

FLORIDA HOUSE OF REPRESENTATIVES

BILL ANALYSIS

This bill analysis was prepared by nonpartisan committee staff and does not constitute an official statement of legislative intent.

BILL #: [CS/HB 915](#)

TITLE: Medical Assistance Eligibility for Working Persons with Disabilities

SPONSOR(S): Tant

COMPANION BILL: [SB 1016](#) (Bradley)

LINKED BILLS: None

RELATED BILLS: [SB 1016](#) (Bradley)

Committee References

[Human Services](#)

16 Y, 0 N, As CS

[Health Care Budget](#)

15 Y, 0 N

[Health & Human Services](#)

SUMMARY

Effect of the Bill:

The bill codifies the Working People with Disabilities Program (Program) created by the 2019-2020 General Appropriations Act to allow adults with developmental disabilities who are employed and enrolled in a Medicaid home and community-based services (HCBS) waiver to have increased income and asset limits while enrolled in the Medicaid program.

Fiscal or Economic Impact:

The bill has an insignificant negative fiscal impact on the Agency for Health Care Administration to share Medicaid enrollment information with the Department of Children and Families (DCF) and on DCF to send out Program information notices to Medicaid HCBS waiver enrollees, both of which are likely absorbable within current resources.

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ANALYSIS

EFFECT OF THE BILL:

Working People with Disabilities Program

The bill codifies the Working People with Disabilities Program (Program) within the Agency for Health Care Administration (AHCA). The Program allows adults with developmental disabilities who are employed and enrolled in a Medicaid [home and community-based services](#) (HCBS) waiver to have increased income and asset limits while enrolled in the [Medicaid](#) program.

The bill codifies eligibility in statute the criteria to participate in the Program and requires that individuals are automatically enrolled in the Program if they meet such criteria. An individual is eligible for the Program if he or she:

- Has a developmental disability;
- Is currently enrolled in a [Medicaid HCBS waiver](#), including the:
 - [iBudget waiver](#) under [s. 393.063, F.S.](#);
 - [Familial Dysautonomia](#) waiver under [s. 409.912\(10\), F.S.](#);
 - [Statewide Medicaid Managed Care Long-Term Care \(LTC\)](#) waiver program under [s. 409.978, F.S.](#);
 - [Intellectual Developmental Disabilities Pilot Program](#) (IDD) under [s. 409.9855, F.S.](#); or
 - [Medicaid Model Waiver](#).
- Is 18 years of age or older; and
- Is employed and has earned income. (Section [1](#))

STORAGE NAME: h0915c.HCB

DATE: 1/28/2026

Income and Asset Requirements

The bill also establishes income and asset requirements for Program enrollees in order to maintain Medicaid eligibility. To maintain Medicaid eligibility, the bill requires that an enrollee's income cannot exceed 550% of the [Federal Benefit Rate](#) established by the Social Security Administration. Additionally, AHCA and the Department of Children and Families (DCF) must [disregard assets](#) up to \$13,000 for an individual and up to \$24,000 for a couple and exclude assets held in a retirement account recognized by the Internal Revenue Service when determining an individual's eligibility for the Medicaid program. (Section [1](#))

Notice Requirements

The bill requires DCF to provide a written notice to adults eligible for the Program upon initial enrollment in a HCBS waiver and at least annually thereafter. The notice must clearly and concisely communicate all of the following information:

- Automatic enrollment in the Program;
- Eligibility and qualifications for the Program;
- The ability to maintain Medicaid benefits while earning an income and participating in the Program;
- The optional nature of participation in the Program;
- A brief overview of a special needs trust and how it may assist with maintaining eligibility for benefits; and
- The name and contact information for the employee or office within DCF that is responsible for providing information about and assistance with the Program. (Section [1](#))

The bill also requires DCF to provide such written notice to currently eligible Program enrollees within 90 days of the bill taking effect. (Section [2](#))

The bill requires AHCA to identify Medicaid recipients who are enrolled in [Supplementary Security Income](#) and a HCBS waiver and share such information with DCF as necessary to provide the written notices required by the bill. (Section [2](#))

The bill is effective upon becoming a law. (Section [3](#))

FISCAL OR ECONOMIC IMPACT:

STATE GOVERNMENT:

The bill has an insignificant negative fiscal impact on AHCA to identify and share information with DCF regarding Medicaid recipients who are enrolled in SSI and a HCBS waiver, which is likely absorbable within current resources. The bill also has an insignificant negative fiscal impact on DCF to provide written notice to adults eligible for the Program upon initial enrollment in a HCBS waiver, annually thereafter, and within 90 days of the bill taking effect, the impact of which is likely absorbable within current resources.

