Medical Necessity and the iBudget Waiver

Supplemental Resources

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This document contains the forms, tables, lists, and websites that were either displayed or referred to in the Medical Necessity and the iBudget Waiver training. This document also contains additional resources to aide new WSCs in gaining the skills necessary to effectively coordinate the supports and services for individuals on their caseload.

Medical Necessity and the iBudget Waiver

How the iBudget Waiver Works

You may recall from other trainings that the waiver provides needed supports and services to eligible persons so that they can live at home or in a home-like setting rather than living in an institution. Waiver services enable individuals to:

• Have a safe place to live.

• Have a meaningful day activity.

• Receive medically necessary medical and dental services.

• Receive medically necessary supplies and equipment.

• Receive transportation required to access necessary waiver services.

The iBudget waiver provides for both self-direction and flexibility for waiver clients. Clients on the waiver receive a set amount of funds for services called an “iBudget Amount.” Individuals can choose among services within the limits of their budget if the services are medically necessary and meet the coverages and limitations described in the iBudget Handbook.

To facilitate self-direction, similar services are grouped in service families. Service families include: Life Skills Development, Supplies and Equipment, Personal Supports, Residential Services, Support Coordination, Therapeutic Supports and Wellness, Transportation, and Dental. Throughout the year, individuals can choose to move available funds around between services to meet their needs if their circumstances change. Clients also have a choice in enrolled providers.

Flexibility in Spending

Choice and flexibility are created by establishing service families where clients can choose from an array of services to meet their specific needs. At any point, clients can:

- Choose and change providers
- Choose alternate supports and services within the iBudget Amount (provided that the change does not jeopardize the individual’s health and safety and each service meets medical necessity)
- Move unused funding forward from a previous month for new service needs. For example, an individual was sick and missed a week of ADT, but later wants extra Companion services to accompany them to volunteer opportunity that they are interested in doing.

Clients have flexibility to budget or adjust funding among the following services without requiring additional authorizations from the agency:

- Life Skills Development 1
- Life Skills Development 2
- Life Skills Development 3, within the approved ratio
- Durable Medical Equipment
- Adult Dental
- Personal Emergency Response Systems
- Environmental accessibility adaptations
- Consumable Medical Supplies
- Transportation; Personal Supports up to $16,000
- Respite up to $10,000

Legal Authority

Home and community-based services (HCBS) waivers are authorized under section 1915(c) of the Social Security Act and governed by Title 42, Code of Federal Regulations (CFR), Parts 440 and 441.

Section 409.906, Florida Statutes (F.S.), and Rule 59G-13.070, Florida Administrative Code (F.A.C.), authorize the application for the Florida Medicaid Developmental Disabilities Individual Budgeting Waiver. The iBudget Waiver is referenced in Chapter 393, F.S., and the Agency for Person's with Disabilities' Rule 65G-4.0210, F.A.C.

Access the iBudget Rule at: apd.myflorida.com/ibudget/docs/iBudget%20Rule.pdf

The following is a copy of: *Guide to iBudget Florida Waiver Services* that you can use as a quick reference or hand off to clients.

A printable copy is found on the APD website at: https://apd.myflorida.com/brochures/Guide%20to%20Service%20Brochure A2017.pdf

apd
agency for persons with disabilities
State of Florida

THERAPEUTIC SUPPORTS AND WELLNESS

Behavior Analysis Services assist individuals with challenging behaviors to learn new behaviors or replacement skills to address the behaviors. Behavior analysis includes assessing why challenging behavior occurs, developing interventions for caregivers to implement, and monitoring to verify desired changes.

Behavior Assistant Services provide short-term support in implementing a behavior analysis services plan. This includes assisting the certified behavior analyst and training the individual and caregivers in implementing the behavior program.

Specialized Mental Health Counseling is provided to individuals with a developmental disability and a confirmed mental health diagnosis to restore the person to the best possible functional level.

The following services require a prescription by a physician, ARNP, or physician's assistant and are only available for individuals 21 years of age and older.

