

UPDATED: How to fill out the iBudget Florida Home and Community-Based Services (HCBS) Waiver Eligibility Worksheet in iConnect

Introduction

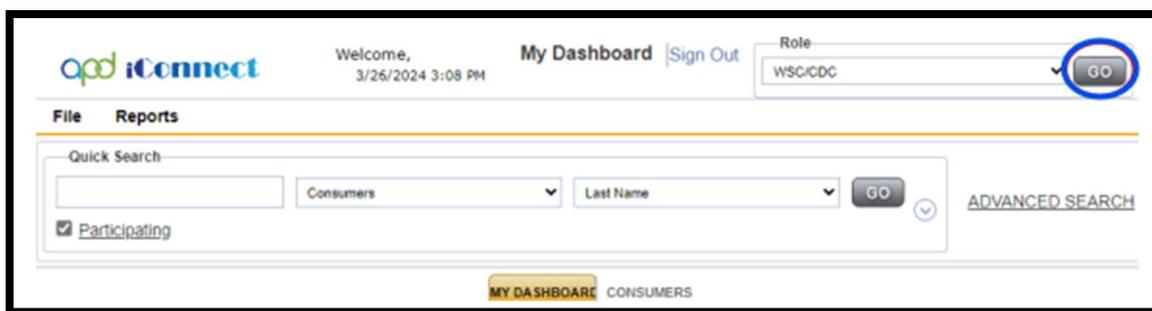
The Agency for Persons with Disabilities (APD) clients who wish to participate in the iBudget Florida HCBS waiver must meet the level of care criteria for placement in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) and must also be eligible for Medicaid under Supplemental Security Income (SSI) or Title 19 (TXIX). The iBudget Florida HCBS Waiver Eligibility Work Sheet is the document used by the agency to record the client's level of care, Medicaid eligibility, and choice for participation on the waiver.

When a client is determined eligible to receive services from APD, the Region will complete an initial determination of level of care for participation in an ICF/IID for waiver participation and placement on Pre-Enrollment, unless approved for waiver enrollment at the time of initial eligibility determination.

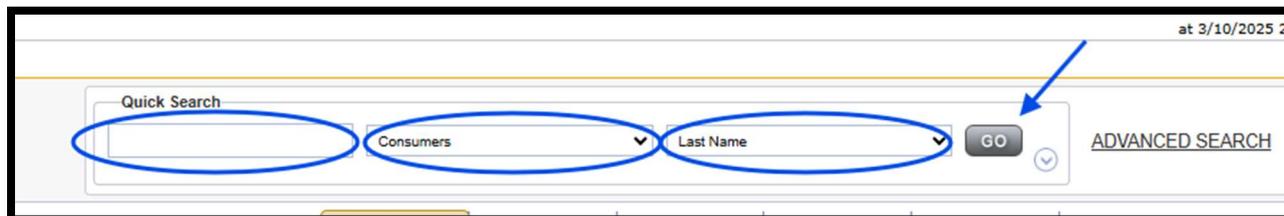
Once the person enrolls on the waiver, the Waiver Support Coordinator (WSC) is required to complete a HCBS Waiver Eligibility Worksheet regarding eligibility for Medicaid and waiver services every 365 days from the date it was last signed by the client/legal representative.

Creating a New HCBS Waiver Eligibility Worksheet

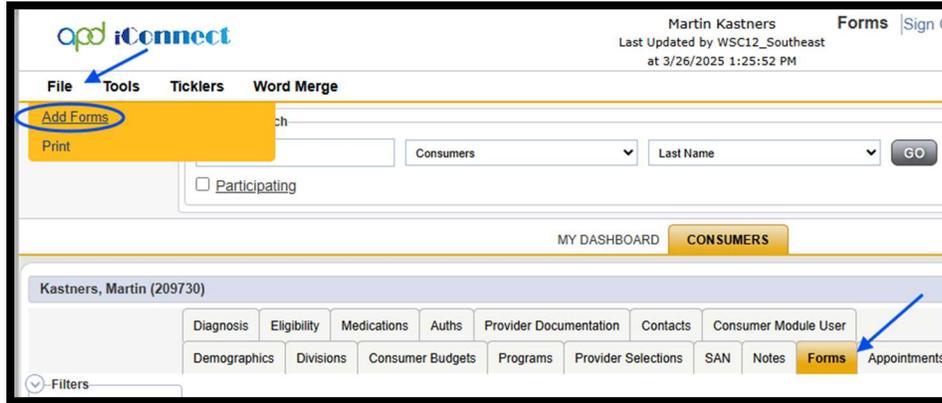
1. To begin, log into iConnect and set Role = **WSC/CDC**. Click **GO**.



