



agency for persons with disabilities  
*State of Florida*

# iBudget Waiver Enrollment Offer Virtual Meeting

PRESENTED BY:

**LIESL RAMOS**, CHIEF OF CLIENT SUPPORT AND COMMUNITY SERVICES

**AMANDA INGRASSIA**, PROGRAM ADMINISTRATOR

**Ron DeSantis**, Governor

**Robert “Bob” Asztalos**, Director

# Introductions



**Liesl Ramos**

Bureau Chief, Client Support and Community Services



**Amanda Ingrassia, LCSW**

Program Administrator

# Virtual Meeting Purpose

This meeting is designed to provide information to APD clients and their legal representatives who received an iBudget Waiver enrollment offer letter.

# Overview



- Agency Overview
- iBudget Waiver Enrollment
- Pre-enrollment to Waiver Offers
- iBudget Waiver Services
- Steps for Waiver Enrollment
- What to Expect After Enrollment
- Staying Connected
- Frequently Asked Questions

# The Agency's Mission



The Agency supports individuals with disabilities and their families in living, learning and working within their communities.

# Who We Serve

- The Agency for Persons with Disabilities (APD) serves approximately 60,000 individuals with developmental disabilities, of which over 37,000 Floridians are enrolled on the iBudget Waiver.
- The most recognized and traditional pathway in which APD provides services and supports to individuals with developmental disabilities and their families is through a Home and Community-Based Waiver called the iBudget Waiver.



# iBudget Waiver Enrollment


- Crisis Waiver Enrollment
- Community-Based Care
- **Pre-enrollment to Waiver Offers**
- Dependents of Active-Duty Military Service Members
- Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) Transitions
- Nursing Home Transitions
- Phelan-McDermid Syndrome



# Pre-enrollment to Waiver Offers

- Individuals eligible for the iBudget Waiver must:
  - Have been determined eligible for APD services
  - Florida Medicaid approved recipients approved for either Supplemental Security Income (SSI) or Title XIX.
    - Individuals eligible for the iBudget Waiver must be Florida Medicaid approved recipients approved for either Supplemental Security Income (SSI) or on Title XIX of the Social Security Act.
    - Please note that Medicaid eligibility in Florida is determined by Department of Children and Families (DCF) or through the Social Security Administration (SSA) for Supplemental Security Income recipients.

# iBudget Waiver Services



Individuals enrolled on the iBudget Waiver receive services that enable them to:

- Have a safe place to live
- Have a meaningful day activity
- Receive medically necessary supplies and equipment
- Receive transportation services to access necessary waiver services

# iBudget Waiver Service Families Categories

The iBudget Waiver offers 27 services that are grouped into the following 8 service family categories:

- Life Skills Development
- Supplies and Equipment
- Personal Supports
- Residential Services
- Support Coordination
- Therapeutic Supports and Wellness
- Transportation
- Dental



# Steps to Enroll on the iBudget Waiver

1. Complete the FY 2025-26 Enrollment Offer Form included with the Enrollment Offer Letter and return to APD by mail, online at <https://apd.myflorida.com/intentletterapplication.htm>, or in person at your local regional office.



## FY 2025-26 Enrollment Offer Form

Please return this form to the Agency for Persons with Disabilities by May 13, 2026. For questions, please contact [APDEnrollment@apdcares.org](mailto:APDEnrollment@apdcares.org) or call 1-833-312-5879.

**A. Applicant Information (Please complete this section in full) iConnect ID: iConnect ID**

First Name	Last Name	Middle Initial	
Address	City	State	Zip
Email address	Telephone #		
Medicaid ID #, if known: _____	OR Date applied _____		

# Steps to Enroll on the iBudget Waiver Cont.

**2. Complete items needed for waiver enrollment when an APD team member contacts you. Your active participation is key to a seamless and successful enrollment.**

# Steps to Enroll on the iBudget Waiver Cont.

## 3. Sign the Home and Community-Based Services (HCBS) Waiver Eligibility Work Sheet.



**iBudget Florida HCBS Waiver Eligibility Work Sheet**

Name: \_\_\_\_\_ SS#: \_\_\_\_\_  
 Region: \_\_\_\_\_ Support Plan Effective Date: \_\_\_\_\_

