

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 Fiscal Policy

BILL: CS/CS/SB 794

INTRODUCER: Appropriations Committee on Health and Human Services; Children, Families, and Elder Affairs Committee; and Senator Jones

SUBJECT: Agency for Persons with Disabilities

DATE: February 27, 2026 REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	<u>Fiore</u>	<u>Tuszynski</u>	<u>CF</u>	<u>Fav/CS</u>
2.	<u>Howard</u>	<u>McKnight</u>	<u>AHS</u>	<u>Fav/CS</u>
3.	<u>Fiore</u>	<u>Siples</u>	<u>FP</u>	<u>Pre-meeting</u>

Please see Section IX. for Additional Information:

COMMITTEE SUBSTITUTE - Substantial Changes

I. Summary:

CS/CS/SB 794 strengthens protections for individuals with developmental disabilities by expanding the definition of development disabilities, enhancing workforce screening and improving the quality, consistency, and accountability of support coordination services statewide. Specifically, the bill:

- Adds Tatton-Brown-Rahman syndrome (TBRS) to the definition of “developmental disability,” thereby qualifying someone diagnosed with TBRS to receive services from the Agency for Persons with Disabilities (APD);
- Expands Level 2 background screening requirements to include all employees, not just managers and supervisors, of residential facilities and adult day training programs licensed under ch. 393, F.S.;
- Requires the APD to contract with a state university to develop and administer surveys of owners and operators of qualified organizations that provide care coordination services;
- Requires the APD to solicit input on enhancing waiver support coordinator services from relevant stakeholders and conduct at least one public hearing for this purpose in each service region of the state;
- Requires the APD to conduct or contract for a gap analysis to assess the caseload capacity of support coordinators; and
- Requires the APD to submit a report to the Governor and Legislature.

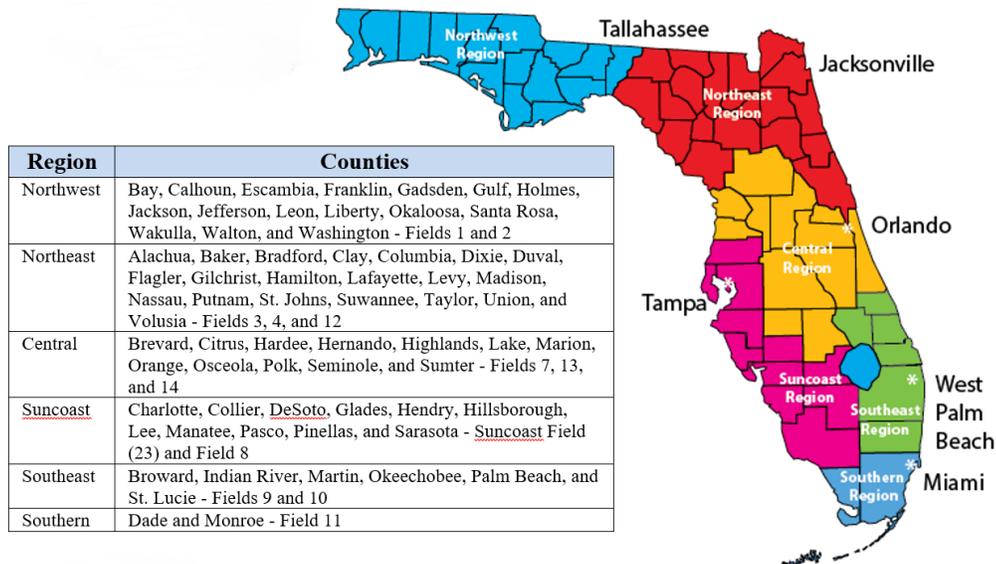
The bill will likely have a significant, negative fiscal impact on the private and public sector. See **Section V., Fiscal Impact Statement.**

Except as otherwise expressly provided in the bill, the bill takes effect July 1, 2026.

II. Present Situation:

Agency for Persons with Disabilities (APD)

The APD is the state agency responsible for providing services to persons with developmental disabilities throughout Florida.¹ Legislative intent stipulates that the greatest priority shall be 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.² In furtherance of this directive, the APD administers several programs, including residential services, adult day training programs, and the Developmental Disabilities Individual Budgeting (iBudget) Home and Community-Based Services Waiver. In addition to a central headquarters in Tallahassee, the APD operates a total of six regional offices and 14 field offices throughout the state, as detailed below.³



Eligibility Determination

To receive services, an individual must have a condition that meets the statutory definition of developmental disability and be determined eligible by the APD following review of medical, psychological, and functional documentation.⁴ Current law defines a developmental disability as a disorder or syndrome that:

- Is attributable to one of several specifically enumerated conditions;

¹ Chapter 393, F.S.; see also Agency for Persons with Disabilities, *Who We Are, Who We Serve*, <https://apd.myflorida.com/about/howweare.htm> (last visited on 02/05/2026).