2. Utilize the Quick Search to navigate to the client's record.



- To add a new form, click the **Forms** tab, go to the **File** menu and click **Add Forms**.

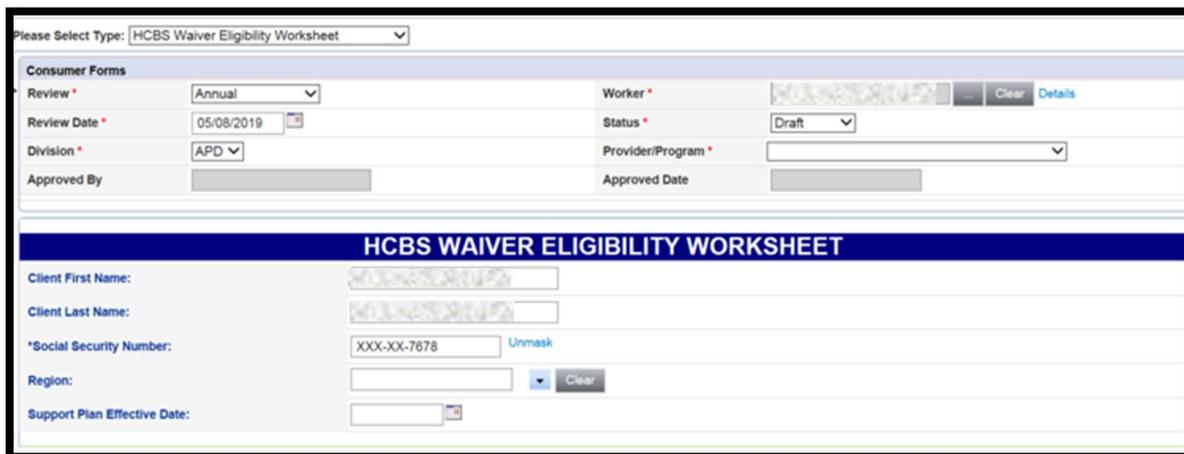


- In the Please Select Type:, choose the HCBS Waiver Eligibility Worksheet.

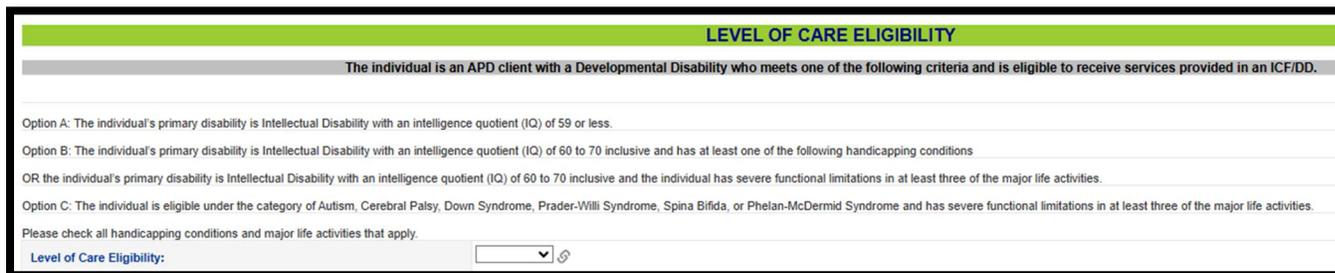


Filling out the HCBS Waiver Eligibility Worksheet

- Fill out the form.
 - Select the Type (Initial or Annual).
 - Provider/Program will need to be selected by the WSC. The field will be left blank if filled out by Pre-Enrollment.
 - The client's name and Social Security Number (SSN) are prepopulated on the form.
 - The user will need to enter the Region and Support Plan Effective Date (if the client is on the waiver, or if completing at initial time of determination, leave blank).
 - The SSN is required as a condition of eligibility for Medicaid benefits and is collected for administrative purposes only as authorized under law.



