

By the Committee on Children, Families, and Elder Affairs; and  
Senator Bradley

586-03168-25

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1                   A bill to be entitled  
2           An act relating to services for individuals with  
3           developmental disabilities; amending s. 393.0662,  
4           F.S.; requiring the Agency for Persons with  
5           Disabilities to post its quarterly reconciliation  
6           reports on its website within a specified timeframe;  
7           amending s. 393.065, F.S.; providing a requirement for  
8           the online application system to allow an applicant to  
9           apply for crisis enrollment; removing a requirement  
10          for the agency to remove certain individuals from the  
11          preenrollment categories under certain circumstances;  
12          requiring the agency to participate in transition  
13          planning activities and to post the total number of  
14          individuals in each priority category on its website;  
15          creating s. 393.0664, F.S.; requiring the agency to  
16          implement a specified Medicaid waiver program to  
17          address the needs of certain clients; providing the  
18          purpose of the program; authorizing the agency, in  
19          partnership with the Agency for Health Care  
20          Administration, to seek federal approval through a  
21          state plan amendment or Medicaid waiver to implement  
22          the program by a specified date; providing voluntary  
23          enrollment, eligibility, and disenrollment  
24          requirements; requiring the agency to approve a needs  
25          assessment methodology; providing that only persons  
26          trained by the agency may administer the methodology;  
27          requiring the agency to offer such training; requiring  
28          the agency to authorize certain covered services  
29          specified in the Medicaid waiver; providing

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30 requirements for such services; requiring the agency  
31 to begin enrollment in the program upon federal  
32 approval; providing construction; requiring the  
33 agency, in consultation with the Agency for Health  
34 Care Administration, to submit progress reports to the  
35 Governor and the Legislature upon federal approval and  
36 throughout implementation of the program; requiring  
37 the agency to submit, by a specified date, a progress  
38 report on the administration of the program;  
39 specifying requirements for the report; amending s.  
40 393.502, F.S.; establishing the Statewide Family Care  
41 Council; providing for the purpose, membership, and  
42 duties of the council; requiring local family care  
43 councils to report to the statewide council policy  
44 changes and program recommendations in an annual  
45 report; providing for appointment of council members;  
46 providing for the creation of family-led nominating  
47 committees; providing duties of the agency relating to  
48 the statewide council and local councils; amending s.  
49 409.9855, F.S.; revising implementation and  
50 eligibility requirements of the pilot program for  
51 individuals with developmental disabilities; requiring  
52 the Agency for Persons with Disabilities to transmit  
53 to the Agency for Health Care Administration weekly  
54 data files of specified clients; requiring the Agency  
55 for Health Care Administration to provide a call  
56 center for specified purposes and to coordinate with  
57 the Department of Children and Families and the Agency  
58 for Persons with Disabilities to disseminate

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59 information about the pilot program; revising pilot  
60 program benefits; revising provider qualifications;  
61 requiring participating plans to conduct an  
62 individualized assessment of each enrollee within a  
63 specified timeframe for certain purposes and to offer  
64 certain services to such enrollees; requiring the  
65 Agency for Health Care Administration to conduct  
66 monitoring and evaluations and require corrective  
67 actions or payment of penalties under certain  
68 circumstances; removing coordination requirements for  
69 the agency when submitting certain reports,  
70 establishing specified measures, and conducting  
71 quality assurance monitoring of the pilot program;  
72 revising dates for submitting certain status reports;  
73 providing an effective date.

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75 Be It Enacted by the Legislature of the State of Florida:

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77 Section 1. Subsection (14) of section 393.0662, Florida  
78 Statutes, is amended to read:

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393.0662 Individual budgets for delivery of home and  
community-based services; iBudget system established.—The  
Legislature finds that improved financial management of the  
existing home and community-based Medicaid waiver program is  
necessary to avoid deficits that impede the provision of  
services to individuals who are on the waiting list for  
enrollment in the program. The Legislature further finds that  
clients and their families should have greater flexibility to  
choose the services that best allow them to live in their

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88 community within the limits of an established budget. Therefore,  
89 the Legislature intends that the agency, in consultation with  
90 the Agency for Health Care Administration, shall manage the  
91 service delivery system using individual budgets as the basis  
92 for allocating the funds appropriated for the home and  
93 community-based services Medicaid waiver program among eligible  
94 enrolled clients. The service delivery system that uses  
95 individual budgets shall be called the iBudget system.