² Section 393.062, F.S.

³ Agency for Persons with Disabilities, *Local Offices*, available at: <https://apd.myflorida.com/region/> (last visited on 02/05/2026).

⁴ Section 393.065, F.S.; and 65G-4.017, F.A.C.

- Manifests before age 18; and
- Constitutes a substantial handicap expected to continue indefinitely.⁵

The currently enumerated qualifying conditions include:

- Intellectual disability;
- Cerebral palsy;
- Autism;
- Spina bifida;
- Down syndrome;
- Phelan-McDermid syndrome; and
- Prader-Willi syndrome.⁶

Even when eligibility for services is established, if funding is unavailable, individuals may be placed on the APD priority-based pre-enrollment list that ranks individuals according to their urgency of need.⁷

Tatton-Brown-Rahman syndrome (TBRS)

TBRS, first identified in 2014, is a rare genetic overgrowth disorder caused by mutations in the DNMT3A gene.⁸ It is associated with tall stature, increased weight or obesity, abnormal spine curvature, large head circumference, joint hypermobility, cardiac issues, blood cancers, seizures, and mild to severe intellectual disability. However, not all individuals have every clinical finding reported and the syndrome varies considerably in its severity.⁹ Individuals have been diagnosed at different ages, and the syndrome seems to affect males and females equally.¹⁰

The incidence and prevalence of TBRS is unknown. Since 2014, there have been approximately 450 known TBRS diagnoses worldwide.¹¹ In 2022, a known sample of 202 TBRS cases showed 90 cases were from North America and 89 were from Europe.¹² Current therapies for TBRS involve management of symptoms. For example, speech therapy and occupational therapy may help individuals with TBRS develop necessary skills. Behavioral therapy may also be helpful for individuals with TBRS, and physical therapy may be useful to treat low muscle tone and orthopedic problems.¹³

⁵ Section 393.063(11), F.S.

⁶ *Id.*

⁷ Section 393.065(5), F.S.

⁸ National Library of Medicine, *Tatton-Brown-Rahman Syndrome*, <https://www.ncbi.nlm.nih.gov/books/NBK581652/#> (last visited on 02/25/2026).

⁹ National Organization for Rare Disorders, *Tatton Brown Rahman Syndrome*, <https://rarediseases.org/rare-diseases/tatton-brown-rahman-syndrome/> (last visited on 02/25/20216).

¹⁰ *Supra*, note 8.

¹¹ TBRS Community, *Tatton Brown Rahman Syndrome (TBRS) and DNMT3A Patient Registry*, <https://tbrsregistry.iamrare.org/> (last visited on 02/25/2026).

¹² National Library of Medicine, *DNMT3A Overgrowth Syndrome is Associated with the Development of Hematopoietic Malignancies in Children and Young Adults*, <https://pmc.ncbi.nlm.nih.gov/articles/PMC8777205/#:~:text=The%20incidence%20of%20DOS%20is,estimated%20prevalence%20of%20%E2%88%BC4%25> (last visited on 2/26/2026).

¹³ *Supra*, note 9.

Residential Facilities and Adult Day Training

A residential facility is a facility that provides room and board and personal care for people who have developmental disabilities.¹⁴ The APD licenses several types of residential facilities, including:

- **Foster care facilities** which provide a family living environment including supervision and care necessary to meet the physical, emotional, and social needs of its residents;¹⁵
- **Group homes** which provide a family living environment including supervision and care necessary to meet the physical, emotional, and social needs of its residents;¹⁶ and
- **Residential habilitation centers** which are community residential facilities that provide habilitation services that assist the recipient to acquire, maintain, or improve skills related to activities of daily living.¹⁷

Adult day training services support iBudget clients in meaningful and valued routines of the community, such as volunteering, job exploration, accessing community resources, and self-advocacy. Adult day training programs take place in a nonresidential setting, separate from the home or facility where a client resides.¹⁸ Services can include meaningful day activities and training in the activities of daily living, adaptive skills, and employment. The training, activities, and routine established by the trainer must be meaningful to the recipient and provide an appropriate level of variation and interest. These services generally are offered for individuals age 22 and above, when a recipient is out of the public-school system.¹⁹