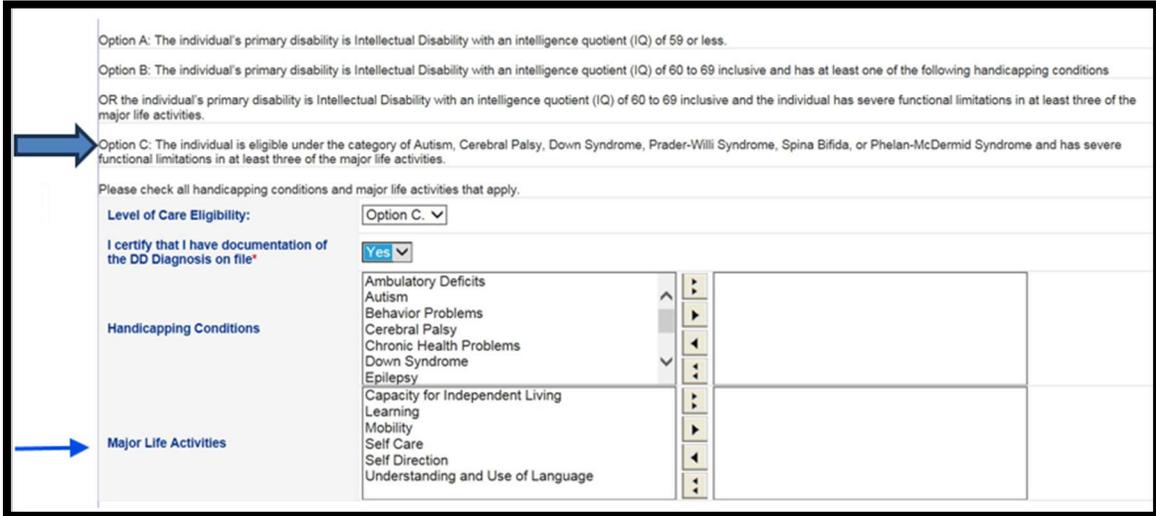
2. Section I. Level of Care Eligibility – Select the option that best meets the client’s eligibility criteria.



- a. Select **Option A** if the individual’s primary disability is Intellectual Disability with an IQ of 59 or less, as indicated on a standardized test, (as described in Rules 65G-4, F.A.C.). When selecting this option, there is no need to select Handicapping Conditions or functional limitations in Major Life Activities. If the client has a secondary disability or other mental health or medical diagnoses, navigate to the Diagnosis tab in iConnect and enter in the Diagnosis record. Handicapping Conditions and functional limitations in Major Life Activities are only required under Options B or C below.



- b. Select **Option B** if:
 - i. The individual’s primary disability is Intellectual Disability with an IQ of 60-70 as indicated on a standardized test (described in Rules 65G-4, F.A.C.) **AND** the individual has at least one of the handicapping conditions listed on the worksheet; **OR**



Option A: The individual's primary disability is Intellectual Disability with an intelligence quotient (IQ) of 59 or less.

Option B: The individual's primary disability is Intellectual Disability with an intelligence quotient (IQ) of 60 to 69 inclusive and has at least one of the following handicapping conditions

OR the individual's primary disability is Intellectual Disability with an intelligence quotient (IQ) of 60 to 69 inclusive and the individual has severe functional limitations in at least three of the major life activities.

Option C: The individual is eligible under the category of Autism, Cerebral Palsy, Down Syndrome, Prader-Willi Syndrome, Spina Bifida, or Phelan-McDermid Syndrome and has severe functional limitations in at least three of the major life activities.

Please check all handicapping conditions and major life activities that apply.

Level of Care Eligibility: Option C. ▾

I certify that I have documentation of the DD Diagnosis on file* Yes ▾

Handicapping Conditions

Ambulatory Deficits	
Autism	
Behavior Problems	
Cerebral Palsy	
Chronic Health Problems	
Down Syndrome	
Epilepsy	
Capacity for Independent Living	
Learning	
Mobility	
Self Care	
Self Direction	
Understanding and Use of Language	

Major Life Activities

3. **Section II. Medicaid Eligibility** – Determine if the client already has Medicaid.
- a. If the client already has Medicaid, the Medicaid number will automatically appear in iConnect via the FMMIS Interface. Then, select **No** in response to the question, “Has the Individual been referred for Medicaid eligibility?”



Medicaid Number:

Has the Individual been referred for Medicaid eligibility? No ▾

- b. If the client does not have Medicaid, select **Yes** in response to the question: “Has the Individual been referred for Medicaid eligibility?” In doing so, three additional required fields will appear. To return to the form to enter additional information at a later date, the user must save the form in “Pending” status.



