will request the new algorithm from the Region via email. The Region will run the new algorithm and provide it to the WSC. The WSC will complete the AIM process with the consumer and document on the AIM Worksheet, which must be included in the SAN Request.

SANs During Implementation

- The WSC must complete the AIM process within 30 days.
- If the new algorithm meets the individual's needs submit the AIM to the Regional Office.
- If the individual is requesting additional funds, submit the AIM Worksheet online through the SAN Process.

The WSC must complete the AIM process within 30 days.
If the new algorithm meets the individuals, needs submit the AIM to the Regional Office. If the individual is requesting additional funds, submit the AIM Worksheet online through the SAN Process.
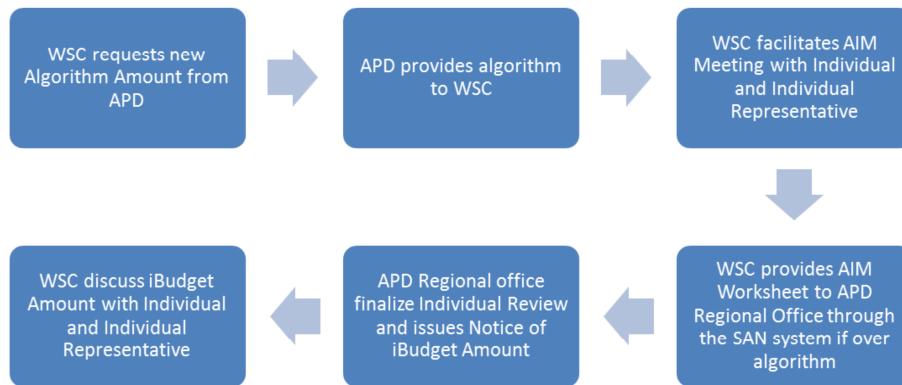
As a recap, if a Waiver Support Coordinator needs to request a SAN during implementation (prior to the individuals annual support plan), the following process occurs:

1. WSC request new algorithm amount from APD
2. APD provides algorithm amount to the WSC
3. WSC facilitates the AIM meeting with the Individual and Individual Representative
4. WSC provides AIM Worksheet to the APD Region office through the SAN system if services are requested over the algorithm amount.
5. APD finalizes the individual review and issues a Notice of iBudget Amount
6. WSC discusses the iBudget Amount and notice with the individual and individual representative

SANS during Implementation

- For additional information, please refer to the *iBudget Rule Implementation Waiver Support Coordinator (WSC) Process Steps* document posted with this training.

For additional information, please refer to the *iBudget Rule Implementation Waiver Support Coordinator (WSC) Process Steps* document posted with this training.
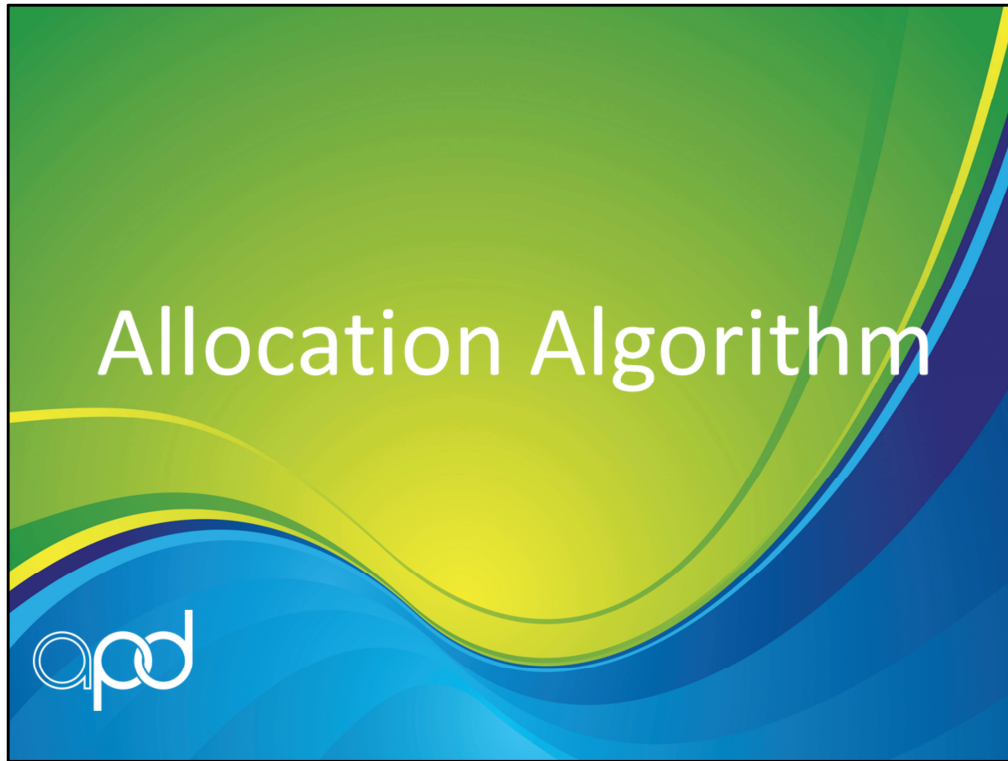
The Allocation Algorithm will be explained in the next several slides.

