202082e2

1 A bill to be entitled
2 An act relating to individuals with disabilities;
3 amending s. 393.063, F.S.; defining the term
4 “significant additional need”; revising the definition
5 of the term “support coordinator”; amending s.
6 393.066, F.S.; requiring persons and entities under
7 contract with the Agency for Persons with Disabilities
8 to use the agency data management systems to bill for
9 services; repealing s. 393.0661, F.S., relating to the
10 home and community-based services delivery system;
11 amending s. 393.0662, F.S.; revising criteria used by
12 the agency to develop a client’s iBudget; revising
13 criteria used by the agency to authorize additional
14 funding for certain clients; requiring the agency to
15 centralize medical necessity determinations of certain
16 services; requiring the agency to certify and document
17 the use of certain services before approving the
18 expenditure of certain funds; requiring the Agency for
19 Health Care Administration to seek federal approval to
20 provide consumer-directed options; authorizing the
21 Agency for Persons with Disabilities and the Agency
22 for Health Care Administration to adopt rules;
23 requiring the Agency for Health Care Administration to
24 seek federal waivers and amend contracts under certain
25 conditions; requiring the Agency for Persons with
26 Disabilities to collect premiums or cost sharing;
27 providing construction; providing for the
28 reimbursement of certain providers of services;
29 requiring the Agency for Persons with Disabilities to

30 submit quarterly status reports to the Executive
31 Office of the Governor and the chairs of the Senate
32 Appropriations Committee and the House Appropriations
33 Committee or their successor committees; providing
34 requirements for such reports; requiring the Agency
35 for Persons with Disabilities, in consultation with
36 the Agency for Health Care Administration, to submit a
37 certain plan to the Executive Office of the Governor,
38 the chair of the Senate Appropriations Committee, and
39 the chair of the House Appropriations Committee under
40 certain conditions; requiring the agency to work with
41 the Agency for Health Care Administration to implement
42 such plan; requiring the Agency for Persons with
43 Disabilities, in consultation with the Agency for
44 Health Care Administration, to provide quarterly
45 reconciliation reports to the Governor and the
46 Legislature within a specified timeframe; revising
47 rulemaking authority of the Agency for Persons with
48 Disabilities and the Agency for Health Care
49 Administration; creating s. 393.0663, F.S.; providing
50 legislative intent; defining the term “qualified
51 organization”; requiring the Agency for Persons with
52 Disabilities to use qualified organizations to provide
53 support coordination services for certain clients;
54 providing requirements for qualified organizations;
55 providing agency duties; providing for the review and
56 appeal of certain decisions made by the agency;
57 authorizing the agency to adopt rules; amending s.
58 400.962, F.S.; requiring certain facilities that have

CODING: Words ~~stricken~~ are deletions; words <u>underlined</u> are additions.

59 been granted a certificate-of-need exemption to
60 demonstrate and maintain compliance with specified
61 criteria; amending s. 408.036, F.S.; providing an
62 exemption from a certificate-of-need requirement for
63 certain intermediate care facilities; limiting the
64 number of such exemptions the Agency for Health Care
65 Administration may grant; providing that a specific
66 legislative appropriation is not required for such
67 exemption; amending s. 409.906, F.S.; requiring the
68 agency to seek federal approval to implement certain
69 payment rates; amending s. 1002.385, F.S.; conforming
70 a cross-reference; providing an effective date.
71
72 Be It Enacted by the Legislature of the State of Florida:
73
74 Section 1. Present subsections (39) through (45) of section
75 393.063, Florida Statutes, are redesignated as subsections (40)
76 through (46), respectively, a new subsection (39) is added to
77 that section, and present subsection (41) of that section is
78 amended, to read:
79 393.063 Definitions.—For the purposes of this chapter, the
80 term:
81 (39) "Significant additional need" means an additional need
82 for medically necessary services which would place the health
83 and safety of the client, the client's caregiver, or the public
84 in serious jeopardy if it is not met. The term does not exclude
85 services for an additional need that the client requires in
86 order to remain in the least restrictive setting, including, but
87 not limited to, employment services and transportation services.

CODING: Words ~~stricken~~ are deletions; words underlined are additions.