96 (14) (a) The agency, in consultation with the Agency for  
97 Health Care Administration, shall provide a quarterly  
98 reconciliation report of all home and community-based services  
99 waiver expenditures from the Agency for Health Care  
100 Administration's claims management system with service  
101 utilization from the Agency for Persons with Disabilities  
102 Allocation, Budget, and Contract Control system. The  
103 reconciliation report must be submitted to the Governor, the  
104 President of the Senate, and the Speaker of the House of  
105 Representatives no later than 30 days after the close of each  
106 quarter.

107 (b) The agency shall post its quarterly reconciliation  
108 reports on its website, in a conspicuous location, no later than  
109 5 days after submitting the reports as required in this  
110 subsection.

111 Section 2. Present subsection (12) of section 393.065,  
112 Florida Statutes, is redesignated as subsection (13), paragraph  
113 (a) of subsection (1), paragraph (b) of subsection (5), and  
114 subsection (10) of that section are amended, and a new  
115 subsection (12) is added to that section, to read:

116 393.065 Application and eligibility determination.—

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117 (1) (a) The agency shall develop and implement an online  
118 application process that, at a minimum, supports paperless,  
119 electronic application submissions with immediate e-mail  
120 confirmation to each applicant to acknowledge receipt of  
121 application upon submission. The online application system must  
122 allow an applicant to review the status of a submitted  
123 application and respond to provide additional information. The  
124 online application must allow an applicant to apply for crisis  
125 enrollment.

126 (5) Except as provided in subsections (6) and (7), if a  
127 client seeking enrollment in the developmental disabilities home  
128 and community-based services Medicaid waiver program meets the  
129 level of care requirement for an intermediate care facility for  
130 individuals with intellectual disabilities pursuant to 42 C.F.R.  
131 ss. 435.217(b) (1) and 440.150, the agency must assign the client  
132 to an appropriate preenrollment category pursuant to this  
133 subsection and must provide priority to clients waiting for  
134 waiver services in the following order:

135 (b) Category 2, which includes clients in the preenrollment  
136 categories who are:

137 1. From the child welfare system with an open case in the  
138 Department of Children and Families' statewide automated child  
139 welfare information system and who are either:

140 a. Transitioning out of the child welfare system into  
141 permanency; or

142 b. At least 18 years but not yet 22 years of age and who  
143 need both waiver services and extended foster care services; or

144 2. At least 18 years but not yet 22 years of age and who  
145 withdrew consent pursuant to s. 39.6251(5) (c) to remain in the

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146 extended foster care system.

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148 For individuals who are at least 18 years but not yet 22 years  
149 of age and who are eligible under sub-subparagraph 1.b., the  
150 agency must provide waiver services, including residential  
151 habilitation, and must actively participate in transition  
152 planning activities, including, but not limited to,  
153 individualized service coordination, case management support,  
154 and ensuring continuity of care pursuant to s. 39.6035. The  
155 community-based care lead agency must fund room and board at the  
156 rate established in s. 409.145(3) and provide case management  
157 and related services as defined in s. 409.986(3)(e). Individuals  
158 may receive both waiver services and services under s. 39.6251.  
159 Services may not duplicate services available through the  
160 Medicaid state plan.

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

165 (10) The client, the client's guardian, or the client's  
166 family must ensure that accurate, up-to-date contact information  
167 is provided to the agency at all times. Notwithstanding s.  
168 393.0651, the agency must send an annual letter requesting  
169 updated information from the client, the client's guardian, or  
170 the client's family. ~~The agency must remove from the~~  
171 ~~preenrollment categories any individual who cannot be located~~  
172 ~~using the contact information provided to the agency, fails to~~  
173 ~~meet eligibility requirements, or becomes domiciled outside the~~  
174 ~~state.~~

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175 (12) To ensure transparency and timely access to  
176 information, the agency shall post on its website in a  
177 conspicuous location the total number of individuals in each  
178 priority category. The posted numbers shall reflect the current  
179 status of the preenrollment priority list and shall be updated  
180 at least every 5 days.

181 Section 3. Section 393.0664, Florida Statutes, is created  
182 to read:

183 393.0664 Adult Pathways Home and Community-based Services  
184 Medicaid waiver program.—

185 (1) PROGRAM IMPLEMENTATION.—

186 (a) The agency shall implement the Adult Pathways Home and  
187 Community-based Services Medicaid waiver program using a fee-  
188 for-service model with an annual per-person funding cap to  
189 address the needs of clients with developmental disabilities as  
190 they transition into adulthood and achieve greater independence  
191 throughout their lifetimes.

192 (b) The program is created to establish an additional  
193 pathway to provide necessary supports and services to clients  
194 and contain costs by maximizing the use of natural supports and  
195 community partnerships before turning to state resources to meet  
196 the needs of clients at the earliest possible time to prevent  
197 care crises and to positively influence outcomes relating to  
198 client health, safety, and well-being.

