

Tab 1	SB 1002 by Gaetz; Similar to H 00949 Temporary Custody of Minor Children						
818722	D	S	CF, Gaetz	Delete everything after	01/26	01:11	PM
Tab 4	SB 1594 by Gaetz; Identical to H 01327 Veteran Benefit Payments to Minor Clients						
Tab 2	SB 1016 by Bradley; Similar to CS/H 00915 Medical Assistance Eligibility for Working Persons with Disabilities						
173198	A	S	CF, Bradley	btw L.73 - 74:	01/26	01:11	PM
611086	A	S	L	CF, Grall	Delete L.32 - 61:	01/26	05:56 PM
Tab 3	SB 1030 by Gruters (CO-INTRODUCERS) Rouson; Similar to H 00923 Recovery Residences						
707950	D	S	CF, Rouson	Delete everything after	01/26	01:12	PM
609746	SD	S	CF, Rouson	Delete everything after	01/27	08:11	AM
Tab 5	SB 1630 by Grall; Similar to H 01121 Aging and Disability Services						
917564	A	S	CF, Grall	Delete L.308 - 309:	01/26	01:12	PM
887636	A	S	CF, Grall	Delete L.380 - 381:	01/26	01:13	PM

The Florida Senate
COMMITTEE MEETING EXPANDED AGENDA

CHILDREN, FAMILIES, AND ELDER AFFAIRS
Senator Grall, Chair
Senator Garcia, Vice Chair

MEETING DATE: Tuesday, January 27, 2026

TIME: 1:00—3:00 p.m.

PLACE: 301 Senate Building

MEMBERS: Senator Grall, Chair; Senator Garcia, Vice Chair; Senators Harrell, Rouson, Sharief, and Simon

TAB	BILL NO. and INTRODUCER	BILL DESCRIPTION and SENATE COMMITTEE ACTIONS	COMMITTEE ACTION
1	SB 1002 Gaetz (Similar H 949)	Temporary Custody of Minor Children; Requiring a protective investigator to provide certain information and, if necessary, guidance to a relative of a child contacted during a protective investigation; authorizing a grandparent to petition for temporary or concurrent custody of his or her grandchild, regardless of certain circumstances; including a statement of specific acts or omissions of a child's parents which demonstrate certain use of a controlled substance or alcohol in the statements that may be contained in a petition for temporary or concurrent custody, etc.	CF 01/27/2026 JU RC
2	SB 1016 Bradley (Similar CS/H 915)	Medical Assistance Eligibility for Working Persons with Disabilities; Creating the Working People with Disabilities program within the Agency for Health Care Administration; specifying income and asset requirements for eligibility in the program; requiring the Department of Children and Families to provide a written notice of specified information to eligible adults upon their initial enrollment in certain Medicaid waiver programs, and at least annually thereafter; requiring the department to provide the initial written notice to currently eligible enrollees within a specified timeframe, etc.	CF 01/27/2026 AHS AP

COMMITTEE MEETING EXPANDED AGENDA

Children, Families, and Elder Affairs

Tuesday, January 27, 2026, 1:00—3:00 p.m.

TAB	BILL NO. and INTRODUCER	BILL DESCRIPTION and SENATE COMMITTEE ACTIONS	COMMITTEE ACTION
3	SB 1030 Gruters (Similar H 923)	Recovery Residences; Prohibiting providers licensed for primary inpatient or outpatient mental health services from using certified recovery residences to provide housing to their patients; authorizing service providers certified as Level IV programs to use their certified recovery residences to provide housing to persons who receive primary outpatient mental health services; requiring the Department of Children and Families to issue a regular license after the department receives a complete application from certain existing licensed service providers that are seeking to add licensed services or one or more additional levels of care at an existing licensed location or at one or more new locations within a specified timeframe, if certain requirements are met, etc.	
		CF 01/27/2026 AHS RC	
4	SB 1594 Gaetz (Identical H 1327)	Veteran Benefit Payments to Minor Clients; Authorizing the Department of Children and Families, the Department of Health, or the Agency for Persons with Disabilities to access certain benefit payments for specified purposes; prohibiting the Department of Children and Families, the Department of Health, or the Agency for Persons with Disabilities from supplanting certain financial assistance, etc.	
		CF 01/27/2026 MS FP	
5	SB 1630 Grall (Similar H 1121, Compare H 1295, S 1404)	Aging and Disability Services; Deleting expired requirements for Medicaid recipients to receive an offer for enrollment for long-term care services; requiring the CARES program to review or perform the initial assessment of an enrollee's level of care; providing procurement requirements for area agencies on aging expenditures; authorizing high-risk vulnerable adults to be given priority consideration for receiving community-care-for-the-elderly services; revising professional and public guardians' continuing education requirements to specifically include Alzheimer's disease and related dementias, etc.	
		CF 01/27/2026 AHS FP	

TAB	OFFICE and APPOINTMENT (HOME CITY)	FOR TERM ENDING	COMMITTEE ACTION

Senate Confirmation Hearing: A public hearing will be held for consideration of the below-named executive appointment to the office indicated.

COMMITTEE MEETING EXPANDED AGENDA

Children, Families, and Elder Affairs

Tuesday, January 27, 2026, 1:00—3:00 p.m.

TAB	OFFICE and APPOINTMENT (HOME CITY)	FOR TERM ENDING	COMMITTEE ACTION
Director, Agency for Persons with Disabilities			
6	Asztalos, Robert P. (Tallahassee)	Pleasure of Governor	
Juvenile Welfare Board of Pinellas County			
7	Chiea, Renee (Dunedin)	07/17/2028	
8	Millican, James A. ()	08/11/2028	
9	McShea, Alicia S. (St. Petersburg)	08/11/2026	
10	Gnage, Kristen Arrojo ()	08/07/2028	

TAB	BILL NO. and INTRODUCER	BILL DESCRIPTION and SENATE COMMITTEE ACTIONS	COMMITTEE ACTION
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Other Related Meeting Documents

By Senator Gaetz

1-00225B-26

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A bill to be entitled

An act relating to temporary custody of minor children; amending s. 39.301, F.S.; requiring a protective investigator to provide certain information and, if necessary, guidance to a relative of a child contacted during a protective investigation; amending s. 751.02, F.S.; authorizing a grandparent to petition for temporary or concurrent custody of his or her grandchild, regardless of certain circumstances; amending s. 751.03, F.S.; including a statement of specific acts or omissions of a child's parents which demonstrate certain use of a controlled substance or alcohol in the statements that may be contained in a petition for temporary or concurrent custody; defining the term "controlled substance"; amending s. 751.05, F.S.; including a finding that it is in the best interests of the child to grant custody, and there is a substantial threat of harm if custody is not granted, in the findings upon which the court must grant a petition for temporary custody; providing that certain evidence is sufficient for the court to make such a finding; providing an effective date.

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

Section 1. Paragraph (b) of subsection (14) of section

39.301, Florida Statutes, is amended to read:

39.301 Initiation of protective investigations.-

(14)

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(b) The parents or legal custodians shall be informed of the right to refuse services, as well as the responsibility of the department to protect the child regardless of the acceptance or refusal of services. If the services are refused, a collateral contact shall include a relative, if the protective investigator has knowledge of and the ability to contact a relative. If a relative of the child is contacted, the protective investigator shall inform the relative of the option to petition for temporary or concurrent custody of the child pursuant to chapter 751 and, if necessary, provide guidance on the manner in which to file the petition. If the services are refused and the department deems that the child's need for protection requires services, the department shall take the child into protective custody or petition the court as provided in this chapter. At any time after the commencement of a protective investigation, a relative may submit in writing to the protective investigator or case manager a request to receive notification of all proceedings and hearings in accordance with s. 39.502. The request must shall include the relative's name, address, and phone number and the relative's relationship to the child. The protective investigator or case manager shall forward such request to the attorney for the department. The failure to provide notice to either a relative who requests it pursuant to this subsection or to a relative who is providing out-of-home care for a child may not result in any previous action of the court at any stage or proceeding in dependency or termination of parental rights under any part of this chapter being set aside, reversed, modified, or in any way changed absent a finding by the court that a change is required in the child's best

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59 interests.

60 Section 2. Subsection (1) of section 751.02, Florida
61 Statutes, is amended to read:62 751.02 Temporary or concurrent custody proceedings;
63 jurisdiction.—64 (1) The following individuals may bring proceedings in the
65 circuit court to determine the temporary or concurrent custody
66 of a minor child:67 (a) An Any extended family member who has the signed,
68 notarized consent of the child's legal parents; ~~or~~69 (b) An Any extended family member who is caring full time
70 for the child in the role of a substitute parent and with whom
71 the child is presently living; or72 (c) A grandparent of the child who is seeking custody,
73 regardless of whether the child is in the grandparent's care or
74 presently living with the grandparent.75 Section 3. Subsection (9) of section 751.03, Florida
76 Statutes, is amended to read:77 751.03 Petition for temporary or concurrent custody;
78 contents.—Each petition for temporary or concurrent custody of a
79 minor child must be verified by the petitioner, who must be an
80 extended family member, and must contain statements, to the best
81 of the petitioner's knowledge and belief, providing:82 (9) If temporary custody is being requested:~~r~~83 (a) The consent of the child's parents; ~~r~~, ~~or~~84 (b) The specific acts or omissions of the parents which
85 demonstrate that the parents have abused, abandoned, or
86 neglected the child as defined in chapter 39; ~~r~~, ~~or~~

87 (c) The specific acts or omissions of the parents which

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88 demonstrate extensive, abusive, and chronic use of a controlled
89 substance or alcohol to the extent that the parents' ability to
90 provide supervision and care for the child has been or is likely
91 to be severely compromised. As used in this paragraph, the term
92 "controlled substance" means prescription drugs not prescribed
93 for the parent or not administered as prescribed and controlled
94 substances as outlined in Schedule I or Schedule II of s.

95 893.03.

96 Section 4. Paragraph (b) of subsection (3) of section
97 751.05, Florida Statutes, is amended to read:

98 751.05 Order granting temporary or concurrent custody.—

99 (3) If one of the minor child's parents objects to:

100 (b) The petition for temporary custody, the court shall
101 grant the petition only upon a finding, by clear and convincing
102 evidence, that:

103 1. The child's parent or parents are unfit to provide for
104 the care and control of the child. In determining that a parent
105 is unfit, the court must find that the parent has abused,
106 abandoned, or neglected the child, as defined in chapter 39; or

107 2. The best interests of the child would be served by the
108 granting of custody, and there is a substantial threat of
109 significant and demonstrable harm to the child if custody is not
110 granted. Evidence of extensive, abusive, and chronic use of a
111 controlled substance or alcohol by a parent to the extent that
112 the parent's ability to provide supervision and care for the
113 child has been or is likely to be severely compromised is
114 sufficient for a court to make a finding of substantial threat
115 of significant and demonstrable harm to the child.

116 Section 5. This act shall take effect July 1, 2026.



LEGISLATIVE ACTION

Senate

House

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The Committee on Children, Families, and Elder Affairs (Gaetz) recommended the following:

1 **Senate Amendment (with title amendment)**

2
3 Delete everything after the enacting clause
4 and insert:

5 Section 1. Paragraph (g) of subsection (37) and subsection
6 (53) of section 39.01, Florida Statutes, are amended to read:

7 39.01 Definitions.—When used in this chapter, unless the
8 context otherwise requires:

9 (37) "Harm" to a child's health or welfare can occur when
10 any person:



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11 (g) Exposes a child to a controlled substance or alcohol.
12 Exposure to a controlled substance or alcohol is established by:
13 1. A test, administered at birth, which indicated that the
14 child's blood, urine, or meconium contained any amount of
15 alcohol or a controlled substance or metabolites of such
16 substances, the presence of which was not the result of medical
17 treatment administered to the mother or the newborn infant; ~~or~~
18 2. Evidence of extensive, abusive, and chronic use of a
19 controlled substance or alcohol by a parent to the extent that
20 the parent's ability to provide supervision and care for the
21 child has been or is likely to be severely compromised; or
22 3. Evidence of acute or chronic use of a controlled
23 substance by a parent to the extent that the ongoing threat of
24 the parent's future intoxication compromises the parent's
25 ability to guarantee and provide supervision and care for the
26 child.

27
28 As used in this paragraph, the term "controlled substance" means
29 prescription drugs not prescribed for the parent or not
30 administered as prescribed and controlled substances as outlined
31 in Schedule I or Schedule II of s. 893.03.

32 (53) "Neglect" occurs when:
33 (a) A child is deprived of, or is allowed to be deprived
34 of, necessary food, clothing, shelter, or medical treatment or a
35 child is permitted to live in an environment when such
36 deprivation or environment causes the child's physical, mental,
37 or emotional health to be significantly impaired or to be in
38 danger of being significantly impaired. The foregoing
39 circumstances shall not be considered neglect if caused



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40 primarily by financial inability unless actual services for
41 relief have been offered to and rejected by such person. A
42 parent or legal custodian legitimately practicing religious
43 beliefs in accordance with a recognized church or religious
44 organization who thereby does not provide specific medical
45 treatment for a child may not, for that reason alone, be
46 considered a negligent parent or legal custodian; however, such
47 an exception does not preclude a court from ordering the
48 following services to be provided, when the health of the child
49 so requires:

50 1.(a) Medical services from a licensed physician, dentist,
51 optometrist, podiatric physician, or other qualified health care
52 provider; or

53 2.(b) Treatment by a duly accredited practitioner who
54 relies solely on spiritual means for healing in accordance with
55 the tenets and practices of a well-recognized church or
56 religious organization.

57 (b) There is evidence of acute or chronic use of a
58 controlled substance by a parent to the extent that the ongoing
59 threat of the parent's future intoxication results in an
60 environment that causes the child's physical, mental, or
61 emotional safety to be significantly impaired or to be in danger
62 of being significantly impaired.

63
64 Neglect of a child includes acts or omissions.

65 Section 2. For the purpose of incorporating the amendment
66 made by this act to section 39.01, Florida Statutes, in a
67 reference thereto, paragraph (c) of subsection (1) of section
68 39.521, Florida Statutes, is reenacted to read:



69 39.521 Disposition hearings; powers of disposition.—

70 (1) A disposition hearing shall be conducted by the court,
71 if the court finds that the facts alleged in the petition for
72 dependency were proven in the adjudicatory hearing, or if the
73 parents or legal custodians have consented to the finding of
74 dependency or admitted the allegations in the petition, have
75 failed to appear for the arraignment hearing after proper
76 notice, or have not been located despite a diligent search
77 having been conducted.

78 (c) When any child is adjudicated by a court to be
79 dependent, the court having jurisdiction of the child has the
80 power by order to:

81 1. Require the parent and, when appropriate, the legal
82 guardian or the child to participate in treatment and services
83 identified as necessary. The court may require the person who
84 has custody or who is requesting custody of the child to submit
85 to a mental health or substance abuse disorder assessment or
86 evaluation. The order may be made only upon good cause shown and
87 pursuant to notice and procedural requirements provided under
88 the Florida Rules of Juvenile Procedure. The mental health
89 assessment or evaluation must be administered by a qualified
90 professional as defined in s. 39.01, and the substance abuse
91 assessment or evaluation must be administered by a qualified
92 professional as defined in s. 397.311. The court may also
93 require such person to participate in and comply with treatment
94 and services identified as necessary, including, when
95 appropriate and available, participation in and compliance with
96 a mental health court program established under chapter 394 or a
97 treatment-based drug court program established under s. 397.334.



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98 Adjudication of a child as dependent based upon evidence of harm
99 as defined in s. 39.01(37)(g) demonstrates good cause, and the
100 court shall require the parent whose actions caused the harm to
101 submit to a substance abuse disorder assessment or evaluation
102 and to participate and comply with treatment and services
103 identified in the assessment or evaluation as being necessary.
104 In addition to supervision by the department, the court,
105 including the mental health court program or the treatment-based
106 drug court program, may oversee the progress and compliance with
107 treatment by a person who has custody or is requesting custody
108 of the child. The court may impose appropriate available
109 sanctions for noncompliance upon a person who has custody or is
110 requesting custody of the child or make a finding of
111 noncompliance for consideration in determining whether an
112 alternative placement of the child is in the child's best
113 interests. Any order entered under this subparagraph may be made
114 only upon good cause shown. This subparagraph does not authorize
115 placement of a child with a person seeking custody of the child,
116 other than the child's parent or legal custodian, who requires
117 mental health or substance abuse disorder treatment.

118 2. Require, if the court deems necessary, the parties to
119 participate in dependency mediation.

120 3. Require placement of the child either under the
121 protective supervision of an authorized agent of the department
122 in the home of one or both of the child's parents or in the home
123 of a relative of the child or another adult approved by the
124 court, or in the custody of the department. Protective
125 supervision continues until the court terminates it or until the
126 child reaches the age of 18, whichever date is first. Protective



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127 supervision shall be terminated by the court whenever the court
128 determines that permanency has been achieved for the child,
129 whether with a parent, another relative, or a legal custodian,
130 and that protective supervision is no longer needed. The
131 termination of supervision may be with or without retaining
132 jurisdiction, at the court's discretion, and shall in either
133 case be considered a permanency option for the child. The order
134 terminating supervision by the department must set forth the
135 powers of the custodian of the child and include the powers
136 ordinarily granted to a guardian of the person of a minor unless
137 otherwise specified. Upon the court's termination of supervision
138 by the department, further judicial reviews are not required if
139 permanency has been established for the child.

140 4. Determine whether the child has a strong attachment to
141 the prospective permanent guardian and whether such guardian has
142 a strong commitment to permanently caring for the child.

143 Section 3. For the purpose of incorporating the amendment
144 made by this act to section 39.01, Florida Statutes, in a
145 reference thereto, paragraph (c) of subsection (1) of section
146 39.6012, Florida Statutes, is reenacted to read:

147 39.6012 Case plan tasks; services.—

148 (1) The services to be provided to the parent and the tasks
149 that must be completed are subject to the following:

150 (c) If there is evidence of harm as defined in s.
151 39.01(37)(g), the case plan must include as a required task for
152 the parent whose actions caused the harm that the parent submit
153 to a substance abuse disorder assessment or evaluation and
154 participate and comply with treatment and services identified in
155 the assessment or evaluation as being necessary.



156 Section 4. For the purpose of incorporating the amendment
157 made by this act to section 39.01, Florida Statutes, in a
158 reference thereto, paragraph (k) of subsection (1) of section
159 39.806, Florida Statutes, is reenacted to read:

160 39.806 Grounds for termination of parental rights.—

161 (1) Grounds for the termination of parental rights may be
162 established under any of the following circumstances:

163 (k) A test administered at birth that indicated that the
164 child's blood, urine, or meconium contained any amount of
165 alcohol or a controlled substance or metabolites of such
166 substances, the presence of which was not the result of medical
167 treatment administered to the mother or the newborn infant, and
168 the biological mother of the child is the biological mother of
169 at least one other child who was adjudicated dependent after a
170 finding of harm to the child's health or welfare due to exposure
171 to a controlled substance or alcohol as defined in s. 39.01,
172 after which the biological mother had the opportunity to
173 participate in substance abuse treatment.

174 Section 5. For the purpose of incorporating the amendment
175 made by this act to section 39.01, Florida Statutes, in a
176 reference thereto, paragraph (c) of subsection (2) of section
177 61.13, Florida Statutes, is reenacted to read:

178 61.13 Support of children; parenting and time-sharing;
179 powers of court.—

180 (2)

181 (c) The court shall determine all matters relating to
182 parenting and time-sharing of each minor child of the parties in
183 accordance with the best interests of the child and in
184 accordance with the Uniform Child Custody Jurisdiction and



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185 Enforcement Act, except that modification of a parenting plan
186 and time-sharing schedule requires a showing of a substantial
187 and material change of circumstances.

188 1. It is the public policy of this state that each minor
189 child has frequent and continuing contact with both parents
190 after the parents separate or the marriage of the parties is
191 dissolved and to encourage parents to share the rights and
192 responsibilities, and joys, of childrearing. Unless otherwise
193 provided in this section or agreed to by the parties, there is a
194 rebuttable presumption that equal time-sharing of a minor child
195 is in the best interests of the minor child. To rebut this
196 presumption, a party must prove by a preponderance of the
197 evidence that equal time-sharing is not in the best interests of
198 the minor child. Except when a time-sharing schedule is agreed
199 to by the parties and approved by the court, the court must
200 evaluate all of the factors set forth in subsection (3) and make
201 specific written findings of fact when creating or modifying a
202 time-sharing schedule.

203 2. The court shall order that the parental responsibility
204 for a minor child be shared by both parents unless the court
205 finds that shared parental responsibility would be detrimental
206 to the child. In determining detriment to the child, the court
207 shall consider:

208 a. Evidence of domestic violence, as defined in s. 741.28;
209 b. Whether either parent has or has had reasonable cause to
210 believe that he or she or his or her minor child or children are
211 or have been in imminent danger of becoming victims of an act of
212 domestic violence as defined in s. 741.28 or sexual violence as
213 defined in s. 784.046(1)(c) by the other parent against the



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214 parent or against the child or children whom the parents share
215 in common regardless of whether a cause of action has been
216 brought or is currently pending in the court;

217 c. Whether either parent has or has had reasonable cause to
218 believe that his or her minor child or children are or have been
219 in imminent danger of becoming victims of an act of abuse,
220 abandonment, or neglect, as those terms are defined in s. 39.01,
221 by the other parent against the child or children whom the
222 parents share in common regardless of whether a cause of action
223 has been brought or is currently pending in the court; and

224 d. Any other relevant factors.

225 3. The following evidence creates a rebuttable presumption
226 that shared parental responsibility is detrimental to the child:

227 a. A parent has been convicted of a misdemeanor of the
228 first degree or higher involving domestic violence, as defined
229 in s. 741.28 and chapter 775;

230 b. A parent meets the criteria of s. 39.806(1)(d); or

231 c. A parent has been convicted of or had adjudication
232 withheld for an offense enumerated in s. 943.0435(1)(h)1.a., and
233 at the time of the offense:

234 (I) The parent was 18 years of age or older.

235 (II) The victim was under 18 years of age or the parent
236 believed the victim to be under 18 years of age.

237
238 If the presumption is not rebutted after the convicted parent is
239 advised by the court that the presumption exists, shared
240 parental responsibility, including time-sharing with the child,
241 and decisions made regarding the child, may not be granted to
242 the convicted parent. However, the convicted parent is not



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243 relieved of any obligation to provide financial support. If the
244 court determines that shared parental responsibility would be
245 detrimental to the child, it may order sole parental
246 responsibility and make such arrangements for time-sharing as
247 specified in the parenting plan as will best protect the child
248 or abused spouse from further harm. Whether or not there is a
249 conviction of any offense of domestic violence or child abuse or
250 the existence of an injunction for protection against domestic
251 violence, the court shall consider evidence of domestic violence
252 or child abuse as evidence of detriment to the child.

253 4. In ordering shared parental responsibility, the court
254 may consider the expressed desires of the parents and may grant
255 to one party the ultimate responsibility over specific aspects
256 of the child's welfare or may divide those responsibilities
257 between the parties based on the best interests of the child.
258 Areas of responsibility may include education, health care, and
259 any other responsibilities that the court finds unique to a
260 particular family.

261 5. The court shall order sole parental responsibility for a
262 minor child to one parent, with or without time-sharing with the
263 other parent if it is in the best interests of the minor child.

264 6. There is a rebuttable presumption against granting time-
265 sharing with a minor child if a parent has been convicted of or
266 had adjudication withheld for an offense enumerated in s.
267 943.0435(1)(h)1.a., and at the time of the offense:

268 a. The parent was 18 years of age or older.
269 b. The victim was under 18 years of age or the parent
270 believed the victim to be under 18 years of age.



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272 A parent may rebut the presumption upon a specific finding in
273 writing by the court that the parent poses no significant risk
274 of harm to the child and that time-sharing is in the best
275 interests of the minor child. If the presumption is rebutted,
276 the court must consider all time-sharing factors in subsection
277 (3) when developing a time-sharing schedule.

278 7. Access to records and information pertaining to a minor
279 child, including, but not limited to, medical, dental, and
280 school records, may not be denied to either parent. Full rights
281 under this subparagraph apply to either parent unless a court
282 order specifically revokes these rights, including any
283 restrictions on these rights as provided in a domestic violence
284 injunction. A parent having rights under this subparagraph has
285 the same rights upon request as to form, substance, and manner
286 of access as are available to the other parent of a child,
287 including, without limitation, the right to in-person
288 communication with medical, dental, and education providers.

289 Section 6. For the purpose of incorporating the amendment
290 made by this act to section 39.01, Florida Statutes, in a
291 reference thereto, section 61.401, Florida Statutes, is
292 reenacted to read:

293 61.401 Appointment of guardian ad litem.—In an action for
294 dissolution of marriage or for the creation, approval, or
295 modification of a parenting plan, if the court finds it is in
296 the best interest of the child, the court may appoint a guardian
297 ad litem to act as next friend of the child, investigator or
298 evaluator, not as attorney or advocate. The court in its
299 discretion may also appoint legal counsel for a child to act as
300 attorney or advocate; however, the guardian and the legal



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301 counsel shall not be the same person. In such actions which
302 involve an allegation of child abuse, abandonment, or neglect as
303 defined in s. 39.01, which allegation is verified and determined
304 by the court to be well-founded, the court shall appoint a
305 guardian ad litem for the child. The guardian ad litem shall be
306 a party to any judicial proceeding from the date of the
307 appointment until the date of discharge.

308 Section 7. For the purpose of incorporating the amendment
309 made by this act to section 39.01, Florida Statutes, in a
310 reference thereto, subsection (3) of section 61.402, Florida
311 Statutes, is reenacted to read:

312 61.402 Qualifications of guardians ad litem.—

313 (3) Only a guardian ad litem who qualifies under paragraph
314 (1) (a) or paragraph (1) (c) may be appointed to a case in which
315 the court has determined that there are well-founded allegations
316 of child abuse, abandonment, or neglect as defined in s. 39.01.

317 Section 8. For the purpose of incorporating the amendment
318 made by this act to section 39.01, Florida Statutes, in a
319 reference thereto, paragraph (b) of subsection (2) of section
320 390.01114, Florida Statutes, is reenacted to read:

321 390.01114 Parental Notice of and Consent for Abortion Act.—

322 (2) DEFINITIONS.—As used in this section, the term:

323 (b) "Child abuse" means abandonment, abuse, harm, mental
324 injury, neglect, physical injury, or sexual abuse of a child as
325 those terms are defined in ss. 39.01, 827.04, and 984.03.

326 Section 9. For the purpose of incorporating the amendment
327 made by this act to section 39.01, Florida Statutes, in a
328 reference thereto, subsection (3) of section 744.309, Florida
329 Statutes, is reenacted to read:



744.309 Who may be appointed guardian of a resident ward.—
(3) DISQUALIFIED PERSONS.—No person who has been convicted of a felony or who, from any incapacity or illness, is incapable of discharging the duties of a guardian, or who is otherwise unsuitable to perform the duties of a guardian, shall be appointed to act as guardian. Further, no person who has been judicially determined to have committed abuse, abandonment, or neglect against a child as defined in s. 39.01 or s. 984.03(1), (2), and (24), or who has been found guilty of, regardless of adjudication, or entered a plea of nolo contendere or guilty to, any offense prohibited under s. 435.04 or similar statute of another jurisdiction, shall be appointed to act as a guardian. Except as provided in subsection (5) or subsection (6), a person who provides substantial services to the proposed ward in a professional or business capacity, or a creditor of the proposed ward, may not be appointed guardian and retain that previous professional or business relationship. A person may not be appointed a guardian if he or she is in the employ of any person, agency, government, or corporation that provides service to the proposed ward in a professional or business capacity, except that a person so employed may be appointed if he or she is the spouse, adult child, parent, or sibling of the proposed ward or the court determines that the potential conflict of interest is insubstantial and that the appointment would clearly be in the proposed ward's best interest. The court may not appoint a guardian in any other circumstance in which a conflict of interest may occur.

Section 10. For the purpose of incorporating the amendment made by this act to section 39.01, Florida Statutes, in a



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359 reference thereto, subsection (24) of section 984.03, Florida
360 Statutes, is reenacted to read:

361 984.03 Definitions.—When used in this chapter, the term:

362 (24) "Neglect" has the same meaning as in s. 39.01(53).

363 Section 11. For the purpose of incorporating the amendment
364 made by this act to section 39.01, Florida Statutes, in a
365 reference thereto, paragraph (c) of subsection (8) of section
366 1001.42, Florida Statutes, is reenacted to read:

367 1001.42 Powers and duties of district school board.—The
368 district school board, acting as a board, shall exercise all
369 powers and perform all duties listed below:

370 (8) STUDENT WELFARE.—

371 (c)1. In accordance with the rights of parents enumerated
372 in ss. 1002.20 and 1014.04, adopt procedures for notifying a
373 student's parent if there is a change in the student's services
374 or monitoring related to the student's mental, emotional, or
375 physical health or well-being and the school's ability to
376 provide a safe and supportive learning environment for the
377 student. The procedures must reinforce the fundamental right of
378 parents to make decisions regarding the upbringing and control
379 of their children by requiring school district personnel to
380 encourage a student to discuss issues relating to his or her
381 well-being with his or her parent or to facilitate discussion of
382 the issue with the parent. The procedures may not prohibit
383 parents from accessing any of their student's education and
384 health records created, maintained, or used by the school
385 district, as required by s. 1002.22(2).

386 2. A school district may not adopt procedures or student
387 support forms that prohibit school district personnel from



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388 notifying a parent about his or her student's mental, emotional,
389 or physical health or well-being, or a change in related
390 services or monitoring, or that encourage or have the effect of
391 encouraging a student to withhold from a parent such
392 information. School district personnel may not discourage or
393 prohibit parental notification of and involvement in critical
394 decisions affecting a student's mental, emotional, or physical
395 health or well-being. This subparagraph does not prohibit a
396 school district from adopting procedures that permit school
397 personnel to withhold such information from a parent if a
398 reasonably prudent person would believe that disclosure would
399 result in abuse, abandonment, or neglect, as those terms are
400 defined in s. 39.01.

401 3. Classroom instruction by school personnel or third
402 parties on sexual orientation or gender identity may not occur
403 in prekindergarten through grade 8, except when required by ss.
404 1003.42(2)(o)3. and 1003.46. If such instruction is provided in
405 grades 9 through 12, the instruction must be age-appropriate or
406 developmentally appropriate for students in accordance with
407 state standards. This subparagraph applies to charter schools.

408 4. Student support services training developed or provided
409 by a school district to school district personnel must adhere to
410 student services guidelines, standards, and frameworks
411 established by the Department of Education.