88 The agency may provide additional funding only after the
89 determination of a client's initial allocation amount and after
90 the qualified organization has documented the availability of
91 nonwaiver resources.
92 (42)~~(41)~~ "Support coordinator" means an employee of a
93 qualified organization as provided in s. 393.0663 ~~a person who~~
94 ~~is~~ designated by the agency to assist individuals and families
95 in identifying their capacities, needs, and resources, as well
96 as finding and gaining access to necessary supports and
97 services; coordinating the delivery of supports and services;
98 advocating on behalf of the individual and family; maintaining
99 relevant records; and monitoring and evaluating the delivery of
100 supports and services to determine the extent to which they meet
101 the needs and expectations identified by the individual, family,
102 and others who participated in the development of the support
103 plan.
104 Section 2. Subsection (2) of section 393.066, Florida
105 Statutes, is amended to read:
106 393.066 Community services and treatment.—
107 (2) Necessary services shall be purchased, rather than
108 provided directly by the agency, when the purchase of services
109 is more cost-efficient than providing them directly. All
110 purchased services must be approved by the agency. As a
111 condition of payment and before billing, persons or entities
112 under contract with the agency to provide services shall use
113 agency data management systems to document service provision to
114 clients shall use such systems to bill for services. Contracted
115 persons and entities shall meet the minimum hardware and
116 software technical requirements established by the agency for

CODING: Words ~~stricken~~ are deletions; words underlined are additions.

117 the use of such systems. Such persons or entities shall also
118 meet any requirements established by the agency for training and
119 professional development of staff providing direct services to
120 clients.
121 Section 3. Section 393.0661, Florida Statutes, is repealed.
122 Section 4. Section 393.0662, Florida Statutes, is amended
123 to read:
124 393.0662 Individual budgets for delivery of home and
125 community-based services; iBudget system established.—The
126 Legislature finds that improved financial management of the
127 existing home and community-based Medicaid waiver program is
128 necessary to avoid deficits that impede the provision of
129 services to individuals who are on the waiting list for
130 enrollment in the program. The Legislature further finds that
131 clients and their families should have greater flexibility to
132 choose the services that best allow them to live in their
133 community within the limits of an established budget. Therefore,
134 the Legislature intends that the agency, in consultation with
135 the Agency for Health Care Administration, shall manage the
136 service delivery system using individual budgets as the basis
137 for allocating the funds appropriated for the home and
138 community-based services Medicaid waiver program among eligible
139 enrolled clients. The service delivery system that uses
140 individual budgets shall be called the iBudget system.
141 (1) The agency shall administer an individual budget,
142 referred to as an iBudget, for each individual served by the
143 home and community-based services Medicaid waiver program. The
144 funds appropriated to the agency shall be allocated through the
145 iBudget system to eligible, Medicaid-enrolled clients. For the

CODING: Words ~~stricken~~ are deletions; words underlined are additions.

146 iBudget system, eligible clients shall include individuals with
147 a developmental disability as defined in s. 393.063. The iBudget
148 system shall provide for: enhanced client choice within a
149 specified service package; appropriate assessment strategies; an
150 efficient consumer budgeting and billing process that includes
151 reconciliation and monitoring components; a role for support
152 coordinators that avoids potential conflicts of interest; a
153 flexible and streamlined service review process; and the
154 equitable allocation of available funds based on the client's
155 level of need, as determined by the allocation methodology.
156 (a) In developing each client's iBudget, the agency shall
157 use the allocation methodology as defined in s. 393.063(4), in
158 conjunction with an assessment instrument that the agency deems
159 to be reliable and valid, including, but not limited to, the
160 agency's Questionnaire for Situational Information. The
161 allocation methodology shall determine the amount of funds
162 allocated to a client's iBudget.
163 (b) The agency may authorize additional funding based on a
164 client having one or more significant additional needs ~~of the~~
165 ~~following needs~~ that cannot be accommodated within the funding
166 determined by the algorithm and having no other resources,
167 supports, or services available to meet the needs. Such
168 additional funding may be provided only after the determination
169 of a client's initial allocation amount and after the qualified
170 organization has documented the availability of all nonwaiver
171 resources. Upon receipt of an incomplete request for services to
172 meet significant additional needs, the agency shall close the
173 request.
174 (c) The agency shall centralize, within its headquarters,

CODING: Words ~~stricken~~ are deletions; words underlined are additions.

