

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          amending s. 393.502, F.S.; establishing the Statewide  
16          Family Care Council; providing for the purpose,  
17          membership, and duties of the council; requiring local  
18          family care councils to report to the statewide  
19          council policy changes and program recommendations in  
20          an annual report; providing for appointment of council  
21          members; providing for the creation of family-led  
22          nominating committees; providing duties of the agency  
23          relating to the statewide council and local councils;  
24          amending s. 409.9855, F.S.; revising implementation  
25          and eligibility requirements of the pilot program for

26 individuals with developmental disabilities; requiring  
27 the Agency for Persons with Disabilities to transmit  
28 to the Agency for Health Care Administration weekly  
29 data files of specified clients; requiring the Agency  
30 for Health Care Administration to provide a call  
31 center for specified purposes and to coordinate with  
32 the Department of Children and Families and the Agency  
33 for Persons with Disabilities to disseminate  
34 information about the pilot program; revising pilot  
35 program benefits; revising provider qualifications;  
36 requiring participating plans to conduct an  
37 individualized assessment of each enrollee within a  
38 specified timeframe for certain purposes and to offer  
39 certain services to such enrollees; requiring the  
40 Agency for Health Care Administration to conduct  
41 monitoring and evaluations and require corrective  
42 actions or payment of penalties under certain  
43 circumstances; removing coordination requirements for  
44 the agency when submitting certain reports,  
45 establishing specified measures, and conducting  
46 quality assurance monitoring of the pilot program;  
47 revising dates for submitting certain status reports;  
48 providing an effective date.

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

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

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

(14) (a) The agency, in consultation with the Agency for Health Care Administration, shall provide a quarterly reconciliation report of all home and community-based services waiver expenditures from the Agency for Health Care Administration's claims management system with service

76 utilization from the Agency for Persons with Disabilities  
77 Allocation, Budget, and Contract Control system. The  
78 reconciliation report must be submitted to the Governor, the  
79 President of the Senate, and the Speaker of the House of  
80 Representatives no later than 30 days after the close of each  
81 quarter.

82 (b) The agency shall post its quarterly reconciliation  
83 reports on its website, in a conspicuous location, no later than  
84 5 days after submitting the reports as required in this  
85 subsection.

86 **Section 2. Subsection (12) of section 393.065, Florida**  
87 **Statutes, is renumbered as subsection (13), paragraph (a) of**  
88 **subsection (1), paragraph (b) of subsection (5), and subsection**  
89 **(10) are amended, and a new subsection (12) is added to that**  
90 **section, to read:**

91 393.065 Application and eligibility determination.—

92 (1)(a) The agency shall develop and implement an online  
93 application process that, at a minimum, supports paperless,  
94 electronic application submissions with immediate e-mail  
95 confirmation to each applicant to acknowledge receipt of  
96 application upon submission. The online application system must  
97 allow an applicant to review the status of a submitted  
98 application and respond to provide additional information. The  
99 online application must allow an applicant to apply for crisis  
100 enrollment.

101 (5) Except as provided in subsections (6) and (7), if a  
 102 client seeking enrollment in the developmental disabilities home  
 103 and community-based services Medicaid waiver program meets the  
 104 level of care requirement for an intermediate care facility for  
 105 individuals with intellectual disabilities pursuant to 42 C.F.R.  
 106 ss. 435.217(b)(1) and 440.150, the agency must assign the client  
 107 to an appropriate preenrollment category pursuant to this  
 108 subsection and must provide priority to clients waiting for  
 109 waiver services in the following order:

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

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

115 a. Transitioning out of the child welfare system into  
 116 permanency; or

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

119 2. At least 18 years but not yet 22 years of age and who  
 120 withdrew consent pursuant to s. 39.6251(5)(c) to remain in the  
 121 extended foster care system.

