

The Florida Senate
BILL ANALYSIS AND FISCAL IMPACT STATEMENT

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

Prepared By: The Professional Staff of the Committee on Appropriations

BILL: CS/SB 1016

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

SUBJECT: Medical Assistance Eligibility for Working Persons with Disabilities

DATE: February 17, 2026

REVISED: _____

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

Please see Section IX. for Additional Information:

COMMITTEE SUBSTITUTE - Substantial Changes

I. Summary:

CS/SB 1016 creates s. 409.9041, F.S., to codify the Working People with Disabilities program (program) within the Agency for Health Care Administration (AHCA). The program helps reduce barriers to employment by allowing certain working adults with developmental disabilities to remain eligible for Medicaid home and community-based services (HCBS) waiver programs while earning income.

The bill provides eligibility for individuals who are at least 18 years old, have a qualifying developmental disability, are enrolled in specified Medicaid waiver programs, and are employed and earning income.

The bill allows enrollees to maintain Medicaid eligibility with income up to 550% of the Supplemental Security Income (SSI) Federal Benefit Rate and requires the AHCA and the Department of Children and Families (DCF) to disregard assets up to \$13,000 for an individual and \$24,000 for an individual and spouse, excluding assets in IRS-recognized retirement accounts.

The bill requires the DCF to provide written notice to eligible adults at initial waiver enrollment and annually thereafter, including information on eligibility, continued Medicaid benefits while working, optional participation, special needs trusts, and a contact for assistance. The bill requires the program to be operated on an opt-in basis. The DCF must also notify individuals currently eligible for the program within 90 days after the effective date of the bill.

The bill has a significant negative fiscal impact on the DCF; however, the impact can be absorbed within existing resources. The bill has no fiscal impact on the AHCA or the Florida Medicaid Program. **See Section V., Fiscal Impact Statement.**

The bill takes effect upon becoming a law.

II. Present Situation:

Services for Individuals with Disabilities --- Generally

A developmental disability refers to a disorder or syndrome that is attributable to an intellectual disability, cerebral palsy, autism, spina bifida, Down syndrome, Phelan-McDermid syndrome, or Prader-Willi syndrome that manifested before the age of 18 and constitutes a substantial handicap that can reasonably be expected to continue indefinitely.¹

Chapter 393, F.S., identifies that individuals with developmental disabilities benefit from community-based services and programs that enable individuals to achieve their greatest potential for independent living while reducing the number of individuals in unnecessary institutional placements.² The care of individuals with developmental disabilities is shared by the Agency for Persons with Disabilities (APD), the Agency for Health Care Administration (AHCA), and the Department of Children and Families (DCF), with each executive agency or department responsible for a different role.

Agency for Persons with Disabilities

The APD is responsible for the provision of services to individuals with disabilities and manages Medicaid waivers that provide federally approved services for individuals with developmental disabilities.³

Agency for Health Care Administration

The AHCA administers the Medicaid program, which means the agency pays for the medical assistance and related services that Medicaid provides low-income families, the elderly, and people with disabilities.⁴

Department of Children and Families

The DCF is responsible for determining the eligibility of applicants to the Medicaid program. However, the Social Security Administration, not the DCF, determines the eligibility of Supplemental Security Income recipients.⁵

¹ Section 393.063(11), F.S.

² Section 393.062, F.S.

³ Section 20.197, F.S.

⁴ Section 409.902, F.S.

⁵ Section 409.902, F.S.

Employment of Persons with Disabilities

In 2024, there were an estimated 3,164,477 individuals with a disability in Florida, in the following age categories:

Number of Individuals in Florida with a Disability ⁶	
Age Range	Number of Individuals with a Disability
Under 18 years	242,336
18 to 64 years	1,369,898
65 years and older	1,552,243
Total	3,164,477

Some individuals with disabilities may be hesitant to seek paid employment opportunities for fear of losing benefits such as Medicaid and Social Security.⁷ In 2024, the nationwide employment-population ratio for individuals with a disability was 22.7 percent for all age groups, compared to an employment-population ratio of 65.5 percent for individuals with no disability.⁸ Individuals with a disability (31 percent) were more likely to work part-time than those with no disability (17 percent).⁹

Supplemental Security Income

Supplemental Security Income (SSI) is a federal assistance program for the elderly and individuals with disabilities who earn income and assets within minimum limits.¹⁰ The program is administered by the Social Security Administration (SSA) and provides a flat monthly benefit based on an individual's income.