412 5. At the beginning of the school year, each school
413 district shall notify parents of each health care service
414 offered at their student's school and the option to withhold
415 consent or decline any specific service in accordance with s.
416 1014.06. Parental consent to a health care service does not



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417 waive the parent's right to access his or her student's
418 educational or health records or to be notified about a change
419 in his or her student's services or monitoring as provided by
420 this paragraph.

421 6. Before administering a student well-being questionnaire
422 or health screening form to a student in kindergarten through
423 grade 3, the school district must provide the questionnaire or
424 health screening form to the parent and obtain the permission of
425 the parent.

426 7. Each school district shall adopt procedures for a parent
427 to notify the principal, or his or her designee, regarding
428 concerns under this paragraph at his or her student's school and
429 the process for resolving those concerns within 7 calendar days
430 after notification by the parent.

431 a. At a minimum, the procedures must require that within 30
432 days after notification by the parent that the concern remains
433 unresolved, the school district must either resolve the concern
434 or provide a statement of the reasons for not resolving the
435 concern.

436 b. If a concern is not resolved by the school district, a
437 parent may:

438 (I) Request the Commissioner of Education to appoint a
439 special magistrate who is a member of The Florida Bar in good
440 standing and who has at least 5 years' experience in
441 administrative law. The special magistrate shall determine facts
442 relating to the dispute over the school district procedure or
443 practice, consider information provided by the school district,
444 and render a recommended decision for resolution to the State
445 Board of Education within 30 days after receipt of the request



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446 by the parent. The State Board of Education must approve or
447 reject the recommended decision at its next regularly scheduled
448 meeting that is more than 7 calendar days and no more than 30
449 days after the date the recommended decision is transmitted. The
450 costs of the special magistrate shall be borne by the school
451 district. The State Board of Education shall adopt rules,
452 including forms, necessary to implement this subparagraph.

453 (II) Bring an action against the school district to obtain
454 a declaratory judgment that the school district procedure or
455 practice violates this paragraph and seek injunctive relief. A
456 court may award damages and shall award reasonable attorney fees
457 and court costs to a parent who receives declaratory or
458 injunctive relief.

459 c. Each school district shall adopt and post on its website
460 policies to notify parents of the procedures required under this
461 subparagraph.

462 d. Nothing contained in this subparagraph shall be
463 construed to abridge or alter rights of action or remedies in
464 equity already existing under the common law or general law.

465 Section 12. This act shall take effect July 1, 2026.

466 ===== T I T L E A M E N D M E N T =====

467 And the title is amended as follows:

468 Delete everything before the enacting clause
469 and insert:

470 A bill to be entitled

471 An act relating to child welfare; amending s. 39.01,
472 F.S.; revising the definition of the term "harm" to
473 provide that exposure of a child to a controlled



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475 substance may be established by evidence of acute or
476 chronic use of a controlled substance by a parent to a
477 specified extent; revising the definition of the term
478 "neglect" to provide that neglect occurs when there is
479 evidence of acute or chronic use of a controlled
480 substance by a parent to a specified extent;
481 reenacting ss. 39.521(1) (c), 39.6012(1) (c),
482 39.806(1) (k), 61.13(2) (c), 61.401, 61.402(3),
483 390.01114(2) (b), 744.309(3), 984.03(24), and
484 1001.42(8) (c), F.S., relating to disposition hearings
485 and powers of disposition; case plan tasks and
486 services; grounds for termination of parental rights;
487 support of children, parenting and time-sharing, and
488 powers of the court; appointment of guardian ad litem;
489 qualifications of guardians ad litem; the Parental
490 Notice of and Consent for Abortion Act; who may be
491 appointed guardian of a resident ward; definitions;
492 and powers and duties of district school board,
493 respectively, to incorporate the amendment made to s.
494 39.01, F.S., in references thereto; providing an
495 effective date.

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 Children, Families, and Elder Affairs

BILL: SB 1002

INTRODUCER: Senator Gaetz

SUBJECT: Temporary Custody of Minor Children

DATE: January 26, 2026 REVISED: _____

ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1. Fiore	Tuszynski	CF	Pre-meeting
2.		JU	
3.		RC	

I. Summary:

SB 1002 expands pathways for relatives—particularly grandparents—to obtain temporary custody of a minor child by enhancing notice during child protective investigations, broadening standing to petition for custody, and expressly recognizing parental substance abuse as a basis for finding a substantial threat of harm to the child. The bill amends s. 39.301, Florida Statutes (F.S.), to strengthen notice requirements to ensure that a relative of a child who is the subject of a child protective investigation is aware of their ability to petition for custody pursuant to Chapter 751, F.S.

The bill amends Chapter 751, F.S., to provide a pathway specifically for grandparents to petition for temporary or concurrent custody of a grandchild regardless of whether the child is presently in the grandparent's care. Currently, extended family members, including grandparents, may only petition for temporary or concurrent custody if the parent consents or if the child is presently in the extended family member's care. Furthermore, a court may only grant the petition over a parent's objection if it is found that the parent is unfit due to abuse, abandonment, or neglect.

Under this bill, extended family members will be given the ability to petition for custody if they can demonstrate extensive, abusive, and chronic use of a controlled substance or alcohol to the extent that the parents' ability to provide supervision and care for the child has been or is likely to be severely compromised. Courts will be required to find by clear and convincing evidence that such substance and alcohol use constitutes a substantial threat of significant and demonstrable harm to the child.

The bill has no anticipated fiscal impact.

The bill has an effective date of July 1, 2026.

II. Present Situation:

Temporary and Concurrent Custody by Extended Family Members

Florida law provides a legal mechanism for extended family members to obtain temporary or concurrent custody of a minor child without the child entering the dependency system.¹

“Extended family member” is defined to include a “relative within the third degree by blood or marriage to the parent,” which includes the grandparents of the child.² Under this law, a grandparent may petition the circuit court for temporary or concurrent custody only if:

- The grandparent has the signed, notarized consent of the child’s parents; or
- The grandparent is caring full time for the child in the role of a substitute parent and the child is presently living with the grandparent.³

A petition for temporary or concurrent custody must be verified and include specific information, including the relationship of the petitioner to the child and the basis for requesting custody.⁴ If temporary custody is sought, the petition must include a copy of the written parental consent or identify the specific acts or omissions demonstrating that the parents abused, abandoned, or neglected the child as defined in Chapter 39, F.S.⁵ If a parent objects to a petition for temporary custody, the court may grant the petition only upon a finding, by clear and convincing evidence, that the parent is unfit due to abuse, abandonment, or neglect.⁶ This is in line with Florida Supreme Court precedent requiring that, in order to overcome a parent’s fundamental constitutional right to rear his or her child, courts must first find parental unfitness or a substantial threat of significant and demonstrable harm to the child.⁷

Child Protective Investigations and Relative Involvement

Chapter 39, Florida Statutes (F.S.), governs child welfare proceedings, including child protective investigations conducted by the Department of Children and Families (DCF). A protective investigation is initiated when a report of abuse, abandonment, or neglect is accepted by the Florida Abuse Hotline.⁸ During such investigations, a protective investigator must determine whether a child is safe, whether services are needed, and whether court intervention or removal is necessary.⁹ If the DCF determines that the child’s need for protection requires intervention, the DCF may take the child into protective custody and petition the court for shelter or dependency.¹⁰

¹ Section 751.01, F.S.

² Section 751.011(2)(a), F.S.

³ Section 751.02(1), F.S.

⁴ Section 751.03, F.S.

⁵ Section 751.03(9), F.S.

⁶ Section 751.05(3)(b), F.S.

⁷ Richardson v. Richardson, 766 So. 2d 1036 (Fla. 2000); Von Eiff v. Azicri, 720 So. 2d 510 (Fla. 1998); and Beagle v. Beagle, 678 So. 2d 1271 (Fla. 1996).

⁸ Section 39.301(1)(a), F.S.

⁹ Section 39.301(9), F.S.

¹⁰ Sections 39.301(9)(a)6. and 39.301(9)(b)2., F.S.

Currently, relatives are considered a collateral contact during protective investigations and they may request to be notified of all proceedings and hearings concerning the child,¹¹ but the law does not expressly require the DCF to inform relatives of their ability to seek custody of a child through other legal avenues, such as temporary or concurrent custody under Chapter 751, F.S. As a result, relatives may be unaware of a non-dependency pathway to assume legal responsibility for a child during or following a protective investigation.

III. Effect of Proposed Changes:

Section 1 amends s. 39.301(14)(b), F.S., to require a protective investigator who contacts a relative during a protective investigation to inform that relative of the option to petition for temporary or concurrent custody under Chapter 751, F.S., and, if necessary, provide guidance on how to file such a petition.

Section 2 amends s. 751.02(1), F.S., to provide a pathway specifically for a grandparent to petition for temporary or concurrent custody of a grandchild regardless of whether the child is presently in the grandparent's care.

Section 3 amends s. 751.03(9), F.S., to expand the allowable allegations in a temporary custody petition to include specific acts or omissions demonstrating extensive, abusive, and chronic use of a controlled substance or alcohol by a parent that has or is likely to severely compromise the parent's ability to provide supervision and care for the child. The section defines "controlled substance" to include prescription drugs not prescribed for the parent or not administered as prescribed; and drugs referenced as Schedule I and Schedule II substances under s. 893.03, F.S.

This proposed language mirrors statutory language in s. 39.01(37)(g)2., F.S., which ties a parent's extensive, abusive, and chronic use of controlled substances or alcohol to the statutory definition of "harm" to a child's health or welfare."

Section 4 amends s. 751.05(3)(b), F.S., to allow the court to grant custody upon a finding that it is in the child's best interests and that there is a substantial threat of significant and demonstrable harm if custody is not granted. The section provides that evidence of extensive, abusive, and chronic substance or alcohol use to the extent that the parent's ability to provide supervision and care for the child has been or is likely to be severely compromised is sufficient for a court to make a finding of "substantial threat of significant and demonstrable harm to the child."

Section 5 provides an effective date of July 1, 2026.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

¹¹ Section 39.301(14)(b), F.S.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

D. State Tax or Fee Increases:

None.

E. Other Constitutional Issues:

The Supreme Courts of the United States and of Florida have ruled that the responsibility of child rearing belongs to parents alone. and has deemed all challenged statutes granting a grandparent any rights to visitation or custody over the wishes of either parent without a finding of harm is unconstitutional as a violation of this fundamental constitutional right.

The Florida Supreme Court determined in *Beagle v. Beagle*, 678 So. 2d 1271, 1276 (Fla. 1996) that:

“Based upon the privacy provision in the Florida Constitution, we hold that the State may not intrude upon the parents' fundamental right to raise their children except in cases where the child is threatened with harm.”

and ultimately held:

“Without a finding of harm, we are unable to conclude that the State demonstrates a compelling interest. We hold that, in the absence of an explicit requirement of harm or detriment, the challenged [law] is facially flawed . . . In issuing this decision, we have no intent to disrupt or modify the current requirements for best interest balancing in those other areas of family law proceedings.”

The bill grants grandparents the right to seek custody over the objection of a parent without a finding of harm by any government entity or investigation. This will likely raise constitutional challenges.

V. Fiscal Impact Statement:**A. Tax/Fee Issues:**

None.

B. Private Sector Impact:

None.

C. Government Sector Impact:

None.

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Statutes Affected:

This bill substantially amends the following sections of the Florida Statutes: 39.301, 751.02, 751.03, 751.05

IX. 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.

By Senator Gaetz

1-01396-26

20261594

A bill to be entitled

An act relating to veteran benefit payments to minor clients; amending s. 402.33, F.S.; authorizing the Department of Children and Families, the Department of Health, or the Agency for Persons with Disabilities to access certain benefit payments for specified purposes; prohibiting the Department of Children and Families, the Department of Health, or the Agency for Persons with Disabilities from supplanting certain financial assistance; providing an effective date.

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

Section 1. Present subsections (3) through (9) of section 402.33, Florida Statutes, are redesignated as subsections (4) through (10), respectively, and a new subsection (3) is added to that section, to read:

402.33 Department authority to charge fees for services provided.—

(3) The department may access benefit payments provided by the United States Department of Veterans Affairs which are in a combined account for postsecondary education services and support and aftercare services under s. 409.1451 when a minor client attains 18 years of age or, if enrolled in school, 23 years of age; however, the department may not supplant financial assistance provided in 409.1451(2)(b).

Section 2. This act shall take effect July 1, 2026.

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 Children, Families, and Elder Affairs

BILL: SB 1594

INTRODUCER: Senator Gaetz

SUBJECT: Veteran Benefit Payments to Minor Clients

DATE: January 26, 2026 REVISED: _____

ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1. Fiore	Tuszynski	CF	Pre-meeting
2.		MS	
3.		FP	

I. Summary:

SB 1594 authorizes the Department of Children and Families to access certain federal veteran benefit payments that are deposited into a combined account for a minor client when the client reaches 18 years of age, or up to 23 years of age if the client is enrolled in school.

The bill limits the use of such funds to postsecondary education services and support and aftercare services under the Road-to-Independence Program in s. 409.1451, F.S. The bill expressly prohibits these funds from supplanting existing financial assistance provided under s. 409.1451(2)(b), F.S.

The bill has no anticipated fiscal impact.

The bill takes effect July 1, 2026.

II. Present Situation:

Department Authority to Collect and Use Funds on Behalf of Children in Care

Section 402.33, F.S., governs the authority of the Department of Children and Families (DCF), Department of Health, and the Agency for Persons with Disabilities to charge fees for services provided and to collect certain payments or benefits on behalf of individuals receiving services.¹ These state agencies may actively assist a client or their responsible party (e.g., parents, guardians, or other legally responsible parties) in obtaining any financial benefits they are entitled to by law.² The statute also allows these state agencies to serve as a representative payee for those benefits and to receive them on the client's behalf.³ "Benefit payments" contemplated

¹ Section 402.33(2)-(3), F.S.

² Section 402.33(3), F.S.

³ *Id.*

under the statute include cash payments from the United States Department of Veterans Affairs (VA).⁴ While the statute authorizes these state agencies to receive VA payments on behalf of clients, it does so for the purpose of offsets to reduce the client's liability for departmental fees. The statute does not expressly address these state agencies' ability to access or utilize federal veteran benefit payments for purposes related to postsecondary education services and support or aftercare services.

Any funds that are lawfully entrusted to the DCF for the personal benefit of its clients, including dependent children, must be held in trust and administered to protect both the short-term and long-term interests of the client.⁵ Acting in this fiduciary capacity, the DCF administers a court-approved Master Trust to receive, hold, and manage benefit payments and other assets for children in its custody, including Social Security and VA benefits.⁶

Federal Veterans Affairs Benefit Payments

The VA administers a variety of benefit programs that may provide payments to dependents of eligible veterans, including minor children. These benefits can include dependency and indemnity compensation, survivors' benefits, and education-related assistance, depending on the veteran's service and eligibility status.⁷ Federal law authorizes the VA to temporarily pay VA benefits to the person who has custody and control of a minor beneficiary, provided the funds are used solely for the benefit of that beneficiary.⁸ Funds held in trust by the federal government may be released to the beneficiary upon attainment of majority or to the beneficiary's fiduciary.⁹

There are two independent pathways for a state agency to qualify as a fiduciary. One pathway requires the state agency to be legally vested with the responsibility or care of a beneficiary.¹⁰ Even though a child is adjudicated dependent, the DCF does not automatically qualify as a fiduciary under this pathway. Florida law treats "guardianship of the person" and "guardianship of the property" as distinct legal statuses. While it has custodial and placement authority over the child, the DCF does not have ownership or fiduciary control over a child's assets.¹¹ Another pathway to qualify as a fiduciary is to be appointed by the VA in a representative capacity to receive money paid for the use and benefit of a minor or other beneficiary.¹² The VA appoints fiduciaries through an administrative process that includes suitability screening and formal designation.¹³ While serving as a fiduciary, the DCF remains subject to ongoing federal oversight and accounting requirements.¹⁴

⁴ Section 402.33(1)(a), F.S.

⁵ Section 402.17(2), F.S.

⁶ See CFOP 170-16, Ch. 3; CFOP 170-16, at pg. 3-10; and Explanation of Master Trust Notice, attachment 1 to Ch. 3, <https://resourcelibrary.myflfamilies.com/cfop170/CFOP%20170-16,%20%20%20%20Administrative%20Functions.pdf>.

⁷ See generally Benefits for Family and Caregivers, Veterans Affairs (last visited January 22, 2026), <https://www.va.gov/family-and-caregiver-benefits/>.

⁸ 38 U.S.C. § 5502(d).

⁹ *Id.*

¹⁰ 38 U.S.C. § 5506(1).

¹¹ Section 39.812(3), F.S.

¹² 38 U.S.C. § 5506(2).

¹³ 38 C.F.R. § 13.100.

¹⁴ 38 C.F.R. § 13.110 et seq.

The following table provides information on the different VA education benefits that may be available to the dependents of veterans:

Program	Veteran Status	Type of Benefit	Who Receives Payment
Post-9/11 GI Bill (Transferred Entitlement) ¹⁵	Veteran alive and eligible	<ul style="list-style-type: none"> Tuition & fees Monthly housing allowance (MHA) Books stipend 	<ul style="list-style-type: none"> Tuition → school MHA & books → beneficiary or fiduciary
Fry Scholarship ¹⁶	Service member died in line of duty after 9/11/2001	<ul style="list-style-type: none"> Tuition & fees MHA Books stipend 	<ul style="list-style-type: none"> Tuition → school MHA & books → beneficiary or fiduciary
Survivors' and Dependents' Educational Assistance (DEA) ¹⁷	Veteran deceased or permanently/totally disabled	Monthly education assistance payment	Paid to beneficiary or fiduciary

Road-to-Independence Program

Florida provides independent living services to young adults to help them transition out of foster care and to prepare them to become self-sufficient adults. In 2013, the Legislature established the Road-to-Independence Program as a voluntary service specifically to help eligible young adults who were formerly in foster care young adults receive the skills, education, and support necessary to become self-sufficient through either postsecondary education services and support (PESS) or aftercare services (Aftercare).¹⁸ The following table provides information on the eligibility requirements to participate in PESS and Aftercare and the services provided by each:

Road-to-Independence Program		
Program	Eligibility	Services
Postsecondary Education Services and Support (PESS) ¹⁹	<p>Young adults who:</p> <ul style="list-style-type: none"> Turned 18 years of age in foster care or is currently living in foster care; or Was at least 14 years of age and was adopted from foster care or placed with a court-approved dependency guardian after spending at least 6 months in licensed care within the 12 months immediately preceding such placement or adoption; and <ul style="list-style-type: none"> Spent at least 6 months in licensed care before reaching his or her 18th birthday; Earned a high school diploma or equivalent; 	\$1,720 monthly or the monthly room and board rate, depending on the eligibility conditions the child meets.

¹⁵ 38 U.S.C. §§ 3311(b) and 3319.

¹⁶ 38 U.S.C. §§ 3311(b)(8)-(10) and 3311(f).

¹⁷ 38 U.S.C. § 3500 et seq.

¹⁸ Ch. 2013-178, Laws of Florida; and s. 409.1451(1)(c), F.S.

¹⁹ Section 409.1451(2), F.S.

Road-to-Independence Program		
Program	Eligibility	Services
	<ul style="list-style-type: none"> ○ Are attending a college or vocational school that is Bright Futures eligible; ○ Has reached 18 years of age but not 23 years of age. ○ Has applied for grants and scholarships; ○ Has submitted a Free Application for Federal Student Aid; and ○ Signed an agreement to allow the DCF and CBC lead agency access to school records. 	
Aftercare ²⁰	<p>Young adults who have reached 18 years of age but are not yet 23 and are:</p> <ul style="list-style-type: none"> • Not in EFC. • Temporarily not receiving PESS. <p>Subject to available funding, aftercare services are also available to a young adult who is between the ages of 18 and 22, and is:</p> <ul style="list-style-type: none"> • Receiving PESS during an emergency situation but lacks the sufficient resources to meet the emergency situation; or • Was placed by a court in out-of-home care, lived in out-of-home care for at least 6 months after turning 14 years of age, and did not achieve reunification with his or her parent or guardian. 	<p>Services include, but are not limited to, the following:</p> <ul style="list-style-type: none"> • Mentoring and tutoring. • Mental health and substance abuse counseling. • Life skills classes. • Parenting classes. • Job and career skills training. • Counselor consultations. • Temporary financial assistance.

III. Effect of Proposed Changes:

Section 1 amends s. 402.33, F.S., to authorize the DCF²¹ to access benefit payments provided by the United States Department of Veterans Affairs (VA) that are deposited into a combined account for a minor client. The authority applies when the minor attains 18 years of age, or up to 23 years of age if the individual is enrolled in school.

The section limits the use of such accessed VA benefit payments to PESS and Aftercare under s. 409.1451, F.S. The section further provides that the DCF may not supplant the financial assistance provided under s. 409.1451(2)(b), F.S., thereby preserving the existing level of state-funded assistance of \$1,720/month for eligible individuals.

By expressly authorizing access to VA benefit payments for these specified purposes, the bill provides statutory authority for the DCF to facilitate coordination of funds between federal benefit payments and state programs designed to support young adults transitioning from foster care to independence.

²⁰ Section 409.1451(3), F.S.

²¹ Under s. 402.33(1)(c), F.S., the term “department” expressly includes the DCF, the Department of Health (DOH), and the Agency for Persons with Disabilities (APD). Despite the shared definition, the postsecondary education services and supports program and the aftercare program under s. 409.1451, F.S., are administered by DCF. DOH and APD do not oversee foster care aftercare or postsecondary support services, nor do those agencies typically manage education-related benefit accounts for former foster youth. As a result, DCF would be the only agency likely to access or use these funds in practice.

Section 2 provides 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:

None.

C. Government Sector Impact:

None.

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Statutes Affected:

This bill substantially amends the following sections of the Florida Statutes: 402.33

IX. 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.

By Senator Bradley

6-00950A-26

20261016

A bill to be entitled

An act relating to medical assistance eligibility for working persons with disabilities; creating s. 409.9041, F.S.; defining the term "department"; creating the Working People with Disabilities program within the Agency for Health Care Administration; providing the purpose of the program; specifying eligibility requirements; specifying income and asset requirements for eligibility in the program; requiring the Department of Children and Families to provide a written notice of specified information to eligible adults upon their initial enrollment in certain Medicaid waiver programs, and at least annually thereafter; requiring the department to provide the initial written notice to currently eligible enrollees within a specified timeframe; providing an effective date.

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

Section 1. Section 409.9041, Florida Statutes, is created to read:

409.9041 Working People with Disabilities program.—

(1) As used in this section, the term "department" means
Department of Children and Families.

(2) The Working People with Disabilities program is established within the agency. The purpose of the program is to eliminate barriers to employment by allowing certain working individuals with disabilities to maintain eligibility for

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30 Medicaid home and community-based services waiver programs while
31 working and earning additional income.

32 (3) An individual is eligible for the program and must
33 automatically be enrolled if he or she meets all of the
34 following criteria:

35 (a) Has a developmental disability as defined in s.
36 393.063.

37 (b) Is currently enrolled in a Medicaid home and community-
38 based services waiver program, including the home and community-
39 based services Medicaid waiver program under s. 393.0662, the
40 familial dysautonomia waiver program authorized under s.
41 409.912(10), the long-term care managed care program under s.
42 409.978, the pilot program for individuals with developmental
43 disabilities under s. 409.9855, or the Florida Medicaid Model
44 Waiver.

45 (c) Is at least 18 years of age.
46 (d) Is employed and earning income.

47 (4) To maintain Medicaid eligibility, the enrollee's
48 maximum monthly income may not exceed 550 percent of the
49 Supplemental Security Income Federal Benefit Rate established by
50 the Social Security Administration. The agency and department
51 shall disregard assets up to \$13,000 for an enrollee and up to
52 \$24,000 for an enrollee and his or her spouse, and exclude an
53 enrollee's assets held in a retirement account recognized by the
54 Internal Revenue Service, when determining eligibility for the
55 Medicaid program.

56 (5) The department shall provide written notice to eligible
57 adults upon initial enrollment in a waiver program described in
58 paragraph (3)(b) and at least annually thereafter. The notice

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59 must clearly and concisely communicate all of the following
60 information:

61 (a) Automatic enrollment in the program.
62 (b) Eligibility and qualifications for participation in the
63 program.

64 (c) The enrollee's ability to maintain Medicaid benefits
65 while earning income under the program.

66 (d) The optional nature of participation in the program.
67 (e) A brief overview of a special needs trust authorized by
68 the federal Social Security Act and how it may assist with
69 maintaining eligibility for benefits.

70 (f) The name and contact information for the person or
71 office within the department responsible for providing
72 information regarding eligibility for or assistance with the
73 program.

74 Section 2. The Department of Children and Families shall
75 provide the written notice required under s. 409.9041(5),
76 Florida Statutes, to currently eligible enrollees under s.
77 409.9041(3), Florida Statutes, within 90 days after the
78 effective date of this act.

79 Section 3. This act shall take effect upon becoming a law.



LEGISLATIVE ACTION

Senate

House

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The Committee on Children, Families, and Elder Affairs (Bradley) recommended the following:

1 **Senate Amendment (with title amendment)**

2
3 Between lines 73 and 74

4 insert:

5 (6) The agency shall identify Medicaid recipients who are
6 enrolled in a Supplemental Security Income program and a
7 Medicaid home and community-based services waiver program listed
8 in paragraph (3) (b) and share such information with the
9 department as necessary to accomplish the purpose of this
10 section.



11
12 ===== TITLE AMENDMENT =====

13 And the title is amended as follows:

14 Delete line 14

15 and insert:

16 thereafter; requiring the agency to identify certain
17 Medicaid recipients and share such information with
18 the department for a specified purpose; requiring the
19 department to provide the



LEGISLATIVE ACTION

Senate

House

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The Committee on Children, Families, and Elder Affairs (Grall) recommended the following:

1 **Senate Amendment**

2 Delete lines 32 - 61

3 and insert:

4 (3) An individual is eligible for the program if he or she
5 meets all of the following criteria:

6 (a) Has a developmental disability as defined in s.

7 393.063.

8 (b) Is currently enrolled in a Medicaid home and community-
9 based services waiver program, including the home and community-



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11 based services Medicaid waiver program under s. 393.0662, the
12 familial dysautonomia waiver program authorized under s.
13 409.912(10), the long-term care managed care program under s.
14 409.978, the pilot program for individuals with developmental
15 disabilities under s. 409.9855, or the Florida Medicaid Model
16 Waiver.

17 (c) Is at least 18 years of age.

18 (d) Is employed and earning income.

19 (4) To maintain Medicaid eligibility, the enrollee's
20 maximum monthly income may not exceed 550 percent of the
21 Supplemental Security Income Federal Benefit Rate established by
22 the Social Security Administration. The agency and department
23 shall disregard assets up to \$13,000 for an enrollee and up to
24 \$24,000 for an enrollee and his or her spouse, and exclude an
25 enrollee's assets held in a retirement account recognized by the
26 Internal Revenue Service, when determining eligibility for the
27 Medicaid program.

28 (5) The department shall provide written notice to eligible
29 adults upon initial enrollment in a waiver program described in
30 paragraph (3) (b) and at least annually thereafter. The notice
31 must clearly and concisely communicate all of the following
32 information with the option to opt into the program:

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 Children, Families, and Elder Affairs

BILL: SB 1016

INTRODUCER: Senator Bradley

SUBJECT: Medical Assistance Eligibility for Working Persons with Disabilities

DATE: January 26, 2026 REVISED: _____

ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1. Rao	Tuszynski	CF	Pre-meeting
2.		AHS	
3.		AP	

I. Summary:

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

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

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

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

The bill has an indeterminate negative fiscal impact on the state for potential increased enrollment of eligible persons and agency administrative costs to share enrollment information and mail program information notices to Medicaid HCBS enrollees.

The bill takes effect upon becoming a law.

II. Present Situation:

Services for Individuals with Disabilities --- Generally

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

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

Agency for Persons with Disabilities

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

Agency for Health Care Administration

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

Department of Children and Families

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

Employment of Persons with Disabilities

In 2024, there were an estimated 3,164,477 individuals with a disability in Florida, in the following age categories:⁶

Number of Individuals in Florida with a Disability	
Age Range	Number of Individuals with a Disability
Under 18 years	242,336

¹ Section 393.063(11), F.S.

² Section 393.062, F.S.

³ Section 20.197, F.S.

⁴ Section 409.902, F.S.

⁵ Section 409.902, F.S.

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

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

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

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

Supplemental Security Income

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

To be eligible for SSI, an individual must be over the age of 65, blind, or have a disability. An adult is considered to have a disability if they are unable to engage in any substantial gainful activity (SGA) due to any medically determinable physical or mental impairment that either:¹¹

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

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

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

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

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

⁹ *Id.*

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

¹¹ Congress.gov, *Supplemental Security Income (SSI)*, available at: <https://www.congress.gov/crs-product/IF10482> (last visited 1/22/26).

¹² Congress.gov, *Supplemental Security Income (SSI)*, available at: <https://www.congress.gov/crs-product/IF10482> (last visited 1/22/26).

¹³ *Id.*

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

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

Medicaid

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

Under the Medicaid program, the federal government and state share the costs of purchasing the medical assistance the eligible recipient requires. The Federal Medical Assistance Percentage (FMAP) refers to the federal government’s share of Medicaid expenditures. For Fiscal Year 2026, the FMAP in Florida is 57.22%, meaning the federal government will reimburse the state 57.22% of payments made for medical assistance of eligible recipients.²¹

In Florida, most Medicaid recipients are enrolled in the Statewide Medicaid Managed Care (SMMC) program.²² The SMMC program consists of the following components:²³

- Managed Medical Assistance (MMA): Provides Medicaid covered medical services such as doctor’s visits, hospital care, prescribed drugs, mental health care, and transportation to such

¹⁴ Congress.gov, *Supplemental Security Income (SSI)*, available at: <https://www.congress.gov/crs-product/IF10482> (last visited 1/22/26).

¹⁵ *Id.*

¹⁶ *Id.*

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

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

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

²⁰ *Id.*

²¹ Congress.gov, *Medicaid’s Federal Medical Assistance Percentage (FMAP)*, available at: <https://www.congress.gov/crs-product/R43847> (last visited 1/21/26).

²² Florida Agency for Health Care Administration, *Statewide Medicaid Managed Care*, available at: <https://ahca.myflorida.com/medicaid/statewide-medicaid-managed-care> (last visited 1/21/26).

²³ Agency for Health Care Administration, *Statewide Medicaid Managed Care*, available at: <https://ahca.myflorida.com/medicaid/statewide-medicaid-managed-care> (last visited 1/21/26).

services. Most individuals on Medicaid receive their care from a plan that covers MMA services.