199 (c) The agency, in partnership with the Agency for Health  
200 Care Administration, may seek federal approval through a state  
201 plan amendment or Medicaid waiver as necessary to implement the  
202 program. The Agency for Health Care Administration shall submit  
203 a request for any federal approval needed to implement the

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204 program by October 1, 2025.

205 (2) VOLUNTARY ENROLLMENT; ELIGIBILITY; DISENROLLMENT.—

206 (a) Participation in the program is voluntary and limited  
207 to the maximum number of enrollees authorized in the General  
208 Appropriations Act.

209 (b) The agency shall approve a needs assessment methodology  
210 to determine functional, behavioral, and physical needs of  
211 prospective enrollees. The assessment methodology may be  
212 administered only by persons who have completed any training  
213 required by the agency for such purpose. If required, the agency  
214 must offer any such training.

215 (c) To participate in the program, a client must meet all  
216 of the following criteria:

217 1. Be eligible for Medicaid.

218 2. Be eligible for a preenrollment category for Medicaid  
219 waiver services as provided in s. 393.065(5).

220 3. Be 18 to 28 years of age at the time of enrollment and  
221 have attained a high school diploma or the equivalent.

222 4. Meet the level of care required for home and community-  
223 based services as identified in the federal approval for the  
224 program.

225 (d) Enrollees may remain on the Adult Pathways waiver until  
226 the age of 32.

227 (e) Participation in the program does not affect the status  
228 of current clients of the home and community-based services  
229 Medicaid waiver program under s. 393.0662 unless a client, or  
230 his or her legal representative, voluntarily disenrolls from  
231 that program.

232 (f) Enrollees who voluntarily disenroll from the program

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233 must be allowed to return to the most appropriate preenrollment  
234 category for services under s. 393.065 based on a current needs  
235 assessment and the preenrollment category criteria.

236 (3) ADULT PATHWAYS WAIVER SERVICES.—

237 (a) The agency shall authorize covered services as  
238 specified in the Medicaid waiver which are medically necessary,  
239 including, but not limited to, any of the following:

240 1. Adult day training.

241 2. Companion services.

242 3. Employment services.

243 4. Personal supports.

244 5. Prevocational services.

245 6. Supported living coaching.

246 7. Transportation.

247 8. Care Coordination.

248 (b) Services must be provided to enrollees in accordance  
249 with an individualized care plan, which must be evaluated and  
250 updated at least annually and as often as warranted by changes  
251 in the enrollee's circumstances.

252 (4) PROGRAM ADMINISTRATION AND EVALUATION.—

253 (a) The agency shall begin enrollment upon federal approval  
254 of the Medicaid waiver, with coverage for enrollees becoming  
255 effective upon authorization and availability of sufficient  
256 state and federal funding and resources.

257 (b) This section and any rules adopted pursuant thereto may  
258 not be construed to prevent or limit the agency, in consultation  
259 with the Agency for Health Care Administration, from adjusting  
260 fees, reimbursement rates, lengths of stay, number of visits, or  
261 number of services; limiting enrollment; or making any other

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262 adjustment necessary based upon funding and any limitations  
263 imposed or directions provided in the General Appropriations  
264 Act.

265 (c) The agency, in consultation with the Agency for Health  
266 Care Administration, shall submit progress reports to the  
267 Governor, the President of the Senate, and the Speaker of the  
268 House of Representatives upon federal approval of the Medicaid  
269 waiver and throughout implementation of the program under the  
270 waiver. By July 1, 2026, the Agency for Persons with  
271 Disabilities shall submit a progress report on the  
272 administration of the program, including, but not limited to,  
273 all of the following:

274 1. The number of enrollees in the program and other  
275 pertinent information on enrollment.

276 2. Service use.

277 3. Average cost per enrollee.

278 4. Outcomes and performance reporting relating to health,  
279 safety, and well-being of enrollees.

280 Section 4. Section 393.502, Florida Statutes, is amended to  
281 read:

282 393.502 Family care councils.-

283 (1) CREATION AND PURPOSE OF STATEWIDE FAMILY CARE COUNCIL.-

284 ~~There shall be established and located within each service area~~  
285 ~~of the agency a family care council.~~

286 (a) The Statewide Family Care Council is established to  
287 connect local family care councils and facilitate direct  
288 communication between local councils and the agency, with the  
289 goal of enhancing the quality of and access to resources and  
290 supports for individuals with developmental disabilities and

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291 their families.

292 (b) The statewide council shall:

293 1. Review annual reports, policy proposals, and program  
294 recommendations submitted by the local family care councils.

295 2. Advise the agency on statewide policies, programs, and  
296 service delivery improvements based on the collective  
297 recommendations of the local councils.

