

The Florida Senate
BILL ANALYSIS AND FISCAL IMPACT STATEMENT

(This document is based on the provisions contained in the legislation as of the latest date listed below.)

Prepared By: The Professional Staff of the Committee on Children, Families, and Elder Affairs

BILL: CS/SB 1050

INTRODUCER: Children, Families, and Elder Affairs Committee and Senator Bradley

SUBJECT: Services for Individuals with Developmental Disabilities

DATE: April 1, 2025

REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Rao	Tuszynski	CF	Fav/CS
2.			AHS	
3.			AP	

Please see Section IX. for Additional Information:

COMMITTEE SUBSTITUTE - Substantial Changes

I. Summary:

CS/SB 1050 expands the IDD Pilot Program in three phases to ultimately expand the program to all individuals with developmental disabilities enrolled in a Medicaid waiver program by July 1, 2026. The bill clarifies the role of the Agency for Persons with Disabilities (APD) and the Agency for Health Care Administration (AHCA) in administering the IDD Pilot Program, emphasizing that AHCA is the entity that administers the program.

The bill requires the APD to post quarterly reconciliation reports and the iBudget preenrollment list online to increase transparency.

The bill requires the APD to seek federal approval for the Adult Pathways Home and Community-based Services Medicaid waiver to address the needs of clients with developmental disabilities as they transition into adulthood.

The bill also requires the APD to participate in transition planning activities for dependent children aging out of the child welfare system who are currently waiting to receive home and community-based services.

The bill establishes a statewide family care council that is required to coordinate with existing local family care councils. The bill specifies the membership appointments, reporting requirements, and responsibilities of the statewide and local family care councils.

There is likely an indeterminate, but negative, fiscal impact to the state government. *See* Section V. Fiscal Impact Statement.

The bill has an effective date of July 1, 2025.

II. Present Situation:

The present situation is presented in Section III under the Effect of Proposed Changes.

III. Effect of Proposed Changes:

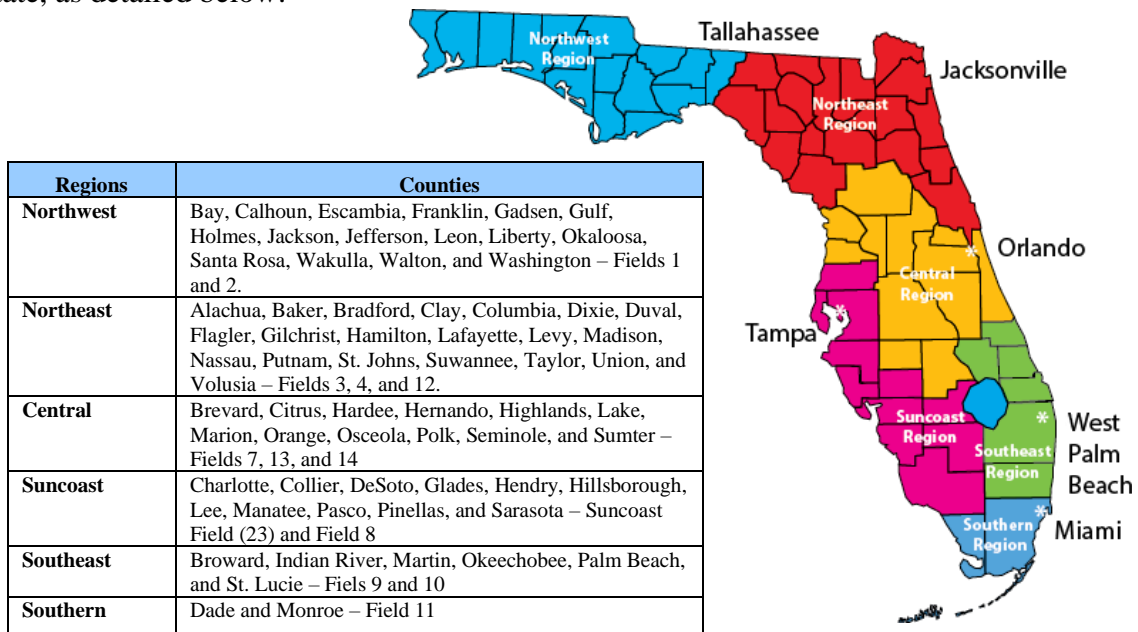
Services for Individuals with Disabilities

Present Situation

The Agency for Persons with Disabilities

Chapter 393, F.S., identifies the need to provide community-based services and programs for individuals with developmental disabilities that enable individuals to achieve their greatest potential for independent living while reducing the number of individuals in unnecessary institutional placements.¹

The Agency for Persons with Disabilities (APD) provides services to individuals with developmental disabilities and manages Medicaid waivers that provide federally approved services for individuals with developmental disabilities.² In addition to central headquarters in Tallahassee, the APD operates a total of six regional offices and 14 field offices throughout the state, as detailed below:³



¹ Section 393.062, F.S.

² Section 20.197, F.S.

³ Agency for Persons with Disabilities, *Regional Offices*, available at: <https://apd.myflorida.com/region/> (last visited 3/11/25).

Individual Budgeting (iBudget) Waiver

Florida has obtained several Medicaid waivers⁴ to enable the provision of specified home and community-based services to persons at risk of institutionalization.⁵ The intended target populations are older adults, people with intellectual or developmental disabilities, physical disabilities, or mental health and substance use disorders.⁶ These services are intended to allow recipients to remain at home or in a home-like setting, and are funded by the Florida Agency for Health Care Administration (AHCA).⁷

The Individual Budgeting Waiver (iBudget) is one of the Home and Community-Based Services federal waivers.⁸ The APD administers the iBudget waiver in Florida for individuals with specified developmental disabilities who meet Medicaid eligibility requirements.⁹ The iBudget program provides the client with an established budget; with this budget, the client may choose services within a specified service package that best allows them to live in their community.¹⁰

The APD serves 35,790 individuals through iBudget Florida, contracting with service providers to offer various supports and services to assist individuals to live in their community.¹¹ Examples of waiver services include residential habilitation, behavioral services, personal supports, adult day care training, employment services, and occupational and physical therapy.¹²

iBudget Preenrollment Categories

Based on the available slots in the iBudget waiver program, applicants may either be placed in the program or placed on a wait list if the demand exceeds available funding. The APD assigns each waitlisted client to a preenrollment category based on their needs. As more funding is available, clients are taken off the preenrollment categories and placed on the program, in descending priority order; meaning, the clients who have the highest needs are enrolled in the program first. The following table displays the number of individuals in the preenrollment categories as of March 18, 2025¹³:

⁴ A Medicaid waiver allows a state to waive certain eligibility requirements and cover individuals who may not otherwise be eligible for Medicaid care. *See* Centers for Medicare & Medicaid Services, *State Medicaid Plans and Waivers*, available at: <https://www.cms.gov/training-education/partner-outreach-resources/american-indian-alaska-native/ltss-ta-center/information/state-medicaid-plans-and-waivers> (last visited 3/25/25).