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

Florida's Home and Community-Based Services Waivers

Florida has obtained several Medicaid waivers²⁴ to enable the provision of specified home and community-based services (HCBS) to allow persons at risk of institutionalization to remain at home or in a home-like setting.²⁵ The intended target populations are older adults, people with intellectual or developmental disabilities, physical disabilities, or mental health and substance use disorders.²⁶ To be eligible for HCBS services under Medicaid, an individual must need the level of care provided in a hospital, nursing facility, or an intermediate care facility for individuals with intellectual disabilities.²⁷ While individuals receiving HCBS services are subject to income eligibility requirements, the Social Security Act allows states to adopt a methodology to determine financial eligibility that is less restrictive than the methodology used to determine SSI eligibility.²⁸ A less restrictive methodology often includes an income disregard, which refers to the exclusion of a certain amount or type of income or resources when determining an applicant's countable income and assets.²⁹

Developmental Disabilities Individual Budgeting (iBudget) Waiver

The Individual Budgeting Waiver (iBudget) is administered for individuals with specified developmental disabilities who meet Medicaid eligibility requirements.³⁰ The iBudget program provides the client with an established personal budget; with this budget, the client may choose services within a specified service package that best allows them to live in their community.³¹

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

²⁴ A Medicaid waiver allows a state to waive certain eligibility requirements and cover individuals who may not otherwise be eligible for Medicaid care. See Centers for Medicare & Medicaid Services, *State Medicaid Plans and Waivers*, available at: <https://www.cms.gov/training-education/partner-outreach-resources/american-indian-alaska-native/ltss-ta-center/information/state-medicaid-plans-and-waivers> (last visited 1/21/26).

²⁵ 59G-13.080, F.A.C., s. 393.062, F.S., and s. 409.906, F.S.

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

²⁷ 42 C.F.R., § 441.301(b).

²⁸ 42 U.S.C. 1396a [Sec. 1902]

²⁹ Centers for Medicare & Medicaid Services, *SMD #21-004*, available at: <https://www.medicaid.gov/Federal-Policy-Guidance/Downloads/smd21004.pdf> (last visited 1/22/26).

³⁰ Section 393.0662, F.S.

³¹ *Id.*

program, in descending priority order; meaning, the clients who have the highest needs are enrolled in the program first.³²

As of December 1, 2025, there were 36,521 iBudget waiver enrollees and 18,526 individuals pre-enrolled in the program.³³

Florida Familial Dysautonomia Waiver

The Familial Dysautonomia Waiver provides home and community-based supports and services to eligible persons that have Familial Dysautonomia and live in their own homes or family homes.³⁴ To be eligible for the Familial Dysautonomia Waiver, an individual must be diagnosed with Familial Dysautonomia, aged 3 through 64, and at risk of hospitalization.³⁵

As of January 1, 2026, there were 7 individuals enrolled on the Familial Dysautonomia waiver.³⁶

SMMC Long-Term Care Program

The Long-Term Care Program is offered by the SMMC LTC and MMA plans.³⁷ To be eligible, individuals must be.³⁸

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

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.³⁹

As of November 2025, there were 110,197 enrollees in the LTC program receiving HCBS services.⁴⁰

³² Section 393.0662, F.S. and s. 393.065, F.S.

³³ Agency for Persons with Disabilities, *Home and Community Based Services (HCBS) Waiver Monthly Report*, available at: <https://apd.myflorida.com/resources/reports/APD%20Enrollment%20Report%202025-12-30%20FINAL.pdf> (last visited 1/21/26).

³⁴ Florida Agency for Health Care Administration, *Familial Dysautonomia Waiver*, available at: <https://ahca.myflorida.com/medicaid/medicaid-policy-quality-and-operations/medicaid-policy-and-quality/medicaid-policy/federal-authorities/federal-waivers/familial-dysautonomia-waiver> (last visited 1/21/26).

³⁵ *Id.*

³⁶ E-mail with Jim Browne, Office of Legislative Affairs Deputy Chief of Staff, on file with the Senate Committee on Children, Families, and Elder Affairs.

³⁷ Florida Agency for Health Care Administration, *Long-Term Care*, available at: <https://ahca.myflorida.com/medicaid/medicaid-policy-quality-and-operations/medicaid-policy-and-quality/medicaid-policy/federal-authorities/federal-waivers/florida-medicaid-s-covered-services-and-waivers> (last visited 1/21/26).

³⁸ *Id.*

³⁹ *Id.*

⁴⁰ Florida Agency for Health Care Administration, *Medicaid Monthly Enrollment Report*, available at: <https://ahca.myflorida.com/medicaid/medicaid-finance-and-analytics/medicaid-data-analytics/medicaid-monthly-enrollment-report> (last visited 1/23/26).

Medicaid Model Waiver

The Medicaid Model Waiver provides services to medically complex/medically fragile young adults to delay or prevent institutionalization. To be eligible for the Model Waiver, the applicant must:⁴¹

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

As of January 1, 2026, there were 4 individuals enrolled in the Model Waiver.⁴²

Intellectual and Developmental Disabilities Pilot Program

In 2023, the Legislature directed AHCA to implement a pilot program for individuals with developmental disabilities that were on the APD preenrollment list for the iBudget program.⁴³ In 2025, the Legislature expanded eligibility requirements for the pilot program.⁴⁴ To be eligible for the IDD pilot program, an individual must:

- Be Medicaid eligible.
- Be 18 years of age or older.
- Have a developmental disability as defined in s. 393.063, F.S.
- Be placed in any iBudget preenrollment category in any region (or, enrolled in the LTC managed care program effective July 1, 2026)⁴⁵.

As of January 1, 2026, there are 913 individuals enrolled on the IDD pilot waiver.⁴⁶

Working People with Disabilities Program

In 2019, the Legislature authorized the creation of the Working People with Disabilities program (Program) within AHCA.⁴⁷ The program applies an income disregard for individuals with disabilities that earn income through paid employment, so the individuals can work without losing Medicaid benefits.⁴⁸ The Legislature instructed AHCA to seek federal approval for the

⁴¹ Florida Agency for Health Care Administration, *Model Waiver*, available at: <https://ahca.myflorida.com/medicaid/home-and-community-based-settings-rule/model-waiver> (last visited 1/21/26).

⁴² E-mail with Jim Browne, Office of Legislative Affairs Deputy Chief of Staff, on file with the Senate Committee on Children, Families, and Elder Affairs.

⁴³ Ch. 2023-243, L.O.F.

⁴⁴ Ch. 2025-130, L.O.F.

⁴⁵ *Id.*

⁴⁶ E-mail with Jim Browne, Office of Legislative Affairs Deputy Chief of Staff, on file with the Senate Committee on Children, Families, and Elder Affairs.

⁴⁷ Ch. 2019-115, L.O.F., Line Item 218.

⁴⁸ *Id.*

Program, and the waiver was approved by the federal Centers for Medicare and Medicaid Services on April 2, 2020.⁴⁹

To be eligible for the Program, an individual must:⁵⁰

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

Prior to the Program, individuals under the included waivers could not exceed a monthly income limit of 300% of the Federal Benefit Rate (FBR), which created an income limit of \$2,000 for an individual or \$3,000 for a couple.⁵¹ After the implementation of the Program, an individual would remain eligible for Medicaid as long as their monthly income did not exceed 550% of the FBR and have cash assets under \$13,000 or \$24,000 for a single individual or couple, respectively.⁵² Additionally, the Program allows an individual to have a retirement account recognized by the Internal Revenue Service.

In 2026, the monthly FBR is \$994 for an individual and \$1,491 for an eligible couple.⁵³ Thus, under the program's income disregard, an individual would retain Medicaid eligibility if their monthly income was less than \$5,467 for an individual or \$8,200.5 for an eligible couple, as it does not exceed 550% of the FBR.

III. Effect of Proposed Changes:

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

The bill requires automatic enrollment for eligible individuals. To be eligible, an individual must meet all of the following criteria:

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

⁴⁹ Centers for Medicare and Medicaid Services, State Plan Amendment #20-0001, available at: <https://www.medicaid.gov/State-resource-center/Medicaid-State-Plan-Amendments/Downloads/FL/FL-20-0001.pdf> (last visited 1/21/26).

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

⁵¹ Florida Agency for Health Care Administration, *Florida Medicaid Working People with Disabilities FAQ*, available at: https://ahca.myflorida.com/content/download/11061/file/wpwd_FAQ.pdf (last visited 1/21/26).

⁵² *Id.*

⁵³ Social Security Administration, *SSI Federal Payment Amounts for 2026*, available at: <https://www.ssa.gov/oact/cola/SSI.html> (last visited 1/22/26).

- The pilot program for individuals with developmental disabilities under s. 409.9855, F.S.; or
- The Florida Medicaid Model Waiver.
- Is at least 18 years of age.
- Is employed and earning income.

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

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

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

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

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

D. State Tax or Fee Increases:

None.

E. Other Constitutional Issues:

None.

V. Fiscal Impact Statement:**A. Tax/Fee Issues:**

None.

B. Private Sector Impact:

Indeterminate positive financial impact on the private sector. The bill may provide a positive economic impact for eligible individuals by allowing increased earnings while maintaining Medicaid eligibility and waiver services and may support greater workforce participation.

C. Government Sector Impact:

Indeterminate negative fiscal impact on the government sector. The bill may increase Medicaid expenditures by allowing certain working adults with developmental disabilities to maintain eligibility for Medicaid HCBS waiver programs under expanded income and asset standards. The bill also creates administrative costs for the DCF related to required written notices at enrollment, annually thereafter, and within 90 days for currently eligible enrollees.

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Statutes Affected:

This bill creates s. 409.9041 of the Florida Statutes.

IX. 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.

By Senator Gruters

22-01129A-26

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22-01129A-26

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30 department may use to deny, suspend, or revoke the
31 license of a service provider or suspend or revoke
32 such license as to the operation of certain service
33 components or locations; amending s. 397.487, F.S.;
34 prohibiting a credentialing entity from requesting or
35 obtaining certain records, policies, and procedures
36 when determining whether to suspend or revoke a
37 licensed service provider's certificate to serve as a
38 recovery residence; deleting a requirement that an
39 officer, a director, or a chief financial officer of a
40 certified recovery residence be immediately removed
41 from that position within a specified timeframe under
42 certain circumstances; reenacting s. 397.411(1)(a),
43 F.S., relating to inspection of licensed service
44 providers, to incorporate the amendment made to s.
45 397.410, F.S., in a reference thereto; reenacting ss.
46 397.4104(2) and 397.4873(7), F.S., relating to records
47 of recovery residences used by service providers and
48 penalties for licensed recovery residences,
49 respectively, to incorporate the amendment made to s.
50 397.415, F.S., in references thereto; providing an
51 effective date.

52
53 Be It Enacted by the Legislature of the State of Florida:

54
55 Section 1. Present subsection (11) of section 394.875,
56 Florida Statutes, is redesignated as subsection (12), and a new
57 subsection (11) is added to that section, to read:

58 394.875 Crisis stabilization units, residential treatment

22-01129A-26

20261030

59 facilities, and residential treatment centers for children and
60 adolescents; authorized services; license required.—

61 (11) Providers licensed for primary inpatient or outpatient
62 mental health services may not use a recovery residence
63 certified pursuant to s. 397.487 to provide housing to their
64 patients. All such housing must be licensed pursuant to this
65 section. Service providers licensed under chapter 397 which are
66 certified by the credentialing agency as Level IV programs
67 pursuant to s. 397.311(5)(d) may use their certified recovery
68 residences to provide housing to persons who receive primary
69 outpatient mental health services pursuant to licensure obtained
70 pursuant to this section. Such housing must be segregated based
71 upon primary diagnosis.

72 Section 2. Subsections (6) and (7) of section 397.407,
73 Florida Statutes, are amended to read:

74 397.407 Licensure process; fees.—

75 (6) The department may issue probationary, regular, and
76 interim licenses. The department may issue one license for all
77 service components operated by a service provider and defined
78 pursuant to s. 397.311(27). The license is valid only for the
79 specific service components listed for each specific location
80 identified on the license. The licensed service provider must
81 shall apply for the addition of any service components and
82 obtain approval before initiating additional services. The
83 licensed service provider must notify the department and provide
84 any required documentation at least 30 days before the
85 relocation of any of its service sites. Provision of service
86 components or delivery of services at a location not identified
87 on the license may be considered an unlicensed operation that

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88 authorizes the department to seek an injunction against
89 operation as provided in s. 397.401, in addition to other
90 sanctions authorized by s. 397.415. Probationary and regular
91 licenses may be issued only after all required information has
92 been submitted. A license may ~~not~~ be transferred to a new owner
93 consistent with the procedures set forth in s. 408.807. As used
94 in this subsection, the term "transfer" means:

95 (a) An event in which the licensee sells or otherwise
96 transfers its ownership to a different individual or entity as
97 evidenced by a change in federal employer identification number
98 or taxpayer identification number; or

99 (b) An event in which 51 percent or more of the ownership,
100 shares, membership, or controlling interest of a licensee is in
101 any manner transferred or otherwise assigned. This paragraph
102 does not apply to a licensee that is publicly traded on a
103 recognized stock exchange. A change solely in the management
104 company or board of directors is not a change of ownership
105 includes, but is not limited to, the transfer of a majority of
106 the ownership interest in the licensed entity or transfer of
107 responsibilities under the license to another entity by
108 contractual arrangement.

109 (7) Upon receipt of a complete application, payment of
110 applicable fees, and a demonstration of substantial compliance
111 with all applicable statutory and regulatory requirements, the
112 department may issue a probationary license to a new service
113 provider applicant with services that are not yet fully
114 operational. The department shall issue a regular license within
115 30 calendar days after receipt of a complete application from an
116 existing licensed service provider that is in compliance with

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117 all renewal requirements and that is seeking to add licensed
118 services or one or more additional levels of care at an existing
119 licensed location or at one or more new locations when:

120 (a) The application is from a provider with the same
121 federal tax identification number as the existing provider; and
122 (b) A complete application is provided consistent with this
123 chapter.

124

125 No other additional requirements may be imposed upon an existing
126 service provider seeking to add new levels of care or new
127 locations. The department may not issue a probationary license
128 when doing so would place the health, safety, or welfare of
129 individuals at risk. A probationary license expires 90 days
130 after issuance and may not be reissued. During the probationary
131 period the department shall monitor the delivery of services.
132 Notwithstanding s. 120.60(5), the department may order a
133 probationary licensee to cease and desist operations at any time
134 it is found to be substantially out of compliance with licensure
135 standards. This cease and desist order is exempt from the
136 requirements of s. 120.60(6).

137 Section 3. Paragraph (c) of subsection (1) of section
138 397.410, Florida Statutes, is amended to read:

139 397.410 Licensure requirements; minimum standards; rules.—

140 (1) The department shall establish minimum requirements for
141 licensure of each service component, as defined in s.
142 397.311(27), including, but not limited to:

143 (c) The number and qualifications of all personnel,
144 including, but not limited to, management, nursing, and
145 qualified professionals, having responsibility for any part of

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146 an individual's clinical treatment. These requirements must
147 include, but are not limited to:

148 1. Education; credentials, such as licensure or
149 certification, if appropriate; training; and supervision of
150 personnel providing direct clinical treatment.

151 2. Minimum staffing ratios to provide adequate safety,
152 care, and treatment.

153 3. Hours of staff coverage.

154 4. The maximum number of individuals who may receive
155 clinical services together in a group setting; however, group
156 room size and the maximum number of individuals who receive
157 clinical services within such a space must be determined by the
158 applicable building and fire codes.

159 5. The maximum number of licensed service providers for
160 which a physician may serve as medical director and the total
161 number of individuals he or she may treat in that capacity.

162 Section 4. Paragraph (d) of subsection (1) of section
163 397.415, Florida Statutes, is amended to read:

164 397.415 Denial, suspension, and revocation; other
165 remedies.—

166 (1) If the department determines that an applicant or
167 licensed service provider or licensed service component thereof
168 is not in compliance with all statutory and regulatory
169 requirements, the department may deny, suspend, revoke, or
170 impose reasonable restrictions or penalties on the license or
171 any portion of the license. In such case:

172 (d) The department may deny, suspend, or revoke the license
173 of a service provider or may suspend or revoke the license as to
174 the operation of any service component or location identified on

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175 the license for:

176 1. False representation of a material fact in the license
177 application or omission of any material fact from the
178 application.179 2. An intentional or negligent act materially affecting the
180 health or safety of an individual receiving services from the
181 provider.

182 3. A violation of this chapter or applicable rules.

183 4. A demonstrated pattern of deficient performance.

184 5. Failure to timely notify the department of immediately
185 ~~remove~~ service provider personnel subject to background
186 screening pursuant to s. 397.4073 who are arrested and awaiting
187 disposition for or found guilty of, ~~regardless of adjudication,~~
188 or have entered a plea of guilty or nolo contendere ~~or guilty~~
189 ~~to, regardless of whether adjudication is withheld,~~ any offense
190 prohibited under the screening standard ~~and notify the~~
191 ~~department~~ within 2 days after such event removal, excluding
192 weekends and holidays.193 Section 5. Paragraphs (a) and (d) of subsection (8) of
194 section 397.487, Florida Statutes, are amended to read:

195 397.487 Voluntary certification of recovery residences.—

196 (8) Onsite followup monitoring of a certified recovery
197 residence may be conducted by the credentialing entity to
198 determine continuing compliance with certification requirements.
199 The credentialing entity shall inspect each certified recovery
200 residence at least annually to ensure compliance.201 (a) A credentialing entity may suspend or revoke a
202 certification if the recovery residence is not in compliance
203 with ~~any provision of~~ this section or has failed to remedy any

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204 deficiency identified by the credentialing entity within the
205 time period specified. For purposes of this paragraph, the
206 credentialing entity may not request or obtain clinical or
207 medical records of a resident, or the department-approved
208 policies and procedures of a licensed service provider, when
209 determining whether to suspend or revoke a certificate,
210 consistent with the privacy protections afforded pursuant to s.
211 397.501(7) and 42 C.F.R. part 2.

212 (d) If any owner, director, or chief financial officer of a
213 certified recovery residence is arrested and awaiting
214 disposition for or found guilty of, or enters a plea of guilty
215 or nolo contendere to, regardless of whether adjudication is
216 withheld, any offense listed in s. 435.04(2) while acting in
217 that capacity, the certified recovery residence must ~~immediately~~
218 ~~remove the person from that position and~~ notify the
219 credentialing entity within 3 business days after such event
220 ~~removal~~. The credentialing entity must revoke the certificate of
221 compliance of a certified recovery residence that fails to meet
222 these requirements.

223 Section 6. For the purpose of incorporating the amendment
224 made by this act to section 397.410, Florida Statutes, in a
225 reference thereto, paragraph (a) of subsection (1) of section
226 397.411, Florida Statutes, is reenacted to read:

227 397.411 Inspection; right of entry; classification of
228 violations; records.—

229 (1) (a) An authorized agent of the department may conduct
230 announced or unannounced inspections, at any time, of a licensed
231 service provider to determine whether it is in compliance with
232 statutory and regulatory requirements, including, but not

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233 limited to, the minimum requirements for licensure in s.
234 397.410.

235 Section 7. For the purpose of incorporating the amendment
236 made by this act to section 397.415, Florida Statutes, in a
237 reference thereto, subsection (2) of section 397.4104, Florida
238 Statutes, is reenacted to read:

239 397.4104 Record of recovery residences used by service
240 providers.—

241 (2) Beginning July 1, 2022, a licensed service provider
242 that violates this section is subject to an administrative fine
243 of \$1,000 per occurrence. The department may suspend or revoke a
244 service provider's license pursuant to s. 397.415 for repeat
245 violations of this section.

246 Section 8. For the purpose of incorporating the amendment
247 made by this act to section 397.415, Florida Statutes, in a
248 reference thereto, subsection (7) of section 397.4873, Florida
249 Statutes, is reenacted to read:

250 397.4873 Referrals to or from recovery residences;
251 prohibitions; penalties.—

252 (7) A licensed service provider that violates this section
253 is subject to an administrative fine of \$1,000 per occurrence.
254 If such fine is imposed by final order of the department and is
255 not subject to further appeal, the service provider shall pay
256 the fine plus interest at the rate specified in s. 55.03 for
257 each day beyond the date set by the department for payment of
258 the fine. If the service provider does not pay the fine plus any
259 applicable interest within 60 days after the date set by the
260 department, the department shall immediately suspend the service
261 provider's license. Repeat violations of this section may

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262 subject a provider to license suspension or revocation pursuant
263 to s. 397.415. The department shall establish a mechanism no
264 later than January 1, 2024, for the imposition and collection of
265 fines for violations under this section.

266 Section 9. This act shall take effect July 1, 2026.



LEGISLATIVE ACTION

Senate

House

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The Committee on Children, Families, and Elder Affairs (Rouson) recommended the following:

1 **Senate Amendment (with title amendment)**

2
3 Delete everything after the enacting clause
4 and insert:

5 Section 1. Subsections (6), (7), and (8) of section
6 397.407, Florida Statutes, are amended to read:

7 397.407 Licensure process; fees.—

8 (6) The department may issue probationary, regular, and
9 interim licenses. The department may issue one license for all
10 service components operated by a service provider and defined



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11 pursuant to s. 397.311(27). The license is valid only for the
12 specific service components listed for each specific location
13 identified on the license. The licensed service provider must
14 ~~shall~~ apply for the addition of any service components and
15 obtain approval before initiating additional services. The
16 licensed service provider must notify the department and provide
17 any required documentation at least 30 days before the
18 relocation of any of its service sites. Provision of service
19 components or delivery of services at a location not identified
20 on the license may be considered an unlicensed operation that
21 authorizes the department to seek an injunction against
22 operation as provided in s. 397.401, in addition to other
23 sanctions authorized by s. 397.415. Probationary and regular
24 licenses may be issued only after all required information has
25 been submitted. A license may ~~not~~ be transferred. As used in
26 this subsection, the term "transfer" means:

27 (a) An event in which the licensee sells or otherwise
28 transfers its ownership to a different individual or entity as
29 evidenced by a change in federal employer identification number
30 or taxpayer identification number; or

31 (b) An event in which 51 percent or more of the ownership,
32 shares, membership, or controlling interest of a licensee is in
33 any manner transferred or otherwise assigned ~~includes, but is~~
34 ~~not limited to, the transfer of a majority of the ownership~~
35 ~~interest in the licensed entity or transfer of responsibilities~~
36 ~~under the license to another entity by contractual arrangement.~~

37 (7) Upon receipt of a complete application, payment of
38 applicable fees, and a demonstration of substantial compliance
39 with all applicable statutory and regulatory requirements, the



40 department may issue a probationary license to a new service
41 provider applicant with services that are not yet fully
42 operational. The department may not issue a probationary license
43 when doing so would place the health, safety, or welfare of
44 individuals at risk. A probationary license expires 90 days
45 after issuance and may not be reissued. During the probationary
46 period the department shall monitor the delivery of services.
47 Notwithstanding s. 120.60(5), the department may order a
48 probationary licensee to cease and desist operations at any time
49 it is found to be substantially out of compliance with licensure
50 standards. This cease-and-desist order is exempt from the
51 requirements of s. 120.60(6).

52 (8) (a) A regular license may be issued to:

53 1.(a) A new applicant at the end of the probationary
54 period.

55 2.(b) A licensed applicant that holds a regular license and
56 is seeking renewal.

57 3.(c) An applicant for a service component operating under
58 an interim license upon successful satisfaction of the
59 requirements for a regular license.

60 (b) In order to be issued a regular license, the applicant
61 must be in compliance with statutory and regulatory
62 requirements. An application for renewal of a regular license
63 must be submitted to the department at least 60 days before the
64 license expires. The department may deny a renewal application
65 submitted fewer than 30 days before the license expires.

66 (c) The department shall issue a regular license within 30
67 calendar days after receipt of a complete application from an
68 existing licensed service provider that is in compliance with



69 all renewal requirements and that is seeking to add licensed
70 services or one or more additional levels of care at an existing
71 licensed location or at one or more new locations when the
72 application is from a provider with the same federal tax
73 identification number as the existing provider. No additional
74 requirements may be imposed upon an existing service provider
75 seeking to add new levels of care or new locations.

76 Section 2. Paragraph (d) of subsection (1) of section
77 397.415, Florida Statutes, is amended to read:

78 397.415 Denial, suspension, and revocation; other
79 remedies.—

80 (1) If the department determines that an applicant or
81 licensed service provider or licensed service component thereof
82 is not in compliance with all statutory and regulatory
83 requirements, the department may deny, suspend, revoke, or
84 impose reasonable restrictions or penalties on the license or
85 any portion of the license. In such case:

86 (d) The department may deny, suspend, or revoke the license
87 of a service provider or may suspend or revoke the license as to
88 the operation of any service component or location identified on
89 the license for:

90 1. False representation of a material fact in the license
91 application or omission of any material fact from the
92 application.

93 2. An intentional or negligent act materially affecting the
94 health or safety of an individual receiving services from the
95 provider.

96 3. A violation of this chapter or applicable rules.

97 4. A demonstrated pattern of deficient performance.



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98 5. Failure to immediately remove service provider personnel
99 subject to background screening pursuant to s. 397.4073 who no
100 longer meet the standards of s. 397.4073 ~~are arrested or found~~
101 ~~guilty of, regardless of adjudication, or have entered a plea of~~
102 ~~nolo contendere or guilty to any offense prohibited under the~~
103 ~~screening standard and notify the department within 2 days after~~
104 ~~such removal, excluding weekends and holidays.~~

105 Section 3. Paragraphs (a) and (d) of subsection (8) of
106 section 397.487, Florida Statutes, are amended to read:

107 397.487 Voluntary certification of recovery residences.—

108 (8) Onsite followup monitoring of a certified recovery
109 residence may be conducted by the credentialing entity to
110 determine continuing compliance with certification requirements.
111 The credentialing entity shall inspect each certified recovery
112 residence at least annually to ensure compliance.

113 (a) A credentialing entity may suspend or revoke a
114 certification if the recovery residence is not in compliance
115 with ~~any provision of~~ this section or has failed to remedy any
116 deficiency identified by the credentialing entity within the
117 time period specified. For purposes of this paragraph, the
118 credentialing entity may not request or obtain clinical or
119 medical records of a resident when determining whether to
120 suspend or revoke a certificate, consistent with the privacy
121 protections afforded pursuant to s. 397.501(7) and 42 C.F.R.
122 part 2.

123 (d) If any owner, director, or chief financial officer of a
124 certified recovery residence no longer meets the standards of s.
125 397.4073 ~~is arrested and awaiting disposition for or found~~
126 ~~guilty of, or enters a plea of guilty or nolo contendere to,~~



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127 ~~regardless of whether adjudication is withheld, any offense~~
128 ~~listed in s. 435.04(2)~~ while acting in that capacity, the
129 certified recovery residence must immediately remove the person
130 from that position and notify the credentialing entity within 3
131 business days after such removal. The credentialing entity must
132 revoke the certificate of compliance of a certified recovery
133 residence that fails to meet these requirements.

134 Section 4. For the purpose of incorporating the amendment
135 made by this act to section 397.415, Florida Statutes, in a
136 reference thereto, subsection (2) of section 397.4104, Florida
137 Statutes, is reenacted to read:

138 397.4104 Record of recovery residences used by service
139 providers.—

140 (2) Beginning July 1, 2022, a licensed service provider
141 that violates this section is subject to an administrative fine
142 of \$1,000 per occurrence. The department may suspend or revoke a
143 service provider's license pursuant to s. 397.415 for repeat
144 violations of this section.

145 Section 5. For the purpose of incorporating the amendment
146 made by this act to section 397.415, Florida Statutes, in a
147 reference thereto, subsection (7) of section 397.4873, Florida
148 Statutes, is reenacted to read:

149 397.4873 Referrals to or from recovery residences;
150 prohibitions; penalties.—

151 (7) A licensed service provider that violates this section
152 is subject to an administrative fine of \$1,000 per occurrence.
153 If such fine is imposed by final order of the department and is
154 not subject to further appeal, the service provider shall pay
155 the fine plus interest at the rate specified in s. 55.03 for



156 each day beyond the date set by the department for payment of
157 the fine. If the service provider does not pay the fine plus any
158 applicable interest within 60 days after the date set by the
159 department, the department shall immediately suspend the service
160 provider's license. Repeat violations of this section may
161 subject a provider to license suspension or revocation pursuant
162 to s. 397.415. The department shall establish a mechanism no
163 later than January 1, 2024, for the imposition and collection of
164 fines for violations under this section.

165 Section 6. This act shall take effect July 1, 2026.

166

167 ===== T I T L E A M E N D M E N T =====

168 And the title is amended as follows:

169 Delete everything before the enacting clause
170 and insert:

171 A bill to be entitled
172 An act relating to recovery residences; amending s.
173 397.407, F.S.; authorizing the transfer of
174 probationary and regular licenses; revising the
175 definition of the term "transfer"; requiring the
176 Department of Children and Families to issue a regular
177 license after the department receives a complete
178 application from certain existing licensed service
179 providers that are seeking to add licensed services or
180 one or more additional levels of care at an existing
181 licensed location or at one or more new locations
182 within a specified timeframe, under certain
183 circumstances; prohibiting the imposition of
184 additional requirements upon such service providers;



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185 amending s. 397.415, F.S.; revising the criteria that
186 the department may use to deny, suspend, or revoke the
187 license of a service provider or suspend or revoke
188 such license as to the operation of certain service
189 components or locations; amending s. 397.487, F.S.;
190 prohibiting a credentialing entity from requesting or
191 obtaining certain records when determining whether to
192 suspend or revoke a licensed service provider's
193 certificate to serve as a recovery residence; revising
194 the circumstances in which a certified recovery
195 residence must immediately remove any owner, director,
196 or chief financial officer of the certified recovery
197 residence and notify the credentialing entity of such
198 removal within a specified timeframe; reenacting ss.
199 397.4104(2) and 397.4873(7), F.S., relating to records
200 of recovery residences used by service providers and
201 penalties for licensed recovery residences,
202 respectively, to incorporate the amendment made to s.
203 397.415, F.S., in references thereto; providing an
204 effective date.