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 123 For individuals who are at least 18 years but not yet 22 years  
 124 of age and who are eligible under sub-subparagraph 1.b., the  
 125 agency must provide waiver services, including residential

126 habilitation, and must actively participate in transition  
127 planning activities, including, but not limited to,  
128 individualized service coordination, case management support,  
129 and ensuring continuity of care pursuant to s. 39.6035. The  
130 community-based care lead agency must fund room and board at the  
131 rate established in s. 409.145(3) and provide case management  
132 and related services as defined in s. 409.986(3)(e). Individuals  
133 may receive both waiver services and services under s. 39.6251.  
134 Services may not duplicate services available through the  
135 Medicaid state plan.

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

140 (10) The client, the client's guardian, or the client's  
141 family must ensure that accurate, up-to-date contact information  
142 is provided to the agency at all times. Notwithstanding s.  
143 393.0651, the agency must send an annual letter requesting  
144 updated information from the client, the client's guardian, or  
145 the client's family. ~~The agency must remove from the~~  
146 ~~preenrollment categories any individual who cannot be located~~  
147 ~~using the contact information provided to the agency, fails to~~  
148 ~~meet eligibility requirements, or becomes domiciled outside the~~  
149 ~~state.~~

150 (12) To ensure transparency and timely access to

151 information, the agency shall post on its website in a  
152 conspicuous location the total number of individuals in each  
153 priority category. The posted numbers shall reflect the current  
154 status of the preenrollment priority list and shall be updated  
155 at least every 5 days.

156 **Section 3. Section 393.502, Florida Statutes, is amended**  
157 **to read:**

158 393.502 Family care councils.—

159 (1) CREATION AND PURPOSE OF STATEWIDE FAMILY CARE  
160 COUNCIL. ~~There shall be established and located within each~~  
161 ~~service area of the agency a family care council.~~

162 (a) The Statewide Family Care Council is established to  
163 connect local family care councils and facilitate direct  
164 communication between local councils and the agency, with the  
165 goal of enhancing the quality of and access to resources and  
166 supports for individuals with developmental disabilities and  
167 their families.

168 (b) The statewide council shall:

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

171 2. Advise the agency on statewide policies, programs, and  
172 service delivery improvements based on the collective  
173 recommendations of the local councils.

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

176 4. Foster collaboration and the sharing of best practices  
177 and available resources among local family care councils to  
178 improve service delivery across regions.

179 5. Submit an annual report no later than December 1 of  
180 each year to the Governor, the President of the Senate, the  
181 Speaker of the House of Representatives, and the agency. The  
182 report shall include a summary of local council findings, policy  
183 recommendations, and an assessment of the agency's actions in  
184 response to previous recommendations of the local councils.

185 (c) The agency shall provide a written response within 60  
186 days after receipt, including a detailed action plan outlining  
187 steps taken or planned to address recommendations. The response  
188 must specify whether recommendations will be implemented and  
189 provide a timeline for implementation or include justification  
190 if recommendations are not adopted.

191 (2) STATEWIDE FAMILY CARE COUNCIL MEMBERSHIP.—

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

194 1. One representative from each of the local family care  
195 councils, who must be a resident of the area served by that  
196 local council. Among these representatives must be at least one  
197 individual who is receiving waiver services from the agency  
198 under s. 393.065 and at least one individual who is assigned to  
199 a preenrollment category for waiver services under s. 393.065.

200 2. One individual representing an advocacy organization



201 representing individuals with disabilities.

202 3. One representative of a public or private entity that  
203 provides services to individuals with developmental disabilities  
204 that does not have a Medicaid wavier service contract with the  
205 agency.

206 (b) Employees of the agency or the Agency for Health Care  
207 Administration are not eligible to serve on the statewide  
208 council.

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

210 (a) Statewide council members shall be initially appointed  
211 to staggered 2 and 4 year terms, with subsequent terms of 4  
212 years. Members may be reappointed to one additional consecutive  
213 term.

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

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

221 1. The Governor shall make an appointment within 45 days  
222 after receiving a recommendation from the statewide council. If  
223 the Governor fails to make an appointment for a member under  
224 subsection (2), the chair of the local council may appoint a  
225 member meeting the requirements of subsection (2) to act as the

226 statewide council representative for that local council until  
227 the Governor makes an appointment.

