

iBudget Amendment Guide

Draft FL.027.01.01

Appendix	Section	Description of Change
Main Application	Entire Application	<ul style="list-style-type: none"> Pages 1-216: Changed Qualified Improvement Organization (QIO) to Contracted Vendor (CV).
	6-I: Public Input	<ul style="list-style-type: none"> Pages 7-8: Added details regarding the public notice process. Specified that the Agency will provide forms of notice that include publication in the Florida Administrative Register, an update to the Agency's website, a provider alert and a letter to consumers through their support coordinators 30-days prior to the submission of an amendment or renewal.
	7. Contact Person(s)	<ul style="list-style-type: none"> Page 8: Updated the Medicaid and operating agency representatives with whom CMS should communicate regarding the waiver.
	Attachment #2: Home and Community-Based Settings Waiver Transition Plan	<ul style="list-style-type: none"> Pages 10-13: Included the iBudget transition plan in compliance with the HCB Settings Rule (CMS Rule 2249-F).
Appendix A	A-2-b: Medicaid Agency Oversight of Operating Agency Performance	<ul style="list-style-type: none"> Page 14: Added clarification that the Medicaid agency has responsibility for rule making related to provider reimbursement criteria.
	Quality Improvement: Administrative Authority	<ul style="list-style-type: none"> Pages 16-18: A numbering system, numerators (N) and denominators (D) were added to performance measures and technical changes were made to performance measure language. Removed performance measure: "Number and percent of eligible enrollees who were evaluated using the approved criteria for enrollment in new waiver openings" per CMS guidance regarding modifications to quality measures.
Appendix B	B-1-b: Additional Criteria	<ul style="list-style-type: none"> Page 20: Technical edits to correct reference to down syndrome and intellectual disability
	B-3-a: Unduplicated number of Participants	<ul style="list-style-type: none"> Page 23: Requested an increase in the maximum number of unduplicated participants who are served in each year the waiver is in effect.
	B-3-f: Selection of Entrants to the Waiver	<ul style="list-style-type: none"> Page 24: Removed previous language regarding selection of entrants to the waiver and substituted reference to Florida Statutes.
	B-5-a, B-5-e, and B-5-g: Post-Eligibility Treatment of Income	<ul style="list-style-type: none"> Pages 26, 29-32: Update CMS mandated spousal impoverishment information.
	Quality Improvement: Level of Care	<ul style="list-style-type: none"> Pages 35-37: A numbering system, numerators (N) and denominators (D) were added to performance measures and technical changes were made to performance measure language. Removed performance measure: "Number and percent of recipients enrolled on the waiver who had a level of care determination within 364 days of the previous level of care determination" per CMS guidance regarding modifications to quality measures.

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Appendix	Section	Description of Change
Appendix C	C-1: Summary of Services	<ul style="list-style-type: none"> Page 39: Removed Family and Guardian Training Service
	C-1/C-3: Provider Specifications for Service	<ul style="list-style-type: none"> Pages 46, 48, 91-92, 100-104 and 111-114: Amended provider requirements to include a high school diploma or GED and hands-on, verifiable experience. Added provider requirements for Life Skills Development Level III. Made technical changes to language.
	C-2: Facility Specifications	<ul style="list-style-type: none"> Pages 127-129, 131 and 132: Added Supported Living Coaching to services provided in a facility.
	C-2-f: Open Enrollment of Providers	<ul style="list-style-type: none"> Pages 133 and 134: Added language to explain APD's process for provider enrollment to specify that APD operates two open enrollment periods each year and information pertinent to provider enrollment is continuously available online.
	Quality Improvement: Qualified Providers	<ul style="list-style-type: none"> Pages 134-140: A numbering system, numerators (N) and denominators (D) were added to performance measures and technical changes were made to performance measure language. Removed performance measure: "Number and percent of non-licensed/non-certified providers who continue to meet state requirements as detailed in the Florida Administrative Code (F.A.C.)" per CMS guidance regarding modifications to quality measures. Removed performance measure: "Number and percent of providers with staff trained as required for medication administration per Florida Administrative Code (F.A.C.)" per CMS guidance regarding modifications to quality measures. Removed performance measure: "Number and percent of providers with core staff training requirements met" per CMS guidance regarding modifications to quality measures.
Appendix D	Quality Improvement: Service Plan	<ul style="list-style-type: none"> Pages 149-156: A numbering system, numerators (N) and denominators (D) were added to performance measures and technical changes were made to performance measure language. Removed performance measure: "Number and percent of recipients' service plans that are developed in accordance with state requirements as included in the waiver" per CMS guidance regarding modifications to quality measures. Removed performance measure: "The number and percent of recipients annually given a choice of waiver services or institutional care" per CMS guidance regarding modifications to quality measures. Removed performance measure: "The number and percent of recipients afforded choice of services and supports" per CMS guidance regarding modifications to quality measures.

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Appendix G	Appendix G-2-c-i and ii: Use of Seclusion	<ul style="list-style-type: none"> Pages 170-172: Replicated existing information from “Use of Restrictive Interventions” (G-2-b-i and ii) to new waiver section, “Use of Seclusion” (G-2-c-i and ii).
	Quality Improvement: Health and Welfare	<ul style="list-style-type: none"> Pages 177-182: A numbering system, numerators (N) and denominators (D) were added to performance measures and technical changes were made to performance measure language. Removed performance measure: “Number and percent of individuals who were assisted by the provider to know about rights” per CMS guidance regarding modifications to quality measures. Page 180: Relocated performance measure: “Number and percent of reactive strategies reported by provider with adverse outcomes or excessive duration where appropriate follow-up was completed as required” to section “c. Sub-assurance”. Page 182: Added performance measure: “Number and percent of recipients whose identified health and/or safety needs are addressed” per CMS guidance regarding modifications to quality measures.
Appendix I	Quality Improvement: Financial Accountability	<ul style="list-style-type: none"> Pages 188-189: A numbering system, numerators (N) and denominators (D) were added to performance measures and technical changes were made to performance measure language. Page 189: Relocated performance measure: “Number and percent of providers billing for waiver services at the correct rate” to section “b. Sub-assurance”. Removed performance measure: “Number and percent of claims paid only for recipients who are eligible on the dates the services were provided” per CMS guidance regarding modifications to quality measures.
Appendix J	J-2-a: Distribution of Unduplicated Participants by Level of Care	<ul style="list-style-type: none"> Pages 199-200: Requested an increase in the maximum number of unduplicated participants who are served in each year the waiver is in effect.
	J-2-d: Estimate of Factor D	<ul style="list-style-type: none"> Pages 201-216: Revised number of users, average units per user and average cost/unit based on historical usage. Incorporated 2% increase in rates for Life Skills Development Level III (Adult Day Training). Pages 203, 206, 209, 212 and 215: Revised the frequency of Transportation Service from day to month