

1                               A bill to be entitled  
2       An act relating to individuals with disabilities;  
3       amending s. 393.064, F.S.; requiring the Agency for  
4       Persons with Disabilities to offer voluntary  
5       participation care navigation services to certain  
6       persons under certain circumstances; providing goals  
7       and requirements for care navigation services;  
8       amending s. 393.065, F.S.; requiring the agency to  
9       develop and implement an electronic application  
10      process; requiring the agency to maintain a printable  
11      paper application on its website and, upon request,  
12      provide a printed paper application to an applicant;  
13      requiring the agency to provide applicants with  
14      specified information upon receipt of an application  
15      for services; revising timeframes within which the  
16      agency must make eligibility determinations for  
17      services; lowering the age that a caregiver must be  
18      for an individual to be placed in a certain  
19      preenrollment category; amending s. 393.0651, F.S.;  
20      requiring the agency to provide an individual support  
21      plan for each client served by the home and community-  
22      based services Medicaid waiver program; providing  
23      appropriations; requiring the Agency for Health Care  
24      Administration and the Agency for Persons with  
25      Disabilities, in consultation with other stakeholders,

26 to jointly develop a comprehensive plan for the  
 27 administration, finance, and delivery of home and  
 28 community-based services through a new home and  
 29 community-based services Medicaid waiver program;  
 30 providing requirements for the waiver program;  
 31 requiring the Agency for Health Care Administration to  
 32 submit a specified report to the Governor, the  
 33 President of the Senate, and the Speaker of the House  
 34 of Representatives by a specified date; providing an  
 35 effective date.

36  
 37 Be It Enacted by the Legislature of the State of Florida:

38  
 39 Section 1. Subsection (1) of section 393.064, Florida  
 40 Statutes, is amended to read:

41 393.064 Care navigation ~~Prevention~~.—

42 (1) Within available resources, the agency must offer to  
 43 clients and their caregivers, care navigation services for  
 44 voluntary participation at time of application and as part of  
 45 any eligibility or renewal review. The goals of care navigation  
 46 are to create a seamless network of community resources and  
 47 supports for the client and the client's family as a whole to  
 48 support a client in daily living, community integration, and  
 49 achievement of individual goals. Care navigation services shall  
 50 involve assessing client needs, developing care plans, and

51 implementing care plans, including, but not limited to,  
52 connecting a client to resources and supports. At a minimum, a  
53 care plan shall address immediate, intermediate, and long term  
54 needs and goals to promote and increase well-being and  
55 opportunities for education, employment, social engagement,  
56 community integration, and caregiver support. For a client who  
57 is a public school student entitled to a free appropriate public  
58 education under the Individuals with Disabilities Education Act,  
59 I.D.E.A., as amended, the care plan shall be integrated with the  
60 student's individual education plan (IEP). The care plan and IEP  
61 must be implemented to maximize the attainment of educational  
62 and habilitation goals ~~shall give priority to the development,~~  
63 ~~planning, and implementation of programs which have the~~  
64 ~~potential to prevent, correct, cure, or reduce the severity of~~  
65 ~~developmental disabilities. The agency shall direct an~~  
66 ~~interagency and interprogram effort for the continued~~  
67 ~~development of a prevention plan and program. The agency shall~~  
68 ~~identify, through demonstration projects, through program~~  
69 ~~evaluation, and through monitoring of programs and projects~~  
70 ~~conducted outside of the agency, any medical, social, economic,~~  
71 ~~or educational methods, techniques, or procedures that have the~~  
72 ~~potential to effectively ameliorate, correct, or cure~~  
73 ~~developmental disabilities. The agency shall determine the costs~~  
74 ~~and benefits that would be associated with such prevention~~  
75 ~~efforts and shall implement, or recommend the implementation of,~~

76 ~~those methods, techniques, or procedures which are found likely~~  
 77 ~~to be cost-beneficial.~~

78 Section 2. Subsection (1) and paragraph (d) of subsection  
 79 (5) of section 393.065, Florida Statutes, are amended to read:

80 393.065 Application and eligibility determination.—

81 (1)(a) The agency shall develop and implement an online  
 82 application process that, at a minimum, supports paperless  
 83 electronic application submissions with immediate e-mail  
 84 confirmation to each applicant to acknowledge receipt of  
 85 application upon submission.