175 medical necessity determinations for requested services made
176 through the significant additional needs process. The process
177 must ensure consistent application of medical necessity
178 criteria. This process must provide opportunities for targeted
179 training, quality assurance, and inter-rater reliability. ~~need:~~
180 ~~1. An extraordinary need that would place the health and~~
181 ~~safety of the client, the client's caregiver, or the public in~~
182 ~~immediate, serious jeopardy unless the increase is approved~~.
183 ~~However, the presence of an extraordinary need in and of itself~~
184 ~~does not warrant authorized funding by the agency. An~~
185 ~~extraordinary need may include, but is not limited to:~~
186 ~~a. A documented history of significant, potentially life-~~
187 ~~threatening behaviors, such as recent attempts at suicide,~~
188 ~~arson, nonconsensual sexual behavior, or self-injurious behavior~~
189 ~~requiring medical attention;~~
190 ~~b. A complex medical condition that requires active~~
191 ~~intervention by a licensed nurse on an ongoing basis that cannot~~
192 ~~be taught or delegated to a nonlicensed person;~~
193 ~~c. A chronic comorbid condition. As used in this~~
194 ~~subparagraph, the term "comorbid condition" means a medical~~
195 ~~condition existing simultaneously but independently with another~~
196 ~~medical condition in a patient; or~~
197 ~~d. A need for total physical assistance with activities~~
198 ~~such as eating, bathing, toileting, grooming, and personal~~
199 ~~hygiene.~~
200 ~~2. A significant need for one-time or temporary support or~~
201 ~~services that, if not provided, would place the health and~~
202 ~~safety of the client, the client's caregiver, or the public in~~
203 ~~serious jeopardy. A significant need may include, but is not~~

CODING: Words ~~stricken~~ are deletions; words underlined are additions.

204 ~~limited to, the provision of environmental modifications,~~
205 ~~durable medical equipment, services to address the temporary~~
206 ~~loss of support from a caregiver, or special services or~~
207 ~~treatment for a serious temporary condition when the service or~~
208 ~~treatment is expected to ameliorate the underlying condition. As~~
209 ~~used in this subparagraph, the term “temporary” means a period~~
210 ~~of fewer than 12 continuous months. However, the presence of~~
211 ~~such significant need for one-time or temporary supports or~~
212 ~~services in and of itself does not warrant authorized funding by~~
213 ~~the agency.~~
214 ~~3. A significant increase in the need for services after~~
215 ~~the beginning of the service plan year that would place the~~
216 ~~health and safety of the client, the client’s caregiver, or the~~
217 ~~public in serious jeopardy because of substantial changes in the~~
218 ~~client’s circumstances, including, but not limited to, permanent~~
219 ~~or long-term loss or incapacity of a caregiver, loss of services~~
220 ~~authorized under the state Medicaid plan due to a change in age,~~
221 ~~or a significant change in medical or functional status which~~
222 ~~requires the provision of additional services on a permanent or~~
223 ~~long-term basis that cannot be accommodated within the client’s~~
224 ~~current iBudget. As used in this subparagraph, the term “long-~~
225 ~~term” means a period of 12 or more continuous months. However,~~
226 ~~such significant increase in need for services of a permanent or~~
227 ~~long-term nature in and of itself does not warrant authorized~~
228 ~~funding by the agency.~~
229 ~~4. A significant need for transportation services to a~~
230 ~~waiver-funded adult day training program or to waiver-funded~~
231 ~~employment services when such need cannot be accommodated within~~
232 ~~a client’s iBudget as determined by the algorithm without~~