**I. Level of Care Eligibility:**  
 The individual is an APD client with a Developmental Disability who meets one of the following criteria and is eligible to receive services provided in an ICF/DD. Check the criteria that are met.  
 Option A.  The individual's primary disability is Intellectual Disability with an intelligence quotient (IQ) of 59 or less.  
 Option B.  The individual's primary disability is Intellectual Disability with an intelligence quotient (IQ) of 60 to 70 inclusive and the individual has at least one of the following handicapping conditions OR the individual's primary disability is Intellectual Disability with an intelligence quotient (IQ) of 60 to 70 inclusive and the individual has severe functional limitations in at least three of the major life activities. Please check all handicapping conditions and major life activities that apply.  
 Option C.  The individual is eligible under the category of Autism, Cerebral Palsy, Down Syndrome, Prader-Willi Syndrome, Spina Bifida, or Pheilan-McDermid Syndrome and the individual has severe functional limitations in at least three of the major life activities. Please check all handicapping conditions and major life activities that apply.

Handicapping Conditions			Major Life Activities		
<input type="checkbox"/> Ambulatory Deficits	<input type="checkbox"/> Behavior Problems	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Self Care	<input type="checkbox"/> Mobility	
<input type="checkbox"/> Sensory Deficits	<input type="checkbox"/> Autism	<input type="checkbox"/> Spina Bifida	<input type="checkbox"/> Understanding and Use of Language	<input type="checkbox"/> Self Direction	
<input type="checkbox"/> Chronic Health Problems	<input type="checkbox"/> Cerebral Palsy	<input type="checkbox"/> Prader-Willi Syndrome	<input type="checkbox"/> Learning	<input type="checkbox"/> Capacity for Independent Living	
<input type="checkbox"/> Pheilan-McDermid Syndrome	<input type="checkbox"/> Down Syndrome				

**II. Medicaid Eligibility:**  
 A.  Individual has a current Medicaid number. Medicaid # \_\_\_\_\_  
 B.  Individual was referred for Medicaid eligibility on \_\_\_\_\_ (MM/DD/YY)  
 The result was: Eligible  Ineligible  Date of Determination: \_\_\_\_\_

**III. Eligibility Determination:** Check the correct statement:  
 A.  Individual has met Level of Care Eligibility (I), has a Medicaid number (IIA), and is eligible for waiver services.  
 B.  Individual has not met the Level of Care Eligibility in I and/or II and, therefore, is not eligible for waiver services.  
 Support Coordinator (Signature): \_\_\_\_\_ Date: \_\_\_\_\_  
 Agency: \_\_\_\_\_

**IV. Choice:** Only to be completed at the time of initial Waiver enrollment and every 365 days thereafter. I have received an explanation of home and community-based services.  
 (CHOOSE ONE OF THE FOLLOWING)  
 A.  I have been offered waiver services, and I choose to receive community-based supports and services. I understand that I have a choice of enrolled eligible providers.  
 B.  I choose to receive institutional services and prefer services to be provided in an institutional setting.

Individual (Signature): \_\_\_\_\_ Date: \_\_\_\_\_  
 Legal Representative or Witness (Signature): \_\_\_\_\_ Date: \_\_\_\_\_  
 Printed Name of Rep. or Witness: \_\_\_\_\_ Relationship: \_\_\_\_\_

\* Federal law requires the collection of your social security number as a condition of eligibility for Medicaid benefits under 42 U.S.C. 1320b-7 and the agency will collect, use, and release the number for administrative purposes as authorized under law.

# Steps to Enroll on the iBudget Waiver Cont.

4. Participate in an individualized needs assessment called the Questionnaire for Situational information (QSI), unless one was already completed within the last three (3) years.

Florida  
Questionnaire Situational Information

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Version 4.0



EFFECTIVE 2-15-08  
To be used by Certified Administrators Only

# Steps to Enroll on the iBudget Waiver Cont.

**5.** Ensure you have the proper type of Medicaid. If not, APD can help you apply for Medicaid through the Department of Children and Families (DCF).

**6.** Choose a Waiver Support Coordinator (WSC) utilizing the WSC Selection Packet mailed to you. WSC is the only mandatory service provided through the iBudget Waiver.

**7.** APD will confirm that all enrollment prerequisites are complete and request waiver enrollment from designated staff in State Office.