⁵ 59G-13.080, F.A.C.

⁶ Medicaid.gov, Home and Community Based Services, available at: <https://www.medicaid.gov/medicaid/home-community-based-services/index.html> (last visited 3/13/25).

⁷ Rule 59G-13.080(1), F.S. 393.062, F.S.; Section 409.906, F.S.

⁸ Florida Agency for Health Care Administration, Florida Medicaid's Covered Services and HCBS Waivers, available at: <https://ahca.myflorida.com/medicaid/medicaid-policy-quality-and-operations/medicaid-policy-and-quality/medicaid-policy/florida-medicaid-s-covered-services-and-hcbs-waivers> (last visited 3/13/25).

⁹ Section 393.0662, F.S.

¹⁰ *Id.*

¹¹ March 24, 2025 E-mail from Anna Grace Futch, Legislative Affairs Director, the APD (on file with the Senate Committee on Children, Families, and Elder Affairs).

¹² Agency for Persons with Disabilities, *Quarterly Report on Agency Services to Floridians with Developmental Disabilities and Their Costs First Quarter Fiscal Year 2022-2023*, available at: <https://apd.myflorida.com/publications/reports/> (last visited 3/14/25).

¹³ March 24, 2025 E-mail from Anna Grace Futch, Legislative Affairs Director, the APD (on file with the Senate Committee on Children, Families, and Elder Affairs).

iBudget Preenrollment Categories		
Preenrollment Category	Description	Total Number of Clients
Category 1	Clients in crisis	-
Category 2	Children in the Child Welfare System at the time of permanency or turning 18 years of age	-
Category 3	Intensive Needs	170
Category 4	Caregiver Over Age 60	522
Category 5	Clients transitioning from school	22
Category 6	Clients Age 21 and Over who do not meet the criteria for categories 1, 2, 3, 4, or 5	12,323
Category 7	Clients Age 21 and Younger who do not meet the criteria for categories 1, 2, 3, or 4	7,985
Grand Total of Clients		21,022

Dependent Children and Category Two Preenrollment

Chapter 39, F.S., creates Florida’s dependency system charged with protecting children who have been abused, abandoned, or neglected.¹⁴ The Department of Children and Families (DCF) and community-based care lead agencies (CBCs) work with families to address problems endangering children, if possible.¹⁵ If the problems cannot be addressed, the child welfare system finds safe out-of-home placements for these children.¹⁶ During this time, the DCF strives to achieve permanency for the child before the child’s 18th birthday.¹⁷ However, a child will age out of care upon reaching 18 years of age if a permanent placement is not found.¹⁸

During the year after a child reaches age 16 years, the DCF and CBC lead agency are required to collaborate with the caregiver to assist the child in developing a transition plan.¹⁹ The transition plan must address options for the child to obtain services such as housing, health insurance, education, financial literacy, a driver license, and workforce support.²⁰ Additionally, the court is required to conduct judicial reviews of children aging out of the child welfare system, to determine if they have obtained appropriate life skills to live independently and ensure the child has information about services they may be eligible to receive after reaching 18 years of age.²¹

Reconciliation Reports

Current law requires the APD, in consultation with AHCA, to provide a quarterly reconciliation report of all home and community-based services waiver expenditures.²² These reports compare the funds appropriated to fulfill the waiver with the actual expenditures, providing the utilization rate of the waiver services.²³ The APD must submit reconciliation reports to the Governor, the

¹⁴ Ch. 39, F.S.

¹⁵ Ch. 39, F.S.

¹⁶ Ch. 39, F.S.

¹⁷ Section 39.621, F.S.

¹⁸ Rule 65C-30.022, F.A.C.

¹⁹ Section 39.6035, F.S.

²⁰ *Id.*

²¹ Section 39.701(3), F.S.

²² Section 393.0662 (14), F.S.

²³ Agency for Persons with Disabilities, *FY 2022-23 Reconciliation – Waiver Claims with Service Utilization*, available at: <https://apd.myflorida.com/publications/reports/docs/FY22->

President of the Senate, and the Speaker of the House of Representatives no later than 30 days after the close of each quarter.²⁴

Effect of Proposed Changes

Section 1 of the bill amends s. 393.0662, F.S. to require the APD to post its quarterly reconciliation reports for the iBudget waiver on its website in a conspicuous location, no later than 5 days after submitting the reports to the Governor, the President of the Senate, and the Speaker of the House of Representatives.

Section 2 of the bill amends s. 393.065, F.S. to require the APD's online application to allow an applicant to apply for crisis enrollment (Category 1) on the iBudget waiver.

The bill requires the APD to participate in transition planning activities for individuals assigned to preenrollment category 2, which are children aging out of the child welfare system. These activities include, but are not limited to, the following:

- Individualized service coordination;
- Case management support; and
- Ensuring continuity of care pursuant to s. 39.6035, F.S.

The bill removes the requirement that the APD must remove from the preenrollment categories any individual that meets one of the following conditions:

- Cannot be located using the contact information provided to the APD;
- Fails to meet eligibility requirements; or
- Becomes domiciled outside the state.

The bill requires the APD to post the total number of individuals in each iBudget preenrollment category on its website in a conspicuous location. The bill requires the posted numbers to reflect the current status of the preenrollment priority list and be updated at least every five days.

Intellectual and Developmental Disabilities Pilot Program (IDD Pilot Program)

Present Situation

Agency for Health Care Administration

The Agency for Health Care Administration (AHCA) is the chief health policy and planning entity for Florida.²⁵ Current law requires AHCA to fulfill the following directives²⁶:

- License, inspect, and ensure the regulatory enforcement of health facilities;
- Investigate consumer complaints relating to health care facilities and managed care plans;
- Implement the certificate of need program;
- Operate the Florida Center for Health Information and Transparency;
- Administer the Medicaid program;

[23%20Q4%20Quarterly%20Reconciliation%20Waiver%20Claims%20and%20Service%20Utilization%2020230715.pdf](#)
(last visited 3/31/25).

²⁴ Section 393.0662(14), F.S.

²⁵ Section 20.42, F.S.

²⁶ Section 20.42(3), F.S.

- Administer contracts with the Florida Healthy Kids Corporation;
- Certify health maintenance organizations and prepaid health clinics; and
- Complete any other duties prescribed by statute or agreement.

Managed Care

States may offer Medicaid benefits through fee-for-service programs²⁷, managed care plans²⁸, or both.²⁹ In Florida, most Medicaid recipients are enrolled in the Statewide Medicaid Managed Care program (SMMC).³⁰ The SMMC program consists of the following components³¹:

- **Managed Medical Assistance (MMA):** Provides Medicaid covered medical services such as doctor visits, hospital care, prescribed drugs, mental health care, and transportation to these services. Most people on Medicaid will receive their care from a plan that covers MMA services.
- **Long-Term Care (LTC):** Provides Medicaid LTC services like care in a nursing facility, assisted living facility, or at home for individuals that are at least 18 years old and meet nursing home level of care (or meet hospital level of care if the individual has Cystic Fibrosis).
- **Dental:** Provides all Medicaid dental services for children and adults. All individuals on Medicaid must enroll in a dental plan.