LEGISLATIVE ACTION

Senate

House

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The Committee on Children, Families, and Elder Affairs (Rouson) recommended the following:

1 **Senate Substitute for Amendment (707950) (with title**
2 **amendment)**

3
4 Delete everything after the enacting clause
5 and insert:

6 Section 1. Subsections (6), (7), and (8) of section
7 397.407, Florida Statutes, are amended to read:

8 397.407 Licensure process; fees.—

9 (6) The department may issue probationary, regular, and
10 interim licenses. The department may issue one license for all



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11 service components operated by a service provider and defined
12 pursuant to s. 397.311(27). The license is valid only for the
13 specific service components listed for each specific location
14 identified on the license. The licensed service provider must
15 shall apply for the addition of any service components and
16 obtain approval before initiating additional services. The
17 licensed service provider must notify the department and provide
18 any required documentation at least 30 days before the
19 relocation of any of its service sites. Provision of service
20 components or delivery of services at a location not identified
21 on the license may be considered an unlicensed operation that
22 authorizes the department to seek an injunction against
23 operation as provided in s. 397.401, in addition to other
24 sanctions authorized by s. 397.415. Probationary and regular
25 licenses may be issued only after all required information has
26 been submitted. A license may not be transferred. As used in
27 this subsection, the term "transfer" means:

28 (a) An event in which the licensee sells or otherwise
29 transfers its ownership to a different individual or entity as
30 evidenced by a change in federal employer identification number
31 or taxpayer identification number; or

32 (b) An event in which 51 percent or more of the ownership,
33 shares, membership, or controlling interest of a licensee is in
34 any manner transferred or otherwise assigned. ~~includes, but is~~
35 ~~not limited to, the transfer of a majority of the ownership~~
36 ~~interest in the licensed entity or transfer of responsibilities~~
37 ~~under the license to another entity by contractual arrangement.~~

38 (7) Upon receipt of a complete application, payment of
39 applicable fees, and a demonstration of substantial compliance



40 with all applicable statutory and regulatory requirements, the
41 department may issue a probationary license to a new service
42 provider applicant with services that are not yet fully
43 operational. The department may not issue a probationary license
44 when doing so would place the health, safety, or welfare of
45 individuals at risk. A probationary license expires 90 days
46 after issuance and may not be reissued. During the probationary
47 period the department shall monitor the delivery of services.
48 Notwithstanding s. 120.60(5), the department may order a
49 probationary licensee to cease and desist operations at any time
50 it is found to be substantially out of compliance with licensure
51 standards. This cease-and-desist order is exempt from the
52 requirements of s. 120.60(6).

53 (8) (a) A regular license may be issued to:

54 1. (a) A new applicant at the end of the probationary
55 period.

56 2. (b) A licensed applicant that holds a regular license and
57 is seeking renewal.

58 3. (c) An applicant for a service component operating under
59 an interim license upon successful satisfaction of the
60 requirements for a regular license.

61 (b) In order to be issued a regular license, the applicant
62 must be in compliance with statutory and regulatory
63 requirements. An application for renewal of a regular license
64 must be submitted to the department at least 60 days before the
65 license expires. The department may deny a renewal application
66 submitted fewer than 30 days before the license expires.

67 (c) The department must issue a regular license within 30
68 calendar days after receipt of a complete application from an



existing licensed service provider that is in compliance with all renewal requirements and that is seeking to add licensed services or one or more additional levels of care at an existing licensed location or at one or more new locations when the application is from a provider with the same federal tax identification number as the existing provider. No other additional requirements may be imposed upon an existing service provider seeking to add new levels of care or new locations.

Section 2. Subsection (8) of section 397.487, Florida Statutes, is amended to read:

397.487 Voluntary certification of recovery residences.—

(8) Onsite followup monitoring of a certified recovery residence may be conducted by the credentialing entity to determine continuing compliance with certification requirements. The credentialing entity shall inspect each certified recovery residence at least annually to ensure compliance.

(a) A credentialing entity may suspend or revoke a certification if the recovery residence is not in compliance with ~~any provision of~~ this section or has failed to remedy any deficiency identified by the credentialing entity within the time period specified. For purposes of this paragraph, the credentialing entity may not request or obtain clinical or medical records of a resident when determining whether to suspend or revoke a certificate, consistent with the privacy protections afforded pursuant to s. 397.501(7) and 42 C.F.R. part 2.

Section 3. This act shall take effect July 1, 2025.



98
99 ===== TITLE AMENDMENT =====
100 And the title is amended as follows:
101 Delete everything before the enacting clause
102 and insert:
103 A bill to be entitled
104 An act relating to substance abuse services; amending s.
105 397.407, F.S.; revising the definition of the term
106 "transfer"; requiring the Department of Children and
107 Families to issue a regular license after the
108 department receives a complete application from
109 certain existing licensed service providers that are
110 seeking to add licensed services or one or more
111 additional levels of care at an existing licensed
112 location or at one or more new locations within a
113 specified timeframe, if certain requirements are met;
114 prohibiting the imposition of additional requirements
115 upon such service providers; amending s. 397.487,
116 F.S.; prohibiting a credentialing entity from
117 requesting or obtaining certain records when
118 determining whether to suspend or revoke a licensed
119 service provider's certificate to serve as a recovery
120 residence; providing an effective date.

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 Children, Families, and Elder Affairs

BILL: SB 1030

INTRODUCER: Senator Gruters

SUBJECT: Recovery Residences

DATE: January 26, 2026 REVISED: _____

ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1. Kennedy	Tuszynski	CF	Pre-meeting
2. _____	_____	AHS	_____
3. _____	_____	RC	_____

I. Summary:

SB 1030 amends Florida's recovery residence and substance abuse service provider statutes to modify housing arrangements, licensing procedures, and oversight mechanisms. The bill prohibits providers licensed for primary mental health services from using certified recovery residences for patient housing, while creating an exception for Level IV substance abuse programs that also provide mental health services.

The bill authorizes license transfers to new owners, establishes expedited licensing procedures for existing providers seeking to expand services or locations, requires clinical treatment room size to be determined by building and fire code rather than agency rule, and revises removal notification requirements for personnel subject to background screening, for the purpose of revocation or suspension of license or certification.

The bill also limits recovery residence credentialing entities' access to certain records during certification reviews.

The bill has an indeterminate negative fiscal impact on the state for potential increased administrative workload.

The bill takes effect July 1, 2026

II. Present Situation:

Substance Abuse

Substance abuse refers to the harmful or hazardous use of psychoactive substances, including alcohol and illicit drugs.¹ According to the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5), a diagnosis of substance use disorder (SUD) is based on evidence of impaired control, social impairment, risky use, and pharmacological criteria.² SUD occurs when an individual chronically uses alcohol or drugs, resulting in significant impairment, such as health problems, disability, and failure to meet major responsibilities at work, school, or home.³ Repeated drug use leads to changes in the brain's structure and function that can make a person more susceptible to developing a substance abuse disorder.⁴

Among people age 12 or older in 2023, 70.7 million people (or 24.9 percent of the population) used illicit drugs in the past year.⁵ The most commonly used illicit drug was marijuana, which 61.8 million people used.⁶ In the past year:⁷

- Among young adults 18–25, 36.5% (≈ 12.4 million) reported past-year marijuana use;
- 8.9 million people aged 12+ misused opioids in the past year;
- 48.5 million aged 12+ (≈ 17.1%) had a past-year SUD; including 28.9 million with alcohol use disorder (AUD) and 27.2 million with a drug use disorder (DUD). The highest SUD rate was among young adults 18–25: 27.1% (≈ 9.2 million).

Substance Use Disorder Treatment in Florida

In the early 1970s, the federal government enacted laws creating formula grants for states to develop continuums of care for individuals and families affected by substance abuse.⁸ The laws resulted in separate funding streams and requirements for alcoholism and drug abuse. In response to the laws, the Florida Legislature enacted chs. 396 and 397, F.S., relating to alcohol and drug abuse, respectively.⁹ Each of these laws governed different aspects of addiction, and thus, had different rules promulgated by the state to fully implement the respective pieces of legislation.¹⁰ However, because persons with substance abuse issues often do not restrict their misuse to one

¹ The World Health Organization, *Mental Health and Substance Abuse*, available at <https://www.afro.who.int/health-topics/substance-abuse> (last visited 1/22/2026); See also The National Institute on Drug Abuse (NIDA), *Drugs, Brains, and Behavior: The Science of Addiction; How Science Has Revolutionized the Understanding of Drug Addiction*, available at <https://nida.nih.gov/research-topics/addiction-science/drugs-brain-behavior-science-of-addiction> (last visited 1/22/2026).

² The National Association of Addiction Treatment Providers, *Substance Use Disorder*, available at <https://www.naatp.org/resources/clinical/substance-use-disorder> (last visited 1/23/2026).

³ The Substance Abuse and Mental Health Services Administrator (The SAMHSA), *Substance Use Disorders*, available at <https://www.samhsa.gov/find-help/disorders> (last visited 1/23/2026).

⁴ Harvard Medical School, Harvard Health Publishing, *Brain Plasticity in Drug Addiction: Burden and Benefit*, available at <https://www.health.harvard.edu/blog/brain-plasticity-in-drug-addiction-burden-and-benefit-2020062620479#:~:text=Experience-dependent%20learning%2C%20including%20repeated%20drug%20use%2C%20might%20increase,drug%20use%2C%20where%20people%20ignore%20the%20negative%20consequences> (last visited 1/23/2026).

⁵ Substance Abuse and Mental Health Services Administration, Key Substance Use and Mental Health Indicators in the United States: Results from the 2023 National Survey on Drug Use and Health (HHS Publication No. PEP24-07-021, NSDUH Series H-59), available at: <https://www.samhsa.gov/data/report/2023-nsduh-annual-national-report> (last visited 1/23/2026).

⁶ *Id.*

⁷ *Id.*

⁸ The DCF, *Baker Act and Marchman Act Project Team Report for Fiscal Year 2016-2017*, p. 4-5. (on file with the Senate Children, Families, and Elder Affairs Committee).

⁹ *Id.*

¹⁰ *Id.*

substance or another, having two separate laws dealing with the prevention and treatment of addiction was cumbersome and did not adequately address Florida's substance abuse problem.¹¹ In 1993, legislation was adopted to combine chs. 396 and 397, F.S., into a single law, the Hal S. Marchman Alcohol and Other Drug Services Act (Marchman Act).¹²

The Marchman Act encourages individuals to seek services on a voluntary basis within the existing financial and space capacities of a service provider.¹³ However, denial of addiction is a prevalent symptom of SUD, creating a barrier to timely intervention and effective treatment.¹⁴ As a result, treatment typically must stem from a third party providing the intervention needed for SUD treatment.¹⁵

The Department of Children and Families (DCF) administers a statewide system of safety-net services for substance abuse and mental health (SAMH) prevention, treatment, and recovery for children and adults who are otherwise unable to obtain these services. Services are provided based upon state and federally established priority populations.¹⁶ The DCF provides treatment for SUD through a community-based provider system offering detoxification, treatment, and recovery support for individuals affected by substance misuse, abuse, or dependence.¹⁷

- **Detoxification Services:** Detoxification services use medical and clinical procedures to assist individuals and adults as they withdraw from the physiological and psychological effects of substance abuse.¹⁸
- **Treatment Services:** Treatment services include a wide array of assessment,¹⁹ counseling, case management, and support that are designed to help individuals who have lost their abilities to control their substance use on their own and require formal, structured intervention and support.²⁰
- **Recovery Support:** Recovery support services, including transitional housing, life skills training, parenting skills, and peer-based individual and group counseling, are offered during and following treatment to further assist individuals in their development of the knowledge and skills necessary to maintain their recovery.²¹

¹¹ *Id.*

¹² Chapter 93-39, s. 2, L.O.F., codified as ch. 397, F.S.

¹³ See ss. 397.601(1) and (2), F.S., An individual who wishes to enter treatment may apply to a service provider for voluntary admission. Within the financial and space capabilities of the service provider, the individual must be admitted to treatment when sufficient evidence exists that he or she is impaired by substance abuse and his or her medical and behavioral conditions are not beyond the safe management capabilities of the service provider.

¹⁴ Darran Duchene and Patrick Lane, *Fundamentals of the Marchman Act, Risk RX*, Vol. 6 No. 2 (Apr. – Jun. 2006) State University System of Florida Self-Insurance Programs, available at <https://flbog.sip.ufl.edu/risk-rx-article/fundamentals-of-the-marchman-act/> (last visited 1/22/2026)(hereinafter cited as “fundamentals of the Marchman Act”).

¹⁵ *Id.*

¹⁶ See ch. 394 and 397, F.S.

¹⁷ The DCF, *Treatment for Substance Abuse*, available at <https://www.myflfamilies.com/services/samh/treatment> (last visited 1/22/2026).

¹⁸ *Id.*

¹⁹ *Id.* Research indicates that persons who successfully complete substance abuse treatment have better post-treatment outcomes related to future abstinence, reduced use, less involvement in the criminal justice system, reduced involvement in the child-protective system, employment, increased earnings, and better health.

²⁰ *Id.*

²¹ *Id.*

Overview of Florida's Licensure Framework for Behavioral Health Providers

Licensure of behavioral health facilities and substance abuse service providers and facilities in Florida exists to ensure that individuals receiving substance use disorder (SUD) treatment are served in programs that meet minimum standards for health, safety, quality of care, and consumer protection.²² Florida's behavioral health licensure framework divides responsibility between the Agency for Health Care Administration (AHCA) and the Department of Children and Families (DCF) based on the type of service provided, requiring coordination between the two agencies when providers operate across both mental health and substance abuse systems.²³ Licensure is intended to protect clients by requiring providers to comply with uniform statewide standards, including background screening of personnel, appropriate staffing and supervision, recordkeeping, and adherence to client rights and confidentiality laws.²⁴ Under Florida law, licensed substance abuse facilities and providers must meet programmatic and operational requirements, such as maintaining written policies and procedures, providing services consistent with the level of care for which they are licensed, and ensuring that services are delivered by qualified staff.²⁵ Licensure also enables state agencies to conduct inspections, monitoring, and enforcement actions, including the denial, suspension, or revocation of a license when a provider fails to comply with statutory or rule requirements, thereby promoting accountability and public trust in the substance abuse treatment system.²⁶

Licensure of Behavioral Health Facilities

In Florida, operating a crisis stabilization unit (CSU), residential treatment facility (RTF), or residential treatment center (RTC) for children and adolescents requires licensure through the AHCA.²⁷ A CSU is a licensed facility that provides brief psychiatric intervention, with inpatient stays averaging 3 to 14 days and typical discharge to home, a long-term mental health facility, or other living arrangements.²⁸ The AHCA describes an RTF as a licensed community-based residence for adults (18+) exhibiting symptoms of mental illness who need a structured living environment, designed to provide long-term residential care with an overlay or coordination of mental health services.²⁹ Finally, an RTC is licensed as a 24-hour residential program, including therapeutic group homes, designed to provide mental health treatment and services to children under 18 diagnosed with mental, emotional, or behavioral disorders.³⁰ The DCF implements licensure and operational standards for children's RTCs through Chapter 65E-9, Florida Administrative Code, including requirements addressing licensure, operating and program standards, staffing, admissions, treatment planning, discharge planning, and children's rights.³¹

²² Section 397.401, F.S.

²³ Sections 394.875 and 408.805, F.S.

²⁴ Section 397.407 and 397.501, F.S.

²⁵ Section 397.410, F.S.

²⁶ Section 397.415, F.S.

²⁷ Section 394.875, F.S.,

²⁸ Florida AHCA, *Crisis Stabilization Units*, available at <https://ahca.myflorida.com/health-quality-assurance/bureau-of-health-facility-regulation/hospital-outpatient-services-unit/crisis-stabilization-units> (last visited 1/24/2026).

²⁹ Florida AHCA, *Residential Treatment Facilities*, available at <https://ahca.myflorida.com/health-quality-assurance/bureau-of-health-facility-regulation/hospital-outpatient-services-unit/residential-treatment-facilities> (last visited 1/24/2026).

³⁰ Florida AHCA, *Residential Treatment Centers for Children and Adolescents*, available at <https://ahca.myflorida.com/health-quality-assurance/bureau-of-health-facility-regulation/hospital-outpatient-services-unit/residential-treatment-centers-for-children-and-adolescents> (last visited 1/24/2026).

³¹ Chapter 65E-9, F.A.C.

In practice, this licensure framework implemented by the AHCA and DCF requires providers and facility operators to obtain and maintain licensure, comply with standards, and ensure effective and safe service provision to individuals and families in these licensed settings.³²

Licensure of Substance Abuse Service Providers

As part of the larger behavioral health licensure structure, the DCF regulates substance use disorder treatment by licensing individual treatment components under ch. 397, F.S., and Rule 65D-30, F.A.C. Licensed service components include a continuum of substance abuse prevention³³, intervention³⁴, and clinical treatment services.³⁵

Clinical treatment is a professionally directed, deliberate, and planned regimen of services and interventions that are designed to reduce or eliminate the misuse of drugs and alcohol and promote a healthy, drug-free lifestyle.³⁶ “Clinical treatment services” include, but are not limited to, the following licensable service components:

- Addictions receiving facility;
- Day or night treatment;
- Day or night treatment with community housing;
- Detoxification;
- Intensive inpatient treatment;
- Intensive outpatient treatment;
- Medication-assisted treatment for opiate addiction;
- Outpatient treatment; and
- Residential treatment.³⁷

Licensure Types

Under s. 397.407, F.S., substance abuse treatment providers in Florida are licensed under one of three primary licensure types, determined by a provider’s compliance history and operational status:

- Probationary;
- Regular; or
- Interim

A regular license is issued to a provider that is in full compliance with all statutory and rule requirements and authorizes the provider to operate for the standard licensure period established by the DCF.³⁸ A probationary license may be issued to a provider that is not in full compliance

³² Section 394.875, F.S.

³³ Section 397.311(26)(c), F.S. “Prevention” is defined as “a process involving strategies that are aimed at the individual, family, community, or substance and that preclude, forestall, or impede the development of substance use problems and promote responsible lifestyles.” See also The DCF, *Substance Abuse Prevention*, available at <https://www.myflfamilies.com/services/samh/substance-abuse-prevention> (last visited 1/22/2026).

³⁴ Section 397.311(26)(b), F.S. “Intervention” is defined as “structured services directed toward individuals or groups at risk of substance abuse and focused on reducing or impeding those factors associated with the onset or the early stages of substance abuse and related problems.”

³⁵ Section 397.311(26), F.S.

³⁶ Section 397.311(26)(a), F.S.

³⁷ Section 397.311(26)(a), F.S.

³⁸ Section 397.407(1)–(2), F.S.

but is able to correct identified deficiencies within a specified time period, allowing continued operation while the provider works toward compliance under heightened oversight.³⁹ An interim license may be issued to a provider in limited circumstances, such as when a provider is awaiting a regular license decision, undergoing a change of ownership, or addressing temporary operational issues, and permits short-term operation subject to conditions imposed by the DCF.⁴⁰ Together, these licensure types allow DCF to maintain continuity of care for clients while ensuring providers progress toward or maintain compliance with Florida's substance abuse treatment standards.⁴¹

Licensure Requirements

Florida law requires the DCF to establish minimum licensure standards for each substance abuse service component, including administrative management and clinical standards for the delivery of services.⁴² The DCF is required to establish personnel and supervision standards, including staff qualifications and hours of coverage, and specifically set standards for "the maximum number of individuals who may receive clinical services together in a group setting."⁴³ In addition, Florida law requires facility standards to include, at minimum, the safety and adequacy of the facility and grounds, and "space, furnishings, and equipment for each individual served," along with infection control, sanitation, maintenance, and meals/snacks as applicable.⁴⁴ Finally, current rule mandates all licensed facilities used by a provider (including community housing) to comply with local fire safety standards, local health and zoning codes and to maintain annual proof of compliance with applicable fire/safety and health inspections. For providers, treatment space capacity is largely constrained by local building and fire requirements and may vary by location.⁴⁵

Licensure Denial, Suspension, and Revocation

When the DCF identifies serious noncompliance by a substance abuse service provider, the department is authorized to respond through licensure enforcement actions, including denial, suspension, or revocation of the provider's license.⁴⁶ A license may be denied or sanctioned when a provider's conduct demonstrates an inability to meet minimum standards for safe operation, including material violations of chapter 397 or applicable rules, failure to maintain required licensure standards, or the submission of false or misleading information to the department.⁴⁷ Licensure enforcement may also occur when a provider fails to correct cited deficiencies within the timeframe required by the department, reflecting an ongoing inability or unwillingness to come into compliance after regulatory review.⁴⁸ Because patient safety is central to licensure oversight, the statute also authorizes action when providers fail to comply with background screening requirements, including employing or retaining disqualified personnel or failing to provide required screening-related information to the department.⁴⁹

³⁹ Section 397.407(3), F.S.

⁴⁰ Section 397.407(4)–(5), F.S.

⁴¹ Section 397.407, F.S.

⁴² Section 397.410(1)(a)–(b), F.S.

⁴³ Section 397.410(1)(c), F.S.

⁴⁴ Section 397.410(1)(d), F.S.

⁴⁵ Chapter 65D-30.0047(11), F.A.C.

⁴⁶ Section 397.415(1), F.S.

⁴⁷ Section 397.415(2)(a)–(c), F.S.

⁴⁸ Section 397.415(2)(d), F.S.

⁴⁹ Section 397.415(2)(e)–(g), F.S.

Depending on the severity and circumstances of noncompliance, the DCF may impose intermediate sanctions short of license revocation, such as administrative fines, probationary status, or corrective action requirements, in order to compel compliance while maintaining continuity of care when appropriate.⁵⁰ Any licensure action taken against a substance abuse service provider must comply with due process requirements, including notice and the opportunity for an administrative hearing under chapter 120, F.S., before final agency action becomes effective.⁵¹

Recovery Residences

A recovery residence is defined as “a residential unit, the community housing component of a licensed day or night treatment facility with community housing, or other form of group housing, which is offered or advertised through any means, including oral, written, electronic, or printed means, by any person or entity as a residence that provides a peer-supported, alcohol-free, and drug-free living environment.”⁵²

Recovery residences (also known as “sober homes,” “sober living homes,” “Oxford Houses,” or “Halfway Houses”) are *non-medical* settings designed to support recovery from substance use disorders, providing a substance-free living environment commonly used to help individuals transition from highly structured residential treatment programs back into their day-to-day lives (e.g., obtaining employment and establishing more permanent residence).⁵³ Virtually all encourage or require attendance at 12-step mutual-help organizations like Alcoholics Anonymous (AA) or Narcotics Anonymous (NA), but recovery homes have varying degrees of structure and built-in programmatic elements:⁵⁴

- *Length of Stay*: some may have a limited or otherwise predetermined, length of stay, while others may allow individuals to live there for as long as necessary provided, they follow the house rules.
- *Monitoring*: some, but not all, provide monitoring to maintain substance-free, recovery-supportive living environments and help facilitate house members’ progress by implementing a number of rules and requirements (i.e., mutual-help organization attendance, attendance at house meetings, curfews, restrictions on outside employment, and limits on use of technology). Typically, as individuals successfully follow these rules over time, restrictions become more lenient and individuals have greater latitude in their choices both in and outside of the recovery residence.
- *Size*: while recovery residences range in the number of individuals living there at any given time, there are typically at least 6-8 residents of the same gender.

⁵⁰ Section 397.415(3), F.S.

⁵¹ Section 397.415(5), F.S.

⁵² Section 397.311(38), F.S.

⁵³ Recovery Research Institute, *Recovery Residences*, available at <https://www.recoveryanswers.org/resource/recovery-residences/> (last visited 1/22/2026). Substance abuse prevention is achieved through the use of ongoing strategies such as increasing public awareness and education, community-based processes and evidence-based practices. These prevention programs are focused primarily on youth, and, in recent years, have shifted to the local level, giving individual communities the opportunity to identify their own unique prevention needs and develop action plans in response. This community focus allows prevention strategies to have a greater impact on behavioral change by shifting social, cultural, and community environments.

⁵⁴ Recovery Research Institute, *Recovery Residences*, available at <https://www.recoveryanswers.org/resource/recovery-residences/> (last visited 1/22/2026).

Recovery residences can be located in single-family and two-family homes, duplexes, and apartment complexes. Most recovery residences are located in single-family homes, zoned in residential neighborhoods.⁵⁵ To live in a recovery residence, occupants may be required to pay a monthly fee or rent, which supports the cost of maintaining the home. Generally, recovery residences provide short-term residency, typically a minimum of at least 90 days. However, the length of time a person stays at a recovery residence varies based on the individuals' treatment needs.⁵⁶

Voluntary Certification of Recovery Residences

In contrast to provider *licensure* enforcement, recovery residence oversight is governed separately via *certification* and authorizes the DCF to approve credentialing entities responsible for issuing, monitoring, suspending, or revoking certificates of compliance for recovery residences.⁵⁷ While credentialing entities may take action against a recovery residence's certification status, they do not possess authority to deny, suspend, or revoke a substance abuse service provider's license, as licensure enforcement authority remains exclusively with the DCF.⁵⁸

A certified recovery residence is a recovery residence that holds a valid certificate of compliance and is actively managed by a certified recovery residence administrator.⁵⁹ Florida has a voluntary certification program for recovery residences and recovery residence administrators, implemented by private credentialing entities.⁶⁰ Under the voluntary certification program, two DCF-approved credentialing entities administer certification programs and issue certificates: the Florida Association of Recovery Residences (FARR) certifies the recovery residences and the Florida Certification Board (FCB) certifies recovery residence administrators.⁶¹

As the credentialing entity for recovery residences in Florida, FARR is statutorily authorized to administer certification, recertification, and disciplinary processes as well as monitor and inspect recovery residences to ensure compliance with certification requirements.⁶² FARR is also authorized to deny, revoke, or suspend a certification, or otherwise impose sanctions, if recovery residences are not in compliance or fail to remedy any deficiencies identified.⁶³ However, any decision that results in an adverse determination is reviewable by the Department.⁶⁴

⁵⁵ Hearing before the Subcommittee on the Constitution and Civil Justice of the Committee on the Judiciary, House of Representatives, One Hundred Fifteenth Congress, Sept. 28, 2018, available at <https://www.govinfo.gov/content/pkg/CHRG-115hrg33123/html/CHRG-115hrg33123.htm>. See also The National Council for Behavioral Health, *Building Recovery: State Policy Guide for Supporting Recovery Housing*, available at <https://www.thenationalcouncil.org/resources/building-recovery-state-policy-guide-for-supporting-recovery-housing/> (last visited 1/22/2026).

⁵⁶ American Addiction Center, *Length of Stay at a Sober Living Home*, available at <https://americanaddictioncenters.org/sober-living/length-of-stay> (last visited 1/22/2026).

⁵⁷ Section 397.487, F.S.

⁵⁸ Sections 397.415 and 397.487, F.S.

⁵⁹ Sections 397.487-397.4872, F.S.

⁶⁰ *Id.*

⁶¹ The DCF, *Recovery Residence Administrators and Recovery Residences*, available at <https://www.myflfamilies.com/services/samh/recovery-residence-administrators-and-recovery-residences> (last visited 1/23/2026).

⁶² Section 397.487(2)(b)1.–2, F.S.; see also, Florida Department of Children and Families (DCF), *Recovery Residence Administrators and Recovery Residences*, available at <https://www.myflfamilies.com/services/samh/recovery-residence-administrators-and-recovery-residences> (last visited 1/23/2026).

⁶³ Section 397.487(8)(a), (8)(f), F.S.

⁶⁴ Section 397.487, F.S.

In order to become certified, a recovery residence must submit the following documents with an application fee to the credentialing entity:⁶⁵

- A policy and procedures manual;
- Job descriptions for all staff positions;
- Drug-testing procedures and requirements;
- A prohibition on the premises against alcohol, illegal drugs, and the use of prescription medications by an individual other than for whom the medication is prescribed;
- Policies to support a resident's recovery efforts;
- A good neighbor policy to address neighborhood concerns and complaints;
- Rules for residents;
- Copies of all forms provided to residents;
- Intake procedures;
- Sexual predator and sexual offender registry compliance policy;
- Relapse policy;
- Fee schedule;
- Refund policy;
- Eviction procedures and policy;
- Code of ethics;
- Proof of insurance;
- Proof of background screening; and
- Proof of satisfactory fire, safety, and health inspections.

There are currently over 275 certified recovery residences in Florida.⁶⁶ DCF publishes a list of all certified recovery residence administrators on its website.⁶⁷

Patient Referrals

While certification is voluntary, Florida law incentivizes certification. Since July 1, 2018, Florida law has prohibited licensed substance abuse service providers from referring patients to a recovery residence unless the recovery residence holds a valid certificate of compliance and is actively managed by a certified recovery residence administrator (CRRA).⁶⁸ There are certain exceptions that allow referrals to or from uncertified recovery residences, including any of the following:

- A licensed service provider under contract with a behavioral health managing entity.
- Referrals by a recovery residence to a licensed service provider when the recovery residence or its owners, directors, operators, or employees do not benefit, directly or indirectly, from the referral.
- Referrals made before July 1, 2018, by a licensed service provider to that licensed service provider's wholly owned subsidiary.

⁶⁵ *Id.*

⁶⁶ Florida Association of Recovery Residences (FARR), *Export Providers to CSV*, available at <https://www.farronline.info/exportproviderstocsv.aspx> (last visited 1/23/2026).

⁶⁷ Section 397.4872, F.S.; Certified Recovery Residence Administrators, Florida Department of Children and Families, *Recovery Residence Administrators and Recovery Residences*, available at <https://www.myflfamilies.com/services/samh/recovery-residence-administrators-and-recovery-residences> (last visited 1/23/2026).

⁶⁸ Sections 397.4873(1) and 397.4872, F.S.

- Referrals to, or accepted referrals from, a recovery residence with no direct or indirect financial or other referral relationship with the licensed service provider, and that is democratically operated by its residents pursuant to a charter from an entity recognized or sanctioned by Congress, and where the residence or any resident of the residence does not receive a benefit, directly or indirectly, for the referral.⁶⁹

Service providers are required to record the name and location of each recovery residence that the provider has referred patients to or received referrals from in the DCF's Provider Licensure and Designations System.⁷⁰ Prospective service providers must also include the names and locations of any recovery residences which they plan to refer patients to, or accept patients from, on their application for licensure.⁷¹

Residences managed by a certified recovery residence administrator approved for up to 100 residents and wholly owned or controlled by a licensed service provider may accommodate up to 150 residents under certain conditions.⁷² These conditions include maintaining a service provider personnel-to-patient ratio of 1 to 8 and providing onsite supervision at the residence 24 hours a day, 7 days a week, with a personnel-to-resident ratio of 1 to 10 when residents are present.⁷³ Additionally, administrators overseeing Level IV certified recovery residences operated as community housing with a personnel-to-resident ratio of 1 to 6 are not subject to the lower resident limits.⁷⁴

Background Screening

Chapter 435, F.S., establishes standard procedures for criminal history background screening of certain prospective employees working with vulnerable populations. There are two levels of background screening: level 1 and level 2. Level 1 screening includes, at a minimum, employment history checks and statewide criminal history record check through the Florida Department of Law Enforcement (FDLE) and a check of the Dru Sjodin National Sex Offender Public Website,⁷⁵ and may include criminal records checks through local law enforcement agencies.⁷⁶

Level 2 background screening includes, but is not limited to, fingerprinting for statewide criminal history records checks through the FDLE and national criminal history checks through the Federal Bureau of Investigation (FBI), and may include local criminal records checks through local law enforcement agencies.⁷⁷ In addition, level 2 screening includes a search of the sexual predator and sexual offender registries of any state in which the individual has lived during the preceding five years.⁷⁸

⁶⁹ Section 397.4873(2)(a)-(d), F.S.

