

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: SPB 2518

INTRODUCER: For consideration by the Appropriations Committee

SUBJECT: Health

DATE: February 17, 2026

REVISED: _____

ANALYST

STAFF DIRECTOR

REFERENCE

ACTION

Barr/Sneed

Sadberry

Pre-meeting

I. Summary:

SPB 2518 conforms statutes to funding decisions related to Health in the Proposed Senate General Appropriations Act (GAA) for Fiscal Year 2026-2027. Specifically, the bill:

- Requires the Social Services Estimating Conference to develop official caseload, utilization, and expenditure projections for the Intellectual and Developmental Disabilities Comprehensive Managed Care program and directs the Agency for Health Care Administration (AHCA) to collect data to support the development of projections.
- Authorizes Valerie’s House, Inc., to provide no cost grief support services to bereaved children who have experienced the death of a parent or sibling, and their caregiver.
- Revises the monthly room and board rates paid to foster parents, including relative and nonrelative caregivers.
- Expands the Step into Success program statewide.
- Creates the Foster and Family Support Grant Program within the Department of Children and Families to award grants to eligible not-for-profit, faith-based organizations to support the recruitment and support of foster, adoptive, and kinship families.
- Revises the parameters for the Medicaid Nursing Home Quality Incentive Program.
- Revises the cumulative amount of unexpended state funds a community-based care lead agency may carry forward to the next fiscal year, capping it at eight percent of the annual total contract amount.

The bill is expected to have a significant recurring fiscal impact on state government expenditures. **See Section V., Fiscal Impact Statement.**

The bill takes effect July 1, 2026.

II. Present Situation:

Social Services Estimating Conference

The Social Services Estimating Conference (SSEC) is charged with developing, by consensus,¹ official information relating to the social services system of the state, including, but not limited to cash assistance programs, the Florida Medicaid Program, and the Florida KidCare Program. This information includes forecasts of social services enrollment, caseloads, utilization, and expenditures to be used in the State of Florida's planning and budgeting process.²

The SSEC has four members, referred to as principals, who are professional staff of the Executive Office of the Governor, the coordinator of the Office of Economic and Demographic Research, and professional staff of the Senate and the House of Representatives, designated by their respective presiding officers. Principals may invite conference participants to collect and provide data, perform analyses, develop alternative forecasts, or provide other information needed by the SSEC. All sessions and meetings of the SSEC are open to the public.³

The Florida Medicaid Program

The Medicaid program was enacted as part of the Social Security Amendments of 1965 (P.L. 89-97).⁴ 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 Agency for Health Care Administration (AHCA) administers the Florida Medicaid program and is responsible for making payments for medical assistance and related services. The AHCA is also responsible for ensuring payments are made only for services included in the program, only on behalf of eligible individuals, and only to qualified providers in accordance with state and federal law.⁵

¹ Section 216.133(3), F.S., defines "consensus" as "the unanimous consent of all of the principals".

² Section 216.136(6), F.S.

³ Chapter 216.134, F.S.

⁴ Medicaid and CHIP Payment and Access Commission, *Medicaid 101*, available at: <https://www.macpac.gov/medicaid-101/> (last visited Jan. 21, 2026).

⁵ Section 409.902, F.S.

Statewide Medicaid Managed Care

States may offer Medicaid benefits through fee-for-service programs,⁶ managed care plans,⁷ or both.⁸ In Florida, most Medicaid recipients are enrolled in the Statewide Medicaid Managed Care (SMMC) program.⁹ Within the SMMC program, the AHCA contracts with eight health plans and two dental plans¹⁰ to implement the following components:

- Managed Medical Assistance (MMA): Provides Medicaid covered medical services such as doctor visits, hospital care, prescribed drugs, mental health care, and transportation to these services. Most people on Medicaid will receive their care from a plan that covers MMA services.
- Long-Term Care (LTC): Provides Medicaid LTC services like care in a nursing facility, assisted living facility, or at home for individuals that are at least 18 years old and meet nursing home level of care (or meet hospital level of care if the individual has Cystic Fibrosis).
- Dental: Provides all Medicaid dental services for children and adults. All individuals on Medicaid must enroll in a dental plan.¹¹

All health plans are required to cover specified minimum services under the MMA, LTC, and Dental programs, as follows:

MMA Minimum Covered Services ¹²	
Advanced Practice Registered Nurse	Home Health Services and Nursing Care
Ambulatory Surgical Center Services	Hospice Services
Assistive Care Services	Hospital Services
Behavior Analysis Services	Laboratory and Imaging Services
Behavioral Health Services	Medical Foster Care Services

⁶ Under fee-for-service models, the state pays providers directly for each covered service received by a Medicaid beneficiary. See Medicaid and CHIP Payment and Access Commission, *Provider payment and delivery systems*, available at: <https://www.macpac.gov/medicaid-101/provider-payment-and-delivery-systems/#:~:text=Under%20the%20FFS%20model%2C%20the,person%20enrolled%20in%20the%20plan> (last visited Feb. 14, 2026).

⁷ Under managed care plans, the state pays a fee to a managed care plan for each person enrolled in the plan. Health care providers are paid by the managed care plan, rather than the state directly, if the services are covered under the managed care plan’s contract with the state. See Medicaid and CHIP Payment and Access Commission, *Provider payment and delivery systems*, available at: <https://www.macpac.gov/medicaid-101/provider-payment-and-delivery-systems/#:~:text=Under%20the%20FFS%20model%2C%20the,person%20enrolled%20in%20the%20plan> (last visited Feb. 14, 2026).

⁸ Medicaid and CHIP Payment and Access Commission, *Provider payment and delivery systems*, available at: <https://www.macpac.gov/medicaid-101/provider-payment-and-delivery-systems/#:~:text=Under%20the%20FFS%20model%2C%20the,person%20enrolled%20in%20the%20plan> (last visited Feb. 14, 2026).

⁹ Agency for Health Care Administration, *Statewide Medicaid Managed Care*, available at: <https://flmedicaidmanagedcare.com/health/comparehealthplans> (last visited Feb. 14, 2026).

¹⁰ Agency for Health Care Administration, *SMMC Health Plans 2025-2030 / Dental Plans 2025-2030*, available at: <https://ahca.myflorida.com/content/download/25039/file/27061%20SMMC%20Plan%20Poster%2002042025.pdf> (last visited Feb. 14, 2026).

¹¹ Agency for Health Care Administration, *Statewide Medicaid Managed Care*.

¹² Agency for Health Care Administration, *2025-2030 Model Health Plan Contract, Attachment I – Scope of Services*, available at: <https://ahca.myflorida.com/medicaid/statewide-medicare-managed-care/2025-2030-smmc-plans/model-health-plan-contract> (last visited Feb 14, 2026).