AHCA competitively procures contracts with managed care plans to provide services to individuals under SMMC.³² Services may be provided by a health maintenance organization (HMO) or a provider service network (PSN).³³ Under a managed care system, HMOs consist of prepaid health care plans, where health care services are provided directly to a group of people who make regular premium payments.³⁴ PSNs are networks operated by a health care provider, or a group of affiliated health care providers, who must have a controlling interest in the governing body of the PSN.³⁵ The health care providers that operate the PSN directly provide a substantial proportion of the health care items and services under a contract and may make

²⁷ Under fee-for-service models, the state pays providers directly for each covered service received by a Medicaid beneficiary. See Medicaid and CHIP Payment and Access Commission, *Provider payment and delivery systems*, available at: <https://www.macpac.gov/medicaid-101/provider-payment-and-delivery-systems/#:~:text=Under%20the%20FFS%20model%2C%20the,person%20enrolled%20in%20the%20plan> (last visited 3/31/25).

²⁸ Under managed care plans, the state pays a fee to a managed care plan for each person enrolled in the plan. Health care providers are paid by the managed care plan, rather than the state directly, if the services are covered under the managed care plan's contract with the state. See Medicaid and CHIP Payment and Access Commission, *Provider payment and delivery systems*, available at: <https://www.macpac.gov/medicaid-101/provider-payment-and-delivery-systems/#:~:text=Under%20the%20FFS%20model%2C%20the,person%20enrolled%20in%20the%20plan> (last visited 3/31/25).

²⁹ Medicaid and CHIP Payment and Access Commission, *Provider payment and delivery systems*, available at: <https://www.macpac.gov/medicaid-101/provider-payment-and-delivery-systems/#:~:text=Under%20the%20FFS%20model%2C%20the,person%20enrolled%20in%20the%20plan> (last visited 3/31/25).

³⁰ Agency for Health Care Administration, *Statewide Medicaid Managed Care*, available at: <https://flmedicaidmanagedcare.com/health/comparehealthplans> (last visited 3/31/25).

³¹ *Id.*

³² Section 409.967, F.S.

³³ Section 409.901(13), F.S.

³⁴ Section 641.18, F.S.

³⁵ Section 409.912, F.S.

arrangements with physicians or other health care professionals, health care institutions, or any combination of such individuals or institutions to assume all or part of the financial risk on a prospective basis for the provision of basic health services by the physicians, by other health professionals, or through the institutions.³⁶ PSNs receive per-member, per-month payments.³⁷

Within the SMMC program, AHCA has contracts with 8 different managed care plans (referred to as “health plans”).³⁸ All health plans are required to cover specified minimum services under the MMA, LTC, and Dental programs, as follows³⁹:

MMA Minimum Covered Services	
Advanced registered nurse practitioner services	Hospital Inpatient and Outpatient Services
Ambulatory surgical treatment center services	Laboratory and Imaging Services
Assistive Care Services	Medical supply, equipment, prostheses, and orthoses
Behavioral Health	Medical Foster Care
Birth center services	Mental health services
Chiropractic services	Nursing care
Early intervention services	Nursing facility services for enrollees not in the LTC program
Early periodic screening diagnosis and treatment services for recipients under 21	Optical services and supplies
Emergency services	Optometrist services
Family planning services and supplies (some exception) Healthy Start Services (some exceptions)	Physical, occupational, respiratory, and speech therapy
Hearing services	Podiatric services
Home health agency services	Physician services, including physician assistant services
Hospice services	Rural health clinic services
Prescription drugs	Transportation to access covered services
Renal dialysis services	Substance abuse treatment
Respiratory equipment and supplies	
LTC Minimum Covered Services	
Adult companion care	Intermittent and skilled nursing
Adult day health care	Medical equipment and supplies
Assisted living	Medication administration
Assistive care services	Medication management
Attendant care	Nursing facility
Behavioral management	Nutritional assessment/risk reduction
Care coordination/Care management	Personal care
Caregiver training	Personal emergency response system
Home accessibility adaptation	Respite care
Home-delivered meals	Therapies: occupational, physical, respiratory, and speech
Homemaker	Transportation, Non-emergency
Hospice	
Dental Minimum Covered Services	

³⁶ Section 409.912, F.S.

³⁷ *Id.*

³⁸ Agency for Health Care Administration, *SMMC Health Plans 2025-2030*, available at: <https://ahca.myflorida.com/content/download/25039/file/27061%20SMMC%20Plan%20Poster%2002042025.pdf> (last visited 4/1/25).

³⁹ Agency for Health Care Administration, *A Snapshot Statewide Medicaid Managed Care 3.0*, available at: <https://ahca.myflorida.com/medicaid/statewide-medicare-managed-care/new-smmc-program/outreach-and-presentations> (last visited 4/1/25).

Ambulatory Surgical Center or Hospital-based Dental Services	Orthodontics
Dental Exams	Periodontics
Dental Screenings	Prosthodontics (dentures)
Dental X-rays	Root Canals
Extractions	Sealants
Fillings and Crowns	Sedation
Fluoride	Space Maintainers
Oral Health Instructions	Teeth Cleaning

Each health plan has expanded benefits that are provided in addition to the minimum covered services that SMMC must provide.⁴⁰ This provides individuals with flexibility in their selection of health plans based on their coverage needs and the regions in which they reside.

Intellectual and Developmental Disabilities (IDD) Pilot Program

In 2023, the Legislature required AHCA to implement a pilot program for individuals with developmental disabilities in Regions D and I⁴¹ who are on the APD preenrollment list.⁴² The IDD Pilot Program is voluntary and allows individuals who have been on the waitlist for APD services to receive services through an integrated managed care delivery model.⁴³ To qualify for participation in the IDD Pilot Program, an applicant must meet the following criteria⁴⁴:

- Be 18 years of age or older;
- Meet the eligibility requirements in any of Categories 1 through 6 in the iBudget waiver;
- Meet the Level of Care criteria for placement in an ICF/IID;
- Be eligible for Medicaid under one of a variety of categories described in the Florida Medicaid Provider General Handbook;
- Be diagnosed with one or more of the following qualifying disabilities:
 - The individual’s intelligence quotient (IQ) is 59 or less; or
 - The individual’s IQ is 60-70 inclusive and the individual has a secondary handicapping condition that includes: Down syndrome; Cerebral palsy; Prader-Willi Syndrome; Spina bifida; Epilepsy; Autism; or ambulation, sensory, chronic health, and behavioral problems; or has an IQ of 60-70 inclusive and the individual has severe functional limitations in at least three major life activities including self-care, learning, mobility, self-direction, understanding and use of language, and capacity for independent living; or
 - The individual is eligible under the category of Autism, Cerebral Palsy, Down Syndrome, Prader-Willi Syndrome or Spina bifida and the individual has severe functional

⁴⁰ Agency for Health Care Administration, *Health Plan Expanded Benefits Grid 2025*, available at: <https://ahca.myflorida.com/medicaid/statewide-medicare-managed-care/new-smmc-program/information-for-recipients> (last visited 4/1/25).

