

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 Person with
5 Disabilities to provide a list of all qualified
6 organizations located within the region in which the
7 client resides and to post its quarterly
8 reconciliation reports on its website within specified
9 timeframes; amending s. 393.065, F.S.; requiring the
10 agency to participate in transition planning
11 activities and to post the total number of individuals
12 in each priority category on its website; amending s.
13 393.502, F.S.; establishing the Statewide Family Care
14 Council; providing for the purpose, membership, and
15 duties of the council; requiring local family care
16 councils to report to the statewide council policy
17 changes and program recommendations in an annual
18 report; providing for appointments of local council
19 members; providing for the creation of family-led
20 nominating committees; providing duties of the agency
21 relating to the statewide council and local councils;
22 amending s. 409.972, F.S.; providing for a method of
23 voluntarily choosing to enroll in Medicaid managed
24 care; amending s. 409.9855, F.S.; revising
25 implementation and eligibility requirements of the

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

51 specified study and provide to the Governor, the
52 President of the Senate, and the Speaker of the House
53 of Representatives a specified report by specified
54 date; providing an effective date.
55

56 Be It Enacted by the Legislature of the State of Florida:
57

58 **Section 1. Subsections (5) and (14) of section 393.0662,**
59 **Florida Statutes, are amended to read:**

60 393.0662 Individual budgets for delivery of home and
61 community-based services; iBudget system established.—The
62 Legislature finds that improved financial management of the
63 existing home and community-based Medicaid waiver program is
64 necessary to avoid deficits that impede the provision of
65 services to individuals who are on the waiting list for
66 enrollment in the program. The Legislature further finds that
67 clients and their families should have greater flexibility to
68 choose the services that best allow them to live in their
69 community within the limits of an established budget. Therefore,
70 the Legislature intends that the agency, in consultation with
71 the Agency for Health Care Administration, shall manage the
72 service delivery system using individual budgets as the basis
73 for allocating the funds appropriated for the home and
74 community-based services Medicaid waiver program among eligible
75 enrolled clients. The service delivery system that uses

76 individual budgets shall be called the iBudget system.

77 (5) The agency shall ensure that clients and caregivers
78 have access to training and education that inform them about the
79 iBudget system and enhance their ability for self-direction.
80 Such training and education must be offered in a variety of
81 formats and, at a minimum, must address the policies and
82 processes of the iBudget system and the roles and
83 responsibilities of consumers, caregivers, waiver support
84 coordinators, providers, and the agency, and must provide
85 information to help the client make decisions regarding the
86 iBudget system and examples of support and resources available
87 in the community. The agency shall, within 5 days after
88 enrollment, provide the client with a comprehensive and current
89 written list of all qualified organizations located within the
90 region in which the client resides.

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

101 quarter.

102 (b) The agency shall post its quarterly reconciliation
103 reports on its website, in a conspicuous location, no later than
104 5 days after submitting the reports as required in this
105 subsection.

106 **Section 2. Subsection (12) of section 393.065, Florida**
107 **Statutes, is renumbered as subsection (13), paragraph (a) of**
108 **subsection (1), paragraph (b) of subsection (5), and subsection**
109 **(10) are amended, and a new subsection (12) is added to that**
110 **section, to read:**

111 393.065 Application and eligibility determination.—

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

121 (5) Except as provided in subsections (6) and (7), if a
122 client seeking enrollment in the developmental disabilities home
123 and community-based services Medicaid waiver program meets the
124 level of care requirement for an intermediate care facility for
125 individuals with intellectual disabilities pursuant to 42 C.F.R.

ss. 435.217(b) (1) and 440.150, the agency must assign the client to an appropriate preenrollment category pursuant to this subsection and must provide priority to clients waiting for waiver services in the following order:

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

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

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

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

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

For individuals who are at least 18 years but not yet 22 years of age and who are eligible under sub-subparagraph 1.b., the agency must provide waiver services, including residential habilitation, and must actively participate in transition planning activities, including, but not limited to, individualized service coordination, case management support, and ensuring continuity of care pursuant to s. 39.6035. The community-based care lead agency must fund room and board at the

rate established in s. 409.145(3) and provide case management and related services as defined in s. 409.986(3)(e). Individuals may receive both waiver services and services under s. 39.6251. Services may not duplicate services available through the Medicaid state plan.