MMA Minimum Covered Services¹³ (continued)	
Birth Center and Licensed Midwife Services	Medical Supplies, Equipment, Prostheses and Orthoses
Clinic Services	Nursing Facility Services
Chiropractic Services	Optometric and Vision Services
Chiropractic Services	Physician Assistant Services
Child Health Check Up	Physician Services
Immunizations	Podiatric Services
Early Intervention Services	Prescribed Drug Services
Emergency Services	Renal Dialysis Services
Family Planning Services and Supplies	Therapy Services
Healthy Start Services	Transportation Services
Hearing Services	

LTC Minimum Covered Services¹⁴	
Adult Companion Care	Medical Equipment and Supplies
Adult Day Health Care	Medication Administration
Assistive Care Services	Medication Management
Assisted Living	Nutritional Assessment/Risk Reduction Services
Attendant Nursing Care	Nursing Facility Services
Behavioral Management	Personal Care
Caregiver Training	Personal Emergency Response Systems (PERS)
Care Coordination/Case Management	Respite Care
Home Accessibility Adaptation Services	Occupational Therapy
Home Delivered Meals	Physical Therapy
Homemaker Services	Respiratory Therapy
Hospice	Speech Therapy
Intermittent and Skilled Nursing	Transportation

Dental Minimum Covered Services¹⁵	
Dental Exams	Periodontics
Dental Screenings	Prosthodontics (dentures)
Dental X-rays	Root Canals
Extractions	Sealants
Fillings and Crowns	Sedation
Fluoride	Space Maintainers
Oral Health Instructions	Teeth Cleaning
Orthodontics	

Each health plan and dental plan has expanded benefits that are provided in addition to the minimum covered services that the SMMC must provide.¹⁶ This gives individuals flexibility in their selection of health plans and dental plans based on their coverage needs and the regions in which they reside.

¹³ Agency for Health Care Administration, *2025-2030 Model Health Plan Contract, Attachment I – Scope of Services*, available at: <https://ahca.myflorida.com/medicaid/statewide-medicare-managed-care/2025-2030-smmc-plans/model-health-plan-contract> (last visited Feb 14, 2026).

¹⁴ *Id.*

¹⁵ Agency for Health Care Administration, *2025-2030 Model Dental Plan Contract, Attachment I – Scope of Services*, available at: <https://ahca.myflorida.com/medicaid/statewide-medicare-managed-care/2025-2030-smmc-plans/model-dental-plan-contract> (last visited Feb 14, 2026).

¹⁶ Agency for Health Care Administration, *Health Plan Expanded Benefits Grid 2025*, available at: <https://ahca.myflorida.com/medicaid/statewide-medicare-managed-care/new-smmc-program/information-for-recipients> (last visited Feb. 14, 2026).

SMMC Long-Term Care Program

The Long-Term Care Program is offered by the SMMC LTC and MMA plans.¹⁷ 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, eligible for Medicaid by reason of disability, and need nursing facility level of care.¹⁸

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.¹⁹

As of November 2025, there were 110,197 enrollees in the LTC program receiving home and community-based services (HCBS).²⁰

Services for Individuals with Disabilities

Agency for Persons with Disabilities

Chapter 393, F.S., identifies the need to provide community-based services and programs for individuals with developmental disabilities that enable individuals to achieve their greatest potential for independent living while reducing the number of individuals in unnecessary institutional placements.²¹ The Agency for Persons with Disabilities (APD) provides services to individuals with developmental disabilities and manages Medicaid waivers that provide federally approved services for individuals with developmental disabilities.²²

Florida's Home and Community-Based Services Waivers

Florida has obtained several Medicaid waivers²³ to enable the provision of the Home and Community-Based Services (HCBS) Waiver 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

¹⁷ 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 Jan. 21, 2026).

¹⁸ *Id.*

¹⁹ *Id.*

²⁰ 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 Jan. 23, 2026).

²¹ Section 393.062, F.S.

²² Section 20.197, F.S.

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-center/information/state-medicaid-plans-and-waivers> (last visited Jan. 21, 2026).

²⁴ Fla. Admin. Code R. 59G-13.080; 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 Jan. 21, 2026).

need the level of care provided in a hospital, nursing facility, or an intermediate care facility for individuals with intellectual disabilities.²⁶

Individual Budgeting (iBudget) Waiver

The Individual Budgeting (iBudget) Waiver is one of Florida’s HBCS federal waivers.²⁷ The APD administers the iBudget waiver in Florida for individuals with specified developmental disabilities who meet Medicaid eligibility requirements.²⁸ The iBudget program provides the client with an established budget; with this budget, the client may choose services within a specified service package that best allows them to live in their community.²⁹

The APD serves 36,707³⁰ individuals through iBudget Florida. Examples of waiver services include residential habilitation, behavioral services, personal supports, adult day care training, employment services, and occupational and physical therapy.³¹

iBudget Pre-Enrollment Categories

Based on the available slots in the iBudget waiver program, applicants may either be placed in the program or placed on a wait list if the demand exceeds available funding. The APD assigns each waitlisted client to a pre-enrollment category based on their needs. As more funding is available, clients are taken off the pre-enrollment categories and placed on the program, in descending priority order; meaning, the clients who have the highest needs are enrolled in the program first. The following table displays the number of individuals in the pre-enrollment categories as of February 13, 2026:

iBudget Pre-Enrollment Categories ³²		
Pre-Enrollment Category		Clients
Category 1	Clients in crisis	0
Category 2	Children in the Child Welfare System at the time of permanency or turning 18	0
Category 3	Intensive Needs	75
Category 4	Caregiver Over Age 60	286
Category 5	Clients transitioning from school	10
Category 6	Clients Age 21 and over who do not meet the criteria for categories 1, 2, 3, 4, or 5	8,356
Category 7	Clients Age 21 and younger who do not meet the criteria for categories 1, 2, 3, or 4	7,893
Total of Clients in Pre-Enrollment Categories		16,620

²⁶ 42 C.F.R., § 441.301(b).

²⁷ Florida Agency for Health Care Administration, *Florida Medicaid’s Covered Services and HCBS Waivers*, available at: <https://ahca.myflorida.com/medicaid/medicaid-policy-quality-and-operations/medicaid-policy-and-quality/medicaid-policy/florida-medicaid-s-covered-services-and-hcbs-waivers> (last visited Feb. 14, 2026).

²⁸ Section 393.0662, F.S.

²⁹ *Id.*

³⁰ Agency for Persons with Disabilities, *Home and Community Based Services (HCBS) Waiver Monthly Report for Waiver Enrollment Offers FY 2025-26, January 2026*, available at: <https://apd.myflorida.com/publications/reports/docs/Preenrollment%20Website%20Reporting%2020260213.pdf> (last visited Feb. 14, 2026)

³¹ Agency for Persons with Disabilities, *iBudget Florida Services*, available at: <https://apd.myflorida.com/ibudget/basics.htm> (last visited Feb. 14, 2026).

³² Agency for Persons with Disabilities, *Pre-Enrollment Numbers by Priority Category and County as of 02/13/2026*, available at <https://apd.myflorida.com/resources/reports.htm> (last visited Feb. 14, 2026).

