

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.

opd iConnect	Welcome, 3/26/2024 3:08 PM	My Dashboard Sign Out	Role	~ 00
File Reports				
Quick Search	Consumers	✓ Last Name	• G0	ADVANCED SEARCH
Participating				
		Y DASHBOARE CONSUMERS		

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

	at 3/10/2025 2
Quick Search Consumers V Last Name	ADVANCED SEARCH



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

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File Tools	Ticklers	Word Merg	e									
Add Forms		ch										
Print				Consumers		~	Last Na	ime			~	GO
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					1	IY DASHBO	ARD	ONSUM	ERS			
Kastners, Martin ((209730)											,
	Diagnosis	Eligibility	Medications	Auths	Provider Docu	mentation	Contacts	Cons	umer Mod	Jule User	1	
	Demogra	phics Divisio	ns Consum	er Budgets	Programs	Provider S	elections	SAN	Notes	Forms	App	ointmen
Filtore												

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

opd iConnect	1
File	
Please Select Type: HCBS Waiver Eligibility Worksheet	~ &

Filling out the HCBS Waiver Eligibility Worksheet

- 1. Fill out the form.
 - a. Select the Type (Initial or Annual).
 - b. Provider/Program will need to be selected by the WSC. The field will be left blank if filled out by Pre-Enrollment.
 - c. The client's name and Social Security Number (SSN) are prepopulated on the form.
 - d. 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).
 - e. The SSN is required as a condition of eligibility for Medicaid benefits and is collected for administrative purposes only as authorized under law.



Please Select Type: HCBS W	Vaiver Eligibility Worksheet	~						
Consumer Forms								
Review*	Annual 🗸		Worker *	Clear Details				
Review Date *	05/08/2019		Status *	Draft 🗸				
Division *	APD V		Provider/Program *	×				
Approved By			Approved Date					
		HCBS WAIVER ELIC	BIBILITY WOR	RKSHEET				
Client First Name:		ALL						
Client Last Name:		S03.8635.86472						
*Social Security Number:		XXX-XX-7678 Unmask						
Region:		Ces	2					
Support Plan Effective Date	e:							

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

	LEVEL OF CARE ELIGIBILITY
The individual is an Al	2D client with a Developmental Disability who meets one of the following criteria and is eligible to receive services provided in an ICF/DD.
Option A: The individual's primary disability is Intellectual Disability with an intelligence of	uotient (IQ) of 59 or less.
Option B: The individual's primary disability is Intellectual Disability with an intelligence of	uotient (IQ) of 60 to 70 inclusive and has at least one of the following handicapping conditions
OR the individual's primary disability is Intellectual Disability with an intelligence quotien	t (IQ) of 60 to 70 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:	• 0

a. Select **Option A** if the individual's <u>primary disability</u> 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.

LEVEL OF CARE ELIGIBILITY	
The individual is an APD client with a Developmental Disability who meets one of the following criteria and is eligible	to receive services provided in an ICF/DD.
Option A: The individual's primary disability is Intellectual Disability with an intelligence quotient (IQ) of 59 or less.	

- b. Select **Option B** if:
 - The individual's <u>primary disability</u> 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 <u>at least one</u> of the handicapping conditions listed on the worksheet; **OR**



- ii. The individual's <u>primary disability</u> 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 severe functional limitations in <u>at</u> least three of the major life activities listed on the worksheet.
- iii. Select <u>ALL applicable</u> handicapping conditions (but <u>at least one</u>) **OR** major life activities (but <u>at least three</u>).

	Option A: The individual's primary disability is Intelled	ual 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 70 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 70 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	fe activities that apply.						
	Level of Care Eligibility:	Option B. •						
	I certify that I have documentation of the DD Diagnosis on file *	v						
	Handicapping Conditions	Ambulatory Deficits Autism Behavior Problems Cerebral Palsy Chronic Health Problems Down Syndrome						
-	Major Life Activities	Capacity for Independent Living Learning Mobility Self Care Self Direction Understanding and Use of Language						

- c. Select Option C if:
 - i. The individual is eligible under the category of one of the following disabilities **AND** the individual has severe functional limitations in at least three of the major life activities (must select at least three major life activities, or more if applicable):
 - 1. Autism
 - 2. Cerebral Palsy
 - 3. Down Syndrome
 - 4. Prader-Willi Syndrome
 - 5. Spina Bifida
 - 6. Phelan-McDermid Syndrome



iBudget Florida Home and Community-Based Services (HCBS) Waiver Eligibility Worksheet in iConnect Job Aid

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	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 Intell major life activities.	R 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 najor life activities.						
Option C: The individual is eligible under the functional limitations in at least three of the r	category of Autism, Cerebral Palsy, Down Syndrome, Prader-Willi Syndrome, Spina Bifida, or Phelan-McDermid Syndrome and has severe major life activities.						
Please check all handicapping conditions ar	id 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						
Major Life Activities	Capacity for Independent Living Learning Mobility Self Care Self Direction Understanding and Use of Language						

- 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:		S
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:	



5. 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.

	CHOICE
Only to be completed at the time of initial Waiver enrollment and every 365 days thereafter. I have received an explanation of home and community- based services.	
Choose one of the following:	
I have been offered waiver services, and I choose to receive community-based supports and services. I understand that I have a choice of enrolled eligible providers.	
I choose to receive institutional services and prefer services to be provided in an institutional setting.	

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

opd iCom	nect			
File				
Copy Shared Respons	se vility Worksho	et v S		
Spell Check	ald			
Save Forms	Sid			
Save and Close Form			Worker *	Baer, Sylvia
Print				Details
Close Forms			Status *	Complete 🗸
Division *	APD 🗸		Provider/Program	
Approved By	Baer, Sylvia	Details	Approved Date	03/27/2025

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

q	od iCon	inect
File	Reports	Word Merge
HCBS V	Vaiver Eng	HCBS Waiver Eligibility Work Sheet
An aster Consu	risk (*) indica mer Forms	tes a required field



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

Oped iConnect					Martin Kastners 3/28/2025 11:50 AM	HCBS Waiver Eligibility Work Sheet
	Preview (read-only) This is a preview of your merge document and is not editable.					
Generate Merge Document Click the "Open Document" button to open the Merge Document for editing.	≡ WordMergel	PDFPreview.ashx	1 / 1	- 100% +	্ৰ গ	۲ 🕀 :
Open Document						i Budget Flor
Save to Note If no changes have been made to the Merge Document, click "Save to Note". The current word merge template will be				iBudget	t Florida HCBS	S Waiver Eligibility Work Sheet
uploaded to a note record with the merge fields populated.			Name: Mart	tin Kastners		SS#: 111-11-1785
Save to Note	-		Region: CE	NTRAL		Support Plan Effective Date: 03/28/2025
		1	I. The in	Level of Care Eligib dividual is an APD clie	ility: ant with a Developme	ntal Disability who meets one of the following crite

- 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

	3/20/2023 2123 PM	
File Tools		
Division *	APD V	
Note By *	Baer, Sylvia 🗸	
Note Date *	03/28/2025	
Program/Provider *	WSC Qualified Organization 2022 V Details	
Note Type *	Waiver Enrollment	
Note Sub-Type	Signed Waiver Eligibility Worksheet	
Description	Annual LOC Review for Waiver Eligibility	
Note		
Note Status *	Complete v	
Note Status * Date Completed	Complete 03/28/2025	
Note Status * Date Completed Attachments	Complete V 03/28/2025	
Note Status * Date Completed Attachments Mod Attachment	Complete	
Note Status * Date Completed Attachments Add Attachments Attachments Grid	Complete 03/28/2025	

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