To be eligible for SSI, an individual must be over the age of 65, blind, or have a disability. An adult is considered to have a disability if they are unable to engage in any substantial gainful activity (SGA) due to any medically determinable physical or mental impairment that either:

- Is expected to result in death; or
- Has lasted, or is expected to last, for at least 12 consecutive months.¹¹

Children are considered to have a disability if they have medically determinable physical or mental impairments that result in marked and severe functional limitations that are expected to result in death or have lasted, or are expected to last, for at least 12 consecutive months.¹²

⁶ United States Census Bureau, *2024 American Community Survey*, available at:

<https://data.census.gov/table?q=DP02&t=Disability&g=040XX00US12> (last visited 1/22/26).

⁷ Agency for Persons with Disabilities, *Supported Employment*, available at: <https://apd.myflorida.com/services/supported-employment.htm> (last visited 1/22/26).

⁸ U.S. Bureau of Labor Statistics, *Persons with a Disability: Labor Force Characteristics – 2024*, available at: <https://www.bls.gov/news.release/pdf/disabl.pdf> (last visited 1/22/26).

⁹ *Id.*

¹⁰ Congress.gov, *Supplemental Security Income (SSI)*, available at: <https://www.congress.gov/crs-product/IF10482> (last visited 1/22/26).

¹¹ *Id.*

¹² *Id.*

The SSA utilizes an earnings limit of \$1,620 per month to determine if an individual's work activity is a substantial gainful activity.¹³ Thus, if an individual earns less than \$1,620 due to his or her physical or mental impairment, he or she is considered disabled for the purposes of SSI eligibility.

In addition to having met the criteria for a "disability," an individual applying for SSI must also have limited financial income and assets to receive benefits. The higher an individual's income and assets are, the lower the SSI payment the individual will receive, referred to as the "federal benefit rate" (FBR).¹⁴ In 2025, the FBR was \$967 per month for an individual and \$1,450 per month for a couple if both members are SSI eligible.¹⁵ To receive the full FBR, an individual may not have assets over \$2,000 and a couple may not have assets over \$3,000.¹⁶ Thus, the SSA utilizes an individual's disability status, income, and assets to determine if he or she is eligible to receive the maximum monthly FBR. An individual may receive less than the maximum FBR if he or she has higher income or assets.

Florida residents who are eligible for SSI are automatically eligible for Medicaid coverage from the SSA.¹⁷ The DCF utilizes the SSA's disability designation, meaning an individual who receives SSI based on their disability will be considered by the DCF as disabled for Medicaid coverage.¹⁸

Medicaid

The Medicaid program was enacted as part of the Social Security Amendments of 1965 (P.L. 89-97).¹⁹ It provides coverage for health and other related services for low-income children and families, low-income seniors, and low-income people with disabilities. The federal government has guidelines that shape each state's eligibility standards and coverage packages.²⁰

In Florida, most Medicaid recipients are enrolled in the Statewide Medicaid Managed Care (SMMC) program.²¹ The SMMC program consists of the following components:

- Managed Medical Assistance (MMA): Provides Medicaid covered medical services such as doctor's visits, hospital care, prescribed drugs, mental health care, and transportation to such services. Most individuals on Medicaid receive their care from a plan that covers MMA services.

¹³ Congress.gov, *Supplemental Security Income (SSI)*, available at: <https://www.congress.gov/crs-product/IF10482> (last visited 1/22/26).