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 pre-enrollment list for the iBudget program.³³ The AHCA received approval from the federal Centers for Medicare and Medicaid Services (CMS) to enroll 600 individuals within two of Florida's nine Medicaid regions on March 21, 2024.³⁴ By September 2025, 382 individuals were enrolled in the IDD program.³⁵

In 2025, the Legislature expanded eligibility requirements for the pilot program and extended the program statewide.³⁶ The program was expanded into the following three phases:

- To all individuals on the APD pre-enrollment list residing in Statewide Medicaid Managed Care Regions D or I immediately, eliminating the 600-member cap.
- To all individuals on the APD pre-enrollment list, statewide, on October 1, 2025.
- To all individuals with developmental disabilities enrolled in a Medicaid waiver program (iBudget or Medicaid Long-Term Care) on July 1, 2026.

The IDD program was renamed to the Intellectual and Developmental Disabilities Comprehensive Managed Care (ICMC) program in August 2025, and in September 2025, the AHCA received approval from federal CMS to expand the waiver statewide, effective October 1, 2025.³⁷

Participation in the pilot program is voluntary and limited to the number of enrollees specified in the General Appropriations Act.³⁸ As of December 1, 2025, 869 individuals were enrolled in the ICMC program.³⁹

To be eligible for the ICMC program, an individual must:

- Be Medicaid-eligible;
- Be 18 years or older;
- Have a qualifying diagnosis, including:
 - The individual's intelligence quotient (IQ) is 59 or less; or
 - The individual's IQ is 60-70 inclusive and the individual has a secondary handicapping condition that includes: Down syndrome; Cerebral palsy; Prader-Willi Syndrome; Spina

³³ Chapter 2023-243, Laws of Fla.

³⁴ Medicaid.gov, *FL Comprehensive Intellectual and Developmental Disabilities Managed Care Pilot Program (2346.R00.00)*, available at: <https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/161736> (last visited Feb. 14, 2026).

³⁵ Agency for Health Care Administration, *Intellectual and Developmental Disabilities Comprehensive Managed Care Program* (December 2025) available at: <https://ahca.myflorida.com/content/download/27804/file/2025%20ICMC%20Status%20Report.pdf> (last visited Feb. 14, 2026)

³⁶ Chapter 2025-130, Laws of Fla.

³⁷ Letter from George P. Failla, Jr., Director, Division of HCBS Operations and Oversight, Centers for Medicare & Medicaid Services (Sept. 11, 2025) (on file with the Senate Appropriations Committee on Health and Human Services).

³⁸ Section 409.9855(2)(a), F.S.

³⁹ Agency for Health Care Administration, *Intellectual and Developmental Disabilities Comprehensive Managed Care Program*

- bifida; Epilepsy; Autism; or ambulation, sensory, chronic health, and behavioral problems; or has an IQ of 60-70 inclusive and the individual has severe functional limitations in at least three major life activities including self-care, learning, mobility, self-direction, understanding and use of language, and capacity for independent living; or
- The individual is eligible under the category of Autism, Cerebral Palsy, Down Syndrome, Prader-Willi Syndrome or Spina bifida and the individual has severe functional limitations in at least three major life activities including self-care, learning, mobility, self-direction, understanding and use of language, and capacity for independent living.
 - Be place in any iBudget pre-enrollment category in any region (or, enrolled in the Long-Term Care managed care program effective July 1, 2026).⁴⁰

The following table provides the services that are included in the ICMC Program:

Covered Services in the Intellectual and Developmental Disabilities Comprehensive Managed Care Program⁴¹	
Adult Day Health Care	Personal Supports
Adult Dental Services	Physical Therapy
Assisted Living	Private Duty Nursing
Behavior Analysis Services	Professional and Home Care Services
Behavior Assistant Services	Residential Habilitation
Care Coordination	Residential Nursing
Dietitian Services	Respiratory Therapy
Environmental Accessibility Adaptations	Respite
Equipment and Supplies	Skilled Nursing
Home Delivered Meals	Specialized Medical Equipment & Supplies
Life Skills Development Level 1 – Companion	Specialized Medical Home Care
Life Skills Development Level 2 – Supported Employment	Specialized Mental Health Counseling
Life Skills Development Level 3 – Adult Day Training	Speech Therapy
Life Skills Development Level 4 – Prevocational Services	Supported Living Coaching
Medical Services	Therapy Services
Medication Administration	Transportation
Medication Management	Unpaid Caregiver Training
Occupational Therapy	Vaccines
Personal Emergency Response Systems	

Nursing Homes

Nursing homes in Florida are licensed under Part II of ch. 400, F.S., and provide 24-hour-a-day nursing care, case management, health monitoring, personal care, nutritional meals and special diets, physical, occupational, and speech therapy, social activities and respite care for those who

⁴⁰ Agency for Health Care Administration, *Comprehensive Intellectual and Developmental Disabilities Managed Care Waiver*, available at: <https://ahca.myflorida.com/site/medicaid/medicaid-policy-quality-and-operations/medicaid-policy-and-quality/medicaid-policy/federal-authorities/federal-waivers/comprehensive-intellectual-and-developmental-disabilities-managed-care-waiver> (last visited Feb. 14, 2026).

⁴¹ *Id.*

are ill or physically infirm.⁴² Currently, there are 695 nursing homes licensed in Florida.⁴³ Of the 695 licensed nursing homes, 670 are certified to accept Medicare or Medicaid and consequently must follow federal Centers for Medicare & Medicaid Services (CMS) requirements for nursing homes.⁴⁴

Medicaid Quality Incentive Program

The Medicaid Quality Incentive Program (QIP) was established to ensure continued quality of care in nursing home facilities.⁴⁵ The AHCA ranks all nursing home providers on 17 quality measures. Thirteen of these measures are based on data reported directly to federal CMS by providers. The remaining four are sources from the Medicaid Cost Report, Joint Commission on Accreditation, the Nursing Home Gold Seal Award, and the AHCA National Quality Award.⁴⁶ The quality metrics used include:

- **Process Measures**, which include flu vaccine, antipsychotic medication Antianxiety and Hypnotic, and restraint quality metrics.
 - Providers whose fourth quarter measure score is at or above the 90th percentile for a particular measure will be awarded 3 points, those scoring from the 75th up to 90th percentiles will be awarded 2 points, and those scoring from the 50th up to 75th percentiles will receive 1 point.
 - Providers who score below the 50th percentile and achieve a 20 percent improvement from the previous year will receive 0.5 points.
- **Outcome Measures**, which include urinary tract infections, pressure ulcers, falls, incontinence, hospitalizations per 1,000 long-stay resident days, registered nurse turnover, and decline in activities of daily living quality metrics.
 - Outcome Measures are scored and percentiles are calculated using the same methodology as Process Measures.
- **Structure Measures**, which include direct care staffing from the Medicaid cost report received by the rate setting cutoff date and social work and activity staff.
 - Structure Measures are scored and percentiles are calculated using the same methodology as Process Measures and Outcome Measures.
- **Credentialing Measures** which include federal CMS Overall 5-Star, Florida Gold Seal, Joint Commission Accreditation, and American Health Care Association National Quality Award.
 - Facilities assigned a rating of 3, 4, or 5 stars in the federal CMS 5- Star program will receive 1, 3, or 5 points, respectively.
 - Facilities that have either a Florida Gold Seal, Joint Commission Accreditation, or the silver or gold American Health Care Association National Quality Award on May 31 of the current year will be awarded 5 points.⁴⁷

⁴² Agency for Health Care Administration (AHCA), *Nursing Homes*, available at https://ahca.myflorida.com/MCHQ/Health_Facility_Regulation/Long_Term_Care/Nursing_Homes.shtml (last visited Feb. 11, 2026).