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

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

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

176 **Section 3. Section 393.502, Florida Statutes, is amended**
177 **to read:**

178 393.502 Family care councils.—

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

182 (a) The Statewide Family Care Council is established to
183 connect local family care councils and facilitate direct
184 communication between local councils and the agency, with the
185 goal of enhancing the quality of and access to resources and
186 supports for individuals with developmental disabilities and
187 their families.

188 (b) The statewide council shall:

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

191 2. Advise the agency on statewide policies, programs, and
192 service delivery improvements based on the collective
193 recommendations of the local councils.

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

196 4. Foster collaboration and the sharing of best practices
197 and available resources among local family care councils to
198 improve service delivery across regions.

199 5. Submit an annual report no later than December 1 of
200 each year to the Governor, the President of the Senate, the

201 Speaker of the House of Representatives, and the agency. The
202 report shall include a summary of local council findings, policy
203 recommendations, and an assessment of the agency's actions in
204 response to previous recommendations of the local councils.

205 (c) The agency shall provide a written response within 60
206 days after receipt, including a detailed action plan outlining
207 steps taken or planned to address recommendations. The response
208 must specify whether recommendations will be implemented and
209 provide a timeline for implementation or include justification
210 if recommendations are not adopted.

211 (2) STATEWIDE FAMILY CARE COUNCIL MEMBERSHIP.—

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

214 1. One representative from each of the local family care
215 councils, who must be a resident of the area served by that
216 local council. Among these representatives must be at least one
217 individual who is receiving waiver services from the agency
218 under s. 393.065 and at least one individual who is assigned to
219 a preenrollment category for waiver services under s. 393.065.

220 2. One individual representing an advocacy organization
221 representing individuals with disabilities.

222 3. One representative of a public or private entity that
223 provides services to individuals with developmental disabilities
224 that does not have a Medicaid waiver service contract with the
225 agency.

226 (b) Employees of the agency or the Agency for Health Care
227 Administration are not eligible to serve on the statewide
228 council.

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

230 (a) Statewide council members shall be initially appointed
231 to staggered 2 and 4 year terms, with subsequent terms of 4
232 years. Members may be reappointed to one additional consecutive
233 term.

234 (b) A member who has served two consecutive terms shall
235 not be eligible to serve again until 12 months have elapsed
236 since ending service on the statewide council.

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

241 1. The Governor shall make an appointment within 45 days
242 after receiving a recommendation from the statewide council. If
243 the Governor fails to make an appointment for a member under
244 subsection (2), the chair of the local council may appoint a
245 member meeting the requirements of subsection (2) to act as the
246 statewide council representative for that local council until
247 the Governor makes an appointment.

248 2. If no member of a local council is willing and able to
249 serve on the statewide council, the Governor shall appoint an
250 individual from another local council to serve on the statewide

251 council.

252 (4) STATEWIDE FAMILY CARE COUNCIL MEETINGS; ORGANIZATION.—

253 The statewide council shall meet at least quarterly. The council
254 meetings may be held in person or via teleconference or other
255 electronic means.

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

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

262 (c) A majority of the members of the statewide council
263 shall constitute a quorum.

264 (5) LOCAL FAMILY CARE COUNCILS.—There is established and
265 located within each service area of the agency a local family
266 care council to work constructively with the agency, advise the
267 agency on local needs, identify gaps in services, and advocate
268 for individuals with developmental disabilities and their
269 families.

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

272 (a) Assist in providing information and conducting
273 outreach to individuals with developmental disabilities and
274 their families.

275 (b) Convene family listening sessions at least twice a

276 year to gather input on local service delivery challenges.

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

279 (d) Share information with other local family care
280 councils.

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

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

287 (7) ~~(2)~~ LOCAL FAMILY CARE COUNCIL MEMBERSHIP.—

288 (a) Each local family care council shall consist of at
289 least 10 and no more than 15 members recommended by a majority
290 vote of the local family care council and appointed by the
291 Governor.

292 (b) At least three of the members of the council shall be
293 individuals receiving or waiting to receive services from the
294 agency. One such member shall be an individual who has been
295 receiving services within the 4 years before the date of
296 recommendation. The remainder of the council members shall be
297 parents, grandparents, guardians, or siblings of individuals who
298 have developmental disabilities and qualify for services
299 pursuant to this chapter. For a grandparent to be a council
300 member, the grandchild's parent or legal guardian must consent

301 to the appointment and report the consent to the agency.

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

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

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

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

314 ~~(8)(3)~~ LOCAL FAMILY CARE COUNCIL TERMS; VACANCIES.-

315 (a) Local family council members shall be appointed for a
316 3-year terms ~~term~~, except as provided in subsection (11) ~~(8)~~,
317 and may be reappointed to one additional term.