⁴¹ Region D includes Hillsborough, Polk, Manatee, Hardee, and Highlands counties and Region I includes Miami-Dade and Monroe counties. The Agency for Health Care Administration, *New Medicaid Pilot Program serving more people with IDD*, available at: <https://ahca.myflorida.com/site/medicaid/statewide-medicare-managed-care/idd-pilot-program> (last visited 4/1/25).

⁴² Ch. 2023-243, L.O.F.

⁴³ The Agency for Health Care Administration, *New Medicaid Pilot Program serving more people with IDD*, available at: <https://ahca.myflorida.com/site/medicaid/statewide-medicare-managed-care/idd-pilot-program> (last visited 4/1/25).

⁴⁴ The Agency for Health Care Administration, *Comprehensive Intellectual and Developmental Disabilities Managed Care Waiver*, available at: <https://ahca.myflorida.com/site/medicaid/medicaid-policy-quality-and-operations/medicaid-policy-and-quality/medicaid-policy/federal-authorities/federal-waivers/comprehensive-intellectual-and-developmental-disabilities-managed-care-waiver> (last visited 4/1/25).

- limitations in at least three major life activities including self-care, learning, mobility, self-direction, understanding and use of language, and capacity for independent living.
- Reside in pilot Region D or Region I.

The following services are included in the IDD Pilot Program⁴⁵:

Covered Services in the IDD Pilot Program		
Adult Day Health Care	Adult Dental Services	Assisted Living
Behavior Analysis Services	Behavior Assistant Services	Care Coordination
Dietitian Services	Environmental Accessibility Adaptations	Equipment and Supplies
Home Delivered Meals	Life Skills Development Level 1 – Companion	Life Skills Development Level 2 – Supported Employment
Life Skills Development Level 3 – Adult Day Training	Life Skills Development Level 4 – Prevocational Services	Medical Services
Medication Administration	Medication Management	Occupational Therapy
Personal Emergency Response Systems	Personal Supports	Physical Therapy
Private Duty Nursing	Professional and Home Care Services	Residential Habilitation
Residential Nursing	Respiratory Therapy	Respite
Skilled Nursing	Specialized Medical Equipment and Supplies	Specialized Medical Home Care
Specialized Mental Health Counseling	Speech Therapy	Supported Living Coaching
Therapy Services	Transportation	Unpaid Caregiver Training
Vaccines		

AHCA received federal approval for the home and community-based services waiver to implement the IDD Pilot Program on March 21, 2024.⁴⁶ After the competitive procurement process, AHCA awarded a contract to Florida Community Care, Inc. (FCC) to provide services in Regions D and I.⁴⁷ AHCA assessed the FCC’s plan policies, procedures, systems, and operations to determine FCC’s readiness to support enrollees upon program launch.⁴⁸ Additionally, the APD provided training to FCC care coordinators and determined eligibility to participate in the IDD Pilot Program.⁴⁹

⁴⁵ The Agency for Health Care Administration, Comprehensive Intellectual and Developmental Disabilities Managed Care Waiver, available at: <https://ahca.myflorida.com/site/medicaid/medicaid-policy-quality-and-operations/medicaid-policy-and-quality/medicaid-policy/federal-authorities/federal-waivers/comprehensive-intellectual-and-developmental-disabilities-managed-care-waiver> (last visited 4/1/25).

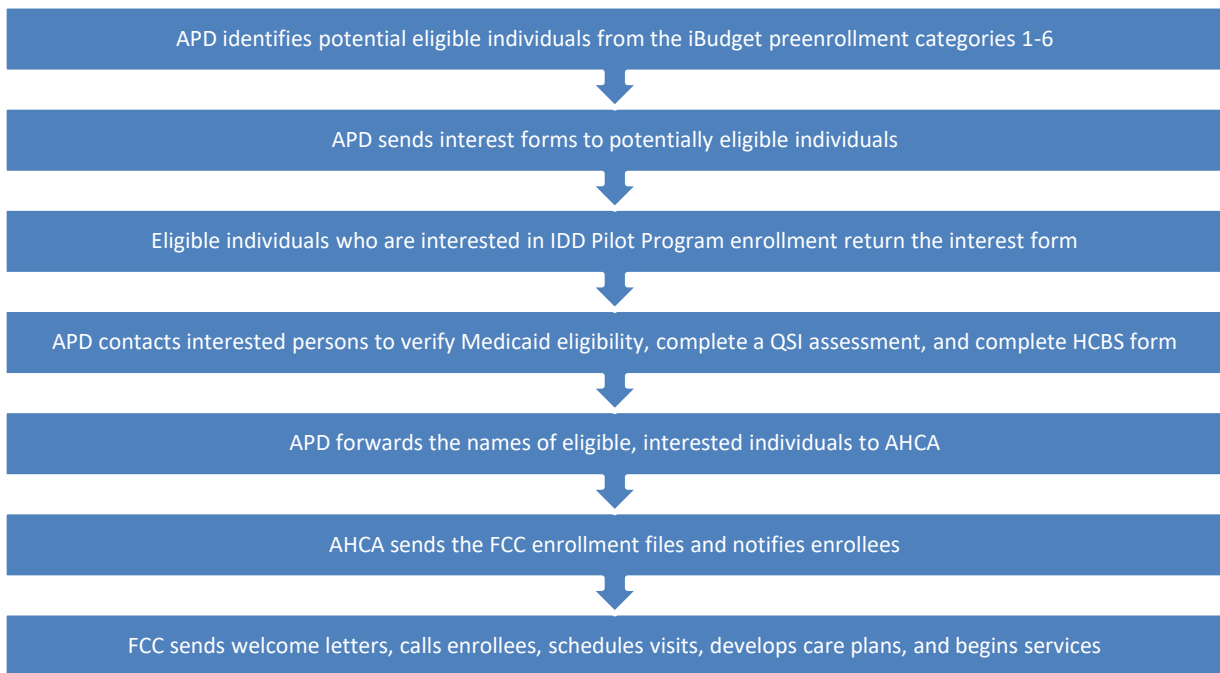
⁴⁶ Medicaid.gov, *FL Comprehensive Intellectual and Developmental Disabilities Managed Care Pilot Program (2346.R00.00)*, available at: <https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/161736> (last visited 4/2/25).

⁴⁷ Agency for Health Care Administration, *Intellectual and Developmental Disabilities Managed Care Pilot Program*, available at: <https://ahca.myflorida.com/content/download/25753/file/2024%20IDD%20Managed%20Care%20Pilot%20Status%20Report.pdf> (last visited 4/2/25).

