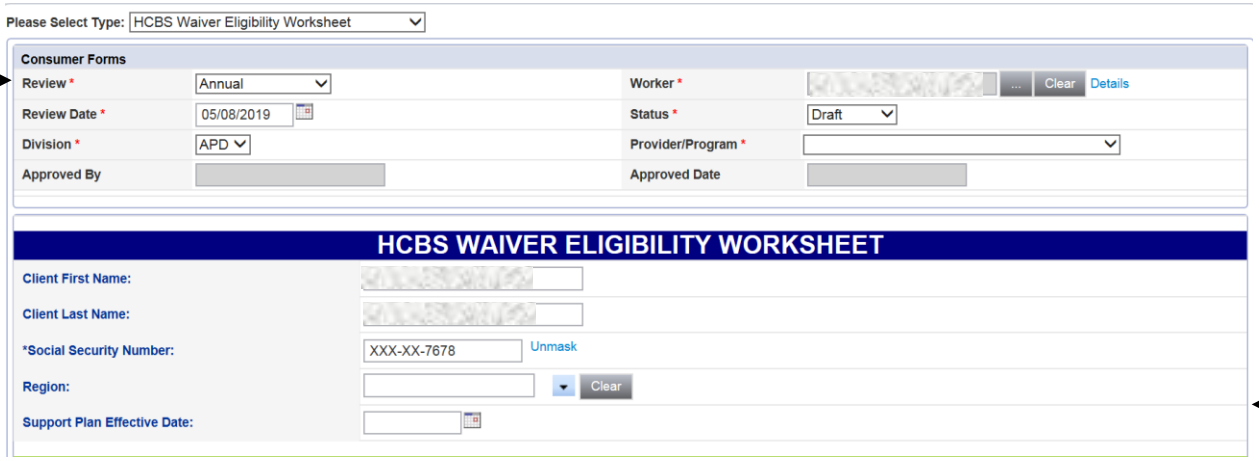
How to fill out the iBudget Florida Home and Community-Based Services (HCBS) Waiver Eligibility Work Sheet in APD iConnect

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.

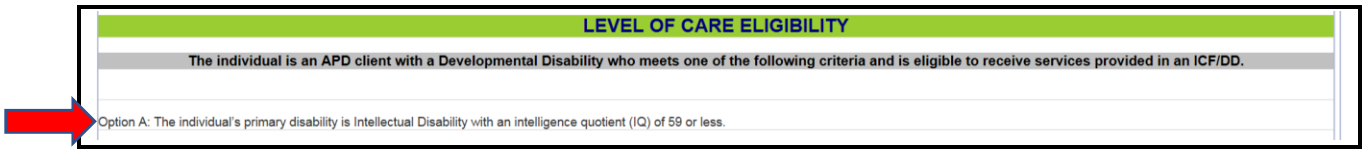
When a consumer is determined eligible to receive services from APD, the Region will complete an initial determination of level of care for participation in an ICF/IID for waiver participation and placement on the Waiting List, unless approved for waiver enrollment at the time of initial eligibility determination. Once the person enrolls on the waiver, the Waiver Support Coordinator is required to complete a Waiver Eligibility Work Sheet regarding eligibility for Medicaid and waiver services every 365 days from the date it was last signed by the client/legal representative.

Instructions on how to fill out the Work Sheet:

1. Select the HCBS Waiver Eligibility Work Sheet in the Forms Tab in APD iConnect. Select the Review Type (Initial or Annual). The client's name and 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.
3. 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 APD 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.