⁴³ AHCA, Florida Health Finder Report, available at <https://www.floridahealthfinder.gov/facilitylocator/ListFacilities.aspx> (last visited Feb. 11, 2026).

⁴⁴ *Id.*

⁴⁵ Chapter 2017-129, s. 8, Laws of Fla.

⁴⁶ Email from Jim Browne, Legislative Affairs Director, Agency for Health Care Administration (Feb. 23, 2026) (on file with the Senate Appropriations Committee on Health and Human Services).

⁴⁷ Fla. Admin. Code R. 59G-6.010(2)(y) (2025).

By statute, nursing homes must meet the minimum threshold of the 20 percentile of included facilities to receive a quality incentive add-on payment, which is set at 10 percent of the 2016 non-property related payments of included facilities.^{48 49} In the 2025-2026 federal fiscal year, the incentive pool totaled \$560 million with 567 of the 651 active providers receiving a quality incentive add-on to their rate.⁵⁰

Florida's Child Welfare System

Chapter 39, F.S., creates Florida's dependency system charged with protecting children who have been abused, abandoned, or neglected.⁵¹ Florida's child welfare system identifies children and families in need of services through reports to the central abuse hotline and child protective investigations.⁵² The Department of Children and Families (DCF) and community-based care (CBC) lead agencies⁵³ work with those families to address the problems endangering children, if possible. If the problems cannot be addressed, the child welfare system finds safe out-of-home placements for these children.⁵⁴

Child welfare services are directed toward the prevention of child abuse, abandonment, and neglect.⁵⁵ The DCF aims to increase the safety of the child within his or her home, using in-home services, such as parenting coaching and counseling to maintain and strengthen the child's natural supports in the home environment.⁵⁶ These services are coordinated by DCF-contracted CBCs. The outsourced provision of child welfare services is intended to increase local community ownership of the services provided and their design. Lead agencies contract with many subcontractors for case management and direct-care services to children and their

⁴⁸ Section 409.908(2)(b)1.e. and f., F.S.

⁴⁹ Chapter 2025-199, s. 25, Laws of Fla., changed the calculation of the minimum threshold to 33 percent of maximum available points and set the quality incentive add-on payment at 17.862 percent of the 2016 non-property related payments of included facilities. These changes expire July 1, 2026.

⁵⁰ Email from Jim Browne, Legislative Affairs Director, Agency for Health Care Administration (Feb. 25, 2025) (on file with the Senate Appropriations Committee on Health and Human Services).

⁵¹ Chapter 39, F.S.

⁵² See generally s. 39.101, F.S. (establishing the central abuse hotline and timeframes for initiating investigations).

⁵³ See s. 409.986(1)(a), F.S. (finding that it is the intent of the Legislature that the Department of Children and Families "provide child protection and child welfare services to children through contracting with CBC lead agencies"). A "community-based care lead agency" or "lead agency" means a single entity with which the DCF has a contract for the provision of care for children in the child protection and child welfare system, in a community that is no smaller than a county and no larger than two contiguous judicial circuits. Section 409.986(3)(d), F.S. The secretary of DCF may authorize more than one eligible lead agency within a single county if doing so will result in more effective delivery of services to children. *Id.*

⁵⁴ Chapter 39, F.S.

⁵⁵ Section 39.001, F.S.

⁵⁶ See generally The Department of Children and Families, *Florida's Child Welfare Practice Model*, available at: <https://www.myflfamilies.com/services/child-family/child-and-family-well-being/floridas-child-welfare-practice-model> (last visited Feb. 16, 2026).

families.⁵⁷ There are 18 lead agencies statewide that serve the states 20 judicial circuits.⁵⁸ Ultimately, the DCF remains responsible for the operation of the central abuse hotline and investigations of abuse, abandonment, and neglect.⁵⁹ Additionally, the department is responsible for all program oversight and the overall performance of the child welfare system.⁶⁰

Department of Children and Families

The DCF implements a practice model for child and family well-being that is safety-focused, trauma-informed, and family-centered. Such practices are intended to ensure:

- Permanency: Florida’s children should enjoy long-term, secure relationships within strong families and communities.
- Child Well-Being: Florida’s children should be physically and emotionally healthy and socially competent.
- Safety: Florida’s children should live free from maltreatment.
- Family Well-Being: Florida’s families should nurture, protect, and meet the needs of their children, and should be well integrated into their communities.⁶¹

Dependency System Process

When child welfare necessitates that the DCF remove a child from the home to ensure his or her safety, a series of dependency court proceedings must occur to place that child in an out-of-home placement, adjudicate the child as dependent, and, if necessary, terminate parental rights and free the child for adoption. This process is typically triggered by a report to the central abuse hotline and a child protective investigation that makes a safety determination as to whether the child should remain in his or her home, notwithstanding provided DCF services. Generally, the dependency process includes, but is not limited to:

- A report to the central abuse hotline.
- A child protective investigation to determine the safety of the child.
- In-home services or shelter of a child and an out-of-home placement.
- A court finding the child dependent.⁶²
- Case planning to address the problems that resulted in the child’s dependency.

⁵⁷ Department of Children and Families, *About Community-Based Care (CBC)*, available at: <https://www.myflfamilies.com/services/child-and-family-well-being/community-based-care/about> (last visited Feb. 16, 2026).

⁵⁸ Department of Children and Families, *Lead Agency Information*, available at: <https://www.myflfamilies.com/services/child-family/child-and-family-well-being/community-based-care/lead-agency-information> (last visited Feb. 16, 2026).

⁵⁹ Section 39.101, F.S.

⁶⁰ *Id.*

⁶¹ See generally Department of Children and Families (DCF), *Florida’s Child Welfare Practice Model*, available at: https://www.myflfamilies.com/sites/default/files/2022-12/FLCSPracticeModel_0.pdf (last visited Feb. 16, 2026).

⁶² A “child who is found to be dependent” refers to a child who is found by the court: to have been abandoned, abused, or neglected by the child’s parents or legal custodians; to have been surrendered to the DCF or licensed child-placing agency for the purpose of adoption; to have parents or legal custodians that failed to substantially comply with the requirements of a case plan for the purpose of reunification; to have been voluntarily placed with a licensed child-placing agency for the purposes of subsequent adoption; to have no parent or legal custodians capable of providing supervision and care; to be at substantial risk of imminent abuse, abandonment, or neglect; or to have been sexually exploited and to have no parent, legal custodian, or responsible adult relative available to provide the necessary and appropriate supervision. Section 39.01(15), F.S.

