

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 Appropriations Committee on Health and Human Services

BILL: CS/SB 1050

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

SUBJECT: Services for Individuals with Developmental Disabilities

DATE: April 14, 2025

REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Rao	Tuszynski	CF	Fav/CS
2.	Howard	McKnight	AHS	Pre-meeting
3.			AP	

Please see Section IX. for Additional Information:

COMMITTEE SUBSTITUTE - Substantial Changes

I. Summary:

CS/SB 1050 expands the Intellectual and Developmental Disabilities (IDD) Pilot Program in three phases, aiming to open voluntary enrollment to all individuals with developmental disabilities enrolled in a Medicaid waiver program by July 1, 2026.

The bill clarifies that the Agency for Health Care Administration (AHCA) is responsible for administering the program, with the Agency for Persons with Disabilities (APD) supporting its implementation.

The bill enhances transparency by requiring the APD to post quarterly reconciliation reports and the iBudget preenrollment list online. It also directs the APD to seek federal approval for the Adult Pathways Home and Community-Based Services Medicaid waiver and participate in transition planning for dependent youth aging out of the child welfare system.

Additionally, the bill creates a statewide family care council to coordinate with local councils and outlines its structure, membership, responsibilities, and reporting requirements.

The bill may have a significant, yet indeterminate, negative fiscal impact on state expenditures. **See Section V., Fiscal Impact Statement.**

The bill takes effect 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:

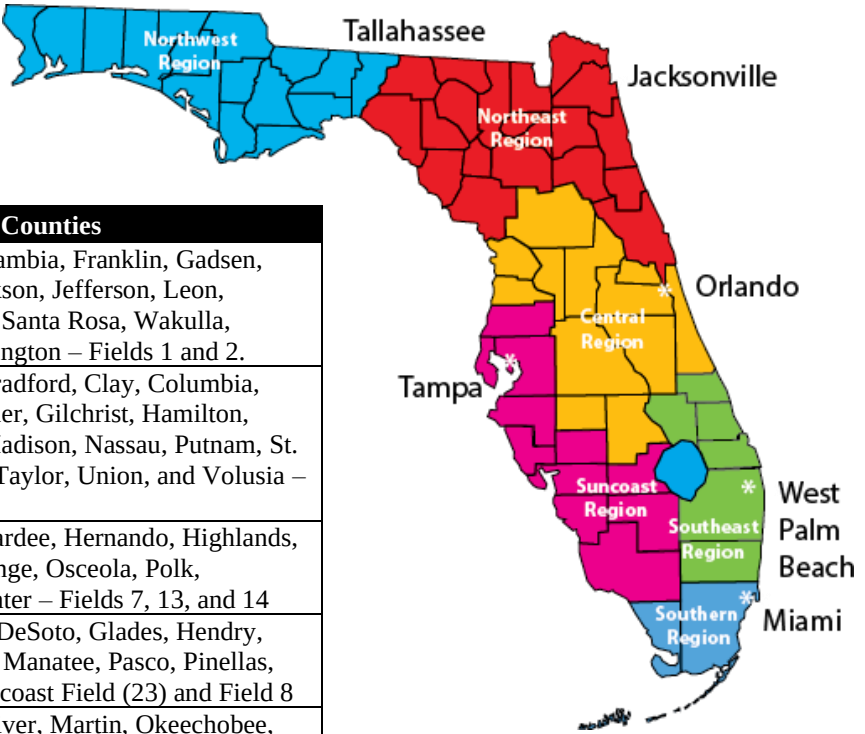
Services for Individuals with Disabilities

Present Situation

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



Regions	Counties
Northwest	Bay, Calhoun, Escambia, Franklin, Gadsen, Gulf, Holmes, Jackson, Jefferson, Leon, Liberty, Okaloosa, Santa Rosa, Wakulla, Walton, and Washington – Fields 1 and 2.
Northeast	Alachua, Baker, Bradford, Clay, Columbia, Dixie, Duval, Flagler, Gilchrist, Hamilton, Lafayette, Levy, Madison, Nassau, Putnam, St. Johns, Suwannee, Taylor, Union, and Volusia – Fields 3, 4, and 12.
Central	Brevard, Citrus, Hardee, Hernando, Highlands, Lake, Marion, Orange, Osceola, Polk, Seminole, and Sumter – Fields 7, 13, and 14
Suncoast	Charlotte, Collier, DeSoto, Glades, Hendry, Hillsborough, Lee, Manatee, Pasco, Pinellas, and Sarasota – Suncoast Field (23) and Field 8
Southeast	Broward, Indian River, Martin, Okeechobee, Palm Beach, and St. Lucie – Fiels 9 and 10
Southern	Dade and Monroe – Field 11

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 March 11, 2025).