298 3. Identify systemic barriers to the effective delivery of  
299 services and recommend solutions to address such barriers.

300 4. Foster collaboration and the sharing of best practices  
301 and available resources among local family care councils to  
302 improve service delivery across regions.

303 5. Submit an annual report no later than December 1 of each  
304 year to the Governor, the President of the Senate, the Speaker  
305 of the House of Representatives, and the agency. The report  
306 shall include a summary of local council findings, policy  
307 recommendations, and an assessment of the agency's actions in  
308 response to previous recommendations of the local councils.

309 (c) The agency shall provide a written response within 60  
310 days after receipt, including a detailed action plan outlining  
311 steps taken or planned to address recommendations. The response  
312 must specify whether recommendations will be implemented and  
313 provide a timeline for implementation or include justification  
314 if recommendations are not adopted.

315 (2) STATEWIDE FAMILY CARE COUNCIL MEMBERSHIP.—

316 (a) The statewide council shall consist of the following  
317 members appointed by the Governor:

318 1. One representative from each of the local family care  
319 councils, who must be a resident of the area served by that

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320 local council. Among these representatives must be at least one  
321 individual who is receiving waiver services from the agency  
322 under s. 393.065 and at least one individual who is assigned to  
323 a preenrollment category for waiver services under s. 393.065.

324 2. One individual representing an advocacy organization  
325 representing individuals with disabilities.

326 3. One representative of a public or private entity that  
327 provides services to individuals with developmental disabilities  
328 that does not have a Medicaid waiver service contract with the  
329 agency.

330 (b) Employees of the agency or the Agency for Health Care  
331 Administration are not eligible to serve on the statewide  
332 council.

333 (3) STATEWIDE FAMILY CARE COUNCIL TERMS; VACANCIES.—

334 (a) Statewide council members shall be initially appointed  
335 to staggered 2- and 4-year terms, with subsequent terms of 4  
336 years. Members may be reappointed to one additional consecutive  
337 term.

338 (b) A member who has served two consecutive terms shall not  
339 be eligible to serve again until at least 12 months have elapsed  
340 since ending service on the statewide council.

341 (c) Upon expiration of a term or in the case of any other  
342 vacancy, the statewide council shall, by majority vote,  
343 recommend to the Governor for appointment at least one person  
344 for each vacancy.

345 1. The Governor shall make an appointment within 45 days  
346 after receiving a recommendation from the statewide council. If  
347 the Governor fails to make an appointment for a member under  
348 subsection (2), the chair of the local council may appoint a

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349 member meeting the requirements of subsection (2) to act as the  
350 statewide council representative for that local council until  
351 the Governor makes an appointment.

352 2. If no member of a local council is willing and able to  
353 serve on the statewide council, the Governor shall appoint an  
354 individual from another local council to serve on the statewide  
355 council.

356 (4) STATEWIDE FAMILY CARE COUNCIL MEETINGS; ORGANIZATION.—  
357 The statewide council shall meet at least quarterly. The council  
358 meetings may be held in person or via teleconference or other  
359 electronic means.

360 (a) The Governor shall appoint the initial chair from among  
361 the members of the statewide council. Subsequent chairs shall be  
362 elected annually by a majority vote of the council.

363 (b) Members of the statewide council shall serve without  
364 compensation but may be reimbursed for per diem and travel  
365 expenses pursuant to s. 112.061.

366 (c) A majority of the members of the statewide council  
367 shall constitute a quorum.

368 (5) LOCAL FAMILY CARE COUNCILS.—There is established and  
369 located within each service area of the agency a local family  
370 care council to work constructively with the agency, advise the  
371 agency on local needs, identify gaps in services, and advocate  
372 for individuals with developmental disabilities and their  
373 families.

374 (6) LOCAL FAMILY CARE COUNCIL DUTIES.—The local family care  
375 councils shall:

376 (a) Assist in providing information and conducting outreach  
377 to individuals with developmental disabilities and their

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378 families.

379 (b) Convene family listening sessions at least twice a year  
380 to gather input on local service delivery challenges.

381 (c) Hold a public forum every 6 months to solicit public  
382 feedback concerning actions taken by the local family councils.

383 (d) Share information with other local family care  
384 councils.

385 (e) Identify policy issues relevant to the community and  
386 family support system in the region.

387 (f) Submit to the Statewide Family Care Council, no later  
388 than September 1 of each year, an annual report detailing  
389 proposed policy changes, program recommendations, and identified  
390 service delivery challenges within its region.

391 (7)(2) LOCAL FAMILY CARE COUNCIL MEMBERSHIP.-

392 (a) Each local family care council shall consist of at  
393 least 10 and no more than 15 members recommended by a majority  
394 vote of the local family care council and appointed by the  
395 Governor.