- Reunification with the child’s parent or other appropriate permanency option, such as adoption.⁶³

Central Abuse Hotline and Investigations

The department is statutorily required to operate and maintain a central abuse hotline to receive reports of known or suspected instances of child abuse,⁶⁴ abandonment,⁶⁵ or neglect,⁶⁶ or instances when a child does not have a parent, legal custodian, or adult relative available to provide supervision and care.⁶⁷ The hotline must operate 24 hours a day, 7 days a week, and accept reports through a single statewide toll-free telephone number or through electronic reporting.⁶⁸

If the hotline counselor determines a report meets the definition of abuse, abandonment, or neglect, the report is accepted for a protective investigation.⁶⁹ Based on the report, the department makes a determination regarding when to initiate a protective investigation:

- An investigation must be immediately initiated if:
 - It appears the child’s immediate safety or well-being is endangered;
 - The family may flee or the child will be unavailable for purposes of conducting a child protective investigation; or
 - The facts otherwise warrant; or
- An investigation must be initiated within 24 hours in all other cases of child abuse, abandonment, or neglect.⁷⁰

Once a child protective investigator (CPI) is assigned, the CPI assesses the safety and perceived needs of the child and family; whether in-home services are needed to stabilize the family; and whether the safety of the child necessitates removal and the provision of out-of-home services.⁷¹

⁶³ Office of the State Courts Administrator, The Office of Family Courts, *A Caregiver’s Guide to Dependency Court*, available at: <https://flcourts-media.flcourts.gov/content/download/218185/file/Web-Caregivers-Guide-Final-09.pdf> (last visited Feb. 16, 2026); *see also* ch. 39, F.S.

⁶⁴ Section 39.01(2), F.S. defines “abuse” as any willful or threatened act that results in any physical, mental, or sexual abuse, injury, or harm that causes or is likely to cause the child’s physical, mental, or emotional health to be significantly impaired.

⁶⁵ Section 39.01(1), F.S. defines “abandoned” or “abandonment” as a situation in which the parent or legal custodian of a child of, in the absence of a parent or legal custodian, the caregiver, while being able, has made no significant contribution to the child’s care and maintenance or has made no significant contribution to the child’s care and maintenance or has failed to establish or maintain a substantial and positive relationship with the child, or both. “Establish or maintain a substantial and positive relationship” means, in part, frequent and regular contact with the child, and the exercise of parental rights and responsibilities.

⁶⁶ Section 39.01(53), F.S. states “neglect” occurs when a child is deprived of, or is allowed to be deprived of, necessary food, clothing, shelter, or medical treatment or a child is permitted to live in an environment when such deprivation or environment causes the child’s physical, mental, or emotional health to be significantly impaired or to be in danger of being significantly impaired, except when such circumstances are caused primarily by financial inability unless services have been offered and rejected by such person.

⁶⁷ Section 39.201(1), F.S.

⁶⁸ Section 39.101(1), F.S.

⁶⁹ Section 39.201(4)(a), F.S.

⁷⁰ Section 39.101(2), F.S.

⁷¹ *See generally* s. 39.301, F.S. and part IV, ch. 39, F.S. (regulating taking children into custody and shelter hearings).

In-Home Services

The DCF is required to make all efforts to keep children with their families and provide interventions that allow children to remain safely in their own homes.⁷² CPIs and CBC case managers refer families for in-home services to allow children to remain in their own homes. As of October 31, 2025, there were 7,947 children and young adults receiving in-home services.⁷³

Out-of-Home Care

When a CPI determines that in-home services are not enough to ensure a child's safety, the CPI removes the child from the home and places him or her in a safe and appropriate temporary out-of-home placement.⁷⁴ These placements are aimed to be the least restrictive, most family-like placements available, and are intended to provide short-term housing and support to a child until the child can safely return home, or the child achieves an alternate form of permanency, such as adoption, if reunification is not attainable.⁷⁵ The DCF is required to consider a child's placement in the following priority order:

- Non-offending parent.
- Relative caregiver.
- Adoptive parent of the child's sibling.
- Fictive kin who has a close existing relationship to the child.
- Nonrelative caregiver who does not have an existing relationship to the child.
- Licensed foster care.
- Group or congregate care.⁷⁶

⁷² Sections 39.402(7), 39.521(1)(f), and 39.701(d), F.S.

⁷³ Florida Department of Children and Families, *Office of Child and Family Well-Being Dashboard*, available at: <https://www.myflfamilies.com/ocfw-dashboard> (last visited 11/10/25).

⁷⁴ Section 39.4021, F.S.

⁷⁵ Florida Department of Children and Families, *Florida's Child Welfare Practice Model*, available at: <https://www.myflfamilies.com/services/child-family/child-and-family-well-being/floridas-child-welfare-practice-model> (last visited 11/10/25).

⁷⁶ Section 39.4021, F.S.

Licensed Care Placements	
Placement Type	Description
Level I: Child-Specific Foster Home	Places a child with relatives or non-relatives who have an existing relationship with the child and are willing and able to provide care for the child.
Level II: Non-Child Specific Foster Home	Places a child with a foster parent without having a prior relationship between the child and foster parent.
Level III: Safe Foster Home for Victims of Human Trafficking	Places a victim of human trafficking in a safe and stable environment.
Level IV: Therapeutic Foster Home	Places a child with a foster parent that has received specialized training to care for children and adolescents that have significant emotional, behavioral, or social needs.
Group Homes	Places a child in a single family or multi-family community with no greater than 14 children to meet the physical, emotional, and social needs of the child.

Foster Care Room and Board Rates

Room and board rates for foster parents, including relative and nonrelative caregivers who are licensed as a level I foster home, and to relative and nonrelative caregivers who are participating in the Relative Caregiver Program and receiving payments pursuant to s. 39.5085(2)(d)1. or 2., F.S., are authorized in s. 409.145(3)(a), F.S., and adjusted each January for a prescribed cost-of-living increase pursuant to s. 409.145(3)(b), F.S.

The monthly room and board rates in effect as of January 1, 2026, are as follows:⁷⁷

- \$602.75 for children from birth to age 5;
- \$618.19 for children ages 6 to 12; and
- \$723.58⁷⁸ for youth and young adults ages 13 to 21.

A total of 14,710 children received a foster care room and board payment from the DCF on November 30, 2025.

Grief Support Services for Children

There are children who are suffering because of the loss of a loved one. One in six children in Florida will experience the death of a parent or sibling by age 25.⁷⁹

Valerie’s House is a dedicated nonprofit organization in Florida with the sole objective of helping children and families navigate the profound loss of a parent or sibling. The organization provides personalized therapy from qualified on-staff mental health professionals and peer grief

⁷⁷ DCF memo dated January 27, 2026

⁷⁸ Includes a statutory monthly stipend for this age group for independent life skills and normalcy supports.