RELEVANT INFORMATION

SUBJECT OVERVIEW:

Working People with Disabilities

The 2019 General Appropriations Act (GAA) directed AHCA to seek federal approval to establish a program called the Working People with Disabilities program (Program), housed within AHCA, allowing adults with developmental disabilities enrolled in Medicaid HCBS waivers to have increased income and asset limits while

continuing to be enrolled in Medicaid.¹ The Program was approved by the federal Centers for Medicare and Medicaid Services on April 2, 2020, via a State Plan Amendment.²

To be eligible for the Program waiver, an individual must:³

- Be enrolled in one of the following waivers:
 - iBudget;
 - Statewide Medicaid Managed Care Long-Term Care;
 - Familial Dysautonomia; or
 - Model Waiver;
- Not earn more than 550% of the [Federal Benefit Rate](#); and
- Not possess assets that total more than \$13,000 for an individual and \$24,000 for a couple.

Additionally, participants in the Program may have a retirement account recognized by the Internal Revenue Service.⁴

[Florida Medicaid](#)

Medicaid is the health care safety net for low-income Floridians. Medicaid is a partnership of the federal and state governments established to provide coverage for health services for eligible persons. The program is administered by AHCA and financed by federal and state funds. AHCA delegates certain functions to other state agencies, including DCF, the Department of Health, the Agency for Persons with Disabilities (APD), and the Department of Elderly Affairs (DOEA).

The structure of each state's Medicaid program varies and what states must pay for is largely determined by the federal government, as a condition of receiving federal funds.⁵ Federal law sets the amount, scope, and duration of services offered in the program, among other requirements. The federal government sets the minimum mandatory populations to be included in every state Medicaid program. The federal government also sets the minimum mandatory benefits to be covered in every state Medicaid program. These benefits include physician services, hospital services, home health services, and family planning.⁶ States can add benefits, with federal approval. Florida has added many optional benefits, including prescription drugs, adult dental services, and dialysis.⁷

States have some flexibility in the provision of Medicaid services. Section 1915(b) of the Social Security Act provides authority for the Secretary of the U.S. Department of Health and Human Services (HHS) to waive requirements to the extent that he or she "finds it to be cost-effective and efficient and not inconsistent with the purposes of this title." Section 1115 of the Social Security Act allows states to implement demonstrations of innovative service delivery systems that improve care, increase efficiency, and reduce costs. These laws allow HHS to waive federal requirements to expand populations or services, or to try new ways of service delivery.

Florida operates under a Section 1115 waiver to use a comprehensive managed care delivery model for primary and acute care services, the Statewide Medicaid Managed Care (SMMC) Managed Medical Assistance (MMA) program. Florida also has a waiver under Sections 1915(b) and (c) of the Social Security Act to operate the SMMC Long-Term Care (LTC) program, Familial Dysautonomia (FD) waiver, Developmental Disabilities Individual

¹ Ch. 2019-115, Laws of Fla. Line item 218.

² Centers for Medicare and Medicaid Services, State Plan Amendment #20-0001, <https://www.medicaid.gov/State-resource-center/Medicaid-State-Plan-Amendments/Downloads/FL/FL-20-0001.pdf> (last visited Jan. 23, 2026).

³ Agency for Health Care Administration, *Florida Medicaid Working People with Disabilities Frequently Asked Questions*, https://ahca.myflorida.com/content/download/11061/file/wpwd_FAQ.pdf (last visited Jan. 22, 2026).

⁴ *Id.*

⁵ Title 42 U.S.C. §§ 1396-1396w-5; Title 42 C.F.R. Part 430-456 (§§ 430.0-456.725) (2016).