Background Screening of Direct Service Providers

Chapter 393, F.S., establishes minimum standards for the background screening of direct service providers who are unrelated to their clients. Specifically, it requires Level 2 employment screening, as defined in c. 435, F.S., for direct service providers, including support coordinators, and *managers and supervisors* of licensed residential facilities or adult day training programs and any other persons, including volunteers, who provide care or services, who have access to clients' living areas or personal property.²⁰ Other employees of residential facilities or adult day training programs are not expressly identified in statute as subject to screening.

The background screening under c. 393, F.S., entails the following:

- Employment history checks as provided in s. 435.03(1), F.S.;
- Fingerprint-based state and national criminal history checks;
- Searches of sexual offender and predator registries; and

¹⁴ Section 393.063(33), F.S.

¹⁵ Section 393.063(18), F.S.

¹⁶ Section 393.063(19), F.S.

¹⁷ Section 393.063(35), F.S.; and Agency for Persons with Disabilities, *Residential Services*, <https://apd.myflorida.com/providers/residential.htm> (last visited on 02/10/2026).

¹⁸ Section 393.063(1), F.S.

¹⁹ Agency for Health Care Administration, *Florida Medicaid Developmental Disabilities Individual Budgeting Waiver Services Coverage and Limitations Handbook* (May 2023), at pg. 2-20, available at <https://www.apd.myflorida.com/ibudget/docs/iBudget%20Handbook%20with%20ADT%20Redesign%20Final.pdf> (last visited on 02/10/2026).

²⁰ Section 393.0655(1), F.S.

- Review of disqualifying offenses listed in s. 435.04, F.S.²¹

In addition to the disqualifying offenses listed in s. 435.04, F.S., chapter 393, F.S., specifies the following violations of law as disqualifying.²²

- Any authorizing statutes, if the offense was a felony.²³
- Chapter 393, F.S., if the offense was a felony.
- Section 409.920, F.S., relating to Medicaid provider fraud.
- Section 409.9201, F.S., relating to Medicaid fraud.
- Section 817.034, F.S., relating to fraudulent acts through mail, wire, radio, electromagnetic, photoelectronic, or photooptical systems.
- Section 817.234, F.S., relating to false and fraudulent insurance claims.
- Section 817.505, F.S., relating to patient brokering.
- Section 817.568, F.S., relating to criminal use of personal identification information.
- Section 817.60, F.S., relating to obtaining a credit card through fraudulent means.
- Section 817.61, F.S., relating to fraudulent use of credit cards, if the offense was a felony.
- Section 831.01, F.S., relating to forgery.
- Section 831.02, F.S., relating to uttering forged instruments.
- Section 831.07, F.S., relating to forging bank bills, checks, drafts, or promissory notes.
- Section 831.09, F.S., relating to uttering forged bank bills, checks, drafts, or promissory notes.

The following individuals are exempt from these screening requirements.

- Volunteers assisting less than 10 hours per month under continuous supervision of someone who has been screened;²⁴
- Licensed health care professionals regulated by the Department of Health acting within the scope of their licenses;²⁵
- Individuals selected and paid directly by a client or the client's family;²⁶ and
- Persons 12 years of age or older, including family members, residing with a direct services provider who provides services to clients in his or her own place of residence (subject only to delinquency records screening).²⁷

As of January 2026, there are currently 5,880 providers who administer services to the APD's clients. Of these, 70,636 employees have completed background screening.²⁸

²¹ Section 393.0655(1), F.S.

²² Section 393.0655(5), F.S.

²³ The term "authorizing statutes" refers to the statutory provisions that authorize and regulate the licensure or operation of the facility, program, or service that is subject to the background screening. Accordingly, any felony offense prohibited under statutes authorizing the regulated activity, constitutes a disqualifying offense for purposes of background screening.

²⁴ Section 393.0655(1)(a), F.S.

²⁵ Section 393.0655(1)(b), F.S.

²⁶ Section 393.0655(1)(c), F.S.

²⁷ Section 393.0655(1)(d), F.S.

²⁸ Agency for Persons with Disabilities, 2026 Agency Legislative Bill Analysis SB 794, on file with the Committee on Children, Families, and Elder Affairs.