Allocation Algorithm

| 1. Age | 2. Living Setting | 3. QSI |
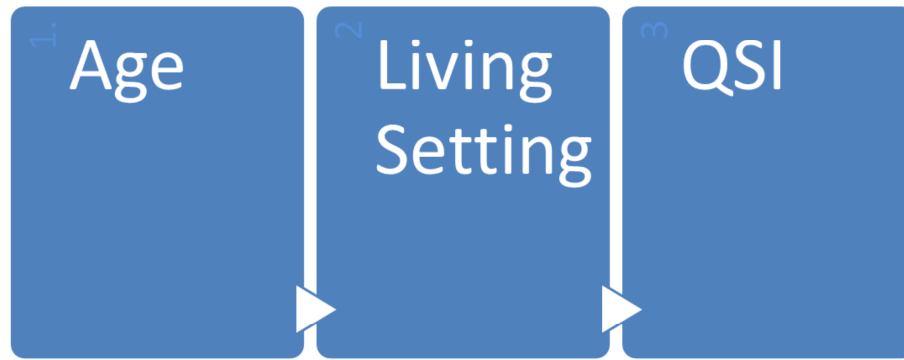
Rule 65G-4.0214 defines how the Agency derived the Allocation Algorithm. Factors include age, living setting, and various portions of the Questionnaire for Situational Information (QSI) needs assessment.

Allocation Algorithm

Age	Living Setting	QSI
0-20 21-30 31 and older	• Family Home • Independent Living, Supported Living, or licensed residential facility without residential habilitation • Standard or Live-In Residential Habilitation • Behavior Focus Residential habilitation • Intensive Behavior Residential Habilitation • Comprehensive Training and Education Program (CTEP) or Special Medical Home Care	• Used QSI behavioral sum of scores of all questions for all consumers. • Used functional sum of scores of all questions for consumers in family home and supported living. • Used behavioral sum of scores of all questions for consumers in supported living. • Questions 16, 18, 20, 21, 23, 28, 33, 34, 36 and 43 were additionally weighted

The new algorithm considers the following factors:

Age Categories: 0-20, 21-30, and 31 and older

Living Setting: Family Home, Independent Living, Supported Living, or licensed residential facility without residential habilitation, Standard or Live-In Residential Habilitation, Behavior Focus Residential habilitation

Intensive Behavior Residential Habilitation, Comprehensive Training and Education Program (CTEP) or Special Medical Home Care

QSI: Used QSI behavioral sum of scores of all questions for all consumers.

Used functional sum of scores of all questions for consumers in family home and supported living.

Used behavioral sum of scores of all questions for consumers in supported living. Questions 16, 18, 20, 21, 23, 28, 33, 34, 36 and 43 were additionally weighted (QSI 16- Eating, QSI 18=transferring, QSI 20 =Self-protect, QSI 21- Dressing, QSI 23= maintain hygiene, QSI 28-Inapproriate Sexual Behavior, QSI 33-Injuary to the Person Caused by Aggression toward Others or Property, QSI 34-Use of Mechanical Restraints or Protective Equipment for Maladaptive Behavior, QSI 36 – Use of Psychotropic Medication, QSI 43- Treatment (Physician Prescribed).