228 2. If no member of a local council is willing and able to  
229 serve on the statewide council, the Governor shall appoint an  
230 individual from another local council to serve on the statewide  
231 council.

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

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

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

242 (c) A majority of the members of the statewide council  
243 shall constitute a quorum.

244 (5) LOCAL FAMILY CARE COUNCILS.—There is established and  
245 located within each service area of the agency a local family  
246 care council to work constructively with the agency, advise the  
247 agency on local needs, identify gaps in services, and advocate  
248 for individuals with developmental disabilities and their  
249 families.

250 (6) LOCAL FAMILY CARE COUNCIL DUTIES.—The local family

251 care councils shall:

252 (a) Assist in providing information and conducting  
253 outreach to individuals with developmental disabilities and  
254 their families.

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

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

259 (d) Share information with other local family care  
260 councils.

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

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

267 (7)~~(2)~~ LOCAL FAMILY CARE COUNCIL MEMBERSHIP.—

268 (a) Each local family care council shall consist of at  
269 least 10 and no more than 15 members recommended by a majority  
270 vote of the local family care council and appointed by the  
271 Governor.

272 (b) At least three of the members of the council shall be  
273 individuals receiving or waiting to receive services from the  
274 agency. One such member shall be an individual who has been  
275 receiving services within the 4 years before the date of

276 recommendation. The remainder of the council members shall be  
 277 parents, grandparents, guardians, or siblings of individuals who  
 278 have developmental disabilities and qualify for services  
 279 pursuant to this chapter. For a grandparent to be a council  
 280 member, the grandchild's parent or legal guardian must consent  
 281 to the appointment and report the consent to the agency.

282 (c) A person who is currently serving on another board or  
 283 council of the agency may not be appointed to a local family  
 284 care council.

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

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

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

294 ~~(8)-(3)~~ LOCAL FAMILY CARE COUNCIL TERMS; VACANCIES.—

295 (a) Local family council members shall be appointed for a  
 296 3-year terms ~~term~~, except as provided in subsection (11) ~~(8)~~,  
 297 and may be reappointed to one additional term.

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

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

306           2. The Governor shall make an appointment within 45 days  
 307 after receiving a recommendation.

308           (9)-(4) LOCAL FAMILY CARE COUNCIL COMMITTEE APPOINTMENTS.-

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

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

320           (10)-(6) LOCAL FAMILY CARE COUNCIL MEETINGS.-Local council  
 321 members shall serve on a voluntary basis without payment for  
 322 their services but shall be reimbursed for per diem and travel  
 323 expenses as provided for in s. 112.061. Local councils ~~The~~  
 324 ~~council~~ shall meet at least six times per year. Meetings may be  
 325 held in person or by teleconference or other electronic means.

326 ~~(7) PURPOSE. The purpose of the local family care councils~~  
 327 ~~shall be to advise the agency, to develop a plan for the~~  
 328 ~~delivery of family support services within the local area, and~~  
 329 ~~to monitor the implementation and effectiveness of services and~~  
 330 ~~support provided under the plan. The primary functions of the~~  
 331 ~~local family care councils shall be to:~~

332 ~~(a) Assist in providing information and outreach to~~  
 333 ~~families.~~

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

336 ~~(c) Advise the agency with respect to policy issues~~  
 337 ~~relevant to the community and family support system in the local~~  
 338 ~~area.~~

339 ~~(d) Meet and share information with other local family~~  
 340 ~~care councils.~~

341 (11) ~~(8)~~ NEW LOCAL FAMILY CARE COUNCILS.—When a local  
 342 family care council is established for the first time in a local  
 343 area, the Governor shall appoint the first four council members,  
 344 who shall serve 3-year terms. These members shall submit to the  
 345 Governor, within 90 days after their appointment,  
 346 recommendations for at least six additional members, selected by  
 347 majority vote.