The Department of Children and Families is the agency that facilitates and conducts employment screening for programs relating to children and vulnerable adults.²⁹ For individuals who are disqualified from employment due to their criminal history, c. 435, F.S., includes an exemption process. An exemption allows that individual to be employed in a profession or workplace where background screening is statutorily required despite the disqualifying offense in that person's past if that person meets certain criteria. The individual must demonstrate by clear and convincing evidence that they have been rehabilitated, will not present a danger, and should not be disqualified from employment.³⁰ The agency head may grant the exemption from disqualification if all court ordered fees, fines, liens, applications, costs of prosecution, trusts, or restitution have been paid, and either:³¹

- Two years have elapsed since the individual has completed or been lawfully released from confinement supervision, or nonmonetary condition imposed by a court for a disqualifying felony; or
- The individual has completed or been lawfully released from confinement, supervision, or nonmonetary condition imposed by a court for a misdemeanor or an offense that was a felony at the time of commission but is now a misdemeanor.

Receiving an exemption allows that individual to work despite the disqualifying crime in that person's past. However, an individual who is considered a sexual predator,³² career offender,³³ or a registered sexual offender³⁴ is not eligible for exemption.³⁵

The Care Provider Background Screening Clearinghouse (Clearinghouse) is a single statewide screening program, administered by the Agency for Health Care Administration, in consultation with the Florida Department of Law Enforcement, which allows for results of criminal history checks of persons acting as covered care providers to be shared among specified agencies.³⁶ The Clearinghouse allows for constant review of new criminal history information through the federal Rap Back Service,³⁷ which continually matches fingerprints retained in the Clearinghouse against fingerprints received for new arrests that occur after the individual was originally screened.³⁸ Once a person's screening record is in the Clearinghouse, that person may avoid the need for any future state screens and related fees for screenings, depending on the screening agencies or organizations.³⁹

²⁹ Section 435.02(2), F.S.; and *see generally* Florida Department of Children and Families, *Background Screening*, available at <https://myflfamilies.com/services/background-screening> (last visited on 02/10/2026).

³⁰ Section 435.07, F.S.

³¹ *Id.*

³² Section 775.21, F.S.

³³ Section 775.261, F.S.

³⁴ Section 943.0435, F.S.

³⁵ Section 435.07(4)(b), F.S.

³⁶ Section 435.12, F.S.

³⁷ The Rap Back Service is managed by the FBI's Criminal Justice Information Services Division. For more information, see the Federal Bureau of Investigation, *Privacy Impact Assessment for the Next Generation Identification (NGI) Rap Back Service*, available at <https://www.fbi.gov/file-repository/pia-ngi-rap-back-service.pdf/view> (last visited on 02/10/2026).

³⁸ Section 435.12(2), F.S.

³⁹ Agency for Health Care Administration, *Clearinghouse Renewals*, available at https://ahca.myflorida.com/MCHQ/Central_Services/Background_Screening/Renewals.shtml (last visited on 02/10/2026). Fingerprints are retained for five years. Employers have an option to renew screenings at the end of the five-year period through a "Clearinghouse Renewal" process which allows employee's fingerprints to be retained without being re-fingerprinted.

Support Coordination Services and Qualified Organizations

The APD contracts with qualified organizations to provide support coordination services to individuals receiving services through the iBudget waiver.⁴⁰ Support coordinators assist clients and their families in identifying needs and resources, accessing and coordinating services, advocating on their behalf, and monitoring whether supports are effectively meeting the goals of the individual's support plan.⁴¹ Current law establishes criteria that organizations must meet to qualify as support coordination providers, which include staffing requirements, ethics and disciplinary standards, compliance with agency policies, training and competency requirements, and client education related to abuse, neglect, and exploitation.⁴²

III. Effect of Proposed Changes:

Section 1 amends s. 393.0655, F.S., to broaden who is required to be Level 2 background screened in licensed residential facilities and adult day training programs. This change removes the specific reference to only managers and supervisors and instead requires Level 2 employment screening for *all employees* of these facilities and programs. As a result, the screening requirement is broadened to apply uniformly to all employees of these facilities and programs, regardless of job title or supervisory status.