⁴⁸ *Id.*

⁴⁹ *Id.*

The enrollment process of the IDD Pilot Program is as follows:⁵⁰



The APD mailed interest letters to potentially eligible individuals in August 2024. There have not been additional reports of ongoing communication with potentially eligible individuals about the pilot program after the initial letters were sent.⁵¹ This contrasts with the current method of enrollment in SMMC plans, which involves ongoing communication between AHCA and enrollees of SMMC.⁵²

The FCC has reported the enrollment process for interested individuals faces several barriers.⁵³ Delays in the enrollment process may be attributed to a lack of coordination between the entities involved in the enrollment process. Currently, AHCA and the FCC are not provided with an interested individual’s file until the APD assesses an individual’s needs. Currently, the APD is required to approve a needs assessment methodology to assist the APD in determining eligibility.⁵⁴ The APD utilizes the Questionnaire for Situational Information (QSI) assessment authorized for assessment of iBudget enrollees.⁵⁵ However, AHCA’s contract with the FCC requires the FCC to conduct an additional needs assessment of an individual within five business days *after* enrollment.⁵⁶ The APD does not have a similar deadline for the assessment. Thus, an

⁵⁰ Agency for Health Care Administration and Florida Community Care, *Health and Human Services Committee Presentations*, February 11, 2025.

⁵¹ *Id.*

⁵² Agency for Health Care Administration, *Enrolling in a Health Plan*, available at: <https://www.flmedicaidmanagedcare.com/health/enroll> (last visited 4/2/25).

⁵³ *Supra*, Note 50.

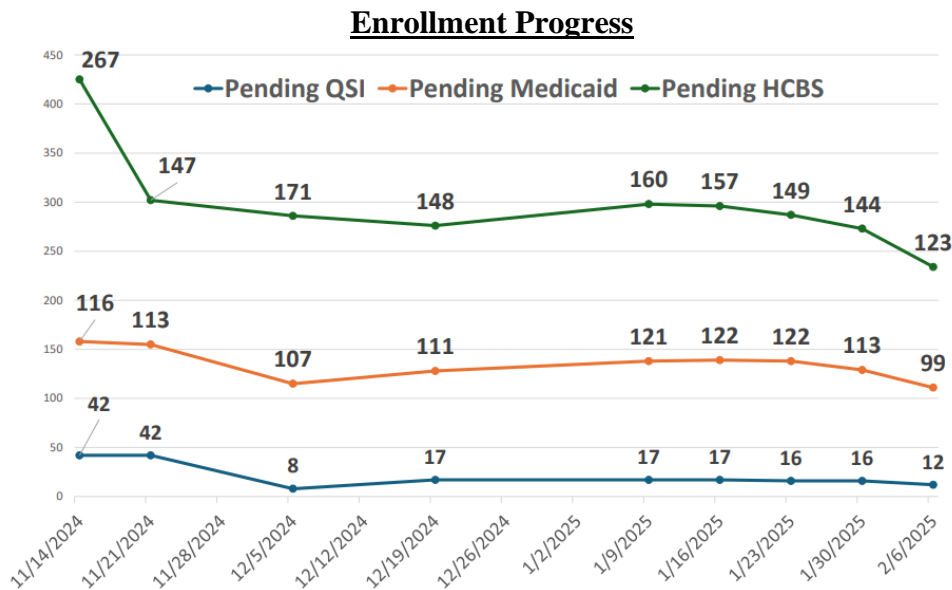
⁵⁴ Section 409.9855(2)(b), F.S.

⁵⁵ The Questionnaire for Situational Information is only authorized for utilization in the iBudget program, not the IDD Pilot Program. *See* Section 393.0662, F.S.

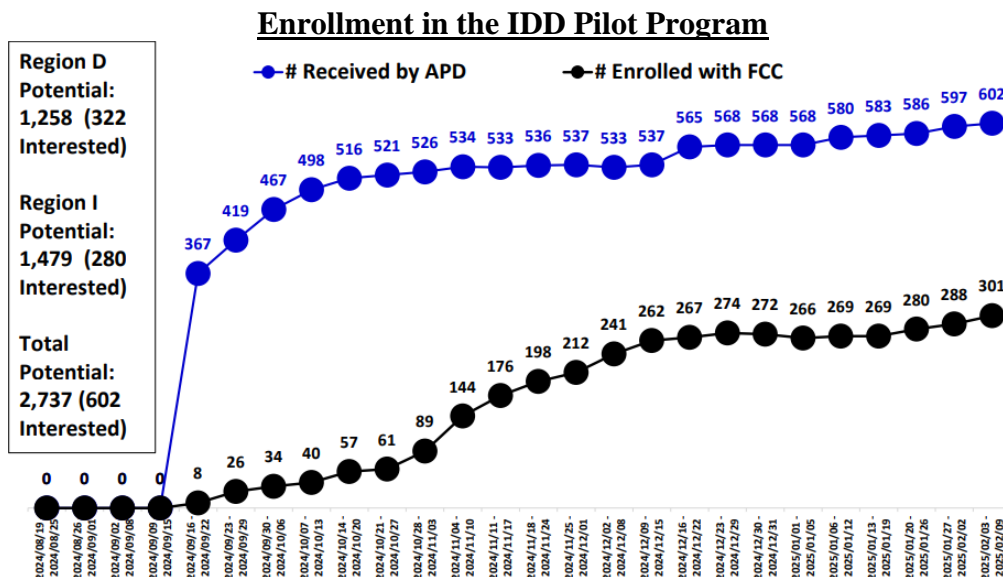
⁵⁶ Agency for Health Care Administration and Florida Community Care, *Health and Human Services Committee Presentations*, February 11, 2025.

individual’s enrollment may be delayed while waiting for the APD to conduct the QSI; further, the individual will have to take another needs assessment by the FCC after enrollment.

The following chart displays the individuals who are interested in the IDD Pilot Program, but their QSI, Medicaid eligibility, and HCBS waiver are pending from the APD:⁵⁷



Since October, over 600 individuals have expressed interest in the pilot program. As of early February, half of the interested individuals have enrolled in the pilot program with the FCC, as shown below:⁵⁸



⁵⁷ Agency for Health Care Administration and Florida Community Care, *Health and Human Services Committee Presentations*, February 11, 2025.

⁵⁸ Agency for Health Care Administration and Florida Community Care, *Health and Human Services Committee Presentations*, February 11, 2025.

Consumer-Directed Care

In 2002, the Legislature directed AHCA to establish the consumer-directed care program.⁵⁹ The program is based on the principles of consumer choice and control and allows enrolled persons to choose their providers and direct the delivery of services to best meet their long-term care needs.⁶⁰ Individuals that are enrolled in one of the Medicaid home and community-based waiver programs, including the iBudget program, are eligible to participate in consumer-directed care.⁶¹

Effect of the Proposed Changes

Section 5 of the bill amends the IDD Pilot Program under s. 409.9855, F.S.

The bill removes the requirement for AHCA to administer the pilot program in consultation with the APD.

The bill expands the IDD Pilot Program in three phases:

- Immediately expands eligibility to individuals in *all* iBudget preenrollment categories (rather than Categories 1- 6) in Regions D or I.
- Effective October 1, 2025, expands eligibility to individuals in all iBudget preenrollment categories in *any region*.
- Effective July 1, 2026, expands eligibility to individuals enrolled in the iBudget program or the LTC managed care program, regardless of region.