233 ~~affecting the health and safety of the client, if public~~
234 ~~transportation is not an option due to the unique needs of the~~
235 ~~client or other transportation resources are not reasonably~~
236 ~~available.~~
237
238 ~~The agency shall reserve portions of the appropriation for the~~
239 ~~home and community-based services Medicaid waiver program for~~
240 ~~adjustments required pursuant to this paragraph and may use the~~
241 ~~services of an independent actuary in determining the amount to~~
242 ~~be reserved.~~
243 (d) ~~(c)~~ A client’s annual expenditures for home and
244 community-based Medicaid waiver services may not exceed the
245 limits of his or her iBudget. The total of all clients’
246 projected annual iBudget expenditures may not exceed the
247 agency’s appropriation for waiver services.
248 (2) The Agency for Health Care Administration, in
249 consultation with the agency, shall seek federal approval to
250 amend current waivers, request a new waiver, and amend contracts
251 as necessary to manage the iBudget system, improve services for
252 eligible and enrolled clients, and improve the delivery of
253 services through the home and community-based services Medicaid
254 waiver program and the Consumer-Directed Care Plus Program,
255 including, but not limited to, enrollees with a dual diagnosis
256 of a developmental disability and a mental health disorder.
257 (3) The agency must certify and document within each
258 client’s cost plan that the ~~a~~ client has used ~~must use~~ all
259 available services authorized under the state Medicaid plan,
260 school-based services, private insurance and other benefits, and
261 any other resources that may be available to the client before

262 using funds from his or her iBudget to pay for support and
263 services.
264 (4) Rates for any or all services established under rules
265 of the Agency for Health Care Administration must be designated
266 as the maximum rather than a fixed amount for individuals who
267 receive an iBudget, except for services specifically identified
268 in those rules that the agency determines are not appropriate
269 for negotiation, which may include, but are not limited to,
270 residential habilitation services.
271 (5) The agency shall ensure that clients and caregivers
272 have access to training and education that inform them about the
273 iBudget system and enhance their ability for self-direction.
274 Such training and education must be offered in a variety of
275 formats and, at a minimum, must address the policies and
276 processes of the iBudget system and the roles and
277 responsibilities of consumers, caregivers, waiver support
278 coordinators, providers, and the agency, and must provide
279 information to help the client make decisions regarding the
280 iBudget system and examples of support and resources available
281 in the community.
282 (6) The agency shall collect data to evaluate the
283 implementation and outcomes of the iBudget system.
284 (7) The Agency for Health Care Administration shall seek
285 federal approval to provide a consumer-directed option for
286 persons with developmental disabilities. The agency and the
287 Agency for Health Care Administration may adopt rules necessary
288 to administer this subsection.
289 (8) The Agency for Health Care Administration shall seek
290 federal waivers and amend contracts as necessary to make changes

CODING: Words ~~stricken~~ are deletions; words underlined are additions.

291 to services defined in federal waiver programs, as follows:
292 (a) Supported living coaching services may not exceed 20
293 hours per month for persons who also receive in-home support
294 services.
295 (b) Limited support coordination services are the only
296 support coordination services that may be provided to persons
297 under the age of 18 who live in the family home.
298 (c) Personal care assistance services are limited to 180
299 hours per calendar month and may not include rate modifiers.
300 Additional hours may be authorized for persons who have
301 intensive physical, medical, or adaptive needs, if such hours
302 will prevent institutionalization.
303 (d) Residential habilitation services are limited to 8
304 hours per day. Additional hours may be authorized for persons
305 who have intensive medical or adaptive needs and if such hours
306 will prevent institutionalization, or for persons who have
307 behavioral problems that are exceptional in intensity, duration,
308 or frequency and who present a substantial risk of harm to
309 themselves or others.
310 (e) The agency shall conduct supplemental cost plan reviews
311 to verify the medical necessity of authorized services for plans
312 that have increased by more than 8 percent during either of the
313 2 preceding fiscal years.
314 (f) The agency shall implement a consolidated residential
315 habilitation rate structure to increase savings to the state
316 through a more cost-effective payment method and establish
317 uniform rates for intensive behavioral residential habilitation
318 services.
319 (g) The geographic differential for Miami-Dade, Broward,

CODING: Words ~~stricken~~ are deletions; words underlined are additions.