348 (12) ~~(9)~~ FUNDING; FINANCIAL REVIEW.—The statewide and local  
 349 family care councils ~~council~~ may apply for, receive, and accept  
 350 grants, gifts, donations, bequests, and other payments from any

351 public or private entity or person. Each local council is  
352 subject to an annual financial review by staff assigned by the  
353 agency. Each local council shall exercise care and prudence in  
354 the expenditure of funds. The local family care councils shall  
355 comply with state expenditure requirements.

356 ~~(13)~~ ~~(5)~~ TRAINING.—

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

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

366 (c) All persons newly appointed to the statewide or a  
367 local council must complete this training within 90 days after  
368 their appointment. A person who fails to meet this requirement  
369 ~~is shall be~~ considered to have resigned from the council. The  
370 agency may make additional training available to council  
371 members.

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

376 the website.

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

381 **Section 4. Subsections (1), (2), (3), and (6) of section**  
382 **409.9855, Florida Statutes, are amended to read:**

383 409.9855 Pilot program for individuals with developmental  
384 disabilities.—

385 (1) PILOT PROGRAM IMPLEMENTATION.—

386 (a) ~~Using a managed care model,~~ The agency shall implement  
387 a pilot program for individuals with developmental disabilities  
388 ~~in Statewide Medicaid Managed Care Regions D and I to provide~~  
389 coverage of comprehensive services using a managed care model.  
390 The agency may seek federal approval through a state plan  
391 amendment or Medicaid waiver as necessary to implement the pilot  
392 program.

393 (b) The agency shall administer the pilot program pursuant  
394 to s. 409.903 and as a component of the Statewide Medicaid  
395 Managed Care model established by this section. Unless otherwise  
396 specified, ss. 409.961-409.969 apply to the pilot program. The  
397 ~~agency may seek federal approval through a state plan amendment~~  
398 ~~or Medicaid waiver as necessary to implement the pilot program.~~  
399 ~~The agency shall submit a request for any federal approval~~  
400 ~~needed to implement the pilot program by September 1, 2023.~~



401 ~~(c) Pursuant to s. 409.963, the agency shall administer~~  
402 ~~the pilot program in consultation with the Agency for Persons~~  
403 ~~with Disabilities.~~

404 (c) ~~(d)~~ The agency shall make capitated payments to managed  
405 care organizations for comprehensive coverage, including managed  
406 medical assistance benefits and long-term care under this part  
407 and community-based services described in s. 393.066(3) ~~and~~  
408 ~~approved through the state's home and community-based services~~  
409 ~~Medicaid waiver program for individuals with developmental~~  
410 ~~disabilities. Unless otherwise specified, ss. 409.961-409.969~~  
411 ~~apply to the pilot program.~~

412 ~~(e) The agency shall evaluate the feasibility of statewide~~  
413 ~~implementation of the capitated managed care model used by the~~  
414 ~~pilot program to serve individuals with developmental~~  
415 ~~disabilities.~~

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

417 (a) Participation in the pilot program is voluntary and  
418 limited to the maximum number of enrollees specified in the  
419 General Appropriations Act.

420 (b) To be eligible for enrollment in the pilot program, an  
421 individual must:

422 ~~(b) The Agency for Persons with Disabilities shall approve~~  
423 ~~a needs assessment methodology to determine functional,~~  
424 ~~behavioral, and physical needs of prospective enrollees. The~~  
425 ~~assessment methodology may be administered by persons who have~~

426 ~~completed such training as may be offered by the agency.~~  
427 ~~Eligibility to participate in the pilot program is determined~~  
428 ~~based on all of the following criteria:~~

- 429 1. Be Medicaid eligible.
- 430 ~~1. Whether the individual is eligible for Medicaid.~~
- 431 2. Be Whether the individual is 18 years of age or older.
- 432 3. Have a developmental disability as defined in s.  
433 393.063.
- 434 4. Be placed in any preenrollment category for individual  
435 budget waiver services under chapter 393 and reside in Statewide  
436 Medicaid Managed Care Regions D or I; effective October 1, 2025,  
437 be placed in any preenrollment category for individual budget  
438 waiver services under chapter 393 regardless of region; or,  
439 effective July 1, 2026, be enrolled in the individual budget  
440 waiver services program under chapter 393 or in the long-term  
441 care managed care program under this part regardless of region  
442 ~~and is on the waiting list for individual budget waiver services~~  
443 ~~under chapter 393 and assigned to one of categories 1 through 6~~  
444 ~~as specified in s. 393.065(5).~~
- 445 ~~3. Whether the individual resides in a pilot program~~  
446 ~~region.~~

447 (c) The agency shall enroll individuals in the pilot  
448 program based on verification that the individual has met the  
449 criteria in paragraph (b).