Allocation Algorithm

QSI

- WSC notify APD in writing if there is an error with the QSI
- APD will review the QSI to determine if adjustments are needed
- APD will inform the WSC of the review and revised the Allocation Algorithm
- WSCs must notify the individual

Individuals must have a current QSI Assessment prior to determining the Allocation Algorithm. The QSI is completed by a certified QSI assessment every 3 years and if there is a change. QSI evaluation scores are provided to the individual and WSC. Upon receiving QSI results if the individual or their representative identifies an error in the QSI results the WSC shall notify the Agency in writing setting forth the details of the error. At any time, the individual or WSC can prepare a statement to be maintained in individual's Central File identifying any concerns with the QSI assessment score or responses. If any error is identified in the QSI assessment the agency shall review the error to determine if any adjustments are needed. The agency shall inform the WSC of the result of the review and provide a revised Allocation Algorithm Amount, if appropriate, within 15 working days of notification of the error. The WSC shall in turn notify the individual or the individual's representative.

Allocation Algorithm

QSI

- Individual/WSC may request reassessment if there is a significant change related to variables impacted in the algorithm

- APD will complete the assessment and notify the individual and WSC of the results within 60 days.

- APD and WSC must address any emergency needs regardless of the QSI completion.

The individual or WSC may request a reassessment any time there has been a significant change in circumstance or condition that would impact any of the questions used as variables in the algorithm determination. The Agency shall arrange for a reassessment at the earliest possible time in accordance with the circumstances, complete the reassessment, and notify the individual and WSC of the results within 60 days of the request for reassessment. This section shall not be construed to require the Agency to wait for the completion of a QSI in order to address an emergency situation of the individual.

The next several slides will explain information about Cost Plan Development.

Cost Plan Development

Medical Necessity

1. Necessary to protect life, to prevent significant illness or significant disability, or to alleviate severe pain

2. Individualized, specific, and consistent with symptoms or confirmed diagnosis of the illness or injury under treatment, and not in excess of the patient's needs

All waiver services must be medically necessary. Medical necessity is a state and federal requirement for the provision of Medicaid services. Medical necessity means that the medical or allied care, goods, or services furnished or ordered must meet the following conditions:

1. Be necessary to protect life, to prevent significant illness or significant disability, or to alleviate severe pain;

2. Be individualized, specific, and consistent with symptoms or confirmed diagnosis of the illness or injury under treatment, and not in excess of the patient's needs;

Cost Plan Development

Medical Necessity (continued)

3. Consistent with generally accepted professional medical standards as determined by the Medicaid program, and not experimental or investigational

3. Be consistent with generally accepted professional medical standards as determined by the Medicaid program, and not experimental or investigational;

Cost Plan Development

Medical Necessity (continued)

4. Be reflective of the level of service that can be safely furnished, and for which no equally effective and more conservative or less costly treatment is available statewide

4. Be reflective of the level of service that can be safely furnished, and for which no equally effective and more conservative or less costly treatment is available statewide; and,
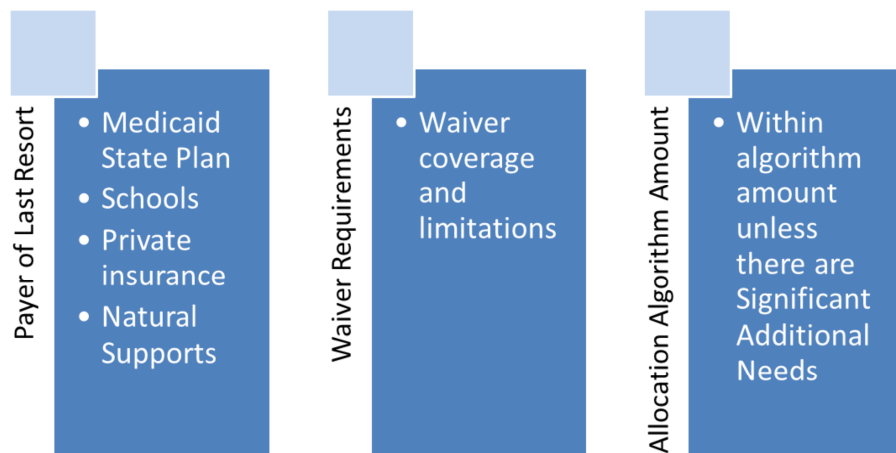
Cost Plan Development

Medical Necessity (continued)

5. Furnished in a manner not primarily intended for the convenience of the individual, the individual's caretaker, or the provider.