# What to Expect After Enrollment on the iBudget Waiver

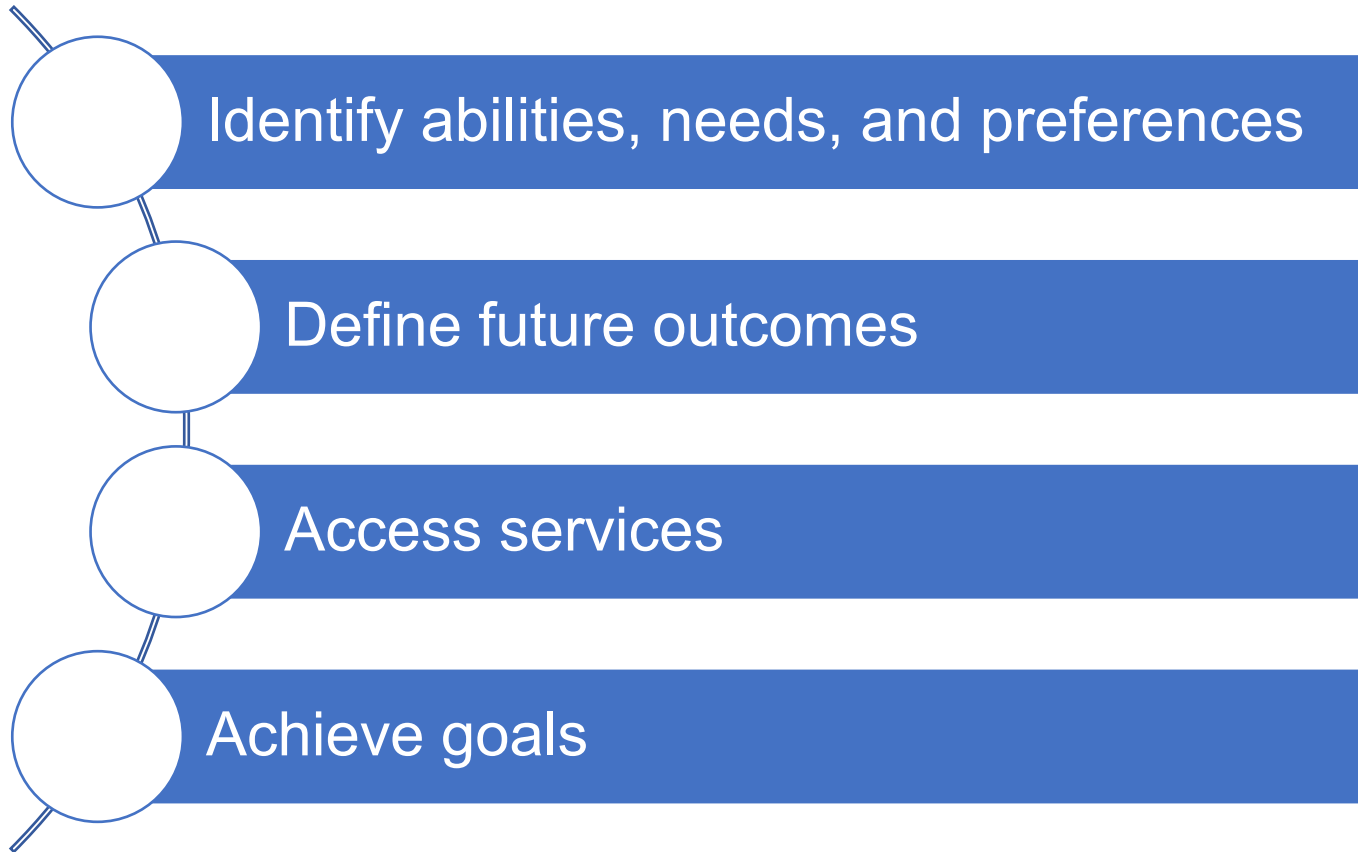
1. Your Waiver Support Coordinator will hold an Allocation Implementation Meeting (AIM) with you and your legal representative, if applicable, to discuss what services you will need on the iBudget Waiver.

# What to Expect After Enrollment on the iBudget Waiver Cont.

2. Your Waiver Support Coordinator will also develop a Person-Centered Support Plan (PCSP) with you.

# Person-Centered Support Plan

The support planning process helps individuals to:



# Tips for Staying Connected

1

Keep your contact information current.