320 and Palm Beach Counties for residential habilitation services is
321 7.5 percent.
322 (h) The geographic differential for Monroe County for
323 residential habilitation services is 20 percent.
324 (9) The agency shall collect premiums or cost sharing
325 pursuant to s. 409.906(13)(c).
326 (10) This section or any related rule does not prevent or
327 limit the Agency for Health Care Administration, in consultation
328 with the agency, from adjusting fees, reimbursement rates,
329 lengths of stay, number of visits, or number of services, or
330 from limiting enrollment or making any other adjustment
331 necessary to comply with the availability of moneys and any
332 limitations or directions provided in the General Appropriations
333 Act.
334 (11) A provider of services rendered to persons with
335 developmental disabilities pursuant to a federally approved
336 waiver must be reimbursed according to a rate methodology based
337 upon an analysis of the expenditure history and prospective
338 costs of providers participating in the waiver program, or under
339 any other methodology developed by the Agency for Health Care
340 Administration in consultation with the agency and approved by
341 the Federal Government in accordance with the waiver.
342 (12) The agency shall submit quarterly status reports to
343 the Executive Office of the Governor, the chair of the Senate
344 Appropriations Committee or its successor, and the chair of the
345 House Appropriations Committee or its successor which contain
346 all of the following information:
347 (a) The financial status of home and community-based
348 services, including the number of enrolled individuals receiving

CODING: Words ~~stricken~~ are deletions; words underlined are additions.

349 services through one or more programs.
350 (b) The number of individuals who have requested services
351 and who are not enrolled but who are receiving services through
352 one or more programs, with a description indicating the programs
353 under which the individual is receiving services.
354 (c) The number of individuals who have refused an offer of
355 services but who choose to remain on the list of individuals
356 waiting for services.
357 (d) The number of individuals who have requested services
358 but who are receiving no services.
359 (e) A frequency distribution indicating the length of time
360 individuals have been waiting for services.
361 (f) Information concerning the actual and projected costs
362 compared to the amount of the appropriation available to the
363 program and any projected surpluses or deficits.
364 (13) If at any time an analysis by the agency, in
365 consultation with the Agency for Health Care Administration,
366 indicates that the cost of services is expected to exceed the
367 amount appropriated, the agency shall submit a plan in
368 accordance with subsection (10) to the Executive Office of the
369 Governor, the chair of the Senate Appropriations Committee or
370 its successor committee, and the chair of the House
371 Appropriations Committee or its successor committee to remain
372 within the amount appropriated. The agency shall work with the
373 Agency for Health Care Administration to implement the plan so
374 as to remain within the appropriation.
375 (14) The agency, in consultation with the Agency for Health
376 Care Administration, shall provide a quarterly reconciliation
377 report of all home and community-based services waiver

CODING: Words ~~stricken~~ are deletions; words underlined are additions.

378 expenditures from the Agency for Health Care Administration's
379 claims management system with service utilization from the
380 Agency for Persons with Disabilities Allocation, Budget, and
381 Contract Control system. The reconciliation report must be
382 submitted to the Governor, the President of the Senate, and the
383 Speaker of the House of Representatives no later than 30 days
384 after the close of each quarter.
385 (15) ~~(7)~~ The agency and the Agency for Health Care
386 Administration may adopt rules specifying the allocation
387 algorithm and methodology; criteria and processes for clients to
388 access ~~reserved~~ funds for services to meet significant
389 additional needs ~~extraordinary needs, temporarily or permanently~~
390 ~~changed needs, and one-time needs~~; and processes and
391 requirements for selection and review of services, development
392 of support and cost plans, and management of the iBudget system
393 as needed to administer this section.
394 Section 5. Section 393.0663, Florida Statutes, is created
395 to read:
396 393.0663 Support coordination; legislative intent;
397 qualified organizations; agency duties; due process;
398 rulemaking.—
399 (1) LEGISLATIVE INTENT.—To enable the state to provide a
400 systematic approach to service oversight for persons providing
401 care to individuals with developmental disabilities, it is the
402 intent of the Legislature that the agency work in collaboration
403 with relevant stakeholders to ensure that waiver support
404 coordinators have the knowledge, skills, and abilities necessary
405 to competently provide services to individuals with
406 developmental disabilities by requiring all support coordinators

CODING: Words ~~stricken~~ are deletions; words underlined are additions.