6. The fact that a provider has prescribed, recommended, or approved medical or allied care, goods, or services does not, in itself, make such care, goods or services medically necessary or a medical necessity or a covered service.

5. Be furnished in a manner not primarily intended for the convenience of the individual, the individual's caretaker, or the provider.
The fact that a provider has prescribed, recommended, or approved medical or allied care, goods, or services does not, in itself, make such care, goods or services medically necessary or a medical necessity or a covered service.

Cost Plan Development

Payer of Last Resort
- Medicaid State Plan
- Schools
- Private insurance
- Natural Supports

Waiver Requirements
- Waiver coverage and limitations

Allocation Algorithm Amount
- Within algorithm amount unless there are Significant Additional Needs

Medical necessity alone is not sufficient to authorize a service under the waiver; in addition:

(a) With the assistance of the WSC the individual must utilize all available State Plan Medicaid services, school-based services, private insurance, natural supports, and any other resources which may be available to the individual before expending funds from the individual's iBudget Amount for support or services. As an example, State Plan Medicaid services for children under the age of 21 typically include, personal care assistance, therapies, consumable medical supplies, medical services, and nursing;

(b) The services must be within waiver coverages and limitations; and,

(c) The cost of the services must be within the Allocation Algorithm Amount unless there is a significant additional need demonstrated.

Failure to meet the above criteria shall result in a denial of a request for additional funding.

Cost Plan Development

WSCs must coordinate to obtain services from all available resources
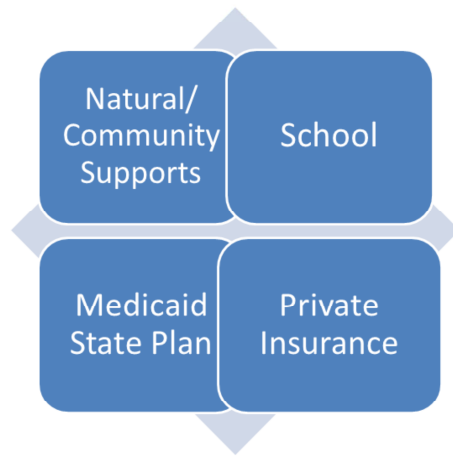
WSCs shall coordinate with the individuals they serve to ensure that services are selected from all available resources to keep the annual cost of services within the individual's iBudget Amount while maintaining the individual's health and safety.

Cost Plan Development

WSC Flexibility to adjust service authorizations

- Life Skills Development 1
- Life Skills Development 2
- Life Skills Development 3 (within approved ratio)
- Durable Medical Equipment
- Adult Dental
- Personal Emergency Response System

- Consumable Medical Supplies
- Personal Supports up to $16,000
- Respite up to $10,000
- Environmental Accessibility Adaptations

Individuals enrolled in iBudget will have flexibility and choice to budget or adjust funding among the following services without requiring additional authorizations from the Agency, provided the individual's overall iBudget Amount is not exceeded and all health and safety needs are met:

1. Life Skills Development 1;
2. Life Skills Development 2;
3. Life Skills Development 3, within the approved ratio;
4. Durable Medical Equipment;
5. Adult Dental;
6. Personal Emergency Response Systems;
7. Environmental accessibility adaptations;
8. Consumable Medical Supplies;
9 Transportation;
10. Personal Supports up to $16,000;
11. Respite up to $10,000.

Cost Plan Development

Flexibility to change services within the cost plan if medically necessary and health/safety needs met. Examples might include:

❖ Using unallocated funds or unused funds to meet a one-time need such as dental or equipment

❖ Moving funds between meaningful day activities

❖ Moving unused previously allocated funds forward to meet a temporary increased need for Personal Supports

After the individual's proposed cost plan is approved, individuals may change the services in their Approved Cost Plan provided that such change does not jeopardize the health and safety of the individual and meets medical necessity. Examples include, but are not limited to: Using unallocated funds or unused funds to meet a one-time need such as dental or equipment; Moving funds between meaningful day activities; and Moving unused previously allocated funds forward to meet a temporary increased need for Personal Supports.

Cost Plan Development

- WSC ensure that sufficient funds remain allocated for services not yet billed by the provider

- It is required for WSCs to populate the notes section of the service authorization to clarify service provision.

Example: 5 hours/day – M-F; 10 hours weekends, etc.