86 (b) The agency shall maintain access to a printable paper  
 87 application on its website and, upon request, must provide an  
 88 applicant with a printed paper application. Paper applications  
 89 may ~~Application for services shall be submitted made~~ in writing  
 90 to the agency, in the region in which the applicant resides,  
 91 sent to a central or regional address via regular United States  
 92 mail, or faxed to a central or regional confidential fax number.  
 93 All applications, regardless of manner of submission, must be  
 94 acknowledged as received, with an immediate receipt confirmation  
 95 in the same manner as the application had been received unless  
 96 the applicant has designated an alternative, preferred  
 97 communication method on the submitted application.

98 (c) The agency must ~~shall~~ review each submitted  
 99 application in accordance with federal time standards. ~~and make~~  
 100 ~~an eligibility determination within 60 days after receipt of the~~

101 ~~signed application. If, at the time of the application, an~~  
102 ~~applicant is requesting enrollment in the home and community-~~  
103 ~~based services Medicaid waiver program for individuals with~~  
104 ~~developmental disabilities deemed to be in crisis, as described~~  
105 ~~in paragraph (5)(a), the agency shall complete an eligibility~~  
106 ~~determination within 45 days after receipt of the signed~~  
107 ~~application.~~

108 1.(a) If the agency determines additional documentation is  
109 necessary to make an eligibility determination, the agency may  
110 request the additional documentation from the applicant.

111 2.(b) When necessary to definitively identify individual  
112 conditions or needs, the agency or its designee must provide a  
113 comprehensive assessment.

114 ~~(c) If the agency requests additional documentation from~~  
115 ~~the applicant or provides or arranges for a comprehensive~~  
116 ~~assessment, the agency's eligibility determination must be~~  
117 ~~completed within 90 days after receipt of the signed~~  
118 ~~application.~~

119 (d)1. If the applicant requesting enrollment in the home  
120 and community-based services Medicaid waiver program for  
121 individuals with developmental disabilities is deemed to be in  
122 crisis as described in paragraph (5)(a), the agency must make an  
123 eligibility determination within 15 calendar days after receipt  
124 of a complete application.

125 2. If the applicant meets the criteria specified in

126 paragraph (5)(b), the agency must review and make an eligibility  
127 determination as soon as practicable after receipt of a complete  
128 application.

129 3. If the application meets the criteria specified in  
130 paragraphs (5)(c)-(g), the agency shall make an eligibility  
131 determination within 60 days after receipt of a complete  
132 application. Any delays in the eligibility determination process  
133 or any tolling of the time standard until certain information or  
134 actions have been completed, must be conveyed to the client as  
135 soon as such delays are known with a verbal contact to the  
136 client or the client's designated caregiver and confirmed by a  
137 written notice of the delay, the anticipated length of delay,  
138 and a contact person for the client.

139 (5) Except as provided in subsections (6) and (7), if a  
140 client seeking enrollment in the developmental disabilities home  
141 and community-based services Medicaid waiver program meets the  
142 level of care requirement for an intermediate care facility for  
143 individuals with intellectual disabilities pursuant to 42 C.F.R.  
144 ss. 435.217(b)(1) and 440.150, the agency must assign the client  
145 to an appropriate preenrollment category pursuant to this  
146 subsection and must provide priority to clients waiting for  
147 waiver services in the following order:

148 (d) Category 4, which includes, but is not required to be  
149 limited to, clients whose caregivers are 60 ~~70~~ years of age or  
150 older and for whom a caregiver is required but no alternate

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151 caregiver is available.

152

153 Within preenrollment categories 3, 4, 5, 6, and 7, the agency  
154 shall prioritize clients in the order of the date that the  
155 client is determined eligible for waiver services.