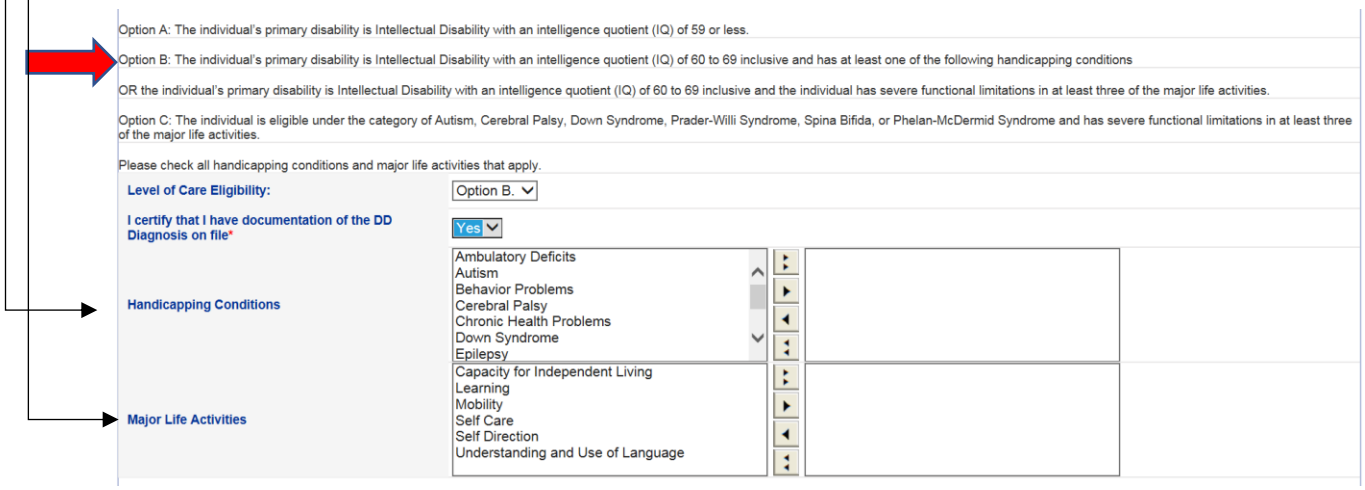


Select **Option B** if:

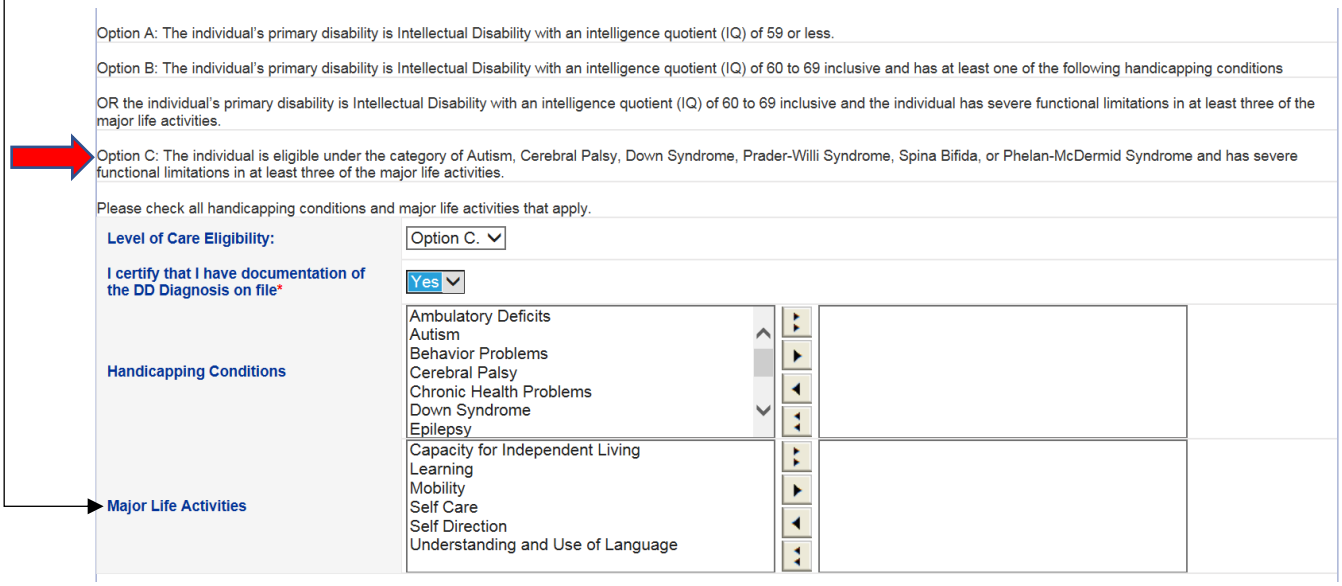
a. The individual's <u>primary disability</u> is Intellectual Disability with an IQ of 60-69 as indicated on a standardized test (described in Rules 65G-4, F.A.C.) **AND** the individual has <u>at least one</u> of the handicapping conditions listed on the Work Sheet; **OR**