When changing the services within the Approved Cost Plan, the individual and his or her WSC shall ensure that sufficient funding remains allocated for unpaid services that were authorized and rendered prior to the effective date of the change. The WSC is required to complete the notes section of the service authorization to reflect the details of the service needs of the individual.

Cost Plan Development

- Services not listed on Slide 47 require additional review by APD

- When the WSC inputs services into the cost plan, the iBudget system has controls in place to facilitate the authorization process

Other services require additional review by APD. When the WSC inputs services into the cost plan, the iBudget system has controls in place to facilitate the authorization process.

Cost Plan Development

REMEMBER!

- Services must be medically necessary
- Services must meet waiver coverage and limitations

Remember, services must be medically necessary and also within iBudget Handbook Coverage and Limitations.

The next group of slides will provide an information about Significant Additional Needs criteria and processing.

Significant Additional Needs

- Funds can be approved above the Allocation Algorithm Amount if the individual has "Significant Additional Needs" that meet the criteria of the iBudget Rule.
- Request at <u>any time,</u> including:

    a. During the AIM process

    b. Anytime after the iBudget Amount is established

What if individual needs exceed the Allocation Algorithm Amount? The WSC must work with the individual to document Significant Additional Needs and request additional services through the AIM process. The Agency authorize services that meet waiver criteria and exceed the Allocation Algorithm Amount if the individual has significant additional needs. Significant Additional Needs funding may be requested any time. This includes at the time of the AIM meeting or any time after the iBudget Amount is established.

Significant Additional Needs

- Need for additional funding that if not provided would place the health and safety of the individual, caregiver, or public in serious jeopardy
- Extraordinary needs
- Significant need for one time or temporary services
- Significant need to increase services after the beginning of the year
- Significant need for transportation

Significant Additional Needs are defined as the need for additional funding that if not provided would place the health and safety of the individual, the individual's caregiver, or public in serious jeopardy which are authorized under Section 393.0662(1)(b), F.S., and categorized as extraordinary need, significant need for one time or temporary support or services, or significant increase in the need for services after the beginning of the service plan year. In addition, the term includes a significant need for transportation services as provided in paragraph 65G-4.2018(1)(d), F.A.C. We will break this down in the next few slides.

Significant Additional Needs

EXAMPLES

- Significant, potentially life-threatening behaviors
- Complex medical conditions

Examples of SANs that may require long-term support include, but are not limited to, any of the following:

a. A documented history of significant, potentially life-threatening behaviors, such as recent attempts at suicide, arson, nonconsensual sexual behavior, or self-injurious behavior requiring medical attention;

b. A complex medical condition that requires active intervention by a licensed nurse on an ongoing basis that cannot be taught or delegated to a non-licensed person;

Significant Additional Needs

EXAMPLES

- Chronic comorbid condition
- Need for total physical assistance

C. A chronic comorbid condition. As used in this subparagraph, the term "comorbid condition" means a diagnosed medical or mental health condition existing simultaneously but independently with another medical or mental health condition in a patient;
d. A need for total physical assistance with activities of daily living such as eating, bathing, toileting, grooming, dressing, personal hygiene, lifting, transferring or ambulation;

e. Permanent or long-term loss or incapacity of a caregiver;

f. Loss of services authorized under the state Medicaid plan or through the school system due to a change in age;

g. Significant change in medical, behavioral or functional status;

Significant Additional Needs

EXAMPLES

- Lack of meaningful day activity needed to foster mental health, prevent regression or engage in meaningful community life
- Crisis situation: Homeless, danger to self and others, caregiver unable to provide care
- Risk of abuse, neglect, exploitation, or abandonment

h. Lack of a meaningful day activity needed to foster mental health, prevent regression or engage in meaningful community life and activities;

i. One or more of the situations described in Rule 65G-1.047, F.A.C., Crisis Status Criteria;