Private Duty Nursing is for those requiring individual, continuous care by registered or licensed practical nurses as prescribed.

Residential Nursing consists of continuous care provided by registered or licensed practical nurses to individuals in licensed residential facilities.

Skilled Nursing is prescribed and consists of part-time or intermittent care provided by registered or licensed practical nurses.

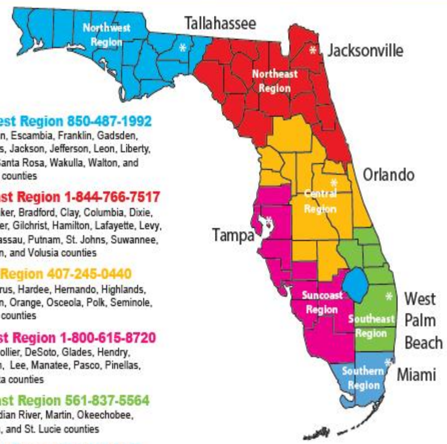
Dietician Services are prescribed as being necessary to maintain or improve the overall physical health of an individual. They include assessing nutritional status and needs, recommending an appropriate diet, and providing counseling and education.

Respiratory Therapy treats the impairment of respiratory function and other deficiencies of the cardiopulmonary system. It requires a physician's prescription.

Speech Therapy is prescribed when necessary to produce specific functional outcomes in the communication skills of an individual with a speech, hearing, or language disability.

Occupational Therapy is prescribed with the goal of producing specific functional outcomes in self-help, adaptive, and sensory motor skill areas and assisting the individual to control and maneuver within the environment.

Physical Therapy produces specific functional outcomes in ambulation, muscle control, and postural development and prevents or reduces further physical disability. It requires a prescription.



Northwest Region 850-487-1992
Bay, Calhoun, Escambia, Franklin, Gadsden, Gulf, Holmes, Jackson, Jefferson, Leon, Liberty, Okaloosa, Santa Rosa, Wakulla, Walton, and Washington counties

Northeast Region 1-844-766-7517
Alachua, Baker, Bradford, Clay, Columbia, Dixie, Duval, Flagler, Gilchrist, Hamilton, Lafayette, Levy, Madison, Nassau, Putnam, St. Johns, Suwannee, Taylor, Union, and Volusia counties

Central Region 407-245-0440
Brevard, Citrus, Hardee, Hernando, Highlands, Lake, Marion, Orange, Osceola, Polk, Seminole, and Sumter counties

Suncoast Region 1-800-615-8720
Charlotte, Collier, DeSoto, Glades, Hendry, Hillsborough, Lee, Manatee, Pasco, Pinellas, and Sarasota counties

Southeast Region 561-837-5564
Broward, Indian River, Martin, Okeechobee, Palm Beach, and St. Lucie counties

Southern Region 305-349-1478
Dade and Monroe counties

Agency for Persons with Disabilities
4030 Esplanade Way, Suite 380
Tallahassee, FL 32399-0950
1-866-APD CARES (1-866-273-2273)
850-488-4257
apdcares.org

May 2017

Guide to iBudget Florida Waiver Services

Serving Floridians with Developmental Disabilities

iBudget Florida Services

The iBudget Florida waiver administered by the Agency for Persons with Disabilities (APD) offers supports and services to assist individuals with developmental disabilities to live in their communities. Services are provided based on need, so all individuals do not receive all services. The primary categories are briefly described below. Additional information is available through your APD regional office or waiver support coordinator. Some services require a professional assessment to determine the scope of treatment.

LIFE SKILLS DEVELOPMENT

Life Skills Development Level 1 was formerly known as companion services. It includes nonmedical care, supervision, and socialization activities provided to an adult on a one-to-one basis or in groups of up to three individuals. This service helps individuals increase their ability to access the community independently.

Life Skills Development Level 2 encompasses the service formerly known as supported employment for both individual and group models. It helps the individual to find and keep a job in his or her community or to develop and operate a small business.