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

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

326 2. The Governor shall make an appointment within 45 days
327 after receiving a recommendation. If the Governor fails to make
328 an appointment within 45 days, the local council shall, by
329 majority vote, select an interim appointment for each vacancy
330 from the panel of candidates recommended by the family-led
331 nomination committee.

332 ~~(9)~~~~(4)~~ LOCAL FAMILY CARE COUNCIL COMMITTEE APPOINTMENTS.—

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

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

344 ~~(10)~~~~(6)~~ LOCAL FAMILY CARE COUNCIL MEETINGS.—Local council
345 members shall serve on a voluntary basis without payment for
346 their services but shall be reimbursed for per diem and travel
347 expenses as provided for in s. 112.061. Local councils ~~The~~
348 ~~council~~ shall meet at least six times per year. Meetings may be
349 held in person or by teleconference or other electronic means.

350 ~~(7) PURPOSE. The purpose of the local family care councils~~

351 ~~shall be to advise the agency, to develop a plan for the~~
352 ~~delivery of family support services within the local area, and~~
353 ~~to monitor the implementation and effectiveness of services and~~
354 ~~support provided under the plan. The primary functions of the~~
355 ~~local family care councils shall be to:~~

356 ~~(a) Assist in providing information and outreach to~~
357 ~~families.~~

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

360 ~~(c) Advise the agency with respect to policy issues~~
361 ~~relevant to the community and family support system in the local~~
362 ~~area.~~

363 ~~(d) Meet and share information with other local family~~
364 ~~care councils.~~

365 (11)(8) NEW LOCAL FAMILY CARE COUNCILS.—When a local
366 family care council is established for the first time in a local
367 area, the Governor shall appoint the first four council members,
368 who shall serve 3-year terms. These members shall submit to the
369 Governor, within 90 days after their appointment,
370 recommendations for at least six additional members, selected by
371 majority vote.

372 (12)(9) FUNDING; FINANCIAL REVIEW.—The statewide and local
373 family care councils ~~council~~ may apply for, receive, and accept
374 grants, gifts, donations, bequests, and other payments from any
375 public or private entity or person. Each local council is

subject to an annual financial review by staff assigned by the agency. Each local council shall exercise care and prudence in the expenditure of funds. The local family care councils shall comply with state expenditure requirements.

(13)(5) TRAINING.—

(a) The agency, in consultation with the statewide and local councils, shall establish and provide 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 newly appointed to the statewide or a local council must complete this training within 90 days after their appointment. A person who fails to meet this requirement ~~is shall be~~ considered to have resigned from the council. The agency may make additional training available to council members.

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

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

405 **Section 4. Subsection (1) of section 409.972, Florida**
406 **Statutes, is amended to read:**

407 409.972 Mandatory and voluntary enrollment.—

408 (1) The following Medicaid-eligible persons are exempt
409 from mandatory managed care enrollment required by s. 409.965,
410 and may voluntarily choose to participate in the managed medical
411 assistance program. These eligible persons must make an
412 affirmative choice before any enrollment action by the agency.
413 The agency may not automatically enroll these eligible persons.÷

414 (a) Medicaid recipients who have other creditable health
415 care coverage, excluding Medicare.

416 (b) Medicaid recipients residing in residential commitment
417 facilities operated through the Department of Juvenile Justice
418 or a treatment facility as defined in s. 394.455.

419 (c) Persons eligible for refugee assistance.

420 (d) Medicaid recipients who are residents of a
421 developmental disability center, including Sunland Center in
422 Marianna and Tacachale in Gainesville.

423 (e) Medicaid recipients enrolled in the home and community
424 based services waiver pursuant to chapter 393, and Medicaid
425 recipients waiting for waiver services.

(f) Medicaid recipients residing in a group home facility licensed under chapter 393.

(g) Children receiving services in a prescribed pediatric extended care center.