⁷⁹ Valerie’s House, Inc., *Childhood Bereavement Grief in Our Region*, <https://valerieshouse.org/> (last visited Feb. 16, 2026).

support groups for families. Valerie’s House programs give grieving children ages 5 to 18 and their caregivers a safe place to heal. All services are provided at no cost to the family.⁸⁰

The organization includes support for the growing population of Floridians over the age of 65 who have stepped into the role of primary caregivers for their grandchildren following the death of their own children. To further stabilize these households, Valerie’s House provides family financial skills to surviving spouses and offers college and trade school scholarships to help grieving children to pursue a brighter future. The organization’s reach is embedded within the community through school support groups that serve vulnerable populations, including at-risk youth who may already be involved with the DCF or the justice system.

Since opening its doors in 2016, Valerie’s House has served more than 7,600 individuals and expanded to locations across Charlotte, Collier, Escambia, and Lee counties.

Individuals Served by Valerie’s House (2016-2023)						
Year	Caregivers	Children	Young Adults	Off-Site	Infant & Pregnancy	Total
2016	12	21				33
2017	15	24				39
2018	35	58				93
2019	197	242		13		452
2020	350	524	17	49		940
2021	390	638	18	145	21	1,212
2022	446	715	21	236	15	1,433
2023	532	905	21	240	5	1,703
2024	513	908	30	304	4	1,759
Total	2,490	4,035	107	987	45	7,664

Step Into Success Program

The Legislature created the Step into Success Workforce Education and Internship Pilot Program within the DCF’s Office of Continuing Care in 2023.⁸¹ The program is intended to help eligible foster youth and former foster youth as they develop professional skills and prepare for an independent and successful future.⁸²

Current foster youth who are older than 16 years of age but younger than 18 years of age are currently in licensed care, excluding Level I licensed placements, are eligible for the Step into Success program.⁸³ Former foster youth who are 18 years of age but younger than 26 years of

⁸⁰ Valerie’s House Inc., *Grief Unites Us Our 2024-2025 Report to the Community*, available at: <https://valereshouse.org/annual-reports> (last visited Feb. 16, 2026).

⁸¹ Chapter 2023-255, Laws of Fla.

⁸² Florida Department of Children and Families, *Step into Success Pilot Program*, available at: <https://www.myflfamilies.com/youth-young-adults> (last visited Feb. 16, 2026).

⁸³ Section 409.1455(3)(c), F.S.

age who are currently in or were in licensed care, excluding Level I licensed placements, for at least 60 days, are also eligible for the program.⁸⁴

To date, there have been three cohorts of the Step into Success Pilot Program, with over 30 eligible former foster youth beginning internships in the Tallahassee and Orlando areas.⁸⁵ The DCF engages with former foster youth to ascertain career fields they may be interested in. Subsequently, the DCF pairs the foster youth with a mentor that works in that career field, providing the foster youth with the opportunity to experience the career field they are interested in first-hand.

Eligibility for the Step into Success Program

The Step into Success Pilot Program determines eligibility for the program by involvement in the foster care system. Each level of licensed foster care varies in service levels based on the foster child's needs for the out-of-home placement. The following chart displays the levels of licensed care.⁸⁶

Independent Living Professionalism and Workforce Education Component

During the workforce education component of the Step into Success program, the Office of Continuing Care may provide participants with resources such as workshops, mock interviews, experiential training, and assistance with securing an internship or employment.⁸⁷ Such materials must include education on topics that include, but are not limited to, the following:

- Interview skills.
- Professionalism.
- Teamwork.
- Leadership.
- Problem solving.
- Conflict resolution in the workplace.⁸⁸

Onsite Workforce Training Internship Component

Upon completion of the workforce education component of the program, eligible former foster youth may begin the workforce training internship. Participating individuals are paired with a mentor that has worked for the participating organization for at least one year and has completed a minimum of one hour of trauma-informed training to gain critical skills for successfully engaging former foster youth.⁸⁹ In the current cohorts, 100 percent of mentors reported they would mentor with the program again. Feedback suggested an increase in training requirements to better equip mentors with trauma-informed strategies for engaging with former foster youth.⁹⁰

⁸⁴ Section 409.1455(3)(b), F.S.

⁸⁵ December 3, 2025 E-mail from Chancer Teel, Legislative Affairs Director, the DCF (on file with the Senate Committee on Children, Families, and Elder Affairs).

⁸⁶ See generally Florida Department of Children and Families, *Foster Home Licensing*, available at: <https://www.myflfamilies.com/services/licensing/foster-care-licensing> (last visited Feb. 16, 2026).

⁸⁷ Section 409.1455(5), F.S.

⁸⁸ *Id.*

⁸⁹ Section 409.1455 (7), F.S.

⁹⁰ December 3, 2025 E-mail from Chancer Teel, Legislative Affairs Director, the DCF (on file with the Senate Committee on Children, Families, and Elder Affairs).

Additionally, mentors lead monthly performance reviews of the intern, to review his or her work product, professionalism, time management, communication style, and stress-management strategies. Mentors are eligible to receive a maximum payment of \$1,200 per intern per fiscal year, issued as a \$100 monthly payment for every month of service as a mentor. Employees may mentor three interns at one time, and may not receive more than \$3,600 in compensation per fiscal year.⁹¹

Participating foster youth are required to intern for 80 hours per month to be eligible to receive the monthly stipend payment of \$1,517.⁹² This stipend is not considered earned income for the purposes of computing eligibility for federal or state benefits; however, if an individual's benefits are reduced or lost due to receipt of such stipend, the individual may receive an offset by an additional stipend equal to the value of the maximum benefit amount for a single person allowed under the Supplemental Nutrition Assistance Program (\$298 monthly per a one-person household).⁹³ Interns may participate in the internship for no more than one year and receive 12 monthly stipends. A former foster youth may intern with multiple participating organizations, but not at the same time.⁹⁴

Step into Success Program Successes

While a very new program, the Step into Success cohorts have shown positive employment outcomes for former foster youth who participated in the internship component. Through the program, participants have improved their professionalism, communication skills, time management strategies, and workplace adaptability – skills that employers repeatedly identify as essential for success.

In Cohort 1, the participants were able to secure internships with various organizations in fields such as music business, real estate, nursing, public health, culinary arts, graphic design, and law. Some of the early reported wins are as follows:

- 73 percent of participants in Cohort 1 completed more than 11 months in the internship.
- 53 percent of participants in Cohort 1 were offered employment at the completion of their internship, with a majority of those with the organization in which they interned.
- 100 percent of Cohort 1 mentors report they would recommend being a mentor to a co-worker or colleague, 67 percent of these mentors were mentoring a youth with child welfare lived experience for the first time.
- Participants have reported increased confidence and experience in the workplace.⁹⁵

The DCF has reported that Cohorts 2 and 3 in Tallahassee and Orlando have a combined 22 participants who started and completed the workforce education and professionalism component of the Step into Success program, with 15 starting an internship, 3 pending placement, and 1

⁹¹ *Id.*

⁹² Section 409.1455(10), F.S. and Florida Department of Children and Families, *Step into Success Pilot Program*, available at: <https://www.myflfamilies.com/youth-young-adults> (last visited Feb. 16, 2026).