⁶ S. [409.905, F.S.](#)

⁷ S. [409.906, F.S.](#)

Budgeting (iBudget) waiver, Intellectual and Developmental Disabilities (IDD) Pilot Program, and the Medicaid Model Waiver.⁸

Home and Community Based Services

Medicaid home and community-based care services (HCBS) are medical and supportive services to help people with the activities of daily living (such as eating and bathing) and the instrumental activities of daily living (such as preparing meals and managing medications). Medicaid HCBS is self-directed care, meaning participants exercise greater autonomy over their service array and their selection of service providers.⁹

Medicaid Eligibility

Medicaid eligibility in Florida is determined either by DCF or the Social Security Administration (SSA) for Supplemental Security Income (SSI) recipients.¹⁰ Since Medicaid is designed for low-income individuals, Medicaid eligibility is based on an evaluation of the individual's income and assets.

Section 1614(3) of the Social Security Act provides that an individual shall be considered to be disabled if they are unable to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death or which has lasted or can be expected to last for a continuous period of not less than twelve months. Further, an individual under the age of 18 shall be considered disabled if that individual has a medically determinable physical or mental impairment, which results in marked and severe functional limitations, and which can be expected to result in death or which has lasted or can be expected to last for a continuous period of not less than 12 months.

Under Florida's Medicaid State Plan, permanent and total disability is a physical or mental condition of major significance which is expected to continue throughout the lifetime of an individual and is not expected to be removed or substantially improved by medical treatment. It is expected to continue for a prolonged period of disability and the eventual prognosis may be indefinite. Total disability exists when the permanent impairment, or combination of permanent impairments, substantially precludes the individual from engaging in a useful occupation.

DCF uses the same criteria that the SSA uses to determine disability for benefits. If SSA determines an individual is disabled, DCF adopts their disability decision. If an individual does not have a disability decision from SSA, then DCF must obtain a disability determination based on the individual's circumstances.¹¹

To be eligible for Medicaid under 1915(c) waivers, the individual must be determined to need the level of care provided by a hospital, nursing home, or intermediate care facility for the developmentally disabled.¹² The clinical level of care is determined during an initial evaluation and the individual must be reevaluated at least annually.¹³

Federal regulations require DCF make a redetermination of eligibility without requiring information from the individual if it is possible to make a redetermination based on reliable information contained in the individual's account or obtained from another state agency or federal agency.¹⁴ If DCF is unable to verify the individual's

⁸ S. [409.964, F.S.](#)

⁹ KFF, *What is Medicaid Home Care (HCBS)?*, Available at [What is Medicaid Home Care \(HCBS\)? | KFF](#) (last visited Jan. 22, 2026).

¹⁰ Florida Department of Children and Families, *Medicaid Eligibility*, available at <https://www.myflfamilies.com/medicaid#ME> (last visited Jan. 22, 2026).

¹¹ Florida Department of Children and Families, *Notification of Disability Information and Request Form*, on file with the Human Services Subcommittee.

¹² 42 C.F.R., § 441.301(b).

¹³ 42 C.F.R., § 441.302(c).

¹⁴ 42 C.F.R., § 435.916.

eligibility, they send the recipient a renewal notice, electronically and by mail, requesting the required information to make an eligibility determination.¹⁵

Financial Eligibility

To be financially eligible for SSI, a person's countable income¹⁶ and resources¹⁷ must be within certain limits established in federal law. SSI counts most types of income, including earned and unearned income. Earned income includes wages, net earnings from self-employment, and other work-related compensation. Unearned income is all other income, such as Social Security, veterans' benefits, periodic annuity or pension payments, and cash or shelter provided by others.¹⁸

Generally, the higher an individual's countable income, the lower the individual's SSI payment. In 2025, the maximum monthly SSI payment, known as the [Federal Benefit Rate](#) (FBR), was \$967 per month for an individual and \$1,450 per month for a couple if both people are SSI eligible.¹⁹ The FBR is adjusted annually for inflation by the same cost-of-living adjustment applied to Social Security benefits. In 2026, the FBR is \$994 for an individual and \$1,491 for a couple.²⁰