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 March 25, 2025).

⁵ 59G-13.080, Florida Administrative Code

⁶ Medicaid.gov, Home and Community Based Services, available at: <https://www.medicaid.gov/medicaid/home-community-based-services/index.html> (last visited March 13, 2025).

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 March 13, 2025).

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 March 14, 2025).

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

Florida's dependency system is 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 the 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,

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, Florida Administrative Code

¹⁹ Section 39.6035, F.S.

²⁰ *Id.*

²¹ Section 39.701(3), F.S.

²² Section 393.0662 (14), F.S.

providing the utilization rate of the waiver services.²³ The APD must submit reconciliation reports to the Governor, the 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 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 five days after submitting the reports to the Governor, the President of the Senate, and the Speaker of the House of Representatives.

Section 2 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

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 the 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;

²³ Agency for Persons with Disabilities, *FY 2022-23 Reconciliation – Waiver Claims with Service Utilization*, available at: <https://apd.myflorida.com/publications/reports/docs/FY22-23%20Q4%20Quarterly%20Reconciliation%20Waiver%20Claims%20and%20Service%20Utilization%2020230715.pdf> (last visited March 31, 2025).

²⁴ Section 393.0662(14), F.S.

²⁵ Section 20.42, F.S.

²⁶ Section 20.42(3), F.S.

- Implement the certificate of need program;
- Operate the Florida Center for Health Information and Transparency;
- Administer the Medicaid program;
- 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.

Statewide Medicaid 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 (SMMC) program.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.

The AHCA competitively procures contracts with managed care plans to provide services to individuals under the 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,

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 March 31, 2025).

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 March 31, 2025).

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 March 31, 2025).

³⁰ Agency for Health Care Administration, *Statewide Medicaid Managed Care*, available at: <https://flmedicaidmanagedcare.com/health/comparehealthplans> (last visited March 31, 2025).

³¹ *Id.*

³² Section 409.967, F.S.

³³ Section 409.901(13), F.S.

³⁴ Section 641.18, F.S.

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 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, the AHCA has contracts with eight 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
Birthing 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	

³⁵ Section 409.912, F.S.

³⁶ *Id.*

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 April 1, 2025).

³⁹ *Id.*

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	
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 the 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 Pilot Program

In 2023, the Legislature directed the AHCA to implement a pilot program for up to 600 individuals with developmental disabilities in Regions D and I⁴¹ who are on the APD preenrollment list.⁴² The Intellectual and Developmental Disabilities (IDD) Pilot Program is voluntary and allows individuals who are currently in preenrollment category 1 through 6—who have been waiting for iBudget services—the opportunity to receive services through an

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 April 1, 2025).

⁴¹ Region D includes Hillsborough, Polk, Manatee, Hardee, and Highlands counties and Region I includes Miami-Dade and Monroe counties. 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 April 1, 2025).

⁴² Ch. 2023-243, L.O.F.

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 or older;
- Be in Categories 1–6 of the iBudget waiver;
- Meet Level of Care criteria for placement in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID);
- Be Medicaid-eligible under a qualifying category;
- Have a qualifying diagnosis, including:
 - 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 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 Region D or Region I of the pilot program.

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

⁴³ 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 April 1, 2025).

⁴⁴ 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 April 1, 2025).

