

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; defining the term "complete
16 application"; revising timeframes within which the
17 agency must make eligibility determinations for
18 services; lowering the age that a caregiver must be
19 for an individual to be placed in a certain
20 preenrollment category; amending s. 393.0651, F.S.;
21 requiring the agency to provide an individual support
22 plan for each client served by the home and community-
23 based services Medicaid waiver program; providing
24 appropriations; requiring the Agency for Persons with
25 Disabilities, in consultation with Agency for Health

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

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

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 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. For purposes of this paragraph, the term "complete
120 application" means an application submitted to the agency which
121 is signed and dated by the applicant or an individual with legal
122 authority to apply for public benefits on behalf of the
123 applicant, is responsive on all parts of the application, and
124 contains documentation of a diagnosis.

125 2. If the applicant requesting enrollment in the home and

126 community-based services Medicaid waiver program for individuals
127 with developmental disabilities is deemed to be in crisis as
128 described in paragraph (5)(a), the agency must make an
129 eligibility determination within 15 calendar days after receipt
130 of a complete application.

131 3. If the applicant meets the criteria specified in
132 paragraph (5)(b), the agency must review and make an eligibility
133 determination as soon as practicable after receipt of a complete
134 application.

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

145 (5) Except as provided in subsections (6) and (7), if a
146 client seeking enrollment in the developmental disabilities home
147 and community-based services Medicaid waiver program meets the
148 level of care requirement for an intermediate care facility for
149 individuals with intellectual disabilities pursuant to 42 C.F.R.
150 ss. 435.217(b)(1) and 440.150, the agency must assign the client

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151 to an appropriate preenrollment category pursuant to this
152 subsection and must provide priority to clients waiting for
153 waiver services in the following order:

154 (d) Category 4, which includes, but is not required to be
155 limited to, clients whose caregivers are 60 ~~70~~ years of age or
156 older and for whom a caregiver is required but no alternate
157 caregiver is available.

158

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

162 Section 3. Section 393.0651, Florida Statutes, is amended
163 to read:

164 393.0651 Family or individual support plan.—The agency
165 shall provide directly or contract for the development of a
166 family support plan for children ages 3 to 18 years of age and
167 an individual support plan for each client served by the home
168 and community-based services Medicaid waiver program under s.
169 393.0662. The client, if competent, the client's parent or
170 guardian, or, when appropriate, the client advocate, shall be
171 consulted in the development of the plan and shall receive a
172 copy of the plan. Each plan must include the most appropriate,
173 least restrictive, and most cost-beneficial environment for
174 accomplishment of the objectives for client progress and a
175 specification of all services authorized. The plan must include

176 provisions for the most appropriate level of care for the
177 client. Within the specification of needs and services for each
178 client, when residential care is necessary, the agency shall
179 move toward placement of clients in residential facilities based
180 within the client's community. The ultimate goal of each plan,
181 whenever possible, shall be to enable the client to live a
182 dignified life in the least restrictive setting, be that in the
183 home or in the community. The family or individual support plan
184 must be developed within 60 calendar days after the agency
185 determines the client eligible pursuant to s. 393.065(3). When
186 developing or reviewing the support plan, the waiver support
187 coordinator must inform the client, the client's parent or
188 guardian, or, when appropriate, the client advocate about the
189 consumer-directed care program under s. 409.221.

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

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

199 (a) If the IEP for a student enrolled in a public school
200 program indicates placement in a public or private residential

201 program is necessary to provide special education and related
202 services to a client, the local education agency must provide
203 for the costs of that service in accordance with the
204 requirements of the Individuals with Disabilities Education Act,
205 I.D.E.A., as amended. This does not preclude local education
206 agencies and the agency from sharing the residential service
207 costs of students who are clients and require residential
208 placement.

209 (b) For clients who are entering or exiting the school
210 system, an interdepartmental staffing team composed of
211 representatives of the agency and the local school system shall
212 develop a written transitional living and training plan with the
213 participation of the client or with the parent or guardian of
214 the client, or the client advocate, as appropriate.