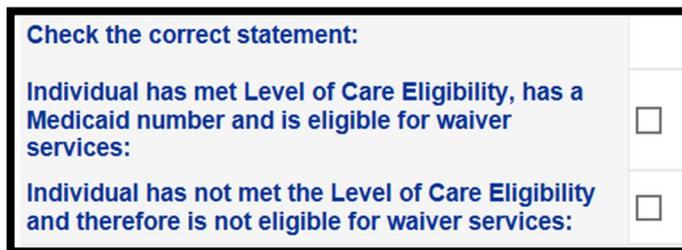
Has the Individual been referred for Medicaid eligibility? Yes ▾

Referred for Medicaid Eligibility Date:*

Medicaid Eligibility Results:* ▾

Medicaid Determination Date:*

4. **Section III. Eligibility Determination** - Regional Staff (if initial) or WSC (if annual) must select the option corresponding to the client’s Level of Care Eligibility. This section **is required and shall never be left blank.**



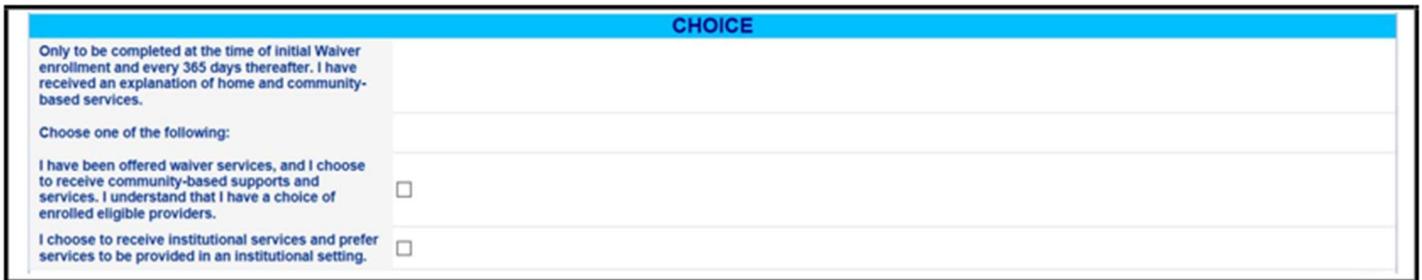
Check the correct statement:

Individual has met Level of Care Eligibility, has a Medicaid number and is eligible for waiver services:

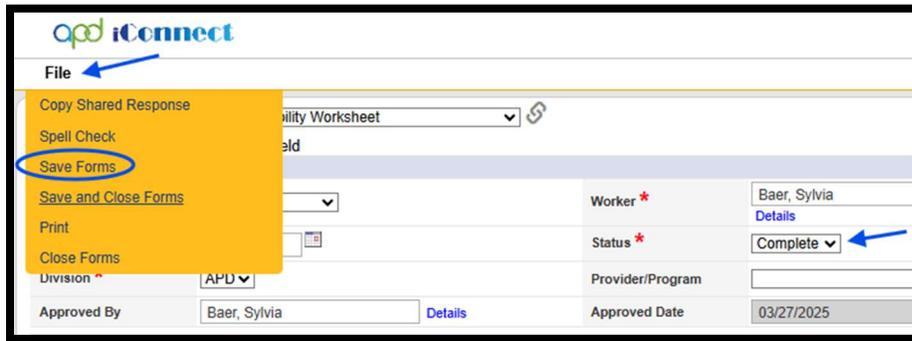
Individual has not met the Level of Care Eligibility and therefore is not eligible for waiver services:

- Section IV. Choice** – This section must be completed by the client/legal representative. The Regional Staff (if initial) or WSC (if annual) must not check the boxes in this section, unless the client (or legal representative) is present at the time of completion and conveys their wishes to the person completing the form. The client/legal representative must select one of the two options, attesting to the fact that they received an explanation regarding the iBudget Florida HCBS Waiver, and choosing either to receive community-based supports and services through the waiver or institutional services provided in an institutional setting.

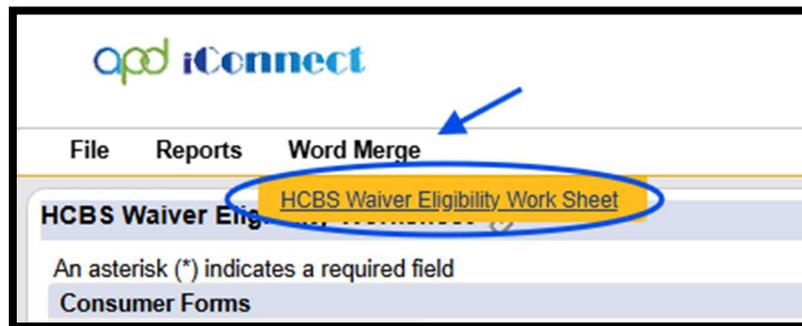
Caution: Once the worksheet has been saved in **Complete** status, it cannot be updated again. Please review for completeness and accuracy before saving, executing the Word Merge, and printing for signatures.