407 to be employees of a qualified organization.
408 (2) QUALIFIED ORGANIZATIONS.—
409 (a) As used in this section, the term "qualified
410 organization" means an organization determined by the agency to
411 meet the requirements of this section and of the Developmental
412 Disabilities Individual Budgeting Waiver Services Coverage and
413 Limitations Handbook.
414 (b) The agency shall use qualified organizations for the
415 purpose of providing all support coordination services to
416 iBudget clients in this state. In order to be qualified, an
417 organization must:
418 1. Employ four or more support coordinators;
419 2. Maintain a professional code of ethics and a
420 disciplinary process that apply to all support coordinators
421 within the organization;
422 3. Comply with the agency's cost containment initiatives;
423 4. Require support coordinators to ensure that client
424 budgets are linked to levels of need;
425 5. Require support coordinators to perform all duties and
426 meet all standards related to support coordination as provided
427 in the Developmental Disabilities Individual Budgeting Waiver
428 Services Coverage and Limitations Handbook;
429 6. Prohibit dual employment of a support coordinator if the
430 dual employment adversely impacts the support coordinator's
431 availability to clients;
432 7. Educate clients and families regarding identifying and
433 preventing abuse, neglect, and exploitation;
434 8. Instruct clients and families on mandatory reporting
435 requirements for abuse, neglect, and exploitation;

CODING: Words ~~stricken~~ are deletions; words underlined are additions.

436 9. Submit within established timeframes all required
437 documentation for requests for significant additional needs;
438 10. Require support coordinators to successfully complete
439 training and professional development approved by the agency;
440 11. Require support coordinators to pass a competency-based
441 assessment established by the agency; and
442 12. Implement a mentoring program approved by the agency
443 for support coordinators who have worked as a support
444 coordinator for less than 12 months.
445 (3) DUTIES OF THE AGENCY.—The agency shall:
446 (a) Require all qualified organizations to report to the
447 agency any violation of ethical or professional conduct by
448 support coordinators employed by the organization;
449 (b) Maintain a publicly accessible registry of all support
450 coordinators, including any history of ethical or disciplinary
451 violations; and
452 (c) Impose an immediate moratorium on new client
453 assignments, impose an administrative fine, require plans of
454 remediation, and terminate the Medicaid Waiver Services
455 Agreement of any qualified organization that is noncompliant
456 with applicable laws or rules.
457 (4) DUE PROCESS.—Any decision by the agency to take action
458 against a qualified organization as described in paragraph
459 (3)(c) is reviewable by the agency. Upon receiving an adverse
460 determination, the qualified organization may request an
461 administrative hearing pursuant to ss. 120.569 and 120.57(1)
462 within 30 days after completing any appeals process established
463 by the agency.
464 (5) RULEMAKING.—The agency may adopt rules to implement

CODING: Words ~~stricken~~ are deletions; words underlined are additions.

465 this section.
466 Section 6. Subsection (6) is added to section 400.962,
467 Florida Statutes, to read:
468 400.962 License required; license application.—
469 (6) An applicant that has been granted a certificate-of-
470 need exemption under s. 408.036(3)(o) must also demonstrate and
471 maintain compliance with the following criteria:
472 (a) The total number of beds per home within the facility
473 may not exceed eight, with each resident having his or her own
474 bedroom and bathroom. Each eight-bed home must be colocated on
475 the same property with two other eight-bed homes and must serve
476 individuals with severe maladaptive behaviors and co-occurring
477 psychiatric diagnoses.
478 (b) A minimum of 16 beds within the facility must be
479 designated for individuals with severe maladaptive behaviors who
480 have been assessed using the Agency for Persons with
481 Disabilities' Global Behavioral Service Need Matrix with a score
482 of at least Level 4 and up to Level 6, or assessed using the
483 criteria deemed appropriate by the Agency for Health Care
484 Administration regarding the need for a specialized placement in
485 an intermediate care facility for the developmentally disabled.
486 For home and community-based Medicaid waiver clients under
487 chapter 393, the Agency for Persons with Disabilities shall
488 offer choice counseling to clients regarding appropriate
489 residential placement based on the needs of the individual.
490 (c) The applicant has not had a facility license denied,
491 revoked, or suspended within the 36 months preceding the request
492 for exemption.
493 (d) The applicant must have at least 10 years of experience

CODING: Words ~~stricken~~ are deletions; words underlined are additions.