396 (b) At least three of the members of the council shall be  
397 individuals receiving or waiting to receive services from the  
398 agency. One such member shall be an individual who has been  
399 receiving services within the 4 years before the date of  
400 recommendation. The remainder of the council members shall be  
401 parents, grandparents, guardians, or siblings of individuals who  
402 have developmental disabilities and qualify for services  
403 pursuant to this chapter. For a grandparent to be a council  
404 member, the grandchild's parent or legal guardian must consent  
405 to the appointment and report the consent to the agency.

406 (c) A person who is currently serving on another board or

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407 council of the agency may not be appointed to a local family  
408 care council.

409 (d) Employees of the agency or the Agency for Health Care  
410 Administration are not eligible to serve on a local family care  
411 council.

412 (e) Persons related by consanguinity or affinity within the  
413 third degree shall not serve on the same local family care  
414 council at the same time.

415 (f) A chair for the council shall be chosen by the council  
416 members to serve for 1 year. A person may not serve ~~no~~ more than  
417 four 1-year terms as chair.

418 ~~(8)(3)~~ LOCAL FAMILY CARE COUNCIL TERMS; VACANCIES.—

419 (a) Local family council members shall be appointed for a  
420 3-year terms ~~term~~, except as provided in subsection (11) ~~(8)~~,  
421 and may be reappointed to one additional term.

422 (b) A member who has served two consecutive terms shall not  
423 be eligible to serve again until 12 months have elapsed since  
424 ending his or her service on the local council.

425 (c)1. Upon expiration of a term or in the case of any other  
426 vacancy, the local council shall, by majority vote, recommend to  
427 the Governor for appointment a person for each vacancy based on  
428 recommendations received from the family-led nominating  
429 committee described in paragraph (9) (a).

430 2. The Governor shall make an appointment within 45 days  
431 after receiving a recommendation. If the Governor fails to make  
432 an appointment within 45 days the local council shall, by  
433 majority vote, may select an interim appointment for each  
434 vacancy from the panel of candidates recommended by the family-  
435 led nominating committee.

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(9)~~(4)~~ LOCAL FAMILY CARE COUNCIL COMMITTEE APPOINTMENTS.—

(a) The chair of each local family care council shall create, and appoint individuals receiving or waiting to receive services from the agency and their relatives, to serve on a family-led nominating committee. Members of the family-led nominating council need not be members of the local council. The family-led nominating committee shall nominate candidates for vacant positions on the local family council.

(b) The chair of the local family care council may appoint persons to serve on additional council committees. Such persons may include current members of the council and former members of the council and persons not eligible to serve on the council.

~~(5) TRAINING.—~~

~~(a) The agency, in consultation with the local councils, shall establish a training program for local family care council members. Each local area shall provide the training program when new persons are appointed to the local council and at other times as the secretary deems necessary.~~

~~(b) The training shall assist the council members to understand the laws, rules, and policies applicable to their duties and responsibilities.~~

~~(c) All persons appointed to a local council must complete this training within 90 days after their appointment. A person who fails to meet this requirement shall be considered to have resigned from the council.~~

(10)~~(6)~~ LOCAL FAMILY CARE COUNCIL MEETINGS.—Local council members shall serve on a voluntary basis without payment for their services but shall be reimbursed for per diem and travel expenses as provided for in s. 112.061. Local councils ~~The~~

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465 ~~council~~ shall meet at least six times per year. Meetings may be  
466 held in person or by teleconference or other electronic means.

467 ~~(7) PURPOSE.—The purpose of the local family care councils~~  
468 ~~shall be to advise the agency, to develop a plan for the~~  
469 ~~delivery of family support services within the local area, and~~  
470 ~~to monitor the implementation and effectiveness of services and~~  
471 ~~support provided under the plan. The primary functions of the~~  
472 ~~local family care councils shall be to:~~

473 ~~(a) Assist in providing information and outreach to~~  
474 ~~families.~~

475 ~~(b) Review the effectiveness of service programs and make~~  
476 ~~recommendations with respect to program implementation.~~

477 ~~(c) Advise the agency with respect to policy issues~~  
478 ~~relevant to the community and family support system in the local~~  
479 ~~area.~~

480 ~~(d) Meet and share information with other local family care~~  
481 ~~councils.~~

482 ~~(11)(8)~~ NEW LOCAL FAMILY CARE COUNCILS.—When a local family  
483 care council is established for the first time in a local area,  
484 the Governor shall appoint the first four council members, who  
485 shall serve 3-year terms. These members shall submit to the  
486 Governor, within 90 days after their appointment,  
487 recommendations for at least six additional members, selected by  
488 majority vote.