The bill requires the APD to transmit the following data to AHCA weekly:

- Data files of clients enrolled in the home and community-based services waiver program; and
- Clients in iBudget preenrollment categories.

The bill requires AHCA to maintain a record of individuals with developmental disabilities who may be eligible for the pilot program using this data, Medicaid enrollment data transmitted by the Department of Children and Families, and any available collateral data.

The bill places AHCA in charge of administering the enrollment process and specifies that a needs assessment conducted by the APD is not required for enrollment. The bill codifies current contractual obligations of the participating plans to conduct an individualized assessment of each enrollee within 5 days after enrollment to determine the enrollee's functional, behavioral, and physical needs. The bill requires AHCA to approve this assessment method or instrument.

The bill requires AHCA to notify individuals with developmental disabilities of the opportunity to voluntarily enroll in the pilot program and provide them with the following information:

- The benefits available through the pilot program;
- The process for enrollment; and

⁵⁹ Chapter 2002-223, L.O.F.

⁶⁰ Section 409.221(4), F.S.

⁶¹ Section 409.221, F.S. and Florida Agency for Health Care Administration, Florida Medicaid's Covered Services and HCBS Waivers, available at: <https://ahca.myflorida.com/medicaid/medicaid-policy-quality-and-operations/medicaid-policy-and-quality/medicaid-policy/florida-medicaid-s-covered-services-and-hcbs-waivers> (last visited 3/13/25).

- The procedures for disenrollment from the pilot program, including the requirement for continued coverage after disenrollment.

The bill requires AHCA to provide a call center staffed by agents trained to assist individuals with developmental disabilities and their families in learning about and enrolling in the pilot program.

The bill requires AHCA to coordinate with the DCF and the APD to develop partnerships with community-based organizations to disseminate information about the pilot program to providers of covered services and potential enrollees.

The bill clarifies additional benefits that must be provided in the IDD Pilot Program, negotiated by AHCA. Providers of these benefits must meet the provider qualifications established by AHCA for the Medicaid LTC managed care program. If no such qualifications apply to a specific benefit or provider type, the bill requires the provider to meet the provider qualifications established by the APD for the iBudget waiver services program.

The bill requires participating plans to offer a consumer-directed services option to individuals with developmental disabilities.

The bill requires AHCA to monitor and evaluate the IDD Pilot Program and require corrective actions or payment of penalties as needed to secure compliance with contractual requirements. Such contractual requirements include, but are not limited to, the following:

- Compliance with provider network standards;
- Financial accountability
- Performance standards;
- Health care quality improvement systems; and
- Program integrity.

The bill updates the reporting requirements for AHCA. The bill removes the requirement for AHCA to consult with the APD and updates the date of required reports, as follows:

- Requires a status report on progress made toward federal approval of the waiver or waiver amendment necessary by August 30, 2025, rather than December 31, 2023.
- Requires a status report on pilot program implementation by December 31, 2025, rather than December 31, 2024.

The bill makes conforming changes throughout the section to remove the requirement for AHCA to consult with APD for the administration of the IDD Pilot Program.

Adult Pathways Waiver Program

Present Situation

Adult Pathways Program

In 2024, the Legislature directed the Agency for Health Care Administration and the APD to jointly develop a comprehensive plan for the administration, finance, and delivery of home and community-based services through a new home and community-based services Medicaid waiver

program.⁶² The waiver is intended for clients transitioning into adulthood, and designed to prevent future crisis enrollment (Category 1) in the iBudget program.

To fulfill the legislative directive from the 2024 legislative session, the APD and AHCA contracted for an actuarial analysis to propose recommendations for the advancement of an Adult Pathways Waiver.⁶³

In November 2024, the APD submitted the actuarial analysis and plan for the Adult Pathways Waiver. The waiver is intended to focus on a population of individuals with developmental disabilities ages 18 to 32 that have graduated or completed high school equivalency and are Medicaid eligible.⁶⁴ Additionally, the APD identified the following services to potentially include in the waiver⁶⁵:

- Life Skills Developmental Level 1 (Community Inclusion)
- Life Skills Developmental Level 2 (Supported Employment)
- Life Skills Developmental Level 3 (Adult Day Training)
- Life Skills Developmental Level 4 (Prevocational)
- Personal Supports
- Respite
- Support Coordination
- Supported Living Coaching
- Transportation

Residential habilitation and behavioral services were also identified as potential services for consideration.⁶⁶

To begin implementation, the plan must receive legislative appropriation and be submitted to the Centers for Medicare and Medicaid Services (CMS) for federal approval.⁶⁷

Effect of Proposed Changes

Section 3 of the bill creates s. 393.0664, F.S. to implement the Adult Pathways Home and Community-based Services Medicaid waiver program. The bill requires this waiver to utilize a fee-for-service model with an annual per-person funding cap to address the needs of clients with developmental disabilities as they transition into adulthood and achieve greater independence throughout their lifetimes.

The bill requires the program to establish an additional pathway that utilizes the use of natural supports and community partnerships to provide the necessary supports to clients and contain

⁶² Ch. 2024-14, L.O.F.

⁶³ Ch. 2024-231, L.O.F. and Milliman Report, *Adult Pathways Waiver – Plans and Recommendations*, November 26, 2024 (on file with the Senate Committee on Children, Families, and Elder Affairs).

⁶⁴ *Id.*

⁶⁵ *Id.*

⁶⁶ *Id.*

⁶⁷ Milliman Report, *Adult Pathways Waiver – Plans and Recommendations*, November 26, 2024 (on file with the Senate Committee on Children, Families, and Elder Affairs).

costs. The program is intended to meet the needs of clients at the earliest opportunity to prevent care crises and to positively influence outcomes relating to client health, safety, and well-being.

The bill allows the APD, in partnership with AHCA, to seek federal approval for the program through a state plan amendment or Medicaid waiver. The bill requires AHCA to submit a request for any federal approval needed to implement the program by October 1, 2025.

The bill requires participation in the program to be voluntary and limited to the maximum number of enrollees authorized in the General Appropriations Act. The bill specifies the following criteria to participate in the program:

- Be eligible for Medicaid.
- Be eligible for a preenrollment category for Medicaid waiver services.
- Be 18 to 28 years of age at the time of enrollment and have attained a high school diploma or the equivalent.
- Meet the level of care required for home and community-based services as identified in the federal approval for the program.

The bill requires the APD to approve a needs assessment methodology to determine the functional, behavioral, and physical needs of prospective enrollees. This assessment methodology must be administered by persons who have completed any training required by the APD for such purpose. The bill allows the APD to offer such training.

The bill allows enrollees to remain on the Adult Pathways waiver until he or she reaches 32 years of age. An individual's participation in the program does not affect his or her status on the home and community-based services Medicaid waiver program, unless the client or the client's legal representative voluntarily disenrolls from that program. Upon an individual's disenrollment from the program, the bill requires the APD to allow the client to return to the most appropriate preenrollment category based on a current needs assessment and the preenrollment category criteria.

