



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:

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. 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

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.

227

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 \$16,562,703 in recurring funds from the General Revenue Fund and  
274 \$22,289,520 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.

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

300       (1) The purpose, rationale, and expected benefits of the

301 new waiver program.

302 (2) The proposed eligibility criteria for clients and  
303 service benefit package to be offered through the waiver  
304 program.

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

309 (4) Proposals for how clients will transition onto and off  
310 of the waiver, including, but not limited to, transitions  
311 between this waiver and the waiver established under s.  
312 393.0662, Florida Statutes.

313 (5) The fiscal impact for the implementation year and  
314 projections for the next 5 years, determined on an actuarially-  
315 sound basis.

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

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

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