

A P D

AGENCY FOR PERSONS
WITH DISABILITIES



Annotated

APD Criteria for Tier Selection:
Rule and Operational Detail

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**ANNOTATED
APD CRITERIA FOR TIER SELECTION:
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Rule General Provisions, Rule Detail, and Operational Detail		
<p>Tier 1—65G-4.0022 The client has service needs for intense medical or adaptive needs that cannot be met in Tiers Two, Three, and Four and services are essential for avoiding institutionalization. The client possesses behavioral problems that are exceptional in intensity, duration, or frequency with resulting needs that cannot be met in tiers Two, Three, and Four, and the client presents a substantial risk of harm to themselves or others.</p>		
<ul style="list-style-type: none"> <input type="checkbox"/> Clients living in a licensed residential facility receiving Special Medical Home Care. <i>65G-4.0022(2)(d)</i> <i>59G-13.083, Handbook, p. 2-80</i> <input type="checkbox"/> Clients living in a licensed residential facility receiving intensive behavioral residential habilitation services. <i>65G-4.0022(2)(a)</i> <i>59G-13.083, Handbook, p. 2-69</i> <input type="checkbox"/> Children and adults receiving behavior focus res hab services at the current “moderate level or above”, (or 7 or more hours a day based on the previous rate table.) <i>65G-4.0022(2)(b)</i> <i>59G-13.083, Handbook, p. 2-67</i> <i>59G-13.084, Res Hab Provider Rate Table</i> <input type="checkbox"/> Clients living in a licensed residential facility receiving Standard residential habilitation at the extensive 1, or higher, level of support. (10 or more hours a day based on the previous rate table.) <i>65G-4.0022(2)(c)</i> <i>59G-13.084, Res Hab Provider Rate Table</i> 	<ul style="list-style-type: none"> <input type="checkbox"/> Nursing service needs that can be met through the Tier Two, Tier Three, or Tier Four Waivers are not “services” or “service needs” that support assignment to the Tier One Waiver. <i>65G-4.0022(3)</i> <input type="checkbox"/> Anyone 21 or over receiving continuous nursing services and annual cost plan for all services exceeding \$55,000. (Intermittent nursing services do not qualify.) Continuous nursing is defined as 4 or more hours of nursing a day. (Note: Skilled nursing is considered intermittent nursing.) <i>59G-13.083, Handbook, pp. 2-73, 2-59, 2-78,</i> 	<p><i>Intensive medical or adaptive needs that cannot be met in other tiers.</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Anyone 21 and over receiving personal care assistant services at 180 hours or more a month and total annual cost plan for all services exceeding \$55,000. (The person must be approved for <u>intense PCA services</u> only per the statute and the handbook.) <i>§393.0661(3)(f)(3)</i> <i>65G-4.0022(1)(a)</i> <i>59G-13.083, Handbook, p. 2-53</i> <input type="checkbox"/> Adults (18+) with supported living coaching, in-home supports (quarter hour or live-in), approved cost plan over \$55,000, and any one of the following therapies: physical therapy, occupational therapy, respiratory therapy, or behavior analysis. <i>§393.0661(3)(a)</i> <i>65G-4.0022(1)(a)</i> <input type="checkbox"/> Anyone 21 or older living in the family home with combined Behavior Analysis Services and Behavior Assistance services of 60 or more hours per month AND total annual cost plan for all services exceeding \$55,000. <i>65G-4.0022(2)(a),(b),(c)</i> <i>59G-13.083, Handbook, pp. 2-10, 2-69</i>