Income Disregards

Section 1902(r)(2)(A) of the Social Security Act allows states to adopt less restrictive income and/or resource methodologies. Typically, less restrictive methodologies adopted by states involve disregarding a certain amount or type of income or resources in determining Medicaid applicants' and beneficiaries' countable income or resources.²¹ An income disregard is income that is not counted towards Medicaid's income limit.²² Federal law authorizes states to target and tailor income and resource disregards at individuals who are eligible for, or seeking coverage of, HCBS services.²³

[Statewide Medicaid Managed Care Long-Term Care Program](#)

Florida obtained a federal waiver to allow the state Medicaid program to cover HCBS long-term care services for elders and people with disabilities to prevent admission into a nursing home. An individual is eligible for the LTC program if he or she is 65 years of age or older and in need of a nursing facility level of care or 18 years of age or

¹⁵ Florida Department of Children and Families, *Florida's Medicaid Redetermination Plan*, p. 13-14, available at <https://www.myflfamilies.com/sites/default/files/2025-03/Florida%20Medicaid%20Redetermination%20Plan.pdf> (last visited Jan. 22, 2026).

¹⁶ Countable income is the amount left over after eliminating from consideration all items that are not income (anything received during a calendar month and can be used to meet food and shelter needs, be it cash or in kind) and applying all appropriate exclusions to the items that are not income. Countable income is determined on a calendar month basis. See Social Security Administration, *Countable Income for SSI Program*, available at: <https://www.ssa.gov/oact/cola/countableincome.html> (last visited Jan. 22, 2026).

¹⁷ Resources are things an individual owns, such as cash, bank accounts, stocks, mutual funds, U.S. savings bonds, land, life insurance, personal property, vehicles, anything else owned which could be changed to cash and used for food or shelter, and deemed resources. Sometimes, the SSA "deems" a portion of the resources of a spouse, parent, parent's spouse, sponsor of a noncitizen, or sponsor's spouse as belonging to the person who applies for SSI. See Social Security Administration, *Understanding Supplemental Security Income SSI Resources - 2025 Edition*, available at: <https://www.ssa.gov/ssi/text-resources-ussi.htm> (last visited Jan. 22, 2026).

¹⁸ Congress.gov, *Supplemental Security Income (SSI)*, available at <https://www.congress.gov/crs-product/IF10482> (last visited Jan. 22, 2026).

¹⁹ *Id.*

²⁰ Social Security Administration, *SSI Federal Payment Amounts for 2026*, available at <https://www.ssa.gov/oact/cola/SSI.html> (last visited Jan. 22, 2026).

²¹ Centers for Medicare and Medicaid Services SMD# 21-004, *RE: State Flexibilities to Determine Financial Eligibility for Individuals in Need of Home and Community-Based Services*, (Dec. 7, 2021), available at <https://www.medicaid.gov/Federal-Policy-Guidance/Downloads/smd21004.pdf> (last visited Jan. 22, 2026).

²² American Council on Aging, *Income Disregards: When One's Income Does Not Count Against Medicaid's Income Limit*, available at <https://www.medicaidplanningassistance.org/income-disregards-exclusions-deductions/> (last visited Jan. 22, 2026).

²³ 42 U.S.C. § 1396a (1965).

older and eligible for Medicaid by reason of a disability and in need of nursing facility level of care.²⁴ DOEA administers and determines clinical eligibility for the LTC program.

The LTC program provides services in two settings: nursing facilities or HCBS in a recipient's home, an assisted living facility, or an adult family care home. Enrollment in the LTC program is based on a clinical priority system and includes a wait list. In order to be eligible for the program, a recipient must be both clinically eligible under [S. 409.979, F.S.](#), and financially eligible for Medicaid under [S. 409.904, F.S.](#)

As of November 20, 2025, there are 110,197 enrollees in the LTC program receiving HCBS services.²⁵

iBudget Waiver

Florida has a waiver under Section 1915(c) of the Social Security Act to operate the Medicaid Home and Community-Based Services program, called iBudget Florida, which serves eligible²⁶ persons with developmental disabilities. Eligible diagnoses include disorders or syndromes attributable to intellectual disability, cerebral palsy, autism, spina bifida, Down syndrome, Phelan-McDermid syndrome, or Prader-Willi syndrome. The disorder must manifest before the age of 18, and it must constitute a substantial handicap that can reasonably be expected to continue indefinitely.²⁷