156 Section 3. Section 393.0651, Florida Statutes, is amended  
157 to read:

158 393.0651 Family or individual support plan.—The agency  
159 shall provide directly or contract for the development of a  
160 family support plan for children ages 3 to 18 years of age and  
161 an individual support plan for each client served by the home  
162 and community-based services Medicaid waiver program under s.  
163 393.0662. The client, if competent, the client's parent or  
164 guardian, or, when appropriate, the client advocate, shall be  
165 consulted in the development of the plan and shall receive a  
166 copy of the plan. Each plan must include the most appropriate,  
167 least restrictive, and most cost-beneficial environment for  
168 accomplishment of the objectives for client progress and a  
169 specification of all services authorized. The plan must include  
170 provisions for the most appropriate level of care for the  
171 client. Within the specification of needs and services for each  
172 client, when residential care is necessary, the agency shall  
173 move toward placement of clients in residential facilities based  
174 within the client's community. The ultimate goal of each plan,  
175 whenever possible, shall be to enable the client to live a

176 dignified life in the least restrictive setting, be that in the  
 177 home or in the community. The family or individual support plan  
 178 must be developed within 60 calendar days after the agency  
 179 determines the client eligible pursuant to s. 393.065(3). When  
 180 developing or reviewing the support plan, the waiver support  
 181 coordinator must inform the client, the client's parent or  
 182 guardian, or, when appropriate, the client advocate about the  
 183 consumer-directed care program under s. 409.221.

184 (1) The agency shall develop and specify by rule the core  
 185 components of support plans.

186 (2) The family or individual support plan shall be  
 187 integrated with the individual education plan (IEP) for all  
 188 clients who are public school students entitled to a free  
 189 appropriate public education under the Individuals with  
 190 Disabilities Education Act, I.D.E.A., as amended. The family or  
 191 individual support plan and IEP must be implemented to maximize  
 192 the attainment of educational and habilitation goals.

193 (a) If the IEP for a student enrolled in a public school  
 194 program indicates placement in a public or private residential  
 195 program is necessary to provide special education and related  
 196 services to a client, the local education agency must provide  
 197 for the costs of that service in accordance with the  
 198 requirements of the Individuals with Disabilities Education Act,  
 199 I.D.E.A., as amended. This does not preclude local education  
 200 agencies and the agency from sharing the residential service



201 costs of students who are clients and require residential  
 202 placement.

203 (b) For clients who are entering or exiting the school  
 204 system, an interdepartmental staffing team composed of  
 205 representatives of the agency and the local school system shall  
 206 develop a written transitional living and training plan with the  
 207 participation of the client or with the parent or guardian of  
 208 the client, or the client advocate, as appropriate.

209 (3) Each family or individual support plan shall be  
 210 facilitated through case management designed solely to advance  
 211 the individual needs of the client.

212 (4) In the development of the family or individual support  
 213 plan, a client advocate may be appointed by the support planning  
 214 team for a client who is a minor or for a client who is not  
 215 capable of express and informed consent when:

216 (a) The parent or guardian cannot be identified;

217 (b) The whereabouts of the parent or guardian cannot be  
 218 discovered; or

219 (c) The state is the only legal representative of the  
 220 client.

221  
 222 Such appointment may not be construed to extend the powers of  
 223 the client advocate to include any of those powers delegated by  
 224 law to a legal guardian.

225 (5) The agency shall place a client in the most

226 appropriate and least restrictive, and cost-beneficial,  
 227 residential facility according to his or her individual support  
 228 plan. The client, if competent, the client's parent or guardian,  
 229 or, when appropriate, the client advocate, and the administrator  
 230 of the facility to which placement is proposed shall be  
 231 consulted in determining the appropriate placement for the  
 232 client. Considerations for placement shall be made in the  
 233 following order:

234 (a) Client's own home or the home of a family member or  
 235 direct service provider.

236 (b) Foster care facility.

237 (c) Group home facility.

238 (d) Intermediate care facility for the developmentally  
 239 disabled.