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<p>TIER 2—65G-4.0023 The total budget in a cost plan year for each Tier Two Waiver client shall not exceed \$55,000.</p>		
<p>The client's service needs include placement in licensed residential facility and authorization for greater than five hours per day of residential habitation services. (Statutory Requirement)</p> <p>Individuals living in their family home are excluded from this Tier.</p> <p><i>65G-4.0023(1)</i> <i>59G-13.083, Handbook, pp. 1-4, 2-10</i> <i>59G-13.084, Res Hab provider rate table</i> <i>Note: 393.0661(3)(b) was modified in 2008 after this was drafted to reflect res hab at "moderate level of support for standard residential habilitation services or minimal level of support for behavior focus."</i></p>	<ul style="list-style-type: none"> <input type="checkbox"/> Adults or children receiving standard Residential Habilitation at the moderate level of higher who do not meet the criteria for Tier 1. <i>§393.0661(3)(a), (3)(b)</i> <input type="checkbox"/> Behavior Focus Residential Habilitation services at the minimal level or higher who do not meet the criteria for Tier 1. <i>§393.0661(3)(a), (3)(b)</i> <input type="checkbox"/> Adults or children receiving Live-in Residential Habilitation services in a home licensed for 3 or less people. (Live-in is 8 or more hours a day.) <i>59G-13.083, Handbook p. 2-62</i> <i>59G-13.081, res hab provider rate table</i> 	<ul style="list-style-type: none"> <input type="checkbox"/> The client is in supported living and is authorized to receive more than six hours a day of in-home support services. <i>§393.0661(3)(b)</i> <i>65G-4.0023(2)</i> <p>This includes all individuals who receive the in-home live in rate as well as those who receive the quarter hour rate that meets the criteria. (In-home live in is 8 or more hours a day.) <i>59G-13.083, Handbook, p. 2-48</i> <i>59G-13.081, provider rate table</i></p>
<p>TIER 3—65G-4.0024 The total budget in a cost plan year for each Tier Three Waiver client shall not exceed \$35,000.</p>		
<ul style="list-style-type: none"> <input type="checkbox"/> The client is receiving residential habilitation services at the daily or monthly rate at the basic level or higher and is not eligible for the Tier One Waiver or the Tier Two Waiver. (Standard Basic or Minimal levels.) <i>65G-4.0024(1)</i> <i>59G-13.084, res hab provider rate table</i> <input type="checkbox"/> The client is 22 or older and is authorized to receive services of a behavior analyst and/or a behavior assistant. <i>65G-4.0024(5)</i> <input type="checkbox"/> The client is under the age of 22 and authorized to receive the combined <i>(continued)</i> 	<ul style="list-style-type: none"> <input type="checkbox"/> The client is 21 or older, resides in their own home and receives In-Home Support Services and is not eligible for the Tier One Waiver or the Tier Two Waiver or the Tier Four Waiver. <i>65G-4.0024(2)</i> <input type="checkbox"/> The client is 21 or older and is authorized to receive Skilled or Private Duty Nursing Services and not eligible for the Tier One Waiver or the Tier Two Waiver. (Client receives Skilled (intermittent) nursing services or Private Duty Nursing services of less than 4 hours a day.) <i>65G-4.0024(4)</i> <i>59G-13.083, Handbook, pp. 2-78, 2-73, 2-59</i> 	<ul style="list-style-type: none"> <input type="checkbox"/> The client is 21 or older and is authorized to receive Personal Care Assistance services at the moderate level of support as defined in the DD Handbook. <i>65G-4.0024(3)</i> <i>59G-13.083, Handbook, p. 2-53</i> <input type="checkbox"/> The client is 21 or older and is authorized to receive Personal Care Assistance services and does not meet the criteria for placement in Tier 1, or Tier 2, or receives standard PCA. <i>65G-4.0024(3)</i> <i>59G-13.083, Handbook, p. 2-53</i> <i>(continued)</i>

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<p><i>(continued from Tier 3)</i> services of a behavior analyst and/or a behavior assistant for more than 60 hours per month and is not eligible for the Tier One Waiver or the Tier Two Waiver. <i>65G-4.0024(6)</i></p>		<p><i>(continued from Tier 3)</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> The client is 21 or older and is authorized to receive Occupational Therapy. <i>65G-4.0024(7)(a)</i> <input type="checkbox"/> The client is 21 or older and is authorized to receive Physical Therapy. <i>65G-4.0024(7)(b)</i> <input type="checkbox"/> The client is 21 or older and is authorized to receive Speech Therapy. <i>65G-4.0024(7)(c)</i> <input type="checkbox"/> The client is 21 or older and is authorized to receive Respiratory Therapy. <i>65G-4.0024(7)(d)</i>
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<p>TIER 4—65G-4.0025 The total budget in a cost plan year for each Tier Four Waiver client shall not exceed \$14,792 per year.</p>		
<ul style="list-style-type: none"> <input type="checkbox"/> Clients who are not eligible for assignment to the Tier One Waiver, the Tier Two Waiver, or the Tier Three Waiver shall be assigned to the Tier Four Waiver. <i>65G-4.0025(2)</i> 	<ul style="list-style-type: none"> <input type="checkbox"/> Clients who are currently assigned to receive services through the Family and Supported Living Waiver unless there is a significant change in condition or circumstance as described in subsection <i>65G-4.0021(4)</i>, F.A.C. <i>65G-4.0025(2)(a)</i> 	<ul style="list-style-type: none"> <input type="checkbox"/> Dependent children in need of in-home support services through APD who live in a DCF licensed group or foster home under Section 409.175 F.S. <i>65G-4.0025(2)(c)</i> <input type="checkbox"/> Clients who are under the age of 22 and residing in their own home or the family home except for those who have moderate or extensive behavior support needs that are more intense than the Tier level can accommodate. <i>§393.0661(3)(a)</i> <i>65G-4.0025(2)(b)</i>

5/27/09