- 450 1. The Agency for Persons with Disabilities shall transmit

451 to the agency weekly data files of clients enrolled in the  
452 Medicaid home and community-based services waiver program under  
453 chapter 393 and clients in preenrollment categories pursuant to  
454 s. 393.065. The agency shall maintain a record of individuals  
455 with developmental disabilities who may be eligible for the  
456 pilot program using this data, Medicaid enrollment data  
457 transmitted by the Department of Children and Families, and any  
458 available collateral data.

459 2. The agency shall determine and administer the process  
460 for enrollment. A needs assessment conducted by the Agency for  
461 Persons with Disabilities is not required for enrollment. The  
462 agency shall notify individuals with developmental disabilities  
463 of the opportunity to voluntarily enroll in the pilot program  
464 and explain the benefits available through the pilot program,  
465 the process for enrollment, and the procedures for  
466 disenrollment, including the requirement for continued coverage  
467 after disenrollment pursuant to paragraph (d).

468 3. The agency shall provide a call center staffed by  
469 agents trained to assist individuals with developmental  
470 disabilities and their families in learning about and enrolling  
471 in the pilot program.

472 4. The agency shall coordinate with the Department of  
473 Children and Families and the Agency for Persons with  
474 Disabilities to develop partnerships with community-based  
475 organizations to disseminate information about the pilot program

476 to providers of covered services and potential enrollees.

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

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

485 2. The agency determines the enrollee has a good cause  
 486 reason to disenroll.

487 3. The pilot program ceases to operate.

488  
 489 Such enrollees must receive an individualized transition plan to  
 490 assist him or her in accessing sufficient services and supports  
 491 for the enrollee's safety, well-being, and continuity of care.

492 (3) PILOT PROGRAM BENEFITS.—

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

495 1. All benefits included in s. 409.973.

496 2. All benefits included in s. 409.98.

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

498 4. Any additional benefits negotiated by the agency

499 pursuant to paragraph (4) (b), ~~and all of the following:~~

500 ~~a. Adult day training.~~

- 501 ~~b. Behavior analysis services.~~
- 502 ~~e. Behavior assistant services.~~
- 503 ~~d. Companion services.~~
- 504 ~~e. Consumable medical supplies.~~
- 505 ~~f. Dietitian services.~~
- 506 ~~g. Durable medical equipment and supplies.~~
- 507 ~~h. Environmental accessibility adaptations.~~
- 508 ~~i. Occupational therapy.~~
- 509 ~~j. Personal emergency response systems.~~
- 510 ~~k. Personal supports.~~
- 511 ~~l. Physical therapy.~~
- 512 ~~m. Prevocational services.~~
- 513 ~~n. Private duty nursing.~~
- 514 ~~o. Residential habilitation, including the following~~
- 515 ~~levels:~~
- 516 ~~(I) Standard level.~~
- 517 ~~(II) Behavior focused level.~~
- 518 ~~(III) Intensive behavior level.~~
- 519 ~~(IV) Enhanced intensive behavior level.~~
- 520 ~~p. Residential nursing services.~~
- 521 ~~q. Respiratory therapy.~~
- 522 ~~r. Respite care.~~
- 523 ~~s. Skilled nursing.~~
- 524 ~~t. Specialized medical home care.~~
- 525 ~~u. Specialized mental health counseling.~~