¹⁴ *Id.*

¹⁵ *Id.*

¹⁶ *Id.*

¹⁷ Florida Department of Children and Families, *Florida's Medicaid Redetermination Plan*, available at: <https://www.myflfamilies.com/medicaid#ME> (last visited 1/22/26).

¹⁸ Florida Department of Children and Families, *Notification of Disability Information and Request Form*, available at: <file:///C:/Users/RAO.JACQUELINE/Downloads/i165-107-adobe11.pdf> (last visited 1/22/26).

¹⁹ Medicaid and CHIP Payment and Access Commission, *Medicaid 101*, available at: <https://www.macpac.gov/medicaid-101/> (last visited 1/21/26).

²⁰ *Id.*

²¹ Florida Agency for Health Care Administration, *Statewide Medicaid Managed Care*, available at: <https://ahca.myflorida.com/medicaid/statewide-medicaid-managed-care> (last visited 1/21/26).

- Long-Term Care (LTC): Provides Medicaid LTC services such as care in a nursing facility, assisted living facility, or at home for individuals that are at least 18 years old and meet nursing home level of care (or meet hospital level of care if the individual has Cystic Fibrosis).
- Dental: Provides all Medicaid dental services for children and adults. All individuals on Medicaid must enroll in a dental plan.²²

Florida's Home and Community-Based Services Waivers

Florida has obtained several Medicaid waivers²³ to enable the provision of specified home and community-based services (HCBS) to allow persons at risk of institutionalization to remain at home or in a home-like setting.²⁴ The intended target populations are older adults, people with intellectual or developmental disabilities, physical disabilities, or mental health and substance use disorders.²⁵ To be eligible for HCBS services under Medicaid, an individual must need the level of care provided in a hospital, nursing facility, or an intermediate care facility for individuals with intellectual disabilities.²⁶ While individuals receiving HCBS services are subject to income eligibility requirements, the Social Security Act allows states to adopt a methodology to determine financial eligibility that is less restrictive than the methodology used to determine SSI eligibility.²⁷ A less restrictive methodology often includes an income disregard, which refers to the exclusion of a certain amount or type of income or resources when determining an applicant's countable income and assets.²⁸

Developmental Disabilities Individual Budgeting (iBudget) Waiver

The Individual Budgeting Waiver (iBudget) is administered for individuals with specified developmental disabilities who meet Medicaid eligibility requirements.²⁹ The iBudget program provides the client with an established personal budget; with this budget, the client may choose services within a specified service package that best allows them to live in their community.³⁰

In instances in which there are not enough available slots in the iBudget waiver program, applicants may be placed on a wait list if the demand for services exceeds available funding. The APD assigns each waitlisted client to a preenrollment category based on their needs. As more funding is available, clients are taken off the preenrollment categories and placed in the program,

²² *Id.*

²³ A Medicaid waiver allows a state to waive certain eligibility requirements and cover individuals who may not otherwise be eligible for Medicaid care. See Centers for Medicare & Medicaid Services, *State Medicaid Plans and Waivers*, available at: <https://www.cms.gov/training-education/partner-outreach-resources/american-indian-alaska-native/ltss-ta-center/information/state-medicaid-plans-and-waivers> (last visited 1/21/26).

²⁴ Rule 59G-13.080, F.A.C., s. 393.062, F.S., and s. 409.906, F.S.

²⁵ Medicaid.gov, *Home & Community Based Services*, available at: <https://www.medicaid.gov/medicaid/home-community-based-services> (last visited 1/21/26).

²⁶ 42 C.F.R., § 441.301(b).

²⁷ 42 U.S.C. 1396a [Sec. 1902]

²⁸ Centers for Medicare & Medicaid Services, *SMD #21-004*, available at: <https://www.medicaid.gov/Federal-Policy-Guidance/Downloads/smd21004.pdf> (last visited 1/22/26).

²⁹ Section 393.0662, F.S.