The section also clarifies that background screening for all employees must include employment history checks pursuant to s. 435.03(1), F.S., and local criminal records checks through local law enforcement agencies. Existing statutory exemptions for certain volunteers, licensed health care professionals, family-selected providers, and household members remain unchanged.⁴³

Section 2 directs the Agency for Persons with Disabilities (APD) to contract with a state university to develop and administer surveys regarding waiver support coordination services for the purposes of enhancing the quality, capacity, and consistency of such services. The university must survey the owners and operators of all qualified organizations in this state, waiver support coordinators currently employed by a qualified organization, and iBudget clients and their parents, caregivers, or legal guardians. The section requires the state university, by October 1, 2026, to submit a final report to the APD that includes a compilation and analysis of the survey results.

At a minimum, the surveys must solicit data and input on:

- The quality, consistency, and accessibility of services provided by waiver support coordinators;
- Attributes and behaviors that define high-quality support coordination;

⁴⁰ Section 393.0663, F.S.

⁴¹ Section 393.063(43), F.S.

⁴² Section 393.0663(2)(b), F.S.

⁴³ Licensed residential facilities and adult day training programs are not employees of the APD and do not have to report the number of employees of each facility or program. In Florida, there are both large and small licensed residential facilities and adult training programs some employ a small number of individuals who are all screened as direct care providers while other facilities and programs are large and may have administrative employees who do not have face to face interaction with clients and would not necessarily be required to complete a screening. Due to licensed residential facilities and adult day training programs not being required to report specific number of employees, the APD is unable to determine the specific number of employees who will be required to be screened under this legislation. Agency for Persons with Disabilities, *2026 Agency Legislative Bill Analysis SB 794*, on file with the Committee on Children, Families, and Elder Affairs.

- Best practices and areas for improvement;
- Quantitative and qualitative metrics to assess waiver support coordinator performance; and
- Any other factors to improve service delivery.

The surveys of qualified organizations must also specifically address:

- Professional and educational prerequisites required by the qualified organization for employment as a waiver support coordinator;
- Methods to assess core competencies;
- The efficacy of the required waiver support coordinator mentoring program; and
- Operational and systemic challenges of recruiting and retaining qualified waiver support coordinators.

The surveys of waiver support coordinators must also specifically address:

- Individual caseload ratios, capacity, and geographic service areas;
- The efficacy of the required waiver support coordinator mentoring program; and
- Operational and systemic challenges of delivering effective support coordination.

The surveys of iBudget clients and their parents, caregivers, or legal guardians must also specifically address overall satisfaction with support coordination services.

The section directs the APD to hold at least one public hearing in each service region to solicit input on enhancing waiver support coordinator services from relevant stakeholders. The APD must also conduct or contract for a gap analysis to assess the geographic distribution and caseload capacity of waiver support coordinators across the state.

The section requires the APD, by February 15, 2027, to submit a report to the Governor, President of the Senate, and Speaker of the House of Representatives that:

- Identifies waiver support coordinator core competencies and performance measures to assess those core competencies;
- Provides recommendations on how to standardize assessment of waiver support coordinators; and
- Includes the full, final survey report submitted to the APD by the state university.

This section takes effect upon becoming a law.

Section 3 amends s. 393.063, F.S., to add Tatton-Brown-Rahman syndrome (TBRS) to the list of conditions included within the definition of “developmental disability.” In doing so, individuals diagnosed with TBRS may qualify for eligibility determinations and services by the APD.⁴⁴ The section also defines TBRS as disorder caused by a mutation in the DNMT3A gene typified by mild to severe intellectual disability, macrocephaly, stature and weight that is greater than or

⁴⁴ Although adding TBRS to the definition of “developmental disability” in s. 393.063, F.S., can make someone eligible for services from the APD, it does not automatically qualify someone for iBudget Waiver services. Medicaid Home and Community-Based Services (HCBS) waiver programs are authorized in §1915(c) of the Social Security Act and require participants to meet the level of care required for institutional services. Email from Emily Reeves, Director of Legislative Affairs for the Agency for Persons with Disabilities, *HB 411 Fiscal Impact*, on file with the Committee on Children Families and Elder Affairs.

equal to two or more standard deviations above the mean for the person's age and sex, and any of the following features presenting in infancy, childhood, or adolescence:

- Mild facial dysmorphism.
- Joint hypermobility.
- Hypotonia.
- Kyphoscoliosis.
- Seizures.
- Cryptorchidism.
- Deficits in behavior.
- Hematologic malignancies.

Section 4 provides that unless otherwise expressly specified, the bill has an effective date of 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 Identified.