Life Skills Development Level 3, formerly known as adult day training, includes training services intended to support the participation of recipients in valued routines of the community, such as volunteering, job exploration, accessing community resources, and self-advocacy, in a setting that is age and culturally appropriate. Services can include meaningful day activities of daily living, adaptive skills, social skills, and employment. The training activities and routine established by the provider must be meaningful to the recipient and provide an appropriate level of variation and interest.

SUPPLIES AND EQUIPMENT

Consumable Medical Supplies are specific nondurable supplies and items that assist individuals to perform activities of daily living. These supplies are not available through the Medicaid State Plan. Examples include incontinence supplies for individuals 21 and older, wipes, and underpads.

Durable Medical Equipment and Supplies are prescribed by a licensed professional that enables an individual to live as comfortably as possible and is not covered by the Medicaid State Plan. Examples include lap trays, grab bars, adaptive switches or door openers, and individualized positioning equipment.

Environmental Accessibility Adaptations are modifications to the home that enable the person to function with greater independence in the home.

Personal Emergency Response Systems are electronic communication systems that enable an individual who is alone for extended periods of time to secure help in the event of an emergency. The individual may wear a portable "help" button that allows for mobility while at home or in the community.

PERSONAL SUPPORTS

Personal Supports combine the services formerly known as respite care, companion, in-home supports, and personal care assistance. This service provides assistance and training in activities of daily living such as eating, bathing, dressing, personal hygiene, and preparation of meals. If specified in the support plan, this service may take care of housekeeping chores. This service also includes nonmedical care and socialization and may provide access to community-based activities that have therapeutic benefits. This service is for customers 21 and older who live in their own home or family home. It is also available to individuals at least 18 who live in their own home.

Respite Care provides supportive care and supervision to individuals under 21 years old living in the family home when the primary caregiver is unavailable due to a brief planned or emergency absence or when the primary caregiver is temporarily physically unable to provide care.

RESIDENTIAL SERVICES

Residential Habilitation provides an individual who lives in a licensed residential facility with supervision and specific training. There are four types of Residential Habilitation. These include: Standard; Live-In; Behavior Focus; and Intensive Behavior.

Standard and Live-In Residential Habilitation provide supervision and training to improve skills related to activities of daily living.

Behavior Focus and Intensive Behavior Residential Habilitation provide training and supervision to assist individuals whose behaviors are of exceptional intensity, duration, or frequency.

Specialized Medical Home Care provides up to 24-hours-a-day nursing services and medical supervision to residents of licensed group homes that serve individuals with complex medical conditions.

Supported Living Coaching provides training and assistance in a wide variety of activities to support individuals who live and maintain homes or apartments of their own.

SUPPORT COORDINATION

Support Coordination provides a waiver support coordinator (WSC) to identify, develop, coordinate, and access supports and services on the person's behalf, regardless of the funding source, in the most cost-effective manner possible. There are three types of support coordination:

Limited Support Coordination is intended to be less intense than full support coordination. Limited support coordination is billed at a reduced rate and has reduced contact requirements.

Full Support Coordination provides significant support to ensure the recipient's health, safety, and well-being. The WSC can share tasks with the recipient and the recipient's family or other support people, but ultimately the WSC is responsible for performing all tasks required to locate, select, and coordinate services and supports, whether paid with waiver funds or through other resources.

Enhanced Support Coordination consists of activities that assist the recipient in transitioning from a nursing facility or intermediate care facility for the developmentally disabled (ICF/DD) to the community or for assisting recipients who have a circumstance that necessitates a more intensive level of support coordination.

TRANSPORTATION

Transportation provides rides between the individual's home and their community-based waiver services when transportation cannot be accessed through natural (unpaid) supports.

DENTAL SERVICES

Adult Dental Services provide dental treatments and procedures for individuals 21 and older who are not otherwise covered by Medicaid State Plan.

Cost Plan Development and Maintenance

As a WSC, you will be responsible for working with clients to develop a cost plan on an annual basis. The cost plan must be created so that clients can receive waiver services identified on their support plan.