³⁰ *Id.*

in descending priority order; meaning, the clients who have the highest needs are enrolled in the program first.³¹

As of December 1, 2025, there were 36,521 iBudget waiver enrollees and 18,526 individuals pre-enrolled in the program.³²

Florida Familial Dysautonomia Waiver

The Familial Dysautonomia Waiver provides home and community-based supports and services to eligible persons that have Familial Dysautonomia and live in their own homes or family homes.³³ To be eligible for the Familial Dysautonomia Waiver, an individual must be diagnosed with Familial Dysautonomia, aged 3 through 64, and at risk of hospitalization.³⁴

As of January 1, 2026, there were seven individuals enrolled on the Familial Dysautonomia waiver.³⁵

SMMC Long-Term Care Program

The Long-Term Care Program is offered by the SMMC LTC and MMA plans.³⁶ To be eligible, individuals must be:

- 65 years of age or older **and** need nursing facility level of care; or
- 18 years of age or older **and** eligible for Medicaid by reason of disability **and** need nursing facility level of care.³⁷

Individuals that are 18 years of age or older with a diagnosis of cystic fibrosis that also have a hospital level of care are also eligible for the SMMC Long-Term Care program.³⁸

As of November 2025, there were 110,197 enrollees in the LTC program receiving HCBS services.³⁹

³¹ Sections 393.0662, F.S. and 393.065, F.S.

³² Agency for Persons with Disabilities, *Home and Community Based Services (HCBS) Waiver Monthly Report*, available at: <https://apd.myflorida.com/resources/reports/APD%20Enrollment%20Report%202025-12-30%20FINAL.pdf> (last visited 1/21/26).

³³ Florida Agency for Health Care Administration, *Familial Dysautonomia Waiver*, available at: <https://ahca.myflorida.com/medicaid/medicaid-policy-quality-and-operations/medicaid-policy-and-quality/medicaid-policy/federal-authorities/federal-waivers/familial-dysautonomia-waiver> (last visited 1/21/26).

³⁴ *Id.*

³⁵ E-mail with Jim Browne, Office of Legislative Affairs Deputy Chief of Staff, on file with the Senate Committee on Children, Families, and Elder Affairs.

³⁶ Florida Agency for Health Care Administration, *Long-Term Care*, available at: <https://ahca.myflorida.com/medicaid/medicaid-policy-quality-and-operations/medicaid-policy-and-quality/medicaid-policy/federal-authorities/federal-waivers/florida-medicaid-s-covered-services-and-waivers> (last visited 1/21/26).

³⁷ *Id.*

³⁸ *Id.*

³⁹ Florida Agency for Health Care Administration, *Medicaid Monthly Enrollment Report*, available at: <https://ahca.myflorida.com/medicaid/medicaid-finance-and-analytics/medicaid-data-analytics/medicaid-monthly-enrollment-report> (last visited 1/23/26).

Medicaid Model Waiver

The Medicaid Model Waiver provides services to medically complex/medically fragile young adults to delay or prevent institutionalization. To be eligible for the Model Waiver, the applicant must:

- Be under the age of 20 years;
- Determined disabled using criteria established by the Social Security Administration;
- Be at risk for hospitalization as determined by the Children's Multidisciplinary Assessment Team; and
- Diagnosed as having degenerative spinocerebellar disease or deemed medically fragile and have resided in a skilled nursing facility for at least 60 consecutive days prior to enrollment.⁴⁰

As of January 1, 2026, there were four individuals enrolled in the Model Waiver.⁴¹

Intellectual and Developmental Disabilities Pilot Program

In 2023, the Legislature directed the AHCA to implement a managed care pilot program, the Intellectual Developmental Disabilities Pilot program (IDD program), for individuals with developmental disabilities that were on the APD preenrollment list for the iBudget program.⁴² In 2025, the Legislature expanded eligibility requirements for the pilot program and extended the program statewide.⁴³ To be eligible for the Intellectual and Developmental Disabilities Comprehensive Managed Care (ICMC) program, formerly the IDD program, an individual must:

- Be Medicaid eligible.
- Be 18 years of age or older.
- Have a developmental disability as defined in s. 393.063, F.S.
- Be placed in any iBudget preenrollment category in any region (or, enrolled in the LTC managed care program effective July 1, 2026).⁴⁴

As of January 1, 2026, there are 913 individuals enrolled on the ICMC.⁴⁵

Working People with Disabilities Program

In 2019, the Legislature authorized the creation of the Working People with Disabilities program within the AHCA.⁴⁶ The program applies an income disregard for individuals with disabilities that earn income through paid employment, so the individuals can work without losing Medicaid benefits.⁴⁷ The Legislature instructed the AHCA to seek federal approval for the Program, and

⁴⁰ Florida Agency for Health Care Administration, *Model Waiver*, available at: <https://ahca.myflorida.com/medicaid/home-and-community-based-settings-rule/model-waiver> (last visited 1/21/26).

⁴¹ E-mail with Jim Browne, Office of Legislative Affairs Deputy Chief of Staff, on file with the Senate Committee on Children, Families, and Elder Affairs.

⁴² Chapter 2023-243, L.O.F.

⁴³ Chapter 2025-130, L.O.F.

⁴⁴ *Id.*

⁴⁵ E-mail with Jim Browne, Office of Legislative Affairs Deputy Chief of Staff, on file with the Senate Committee on Children, Families, and Elder Affairs.

⁴⁶ Chapter 2019-115, L.O.F., Line Item 218.

⁴⁷ *Id.*

the waiver was approved by the federal Centers for Medicare and Medicaid Services on April 2, 2020.⁴⁸

To be eligible for the program, an individual must:

- Be enrolled in the iBudget Waiver, the Long-Term Care Waiver, the Familial Dysautonomia Waiver, or the Model Waiver; **and**
- Earn income and assets through paid employment.⁴⁹

Prior to the program, individuals under the included waivers could not exceed a monthly income limit of 300 percent of the Federal Benefit Rate (FBR), which created an income limit of \$2,000 for an individual or \$3,000 for a couple.⁵⁰ After the implementation of the Program, an individual would remain eligible for Medicaid as long as their monthly income did not exceed 550 percent of the FBR and have cash assets under \$13,000 or \$24,000 for a single individual or couple, respectively.⁵¹ Additionally, the Program allows an individual to have a retirement account recognized by the Internal Revenue Service.

In 2026, the monthly FBR is \$994 for an individual and \$1,491 for an eligible couple.⁵² Thus, under the program's income disregard, an individual would retain Medicaid eligibility if their monthly income was less than \$5,467 for an individual or \$8,200.5 for an eligible couple, as it does not exceed 550 percent of the FBR.

III. Effect of Proposed Changes:

Section 1 creates s. 409.9041, F.S., to codify the Working People with Disabilities program within the Agency for Health Care Administration (AHCA). The program is intended to eliminate barriers to employment by allowing certain working adults with developmental disabilities to maintain eligibility for the Medicaid home and community-based services waiver programs while earning additional income.

To be eligible, an individual must meet all of the following criteria:

- Have a developmental disability as defined in s. 393.063, F.S.
 - Be currently enrolled in a Medicaid HCBS services waiver program, including the following waivers:
 - Home and community based services Medicaid waiver program under s. 393.0662, F.S.;
 - Familial dysautonomia waiver program under s. 409.912(10), F.S.;
 - Long-term care managed care program under s. 409.978, F.S.;
 - The pilot program for individuals with developmental disabilities under s. 409.9855, F.S.;
- or

⁴⁸ Centers for Medicare and Medicaid Services, State Plan Amendment #20-0001, available at: <https://www.medicaid.gov/State-resource-center/Medicaid-State-Plan-Amendments/Downloads/FL/FL-20-0001.pdf> (last visited 1/21/26).

⁴⁹ Florida Agency for Health Care Administration, *Florida Medicaid Working People with Disabilities FAQ*, available at: https://ahca.myflorida.com/content/download/11061/file/wpwd_FAQ.pdf (last visited 1/21/26).