b. The individual's <u>primary disability</u> is Intellectual Disability with an IQ of 60-69 as indicated on a standardized test (described in Rules 65G-4, F.A.C.) **AND** the individual has severe functional limitations in <u>at least three</u> of the major life activities listed on the Work Sheet.

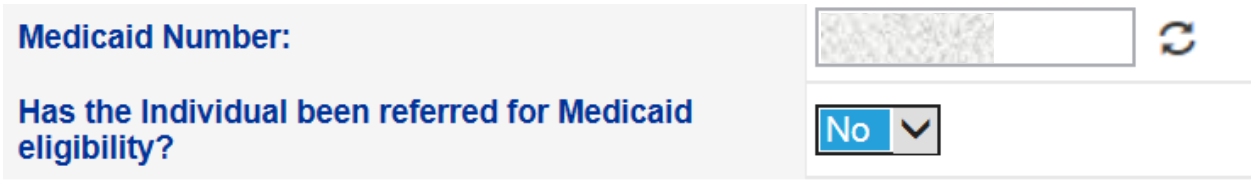
c. Select <u>ALL applicable</u> handicapping conditions (but <u>at least ONE</u>) **OR** major life activities (but <u>at least THREE</u>).



4. Select **Option C** if:
    a. 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):
        i. Autism
        ii. Cerebral Palsy
        iii. Down Syndrome
        iv. Prader-Willi Syndrome
        v. Spina Bifida
        vi. Phelan-McDermid Syndrome



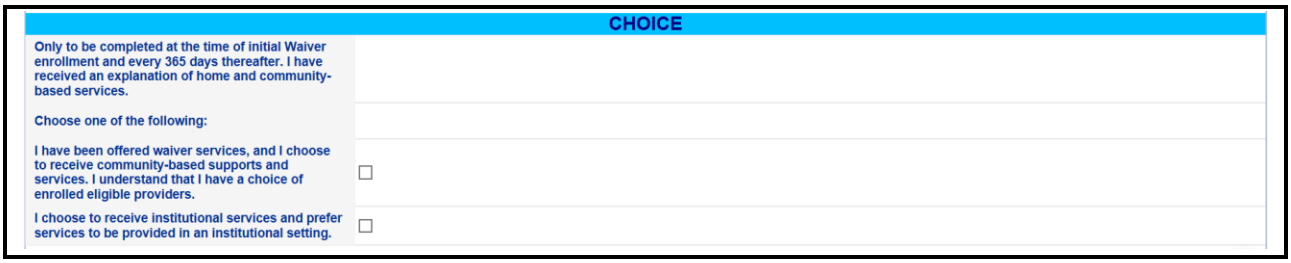
5. **Section II. Medicaid Eligibility** –
    a. If the client already has Medicaid, their Medicaid number will automatically appear in APD iConnect via the FMMIS Interface. Select "No" in response to the question: "Has the Individual been referred for Medicaid eligibility?" **NOTE**: An error message will show up at the bottom of the page requiring completion of three fields. The user will be able to save the form without completing those fields (which are only required when selecting "Yes").



    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 fields will appear. They are all three required fields, so the answers to these questions must be known before they can be entered and saved. In order to return to the form to enter additional information at a later date, the user must save the form in "Pending" status.

6. **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**.

7. **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 user must save the form in "Complete" status, execute the Word Merge, and print the form in order to get the required signatures. 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 Work Sheet 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.



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 APD iConnect as Note Type “Waiver Enrollment” and Sub-Type “Signed Waiver Eligibility Worksheet.” The effective date of completion is the date the form was signed by the client/legal representative.