240 (e) Other facilities licensed by the agency which offer  
 241 special programs for people with developmental disabilities.

242 (f) Developmental disabilities center.

243 (6) In developing a client's annual family or individual  
 244 support plan, the individual or family with the assistance of  
 245 the support planning team shall identify measurable objectives  
 246 for client progress and shall specify a time period expected for  
 247 achievement of each objective.

248 (7) The individual, family, and support coordinator shall  
 249 review progress in achieving the objectives specified in each  
 250 client's family or individual support plan, and shall revise the

251 plan annually, following consultation with the client, if  
252 competent, or with the parent or guardian of the client, or,  
253 when appropriate, the client advocate. The agency or designated  
254 contractor shall annually report in writing to the client, if  
255 competent, or to the parent or guardian of the client, or to the  
256 client advocate, when appropriate, with respect to the client's  
257 habilitative and medical progress.

258 (8) Any client, or any parent of a minor client, or  
259 guardian, authorized guardian advocate, or client advocate for a  
260 client, who is substantially affected by the client's initial  
261 family or individual support plan, or the annual review thereof,  
262 shall have the right to file a notice to challenge the decision  
263 pursuant to ss. 120.569 and 120.57. Notice of such right to  
264 appeal shall be included in all support plans provided by the  
265 agency.

266 Section 4. For the 2024-2025 fiscal year, the sums of  
267 \$16,333,475 in recurring funds from the General Revenue Fund and  
268 \$22,518,748 in recurring funds from the Operations and  
269 Maintenance Trust Fund are appropriated in the Home and  
270 Community Based Services Waiver category to the Agency for  
271 Persons with Disabilities to offer waiver services to the  
272 greatest number of individuals permissible under the  
273 appropriation from preenrollment categories 3, 4, and 5,  
274 including individuals whose caregiver is age 60 or older in  
275 category 4, established in s. 393.065, Florida Statutes, as

276 amended by this act. For the 2024-2025 fiscal year, the sum of  
277 \$38,852,223 in recurring funds from the Medical Care Trust Fund  
278 is appropriated in the Home and Community Based Services Waiver  
279 category to the Agency for Health Care Administration to  
280 establish budget authority for Medicaid services.

281 Section 5. The Agency for Health Care Administration and  
282 the Agency for Persons with Disabilities, in consultation with  
283 other stakeholders, shall jointly develop a comprehensive plan  
284 for the administration, finance, and delivery of home and  
285 community-based services through a new home and community-based  
286 services Medicaid waiver program. The waiver program shall be  
287 for clients transitioning into adulthood and shall be designed  
288 to prevent future crisis enrollment into the waiver authorized  
289 under s. 393.0662, Florida Statutes. The Agency for Health Care  
290 Administration is authorized to contract with necessary experts  
291 to assist in developing the plan. The Agency for Health Care  
292 Administration must submit a report to the Governor, the  
293 President of the Senate, and the Speaker of the House of  
294 Representatives by December 1, 2024, addressing, at a minimum,  
295 all of the following:

296 (1) The purpose, rationale, and expected benefits of the  
297 new waiver program.

298 (2) The proposed eligibility criteria for clients and  
299 service benefit package to be offered through the waiver  
300 program.

301       (3) A proposed implementation plan and timeline, including  
 302 recommendations for number of clients served by the waiver  
 303 program at initial implementation, changes over time, and any  
 304 per-client benefit caps.

305       (4) Proposals for how clients will transition onto and off  
 306 of the waiver, including, but not limited to, transitions  
 307 between this waiver and the waiver established under s.  
 308 393.0662, Florida Statutes.

309       (5) The fiscal impact for the implementation year and  
 310 projections for the next 5 years, determined on an actuarially-  
 311 sound basis.

312       (6) An analysis of the availability of services that would  
 313 be offered under the waiver program and recommendations to  
 314 increase availability of such services, if necessary.

315       (7) A list of all stakeholders, public and private, who  
 316 were consulted or contacted as part of the waiver program.

317       Section 6. This act shall take effect July 1, 2024.