⁴⁵ *Id.*

Covered Services in the IDD Pilot Program (continued)		
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		

The AHCA received federal approval for the home and community-based services waiver to implement the IDD Pilot Program on March 21, 2024.⁴⁶ Following the competitive procurement process, the AHCA awarded a contract to Florida Community Care, Inc. (FCC) to provide services in Regions D and I.⁴⁷ The 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

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

- The APD identifies potential eligible individuals from iBudget preenrollment categories 1-6.
- The APD sends interest forms to potentially eligible individuals.
- Eligible individuals who are interested in the IDD Pilot Program enrollment return the interest form.
- The APD contacts interested persons to verify Medicaid eligibility, complete a Questionnaire for Situational Information (QSI) assessment, and complete the HCBS form.
- The APD forwards the names of eligible, interested individuals to the AHCA.
- The AHCA sends the FCC enrollment files and notifies enrollees.
- The FCC sends welcome letters, calls enrollees, schedules visits, develops care plans, and begins services.

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

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 April 2, 2025).

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 April 2, 2025).

⁴⁸ *Id.*

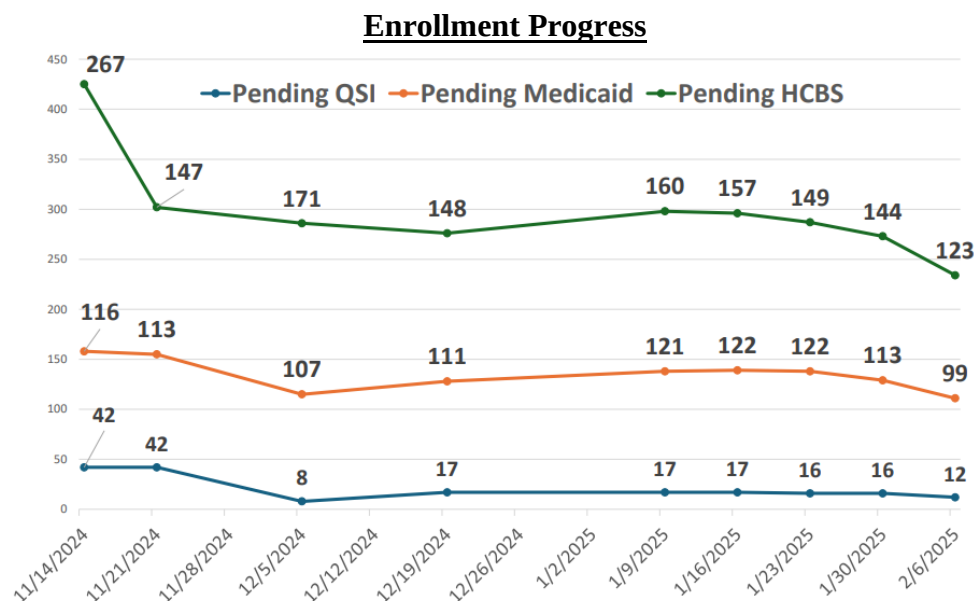
⁴⁹ *Id.*

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

the pilot program after the initial letters were sent.⁵¹ This contrasts with the current method of enrollment in the SMMC plans, which involves ongoing communication between the AHCA and enrollees of the 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, the 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 QSI assessment authorized for assessment of iBudget enrollees.⁵⁵ However, the 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 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



⁵¹ Agency for Health Care Administration and Florida Community Care, *Health and Human Services Committee Presentations*, February 11, 2025.

⁵² Agency for Health Care Administration, *Enrolling in a Health Plan*, available at: <https://www.flmedicaidmanagedcare.com/health/enroll> (last visited April 2, 2025).

⁵³ *Supra*, Note 51.