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

409.9855 Pilot program for individuals with developmental disabilities.—

(1) PILOT PROGRAM IMPLEMENTATION.—

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

(b) The agency shall administer the pilot program pursuant to s. 409.963 and as a component of the Statewide Medicaid Managed Care model established by this part. Unless otherwise specified, ss. 409.961-409.969 apply to the pilot program. ~~The agency may seek federal approval through a state plan amendment or Medicaid waiver as necessary to implement the pilot program. The agency shall submit a request for any federal approval needed to implement the pilot program by September 1, 2023.~~

~~(c) Pursuant to s. 409.963, the agency shall administer~~

451 ~~the pilot program in consultation with the Agency for Persons~~
452 ~~with Disabilities.~~

453 (c)~~(d)~~ The agency shall make capitated payments to managed
454 care organizations for comprehensive coverage, including managed
455 medical assistance benefits and long-term care under this part
456 and community-based services described in s. 393.066(3) ~~and~~
457 ~~approved through the state's home and community-based services~~
458 ~~Medicaid waiver program for individuals with developmental~~
459 ~~disabilities. Unless otherwise specified, ss. 409.961-409.969~~
460 ~~apply to the pilot program.~~

461 ~~(e) The agency shall evaluate the feasibility of statewide~~
462 ~~implementation of the capitated managed care model used by the~~
463 ~~pilot program to serve individuals with developmental~~
464 ~~disabilities.~~

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

466 (a) Participation in the pilot program is voluntary and
467 limited to the maximum number of enrollees specified in the
468 General Appropriations Act. An individual must make an
469 affirmative choice before any enrollment action by the agency.
470 The agency may not automatically enroll eligible individuals.

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

473 ~~(b) The Agency for Persons with Disabilities shall approve~~
474 ~~a needs assessment methodology to determine functional,~~
475 ~~behavioral, and physical needs of prospective enrollees. The~~

~~assessment methodology may be administered by persons who have completed such training as may be offered by the agency. Eligibility to participate in the pilot program is determined based on all of the following criteria:~~

1. Be Medicaid eligible.

~~1. Whether the individual is eligible for Medicaid.~~

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

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

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

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

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

501 1. The Agency for Persons with Disabilities shall transmit
502 to the agency weekly data files of clients enrolled in the
503 Medicaid home and community-based services waiver program under
504 chapter 393 and clients in preenrollment categories pursuant to
505 s. 393.065. The agency shall maintain a record of individuals
506 with developmental disabilities who may be eligible for the
507 pilot program using this data, Medicaid enrollment data
508 transmitted by the Department of Children and Families, and any
509 available collateral data.

510 2. The agency shall determine and administer the process
511 for enrollment. A needs assessment conducted by the Agency for
512 Persons with Disabilities is not required for enrollment. The
513 agency shall notify individuals with developmental disabilities
514 of the opportunity to voluntarily enroll in the pilot program
515 and explain the benefits available through the pilot program,
516 the process for enrollment, and the procedures for
517 disenrollment, including the requirement for continued coverage
518 after disenrollment pursuant to paragraph (d).

519 3. The agency shall provide a call center staffed by
520 agents trained to assist individuals with developmental
521 disabilities and their families in learning about and enrolling
522 in the pilot program.

523 4. The agency shall coordinate with the Department of
524 Children and Families and the Agency for Persons with
525 Disabilities to develop partnerships with community-based

526 organizations to disseminate information about the pilot program
527 to providers of covered services and potential enrollees.

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

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

536 2. The agency determines the enrollee has a good cause
537 reason to disenroll.

538 3. The pilot program ceases to operate.

539
540 Such enrollees must receive an individualized transition plan to
541 assist him or her in accessing sufficient services and supports
542 for the enrollee's safety, well-being, and continuity of care.

543 (3) PILOT PROGRAM BENEFITS.—

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

546 1. All benefits included in s. 409.973.

547 2. All benefits included in s. 409.98.

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

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

- ~~a. Adult day training.~~
- ~~b. Behavior analysis services.~~
- ~~c. Behavior assistant services.~~
- ~~d. Companion services.~~
- ~~e. Consumable medical supplies.~~
- ~~f. Dietitian services.~~
- ~~g. Durable medical equipment and supplies.~~
- ~~h. Environmental accessibility adaptations.~~
- ~~i. Occupational therapy.~~
- ~~j. Personal emergency response systems.~~
- ~~k. Personal supports.~~
- ~~l. Physical therapy.~~
- ~~m. Prevocational services.~~
- ~~n. Private duty nursing.~~
- ~~o. Residential habilitation, including the following levels:~~
 - ~~(I) Standard level.~~
 - ~~(II) Behavior-focused level.~~
 - ~~(III) Intensive behavior level.~~
 - ~~(IV) Enhanced intensive behavior level.~~
- ~~p. Residential nursing services.~~
- ~~q. Respiratory therapy.~~
- ~~r. Respite care.~~
- ~~s. Skilled nursing.~~
- ~~t. Specialized medical home care.~~