APD administers the iBudget program. The iBudget program allocates available funding to clients, providing each one with an established budget with the flexibility to choose from the authorized array of services that best meet their individual needs within their community.²⁸ Individual waiver support coordinators assist each client with determination of his or her unique needs and the coordination of necessary providers to provide those services. Because the iBudget waiver program covers a limited number of people (based on the amount appropriated by the Legislature each year), APD maintains a preenrollment list, or waitlist, of people who would like to enroll in the iBudget waiver.²⁹

As of December 1, 2025, there are 36,521 iBudget waiver enrollees.³⁰

Familial Dysautonomia Waiver

Florida has a waiver under Section 1915(c) of the Social Security Act to operate the Familial Dysautonomia (FD) waiver, administered by AHCA.³¹ The purpose of the FD waiver is to provide home and community-based supports and services to eligible individuals with FD living in their own homes or family homes. The waiver is designed to promote, maintain, and restore the health of eligible recipients with FD and to minimize the effects of illness and

²⁴ [S. 409.979, F.S.](#)

²⁵ Agency for Health Care Administration, Medicaid Monthly Enrollment Report, *Current Comprehensive Medicaid Managed Care Enrollment Reports* (November, 2025), available at: https://ahca.myflorida.com/medicaid/medicaid-finance-and-analytics/medicaid-data-analytics/medicaid-monthly-enrollment-report#:~:text=The%20Florida%20Agency%20publishes%2016%20monthly%20Medicaid,Mandatory/Voluntary%20*%20**REGION**%20Program%20Enrollment%20by%20District (last visited Jan. 22, 2026). There are 159,338 total enrollees in the LTC program as of November 30, 2025, of which 110,197 are HCBS enrollees and 49,141 are non-HCBS enrollees (those who require skilled-nursing or nursing home level of care).

²⁶ The HCBS waiver retain the Medicaid requirement that enrollees be low-income, but measures only the developmentally disabled person's income; not the income generated by the whole household.

²⁷ S. [393.063\(11\), F.S.](#)

²⁸ *Id.*

²⁹ As of December 19, 2025, there were 17,433 individuals on the preenrollment list to receive services. See Agency for Persons with Disabilities, *Pre-Enrollment numbers by Priority Category and County, As of 12/19/2025*, available at <https://apd.myflorida.com/publications/reports/docs/Preenrollment%20Website%20Reporting%2020251219.pdf> (last visited Jan. 22, 2026).

³⁰ Agency for Persons with Disabilities, *Home and Community Based Services (HCBS) Waiver Monthly Report for Waiver Enrollment Offers FY 2025-26* (December 2025), available at: <https://apd.myflorida.com/resources/reports/APD%20Enrollment%20Report%202025-12-30%20FINAL.pdf> (last visited Jan. 22, 2026).

³¹ Familial Dysautonomia, also known as Riley-Day syndrome, is an inherited disorder that affects nerves throughout the body and occurs most often in people of Eastern European Jewish ancestry. Florida Health Finder, *Health Encyclopedia*, available at <https://quality.healthfinder.fl.gov/health-encyclopedia/HIE/1/001387> (last visited Jan. 22, 2026).

disabilities through the provision of needed supports and services in order to delay or prevent hospital placement or institutionalization.³²

To be eligible for the FD waiver, applicants must:³³

- Have a documented diagnosis of FD;
- Be three years of age or older; and
- Be assessed as having an inpatient hospital level of care by DOEA.³⁴

As of January 1, 2026, there are 7 FD enrollees.³⁵

Intellectual and Developmental Disabilities Pilot Program

In 2023, the Legislature created the IDD Pilot Program, administered by AHCA, in two regions of this state.³⁶ This established a managed care model for integrating acute medical care, long-term care, and HCBS for persons with intellectual and developmental disabilities, as an alternative to the iBudget model. The IDD Pilot Program voluntary managed care initiative delivers comprehensive medical and home and community-based services for all individuals³⁷ on the APD preenrollment list. To obtain federal Medicaid funding for the IDD Pilot Program, Florida obtained a Medicaid waiver in April 2024.³⁸ In 2025, the Legislature passed legislation that expanded the IDD Pilot Program statewide.³⁹