⁷⁰ Section 397.4104(1), F.S.

⁷¹ *Id.*

⁷² Section 397.4871(8)(c), F.S.

⁷³ Section 397.4871(8)(c)1., F.S.

⁷⁴ Section 397.4871(8)(c)2., F.S.

⁷⁵ The Dru Sjodin National Sex Offender Public Website is a U.S. government website that links public state, territorial, and tribal sex offender registries in one national search site, available at <https://www.nsopw.gov/> (last visited 1/21/2026).

⁷⁶ Section 435.03, F.S.

⁷⁷ Section 435.04, F.S.

⁷⁸ Section 435.04(1)(a)2., F.S.

Every person required by law to be screened pursuant to ch. 435, F.S., must submit a complete set of information necessary to conduct a screening to his or her employer.⁷⁹ Such information for a level 2 screening includes fingerprints, which are taken by a vendor that submits them electronically to the FDLE.⁸⁰

Various agencies, programs, employers, and professionals serve vulnerable populations in Florida. Personnel working with entities who serve vulnerable populations are subject to background screening; however, due to restrictions placed on the sharing of criminal history information, persons who work for more than one agency or employer or change jobs, or wish to volunteer for such an entity, often must undergo a new and duplicative background screening and fingerprinting.⁸¹ In 2012, the Legislature created the Care Provider Background Screening Clearinghouse to create a single “program” of screening individuals and allow for the results of criminal history checks of persons acting as covered care providers to be shared among the specified agencies.⁸² Designated agencies include the AHCA, the Department of Health (the DOH), the DCF, the DOEA, the Agency for Persons with Disabilities (the APD), the Department of Juvenile Justice (DJJ), the Department of Veterans’ Affairs (FDVA), and Vocational Rehabilitation within the Department of Education (the DOE).⁸³

III. Effect of Proposed Changes:

Behavioral Health and Substance Abuse Service Licensure

Section 1 amends s. 394.875, F.S., to restrict the use of certified recovery residences for mental health patient housing with limited exception. The bill:

- Prohibits providers licensed for primary inpatient or outpatient mental health services from using recovery residences certified pursuant to s. 397.487, F.S., to provide housing to their patients, requiring all such housing to be licensed under chapter 394.
- Creates an exception allowing service providers licensed under chapter 397 (substance abuse services) that are certified as Level IV programs pursuant to s. 397.311(5)(d), F.S., to use their certified recovery residences to provide housing to persons who receive primary outpatient mental health services pursuant to licensure obtained under chapter 394.

Section 2 amends s. 397.407(6), (7), F.S., to authorize license transfers and establish expedited licensing for existing providers expanding services. The bill:

- Allows probationary and regular licenses to be transferred to a new owner consistent with the procedures set forth in s. 408.807, reversing the previous prohibition on license transfers.
- Revises the definition of transfer by replacing the previous general language with two specific criteria in paragraphs:

⁷⁹ Section 435.05(1)(a), F.S.

⁸⁰ Sections 435.03(1) and 435.04(1)(a), F.S.

⁸¹ Florida Department of Children and Families, *Frequently Asked Questions for Clearinghouse*: available at <https://www.myflfamilies.com/services/background-screening/frequently-asked-questions-clearinghouse> (last visited 1/22/2026).

⁸² Florida Department of Children and Families, *Frequently Asked Questions for Clearinghouse*: available at <https://www.myflfamilies.com/services/background-screening/frequently-asked-questions-clearinghouse> (last visited 1/22/2026); *see also* s. 435.12, F.S. and ch. 2012-73, L.O.F.

⁸³ *Id.*

- A transfer occurs when the licensee sells or otherwise transfers ownership to a different individual or entity as evidenced by a change in federal employer identification number or taxpayer identification number.
- A transfer occurs when 51 percent or more of the ownership, shares, membership, or controlling interest is transferred or assigned, with an exception for publicly traded entities on recognized stock exchanges, and clarification that changes solely in management company or board of directors do not constitute a change of ownership.
- Requires the department to issue a regular license within 30 calendar days after receiving a complete application from an existing licensed service provider that is in compliance with all renewal requirements and seeking to add licensed services or one or more additional levels of care at an existing licensed location or at one or more new locations when:
 - The application is from a provider with the same federal tax identification number as the existing provider, and
 - A complete application is provided consistent with chapter 397.
- Prohibits the imposition of any other additional requirements upon existing service providers seeking to add new levels of care or new locations beyond the application requirements specified.
- Strikes language that previously prohibited the department from issuing a probationary license when doing so would place health, safety, or welfare at risk and replaces that language with an expansion of mandatory regular license requirements.

Section 3 amends s. 397.410(1)(c), F.S., to require that the size and capacity of clinical treatment rooms be determined by the applicable building and fire codes, rather than by department rule.

Substance Abuse Service Licensure and Background Screening

Section 4 amends s. 397.415(1)(d), F.S., to revise requirements for the DCF to deny, suspend, or revoke the license of a substance abuse service component. The bill removes the requirement of immediate removal of personnel arrested or found guilty, have entered a plea of guilty or nolo contendre to any offense prohibited under the screening standard. The bill instead requires only timely notification to the DCF within 2 days of the arrest or guilty or nolo contendre plea to any offense prohibited under the screening standard.

Recovery Residence Certification and Background Screening

Section 5 amends s. 397.487(8)(a), (d), F.S., to limit recovery residence credentialing entity access to records and modifies removal requirements for recovery residence leadership. The bill:

- Prohibits a credentialing entity from requesting or obtaining a resident's clinical or medical records when determining whether to suspend or revoke a recovery residence certificate.
- Prohibits a credentialing entity from requesting or obtaining the department-approved policies and procedures of a licensed service provider when determining whether to suspend or revoke a recovery residence certificate.
- Removes the immediate removal requirement for an owner, director, or chief financial officer under the specified circumstances, and instead requires only timely notice to the credentialing entity within 3 days of the event.

Other

Sections 6 - 8 reenact s. 397.411(1)(a), s. 397.4104(2), and s. 397.4873(7), F.S., respectively, to incorporate the amendments made by the bill to s. 397.410 and 397.415, F.S., in references thereto, and make no substantive changes.

Section 9 provides 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:

Indeterminant, likely negative fiscal impact. Some mental health providers may face additional costs if required to obtain licensure under s. 394.875, F.S., to provide housing.

C. Government Sector Impact:

Indeterminant, likely negative fiscal impact. The DCF may experience administrative workload changes related to the new 30-day licensure issuance requirement and updated disciplinary criteria. The bill does not create new fees or expressly require additional staffing.

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Statutes Affected:

This bill substantially amends the following sections of the Florida Statutes: 394.875, 397.407, 397.410, 397.411, 397.415, and 397.487.

IX. 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.

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of an area agency on aging from receiving a specified salary amount; providing construction; amending s. 430.203, F.S.; revising definitions; amending s. 430.204, F.S.; deleting certain funding responsibilities of the department and certain entities; prohibiting the area agency on aging from directly providing core services; providing an exception; deleting the responsibility of provider agencies to collect and assess fees for certain services; amending s. 430.205, F.S.; deleting certain funding responsibilities of the department; deleting construction; revising frequency of inservice training for certain providers; authorizing high-risk vulnerable adults to be given priority consideration for receiving community-care-for-the-elderly services; replacing the term "primary consideration" with "priority consideration"; amending s. 430.2053, F.S.; renaming aging resource centers as aging and disability resource centers; revising the purpose and duties of such centers; authorizing aging and disability resource centers to place and release certain individuals on or from pre-enrollment lists; deleting a requirement for an aging and disability resource center to convene a work group for certain purposes; deleting a requirement for an aging and disability resource center to provide enrollment and coverage information to certain individuals; requiring the aging and disability resource center to receive a waiver to be the provider of certain direct services;

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59 revising the programs to which the department and the
60 agency on aging may not make payments; deleting an
61 eligibility requirement for an area agency on aging to
62 transition to an aging resource center; revising whom
63 the department may consult with to develop capitation
64 rates; revising construction; conforming provisions to
65 changes made by the act; amending s. 430.503, F.S.;
66 deleting the responsibility of provider agencies to
67 collect and assess fees for certain purposes; amending
68 s. 430.605, F.S.; revising certain subsidy payments to
69 include food and nutritional supplements; creating s.
70 430.72, F.S.; providing the purpose of and legislative
71 intent for the Florida Alzheimer's Center of
72 Excellence; defining terms; providing powers and
73 duties of the center; providing eligibility
74 requirements for services; amending s. 430.901, F.S.;
75 conforming provisions to changes made by the act;
76 amending s. 744.2003, F.S.; revising professional and
77 public guardians' continuing education requirements to
78 specifically include Alzheimer's disease and related
79 dementias; amending ss. 744.2004 and 744.20041, F.S.;
80 revising disciplinary actions; amending s. 744.2104,
81 F.S.; providing powers for the Office of Public and
82 Professional Guardians in conducting certain
83 investigations; reenacting s. 110.501(4), F.S.,
84 relating to definitions, to incorporate the amendment
85 made to s. 430.204, F.S., in a reference thereto;
86 reenacting s. 430.504, F.S., relating to
87 confidentiality of information, to incorporate the

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88 amendment made to s. 430.503, F.S., in a reference
89 thereto; reenacting s. 430.603, F.S., relating to home
90 care for the elderly and rules, to incorporate the
91 amendment made to s. 430.605, F.S., in a reference
92 thereto; providing an effective date.

93

94 Be It Enacted by the Legislature of the State of Florida:

95

96 Section 1. Subsections (2) and (3) of section 409.979,
97 Florida Statutes, are amended to read:

98 409.979 Eligibility.—

99 (2) PRE-ENROLLMENT ENROLLMENT OFFERS.—Subject to the
100 availability of funds, the Department of Elderly Affairs shall
101 make offers for enrollment to eligible individuals based on a
102 pre-enrollment list ~~wait-list~~ prioritization. Before making
103 enrollment offers, the agency and the Department of Elderly
104 Affairs shall determine that sufficient funds exist to support
105 additional enrollment into plans.

106 (a) ~~A Medicaid recipient enrolled in one of the following
107 Medicaid home and community-based services waiver programs who
108 meets the eligibility criteria established in subsection (1) is
109 eligible to participate in the long-term care managed care
110 program and must be transitioned into the long-term care managed
111 care program by January 1, 2018:~~

112 1. ~~Traumatic Brain and Spinal Cord Injury Waiver.~~

113 2. ~~Adult Cystic Fibrosis Waiver.~~

114 3. ~~Project AIDS Care Waiver.~~

115 (b) ~~The agency shall seek federal approval to terminate the
116 Traumatic Brain and Spinal Cord Injury Waiver, the Adult Cystic~~

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117 ~~Fibrosis Waiver, and the Project AIDS Care Waiver once all~~
118 ~~eligible Medicaid recipients have transitioned into the long-~~
119 ~~term care managed care program.~~

120 (3) PRE-ENROLLMENT WAIT LIST, RELEASE, AND OFFER PROCESS.—
121 The Department of Elderly Affairs shall maintain a statewide
122 pre-enrollment wait list for enrollment for home and community-
123 based services through the long-term care managed care program.

124 (a) The Department of Elderly Affairs shall prioritize
125 individuals for potential enrollment for home and community-
126 based services through the long-term care managed care program
127 using a frailty-based screening tool that results in a priority
128 score. The priority score is used to set an order for releasing
129 individuals from the pre-enrollment wait list for potential
130 enrollment in the long-term care managed care program. If
131 capacity is limited for individuals with identical priority
132 scores, the individual with the oldest date of placement on the
133 pre-enrollment wait list shall receive priority for release.

134 1. Pursuant to s. 430.2053, aging and disability resource
135 center personnel certified by the Department of Elderly Affairs
136 shall perform the screening for each individual requesting
137 enrollment for home and community-based services through the
138 long-term care managed care program. Aging and disability
139 resource center personnel shall place on and release from the
140 pre-enrollment lists clients eligible for the Alzheimer's
141 Disease Initiative or the Community Care for the Elderly, Home
142 Care for the Elderly, or Statewide Medicaid Managed Care Long-
143 Term Care programs. The Department of Elderly Affairs shall
144 request that the individual or the individual's authorized
145 representative provide alternate contact names and contact

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146 information.

147 2. The individual ~~requesting the long term care services,~~
148 or the individual's authorized representative, must participate
149 in an initial screening or rescreening for placement on the pre-
150 enrollment ~~wait~~ list. The screening or rescreening must be
151 completed in its entirety before placement on the pre-enrollment
152 ~~wait~~ list.

153 3. Pursuant to s. 430.2053, staff authorized and certified
154 by the Department of Elderly Affairs aging resource center
155 ~~personnel~~ shall administer rescreening annually or upon
156 notification of a significant change in an individual's
157 circumstances for an individual with a high priority score.
158 Aging and disability resource center personnel may administer
159 rescreening annually or upon notification of a significant
160 change in an individual's circumstances for an individual with a
161 low priority score.

162 4. The Department of Elderly Affairs shall adopt by rule a
163 screening tool that generates the priority score and shall make
164 publicly available on its website the specific methodology used
165 to calculate an individual's priority score.

166 (b) Upon completion of the screening or rescreening
167 process, the Department of Elderly Affairs shall notify the
168 individual or the individual's authorized representative that
169 the individual has been placed on the pre-enrollment ~~wait~~ list,
170 unless the individual has a low priority score. The Department
171 of Elderly Affairs must maintain contact information for each
172 individual with a low priority score for purposes of any future
173 rescreening. Aging and disability resource center personnel
174 shall inform individuals with low priority scores of community

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175 resources available to assist them and inform them that they may
176 contact the aging and disability resource center for a new
177 assessment at any time if they experience a change in
178 circumstances.

179 (c) If the Department of Elderly Affairs is unable to
180 contact the individual or the individual's authorized
181 representative to schedule an initial screening or rescreening,
182 and documents the actions taken to make such contact, it shall
183 send a letter to the last documented address of the individual
184 or the individual's authorized representative. The letter must
185 advise the individual or his or her authorized representative
186 that he or she must contact the Department of Elderly Affairs
187 within 30 calendar days after the date of the notice to schedule
188 a screening or rescreening and must notify the individual that
189 failure to complete the screening or rescreening will result in
190 his or her termination from the screening process and the pre-
191 enrollment wait list.

192 (d) After notification by the agency of available capacity,
193 the ~~CARES program shall conduct a prerelease assessment.~~ The
194 Department of Elderly Affairs shall release individuals from the
195 pre-enrollment wait list based on the priority scoring process
196 ~~and prerelease assessment results.~~ The aging and disability
197 resource center shall conduct a prerelease assessment. Upon
198 release, individuals who meet all financial and medical
199 eligibility criteria may enroll in the long-term care managed
200 care program.

201 (e) The Department of Elderly Affairs may terminate an
202 individual's inclusion on the pre-enrollment wait list if the
203 individual:

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204 1. Does not have a current priority score due to the
205 individual's action or inaction;

206 2. Requests to be removed from the pre-enrollment wait
207 list;

208 3. Does not keep an appointment to complete the rescreening
209 without scheduling another appointment and has not responded to
210 three documented attempts by the Department of Elderly Affairs
211 to contact the individual;

212 4. Receives an offer to begin the eligibility determination
213 process for the long-term care managed care program; or

214 5. Begins receiving services through the long-term care
215 managed care program.

216

217 An individual whose inclusion on the pre-enrollment wait list is
218 terminated must initiate a new request for placement on the pre-
219 enrollment wait list, and any previous priority considerations
220 must be disregarded.

221 (f) Notwithstanding this subsection, the following
222 individuals are afforded priority enrollment for home and
223 community-based services through the long-term care managed care
224 program and do not have to complete the screening or pre-
225 enrollment list wait-list process if all other long-term care
226 managed care program eligibility requirements are met:

227 1. An individual who is 18, 19, or 20 years of age who has
228 a chronic debilitating disease or condition of one or more
229 physiological or organ systems which generally make the
230 individual dependent upon 24-hour-per-day medical, nursing, or
231 health supervision or intervention.

232 2. A nursing facility resident who requests to transition

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233 into the community and who has resided in a Florida-licensed
234 skilled nursing facility for at least 60 consecutive days.

235 3. An individual who is referred by the Department of
236 Children and Families pursuant to the Adult Protective Services
237 Act, ss. 415.101-415.113, as high risk and who is placed in an
238 assisted living facility temporarily funded by the Department of
239 Children and Families.

240 (g) The Department of Elderly Affairs and the agency may
241 adopt rules to implement this subsection.

242 Section 2. Subsection (4) of section 409.983, Florida
243 Statutes, is amended to read:

244 409.983 Long-term care managed care plan payment.—In
245 addition to the payment provisions of s. 409.968, the agency
246 shall provide payment to plans in the long-term care managed
247 care program pursuant to this section.

248 (4) The initial assessment of an enrollee's level of care
249 shall be reviewed or performed ~~made~~ by the Comprehensive
250 Assessment and Review for Long-Term Care Services (CARES)
251 program, which shall assign the recipient into one of the
252 following levels of care:

253 (a) Level of care 1 consists of recipients residing in or
254 who must be placed in a nursing home.

255 (b) Level of care 2 consists of recipients at imminent risk
256 of nursing home placement, as evidenced by the need for the
257 constant availability of routine medical and nursing treatment
258 and care, and who require extensive health-related care and
259 services because of mental or physical incapacitation.

260 (c) Level of care 3 consists of recipients at imminent risk
261 of nursing home placement, as evidenced by the need for the

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262 constant availability of routine medical and nursing treatment
263 and care, who have a limited need for health-related care and
264 services and are mildly medically or physically incapacitated.

265

266 The agency shall periodically adjust payment rates to account
267 for changes in the level of care profile for each managed care
268 plan based on encounter data.

269 Section 3. Subsection (7) of section 430.03, Florida
270 Statutes, is amended to read:

271 430.03 Purposes.—The purposes of the Department of Elderly
272 Affairs are to:

273 (7) Oversee implementation of federally funded and state-
274 funded programs and services for the state's elderly population.
275 The department may provide direct services for the Community
276 Care for the Elderly Program, Home Care for the Elderly Program,
277 and Alzheimer's Disease Initiative only in the event of a state
278 of emergency or in the event a contracted service provider or
279 subcontractor is unable to provide services.

280 Section 4. Present paragraph (g) of subsection (2) of
281 section 430.04, Florida Statutes, is redesignated as paragraph
282 (h), a new paragraph (g) is added to that subsection, and
283 paragraph (f) of that subsection is amended to read:

284 430.04 Duties and responsibilities of the Department of
285 Elderly Affairs.—The Department of Elderly Affairs shall:

286 (2) Be responsible for ensuring that each area agency on
287 aging operates in a manner to ensure that the elderly of this
288 state receive the best services possible. The department shall
289 rescind designation of an area agency on aging or take
290 intermediate measures against the agency, including corrective

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291 action, unannounced special monitoring, temporary assumption of
292 operation of one or more programs by the department, placement
293 on probationary status, imposing a moratorium on agency action,
294 imposing financial penalties for nonperformance, or other
295 administrative action pursuant to chapter 120, if the department
296 finds that:

297 (f) The agency has failed to properly determine client
298 eligibility as defined by the department.

299 (g) The agency has failed to or efficiently manage program
300 budgets.

301 Section 5. Section 430.09, Florida Statutes, is created to
302 read:

303 430.09 Area agencies on aging expenditures.—

304 (1) The procurement of commodities or contractual services
305 by an area agency on aging and its subcontractors must comply
306 with applicable state and federal law and follow all
307 regulations.

308 (a) In accordance with s. 287.017(2), area agencies on
309 aging shall competitively procure all contracts.

310 (b) The department shall impose financial consequences, as
311 established by the department and incorporated into the
312 contract, for noncompliance with applicable local, state, or
313 federal law for the procurement of commodities or contractual
314 services.

315 (2) An administrative employee of an area agency on aging
316 may not receive a salary in excess of 150 percent of the annual
317 salary paid to the secretary of the Department of Elderly
318 Affairs from state-appropriated funds, or from state-
319 appropriated federal funds. This limitation applies regardless

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320 of the number of contracts an area agency on aging may execute
321 with the department. This subsection does not prohibit any party
322 from providing compensation that is not from state funds to an
323 area agency on aging administrative employee.

324 Section 6. Subsections (3) and (5) and paragraph (c) of
325 subsection (9) of section 430.203, Florida Statutes, are amended
326 to read:

327 430.203 Community care for the elderly; definitions.—As
328 used in ss. 430.201-430.207, the term:

329 (3) "Community care service system" means a service network
330 comprising a variety of home-delivered services, day care
331 services, and other basic services, hereinafter referred to as
332 "core services," for functionally impaired elderly persons which
333 are provided by or through a designated single lead agency by
334 the area agency on aging. Its purpose is to provide a continuum
335 of care encompassing a full range of preventive, maintenance,
336 and restorative services for functionally impaired elderly
337 persons.

338 (5) "Core services" means a variety of home-delivered
339 services, day care services, and other basic services that may
340 be provided by several entities. Core services are those
341 services that are most needed to prevent unnecessary
342 institutionalization. The area agency on aging shall not
343 directly provide core services.

344 (9) "Lead agency" means an agency designated at least once
345 every 6 years by an area agency on aging as the result of a
346 competitive procurement conducted through a request for
347 proposal.

348 (c) In each community care service system, the lead agency

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349 must be given the authority and responsibility to coordinate
350 some or all of the services, either directly or through
351 subcontracts, for functionally impaired elderly persons. These
352 services must include case management, homemaker and chore
353 services, respite care, ~~adult day care~~, personal care services,
354 home-delivered meals, counseling, ~~information and referral~~, and
355 emergency home repair services. The lead agency must compile
356 community care statistics and monitor, when applicable,
357 subcontracts with agencies providing core services.

358 Section 7. Subsections (1), (4), (5), and (8) of section
359 430.204, Florida Statutes, are amended to read:

360 430.204 Community-care-for-the-elderly core services;
361 departmental powers and duties.—

362 (1) ~~(a)~~ The department shall fund, through each area agency
363 on aging, at least one community care service system the primary
364 purpose of which is the prevention of unnecessary
365 institutionalization of functionally impaired elderly persons
366 through the provision of community-based core services. Whenever
367 feasible, an area agency on aging shall be the contracting
368 agency of preference to engage only in the planning and funding
369 of community-care-for-the-elderly core services for functionally
370 impaired elderly persons.

371 ~~(b) The department shall fund, through each area agency on~~
372 ~~aging in each county as defined in s. 125.011(1), more than one~~
373 ~~community care service system the primary purpose of which is~~
374 ~~the prevention of unnecessary institutionalization of~~
375 ~~functionally impaired elderly persons through the provision of~~
376 ~~community-based core services.~~

377 (4) The department or contracting agency shall contract for

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378 the provision of the core services required by a community care
379 service area. The area agency on aging may not directly provide
380 core services unless the designated lead agency is unable to
381 perform its duties and the department approves.

382 ~~(5) Entities contracting to provide core services under ss. 430.201-430.207 must provide a minimum of 10 percent of the funding necessary for the support of project operations. In-kind contributions, whether materials, commodities, transportation, office space, other types of facilities, or personal services, and contributions of money or services from functionally impaired elderly persons may be evaluated and counted as part or all of the required local funding.~~

390 ~~(8) Provider agencies are responsible for the collection of fees for services in accordance with rules adopted by the department. Provider agencies shall assess fees for services rendered in accordance with those rules. To help pay for services received from community care for the elderly, a functionally impaired elderly person shall be assessed a fee based on an overall ability to pay. The fee to be assessed shall be fixed according to a schedule established by the department in cooperation with area agencies, lead agencies, and service providers.~~

400 Section 8. Subsections (1), (2), and (4) and paragraph (a) of subsection (5) of section 430.205, Florida Statutes, are
401 amended to read:

403 430.205 Community care service system.—

404 (1) ~~(a)~~ The department, through the area agency on aging,
405 shall fund in each planning and service area at least one
406 community care service system that provides case management and

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407 other in-home and community services as needed to help the older
408 person maintain independence and prevent or delay more costly
409 institutional care.

410 ~~(b) The department shall fund, through the area agency on~~
411 ~~aging in each county as defined in s. 125.011(1), more than one~~
412 ~~community care service system that provides case management and~~
413 ~~other in-home and community services as needed to help elderly~~
414 ~~persons maintain independence and prevent or delay more costly~~
415 ~~institutional care.~~

416 (2) Core services and other support services may be
417 furnished by public or private agencies or organizations. Each
418 community care service system must be under the direction of a
419 lead agency that coordinates the activities of individual
420 contracting agencies providing community-care-for-the-elderly
421 services. When practicable, the activities of a community care
422 service area may be directed from a multiservice senior center,
423 as defined in s. 430.901, and coordinated with other services
424 offered therein. ~~This subsection does not require programs in~~
425 ~~existence prior to the effective date of this act to be~~
426 ~~relocated.~~

427 (4) A preservice and annual inservice training program for
428 community-care-for-the-elderly service providers and staff may
429 be designed and implemented to help assure the delivery of
430 quality services. The department shall specify in rules the
431 training standards and requirements for the community-care-for-
432 the-elderly service providers and staff. Training must be
433 sufficient to ensure that quality services are provided to
434 clients and that appropriate skills are developed to conduct the
435 program.

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436 (5) Any person who has been classified as a functionally
437 impaired elderly person is eligible to receive community-care-
438 for-the-elderly core services.

439 (a) Those elderly persons who are determined by protective
440 investigations to be high risk vulnerable adults in need of
441 services, pursuant to s. 415.104(3)(b), or to be victims of
442 abuse, neglect, or exploitation who are in need of immediate
443 services to prevent further harm and are referred by the adult
444 protective services program, shall be given priority primary
445 consideration for receiving community-care-for-the-elderly
446 services. As used in this paragraph, the term "priority primary
447 consideration" means that an assessment and services must
448 commence within 72 hours after referral to the department or as
449 established in accordance with department contracts by local
450 protocols developed between department service providers and the
451 adult protective services program. Regardless, a community-care-
452 for-the-elderly services provider may dispute a referral under
453 this paragraph by requesting that adult protective services
454 negotiate the referral placement of, and the services to be
455 provided to, a vulnerable adult or victim of abuse, neglect, or
456 exploitation. If an agreement cannot be reached with adult
457 protective services for modification of the referral decision,
458 the determination by adult protective services shall prevail.

459 Section 9. Section 430.2053, Florida Statutes, is amended
460 to read:

461 430.2053 Aging and disability resource centers.—

462 (1) The department, in consultation with the Agency for
463 Health Care Administration and the Department of Children and
464 Families, shall develop pilot projects for aging and disability

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465 resource centers.

466 (2) The purposes of an aging and disability resource center
467 shall be:468 (a) To provide Florida's elders, adults with disabilities,
469 and their families with a locally focused, coordinated approach
470 to integrating information and referral for all available
471 services for persons elders with the eligibility determination
472 entities for state and federally funded long-term-care services.473 (b) To provide for easier access to long-term-care services
474 by Florida's elders, adults with disabilities, and their
475 families by creating multiple access points to the long-term-
476 care network that flow through one established entity with wide
477 community recognition.478 (3) The duties of an aging and disability resource center
479 are to:480 (a) Develop referral agreements with local community
481 service organizations, such as senior centers, existing elder
482 service providers, volunteer associations, and other similar
483 organizations, to better assist clients who do not need or do
484 not wish to enroll in programs funded by the department or the
485 agency. The referral agreements must also include a protocol,
486 developed and approved by the department, which provides
487 specific actions that an aging and disability resource center
488 and local community service organizations must take when a
489 person or a person's ~~an elder or an elder's~~ representative
490 seeking information on long-term-care services contacts a local
491 community service organization before prior to contacting the
492 aging and disability resource center. The protocol shall be
493 designed to ensure that persons elders and their families are

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494 able to access information and services in the most efficient
495 and least cumbersome manner possible.

496 (b) Provide an initial screening of all clients who request
497 long-term-care services to determine whether the person would be
498 most appropriately served through any combination of federally
499 funded programs, state-funded programs, locally funded or
500 community volunteer programs, or private funding for services.

501 (c) Determine eligibility for the programs and services
502 listed in subsection (9) for persons residing within the
503 geographic area served by the aging and disability resource
504 center and determine a priority ranking for services which is
505 based upon the potential recipient's frailty level and
506 likelihood of institutional placement without such services.

507 (d) Place on and release from the pre-enrollment lists
508 clients eligible for the Alzheimer's Disease Initiative or the
509 Community Care for the Elderly, Home Care for the Elderly, or
510 Statewide Medicaid Managed Care Long-term Care programs.

511 (e) Manage the availability of financial resources for the
512 programs and services listed in subsection (9) for persons
513 residing within the geographic area served by the aging and
514 disability resource center.

515 (f) ~~(e)~~ When financial resources become available, refer a
516 client to the most appropriate entity to begin receiving
517 services. The aging and disability resource center shall make
518 referrals to lead agencies for service provision that ensure
519 that persons individuals who are vulnerable adults in need of
520 services pursuant to s. 415.104(3)(b), or who are victims of
521 abuse, neglect, or exploitation in need of immediate services to
522 prevent further harm and are referred by the adult protective

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523 services program, are given priority ~~primary~~ consideration for
524 receiving community-care-for-the-elderly services in compliance
525 with the requirements of s. 430.205(5)(a) and that other
526 referrals for services are in compliance with s. 430.205(5)(b).