576 u. ~~Specialized mental health counseling.~~

577 v. ~~Speech therapy.~~

578 w. ~~Support coordination.~~

579 x. ~~Supported employment.~~

580 y. ~~Supported living coaching.~~

581 z. ~~Transportation.~~

582 (b) All providers of the benefits ~~services~~ listed under
583 paragraph (a) must meet the provider qualifications established
584 by the agency for the Medicaid long-term care managed care
585 program under this section. If no such qualifications apply to a
586 specific benefit or provider type, the provider must meet the
587 provider qualifications established by the Agency for Persons
588 with Disabilities for the individual budget waiver services
589 program under chapter 393 ~~outlined in the Florida Medicaid~~
590 ~~Developmental Disabilities Individual Budgeting Waiver Services~~
591 ~~Coverage and Limitations Handbook as adopted by reference in~~
592 ~~rule 59G-13.070, Florida Administrative Code.~~

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

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

598 (e) Participating plans must provide benefits ~~services~~
599 ~~must be provided~~ to enrollees in accordance with an
600 individualized care plan which is evaluated and updated at least

quarterly and as warranted by changes in an enrollee's circumstances. Participating plans must conduct an individualized assessment of each enrollee within 5 days after enrollment to determine the enrollee's functional, behavioral, and physical needs. The assessment method or instrument must be approved by the agency.

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

(6) PROGRAM IMPLEMENTATION AND EVALUATION.—

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

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

(b)(e) ~~The agency, in consultation with the Agency for~~

626 ~~Persons with Disabilities~~, shall submit progress reports to the
627 Governor, the President of the Senate, and the Speaker of the
628 House of Representatives upon the federal approval,
629 implementation, and operation of the pilot program, as follows:

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

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

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

638 a. Program enrollment, including the number and
639 demographics of enrollees.

640 b. Any complaints received.

641 c. Access to approved services.

642 (c)-(d) ~~The agency, in consultation with the Agency for~~
643 ~~Persons with Disabilities~~, shall establish specific measures of
644 access, quality, and costs of the pilot program. The agency may
645 contract with an independent evaluator to conduct such
646 evaluation. The evaluation must include assessments of cost
647 savings; consumer education, choice, and access to services;
648 plans for future capacity and the enrollment of new Medicaid
649 providers; coordination of care; person-centered planning and
650 person-centered well-being outcomes; health and quality-of-life

651 outcomes; and quality of care by each eligibility category and
652 managed care plan in each pilot program site. The evaluation
653 must describe any administrative or legal barriers to the
654 implementation and operation of the pilot program in each
655 region.

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

661 2. The agency shall submit the results of the evaluation
662 to the Governor, the President of the Senate, and the Speaker of
663 the House of Representatives by October 1, 2029.

664 **Section 6.** (1) The agency shall contract for a study to
665 review, evaluate, and identify recommendations regarding the
666 algorithm required under s. 393.0662, Florida Statutes. The
667 individual contractor must possess or, if the contractor is a
668 firm must include at least one lead team member who possesses, a
669 doctorate in statistics and advanced knowledge of the
670 development and selection of multiple linear regression models.
671 The study must, at a minimum, assess the performance of the
672 current algorithm used by the agency and determine whether a
673 different algorithm would better meet the requirements of that
674 section. In conducting this assessment and determination, at a
675 minimum, the study must also review the fit of recent

expenditure data to the current algorithm, determine and refine dependent and independent variables, develop and apply a method for identifying and removing outliers, develop alternative algorithms using multiple linear regression, test the accuracy and reliability of the algorithms, provide recommendations for improving accuracy and reliability, recommend an algorithm for use by the agency, assess the robustness of the recommended algorithm, and provide suggestions for improving any recommended alternative algorithm, if appropriate. The study must also consider whether any waiver services that are not currently funded through the algorithm can be funded through the current algorithm or an alternative algorithm, and the impact of doing so on that algorithm's fit and effectiveness. The study must present for any recommended alternative algorithm, at a minimum, the estimated number and percent of waiver enrollees who would require supplemental funding under s. 393.0662(1)(b), Florida Statutes, compared to the current algorithm; and the number and percent of waiver enrollees whose budgets are estimated to increase or decrease, categorized by level of increase or decrease, age, living setting, and current total individual budget amount.

(2) The agency shall report to the Governor, the President of the Senate, and the Speaker of the House of Representatives findings and recommendations by November 15, 2025.

Section 7. This act shall take effect July 1, 2025.