489 ~~(12)(9)~~ FUNDING; FINANCIAL REVIEW.—The statewide and local  
490 family care councils ~~council~~ may apply for, receive, and accept  
491 grants, gifts, donations, bequests, and other payments from any  
492 public or private entity or person. Each local council is  
493 subject to an annual financial review by staff assigned by the

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494 agency. Each local council shall exercise care and prudence in  
495 the expenditure of funds. The local family care councils shall  
496 comply with state expenditure requirements.

497 (13) TRAINING.—

498 (a) The agency, in consultation with the statewide and  
499 local councils, shall establish and provide a training program  
500 for council members.

501 (b) The training shall assist the council members to  
502 understand the laws, rules, and policies applicable to their  
503 duties and responsibilities.

504 (c) All persons newly appointed to the statewide or a local  
505 council must complete this training within 90 days after their  
506 appointment. A person who fails to meet this requirement is  
507 considered to have resigned from the council. The agency may  
508 make additional training available to council members.

509 (14) DUTIES.—The agency shall publish on its website all  
510 annual reports submitted by the local care councils and the  
511 Statewide Family Care Council within 15 days after receipt of  
512 such reports in a designated and easily accessible section of  
513 the website.

514 (15) ADMINISTRATIVE SUPPORT.—The agency shall provide  
515 administrative support to the statewide council and local  
516 councils, including, but not limited to, staff assistance and  
517 meeting facilities, within existing resources.

518 Section 5. Subsections (1), (2), (3), and (6) of section  
519 409.9855, Florida Statutes, are amended to read:

520 409.9855 Pilot program for individuals with developmental  
521 disabilities.—

522 (1) PILOT PROGRAM IMPLEMENTATION.—

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523           (a) ~~Using a managed care model,~~ The agency shall implement  
524 a pilot program for individuals with developmental disabilities  
525 ~~in Statewide Medicaid Managed Care Regions D and I~~ to provide  
526 coverage of comprehensive services using a managed care model.  
527 The agency may seek federal approval through a state plan  
528 amendment or Medicaid waiver as necessary to implement the pilot  
529 program.

530           (b) The agency shall administer the pilot program pursuant  
531 to s. 409.903 and as a component of the Statewide Medicaid  
532 Managed Care model established by this section. Unless otherwise  
533 specified, ss. 409.961-409.969 apply to the pilot program. ~~The~~  
534 ~~agency may seek federal approval through a state plan amendment~~  
535 ~~or Medicaid waiver as necessary to implement the pilot program.~~  
536 ~~The agency shall submit a request for any federal approval~~  
537 ~~needed to implement the pilot program by September 1, 2023.~~

538           (c) ~~Pursuant to s. 409.963, the agency shall administer the~~  
539 ~~pilot program in consultation with the Agency for Persons with~~  
540 ~~Disabilities.~~

541           ~~(d)~~ The agency shall make capitated payments to managed  
542 care organizations for comprehensive coverage, including managed  
543 medical assistance benefits and long-term care under this part  
544 and community-based services described in s. 393.066(3) and  
545 ~~approved through the state's home and community-based services~~  
546 ~~Medicaid waiver program for individuals with developmental~~  
547 ~~disabilities. Unless otherwise specified, ss. 409.961-409.969~~  
548 ~~apply to the pilot program.~~

549           ~~(e)~~ ~~The agency shall evaluate the feasibility of statewide~~  
550 ~~implementation of the capitated managed care model used by the~~  
551 ~~pilot program to serve individuals with developmental~~

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552 ~~disabilities.~~

553 (2) ELIGIBILITY; VOLUNTARY ENROLLMENT; DISENROLLMENT.—

554 (a) Participation in the pilot program is voluntary and  
555 limited to the maximum number of enrollees specified in the  
556 General Appropriations Act.

557 (b) To be eligible for enrollment in the pilot program, an  
558 individual must ~~The Agency for Persons with Disabilities shall~~  
559 ~~approve a needs assessment methodology to determine functional,~~  
560 ~~behavioral, and physical needs of prospective enrollees. The~~  
561 ~~assessment methodology may be administered by persons who have~~  
562 ~~completed such training as may be offered by the agency.~~  
563 Eligibility to participate in the pilot program is determined  
564 based on all of the following criteria:

565 1. Be Medicaid eligible ~~Whether the individual is eligible~~  
566 ~~for Medicaid.~~

567 2. Be ~~Whether the individual is~~ 18 years of age or older.

568 3. Have a developmental disability as defined in s.  
569 393.063.