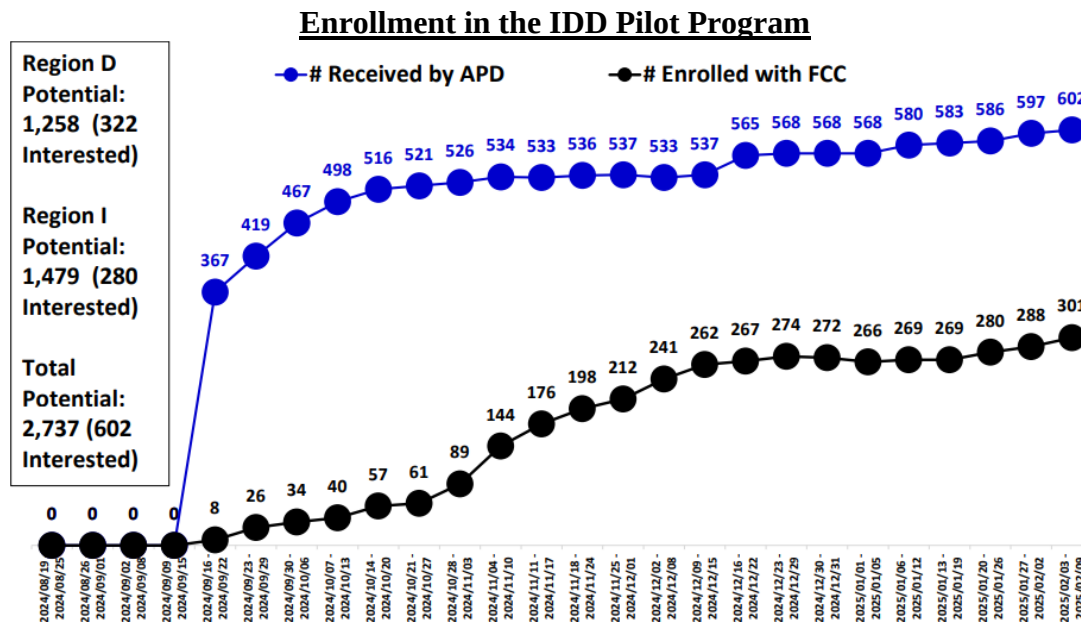
⁵⁴ Section 409.9855(2)(b), F.S.

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

⁵⁶ *Supra*, Note 51.

⁵⁷ *Id.*

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



Consumer-Directed Care

In 2002, the Legislature directed the 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 amends the IDD Pilot Program under s. 409.9855, F.S.

The bill removes the requirement for the 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.

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

⁵⁹ Chapter 2002-223, L.O.F.

⁶⁰ Section 409.221(4), F.S.

⁶¹ Section 409.221, F.S. and 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 March 13, 2025).

- 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 the AHCA weekly:

- Data files of clients enrolled in the Medicaid HCBS waiver program; and
- Clients in iBudget preenrollment categories.

The bill requires the 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 DCF, and any available collateral data.

The bill places the 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 five days after enrollment to determine the enrollee's functional, behavioral, and physical needs. The bill requires the AHCA to approve this assessment method or instrument.

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

The bill requires the 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 the 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 the AHCA. Providers of these benefits must meet the provider qualifications established by the 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 the 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 the AHCA. The bill removes the requirement for the 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 the AHCA to consult with the APD for the administration of the IDD Pilot Program.

Adult Pathways Waiver Program

Present Situation

Adult Pathways Program

In 2024, the Legislature directed the AHCA 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 the 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)

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.*

- 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 for approval to the federal Centers for Medicare and Medicaid Services (CMS).⁶⁷

Effect of Proposed Changes

Section 3 creates s. 393.0664, F.S., to implement the Adult Pathways Home and Community-Based Services Medicaid waiver (Adult Pathways) program using a fee-for-service model with an annual per-person funding cap. The program is designed to support individuals with developmental disabilities as they transition into adulthood and work toward greater independence.

Additionally, the bill requires the program to include a supplemental pathway that leverages natural supports and community partnerships to deliver services, manage costs, and proactively address client needs—ultimately aiming to prevent crises and improve overall health, safety, and well-being outcomes.

The bill authorizes the APD, in partnership with AHCA, to seek federal approval for the Adult Pathways program through a state plan amendment or Medicaid waiver. It requires AHCA to submit the request 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 GAA. 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

⁶⁶ 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).

⁶⁷ *Id.*

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.

Enrollees may remain in the Adult Pathways program until age 32. Participation in the program does not impact an individual's status on the HCBS Medicaid waiver unless they voluntarily disenroll. If a participant leaves the program, the APD must place them back into the most appropriate preenrollment category based on a current needs assessment and established 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 that services under the Adult Pathways program be delivered according to an individualized care plan, which must be evaluated and updated at least annually or more frequently if the enrollee's circumstances change.

Enrollment in the program must begin upon federal approval of the waiver, with coverage becoming effective once sufficient state and federal funding and resources are available.