⁹³ Section 409.1455(10)(d), F.S.; USDA Food and Nutrition Service, *SNAP Eligibility*, available at: <https://www.fns.usda.gov/snap/recipient/eligibility> (last visited Jan. 7, 2026).

⁹⁴ Section 409.1455, F.S.

⁹⁵ December 3, 2025 E-mail from Chancer Teel, Legislative Affairs Director, the DCF (on file with the Senate Committee on Children, Families, and Elder Affairs).

finding full-time employment outside of the program.⁹⁶ These participants have stated that the workforce education training component helped them learn and understand various workforce skills, commenting on the following about the training:

- “Useful feedback about how my skills might not be suited for this specific job, but the interviewer shared how my skills would be a great fit for another position and helped guide me towards that application.”
- “There are resources and people willing to help.”
- “Confidence. Belief in myself and knowledge about how to take it to that next step.”
- “This is amazing – a lot of people can get a lot of things out of this training.”
- “I’ve learned more in 3 days than I did in school the whole time.”
- “I can’t wait to start working.”⁹⁷

Community-Based Care (CBC) Lead Agencies Carry Forward

CBCs may carry forward documented unexpended state funds from one fiscal year to the next; however, the cumulative amount carried forward may not exceed eight percent of the total contract. Any unexpended state funds in excess of that percentage must be returned to the DCF.⁹⁸

Funds that are carried forward cannot be used to create ongoing future costs and cannot be used for any program or service that is not already authorized under the existing contract with the DCF. Any spending of carried-forward funds must be reported separately to the department. Any funds that remain unspent at the end of the contract period must be returned to the department. Carried-forward funds may continue to be retained through contract renewals or new procurements, provided the DCF keeps the same lead agency under contract.⁹⁹

The contract periods for CBCs and managing entities are typically for five years. Unlike managing entities which are permitted to carry forward up to eight percent of the annual amount of their contract,¹⁰⁰ CBCs are allowed to carry forward up to eight percent of their total five-year contract amount. If a CBC has a negative balance at the end of a fiscal year, the CBC may take out a loan, or apply for risk pool funds,¹⁰¹ or request an additional legislative appropriation of general revenue funds to the DCF on the CBC’s behalf.

III. Effect of Proposed Changes:

Section 1 amends s. 216.136, F.S., to direct the Social Services Estimating Conference to develop official information relating to the pilot program for individuals with developmental disabilities. The information must include data related to caseloads, utilization of services, and program expenditures to be used for planning and budgeting.

⁹⁶ *Id.*

⁹⁷ *Id.*

⁹⁸ Chapter 409.990(5), F.S.

⁹⁹ *Id.*

¹⁰⁰ Section 394.9082(9)(a), F.S.

¹⁰¹ Section 409.990(8)(a), F.S.

Section 2 amends s. 394.495, F.S., to authorize the Department of Children and Families (DCF) to contract with Valerie's House, Inc., a mental health support program that provides free child grief support services to bereaved children and their caregivers. The contract is subject to the annual appropriation of funds by the Legislature.

Section 3 amends s. 409.145(3)(a), F.S., to increase the amount of room and board payments for foster parents, including relative and nonrelative caregivers who are licensed as a level I foster home, and to relative and nonrelative caregivers who are participating in the Relative Caregiver Program and receiving payments pursuant to s. 39.5085(2)(d)1. or 2., F.S., as follows:

- \$663.03 monthly for children from birth to age 5 (previously \$602.75);
- \$680.01 monthly for children ages 6 to 12 (previously \$618.19); and
- \$795.94 monthly for youth and young adults ages 13 to 21 (previously \$723.58).

Section 4 amends s. 409.1455, F.S., to make the Step into Success Workforce Education and Internship Pilot Program into a permanent statewide program within the Office of Continuing Care (office) at the DCF.

The bill requires the development of future cohorts of the Step into Success program within the DCF's regions and requires the office to collaborate with local chambers of commerce to recruit mentors and organizations, emphasizing the following counties: Duval, Escambia, Hillsborough, Palm Beach, and Polk.

The bill allows the office to connect eligible former foster youth with existing third-party mentorship organizations who have an interest in such organizations' programs.

The bill also requires that trauma-informed training for mentors must include interactive or experiential components, such as role-playing, scenario discussion, or case studies. Mentors are required to complete a 1-hour training before being matched with a former foster youth; the training must cover core topics that include, but are not limited to, the following:

- Understanding trauma and its impacts.
- Recognizing and responding to trauma-related behaviors.
- De-escalation strategies and crisis response.
- Boundaries and mentor self-care.
- Communication skills.

The DCF may offer subsequent one-hour trainings annually and optional one-hour online trainings for mentors. The bill requires the office to inform local participating organizations of such optional training opportunities. The bill allows employees who have worked in their career field or area, rather than a participating organization, for at least one year to be eligible to serve as a mentor, which allows employees who have recently moved jobs but are subject matter experts to serve as mentors.

The bill increases the monthly stipend for all participants from \$1,517 to \$1,717, and removes the stipend offset that allows participants to recover any reduction in public benefits due to the receipt of the stipend. The bill requires the DCF to assign experienced staff to serve as program liaisons who are available to support mentors during the internship period.

Section 5 creates s. 409.1475, F.S., to establish the Foster and Family Support Grant Program within the DCF to award grants to nonprofit faith-based organizations to strengthen and support their efforts to recruit and retain foster, adoptive, kinship families, and other families caring for vulnerable children in underserved and rural communities.

The program must emphasize sustained, community-based support beyond initial licensure or training to improve caregiver retention and outcomes for children. Funds shall be used to provide education, training, and technical assistance to eligible faith-based organizations involved in foster care, adoption, and family preservation activities, and to support the development of trauma-informed, community-based support systems for families throughout the caregiving continuum.

Allowable uses of funds include, but are not limited to:

- Outreach and recruitment activities to increase the number of licensed foster and adoptive families;
- Training and support for organizations and volunteers assisting foster, adoptive, kinship, and families;
- Trauma-informed training, coaching, and counseling services for caregivers, families, and individuals involved in supporting children in out-of-home care or at risk of entry into care;
- Program support and other activities to strengthen local capacities to support foster, adoptive, and kinship families and families;
- Expansion of foster parent training initiatives designed to improve caregiver engagement, retention, and placement stability;
- Development of volunteer-based wraparound support services for families, including kinship caregivers;
- Assistance with essential family needs for families actively fostering, adopting, or pursuing licensure, consistent with federal and state law; and
- Ongoing family mentoring and peer support to promote placement stability, permanency, and family well-being.

Grant recipients must submit reports to the DCF in a format and at intervals prescribed by the department. The DCF must ensure that reports are submitted at least annually.

The DCF may adopt rules to implement this section.