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

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

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

223 (b) The whereabouts of the parent or guardian cannot be
224 discovered; or

225 (c) The state is the only legal representative of the

226 client.

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228 Such appointment may not be construed to extend the powers of
 229 the client advocate to include any of those powers delegated by
 230 law to a legal guardian.

231 (5) The agency shall place a client in the most
 232 appropriate and least restrictive, and cost-beneficial,
 233 residential facility according to his or her individual support
 234 plan. The client, if competent, the client's parent or guardian,
 235 or, when appropriate, the client advocate, and the administrator
 236 of the facility to which placement is proposed shall be
 237 consulted in determining the appropriate placement for the
 238 client. Considerations for placement shall be made in the
 239 following order:

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

242 (b) Foster care facility.

243 (c) Group home facility.

244 (d) Intermediate care facility for the developmentally
 245 disabled.

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

248 (f) Developmental disabilities center.

249 (6) In developing a client's annual family or individual
 250 support plan, the individual or family with the assistance of

251 the support planning team shall identify measurable objectives
252 for client progress and shall specify a time period expected for
253 achievement of each objective.

254 (7) The individual, family, and support coordinator shall
255 review progress in achieving the objectives specified in each
256 client's family or individual support plan, and shall revise the
257 plan annually, following consultation with the client, if
258 competent, or with the parent or guardian of the client, or,
259 when appropriate, the client advocate. The agency or designated
260 contractor shall annually report in writing to the client, if
261 competent, or to the parent or guardian of the client, or to the
262 client advocate, when appropriate, with respect to the client's
263 habilitative and medical progress.

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

272 Section 4. For the 2024-2025 fiscal year, the sums of
273 \$16,333,475 in recurring funds from the General Revenue Fund and
274 \$22,518,748 in recurring funds from the Operations and
275 Maintenance Trust Fund are appropriated in the Home and

276 Community Based Services Waiver category to the Agency for
277 Persons with Disabilities to offer waiver services to the
278 greatest number of individuals permissible under the
279 appropriation from preenrollment categories 3, 4, and 5,
280 including individuals whose caregiver is age 60 or older in
281 category 4, established in s. 393.065, Florida Statutes, as
282 amended by this act. For the 2024-2025 fiscal year, the sum of
283 \$38,852,223 in recurring funds from the Medical Care Trust Fund
284 is appropriated in the Home and Community Based Services Waiver
285 category to the Agency for Health Care Administration to
286 establish budget authority for Medicaid services.

287 Section 5. The Agency for Health Care Administration and
288 the Agency for Persons with Disabilities, in consultation with
289 other stakeholders, shall jointly develop a comprehensive plan
290 for the administration, finance, and delivery of home and
291 community-based services through a new home and community-based
292 services Medicaid waiver program. The waiver program shall be
293 for clients transitioning into adulthood and shall be designed
294 to prevent future crisis enrollment into the waiver authorized
295 under s. 393.0662, Florida Statutes. The Agency for Health Care
296 Administration is authorized to contract with necessary experts,
297 in consultation with the Agency for Persons with Disabilities,
298 to assist in developing the plan. The Agency for Persons with
299 Disabilities, in consultation with the Agency for Health Care
300 Administration, must submit a report to the Governor, the

301 President of the Senate, and the Speaker of the House of
302 Representatives by December 1, 2024, addressing, at a minimum,
303 all of the following:

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

306 (2) The proposed eligibility criteria for clients and
307 service benefit package to be offered through the waiver
308 program.

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

313 (4) Proposals for how clients will transition onto and off
314 of the waiver, including, but not limited to, transitions
315 between this waiver and the waiver established under s.
316 393.0662, Florida Statutes.

317 (5) The fiscal impact for the implementation year and
318 projections for the next 5 years, determined on an actuarially-
319 sound basis.

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

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

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