As of January 1, 2026, there are 925 enrollees in the IDD Pilot Program.⁴⁰

Medicaid Model Waiver

The Medicaid Model Waiver is a Section 1915(c) waiver, administered by AHCA, that authorizes Florida to provide HCBS to eligible children to delay or prevent institutionalization for the purpose of maintaining stable health while living at home or in their community. Specifically, this waiver covers respite care, environmental accessibility adaptations, and transition case management services to children 20 years of age or younger who are:⁴¹

- Determined disabled using criteria established by the Social Security Administration;
- At risk for hospitalization as determined by the Children's Multidisciplinary Assessment Team⁴² within DOH; and

³² Agency for Health Care Administration, *Familial Dysautonomia Waiver*, available at <https://ahca.myflorida.com/medicaid/home-and-community-based-settings-rule/familial-dysautonomia-waiver> (last visited Jan. 22, 2026).

³³ *Id.*

³⁴ Agency for Health Care Administration, Application for a 1915(c) Home and Community-Based Services Waiver (approved Jan. 1, 2025), available at [Application for 1915\(c\) HCBS Waiver: FL.40205.R04.00 - Jan 01, 2025](https://ahca.myflorida.com/medicaid/1915c-waiver-application) (last visited Jan. 22, 2026).

³⁵ Email from Jim Browne, Deputy Chief of Staff, Agency for Health Care Administration, Waiver Enrollment Numbers, (January 13, 2026).

³⁶ SMMC Region D (Hardee, Highlands, Hillsborough, Manatee and Polk counties) and Region I (Miami-Dade and Monroe counties). AHCA competitively procures plans in the SMMC program by region; there are nine SMMC regions. Agency for Health Care Administration, *New SMMC Regions*, available at https://ahca.myflorida.com/var/site/storage/images/0/1/0/4/164010-1-eng-US/f96e21c2155c-Florida_Regions_Map.png (last visited Jan. 22, 2026).

³⁷ Effective July 1, 2026, the IDD Pilot Program will become available to all individuals with disabilities enrolled in a Medicaid waiver program (iBudget or Medicaid Long-Term Care). See [s. 409.9855\(2\)\(b\), F.S.](#)

³⁸ Florida Comprehensive Intellectual Developmental Disabilities Managed Care Pilot Program (2346.R00.00), April 1, 2024, authorized under s. 1915b of the Social Security Act.

³⁹ Ch. 2025-130, Laws of Fla.

⁴⁰ *Supra*, note 35.

⁴¹ Agency for Health Care Administration, *Model Waiver*, available at <https://ahca.myflorida.com/medicaid/home-and-community-based-settings-rule/model-waiver> (last visited Jan. 22, 2026).

⁴² The Children's Multidisciplinary Assessment Team assess the level of care of a child with special health care needs, with due consideration to medical and psychosocial factors to make a medically necessary determination of eligibility for Medicaid funded long-term care services. See Department of Health, *Children's Multidisciplinary Assessment Team (CMAT)*, available at <https://www.floridahealth.gov/programs-and-services/childrens-health/childrens-medical-services/cmat/index.html> (last visited Jan. 22, 2026).

- Diagnosed as having degenerative spinocerebellar disease, or deemed medically fragile and have resided in a skilled nursing facility for at least 60 consecutive days.

As of January 1, 2026, there are 4 enrollees in the Medicaid Model Waiver.⁴³

BILL HISTORY

COMMITTEE REFERENCE	ACTION	DATE	STAFF DIRECTOR/ POLICY CHIEF	ANALYSIS PREPARED BY
Human Services Subcommittee	16 Y, 0 N, As CS	1/20/2026	Mitz	Morris
THE CHANGES ADOPTED BY THE COMMITTEE:	<ul style="list-style-type: none"> • Requires AHCA to identify Medicaid recipients enrolled in SSI and a HCBS waiver and share such information with DCF as necessary to implement the requirements of the bill. 			
Health Care Budget Subcommittee	15 Y, 0 N	1/28/2026	Clark	Smith
Health & Human Services Committee				

THIS BILL ANALYSIS HAS BEEN UPDATED TO INCORPORATE ALL OF THE CHANGES DESCRIBED ABOVE.

⁴³ *Supra*, note 35.