V. Fiscal Impact Statement:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

There may be a negative private sector fiscal impact. Providers will have to cover the cost of the additional screenings. They will have increased administrative and financial obligations to ensure all employees meet screening requirements prior to employment. The cost for screening ranges from \$44, if no vendor processing fee is charged, to \$125,

for an average cost of \$87. Residential facilities and Adult Training providers are not required to report the exact number of employees. Due to this, the APD has provided a chart below that outlines a range of the potential financial impact on providers based on the cost range above and the 5,880 providers.⁴⁵

Additional Background Screening Breakdown		
Average Cost per Background Screening	\$	87
# Provider Staff Currently in Clearinghouse		70,636
Additional % Added to Clearinghouse	Additional # Screened	Projected Annual Cost for Additional Individuals Screened
5.0%	3,532	\$ 307,267
10.0%	7,064	\$ 614,533
15.0%	10,595	\$ 921,800
20.0%	14,127	\$ 1,229,066

C. Government Sector Impact:

There may be an indeterminate negative fiscal impact for the Agency for Health Care Administration (AHCA) and the Department of Children and Families (DCF), which will see an increase in administrative workload related to the increase in background screening processing and retainment. The AHCA and the DCF can absorb this workload with existing staff and resources.

To implement the requirements of Section 2 of the bill, the Agency for Persons with Disabilities (APD) estimates a total cost of \$1,241,927 that includes \$203,973 in recurring costs and \$1,037,954 in nonrecurring costs for the following:

- \$500,000 to contract with a state university to develop and administer surveys and produce a report by October 1, 2026.
- \$25,080 for six employees to attend and host the six regional meetings.
- \$500,000 to contract for conduction of the gap analysis to assess the geographic distribution and caseload capacity of waiver support coordinators across Florida.
- \$216,847 for one FTE and one OPS position to oversee the day-to-day operations required to implement this section, including accurate and timely submission of the February 15, 2027, report.⁴⁶

To provide services for the expanded population of individuals with Tatton-Brown-Rahman syndrome (TBRS), the APD estimates an anticipated cost of \$1,276,000. There are an estimated 22 additional individuals who may be eligible for iBudget waiver services based on a diagnosis of TBRS. Currently, the average cost for a client on the waiver is \$58,000 per year. This estimate is based on the assumption that all 22 of the

⁴⁵ Agency for Persons with Disabilities, *2026 Agency Legislative Bill Analysis SB 794*, on file with the Committee on Children, Families, and Elder Affairs.

⁴⁶ Agency for Persons with Disabilities, *2026 Agency Legislative Bill Analysis CS/SB 794*, on file with the Committee on Children, Families, and Elder Affairs

individuals who would be eligible for waiver services meet the institutional level of care to qualify for services. If these individuals do not meet the institutional level of care, they would still qualify for Individual and Family Supports (IFS) funding. For state fiscal year 2025-2026, \$3,580,000 is appropriated from the General Revenue Fund for IFS.⁴⁷

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Statutes Affected:

This bill substantially amends the following sections of the Florida Statutes: 393.063 and 393.0655.

IX. Additional Information:

A. Committee Substitute – Statement of Substantial Changes:

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

CS/CS by Appropriations Committee on Health and Human Services on February 25, 2026:

The committee substitute adds Tatton-Brown-Rahman syndrome to the definition of developmental disability, defines Tatton-Brown-Rahman syndrome, and amends the effective date of the bill to July 1, 2026, while maintaining the effective-upon-becoming-law date for the Section pertaining to waiver support coordinator workforce analysis and report.

CS by Children, Families, and Elder Affairs on February 10, 2026:

The CS removes:

- The revisions to criteria that organizations must meet to qualify as support coordination providers; and
- The revisions to the APD's ability to impose administrative fines.

The CS adds the following:

- Requires the APD to contract with a state university to survey support coordinators and submit a final report to the agency with a compilation and analysis of the survey results;
- Requires the APD to solicit input on enhancing support coordinator quality capacity and consistency;
- Requires the APD to conduct a gap analysis to assess geographic distribution and caseload capacity of support coordinators;

⁴⁷ Agency for Persons with Disabilities, CS/SB 794 amendment 539302 fiscal impact analysis email, on file with the Appropriations Committee on Health and Human Services.

- Requires the APD to submit a report that identifies core competencies, specific performance metrics, and recommendations to standardize assessment of support coordinators; and
- Provides an earlier effective date.

B. Amendments:

None.