570 4. Be placed in any preenrollment category for individual  
571 budget waiver services under chapter 393 and reside in Statewide  
572 Medicaid Managed Care Regions D or I; effective October 1, 2025,  
573 be placed in any preenrollment category for individual budget  
574 waver services under chapter 393, regardless of region; or,  
575 effective July 1, 2026, be enrolled in the individual budget  
576 waver services program under chapter 393 or in the long-term  
577 care managed care program under this part, regardless of region  
578 ~~and is on the waiting list for individual budget waiver services~~  
579 ~~under chapter 393 and assigned to one of categories 1 through 6~~  
580 ~~as specified in s. 393.065(5).~~

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581 ~~3. Whether the individual resides in a pilot program~~  
582 ~~region.~~

583 (c) The agency shall enroll individuals in the pilot  
584 program based on verification that the individual has met the  
585 criteria in paragraph (b).

586 1. The Agency for Persons with Disabilities shall transmit  
587 to the agency weekly data files of clients enrolled in the  
588 Medicaid home and community-based services waiver program under  
589 chapter 393 and clients in preenrollment categories pursuant to  
590 s. 393.065. The agency shall maintain a record of individuals  
591 with developmental disabilities who may be eligible for the  
592 pilot program using this data, Medicaid enrollment data  
593 transmitted by the Department of Children and Families, and any  
594 available collateral data.

595 2. The agency shall determine and administer the process  
596 for enrollment. A needs assessment conducted by the Agency for  
597 Persons with Disabilities is not required for enrollment. The  
598 agency shall notify individuals with developmental disabilities  
599 of the opportunity to voluntarily enroll in the pilot program  
600 and explain the benefits available through the pilot program,  
601 the process for enrollment, and the procedures for  
602 disenrollment, including the requirement for continued coverage  
603 after disenrollment pursuant to paragraph (d).

604 3. The agency shall provide a call center staffed by agents  
605 trained to assist individuals with developmental disabilities  
606 and their families in learning about and enrolling in the pilot  
607 program.

608 4. The agency shall coordinate with the Department of  
609 Children and Families and the Agency for Persons with

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610 Disabilities to develop partnerships with community-based  
611 organizations to disseminate information about the pilot program  
612 to providers of covered services and potential enrollees.

613 (d) Notwithstanding any provisions of s. 393.065 to the  
614 contrary, an enrollee must be afforded an opportunity to enroll  
615 in any appropriate existing Medicaid waiver program if any of  
616 the following conditions occur:

617 1. At any point during the operation of the pilot program,  
618 an enrollee declares an intent to voluntarily disenroll,  
619 provided that he or she has been covered for the entire previous  
620 plan year by the pilot program.

621 2. The agency determines the enrollee has a good cause  
622 reason to disenroll.

623 3. The pilot program ceases to operate.

624

625 Such enrollees must receive an individualized transition plan to  
626 assist him or her in accessing sufficient services and supports  
627 for the enrollee's safety, well-being, and continuity of care.

628 (3) PILOT PROGRAM BENEFITS.—

629 (a) Plans participating in the pilot program must, at a  
630 minimum, cover the following:

631 1. All benefits included in s. 409.973.

632 2. All benefits included in s. 409.98.

633 3. All benefits included in s. 393.066(3).

634 4. Any additional benefits negotiated by the agency  
635 pursuant to paragraph (4) (b), and all of the following:

636 ~~a. Adult day training.~~

637 ~~b. Behavior analysis services.~~

638 ~~c. Behavior assistant services.~~

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- 639       ~~d. Companion services.~~
- 640       ~~e. Consumable medical supplies.~~
- 641       ~~f. Dietitian services.~~
- 642       ~~g. Durable medical equipment and supplies.~~
- 643       ~~h. Environmental accessibility adaptations.~~
- 644       ~~i. Occupational therapy.~~
- 645       ~~j. Personal emergency response systems.~~
- 646       ~~k. Personal supports.~~
- 647       ~~l. Physical therapy.~~
- 648       ~~m. Prevocational services.~~
- 649       ~~n. Private duty nursing.~~
- 650       ~~o. Residential habilitation, including the following~~
- 651 ~~levels:~~
- 652       ~~(I) Standard level.~~
- 653       ~~(II) Behavior focused level.~~
- 654       ~~(III) Intensive behavior level.~~
- 655       ~~(IV) Enhanced intensive behavior level.~~
- 656       ~~p. Residential nursing services.~~
- 657       ~~q. Respiratory therapy.~~
- 658       ~~r. Respite care.~~
- 659       ~~s. Skilled nursing.~~
- 660       ~~t. Specialized medical home care.~~
- 661       ~~u. Specialized mental health counseling.~~
- 662       ~~v. Speech therapy.~~
- 663       ~~w. Support coordination.~~
- 664       ~~x. Supported employment.~~
- 665       ~~y. Supported living coaching.~~
- 666       ~~z. Transportation.~~
- 667       (b) All providers of the benefits ~~services~~ listed under