j. Risk of abuse, neglect, exploitation or abandonment.
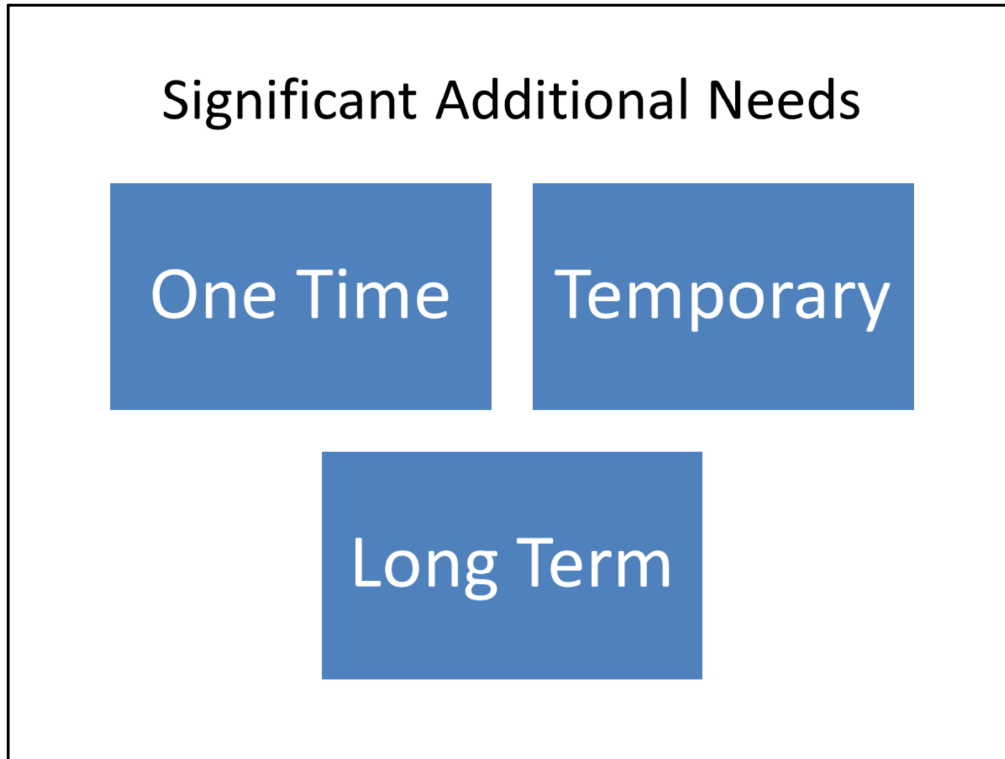
Supplemental funding for Significant Additional Needs (SANs) may be of a one-time, temporary, or long-term in nature including the loss of Medicaid State Plan or school system services due to a change in age.

Significant Additional Needs

Extraordinary Needs	One time/temporary needs
Need for increase after the cost plan year due to change	Transportation to waiver funded services

SANs funding requests must be based on at least one of the four categories, as follows. The include extraordinary needs, a significant need for one-time or temporary support or services that, if not provided, would place the health and safety of the client, the client's caregiver, or the public in serious jeopardy, unless the increase is approved, a significant increase in the need for services after the beginning of the service plan year that would place the health and safety of the client, the client's caregiver, or the public in serious jeopardy because of substantial changes in the client's circumstances, a significant need for transportation services to a waiver-funded adult day training program or to a waiver--funded supported employment where such need cannot be accommodated within the funding authorized.

Significant Additional Need

Extraordinary Need

significant, potentially life-threatening behaviors, such as recent attempts at suicide, arson, nonconsensual sexual behavior, or self-injurious behavior requiring medical attention

The rule describes extraordinary needs as (a) An extraordinary need that would place the health and safety of the client, the client's caregiver, or the public in immediate, serious jeopardy unless the increase is approved. An extraordinary need may include, but is not limited to:

1. A documented history of significant, potentially life-threatening behaviors, such as recent attempts at suicide, arson, nonconsensual sexual behavior, or self-injurious behavior requiring medical attention;

Significant Additional Need

Extraordinary Need (continued)

A complex medical condition that requires active intervention by a licensed nurse on an ongoing basis that cannot be taught or delegated to a nonlicensed person

2. A complex medical condition that requires active intervention by a licensed nurse on an ongoing basis that cannot be taught or delegated to a nonlicensed person;

Significant Additional Needs

Extraordinary Need (continued)

A chronic comorbid condition. As used in this subparagraph, the term "comorbid condition" means a medical condition existing simultaneously but independently with another medical condition in a patient

3. A chronic comorbid condition. As used in this subparagraph, the term "comorbid condition" means a medical condition existing simultaneously but independently with another medical condition in a patient; or

Significant Additional Need

Extraordinary Need (Continued)

- A need for total physical assistance with activities such as eating, bathing, toileting, grooming, personal hygiene, lifting, transferring or ambulation.

