Medical Necessity and the iBudget Waiver

Supplemental Resources
Table of Contents

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.

How the iBudget Waiver Works ........................................................................................................3
iBudget Waiver Legal Authority ........................................................................................................4
Guide to iBudget Florida Waiver Services Brochure .................................................................5
Cost Plan Development and Maintenance .............................................................................7
Medical Necessity ......................................................................................................................8
Summary ......................................................................................................................................9
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.

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.