527 ~~(f) Convene a work group to advise in the planning,~~
528 ~~implementation, and evaluation of the aging resource center. The~~
529 ~~work group shall be comprised of representatives of local~~
530 ~~service providers, Alzheimer's Association chapters, housing~~
531 ~~authorities, social service organizations, advocacy groups,~~
532 ~~representatives of clients receiving services through the aging~~
533 ~~resource center, and any other persons or groups as determined~~
534 ~~by the department. The aging resource center, in consultation~~
535 ~~with the work group, must develop annual program improvement~~
536 ~~plans that shall be submitted to the department for~~
537 ~~consideration. The department shall review each annual~~
538 ~~improvement plan and make recommendations on how to implement~~
539 ~~the components of the plan.~~

540 (g) Enhance the existing area agency on aging in each
541 planning and service area by integrating, either physically or
542 virtually, the staff and services of the area agency on aging
543 with the staff of the department's local CARES Medicaid
544 preadmission screening unit and a sufficient number of staff
545 from the Department of Children and Families' Economic Self-
546 Sufficiency Unit necessary to determine the financial
547 eligibility for all persons age 60 and older residing within the
548 area served by the aging and disability resource center that are
549 seeking Medicaid services, Supplemental Security Income, and
550 food assistance.

551 (h) Assist clients who request long-term care services in

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552 being evaluated for eligibility for enrollment in the Medicaid
553 long-term care managed care program as eligible plans become
554 available in each of the regions pursuant to s. 409.981(2).

555 (i) ~~Provide enrollment and coverage information to Medicaid~~
556 ~~managed long-term care enrollees as qualified plans become~~
557 ~~available in each of the regions pursuant to s. 409.981(2).~~

558 (j) Assist Medicaid recipients enrolled in the Medicaid
559 long-term care managed care program with informally resolving
560 grievances with a managed care network and assist Medicaid
561 recipients in accessing the managed care network's formal
562 grievance process as eligible plans become available in each of
563 the regions defined in s. 409.981(2).

564 (4) The department shall select the entities to become
565 aging and disability resource centers based on each entity's
566 readiness and ability to perform the duties listed in subsection
567 (3) and the entity's:

568 (a) Expertise in the needs of each target population the
569 center proposes to serve and a thorough knowledge of the
570 providers that serve these populations.

571 (b) Strong connections to service providers, volunteer
572 agencies, and community institutions.

573 (c) Expertise in information and referral activities.

574 (d) Knowledge of long-term-care resources, including
575 resources designed to provide services in the least restrictive
576 setting.

577 (e) Financial solvency and stability.

578 (f) Ability to collect, monitor, and analyze data in a
579 timely and accurate manner, along with systems that meet the
580 department's standards.

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581 (g) Commitment to adequate staffing by qualified personnel
582 to effectively perform all functions.

583 (h) Ability to meet all performance standards established
584 by the department.

585 (5) The aging and disability resource center shall have a
586 governing body which shall be the same entity described in s.
587 20.41(7), and an executive director who may be the same person
588 as described in s. 20.41(7). The governing body shall annually
589 evaluate the performance of the executive director.

590 (6) The aging and disability resource center may not be a
591 provider of direct services other than information and referral
592 services, outreach, and screening, and intake. The aging and
593 disability resource center must receive a waiver from the
594 department to be the provider of any other direct services.

595 (7) The aging and disability resource center must agree to
596 allow the department to review any financial information the
597 department determines is necessary for monitoring or reporting
598 purposes, including financial relationships.

599 (8) The duties and responsibilities of the community care
600 for the elderly lead agencies within each area served by an
601 aging and disability resource center shall be to:

602 (a) Develop strong community partnerships to maximize the
603 use of community resources for the purpose of assisting persons
604 elders to remain in their community settings for as long as it
605 is safely possible.

606 (b) Conduct comprehensive assessments of clients that have
607 been determined eligible and develop a care plan consistent with
608 established protocols that ensures that the unique needs of each
609 client are met.

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610 (9) The services to be administered through the aging and
611 disability resource center shall include those funded by the
612 following programs:

613 (a) Community care for the elderly.
614 (b) Home care for the elderly.
615 (c) Contracted services.
616 (d) Alzheimer's disease initiative.
617 (e) Older Americans Act.

618 (10) The department shall, before prior to designation of
619 an aging and disability resource center, develop by rule
620 operational and quality assurance standards and outcome measures
621 to ensure that clients receiving services through all long-term-
622 care programs administered through an aging and disability
623 resource center are receiving the appropriate care they require
624 and that contractors and subcontractors are adhering to the
625 terms of their contracts and are acting in the best interests of
626 the clients they are serving, consistent with the intent of the
627 Legislature to reduce the use of and cost of nursing home care.
628 The department shall by rule provide operating procedures for
629 aging and disability resource centers, which shall include:

630 (a) Minimum standards for financial operation, including
631 audit procedures.
632 (b) Procedures for monitoring and sanctioning of service
633 providers.
634 (c) Minimum standards for technology utilized by the aging
635 and disability resource center.
636 (d) Minimum staff requirements which shall ensure that the
637 aging and disability resource center employs sufficient quality
638 and quantity of staff to adequately meet the needs of the elders

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639 residing within the area served by the aging and disability
640 resource center.

641 (e) Minimum accessibility standards, including hours of
642 operation.

643 (f) Minimum oversight standards for the governing body of
644 the aging and disability resource center to ensure its
645 continuous involvement in, and accountability for, all matters
646 related to the development, implementation, staffing,
647 administration, and operations of the aging and disability
648 resource center.

649 (g) Minimum education and experience requirements for
650 executive directors and other executive staff positions of aging
651 and disability resource centers.

652 (h) Minimum requirements regarding any executive staff
653 positions that the aging and disability resource center must
654 employ and minimum requirements that a candidate must meet in
655 order to be eligible for appointment to such positions.

656 (11) In an area in which the department has designated an
657 area agency on aging as an aging and disability resource center,
658 the department and the agency may ~~shall~~ not make payments for
659 the services listed in subsection (9) and the Statewide Medicaid
660 Managed Care Long-term Care Program ~~Long-Term Care Community~~
661 ~~Diversion Project~~ for such persons who were not screened and
662 enrolled through the aging and disability resource center. The
663 department shall cease making payments for recipients in
664 eligible plans as eligible plans become available in each of the
665 regions defined in s. 409.981(2).

666 (12) Each aging and disability resource center shall enter
667 into a memorandum of understanding with the department for

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668 collaboration with the CARES unit staff. The memorandum of
669 understanding shall outline the staff person responsible for
670 each function and shall provide the staffing levels necessary to
671 carry out the functions of the aging and disability resource
672 center.

673 (13) Each aging and disability resource center shall enter
674 into a memorandum of understanding with the Department of
675 Children and Families for collaboration with the Economic Self-
676 Sufficiency Unit staff. The memorandum of understanding shall
677 outline which staff persons are responsible for which functions
678 and shall provide the staffing levels necessary to carry out the
679 functions of the aging and disability resource center.

680 (14) If any of the state activities described in this
681 section are outsourced, either in part or in whole, the contract
682 executing the outsourcing shall mandate that the contractor or
683 its subcontractors shall, either physically or virtually,
684 execute the provisions of the memorandum of understanding
685 instead of the state entity whose function the contractor or
686 subcontractor now performs.

687 (15) (a) ~~In order to be eligible to begin transitioning to~~
688 ~~an aging resource center, an area agency on aging board must~~
689 ~~ensure that the area agency on aging which it oversees meets all~~
690 ~~of the minimum requirements set by law and in rule.~~

691 (16) (a) ~~Once an aging resource center is operational, The~~
692 ~~department, in consultation with the aging and disability~~
693 ~~resource center agency, may develop capitation rates for any of~~
694 ~~the programs administered through the agency aging resource~~
695 ~~center. Capitation rates for programs shall be based on the~~
696 ~~historical cost experience of the state in providing those same~~

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697 services to the population age 60 or older residing within each
698 area served by an aging and disability resource center. Each
699 capititated rate may vary by geographic area as determined by the
700 department.

701 (b) The department and the agency may determine for each
702 area served by an aging and disability resource center whether
703 it is appropriate, consistent with federal and state laws and
704 regulations, to develop and pay separate capititated rates for
705 each program administered through the aging and disability
706 resource center or to develop and pay capititated rates for
707 service packages which include more than one program or service
708 administered through the aging and disability resource center.

709 (c) Once capitation rates have been developed and certified
710 as actuarially sound, the department and the agency may pay
711 service providers the capititated rates for services when
712 appropriate.

713 (d) The department, in consultation with the agency, shall
714 annually reevaluate and recertify the capitation rates,
715 adjusting forward to account for inflation, programmatic
716 changes.

717 (16) (17) This section does shall not be construed to allow
718 an aging and disability resource center to restrict, manage, or
719 impede the local fundraising activities of service providers.

720 Section 10. Section 430.503, Florida Statutes, is amended
721 to read:

722 430.503 Alzheimer's Disease Initiative; short title fees
723 and administrative expense.-

724 (1) Sections 430.501-430.504 may be cited as the
725 "Alzheimer's Disease Initiative."

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(2) Provider agencies are responsible for the collection of fees for services in accordance with rules adopted by the department. Provider agencies shall assess fees for services rendered in accordance with those rules. To help pay for services received pursuant to the Alzheimer's Disease Initiative, a functionally impaired elderly person shall be assessed a fee based on an overall ability to pay. The fee to be assessed shall be fixed according to a schedule to be established by the department. Services of specified value may be accepted in lieu of a fee. The fee schedule shall be developed in cooperation with the Alzheimer's Disease Advisory Committee, area agencies on aging, and service providers.

Section 11. Subsection (3) of section 430.605, Florida Statutes, is amended to read:

430.605 Subsidy payments.—The department shall develop a schedule of subsidy payments to be made to persons providing home care, and to providers of goods and services, for certain eligible elderly persons. Payments must be based on the financial status of the person receiving care. Payments must include, but need not be limited to:

(3) When necessary, special supplements to provide for any goods and services, including food and nutritional supplements, and specialized care required to maintain the health, safety, and well-being of the elderly person. Extraordinary medical, dental, or pharmaceutical expenses may be paid as a special supplement.

Section 12. Section 430.72, Florida Statutes, is created to read:

430.72 Florida Alzheimer's Center of Excellence.—

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755 (1) PURPOSE AND INTENT.—

756 (a) The purpose of this section is to assist and support
757 persons with Alzheimer's disease or related forms of dementia
758 and their caregivers by connecting them with resources in their
759 communities. The Legislature intends to create a holistic care
760 model for persons with Alzheimer's disease or related forms of
761 dementia and their caregivers to address two primary goals:

762 1. To allow Floridians living with Alzheimer's disease or
763 related forms of dementia to age in place.

764 2. To empower family caregivers to improve their own well-
765 being.

766 (b) The development of innovative approaches to program
767 management, staff training, and service delivery which have an
768 impact on cost-avoidance, cost-effectiveness, and program
769 efficiency is encouraged.

770 (2) DEFINITIONS.—As used in this section, the term:

771 (a) "Center" means the Florida Alzheimer's Center of
772 Excellence.

773 (b) "Department" means the Department of Elderly Affairs.

774 (3) POWERS AND DUTIES.—

775 (a) There is created within the department the Florida
776 Alzheimer's Center of Excellence, which shall be responsible for
777 improving the quality of care for persons living with
778 Alzheimer's disease or related forms of dementia and improved
779 quality of life for family caregivers.

780 (b) The center shall aim to address, at a minimum, all of
781 the following:

782 1. Early and accurate diagnosis.
783 2. Caregiver health.

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784 3. Improved access to care.

785 4. Health care use costs.

786 5. Strengthening a dementia-capable workforce.

787 6. Underreporting of Alzheimer's disease and related forms

788 of dementia.

789 7. Disparities in access to dementia care.

790 (c) The center shall provide caregivers access to services,

791 including, but not limited to, all of the following:

792 1. Care consultation.

793 2. Support groups.

794 3. Education and training programs.

795 4. Caregiver support services such as:

796 a. Caregiver companions.

797 b. Caregiver wellness programs.

798 c. Care support teams.

799 d. Technology-based services.

800 e. Coordinating or monitoring care and services.

801 f. Assistance in obtaining diagnosis or prognosis of

802 dementia.

803 g. Assistance in obtaining end-of-life care.

804 h. Assistance connecting to resources for medical care.

805 i. Assistance with planning for current or future care.

806 j. Guidance for coping with relationship changes for

807 persons with dementia and their caregivers.

808 k. Skills for communicating with persons with dementia.

809 l. Understanding or managing behavioral symptoms of

810 dementia.

811 (d) The center shall work with area agencies on aging; the

812 Alzheimer's Disease Advisory Committee; the Alzheimer's Disease

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813 Initiative, including the state-funded memory disorder clinics;
814 the Dementia Care and Cure Initiative; universities; hospitals;
815 and other available community resources to ensure full use of
816 the state's infrastructure.

817 (e) As necessary to fulfill its duties under this section,
818 the center may provide direct services or contract for the
819 provision of services.

820 (4) ELIGIBILITY FOR SERVICES.—

821 (a) Persons seeking assistance from the center must meet
822 all of the following criteria to be eligible for services:

823 1. At least one person in the household is a caregiver for
824 a person who has been diagnosed with, or is suspected of having,
825 Alzheimer's disease or a related form of dementia.

826 2. The caregiver or person diagnosed with, or suspected of
827 having, Alzheimer's disease or a related form of dementia is a
828 resident of this state.

829 3. Have the goal of providing in-home care for the person
830 who has been diagnosed with, or is suspected of having,
831 Alzheimer's disease or a related form of dementia.

832 (b) If the person seeking assistance meets the criteria in
833 paragraph (a), the center may provide assistance to the
834 caregiving family, subject to the availability of funds and
835 resources.

836 Section 13. Subsection (2) of section 430.901, Florida
837 Statutes, is amended to read:

838 430.901 Multiservice senior center; definition; purpose.—A
839 "multiservice senior center" is:

840 (2) An entity that may partner with an aging and disability
841 resource center to provide for easier access to long-term care

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842 services by seniors and their families who reside within the
843 local community.

844 Section 14. Subsection (3) of section 744.2003, Florida
845 Statutes, is amended to read:

846 744.2003 Regulation of professional guardians; application;
847 bond required; educational requirements.—

848 (3) Each professional guardian as defined in s. 744.102(17)
849 and public guardian must receive a minimum of 40 hours of
850 instruction and training. Each professional guardian must
851 receive a minimum of 30 hours of continuing education every 2
852 calendar years after the year in which the initial 40-hour
853 educational requirement is met. The required continuing
854 education must include at least 2 hours on fiduciary
855 responsibilities; 2 hours on professional ethics; 1 hour on
856 advance directives; 1 hour on Alzheimer's disease and related
857 dementias; 3 hours on abuse, neglect, and exploitation; and 3 4
858 hours on guardianship law. The instruction and education must be
859 completed through a course approved or offered by the Office of
860 Public and Professional Guardians. The expenses incurred to
861 satisfy the educational requirements prescribed in this section
862 may not be paid with the assets of any ward. This subsection
863 does not apply to any attorney licensed to practice law in this
864 state or an institution acting as guardian under s. 744.2002(7).

865 Section 15. Subsection (2) of section 744.2004, Florida
866 Statutes, is amended to read:

867 744.2004 Complaints; disciplinary proceedings; penalties;
868 enforcement.—

869 (2) The Office of Public and Professional Guardians shall
870 establish disciplinary proceedings, conduct hearings, and take

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871 administrative action pursuant to chapter 120. Disciplinary
872 actions may include, but are not limited to, requiring a
873 professional guardian to participate in additional educational
874 courses provided or approved by the Office of Public and
875 Professional Guardians, imposing additional monitoring by the
876 Office of Public and Professional Guardians, imposing a fine
877 ~~office of the guardianships to which the professional guardian~~
878 ~~is appointed,~~ and suspension or revocation of a professional
879 guardian's registration.

880 Section 16. Paragraph (g) is added to subsection (2) of
881 section 744.20041, Florida Statutes, to read:

882 744.20041 Grounds for discipline; penalties; enforcement.—

883 (2) When the Office of Public and Professional Guardians
884 finds a professional guardian guilty of violating subsection
885 (1), it may enter an order imposing one or more of the following
886 penalties:

887 (g) Requirement that the professional guardian pay a fine,
888 not to exceed \$500 per violation.

889 Section 17. Present subsection (2) of section 744.2104,
890 Florida Statutes, is redesignated as subsection (4), and a new
891 subsection (2) and subsection (3) are added to that section, to
892 read:

893 744.2104 Access to records by the Office of Public and
894 Professional Guardians; confidentiality.—

895 (2) In conducting an investigation, the Office of Public
896 and Professional Guardians may issue subpoenas duces tecum to
897 financial institutions, insurance companies, the ward's
898 caregivers, any facility in which the ward is residing or has
899 resided, and the facility's professional guardians or employees

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900 to compel the production of records relevant to the
901 investigation conducted by the office.

902 (3) If there is substantial noncompliance with a subpoena
903 duces tecum issued by the Office of Public and Professional
904 Guardians, the office may petition the court in the county in
905 which the noncompliant person resides or has her or his place of
906 business for an order requiring the person to produce such
907 records as specified in the subpoena duces tecum.

908 Section 18. For the purpose of incorporating the amendment
909 made by this act to section 430.204, Florida Statutes, in a
910 reference thereto, subsection (4) of section 110.501, Florida
911 Statutes, is reenacted to read:

912 110.501 Definitions.—As used in this act:

913 (4) "Volunteer" means any person who, of his or her own
914 free will, provides goods or services, or conveys an interest in
915 or otherwise consents to the use of real property pursuant to
916 chapter 260, to any state department or agency, or nonprofit
917 organization, with no monetary or material compensation. A
918 person registered and serving in Older American Volunteer
919 Programs authorized by the Domestic Volunteer Service Act of
920 1973, as amended (Pub. L. No. 93-113), shall also be defined as
921 a volunteer and shall incur no civil liability as provided by s.
922 768.1355. A volunteer shall be eligible for payment of volunteer
923 benefits as specified in Pub. L. No. 93-113, this section, and
924 s. 430.204.

925 Section 19. For the purpose of incorporating the amendment
926 made by this act to section 430.503, Florida Statutes, in a
927 reference thereto, section 430.504, Florida Statutes, is
928 reenacted to read:

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929 430.504 Confidentiality of information.—Information about
930 clients of programs created or funded under s. 430.501 or s.
931 430.503 which is received through files, reports, inspections,
932 or otherwise, by the department or by authorized departmental
933 employees, by persons who volunteer services, or by persons who
934 provide services to clients of programs created or funded under
935 s. 430.501 or s. 430.503 through contracts with the department
936 is confidential and exempt from the provisions of s. 119.07(1).
937 Such information may not be disclosed publicly in such a manner
938 as to identify a person who receives services under s. 430.501
939 or s. 430.503, unless that person or that person's legal
940 guardian provides written consent.

941 Section 20. For the purpose of incorporating the amendment
942 made by this act to section 430.605, Florida Statutes, in a
943 reference thereto, section 430.603, Florida Statutes, is
944 reenacted to read:

945 430.603 Home care for the elderly; rules.—The department
946 shall by rule establish minimum standards and procedures for the
947 provision of home care for the elderly and for the approval of
948 persons seeking to provide such care. Any person who is approved
949 to provide care, goods, or services for an elderly person shall
950 be eligible for the subsidy payments described in s. 430.605.
951 However, the home care for the elderly program must be operated
952 within the funds appropriated by the Legislature.

953 Section 21. This act shall take effect July 1, 2026.



LEGISLATIVE ACTION

Senate

House

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•
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•

The Committee on Children, Families, and Elder Affairs (Grall) recommended the following:

1 **Senate Amendment**

2
3 Delete lines 308 - 309

4 and insert:

5 (a) Area agencies on aging shall competitively procure all
6 contracts in excess of \$35,000.



LEGISLATIVE ACTION

Senate

House

•
•
•
•
•

The Committee on Children, Families, and Elder Affairs (Grall) recommended the following:

1 **Senate Amendment (with title amendment)**

2
3 Delete lines 380 - 381

4 and insert:

5 core services unless the designated lead agency is unable to
6 perform its duties or in the event of a state of emergency and
7 the department approves.

8
9 ===== T I T L E A M E N D M E N T =====

10 And the title is amended as follows:



11 Delete lines 36 - 37
12 and insert:
13 directly providing core services; providing
14 exceptions; deleting the responsibility of provider

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 Children, Families, and Elder Affairs

BILL: SB 1630

INTRODUCER: Senator Grall

SUBJECT: Aging and Disability Services

DATE: January 26, 2026 REVISED: _____

ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1. Kennedy	Tuszynski	CF	_____
2. _____	_____	AHS	_____
3. _____	_____	FP	_____

I. Summary:

SB 1630 revises Florida's aging and disability services statutes under the Department of Elder Affairs (DOEA) to modernize terminology, clarify service access pathways, expand dementia-related infrastructure, and strengthen administrative and guardianship oversight for elderly Floridians and adults with disabilities.

The bill updates long-term care managed care provisions by replacing "wait list" terminology with a statewide "pre-enrollment list" framework and deletes expired statutory requirements related to receiving an offer for enrollment. It strengthens the front-end screening and release process by authorizing Aging and Disability Resource Centers (ADRC) personnel to place and release individuals on and from pre-enrollment lists and requires rescreening under specified circumstances. The bill also shifts responsibility for prerelease assessments to ADRCs (rather than Comprehensive Assessment and Review for Long-Term Care Services - CARES) and requires the CARES program to review or perform the initial level-of-care assessment for long-term care enrollees.

The bill revises the purposes and duties of DOEA to authorize direct service provision under specified circumstances, such as when a contracted provider cannot deliver services or during a declared state of emergency, while otherwise reinforcing limits on ADRCs providing direct services without a waiver. It establishes new expenditure requirements for area agencies on aging (AAA), including procurement requirements, and imposes an administrative salary cap of 150% of the DOEA Secretary's salary for certain administrative employees paid from state-appropriated funds.

The bill redesignates "aging resource centers" as "aging and disability resource centers" (ADRC) throughout to reflect expanded service populations and revises ADRC duties accordingly, including their role in managing access processes across programs. It also deletes certain responsibilities for provider agencies related to collecting and assessing fees for

specified purposes and updates subsidy payment language to include food and nutritional supplements as part of covered supports.

The bill creates s. 430.72, F.S., establishing the Florida Alzheimer's Center of Excellence within DOEA to support and connect individuals with Alzheimer's disease or related dementias and their caregivers to services and resources. The bill also provides that high-risk vulnerable adults may receive priority consideration for Community Care for the Elderly (CCE) services.

The bill strengthens oversight of professional and public guardians by revising continuing education requirements to include Alzheimer's disease and related dementias and by enhancing enforcement and investigative authority to include issuance of subpoena duces tecum and fines up to \$500 per violation.

The bill will likely have an indeterminate negative fiscal impact on state government related to costs for additional administrative workload and expanded oversight authority.

The bill takes effect July 1, 2026.

II. **Present Situation:**

The Medicaid Program

The Florida Medicaid program is a partnership between the federal and state governments. Each state operates its own Medicaid program under a state plan approved by the federal Centers for Medicare & Medicaid Services (CMS). The state plan outlines Medicaid eligibility standards, policies, and reimbursement methodologies.

Florida Medicaid is administered by the Agency for Health Care Administration (AHCA) and financed with federal and state funds.¹ Approximately 4.2 million Floridians are currently enrolled in Medicaid, and the program's estimated expenditures for FY 2025–26 are over \$35.6 billion.²

Eligibility for Florida Medicaid is based on a number of factors, including age (or other eligibility category), household or individual income, and coverage group assets.³ State Medicaid coverage/payment categories are provided in s. 409.903, F.S. (Mandatory Payments for Eligible Persons) and s. 409.904, F.S. (Optional Payments for Eligible Persons), which authorize the AHCA to make payments for covered groups who are determined eligible subject to the income, assets, and categorical eligibility tests set forth in federal and state law.⁴

¹ Florida Agency for Health Care Administration, *Medicaid* overview page: available at <https://ahca.myflorida.com/medicaid> (last visited 1/20/2026).

² Social Services Estimating Conference, *Medicaid Caseloads and Expenditures, July 17, 24, and 30, 2025 — Executive Summary*: available at <http://edr.state.fl.us/Content/conferences/medicaid/execsummary.pdf> (last visited 1/20/2026).

³ Florida Department of Children and Families, *Medicaid Eligibility*: available at <https://www.myflfamilies.com/medicaid> (last visited 1/20/2026); and Florida Department of Children and Families, *Determining your Income Limit*: available at <https://www.myflfamilies.com/medicaid/determining-your-income-limit> (last visited 1/20/2026).

⁴ Section 409.903 and Section 409.904, F.S.

Minimum coverage thresholds are established in federal law for certain population groups, including children, through mandatory coverage requirements in federal Medicaid regulations.⁵

Statewide Medicaid Managed Care

The Statewide Medicaid Managed Care (SMMC) program is Florida's statewide, integrated managed care delivery system for Medicaid covered services.⁶ In the SMMC program, Medicaid recipients generally receive their services through a managed care plan, rather than through multiple separate payment entities, with the SMMC structure organized into the Managed Medical Assistance (MMA), Long-Term Care (LTC), and Dental components.⁷ The SMMC program is administered by the AHCA and is financed with federal and state funds. Eligibility for Medicaid (and therefore eligibility to participate in SMMC, if enrolled in managed care) is determined by the Department of Children and Families (DCF) for most non-SSI coverage groups (and by the Social Security Administration for SSI recipients).⁸

Within the SMMC program, the MMA program provides primary and acute medical assistance and related services to enrollees.⁹ The LTC Program provides services to frail elderly or disabled Medicaid recipients in nursing facilities and in community settings, including an individual's home, an assisted living facility, or an adult family care home.¹⁰

Implementation of the LTC Program required federal approval from the CMS under concurrent s. 1915(b) and s. 1915(c) waiver authority submitted by the AHCA, with CMS approving Florida's LTC waiver approach on February 1, 2013, for an effective start of July 1, 2013.¹¹ The currently approved 1915(b) LTC managed care waiver period is April 1, 2022 through March 31, 2027, and the AHCA's home and community based services (HCBS) s. 1915(c) LTC waiver (FL.0962) reflects an approved effective date of April 1, 2022.¹²

⁵ Electronic Code of Federal Regulations, 42 C.F.R. § 435.118, *Infants and children under age 19*: available at <https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-C/part-435/subpart-B/subject-group-ECFR5862e2658e2b5d6/section-435.118> (last visited 1/20/2026).

⁶ Section 409.964, F.S.

⁷ Florida Agency for Health Care Administration, *Statewide Medicaid Managed Care*: available at <https://ahca.myflorida.com/medicaid/statewide-medicaid-managed-care> (last visited 1/20/2026); and Florida Agency for Health Care Administration, *A Snapshot of the Florida Statewide Medicaid Managed Care Program*: available at https://ahca.myflorida.com/Medicaid/statewide_mc/pdf/mma/SMMC_Snapshot.pdf (last visited 1/20/2026).

⁸ Florida Agency for Health Care Administration, *Eligibility for Medicaid Services*: available at <https://ahca.myflorida.com/medicaid/medicaid-policy-quality-and-operations/medicaid-policy-and-quality/medicaid-policy/program-policy/eligibility-for-medicaid-services> (last visited 1/20/2026).

⁹ Section 409.971, F.S.

¹⁰ Florida Agency for Health Care Administration, *Find Out About Long-Term Care Services*: available at <https://ahca.myflorida.com/medicaid/statewide-medicaid-managed-care/long-term-care-program/find-out-about-long-term-care-services> (last visited 1/20/2026).

¹¹ Florida Agency for Health Care Administration, *Florida Medicaid 1915(b) Managed Care Waiver—Long-Term Care Program (Waiver #FL-17)*: available at https://ahca.myflorida.com/content/download/26140/file/FL_Long-Term-Managed-Care_FL-17_2025_Amendment%20PDF%20version.pdf (last visited 1/20/2026).

¹² Florida Agency for Health Care Administration, *Florida Medicaid 1915(b) Managed Care Waiver—Long-Term Care Program (Waiver #FL-17) (Effective Dates: 4/1/22–3/31/27) (PDF)*: available at https://ahca.myflorida.com/content/download/26140/file/FL_Long-Term-Managed-Care_FL-17_2025_Amendment%20PDF%20version.pdf (last visited 1/20/2026)

Long-Term Care Program

The LTC Program provides long-term care services, including nursing facility and home and community based services, to eligible Medicaid recipients. Federal law requires state Medicaid programs to cover nursing facility services for individuals age 21 or older who meet the applicable need/level-of-care criteria.¹³ States may place appropriate utilization controls (such as medical necessity), but they may not arbitrarily deny or reduce the amount, duration, or scope of a required service to an otherwise eligible beneficiary solely because of diagnosis, illness, or condition.¹⁴ By contrast, HCBS are optional benefits that states may offer through authorities such as s. 1915(c) waivers.¹⁵

In Florida, HCBS long-term care services are delivered through an approved federal waiver.¹⁶ Federal guidance and waiver design allow 1915(c) federal waiver programs to be limited in enrollment (capped) and, as a result, states may maintain waiting lists for waiver services.¹⁷ Consistent with this structure, Florida's LTC program is managed through a priority-based wait list/release process, and offers for enrollment are made subject to the availability of funds.¹⁸

As of November 30, 2025, there were 159,338 individuals enrolled in the LTC Program, including 110,197 individuals enrolled in the HCBS portion of the program and 49,141 individuals classified as NON-HCBS (non-HCBS/facility setting).¹⁹

LTC Program Eligibility

To be eligible for the LTC Program, an individual must:

- Be age 65 or older and eligible for Medicaid, or age 18 or older and eligible for Medicaid by reason of a disability;²⁰
- Have gross monthly income at or below the Institutional Care Program/Home and Community-Based Services (ICP/HCBS) special income limit (300% of the SSI federal benefit rate) or otherwise qualify through an income trust if over the limit.”;²¹ and,

¹³ U.S. Government Publishing Office, 42 C.F.R. § 440.40: available at <https://www.govinfo.gov/link/cfr/42/440?link-type=pdf§ionnum=40&year=mostrecent> (last visited 1/20/2026).

¹⁴ Government Publishing Office, 42 C.F.R. § 440.230(c), *Sufficiency of amount, duration, and scope* (most recent): available at <https://www.govinfo.gov/content/pkg/CFR-2024-title42-vol4/pdf/CFR-2024-title42-vol4-sec440-230.pdf> (last visited 1/20/2026).

¹⁵ Medicaid.gov, *Home & Community-Based Services 1915(c)* (HCBS waiver authority overview): available at <https://www.medicaid.gov/medicaid/home-community-based-services/home-community-based-services-authorities/home-community-based-services-1915c> (last visited 1/20/2026).

¹⁶ Medicaid.gov, *FL Long-Term Care Waiver (0962.R02.00)*: available at <https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/81391> (last visited 1/20/2026).