Section 6 amends s. 409.908, F.S., to revise the Quality Incentive Program (QIP) Payment Pool from 10 percent to 14.77 percent of September 2016 non-property related payments of included facilities. The bill also changes the threshold to qualify for QIP payments from the top 20 percentile of participating facilities to achieving 33 percent of total available points. In addition, the Agency for Health Care Administration (AHCA) is also directed during the next rebasing of the QIP, to consider adopting recommendations proposed in the Study of Nursing Home Quality Incentive Programs Final Report and delay implementation of any methodology or scoring changes for one year after recalculated scores are publicly released.

Section 7 amends s. 409.9855, F.S., to direct the AHCA to collect and analyze data needed to project program enrollment costs, caseload, utilization of services, rates, and program

expenditures related to the pilot program for individuals with developmental disabilities for the next three years.

Section 8 amends s. 409.990, F.S., to authorize community-based care lead agencies to carry forward up to eight percent of unexpended state funds of their annual contract amount instead of the cumulative contract total.

Sections 9 through 13 reenact ss. 39.5085(2)(d), 39.6225(5)(d), 393.065(5)(b), and 409.1451(2)(b), F.S., respectively, to incorporate by reference the bill's amendments to s. 409.145, F.S.

Section 14 amends s. 414.56(5), F.S., to rename the Step Into Success Workforce Education and Internship Pilot Program to the Step into Success Workforce Education and Internship Program for current and foster youth as required under s. 409.1455, F.S., and amended in Section 4 of the bill.

The bill takes effect July 1, 2026.

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:

Nursing homes that qualify for the Medicaid Nursing Home Quality Incentive Program are expected to experience a positive fiscal impact. The Senate's proposed Fiscal Year 2026–2027 General Appropriations Act includes \$67,996,374 to increase quality payments for eligible facilities.¹⁰²

C. Government Sector Impact:

The bill conforms to SPB 2500, the Senate's proposed Fiscal Year 2026-2027 General Appropriations Act, which includes the following appropriations:

- \$2,550,000 in recurring funds from the General Revenue Fund to the Department of Children and Families (DCF) to contract with Valerie's House, Inc., to provide grief support services to bereaved children and youth and their caregivers at no cost.
- \$11,137,504 in recurring funds, including \$10,726,284 from the General Revenue Fund and \$411,220 from the Federal Grants Trust Fund, to the DCF to increase foster care room and board rates.
- \$3,449,490 from the General Revenue Fund, including \$3,392,448 in recurring funds and \$57,042 in nonrecurring funds, as well as nine full-time equivalent positions and associated Salary Rate of 567,175, to the DCF for the statewide expansion of the Step into Success program.
- \$5,000,000 in recurring funds from the General Revenue Fund for the DCF to administer the Foster and Family Support Grant Program, awarding grants to nonprofit, faith-based organizations to support the recruitment of foster, kinship, and adoptive families, and families caring for vulnerable children in underserved and rural communities.

Intellectual & Developmental Disabilities Comprehensive Managed Care Social Services Estimating Conference

The inclusion of the Intellectual and Developmental Disabilities Comprehensive Managed Care (ICMC) program within the Social Services Estimating Conference (SSEC) may have an indeterminate fiscal impact on state expenditures and revenues. Formal consensus estimating of ICMC enrollment and per-recipient costs could influence future recurring appropriation levels to the extent projected growth is incorporated into the budget.

Depending on enrollment trends and cost drivers, inclusion in the SSEC process could result in upward pressure on state expenditures if consensus estimates exceed current appropriations. Conversely, improved forecasting and earlier identification of caseload trends may reduce the likelihood of midyear deficits, supplemental appropriations, or unanticipated budget amendments.

¹⁰² SPB 2500, Specific Appropriations 220, 234, and 235.

Accordingly, the overall fiscal impact is indeterminate and may be positive or negative depending on enrollment, utilization, and expenditure trends reflected in the consensus estimating process.

Community-Based Care Lead Agencies Carryforward

Section 8 of the bill revises the maximum amount of funds that community-based care lead agencies (CBCs) may carry forward from one fiscal year to the next, reducing the limit from eight percent of the total contract amount to eight percent of the annual contract amount. To the extent that a CBC has an unobligated carryforward cash balance above eight percent of the total annual contract amount, the bill will have an indeterminate positive fiscal impact on state revenues. The following table provides the contract amounts by CBC:

CBC Lead Agency	Total Cumulative Contract	8% of Cumulative Contract	8% of Annual Allocation
ChildNet - Broward	\$ 463,526,084	\$ 37,082,087	\$ 7,416,417
ChildNet - Palm Beach	\$ 310,472,737	\$ 24,837,819	\$ 4,967,564
Children's Network of Hillsborough	\$ 574,979,610	\$ 45,998,369	\$ 9,199,674
Children's Network of SW Florida	\$ 381,673,760	\$ 30,533,901	\$ 6,106,780
Citrus Health Network	\$ 602,571,789	\$ 48,205,743	\$ 9,641,149
Community Connected for Kids	\$ 195,876,014	\$ 15,670,081	\$ 3,134,016
Community Partnership for Children	\$ 312,854,130	\$ 25,028,330	\$ 6,257,083
Family Partnerships of Central Florida	\$ 683,597,442	\$ 54,687,795	\$ 10,937,559
Family Support Services of North FL	\$ 406,247,001	\$ 32,499,760	\$ 6,499,952
Family Support Services of Suncoast	\$ 663,537,717	\$ 53,083,017	\$ 13,270,754
Heartland for Children	\$ 339,289,084	\$ 27,143,127	\$ 5,428,625
Kids Central, Inc.	\$ 384,114,438	\$ 30,729,155	\$ 7,682,289
Kids First of Florida	\$ 91,809,906	\$ 7,344,792	\$ 1,468,958
Northwest Florida Health Network-East	\$ 283,942,550	\$ 22,715,404	\$ 4,543,081
Northwest Florida Health Network-West	\$ 421,309,200	\$ 33,704,736	\$ 6,740,947
Partnership for Strong Families	\$ 263,627,849	\$ 21,090,228	\$ 4,218,046
Safe Children Coalition	\$ 262,514,632	\$ 21,001,171	\$ 4,200,234
St. Johns BOCC/FIP	\$ 56,744,674	\$ 4,539,574	\$ 907,915
	\$ 6,698,688,617	\$ 535,895,089	\$ 112,621,043

VI. Related Issues:

None.

VII. Statutes Affected:

This bill substantially amends the following sections of the Florida Statutes: 39.01, 216.136, 394.495, 409.145, 409.1455, 409.908, 409.9855, 409.990, and 414.56.

This bill creates section 409.1475 of the Florida Statutes.

This bill reenacts the following sections of the Florida Statutes: 39.5085, 39.6225, 393.065, and 409.1451.

VIII. Additional Information:

A. Committee Substitute – Statement of Changes:

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

None.

B. Amendments:

None.

This Senate Bill Analysis does not reflect the intent or official position of the bill's introducer or the Florida Senate.