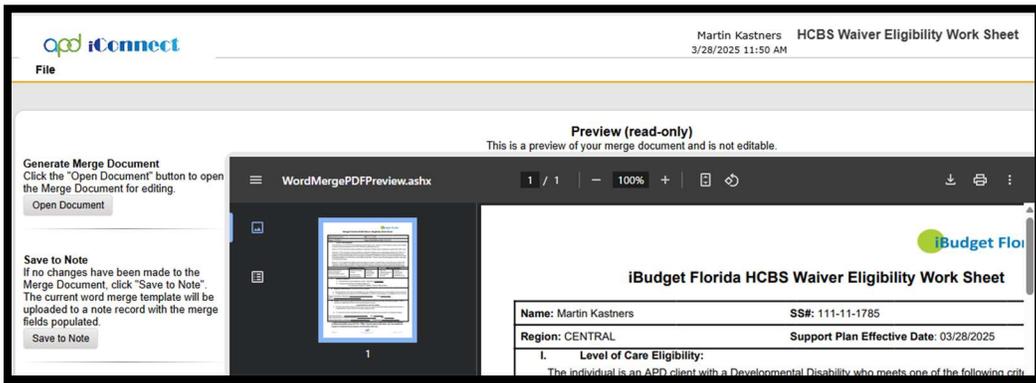
- The status of the form must be set to the **Complete** status and go to **File** and select **Save Forms**.



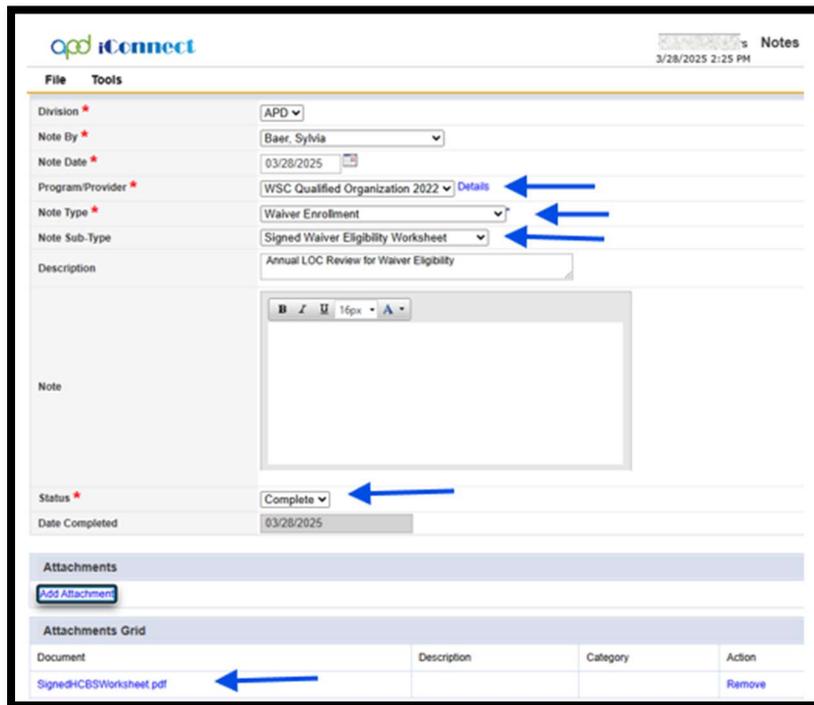
- Once saved, the Word Merge option will appear. Navigate to **Word Merge** and click **HCBS Waiver Eligibility Work Sheet**.



8. Print the form in order to get the required signatures.



9. Once the form has been signed by all the appropriate parties, the Regional staff (if initial) or WSC (if annual) must scan, upload, and save it to a Note in iConnect.
 - a. Note Type = Waiver Enrollment
 - b. Note Sub-Type = Signed Waiver Eligibility Worksheet
 - c. Status = Complete
 - d. Attachment = Signed HCBS Waiver Eligibility Worksheet
 - e. File and Save and Close Note



Note: The effective date of completion is the date the form was signed by the client/legal representative.