⁵⁰ Florida Agency for Health Care Administration, *Florida Medicaid Working People with Disabilities FAQ*, available at: https://ahca.myflorida.com/content/download/11061/file/wpwd_FAQ.pdf (last visited 1/21/26).

⁵¹ *Id.*

⁵² Social Security Administration, *SSI Federal Payment Amounts for 2026*, available at: <https://www.ssa.gov/oact/cola/SSI.html> (last visited 1/22/26).

- The Florida Medicaid Model Waiver.
- Is at least 18 years of age.
- Is employed and earning income.

The bill requires an enrollee's maximum monthly income to be no more than 550 percent of the SSI Federal Benefit Rate to maintain Medicaid eligibility. The bill requires the AHCA and the Department of Children and Families (DCF) to disregard assets up to \$13,000 for an individual enrollee and \$24,000 for an enrollee and spouse. The bill also excludes assets held in an IRS-recognized retirement account from eligibility determinations.

The bill requires the DCF to provide written notice to eligible adults at the time of initial enrollment in a covered waiver program and at least annually thereafter. The notice must include information about program eligibility, the ability to maintain Medicaid benefits while earning income, the optional nature of the program, the availability and purpose of special needs trusts, and a program contact for eligibility assistance as well as the option to opt into the program.

Section 2 requires the DCF to provide the written notice required in s. 409.9041(5), F.S., to individuals who are currently eligible for the Working People with Disabilities program within 90 days after the effective date of the act.

Section 3 provides that the bill takes effect upon becoming a law.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

D. State Tax or Fee Increases:

None.

E. Other Constitutional Issues:

None.

V. Fiscal Impact Statement:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

The bill may provide an indeterminate positive economic impact for eligible individuals by allowing increased earnings while maintaining Medicaid eligibility and waiver services and supporting greater workforce participation.

C. Government Sector Impact:

The Department of Children and Families (DCF) estimates a cost of \$340,400 for changes to the department's eligibility determination system (ACCESS) to accommodate the new data provided by the Agency for Health Care Administration (AHCA) for individuals not already in the DCF system, modify workflows to designate applicants as opt-in participants or opt-out nonparticipants in the program, and ensure notices are sent at designated intervals. Depending on the timing, and in conjunction with ongoing ACCESS modernization efforts, the DCF should be able to leverage current funding to accomplish these changes.

The DCF also estimates an increase in agency mailing costs to accommodate the bills notice requirements to eligible adults. At \$0.78 per mailing, the DCF estimates \$61,522 for the 78,875 individuals already in the ACCESS system and an unknown amount for the Medicaid Social Security Income population yet to be quantified. These costs can be absorbed using existing department resources.⁵³

The AHCA states that the data sharing component of the bill will require minor information technology system changes that can be completed using existing agency resources.⁵⁴

The bill will have no fiscal impact on the Florida Medicaid program.

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Statutes Affected:

This bill creates section 409.9041 of the Florida Statutes.

This bill creates an undesignated section of law.

⁵³ Department of Children and Families, *Senate Bill 1016* (Feb. 3, 2026) (on file with Senate Appropriations Committee on Health and Human Services).

⁵⁴ Agency for Health Care Administration, *Senate Bill 1016* (Dec. 30, 2025) (on file with Senate Appropriations Committee on Health and Human Services).

IX. Additional Information:**A. Committee Substitute – Statement of Substantial Changes:**

(Summarizing differences between the Committee Substitute and the prior version of the bill.)

CS by Children, Families, and Elder Affairs Committee on January 27, 2026:

- Requires the Agency for Health Care Administration to identify Medicaid recipients who are enrolled in a Supplemental Security Income program and a covered Medicaid HCBS waiver program and share such information with the Department of Children and Families (DCF). This is intended to streamline the process in which the DCF is required to provide written notice to adults eligible for the Working People with Disabilities program.
- Removes the automatic enrollment component of the Working People with Disabilities program and provides a requirement for notice to eligible individuals with the ability to opt-in to the program.

B. Amendments:

None.