The bill also authorizes the APD, in consultation with the AHCA, to make necessary program adjustments—such as modifying fees, reimbursement rates, service limits, or enrollment caps—based on available funding and guidance from the GAA.

The bill requires the APD, in consultation with the 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 the 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 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.

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 March 26, 2025).

⁷¹ Section 393.502, F.S.

⁷² *Id.*

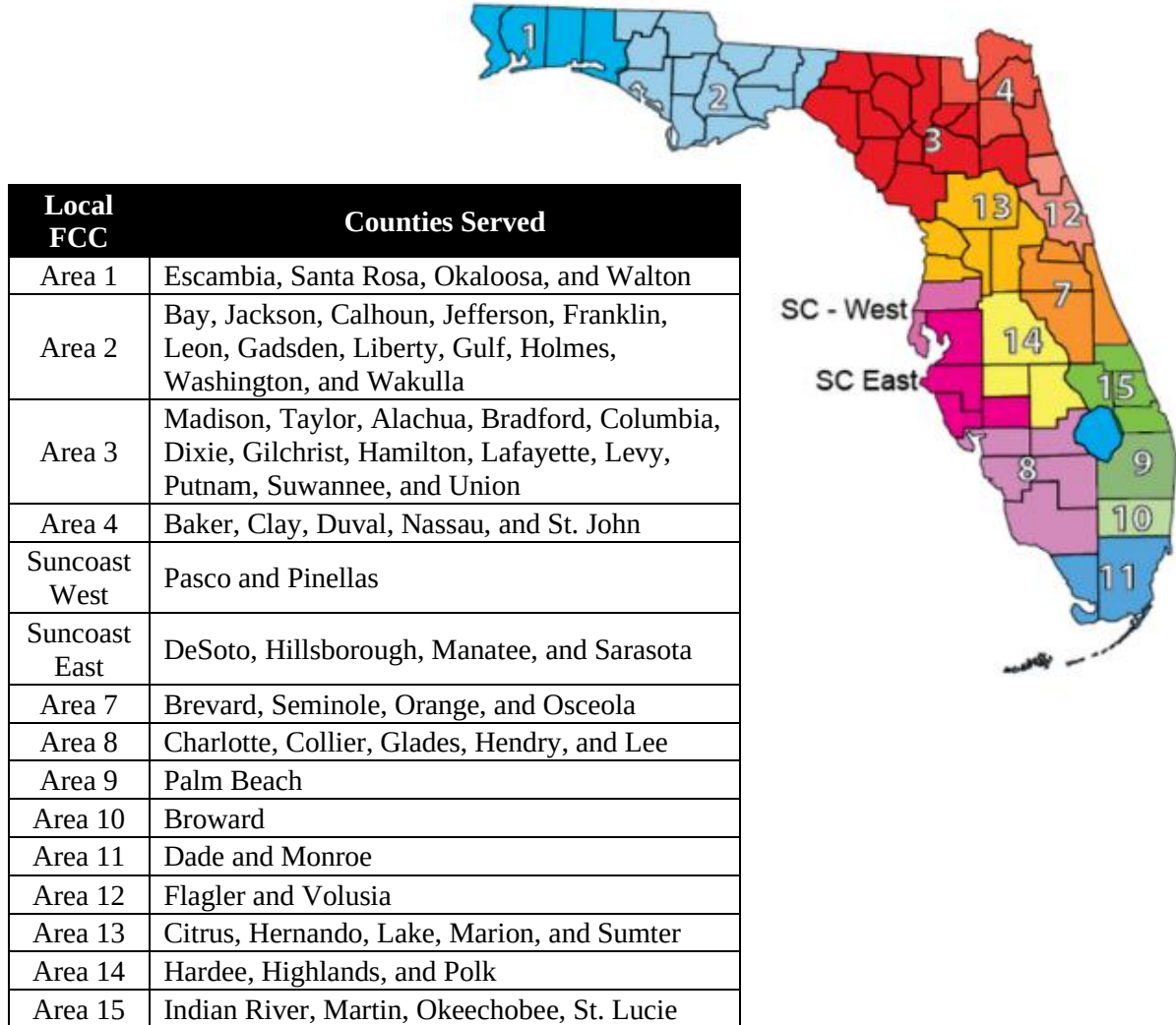
⁷³ *Id.*

⁷⁴ Section 393.502(5), F.S.