¹⁷ Congressional Research Service, *Medicaid Section 1915(c) Home- and Community-Based Services Waivers*: available at https://www.congress.gov/crs_external_products/R/PDF/R48519/R48519.1.pdf (last visited 1/20/2026).

¹⁸ Section 409.979, F.S.

¹⁹ Florida Agency for Health Care Administration, *Medicaid Monthly Enrollment Report—November 2025* (worksheet “LTC”—“SMMC Long Term Care Capitated Enrollment Report,” row “LTC_ENR_TOTAL”): available at https://ahca.myflorida.com/content/download/27802/file/ENR_202511.xls (last visited 1/20/2026).

²⁰ Section 409.979(1)(a), F.S.

²¹ Florida Department of Children and Families, *SSI-Related Medicaid Coverage Groups Financial Eligibility Standards: January 2025*, available at <https://www.myflfamilies.com/sites/default/files/2024-12/Appendix-A-9.pdf> (last visited 1/21/2026); and U.S. Centers for Medicare & Medicaid Services, *MACPro Integrated Governance – Individuals in Institutions Eligible Under a Special Income Level* (states income eligibility is capped at 300% of the SSI federal benefit rate (FBR)), available at <https://www.medicaid.gov/resources-for-states/downloads/macpro-ig-individuals-in-institutions-eligible-under-a-special-income-level.pdf> (last visited 1/21/2026).

- Be determined by the Comprehensive Assessment and Review for Long-Term Care Services (CARES) Program to require nursing facility care (or an equivalent level of care).²²

In addition, an individual seeking Medicaid eligibility must demonstrate that he or she meets limits on personal assets, as state Medicaid programs impose financial resource limits that applicants must satisfy in order to qualify for long-term care coverage.²³ Both federal and state law set parameters for Medicaid long-term care eligibility based on personal property (e.g., treatment of a home and a vehicle) and on financial assets (e.g., bank accounts and other countable resources).²⁴

LTC Program Enrollment

LTC Program enrollment is administered through the combined roles of the Department of Elder Affairs (DOEA), the Department of Children and Families (DCF), and the AHCA, with Aging and Disability Resource Centers (ADRC) serving as the entry point for screening.²⁵ An individual seeking LTC services must contact the appropriate ADRC to request a screening, and the screening is designed to collect information about the person's needs and level of frailty.²⁶ During screening, ADRC staff gather information such as health status and functional needs (including help with activities of daily living), which is used to generate the person's priority score and resulting priority rank.²⁷ State law directs the DOEA to prioritize individuals for potential enrollment for home and community-based services through the LTC managed care program using a frailty-based screening tool that results in a priority score, and that score is used to set the order for releasing individuals from the wait list for potential enrollment.²⁸

The prioritization of the waitlist is described in AHCA administrative rule.²⁹ Priority score and rank are used to ensure that the most fragile Floridians are offered LTC Program enrollment when it becomes available, and the AHCA groups scores into low and high priority ranges with multiple ranks (including ranks for "imminent risk" and Adult Protective Services high-risk referrals).³⁰ Under the AHCA's coverage rule, "priority score" is an automatically generated number based on the DOEA's screening, and "priority rank" is an automatically generated number indicating assessed need for LTC services.³¹

²² Section 409.979(1)(b), F.S.

²³ Medicaid Planning Assistance, *Medicaid Eligibility: 2026 Income, Asset & Care Requirements*: available at <https://www.medicaidplanningassistance.org/medicaid-eligibility/> (last visited 1/21/2026).

²⁴ U.S. Congress, 42 U.S.C. § 1396p: available at [https://uscode.house.gov/view.xhtml?req=\(title:42%20section:1396p%20edition:prelim](https://uscode.house.gov/view.xhtml?req=(title:42%20section:1396p%20edition:prelim) (last visited 1/21/2026); and Florida Department of Children and Families, *What is Institutional Care Program (ICP)*: available at <https://eds.myflfamilies.com/DCFFormsInternet/Search/OpenDCFForm.aspx?FormId=802> (last visited 1/21/2026).

²⁵ Florida Agency for Health Care Administration, *Long-Term Care Program*: available at <https://ahca.myflorida.com/medicaid/statewide-medicaid-managed-care/long-term-care-program> (last visited 1/21/2026)

²⁶ Agency for Health Care Administration, *Statewide Medicaid Managed Care Long-Term Care Program—Screening*: available at <https://ahca.myflorida.com/medicaid/statewide-medicaid-managed-care/long-term-care-program/statewide-medicaid-managed-care-long-term-care-program-screening> (last visited 1/21/2026).

²⁷ *Id.*

²⁸ Section 409.979, F.S.

²⁹ Rule 59G-4.193, F.A.C.

³⁰ Agency for Health Care Administration, *SMMC LTC Program Waitlist Release*: available at <https://ahca.myflorida.com/medicaid/statewide-medicaid-managed-care/long-term-care-program/smmc-ltc-program-waitlist-release> (last visited 1/21/2026).

³¹ Rule 59G-4.193, F.A.C.

Comprehensive Assessment and Review for Long-Term Care Services (CARES) Program

The Comprehensive Assessment and Review for Long-Term Care Services (CARES) Program is Florida's preadmission screening process used to ensure that only individuals whose conditions require long-term care services are enrolled in the Medicaid long-term care managed care program.³² Florida law requires the AHCA to operate CARES through an interagency agreement with DOEA.³³ CARES must assess or review each person who requests Medicaid payment for nursing facility services or who seeks home and community-based services through Medicaid long-term care authorities (including SMMC LTC).³⁴ CARES determines medical eligibility for the Medicaid Institutional Care Program (ICP), for Medicaid waivers that provide home and community-based services, and conducts medical assessments for nursing facility residents entering court-ordered receivership.³⁵ Operating 17 field offices statewide CARES completed 145,603 assessments in State Fiscal Year 2023–2024 with total federal/state funding of \$19,954,875.³⁶

The Florida Department of Elder Affairs (DOEA)

The DOEA is Florida's designated State Unit on Aging and is responsible for administering human services programs for older adults and developing policy recommendations for long-term care.³⁷ DOEA's statutory duties include administering human services and long-term care programs (including programs funded under the federal Older Americans Act) and ensuring that each Area Agency on Aging (AAA) operates to provide the best services possible to elders in Florida.³⁸ DOEA delivers many services through 11 AAA, which operate as ADRC and function as Florida's coordinated "no wrong door" entry system for information and access to long-term care resources.³⁹ DOEA's statewide service portfolio includes programs such as ADRC access services, the Long-Term Care Ombudsman Program, SHINE (Medicare counseling), and legal and caregiver supports.⁴⁰

DOEA reports that more than 1.2 million Floridians age 60 plus received Department services in FY 2022–2023, and that over 97% of the Department's \$432.2 million combined state and federal budget was spent providing direct services.⁴¹ In Florida's Medicaid long-term care system, DOEA's role includes operating the CARES medical level-of-care function through an

³² Section 409.985(1), F.S.

³³ Section 409.985(2), F.S.

³⁴ Florida Agency for Health Care Administration, *CARES Assessment of Long-Term Care Needs*: available at <https://ahca.myflorida.com/medicaid/statewide-medicaid-managed-care/long-term-care-program/cares-assessment-of-long-term-care-needs> (last visited 1/21/2026).

³⁵ Florida Department of Elder Affairs, *Comprehensive Assessment and Review for Long-Term Care Services (CARES) Program*: available at <https://elderaffairs.org/programs-services/comprehensive-assessment-and-review-for-long-term-care-services-cares-program/> (last visited 1/21/2026).

³⁶ Florida Department of Elder Affairs, *Live Well and Age Well, 2024 Department Overview*, (on file with the Children, Families, and Elder Affairs Committee).

³⁷ Office of Program Policy Analysis and Government Accountability (OPPAGA), *Department of Elder Affairs—Program Summary (Program #5054)*: available at <https://oppaga.fl.gov/ProgramSummary/ProgramDetail?programNumber=5054> (last visited 1/21/2026).

³⁸ Section 430.04, F.S.

³⁹ Florida Department of Elder Affairs, *Aging and Disability Resource Centers (ADRCs)*: available at <https://elderaffairs.org/resources/aging-and-disability-resource-centers-adrcs/> (last visited 1/21/2026).

⁴⁰ Florida Department of Elder Affairs, Elder Affairs Florida, *Programs & Services* (navigation landing page): available at <https://elderaffairs.org/programs-and-services/> (last visited 1/21/2026).

⁴¹ Florida Department of Elder Affairs, *Live Well and Age Well, 2024 Department Overview*, (on file with the Children, Families, and Elder Affairs Committee).

interagency structure that supports eligibility determinations for Medicaid long-term care services.⁴²

Aging and Disability Resource Centers (ADRCs)

The DOEA administers programs and services for elders across the state of Florida through 11 AAA, which operate as ADRCs.⁴³ These ADRCs function as a single, coordinated system for information and access to services for Floridians seeking long-term care resources.⁴⁴ The ADRCs provide information and assistance about state and federal benefits, as well as available local programs and services.⁴⁵ Florida law describes the purpose of these centers as integrating information and referral with eligibility determination entities for state and federally funded long-term care services and creating multiple access points that flow through a single established entity.⁴⁶

The primary functions of the ADRCs include providing information and referral services, ensuring eligibility determinations are done properly and efficiently, triaging clients who require assistance, and managing the availability of financial resources for certain key long-term care programs to ensure financial viability and stability.⁴⁷ Florida law also assigns ADRCs duties that include providing initial screening of clients requesting long-term care services, determining eligibility for specified long-term care programs, establishing a frailty-based priority ranking, and managing the availability of financial resources for those programs within the ADRC's service area.⁴⁸

Florida's 11 ADRCs are distributed throughout the state as shown in the map below:⁴⁹

⁴² Section 409.985, F.S.

⁴³ Florida Department of Elder Affairs, *Aging and Disability Resource Centers (ADRCs)*: available at <https://elderaffairs.org/resources/aging-and-disability-resource-centers-adrcs/> (last visited 1/21/2026).

⁴⁴ Florida Department of Elder Affairs, *Aging and Disability Resource Centers (ADRCs)*: available at <https://elderaffairs.org/resources/aging-and-disability-resource-centers-adrcs/> (last visited 1/21/2026).

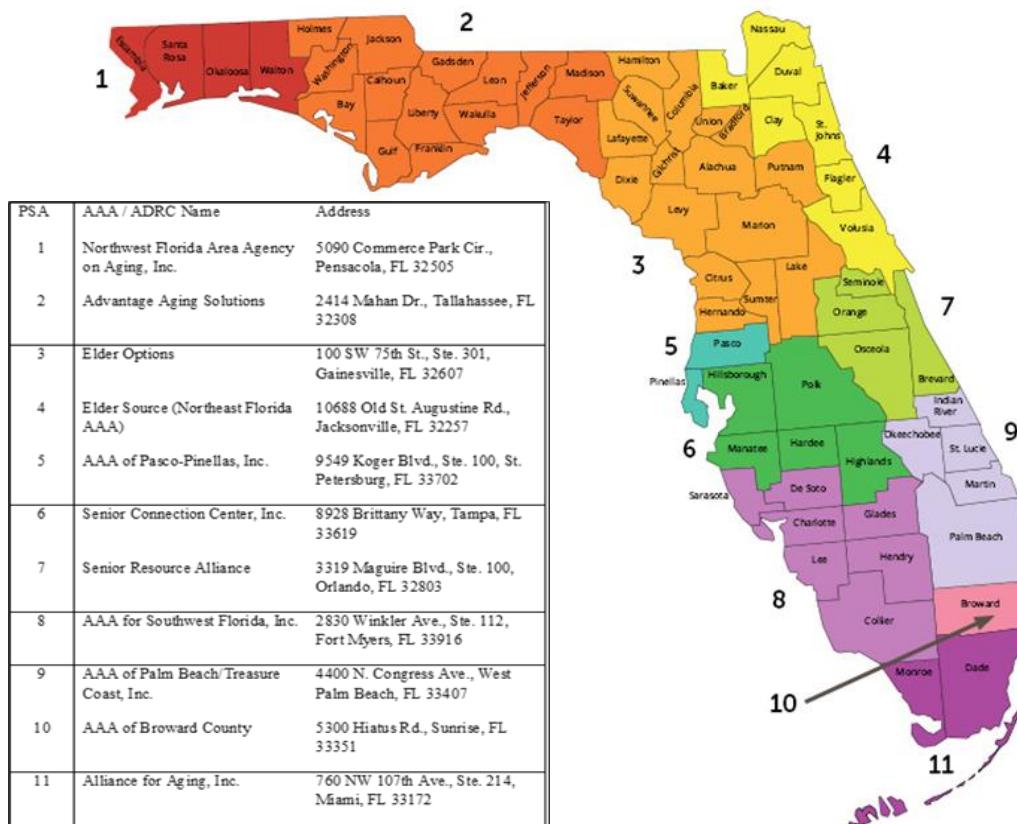
⁴⁵ *Id.*

⁴⁶ Section 430.2053, F.S.

⁴⁷ Florida Department of Elder Affairs, *Aging and Disability Resource Centers (ADRCs)*: available at <https://elderaffairs.org/resources/aging-and-disability-resource-centers-adrcs/> (last visited 1/21/2026).

⁴⁸ Section 430.2053(3), F.S.

⁴⁹ Section 430.2053(3), F.S.



Emergency Authority and Continuity of Care

The DOEA is responsible for ensuring that each AAA operates in a manner that ensures Florida's elders receive the best services possible. If the DOEA finds specified conditions, it may rescind an AAA's designation or take "intermediate measures," including corrective action, unannounced special monitoring, temporary assumption of operation of one or more programs by the DOEA, probationary status, a moratorium on agency action, financial penalties for nonperformance, or other administrative action.⁵⁰ One statutory trigger for this emergency-related intervention authority is when an AAA "has failed to continue the provision or expansion of services after the declaration of a state of emergency."⁵¹ Operationally, the DOEA's Emergency Coordinating Officer coordinates with the Florida Division of Emergency Management on emergency preparedness issues and post-disaster response. The DOEA also ensures AAAs and local service providers have all-hazards Disaster and Continuity of Operations Plans that are implemented during a threat of imminent disaster, supporting continuity of care and services for older adults.⁵²

⁵⁰ Section 430.04(2), F.S.

⁵¹ Section 430.04(2)(d), F.S.

⁵² Florida Department of Elder Affairs, *Disaster Preparedness*, available at <https://elderaffairs.org/resources/disaster-preparedness/> (last visited 1/23/2026).

Community Care for the Elderly (CCE)

The DOEA administers The Community Care for the Elderly (CCE) program to provide community-based services in a continuum of care to help elders with functional impairments remain in the least restrictive and most cost-effective environment appropriate to their needs.⁵³

The CCE program offers a broad range of services tailored to individual needs, including adult day care, chore assistance, counseling, home-delivered meals, home nursing, legal assistance, material aid, medical therapeutic services, personal care, respite, transportation, and other community-based services.⁵⁴

The CCE program is administered through the AAA, which in turn subcontract with local CCE Lead Agencies to deliver services.⁵⁵ Service delivery is provided by 47 Lead Agencies statewide, ensuring geographic coverage across Florida.⁵⁶ The CCE program is not a Medicaid program and is funded through a combination of state general revenue and client contributions, with client co-payments assessed on a sliding scale developed by the DOEA.⁵⁷

To be eligible for the CCE program, an individual must be age 60 or older and functionally impaired, as determined by an initial comprehensive assessment and annual reassessments.⁵⁸ Priority consideration for services is given to elders referred by the DCF Adult Protective Services (APS) who are determined to be victims of abuse, neglect, or exploitation and in need of immediate services to prevent further harm.⁵⁹ Individuals not referred by APS may still receive services based on prioritization criteria, including the individual's level of frailty, likelihood of institutional placement, and ability to pay, with priority given to those least able to contribute toward the cost of care.⁶⁰

Alzheimer's Disease Initiative (ADI) in Florida

Florida's Alzheimer's disease and related dementias (ADRD) population is substantial, with approximately 580,000 Floridians age 65 plus living with Alzheimer's disease and approximately 870,000 caregivers.⁶¹ Florida's Alzheimer's Disease Initiative (ADI) is a state-created continuum of dementia services and supports administered by the DOEA.⁶² ADI's statutory framework includes the Alzheimer's Disease Advisory Committee (ADAC) which advises the DOEA and the Florida Legislature on Alzheimer's and related dementias (ADRD) policy and program needs.⁶³ ADI also includes state-funded Memory Disorder Clinics (MDCs)

⁵³ Section 430.202, F.S.

⁵⁴ Florida Department of Elder Affairs, *Summary of Programs and Services—Community Care for the Elderly*: available at <https://elderaffairs.org/programs-services/community-care-for-the-elderly-cce/> (last visited 1/21/2026).

⁵⁵ Section 430.203(7), F.S.

⁵⁶ Florida Department of Elder Affairs, *2024 Department Overview*, p. 10 (on file with the Children, Families, and Elder Affairs Committee).

⁵⁷ Section 430.205(5)(a), F.S.

⁵⁸ Section 430.205(5)(b), F.S.

⁵⁹ Section 430.205(5)(b), F.S.

⁶⁰ Section 430.205(5)(a)–(b), F.S.

⁶¹ Florida Alzheimer's Disease Advisory Committee, *Annual Report 2023*: available at <https://elderaffairs.org/wp-content/uploads/Alzheimers-Disease-Advisory-Committee-%E2%80%93-Annual-Report-2023.pdf> (last visited 1/22/2026).

⁶² Section 430.501–430.504, F.S.

⁶³ Section 430.501, F.S.

and directs the DOEA to contract for respite care services.⁶⁴ Florida law further provides that client-identifying information for programs created or funded under the ADI statutes is confidential and exempt from public disclosure, unless written consent is provided.⁶⁵

ADI was legislatively established in 1985 to provide a continuum of services to meet the changing needs of individuals and families affected by ADRD.⁶⁶ Key components of the ADI program include: (1) ADI respite services, (2) Memory Disorder Clinics, and (3) the Florida Brain Bank.⁶⁷ In fiscal year 2023-2024 the state of Florida spent \$59,291,924 in ADI state funding, impacting 23,240 clients, with Alzheimer's respite care programs established in all 67 Florida counties.⁶⁸

Memory Disorder Clinics

Florida law establishes and funds Memory Disorder Clinics (MDCs) at specified sites statewide to provide research, training, and clinical services in a diagnostic and therapeutic setting for individuals with Alzheimer's disease and related memory disorders.⁶⁹ The MDC network provides statewide services and supports Alzheimer's research and training through clinic contracts and performance expectations.⁷⁰ In FY 2023–2024, MDC state funding totaled \$12,409,285 and MDCs served 20,776 unduplicated persons.⁷¹

Florida Brain Bank

The Florida Brain Bank operates as a component of Florida's ADI that supports research by facilitating registration and autopsies for individuals affected by Alzheimer's disease and related dementias.⁷² In FY 2023–2024, state funding for the Brain Bank totaled \$117,535, with 42 persons registered and 30 autopsies completed.⁷³

Home Care for the Elderly (HCE)

Florida's Home Care for the Elderly (HCE) program is a program that helps Floridians age 60 and older remain in family-type living arrangements within private homes as an alternative to institutional or nursing facility care, with a basic subsidy intended to support the elder's support and maintenance (including some medical costs).⁷⁴ When needed, the program can also provide a special subsidy for specific services and supplies which can include case management supports. Most participants receive a monthly subsidy, and those special subsidies cover items such as incontinence supplies, medications, medical supplies, wheelchairs/assistive devices, ramps and home accessibility modifications, nutritional supplements, home health aides, and skilled nursing

⁶⁴ Section 430.502(1) and (8), F.S.

⁶⁵ Section 430.504, F.S.

⁶⁶ Florida Department of Elder Affairs, 2024 Year in Review, p. 33 (on file with the Children, Families, and Elder Affairs Committee).

⁶⁷ *Id.*

⁶⁸ *Id.*

⁶⁹ Section 430.502(1), F.S.

⁷⁰ Florida Department of Elder Affairs, 2024 Year in Review, p. 35 (on file with the Children, Families, and Elder Affairs Committee).

⁷¹ *Id.*

⁷² Florida Department of Elder Affairs, 2024 Year in Review, p. 35 (on file with the Children, Families, and Elder Affairs Committee).

⁷³ *Id.*

⁷⁴ Florida Department of Elder Affairs, Home Care for the Elderly (HCE) Program, available at <https://elderaffairs.org/programs-and-services/home-care-for-the-elderly-hce-program/> (last visited 1/23/2026).

services.⁷⁵ In FY 2023–2024 HCE served 6,090 clients, representing \$18,303,357 in state funding for the program.⁷⁶

Guardianship

When an individual is unable to make legal decisions regarding his or her person or property, a guardian may be appointed to act on his or her behalf. A guardian is someone who is appointed by the court to act on behalf of a ward (a person for whom a guardian has been appointed) regarding his or her person or property, or both.⁷⁷ Adjudicating a person totally incapacitated and in need of a guardian deprives a person of his or her civil and legal rights.⁷⁸ The Legislature has recognized that the least restrictive form of guardianship should be used to ensure the most appropriate level of care and the protection of that person's rights.⁷⁹

The process to determine an individual's incapacity and the subsequent appointment of a guardian begins with a verified petition detailing the factual information supporting the reasons the petitioner believes the individual to be incapacitated, including the rights the alleged incapacitated person is incapable of exercising.⁸⁰ Once a person has been adjudicated incapacitated, and a guardian is appointed, the person is termed a "ward", the court appoints a guardian and the letters of guardianship are issued.⁸¹ The order appointing a guardian must be consistent with the ward's welfare and safety, must be the least restrictive appropriate alternative, and must reserve to the ward the right to make decisions in all matters commensurate with his or her ability to do so.⁸²

Public and Professional Guardians

A professional guardian is a guardian who has at any time rendered services to three or more wards; however, a person serving as a guardian for two or more relatives is not considered a professional guardian.⁸³ A public guardian is considered a professional guardian for purposes of regulation, education, and registration.⁸⁴

Office of Public and Professional Guardians

In 1999, the Legislature created the "Public Guardianship Act" and established the Statewide Public Guardianship Office (SPGO) within the DOEA.⁸⁵ In 2016, the Legislature renamed the Statewide Public Guardianship Office as the Office of Public and Professional Guardians (OPPG), required the OPPG to regulate professional guardians and investigate complaints, and added six full-time equivalent positions to the OPPG, including an attorney and investigators.⁸⁶ The OPPG appoints local public guardian offices to provide guardianship services to people who

⁷⁵ Florida Department of Elder Affairs, *2024 Year Review: Elder Affairs Department Overview*, at 37 (PDF p. 40).

⁷⁶ *Id.*

⁷⁷ Section 744.102(9), F.S.

⁷⁸ Section 744.1012(1), F.S.

⁷⁹ Section 744.1012(2), F.S.

⁸⁰ Section 744.3201, F.S.

⁸¹ See s. 744.345, F.S.

⁸² Section 744.2005, F.S.

⁸³ Section 744.102(17), F.S.

⁸⁴ *Id.*

⁸⁵ Chapter 99-277, L.O.F.

⁸⁶ Chapter 2016-40, L.O.F.

have neither adequate income nor assets to afford a private guardian, nor any willing family or friend to serve.⁸⁷ There are 15 public guardian offices that serve all 67 counties.⁸⁸ Since 2016, approximately 550 professional guardians have registered with the OPPG statewide.⁸⁹

Registration

A professional guardian must register with the OPPG annually.⁹⁰ As part of the registration, the professional guardian must:

- Provide sufficient information to identify the professional guardian;
- Complete a minimum of 40 hours of instruction and training through a course approved or offered by the OPPG;⁹¹
- Successfully pass an examination approved by the DOEA to demonstrate competency to act as a professional guardian;
- Undergo a criminal background check by the Federal Bureau of Investigation and the Florida Department of Law Enforcement;
- Submit to a credit history check; and
- Maintain a current blanket bond.⁹²

OPPG Disciplinary Action

Disciplinary action may be taken against a professional guardian for:

- Making a misleading, deceptive, or fraudulent representation in or related to the practice of guardianship;
- Violating any rule governing guardians or guardianship adopted by OPPG;
- Being convicted or found guilty of, or entering a plea of guilty or nolo contendere to a crime which relates to the practice of, or ability to practice as, a professional guardian;
- Failing to comply with the educational course requirements for professional guardians;
- Having a registration, license, or authority to practice a regulated profession revoked;
- Knowingly filing a false report or complaint with OPPG against another guardian;
- Attempting to obtain, obtaining, or renewing a registration or license to practice a profession by bribery, fraud, or a known error;
- Failing to report to OPPG any person the professional guardian knows is in violation of ch. 744, F.S., or the rules of OPPG adopted thereunder;
- Failing to perform a legal or statutory obligation;
- Making or filing a false report that is signed in the person's capacity as professional guardian;
- Using the position of guardian for financial gain;

⁸⁷ Florida Department of Elder Affairs, *Office of Public & Professional Guardians (OPPG)*: available at <https://elderaffairs.org/programs-and-services/office-of-public-professional-guardians-oppg/> (last visited 1/21/2026).

⁸⁸ Florida Department of Elder Affairs, *Office of Public & Professional Guardians (OPPG)*: available at <https://elderaffairs.org/programs-and-services/office-of-public-professional-guardians-oppg/> (last visited 1/21/2026).

⁸⁹ Florida Auditor General, *Department of Elder Affairs—Office of Public and Professional Guardians and Selected Administrative Activities*, Report No. 2025-092 (Jan. 2025), p. 1: available at https://flauditor.gov/pages/pdf_files/2025-092.pdf (last visited 1/22/2026).

⁹⁰ Section 744.2002, F.S.

⁹¹ This training may not be paid with the assets of the ward.

⁹² Section 744.2003(2), F.S., further requires the bond to be maintained by the guardian in an amount not less than \$50,000 and must cover all wards for whom the guardian has been appointed at any given time. The liability of the provider of the bond is limited to the face amount of the bond, regardless of the number of wards for whom the professional guardian has been appointed; Sections 744.2002(3) and 744.3135, F.S.

- Violating or failing to comply with an order from OPPG or failing to comply with a subpoena lawfully issued by OPPG;
- Improperly interfering with an investigation;
- Using the guardianship relationship to engage or attempt to engage in sexual activity;
- Failing to report to OPPG within 30 days in writing being convicted or found guilty of, or enter a plea of guilty or nolo contendere (regardless of adjudication) to a crime;
- Being unable to perform the functions of guardian;
- Failing to post and maintain a blanket fiduciary bond;
- Failing to maintain all records relating to a guardianship for a reasonable time after the court has closed the guardianship matter; or
- Violating any provision of ch. 744, F.S., or any rules adopted thereunder.⁹³

When the OPPG finds that a professional guardian is guilty of any of the grounds for discipline, it may take action against that guardian by entering an order imposing one or more penalties on the professional guardian.⁹⁴ When determining what action is appropriate against a professional guardian, prior to consideration of any mitigation or rehabilitation for the professional guardian, the OPPG must first consider what sanctions are necessary to safeguard the wards and protect the public.⁹⁵

The OPPG may impose any combination of the following sanctions:

- Refuse to register an applicant as a professional guardian;
- Suspend or revoke a professional guardian's registration;
- Issue a reprimand or letter of concern;
- Require treatment, completion of continuing education courses, or reexamination;
- Require restitution; or
- Require remedial education.⁹⁶

If the final determination from a disciplinary proceeding is to suspend or revoke the guardian's registration, the determination must be provided to any court that oversees any guardianship to which the professional guardian is appointed.⁹⁷

Guardian Complaints and Investigations

Any person may submit a complaint against a professional guardian to the OPPG. In 2016, the Legislature expanded the responsibility and authority of the OPPG, requiring the OPPG to investigate allegations of suspected wrongdoing perpetrated by public and professional guardians.⁹⁸ Once the OPPG receives a complaint a procedure is initiated to investigate the complaint, including that the OPPG is required to:

⁹³ Section 744.20041(1), F.S.

⁹⁴ Section 744.20041(2), F.S.

⁹⁵ Section 744.20041(3), F.S.

⁹⁶ Section 744.20041(2), F.S.

⁹⁷ Section 744.20041(9), F.S.

⁹⁸ The Florida Senate, CS/CS/CS/SB 232 (2016) Bill Summary (directing OPPG to receive and investigate complaints): available at <https://www.flsenate.gov/Committees/billsummaries/2016/html/232> (last visited 1/21/2026).

- Review and, if determined legally sufficient,⁹⁹ investigate complaints against professional guardians;
- Initiate an investigation no later than 10 business days after the OPPG receives a complaint;
- Complete and provide initial investigative findings and recommendations, if any, to the professional guardian and person filing the complaint within 45 days;
- Obtain supporting information, including interviewing the ward, family member, or interested party, or documentation to determine the legal sufficiency of a complaint;
- Dismiss any complaint that is not legally sufficient; and
- Coordinate with the clerks of the court to avoid duplication of duties.¹⁰⁰

On July 14, 2016, the OPPG entered into a memorandum of understanding (MOU) with six clerks in different regions of the state,¹⁰¹ collectively referred to as the Statewide Investigation Alliance (SIA), to investigate complaints to the OPPG.¹⁰²

Investigations which find substantiated allegations of violations by professional guardians may be referred to law enforcement, the Office of the Attorney General, the Office of the State Attorney, or the Florida Bar, as appropriate.¹⁰³

Auditor General Report

In January 2025, the Florida Auditor General released Report No. 2025-092, an operational audit of the DOEAs' Office of Public and Professional Guardians (OPPG), including follow-up to findings 1 through 6 from the August of 2020 Florida Auditor General Report No. 2021-010 in.¹⁰⁴ The report detailed the following findings related to the OPPG:

- *Finding 1:* Monitoring of Private Professional Guardians – Contrary to State law, OPPG had not developed and implemented an effective monitoring tool to ensure private professional guardians complied with OPPG standards of practice intended to ensure wards receive appropriate care and treatment, are safe, and their assets are protected.
- *Finding 2:* Monitoring of Offices of Public Guardians (OPGs) – OPPG monitoring efforts need enhancement to ensure OPGs are monitored at least once every 2 years, monitoring results are supported by source documentation, and appropriate follow-up occurs on deficiencies.
- *Finding 3:* Complaint Processing and Investigation – OPPG complaint processing controls need improvement to ensure complaints and related investigation activities are timely and conducted in accordance with State law and OPPG policies and procedures, and that complaint records are complete.
- *Finding 4:* Online Registered Professional Guardian Profiles – OPPG did not include information for all substantiated complaints and related disciplinary actions in online

⁹⁹ Section 744.2004(1), F.S., states that a complaint is legally sufficient if it contains ultimate facts that show a violation of a standard of practice by a professional guardian has occurred.