WSCs are also responsible for maintaining the cost plan information throughout the year. At any point, clients have the flexibility to make changes to their providers, their services, or both.

The cost plan is created within APD iConnect and contains all the services authorized for a specific fiscal year. APD's fiscal year runs from July 1 to June 30; therefore, a client's cost plan will typically start on July 1, unless the individual started on the waiver after July 1.

Instructions on how to develop a cost plan

The cost plan is created within APD iConnect**.** Specific instructions on how to navigate APD iConnect and the steps to create a cost plan and process services and provider changes will be covered in a later training for WSCs.

Emergency Requests for Services

There may be times where a client experiences an emergency that must be addressed quickly and with a long-term change to his or her array of services.

Here is an overview of the steps needed to make an emergency request for services:

- Notify the APD Regional Office of the emergency as soon as possible. The waiver handbook requires the WSC to provide the APD Regional Office updated support and cost plan information and any supporting documentation within three consecutive calendar days of becoming aware of the emergency.

  However, if an immediate response is warranted to meet a health and safety need, the WSC should call the APD Regional office immediately, before sending the documents.

- Funding to address emergency situations will be reviewed and approved by APD if the situation cannot be accommodated within the current allocation.

- Work with the individual or their legal representative to update the support plan and cost plan to reflect the current emergency need and requested change to services.

- Add a description of all changes in the client's case notes.

- Provide any documentation requested by APD to determine whether the requested changes to the cost plan are approvable.

- Revise the cost plan (if needed) based on APD final approval of the request.

Medical Necessity

When assisting individuals in choosing waiver services, it is important to understand the regulations affecting how services can be approved and provided. With a thorough understanding of how iBudget waiver services are regulated, you will be able to communicate expectations to clients you serve. First, all waiver services must be medically necessary.

Medical necessity is a state and federal requirement for the provision of Medicaid services. The medical necessity statement is in the iBudget waiver handbook and it is important to refer to this information when requesting services for clients.

Medical Necessity Definition:

The following is taken from the iBudget Handbook:

In accordance with Rule 59G-1.010, F.A.C., "[T]he medical or allied care, goods, or services furnished or ordered must:

(a) 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.
3. Be consistent with generally accepted professional medical standards as determined by the Medicaid program and not experimental or investigational.
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
5. Be furnished in a manner not primarily intended for the convenience of the recipient, the recipient's caretaker, or the provider."

"(c) 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."

Summary

The iBudget waiver gives APD clients more control and flexibility to choose services that are important to them, while helping the agency be fiscally responsible. The information in this training was meant to provide you with a foundation for understanding how the waiver works and what to keep in mind when developing clients' cost plans. Further training on how to request services based on significant additional needs and how to work in the APD iConnect system will be offered in separate trainings.

We can summarize the main points regarding medical necessity and the iBudget waiver funding with the following:

- The iBudget waiver offers choice and flexibility to address the needs of individuals with developmental disabilities living in the community, but waiver funding is not the only source and must be considered a last resort.
- Timing and communication are crucial when making changes to either providers or the specific services on a client's cost plan. Current and future providers, the individual, or their legal representative must be notified when the change will occur so that everyone can plan for the transition.
- Before making any changes to a client's cost plan that involves moving funding around, it is essential that you make sure that there will be enough funding left to cover all services provided before the date of the change. This will require talking with the client, their legal representative, and the current providers to verify what services were provided.
- Certain service changes will require APD approval, and you must allow time for the review and approval process.
- Medical necessity is the guiding principle when determining if a service can be requested through the waiver; however, medical necessity alone does not guarantee that service can be approved.
- For many services, there are specific service "limitations" and "exclusions" that must be followed. Any requests that do not fall within these guidelines cannot be approved by the agency.
- Whenever the agency makes a determination about a service request, the agency will issue a notice of determination. Waiver clients have the legal right to request an administrative hearing to see if the determination can be changed or overturned. However, the request for a hearing must be made within 30 days of receiving the notice. Your role as a WSC is to make sure that clients understand how and when to request a hearing if they choose to do so.