The bill requires the APD to authorize covered services specified in the Medicaid waiver which are medically necessary, including, but not limited to, any of the following:

- Adult day training.
- Companion services.
- Employment services.
- Personal supports.
- Prevocational services.
- Supported living coaching.
- Transportation.
- Care Coordination.

The bill requires such services to be provided in accordance with an individualized care plan. The bill requires the individualized care plan to be evaluated and updated at least annually, and as often as warranted by changes in the enrollee's circumstances.

The bill requires the APD to begin enrollment in the Adult Pathways program upon federal approval of the Adult Pathways waiver, with coverage for enrollees becoming effective upon authorization and availability of sufficient state and federal funding and resources.

The bill allows the APD, in consultation with AHCA, to adjust fees, reimbursement rates, lengths of stay, number of visits, or number of services; limit enrollment in the program; or make any other adjustments necessary based upon funding and any limitations imposed or directions provided in the General Appropriations Act.

The bill requires the APD, in consultation with AHCA, to submit progress reports to the Governor, the President of the Senate, and the Speaker of the House of Representatives upon federal approval of the Medicaid waiver and throughout implementation of the program. The bill requires the APD to submit a progress report by July 1, 2026, including, but not limited to, all of the following:

- The number of enrollees in the program and other pertinent information on enrollment.
- Service use.
- Average cost per enrollee.
- Outcomes and performance reporting relating to health, safety, and well-being of enrollees.

Family Care Councils

Present Situation

Family Care Councils

In 1993, the Legislature required each service district of the Department of Health and Rehabilitative Services⁶⁸ to create local family care councils (FCC).⁶⁹ FCCs are intended to facilitate the connection between government and individuals with disabilities and their families, to ensure that statewide policies are guided by input from individuals who are affected by such policies.⁷⁰

Current law requires local FCCs to consist of at least 10 members recommended by a majority vote of the local family care council and appointed by the Governor.⁷¹ Council members must serve on a voluntary basis.⁷² The FCC must be composed of individuals receiving or waiting to receive APD services and family members of individuals with developmental disabilities.⁷³ FCCs are required to provide the APD-established training program to assist the council

⁶⁸ The Department of Health and Rehabilitative Services was the entity originally responsible for operating programs for individuals with developmental disabilities (Ch. 96-175, L.O.F.). In 1996, the Department of Health and Rehabilitative Services was redesignated as the Department of Children and Family Services (Ch. 96-403, L.O.F.). In 2004, the Legislature removed the oversight of programs related to developmental disabilities from the Department of Children and Family Services and established an agency, housed administratively within the DCF, to oversee the provisions of services to individuals with developmental disabilities, known as the Agency for Persons with Disabilities (Ch. 2004-267, L.O.F.). In 2012, the Department of Children and Family Services was renamed as the Department of Children and Families (Ch. 2012-84, L.O.F.).

⁶⁹ Ch. 93-143, L.O.F.

⁷⁰ Family Care Councils, *Serving Families for 30 Years*, available at: <https://www.fccflorida.org/> (last visited 3/26/25).

⁷¹ Section 393.502, F.S.

⁷² Section 393.502, F.S.

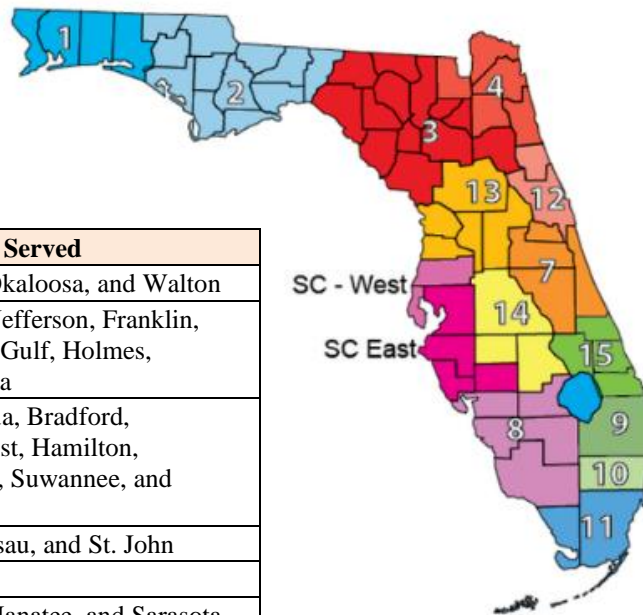
⁷³ *Id.*

members in understanding the laws, rules, and policies applicable to their duties and responsibilities on the council.⁷⁴

Family care councils are intended to advise the APD, develop a plan for the delivery of family support services within the local area, and to monitor the implementation and effectiveness of services and support provided under the developed plan.⁷⁵ The primary functions of the FCC are as follows:⁷⁶

- Assist in providing information and outreach to families.
- Review the effectiveness of service programs and make recommendations with respect to program implementation.
- Advise the agency with respect to policy issues relevant to the community and family support system in the local area.
- Meet and share information with other local family care councils.

There are currently 15 FCCs statewide, as shown below:⁷⁷



Local FCC	Counties Served
Area 1	Escambia, Santa Rosa, Okaloosa, and Walton
Area 2	Bay, Jackson, Calhoun, Jefferson, Franklin, Leon, Gadsden, Liberty, Gulf, Holmes, Washington, and Wakulla
Area 3	Madison, Taylor, Alachua, Bradford, Columbia, Dixie, Gilchrist, Hamilton, Lafayette, Levy, Putnam, Suwannee, and Union
Area 4	Baker, Clay, Duval, Nassau, and St. John
Suncoast West	Pasco and Pinellas
Suncoast East	DeSoto, Hillsborough, Manatee, and Sarasota
Area 7	Brevard, Seminole, Orange, and Osceola
Area 8	Charlotte, Collier, Glades, Hendry, and Lee
Area 9	Palm Beach
Area 10	Broward
Area 11	Dade and Monroe
Area 12	Flagler and Volusia
Area 13	Citrus, Hernando, Lake, Marion, and Sumter
Area 14	Hardee, Highlands, and Polk
Area 15	Indian River, Martin, Okeechobee, St. Lucie

⁷⁴ Section 393.502(5), F.S.

⁷⁵ Section 393.502(7), F.S.

⁷⁶ *Id.*

⁷⁷ Family Care Councils, *Local Family Care Councils*, available at: <https://www.fccflorida.org/local-councils.html> (last visited 3/26/25).

Upon the establishment of a new FCC, the Governor must appoint the first four council members, who serve 3-year terms. The appointed members are required to submit recommendations for at least six additional members selected by a majority vote to the Governor.⁷⁸

FCCs may apply for, receive, and accept grants, gifts, donations, bequests, and other payments from any public or private entity or person.⁷⁹ The APD may conduct an annual financial review of each local family care council.⁸⁰

Effect of Proposed Changes

Section 4 of the bill amends s. 393.502, F.S. to establish a statewide family care council that coordinates with existing local family care councils and facilitates direct communication between local FCCs and the APD. The goal of the statewide FCC is to enhance the quality of and access to resources and supports for individuals with disabilities and their families.