4. A need for total physical assistance with activities such as eating, bathing, toileting, grooming, personal hygiene, lifting, transferring or ambulation.

Significant Additional Needs

Extraordinary Need (continued)

The presence of an extraordinary need alone does not warrant an increase in the amount of funds allocated to a client's iBudget as determined by the algorithm.

Ensure all available options are accessed first.

However, the presence of an extraordinary need alone does not warrant an increase in the amount of funds allocated to a client's iBudget as determined by the algorithm.

The WSC must ensure that the individual accesses all available service options, including moving funds around within the cost plan to address the need and accessing services through other resources.

Significant Additional Needs

- Significant need for one-time or temporary support or services that, if not provided, would place the health and safety of the client, the client's caregiver, or the public in serious jeopardy, unless the increase is approved.
- Examples: Environmental modifications, durable medical equipment, services to address the temporary loss of support from a caregiver, or special services or treatment for a serious temporary condition when the service or treatment is expected to ameliorate the underlying condition.

Significant Additional Needs also include a significant need for one-time or temporary support or services that, if not provided, would place the health and safety of the client, the client's caregiver, or the public in serious jeopardy, unless the increase is approved. A significant need may include, but is not limited to, the provision of environmental modifications, durable medical equipment, services to address the temporary loss of support from a caregiver, or special services or treatment for a serious temporary condition when the service or treatment is expected to ameliorate the underlying condition. "Temporary" means a period of fewer than 12 continuous months. However, the presence of such significant need for one-time or temporary supports or services alone does not warrant an increase in the amount of funds allocated to a client's iBudget as determined by the algorithm.

Significant Additional Needs

- Significant increase in the need for services after the beginning of the service plan year that would place the health and safety of the client, the client's caregiver, or the public in serious jeopardy because of substantial changes in the client's circumstances, including, but not limited to, permanent or long-term loss or incapacity of a caregiver, loss of services authorized under the state Medicaid plan due to a change in age, or a significant change in medical or functional status which requires the provision of additional services on a permanent or long-term basis that cannot be accommodated within the client's current iBudget.

Significant Additional Needs are also considered a significant increase in the need for services after the beginning of the service plan year that would place the health and safety of the client, the client's caregiver, or the public in serious jeopardy because of substantial changes in the client's circumstances, including, but not limited to, permanent or long-term loss or incapacity of a caregiver, loss of services authorized under the state Medicaid plan due to a change in age, or a significant change in medical or functional status which requires the provision of additional services on a permanent or long-term basis that cannot be accommodated within the client's current iBudget. "Long-term" means a period of 12 or more continuous months. However, such significant increase in need for services of a permanent or long-term nature alone does not warrant an increase in the amount of funds allocated to a client's iBudget as determined by the algorithm.

Significant Additional Needs

- Transportation services to waiver-funded adult day training program or to a waiver funded supported employment when:

  - this cannot be addressed within funding without impacting health and safety

  - Public transportation is <u>not </u>an option

  - Other resources are <u>not </u>available

Additionally, Significant Additional Needs can include a significant need for transportation services to a waiver-funded adult day training program or to a waiver funded supported employment where such need cannot be accommodated within the funding authorized by the client's iBudget amount without affecting the health and safety of the client, where public transportation is not an option due to the unique needs of the client, and where no other transportation resources are reasonably available.

How to submit a request for Significant Additional Needs

Can services be moved around to address the need?

Can unused services be moved to address the need?

Is the entire budget allocated to services?

When developing a cost plan that requests Significant Additional Needs, the WSC should consider the following:

1. Can services be moved around to meet the need?
2. If a service was previously not used the funds be moved to meet the need?
3. Are there portions of the budget not allocated to services?

Significant Additional Needs

Implementation of Allocation Algorithm Amount	After iBudget Amount Established
• Identify any Significant Additional Needs during AIM process • Document on AIM Worksheet	• Identify Significant Additional Needs at times after the iBudget Amount is established • Follow normal SAN Request protocol and request online. • AIM required anytime the algorithm is recalculated

It is critical for the WSC to identify any Significant Additional Needs when receiving a new Allocation Algorithm Amount during the AIM process. However, if an individual has significant additional needs identified after the iBudget Amount is established, the WSC may request Significant Additional Needs funding at anytime following the normal process. The AIM Worksheet is required each time an Allocation Algorithm Amount is run.