2

Read correspondence and contact APD with questions or concerns.

3

Provide current legal representative documentation to APD and/or the Waiver Support Coordinator (WSC).

4

Participate in Person-Centered Support Planning and plan for current and future needs and goals.

5

Remember, you can choose and change providers at any time. Just ask!

# APD Regional Offices

## **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 (904) 992-2440**

Bay, Calhoun, Escambia, Franklin, Gadsden, Gulf, Holmes, Jackson, Jefferson, Leon, Liberty, Okaloosa, Santa Rosa, Wakulla, Walton, and Washington 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**

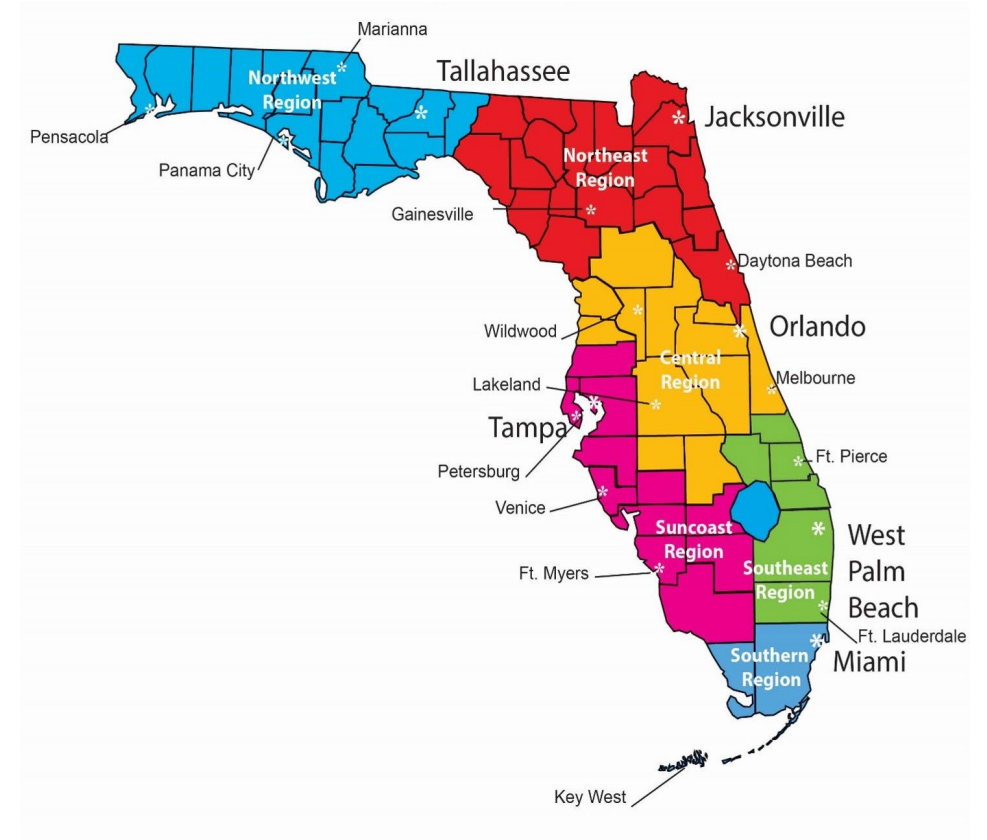
Charlotte, Collier, DeSoto, Glades, Hendry, Hillsborough, Lee, Manatee, Pasco, Pinellas, and Sarasota counties

## **SOUTHEAST REGION (561) 837-5567**

Broward, Martin, Okeechobee, Indian River, St. Lucie, and Palm Beach counties

## **SOUTHERN REGION (305) 349-1478**

Dade and Monroe counties



# Frequently Asked Questions

How soon will my son or daughter begin receiving iBudget Waiver services once he/she is enrolled? How do I know when the enrollment is complete?

# Frequently Asked Questions

What happens if I decline the offer to enroll on the iBudget Waiver?

# Frequently Asked Questions

Will I have to change doctors once I enroll on the iBudget Waiver?

# Questions and Answers





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# Thank You

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or visit our website at [apd.myflorida.com](http://apd.myflorida.com)