The statewide council is required to carry out the following:

- Review annual reports, policy proposals, and program recommendations submitted by the local FCCs.
- Advise the APD on statewide policies, programs, and service delivery improvements based on the collective recommendations of the local councils.
- Identify systemic barriers to the effective delivery of services and recommend solutions to address such barriers.
- Foster collaboration and the sharing of best practices and available resources among local FCCs to improve service delivery across regions.
- Submit an annual report no later than December 1 of each year to the Governor, the President of the Senate, the Speaker of the House of Representatives, and the APD.
 - The report must include a summary of local council's findings, policy recommendations, and an assessment of the APD's action in response to previous recommendations of the local councils.

The bill requires the APD to provide a written response to the statewide council's report within 60 days of receipt of the report. The response must specify whether recommendations will be implemented and provide a timeline for implementation or include justification if recommendations are not adopted. The response must include a detailed action plan outlining the steps already taken towards the recommendations, or the steps planned to address the recommendations.

The bill prohibits APD or AHCA employees from serving as voting members on either the statewide council or a local council. The bill maintains the membership structure of local FCCs and creates requirements for the membership of the statewide council.

⁷⁸ Section 393.502(8), F.S.

⁷⁹ Section 393.502(9), F.S.

⁸⁰ *Id.*

The bill requires the statewide family care council to consist of the following members, appointed by the Governor:

- One representative from each of the local family care council, who must be a resident of the area served by that local council.
 - Among these representatives must be at least one individual who receives waiver services from the agency and at least one individual who is assigned to a preenrollment category for waiver services under s. 393.065.
- One individual representing an advocacy organization representing individuals with disabilities.
- One representative of a public or private entity that provides services to individuals with developmental disabilities that does not have a Medicaid waiver service contract with the APD.

The bill requires statewide council members to be initially appointed to staggered two and four year terms, with subsequent terms of four years. The bill limits the reappointment of a statewide council member to one additional consecutive term.

The bill prohibits a member on the statewide council who has served two consecutive terms from serving again until at least 12 months have elapsed since ending service on the statewide council.

The bill requires the statewide council to recommend to the Governor, by majority vote, at least one person for appointment upon a vacancy in the statewide council. The bill requires the Governor to make an appointment within 45 days after receiving such a recommendation. If the Governor fails to make such an appointment, the chair of the local council may appoint a member meeting the membership requirements to act as the statewide council representative for that local council until the Governor makes an appointment.

The bill requires the statewide council to meet at least quarterly. Meetings may be held in person or via teleconference or other electronic means. The bill maintains the local councils' requirement to meet six times per year as is under current law, but allows the meetings to be held in person, by teleconference, or by any other electronic needs.

The bill requires the Governor to appoint the initial chair from among the members of the statewide council. The bill requires all subsequent chairs to be elected annually by a majority vote of the council.

The bill prohibits members of the statewide council and local councils from receiving compensation, but allows them to be reimbursed for per diem and travel expenses pursuant to s. 112.061, F.S.

The bill clarifies language that provides the location of local family care councils, to agency-designated regions rather than service areas of the APD. The bill requires local family care councils to work constructively with the APD, advise the APD on local needs, identify gaps in services, and advocate for individuals with developmental disabilities and their families. Specifically, local family care councils are required to do the following:

- Assist in providing information and conducting outreach to individuals with developmental disabilities and their families.
- Convene family listening sessions at least twice a year to gather input on local service delivery challenges.
- Hold a public forum every 6 months to solicit public feedback concerning actions taken by the local FCCs.
- Identify policy issues relevant to the community and family support system in the region.
- Submit a report to the statewide family care council by September 1 each year. This report must detail proposed policy changes, program, recommendations, and identified service delivery challenges within its region.

The bill requires the chair of each local FCC to create a family-led nominating committee. The chair is required to appoint individuals receiving or waiting to receive services from the APD or their relatives. Members of the family-led nominating council do not have to be members of the local council. The bill requires the family-led nominating committee to nominate candidates for vacant positions on the local FCC.

The bill requires the local council to, by a majority vote, recommend to the Governor appointments for each vacancy based on the recommendations received from the family-led nominating committees. The bill requires the Governor to make an appointment to the local FCC within 45 days of receiving the recommendation. The bill allows the local council to, by majority vote, select an interim appointment for each vacancy from the panel of candidates recommended by the family-led nominating committee if the Governor fails to make such an appointment within 45 days.

The bill allows the chair of the local FCC to appoint persons to serve on additional council committees. Such persons may include current members of the council, former members of the council, and persons not eligible to serve on the council.

The bill allows the statewide and local FCCs to apply for, receive, and accept funding and does not specify requirements regarding the purpose of the funding.

The bill allows the APD to make additional training available to the statewide and local council members.

The bill requires the APD to publish on its website all annual reports submitted by the local FCCs and the statewide council within 15 days after receipt of such reports in a designated and easily accessible section of the website.

The bill requires the APD to provide administrative support to the statewide council and local councils, including, but not limited to, staff assistance and meeting facilities, within existing resources.

Other

Section 6 provides an effective date of July 1, 2025.

IV. Constitutional Issues:**A. Municipality/County Mandates Restrictions:**

The bill does not require cities and counties to expend funds or limit their authority to raise revenue or receive state-shared revenues as specified by Article VII, s. 18, of the State Constitution.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

D. State Tax or Fee Increases:

None.

E. Other Constitutional Issues:

None Identified.

V. Fiscal Impact Statement:**A. Tax/Fee Issues:**

None.

B. Private Sector Impact:

None.

C. Government Sector Impact:

There is an indeterminate, likely significant negative fiscal impact on the AHCA for the expansion of the IDD Pilot Program.

There is an indeterminate, likely significant negative fiscal impact on the APD for the administrative support of the newly created statewide family care council.

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Statutes Affected:

This bill substantially amends the following sections of the Florida Statutes: 393.0662, 393.065, 393.502, 409.9855

This bill creates the following sections of the Florida Statutes: 393.0664

IX. Additional Information:**A. Committee Substitute – Statement of Substantial Changes:**
(Summarizing differences between the Committee Substitute and the prior version of the bill.)**CS by Children, Families, and Elder Affairs Committee on April 1, 2025:**

- Requires the APD to post quarterly reconciliation reports for the iBudget waiver.
- Changes requirements of the APD in relation to the online application for iBudget services and transition planning activities for individuals assigned to preenrollment category 2.
- Expands the IDD Pilot Program.
- Clarifies the role of AHCA and APD in administering the IDD Pilot Program, effectively removing APD from the administration of the program.
- Clarifies the requirements of the statewide and local FCCs.
- Removes language requiring a type two transfer of the Division of Blind Services, the Division of Vocational Rehabilitation, and the Federal Rehabilitation Trust Fund from the DOE to the APD.
- Removes language designating the APD as a department.
- Removes language amending the membership of the Commission for the Transportation Disadvantaged.

B. Amendments:

None.