526 ~~v. Speech therapy.~~

527 ~~w. Support coordination.~~

528 ~~x. Supported employment.~~

529 ~~y. Supported living coaching.~~

530 ~~z. Transportation.~~

531 (b) All providers of the benefits ~~services~~ listed under  
532 paragraph (a) must meet the provider qualifications established  
533 by the agency for the Medicaid long-term care managed care  
534 program under this section. If no such qualifications apply to a  
535 specific benefit or provider type, the provider must meet the  
536 provider qualifications established by the Agency for Persons  
537 with Disabilities for the individual budget waiver services  
538 program under chapter 393 ~~outlined in the Florida Medicaid~~  
539 ~~Developmental Disabilities Individual Budgeting Waiver Services~~  
540 ~~Coverage and Limitations Handbook as adopted by reference in~~  
541 ~~rule 59C-13.070, Florida Administrative Code.~~

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

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

547 (e) Participating plans must provide benefits ~~services~~  
548 ~~must be provided~~ to enrollees in accordance with an  
549 individualized care plan which is evaluated and updated at least  
550 quarterly and as warranted by changes in an enrollee's

551 circumstances. Participating plans must conduct an  
552 individualized assessment of each enrollee within 5 days after  
553 enrollment to determine the enrollee's functional, behavioral,  
554 and physical needs. The assessment method or instrument must be  
555 approved by the agency.

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

558 (6) PROGRAM IMPLEMENTATION AND EVALUATION.—

559 (a) The agency shall conduct monitoring and evaluations  
560 and require corrective actions or payment of penalties as may be  
561 necessary to secure compliance with contractual requirements,  
562 consistent with its obligations under this section, including,  
563 but not limited to, compliance with provider network standards,  
564 financial accountability, performance standards, health care  
565 quality improvement systems, and program integrity ~~select~~  
566 ~~participating plans and begin enrollment no later than January~~  
567 ~~31, 2024, with coverage for enrollees becoming effective upon~~  
568 ~~authorization and availability of sufficient state and federal~~  
569 ~~resources.~~

570 ~~(b) Upon implementation of the program, the agency, in~~  
571 ~~consultation with the Agency for Persons with Disabilities,~~  
572 ~~shall conduct audits of the selected plans' implementation of~~  
573 ~~person-centered planning.~~

574 ~~(b)(c)~~ (b) The agency, ~~in consultation with the Agency for~~  
575 ~~Persons with Disabilities,~~ shall submit progress reports to the

576 Governor, the President of the Senate, and the Speaker of the  
577 House of Representatives upon the federal approval,  
578 implementation, and operation of the pilot program, as follows:  
579 1. By August 30, 2025 ~~December 31, 2023~~, a status report  
580 on progress made toward federal approval of the waiver or waiver  
581 amendment needed to implement the pilot program.  
582 2. By December 31, 2025 ~~2024~~, a status report on  
583 implementation of the pilot program.  
584 3. By December 31, 2025, and annually thereafter, a status  
585 report on the operation of the pilot program, including, but not  
586 limited to, all of the following:  
587 a. Program enrollment, including the number and  
588 demographics of enrollees.  
589 b. Any complaints received.  
590 c. Access to approved services.  
591 (c) ~~(d)~~ The agency, ~~in consultation with the Agency for~~  
592 ~~Persons with Disabilities~~, shall establish specific measures of  
593 access, quality, and costs of the pilot program. The agency may  
594 contract with an independent evaluator to conduct such  
595 evaluation. The evaluation must include assessments of cost  
596 savings; consumer education, choice, and access to services;  
597 plans for future capacity and the enrollment of new Medicaid  
598 providers; coordination of care; person-centered planning and  
599 person-centered well-being outcomes; health and quality-of-life  
600 outcomes; and quality of care by each eligibility category and



601 managed care plan in each pilot program site. The evaluation  
602 must describe any administrative or legal barriers to the  
603 implementation and operation of the pilot program in each  
604 region.

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

610 2. The agency shall submit the results of the evaluation  
611 to the Governor, the President of the Senate, and the Speaker of  
612 the House of Representatives by October 1, 2029.

613 **Section 5.** This act shall take effect July 1, 2025.