⁷⁵ Section 393.502(7), F.S.

⁷⁶ *Id.*

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



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

⁷⁷ Family Care Councils, *Local Family Care Councils*, available at: <https://www.fccflorida.org/local-councils.html> (last visited March 26, 2025).

⁷⁸ Section 393.502(8), F.S.

⁷⁹ *Id.*

⁸⁰ *Id.*

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 bill outlines the responsibilities of the statewide FCC, which include:

- Reviewing reports, policy proposals, and recommendations from local FCCs.
- Advising the APD on statewide policies, programs, and service improvements based on input from local councils.
- Identifying systemic service delivery barriers and recommending solutions.
- Promoting collaboration and sharing of best practices among local FCCs.
- Submitting an annual report by December 1 to the Governor, President of the Senate, Speaker of the House of Representatives, and the APD, summarizing local findings, policy suggestions, and evaluating the APD's response to prior recommendations.

Additionally, the APD must respond within 60 days of receiving the report, indicating whether it will implement the recommendations, providing a timeline or justification, and including a detailed action plan outlining steps taken or planned to address the recommendations.

The bill prohibits the APD or the 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.

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, F.S.
- 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 establishes membership and operational guidelines for the statewide FCC, including:

- Initial appointments are staggered for two- or four-year terms, with all subsequent terms set at four years. Members may serve only one additional consecutive term. After serving two consecutive terms, a member must wait at least 12 months before being reappointed.
- The statewide council must recommend at least one candidate for a vacancy to the Governor, who must make the appointment within 45 days. If the Governor does not act, the local council chair may appoint a qualified individual to serve until the Governor makes an official appointment.

- The statewide council must meet at least quarterly, either in person or virtually. Local councils must continue to meet six times per year, with flexibility to meet in person, by teleconference, or through other electronic means.
- The initial chair of the statewide council is appointed by the Governor. Future chairs are to be elected annually by a majority vote of council members.
- Council members do not receive compensation, but may be reimbursed for travel and per diem expenses as allowed 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 six 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 each local FCC chair to establish a family-led nominating committee composed of individuals receiving or waiting to receive APD services, or their relatives. These committee members do not need to be part of the local council. They are responsible for nominating candidates to fill council vacancies.

The bill requires local councils must vote to recommend candidates to the Governor based on the nominating committee's suggestions. The Governor has 45 days to make an appointment. If no action is taken, the local council may select an interim appointee from the recommended candidates by majority vote.

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.

Effective Date

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:

The expansion of the Intellectual and Developmental Disabilities (IDD) Pilot Program may have a significant, yet indeterminate, negative fiscal impact on the Agency for Health Care Administration (AHCA), contingent on whether the Legislature provides additional funding in the General Appropriations Act (GAA). The IDD Pilot Program's funding for Fiscal Year 2025-2026 totals \$38.4 million (\$16.4 million from the general revenue funds) to support 600 eligible individuals who voluntarily elect to participate in the pilot program.

The Legislature may also authorize the transfer of funds from the traditional waiver to the pilot program if an individual on the pre-enrollment list chooses to receive services through the pilot. This transfer would not require additional appropriations, as the Agency for Persons with Disabilities (APD) typically reverts waiver funds each fiscal year.

Providing administrative support for the new Statewide Family Care Council and participating in child welfare transition planning will have an insignificant, negative fiscal impact on APD which can be absorbed within existing resources.

The bill also requires that implementation of the Adult Pathways Home and Community-Based Services Medicaid waiver program remain voluntary and be limited to the maximum number of enrollees authorized in the GAA.

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, and 409.9855.

This bill creates section 393.0664 of the Florida Statutes.

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 Agency for Persons with Disabilities (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 Intellectual and Developmental Disabilities (IDD) Pilot Program.
- Clarifies the role of the Agency for Health Care Administration and the APD in administering the IDD Pilot Program, effectively removing the APD from the administration of the program.
- Clarifies the requirements of the statewide and local family care councils.
- 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 Department of Education 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.