¹⁰⁰ Section 744.2004, F.S.

¹⁰¹ The six county clerks comprising the SIA are: Palm Beach County; Pinellas County; Sarasota County; Lee County; Okaloosa County; and Polk County; Florida Court Clerks & Comptrollers, *Clerks' Statewide Investigations Alliance webinar materials*: available at https://cdn.ymaws.com/www.flclerks.com/resource/resmgr/webinars/Clerks%27_Statewide_Investigat.pdf (last visited 1/21/2026)

¹⁰² Section 744.2004, F.S.

¹⁰³ Section 744.2004(1)(e), F.S.

¹⁰⁴ *State of Florida Auditor General, Department of Elder Affairs, Office of Public and Professional Guardians – Operational Audit, Report No. 2025-092* (Jan. 2025), available at https://flauditor.gov/pages/pdf_files/2025-092.pdf (last visited 1/23/2026).

guardian profiles, frustrating the intent of State law and limiting the public's ability to assess guardian fitness

- *Finding 5:* Annual Registration Renewal – OPPG controls did not adequately promote timely submittal and processing of annual professional guardian renewal registrations.
- *Finding 6:* Assessment of Financial Penalties – Contrary to contract terms, OPPG did not assess financial penalties when OPGs did not timely provide contract deliverables.
- *Finding 7:* Collection Safeguards and Reconciliations – Controls over collecting and depositing professional guardian registration fees need enhancement.
- *Finding 8:* OPG Reports Follow-Up/Review – OPPG did not always follow up on untimely OPG report submissions, assess penalties for late submissions, or document review of annual report resubmissions.
- *Finding 9:* OPPG Rules – Contrary to State law, the Department still had not adopted rules for certain OPPG processes, including investigating complaints against guardians.
- *Finding 10:* Sentry System Access Controls – User access privileges to the Sentry system were not periodically reviewed for appropriateness and were not always timely deactivated after employee separation.
- *Finding 11:* Security Controls – User Authentication – Certain security controls related to Sentry system user authentication need improvement.

Finding 1 – Monitoring of Private Professional Guardians

The Auditor General found that OPPG did not have an effective monitoring framework for private professional guardians, even though State law requires OPPG to develop and implement a monitoring tool to ensure guardians comply with OPPG standards of practice intended to protect wards' care, safety, and assets. During the audit period (July 2022 through January 2024), 566 professional guardians were registered with OPPG, and OPPG received 174 complaints, including 138 complaints against private professional guardians, underscoring the volume of activity and the importance of meaningful oversight.¹⁰⁵

Finding 3 – Complaint Processing and Investigations

The Auditor General found that OPPG's complaint processing and investigation controls needed improvement to ensure legally sufficient complaints are handled timely and records are complete. The audit reviewed 25 complaints (18 closed and 7 open) from the population of 174 complaints received during July 2022 through January 2024 and identified delays and documentation gaps that can frustrate statutory timelines—specifically, State law requires initiation of an investigation within 10 business days after a complaint is determined legally sufficient, but OPPG's internal process timeline did not promote meeting that requirement. In the sample reviewed, legal sufficiency determinations were delayed for 7 complaints (taking 5 to 26 business days, averaging 11 business days), and investigations associated with 3 of those 7 complaints were initiated late (16 to 28 business days, averaging 21 business days); the Auditor General also found incomplete complaint records for 13 complaints, including 8 complaints missing key dates needed to demonstrate timeliness and compliance.¹⁰⁶

¹⁰⁵ State of Florida Auditor General, *Department of Elder Affairs, Office of Public and Professional Guardians – Operational Audit*, Report No. 2025-092, at p. 4–5 (Jan. 2025), available at https://flauditor.gov/pages/pdf_files/2025-092.pdf (last visited 1/23/2026).

¹⁰⁶ State of Florida Auditor General, *Department of Elder Affairs, Office of Public and Professional Guardians – Operational Audit*, Report No. 2025-092, at p. 5, 9–10 (Jan. 2025), available at https://flauditor.gov/pages/pdf_files/2025-092.pdf (last visited 1/23/2026).

III. Effect of Proposed Changes:

Long Term Care

Section 1 amends s. 409.979(2), (3), F.S., to modernize pre-enrollment and assessment processes for long-term care services. The bill:

- Deletes expired provisions requiring Medicaid recipients enrolled in three specific waiver programs (Traumatic Brain and Spinal Cord Injury, Adult Cystic Fibrosis, and Project AIDS Care) to transition into long-term care managed care by January 1, 2018, and removes authorization to terminate these waivers.
- Changes wait list terminology to pre-enrollment list throughout the section to more accurately reflect the process.
- Requires the DOEA to maintain a statewide pre-enrollment list rather than a wait list for home and community-based services.
- Authorizes ADRC personnel certified by the Department to place clients on and release clients from pre-enrollment lists for Alzheimer's Disease Initiative, Community Care for the Elderly, Home Care for the Elderly, and Statewide Medicaid Managed Care Long-Term Care programs.
- Expands who may administer rescreening from solely aging resource center personnel to staff authorized and certified by the Department of Elder Affairs, allowing for greater flexibility in staffing.
- Transfers responsibility for conducting prerelease assessments from the CARES program to ADRCs.
- Authorizes individuals who meet all financial and medical eligibility criteria to enroll in the long-term care managed care program upon release from the pre-enrollment list.

Section 2 amends s. 409.983(4), F.S., to revise CARES program language and clarify that the CARES program is responsible for reviewing or performing the initial assessment of an enrollee's level of care.

Aging and Disability Resource Centers (ADRCs) Regulation

Section 4 amends s. 430.04(2), F.S., to authorize the DOEA to rescind the designation of an AAA, or to take intermediate corrective measures, when the agency has failed to efficiently manage program budgets.

Section 5 creates s. 430.09, F.S., to establish procurement requirements and salary limitations for AAA. The bill:

- Requires AAA and their subcontractors to comply with applicable state and federal law and follow all regulations in procurement of commodities or contractual services.
- Mandates competitive procurement of all contracts in accordance with s. 287.017(2), F.S., codifying federal requirements under 45 CFR Part 75, 45 CFR Part 92, and 2 CFR Part 200.
- Authorizes the department to impose financial consequences, as established by the department and incorporated into contracts, for noncompliance with applicable local, state, or federal law regarding procurement.
- Prohibits any administrative employee of an area agency on aging from receiving a salary exceeding 150 percent of the annual salary paid to the Secretary of the DOEA from state-

appropriated funds or state-appropriated federal funds, regardless of the number of contracts executed with the department.

- Clarifies that the salary limitation does not prohibit compensation from non-state funds to area agency administrative employees.

Section 6 amends s. 430.203(3), (5), (9)(c), F.S., to revise definitions for community care for the elderly programs. The bill:

- Modifies the definition of “community care service system” to clarify that services are provided by or through a designated single lead agency by the area agency on aging.
- Modifies the definition of “core services” to explicitly state the area agency on aging shall not directly provide core services.
- Modifies the definition of “lead agency” by removing references to adult day care and information and referral from the list of services that must be coordinated by lead agencies.

Section 7 amends s. 430.204(1), (4), (5), (8), F.S., to revise community care for the elderly core services and departmental powers. The bill:

- Removes the requirement for the department to fund *more than one* community care service system in each county, instead requiring *at least one*.
- Prohibits AAA from directly providing core services unless the designated lead agency is unable to perform its duties and the department approves.
- Deletes requirement of entities contracting to provide core services to provide a minimum of 10 percent local funding match, removing the matching requirement entirely.
- Removes the responsibility of provider agencies to collect and assess fees for services from functionally impaired elderly persons. Eliminates the fee schedule and fee assessment requirements previously established by the department in cooperation with area agencies, lead agencies, and service providers.

Section 8 amends s. 430.205(1), (2), (4), (5)(a), F.S., to revise community care service system requirements and training standards. The bill:

- Removes the requirement for the department to fund *more than one* community care service system in each county, instead requiring *at least one*.
- Changes inservice requirement to an *annual* inservice training program for community-care-for-the-elderly service providers and staff.
- Adds that high-risk vulnerable adults may be given priority consideration for receiving community-care-for-the-elderly services, this is in addition to the existing mandatory priority for victims of abuse, neglect, or exploitation.
- Deletes obsolete language.

Section 9 amends s. 430.2053, F.S., to redesignate aging resource centers as ADRCs and revise their purpose and duties. The bill:

- Renames aging resource centers to ADRCs throughout the section to reflect expanded service to adults with disabilities.
- Expands their purposes to include serving adults with disabilities in addition to elders, and updates language to reference persons rather than solely elders.

- Revises duties to authorize ADRCs to place on and release from the pre-enrollment lists clients eligible for the Alzheimer's Disease Initiative or the Community Care for the Elderly, Home Care for the Elderly, or Statewide Medicaid Managed Care Long-term Care programs.
- Deletes subsection requiring centers to convene a work group for planning, implementation, and evaluation, and to develop annual program improvement plans.
- Removes subsection requiring centers to provide enrollment and coverage information to Medicaid managed long-term care enrollees.
- Clarifies the prohibition on direct service provision by ADRCs, other than information and referral services, outreach, screening, and intake and requires ADRCs to receive a waiver from the department to be the provider of any other direct services.
- Updates Long-Term Care Community Diversion Project language to Statewide Medicaid Managed Care Long-term Care Program.
- Deletes subsection establishing eligibility requirements for AAA to begin transitioning to aging resource centers.

Section 13 amends s. 430.901(2), F.S., to update terminology in the definition of a “multiservice senior center” by replacing *aging resource center* with *aging and disability resource center*, conforming to terminology used elsewhere in the bill.

Florida Alzheimer's Center of Excellence (FACE)

Section 12 creates s. 430.72, F.S., to establish the Florida Alzheimer's Center of Excellence. The bill:

- Establishes the purpose of the center is to assist persons with Alzheimer's disease or related dementia and their caregivers to connect them with community resources, with legislative intent to:
 - Allow Floridians living with Alzheimer's or related dementia to age in place; and
 - Empower family caregivers to improve their well-being.
- Defines “Center” as the Florida Alzheimer's Center of Excellence and “Department” as the Department of Elder Affairs.
- Creates the Florida Alzheimer's Center of Excellence within the DOEA and makes it responsible for improving quality of care for persons with Alzheimer's or related dementia and quality of life for family caregivers.
- Requires the center to address, at a minimum: early and accurate diagnosis; caregiver health; improved access to care; health care use costs; strengthening a dementia-capable workforce; underreporting of Alzheimer's and related dementia; and disparities in access to dementia care.
- Mandates that the center provide caregivers access to care consultation, support groups, education and training programs, and various caregiver support services including companions, wellness programs, care support teams, technology-based services, care coordination, diagnosis assistance, end-of-life care assistance, medical care resources, care planning, relationship guidance, communication skills, and behavioral symptom management.
- Requires that the center work with AAA, Alzheimer's Disease Advisory Committee, Alzheimer's Disease Initiative, Dementia Care and Cure Initiative, universities, hospitals, and other community resources.

- Authorizes the center to provide direct services or contract for services as necessary.
- Establishes eligibility criteria requiring: at least one household member caring for a person diagnosed with or suspected of having Alzheimer's or related dementia; Florida residency of the caregiver or person with dementia; and the goal of providing in-home care. Services are subject to availability of funds and resources.

Office of Public and Professional Guardians Regulation

Section 14 amends s. 744.2003(3), F.S., to require that the already required biennial 30 hours of continuing education for professional guardians include at least 1 hour on Alzheimer's disease and related dementias and to reduce the required guardianship law component from 4 hours to 3 hours.

Section 15 amends s. 744.2004(2), F.S., to expand disciplinary actions available to the Office of Public and Professional Guardians by clarifying that the office may impose additional monitoring on the professional guardian, rather than monitoring the guardianship offices to which the guardian is appointed, and by adding the imposition of fines as an available disciplinary action.

Section 16 amends s. 744.20041(2), F.S., to authorize the Office of Public and Professional Guardians to impose fines as a disciplinary penalty, allowing fines of up to \$500 per violation when a professional guardian is found guilty of a violation.

Section 17 amends s. 744.2104, F.S., to expand the investigative powers of the Office of Public and Professional Guardians. The bill:

- Authorizes the Office of Public and Professional Guardians to issue subpoenas duces tecum¹⁰⁷ during investigations to financial institutions, insurance companies, the ward's caregivers, any facility where the ward resides or has resided, and the facility's professional guardians or employees to compel production of records relevant to the investigation.
- Authorizes the office to petition the court in the county where a noncompliant person resides or has their place of business for an order requiring production of records if there is substantial noncompliance with a subpoena duces tecum.

Other

Section 3 amends s. 430.03(7), F.S., to authorize the DOEA to provide direct services for the Community Care for the Elderly Program, the Home Care for the Elderly Program, and the Alzheimer's Disease Initiative only during a declared state of emergency or when a contracted service provider or subcontractor is unable to provide required services.

Section 10 amends s. 430.503, F.S., to remove provider agency responsibilities for collecting and assessing fees under the Alzheimer's Disease Initiative, including eliminating the fee

¹⁰⁷ In Latin, *duces tecum* means "you shall bring with you." Subpoena duces tecum is a type of subpoena that requires the witness to produce documents, books, records, or other evidence pertinent to a legal proceeding; Legal Information Institute, "subpoena duces tecum," available at: https://www.law.cornell.edu/wex/subpoena_duces_tecum.

schedule based on ability to pay and the option to accept services in lieu of fees.

Section 11 amends s. 430.605(3), F.S., to expand allowable subsidy payments under the Home Care for the Elderly Program by adding food and nutritional supplements to the list of special supplements that may be provided when necessary to maintain the health, safety, and well-being of an elderly person.

Sections 18–20 reenact s. 110.501(4), 430.504, and 430.603, F.S., respectively, to incorporate by reference the bill's amendments to s. 430.204, 430.503, and 430.605, F.S. These reenactments make no substantive changes.

Section 21 provides 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:

Indeterminant, likely negative fiscal impact. AAA and their subcontracted service providers may experience administrative or operational adjustments resulting from changes to procurement requirements, oversight authority, and fee collection responsibilities.

Professional guardians may incur additional costs associated with new disciplinary provisions, including potential fines of up to \$500 per violation and compliance with expanded continuing education requirements related to Alzheimer's disease and related dementias. However, these impacts are expected to be minimal and absorbed within existing operations.

C. Government Sector Impact:

Indeterminant, likely significant negative fiscal impact. The DOEA may incur additional costs related to expanded oversight authority, including monitoring AAA, administering direct services under limited circumstances, implementing changes to guardian regulation and enforcement (including fine administration), and supporting the Florida Alzheimer's Center of Excellence.

The authorization for DOEA to provide direct services during emergencies or provider failures could result in increased short-term expenditures, depending on the frequency and scope of such circumstances.

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Statutes Affected:

This bill substantially amends the following sections of the Florida Statutes: 409.979, 409.983, 430.03, 430.04, 430.203, 430.204, 430.205, 430.2053, 430.503, 430.605, 430.901, 744.2003, 744.2004, 744.20041, and 744.2104.

This bill creates sections 430.09 and 430.72 of the Florida Statutes.

This bill reenacts the following sections of the Florida Statutes: 110.501, 430.504, and 430.603.

IX. 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.

565

STATE OF FLORIDA
DEPARTMENT OF STATE

Division of Elections

I, Cord Byrd, Secretary of State,
do hereby certify that

Robert P. Asztalos

is duly appointed

Director,

Agency for Persons with Disabilities

for a term beginning on the Fifth day of August, A.D., 2025, to
serve at the pleasure of the Governor and is subject to be
confirmed by the Senate during the next regular session of the
Legislature.

Given under my hand and the Great Seal of the
State of Florida, at Tallahassee, the Capital, this
the First day of October, A.D., 2025.



Secretary of State



RON DE SANTIS
GOVERNOR

RECEIVED

2025 SEP 30 AM 11:34

DIVISION OF ELECTIONS
TALLAHASSEE, FL

August 5, 2025

Secretary Cord Byrd
Department of State
R.A. Gray Building, Room 316
500 South Bronough Street
Tallahassee, Florida 32399-0250

Dear Secretary Byrd:

Please be advised I have made the following appointment under the provisions of Section 20.197 Florida Statutes:

Mr. Robert Asztalos
5013 Centennial Oak Circle
Tallahassee, Florida 32308

as Director of the Agency for Persons with Disabilities, filling a vacant seat previously occupied by Taylor Hatch, subject to confirmation by the Senate. This appointment is effective August 5, 2025, for a term ending at the pleasure of the Governor.

Sincerely,

A handwritten signature in black ink, appearing to read "R. DeSantis".

Ron DeSantis
Governor

RD/dw

RECEIVED

OATH OF OFFICE

2025 SEP 19 PM 4:48
(Art. II, § 5(b), Fla. Const.; § 92.50, Florida Statutes)

STATE OF FLORIDA

County of Leon

DIVISION OF ELECTIONS
TALLAHASSEE, FL

I do solemnly swear (or affirm) that I will support, protect, and defend the Constitution and Government of the United States and of the State of Florida; that I am duly qualified to hold office under the Constitution of the State, and that I will well and faithfully perform the duties of

Director of the Agency for Persons with Disabilities
(Full Name of Office – Abbreviations Not Accepted)

on which I am now about to enter, so help me God.

[NOTE: If you affirm, you may omit the words "so help me God." See § 92.52, Fla. Stat.]

Signature Robert P. Asztalos

Sworn to and subscribed before me by means of physical presence OR online notarization
this 19th day of September, 2025

Lori Ann Oakley

Signature of Officer Administering Oath or of Notary Public

(To be completed only by judges administering oath – see § 92.50, Florida Statutes.)

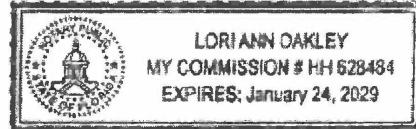
Print Name _____

Title _____

Court _____

(To be completed by officer administering oath, other than judges – see § 92.50, Florida Statutes.)

Affix Seal Below



Personally Known OR Produced Identification

Type of Identification Produced _____

ACCEPTANCE

I accept the office listed in the above Oath of Office.

Mailing Address: Home Office

4030 Esplanade Way
Street or Post Office Box

Tallahassee FL 32399
City, State, Zip Code

Print Name _____

Signature Robert P. Asztalos

1310

STATE OF FLORIDA
DEPARTMENT OF STATE

Division of Elections

I, Cord Byrd, Secretary of State,
do hereby certify that

Renee' Chiea

is duly appointed a member of the

Juvenile Welfare Board of Pinellas County

for a term beginning on the Sixth day of May, A.D., 2025, until
the Seventeenth day of July, A.D., 2028 and is subject to be
confirmed by the Senate during the next regular session of the
Legislature.

*Given under my hand and the Great Seal of the
State of Florida, at Tallahassee, the Capital, this
the Sixteenth day of June, A.D., 2025.*



Secretary of State



RON DESANTIS
GOVERNOR

RECEIVED

2025 MAY -7 AM 11:51

DIVISION OF ELECTIONS
TALLAHASSEE, FL

May 6, 2025

Secretary Cord Byrd
Department of State
R.A. Gray Building, Room 316
500 South Bronough Street
Tallahassee, Florida 32399-0250

Dear Secretary Byrd:

Please be advised I have made the following appointment under the provisions of Chapter 03-320, Laws of Florida:

Ms. Renee Chiea
1229 Royal Oak Drive
Dunedin, Florida 34698

as a member of the Juvenile Welfare Board of Pinellas County, succeeding Michael Mikurak, subject to confirmation by the Senate. This appointment is effective May 6, 2025, for a term ending July 17, 2028.

Sincerely,

A handwritten signature of Ron DeSantis.

Ron DeSantis
Governor

RD/gc

RECEIVED

OATH OF OFFICE

(Art. II, § 5(b), Fla. Const.)

2025 JUN 12 AM 11:23

STATE OF FLORIDA

DIVISION OF ELECTIONS
TALLAHASSEE, FL

County of PINELAS

I do solemnly swear (or affirm) that I will support, protect, and defend the Constitution and Government of the United States and of the State of Florida; that I am duly qualified to hold office under the Constitution of the State, and that I will well and faithfully perform the duties of

JUVENILE WELFARE BOARD

(Full Name of Office – Abbreviations Not Accepted)

on which I am now about to enter, so help me God.

[NOTE: If you affirm, you may omit the words "so help me God." See § 92.52, Fla. Stat.]

Renee S. Chiea
Signature

(Affix Seal Below)

Sworn to and subscribed before me by means of physical presence
Or online notarization this 9th day of June, 2025

Jamie C. Jodoin
Signature of Officer Administering Oath



JAMIE C. JODOIN
Notary Public
State of Florida
MH367705
Expires 3/10/2027

Print, Type, or Stamp Commissioned Name of Notary Public

Personally Known or Produced Identification

Type of Identification Produced FL Drivers Licence

ACCEPTANCE

I accept the office listed in the above Oath of Office.

Mailing Address: Home Office

1229 ROYAL OAK DR.

Street or Post Office Box

DUNEDIN, FL 34698

City, State, Zip Code

RENEE CHIEA
Print Name

Renee S. Chiea
Signature

1310

STATE OF FLORIDA
DEPARTMENT OF STATE
Division of Elections

I, Cord Byrd, Secretary of State,
do hereby certify that

James A. Millican, Jr.

is duly appointed a member of the

Juvenile Welfare Board of Pinellas County

for a term beginning on the Sixth day of May, A.D., 2025, until
the Eleventh day of August, A.D., 2028 and is subject to be
confirmed by the Senate during the next regular session of the
Legislature.

Given under my hand and the Great Seal of the
State of Florida, at Tallahassee, the Capital, this
the Thirtieth day of May, A.D., 2025.



Secretary of State



RON DESANTIS
GOVERNOR

RECEIVED

2025 MAY - 7 AM 11:51

DIVISION OF ELECTIONS
TALLAHASSEE, FL

May 6, 2025

Secretary Cord Byrd
Department of State
R.A. Gray Building, Room 316
500 South Bronough Street
Tallahassee, Florida 32399-0250

Dear Secretary Byrd:

Please be advised I have made the following reappointment under the provisions of Chapter 03-320, Laws of Florida:

Mr. James Millican

as a member of the Juvenile Welfare Board of Pinellas County, subject to confirmation by the Senate. This appointment is effective May 6, 2025, for a term ending August 11, 2028.

Sincerely,

A handwritten signature in black ink, appearing to read "Ron DeSantis".

Ron DeSantis
Governor

RD/gc

RECEIVED

OATH OF OFFICE

(Art. II, § 5(b), Fla. Const.)

STATE OF FLORIDA

County of Pinellas

2025 MAY 30 AM 8:08
DIVISION OF ELECTIONS
TALLAHASSEE, FL

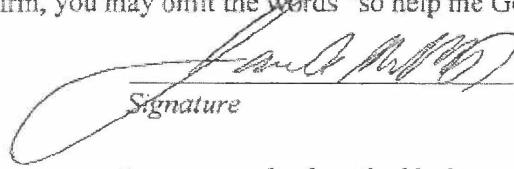
I do solemnly swear (or affirm) that I will support, protect, and defend the Constitution and Government of the United States and of the State of Florida; that I am duly qualified to hold office under the Constitution of the State, and that I will well and faithfully perform the duties of

Juvenile Welfare Board of Pinellas County

(Full Name of Office – Abbreviations Not Accepted)

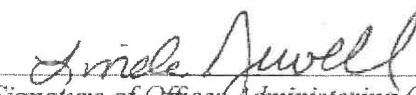
on which I am now about to enter, so help me God.

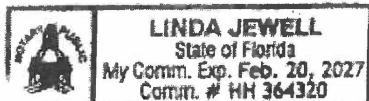
[NOTE: If you affirm, you may omit the words "so help me God." See § 92.52, Fla. Stat.]


Signature

(Affix Seal Below)

Sworn to and subscribed before me by means of physical presence
Or online notarization this 19 day of May, 2025.


Signature of Officer Administering Oath or of Notary Public



Print, Type, or Stamp Commissioned Name of Notary Public

Personally Known or Produced Identification

Type of Identification Produced _____

ACCEPTANCE

I accept the office listed in the above Oath of Office.

Mailing Address: Hom.

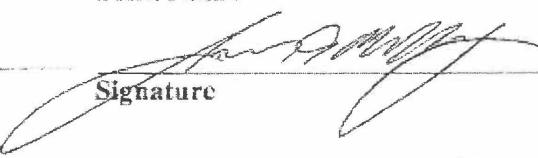
Office

Street or Post Office Box

James A Millican

Print Name

City, State, Zip Code


Signature

1310

STATE OF FLORIDA
DEPARTMENT OF STATE
Division of Elections

I, Cord Byrd, Secretary of State,
do hereby certify that

Alicia S. McShea

is duly appointed a member of the

Juvenile Welfare Board of Pinellas County

for a term beginning on the Sixth day of May, A.D., 2025, until
the Eleventh day of August, A.D., 2026 and is subject to be
confirmed by the Senate during the next regular session of the
Legislature.

*Given under my hand and the Great Seal of the
State of Florida, at Tallahassee, the Capital, this
the Twenty-Sixth day of June, A.D., 2025.*



E. B. J.

Secretary of State



RON DE SANTIS
GOVERNOR

RECEIVED

2025 MAY - 7 AM 11:51

DIVISION OF ELECTIONS
TALLAHASSEE, FL

May 6, 2025

Secretary Cord Byrd
Department of State
R.A. Gray Building, Room 316
500 South Bronough Street
Tallahassee, Florida 32399-0250

Dear Secretary Byrd:

Please be advised I have made the following appointment under the provisions of Chapter 03-320, Laws of Florida:

Ms. Alicia McShea
5144 6th Way North
St. Petersburg, Florida 33703

as a member of the Juvenile Welfare Board of Pinellas County, filling a vacant seat previously occupied by James Sewell, subject to confirmation by the Senate. This appointment is effective May 6, 2025, for a term ending August 11, 2026.

Sincerely,

A handwritten signature in black ink, appearing to read "Ron DeSantis".

Ron DeSantis
Governor

RD/gc

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2025 JUN 17 PM 1:19

DIVISION OF ELECTIONS
TALLAHASSEE, FL

OATH OF OFFICE

(Art. II, § 5(b), Fla. Const.)

STATE OF FLORIDA

County of Pinellas

I do solemnly swear (or affirm) that I will support, protect, and defend the Constitution and Government of the United States and of the State of Florida; that I am duly qualified to hold office under the Constitution of the State, and that I will well and faithfully perform the duties of

The Juvenile Welfare Board of Pinellas County

(Full Name of Office – Abbreviations Not Accepted)

on which I am now about to enter, so help me God.

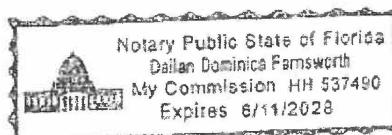
[NOTE: If you affirm, you may omit the words "so help me God." See § 92.52, Fla. Stat.]

Alicia S. McShea

Signature

(Affix Seal Below)

Sworn to and subscribed before me by means of physical presence



Or online notarization this 16 day of June, 2025.

Alicia S. McShea

Signature of Officer Administering Oath or of Notary Public

Dailan Farnsworth

Print, Type, or Stamp Commissioned Name of Notary Public

Personally Known or Produced Identification

Type of Identification Produced FL DL

ACCEPTANCE

I accept the office listed in the above Oath of Office.

Mailing Address: Home Office

5144 6th Way N.

Street or Post Office Box

St. Petersburg, FL 33703

City, State, Zip Code

Print Name

Alicia S. McShea

Signature

Alicia S. McShea

1310

STATE OF FLORIDA
DEPARTMENT OF STATE
Division of Elections

I, Cord Byrd, Secretary of State,
do hereby certify that

Kristen Arrojo Gnage

is duly appointed a member of the

Juvenile Welfare Board of Pinellas County

for a term beginning on the Sixth day of May, A.D., 2025, until
the Seventh day of August, A.D., 2028 and is subject to be
confirmed by the Senate during the next regular session of the
Legislature.

Given under my hand and the Great Seal of the
State of Florida, at Tallahassee, the Capital, this
the Twenty-Eighth day of May, A.D., 2025.



Secretary of State



RON DESANTIS
GOVERNOR

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2025 MAY - 7 AM 11:51

DIVISION OF ELECTIONS
TALLAHASSEE, FL

May 6, 2025

Secretary Cord Byrd
Department of State
R.A. Gray Building, Room 316
500 South Bronough Street
Tallahassee, Florida 32399-0250

Dear Secretary Byrd:

Please be advised I have made the following reappointment under the provisions of Chapter 03-320, Laws of Florida:

Mrs. Kristen Gnage

as a member of the Juvenile Welfare Board of Pinellas County, subject to confirmation by the Senate. This appointment is effective May 6, 2025, for a term ending August 7, 2028.

Sincerely,

A handwritten signature in black ink, appearing to read "Ron DeSantis".

Ron DeSantis
Governor

RD/gc

STATE OF FLORIDA

OATH OF OFFICE

(Art. II, § 5(b), Fla. Const.)

RECEIVED
DEPARTMENT OF STATE

2025 MAY 27 PM 2:54

DIVISION OF ELECTIONS
TALLAHASSEE, FL

County of PINELLAS

I do solemnly swear (or affirm) that I will support, protect, and defend the Constitution and Government of the United States and of the State of Florida; that I am duly qualified to hold office under the Constitution of the State, and that I will well and faithfully perform the duties of

JUVENILE WELFARE BOARD - MEMBER, BOARD OF DIRECTORS

(Full Name of Office – Abbreviations Not Accepted)

on which I am now about to enter, so help me God.

[NOTE: If you affirm, you may omit the words "so help me God." See § 92.52, Fla. Stat.]

Alyssa Colangelo

Signature

(Affix Seal Below)

Sworn to and subscribed before me by means of physical presence

Or online notarization this 21 day of May, 2025.

Kara Colangelo

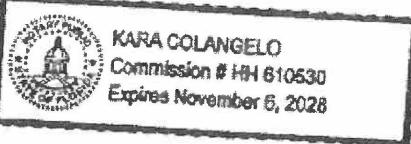
Signature of Officer Administering Oath or of Notary Public

Kara Colangelo

Print, Type, or Stamp Commissioned Name of Notary Public

Personally Known or Produced Identification

Type of Identification Produced _____



ACCEPTANCE

I accept the office listed in the above Oath of Office.

Mailing Address: Home Office

Street or Post Office Box

City, State, Zip Code

KRISTEN ARROJO GNAGE

Print Name

Alyssa Colangelo

Signature