How to submit a request for Significant Additional Needs

WSC submit proposed cost plan:

- Use AIM Worksheet if needs are being identified during the AIM process or when the algorithm is calculated
- Use online SAN system

For any SANs request, the WSC shall submit a cost plan proposal that reflects the specific waiver services and supports (paid and unpaid) that will assist the individual to achieve identified goals, and the provider of those services and supports, including natural supports. During the AIM process, the WSC should use the AIM Worksheet. It can be attached to the online SAN system.

How to submit a request for Significant Additional Needs

- Explain why additional funds are needed with supporting documentation
- Identify issues/concerns with the QSI
- Document attempts to access services through other resources

The request should also include an explanation of why additional funding is needed, and any additional documentation appropriate to support the request. If there are any concerns about the accuracy of the QSI results the WSC shall submit this information as well. The cost plan proposal shall be submitted indicating how the current budget allocation and requested SANs funds would be used. Documentation of attempts to locate natural or community supports, third-party payers, or other sources of support to meet the individual's health and safety needs must also be submitted.

How to submit a request for Significant Additional Needs

Documentation Requirements

- The iBudget rule specifies the documentation required for each service.

- Please refer to the attachment entitled "Documentation Requirements for SAN" for a complete list.

The Agency will request the documentation and information necessary to evaluate an individual's increased funding requests based on the individual's needs and circumstances. The documentation will vary according to the funding request and may include the following as applicable: support plans, results from the Questionnaire for Situational Information, cost plans, expenditure history, current living situation, interviews with the individual and his or her providers and caregivers, prescriptions, data regarding the results of previous therapies and interventions, assessments, and provider documentation.

How to submit a request for Significant Additional Needs

- The iBudget rule specifies the documentation required for each service.

- Please refer to the attachment entitled "Documentation Requirements for SAN" for a complete list.

The iBudget rule specifies the documentation required for each service.
Please refer to the attachment entitled "Documentation Requirements for SAN" for a complete list. This is also posted next to the training link.

How to submit a request for Significant Additional Needs

- APD has **30 days** to approve, deny (in whole or in part), or request additional documentation
- If the request does not include all necessary documentation, the APD will send written notice to the individual and WSC.
- The individual or WSC shall provide the documentation within **10 days**, or notify APD if they want APD to render its decision based upon the documentation provided.
- If additional documentation is requested, the deadline for the APD is **60 days** following the receipt of the original request.

Within 30 days of receipt of a request for SANs funding, and adjustments in the individual's service array, the Agency shall approve, deny (in whole or in part), or request additional documentation concerning the request. If the request does not include all necessary documentation, the Agency shall provide the client and WSC with a written notice of what additional documentation is required. The client or WSC shall provide the documentation within 10 days, or notify the Agency in writing that the client wishes the Agency to render its decision based upon the documentation provided. If additional documentation is requested, the deadline for the Agency's response shall be extended to 60 days following the receipt of the original request. Nothing in this section prohibits the authorization of emergency services on a temporary basis through the Agency's Regional offices. If the client has not received a notice from the Agency approving, denying or requesting additional information within 60 days, the client or WSC may notify the Agency in writing of such failure to issue a timely notice and the Agency shall have 20 days from receipt of the Notice to approve or deny the request. Failure of the Agency to issue this Notice within 20 days shall mean the requested funding for services are authorized as of the 21st day, and the client and service providers may treat the authorization as an approval.

How to submit a request for Significant Additional Needs

- The WSC <u>must</u> notify the Region office if there is an emergency need that must be met prior to the timeframes.

- The Region may authorize temporary non-waiver funds to assist while Significant Additional Needs requests are processed.

The WSC <u>must</u> notify the Region office if there is an emergency need that must be met prior to the timeframes. The Region may authorize Individual and Family Supports (IFS) Funding to cover temporary emergency services is authorized when needed while requests for Significant Additional Needs are being processed.

Questions?

- Send procedural questions by email to iBudgetQuestions@apdcares.org.
- WSCs may contact the Regional office for assistance on specific cases.
- Additional information can be found in the *iBudget Rule Implementation Waiver Support Coordinator (WSC) Process Steps* document posted with this training.

WSCs who have procedural questions may e-mail iBudgetQuestions@apdcares.org. WSCs may contact the Regional office for assistance on specific cases. A regular FAQ will be posted with relevant questions received.