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668 paragraph (a) must meet the provider qualifications established  
669 by the agency for the Medicaid long-term care managed care  
670 program under this section. If no such qualifications apply to a  
671 specific benefit or provider type, the provider must meet the  
672 provider qualifications established by the Agency for Persons  
673 with Disabilities for the individual budget waiver services  
674 program under chapter 393 outlined in the Florida Medicaid  
675 Developmental Disabilities Individual Budgeting Waiver Services  
676 Coverage and Limitations Handbook as adopted by reference in  
677 rule 59C-13.070, Florida Administrative Code.

678 (c) Support coordination services must maximize the use of  
679 natural supports and community partnerships.

680 (d) The plans participating in the pilot program must  
681 provide all categories of benefits through a single, integrated  
682 model of care.

683 (e) Participating plans must provide benefits ~~services must~~  
684 ~~be provided~~ to enrollees in accordance with an individualized  
685 care plan which is evaluated and updated at least quarterly and  
686 as warranted by changes in an enrollee's circumstances.

687 Participating plans must conduct an individualized assessment of  
688 each enrollee within 5 days after enrollment to determine the  
689 enrollee's functional, behavioral, and physical needs. The  
690 assessment method or instrument must be approved by the agency.

691 (f) Participating plans must offer a consumer-directed  
692 services option in accordance with s. 409.221.

693 (6) PROGRAM IMPLEMENTATION AND EVALUATION.—

694 (a) The agency shall conduct monitoring and evaluations and  
695 require corrective actions or payment of penalties as may be  
696 necessary to secure compliance with contractual requirements,

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697 consistent with its obligations under this section, including,  
698 but not limited to, compliance with provider network standards,  
699 financial accountability, performance standards, health care  
700 quality improvement systems, and program integrity select  
701 ~~participating plans and begin enrollment no later than January~~  
702 ~~31, 2024, with coverage for enrollees becoming effective upon~~  
703 ~~authorization and availability of sufficient state and federal~~  
704 ~~resources.~~

705 ~~(b) Upon implementation of the program, the agency, in~~  
706 ~~consultation with the Agency for Persons with Disabilities,~~  
707 ~~shall conduct audits of the selected plans' implementation of~~  
708 ~~person-centered planning.~~

709 ~~(c) The agency, in consultation with the Agency for Persons~~  
710 ~~with Disabilities,~~ shall submit progress reports to the  
711 Governor, the President of the Senate, and the Speaker of the  
712 House of Representatives upon the federal approval,  
713 implementation, and operation of the pilot program, as follows:

714 1. By August 30, 2025 ~~December 31, 2023~~, a status report on  
715 progress made toward federal approval of the waiver or waiver  
716 amendment needed to implement the pilot program.

717 2. By December 31, 2025 ~~2024~~, a status report on  
718 implementation of the pilot program.

719 3. By December 31, 2025, and annually thereafter, a status  
720 report on the operation of the pilot program, including, but not  
721 limited to, all of the following:

722 a. Program enrollment, including the number and  
723 demographics of enrollees.

724 b. Any complaints received.

725 c. Access to approved services.

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726        (c)~~(d)~~ The agency, ~~in consultation with the Agency for~~  
727 ~~Persons with Disabilities,~~ shall establish specific measures of  
728 access, quality, and costs of the pilot program. The agency may  
729 contract with an independent evaluator to conduct such  
730 evaluation. The evaluation must include assessments of cost  
731 savings; consumer education, choice, and access to services;  
732 plans for future capacity and the enrollment of new Medicaid  
733 providers; coordination of care; person-centered planning and  
734 person-centered well-being outcomes; health and quality-of-life  
735 outcomes; and quality of care by each eligibility category and  
736 managed care plan in each pilot program site. The evaluation  
737 must describe any administrative or legal barriers to the  
738 implementation and operation of the pilot program in each  
739 region.

740        1. The agency, ~~in consultation with the Agency for Persons~~  
741 ~~with Disabilities,~~ shall conduct quality assurance monitoring of  
742 the pilot program to include client satisfaction with services,  
743 client health and safety outcomes, client well-being outcomes,  
744 and service delivery in accordance with the client's care plan.

745        2. The agency shall submit the results of the evaluation to  
746 the Governor, the President of the Senate, and the Speaker of  
747 the House of Representatives by October 1, 2029.

748        Section 6. This act shall take effect July 1, 2025.