494 serving individuals with severe maladaptive behaviors in the
495 state.
496 (e) The applicant must implement a state-approved staff
497 training curriculum and monitoring requirements specific to the
498 individuals whose behaviors require higher intensity, frequency,
499 and duration of services.
500 (f) The applicant must make available medical and nursing
501 services 24 hours per day, 7 days per week.
502 (g) The applicant must demonstrate a history of using
503 interventions that are least restrictive and that follow a
504 behavioral hierarchy.
505 (h) The applicant must maintain a policy prohibiting the
506 use of mechanical restraints.
507 Section 7. Paragraph (o) is added to subsection (3) of
508 section 408.036, Florida Statutes, to read:
509 408.036 Projects subject to review; exemptions.—
510 (3) EXEMPTIONS.—Upon request, the following projects are
511 subject to exemption from subsection (1):
512 (o) For a new intermediate care facility for the
513 developmentally disabled as defined in s. 408.032 which has a
514 total of 24 beds, comprising three eight-bed homes, for use by
515 individuals exhibiting severe maladaptive behaviors and co-
516 occurring psychiatric diagnoses requiring increased levels of
517 behavioral, medical, and therapeutic oversight. The applicant
518 must not have had a license denied, revoked, or suspended within
519 the 36 months preceding the request for exemption and must have
520 at least 10 years of experience serving individuals with severe
521 maladaptive behaviors in this state. The agency may grant no
522 more than three exemptions under this paragraph.

CODING: Words ~~stricken~~ are deletions; words underlined are additions.

523 1. An exemption under this paragraph does not require a
524 specific legislative appropriation.
525 2. An exemption under this paragraph terminates 18 months
526 after the date of issuance unless the exemption holder has
527 commenced construction. The agency shall monitor the progress of
528 the holder of the certificate of exemption in meeting the
529 timetable for project development specified in the application
530 for exemption. The agency shall extend the timeframe for a
531 project if the exemption holder demonstrates to the satisfaction
532 of the agency that good-faith commencement of the project is
533 being delayed by litigation or by governmental action or
534 inaction with respect to regulations or permitting precluding
535 commencement of the project.
536 3. This paragraph and subsection (6) of s. 400.962 are
537 repealed July 1, 2022, unless reviewed and saved from repeal by
538 the Legislature.
539 Section 8. Subsection (15) of section 409.906, Florida
540 Statutes, is amended to read:
541 409.906 Optional Medicaid services.—Subject to specific
542 appropriations, the agency may make payments for services which
543 are optional to the state under Title XIX of the Social Security
544 Act and are furnished by Medicaid providers to recipients who
545 are determined to be eligible on the dates on which the services
546 were provided. Any optional service that is provided shall be
547 provided only when medically necessary and in accordance with
548 state and federal law. Optional services rendered by providers
549 in mobile units to Medicaid recipients may be restricted or
550 prohibited by the agency. Nothing in this section shall be
551 construed to prevent or limit the agency from adjusting fees,

CODING: Words ~~stricken~~ are deletions; words underlined are additions.

552 reimbursement rates, lengths of stay, number of visits, or
553 number of services, or making any other adjustments necessary to
554 comply with the availability of moneys and any limitations or
555 directions provided for in the General Appropriations Act or
556 chapter 216. If necessary to safeguard the state’s systems of
557 providing services to elderly and disabled persons and subject
558 to the notice and review provisions of s. 216.177, the Governor
559 may direct the Agency for Health Care Administration to amend
560 the Medicaid state plan to delete the optional Medicaid service
561 known as “Intermediate Care Facilities for the Developmentally
562 Disabled.” Optional services may include:
563 (15) INTERMEDIATE CARE FACILITY FOR THE DEVELOPMENTALLY
564 DISABLED SERVICES.—The agency may pay for health-related care
565 and services provided on a 24-hour-a-day basis by a facility
566 licensed and certified as a Medicaid Intermediate Care Facility
567 for the Developmentally Disabled, for a recipient who needs such
568 care because of a developmental disability. Payment shall not
569 include bed-hold days except in facilities with occupancy rates
570 of 95 percent or greater. The agency is authorized to seek any
571 federal waiver approvals to implement this policy. The agency
572 shall seek federal approval to implement a payment rate for
573 Medicaid intermediate care facilities serving individuals with
574 developmental disabilities, severe maladaptive behaviors, severe
575 maladaptive behaviors and co-occurring complex medical
576 conditions, or a dual diagnosis of developmental disability and
577 mental illness.
578 Section 9. Paragraph (d) of subsection (2) of section
579 1002.385, Florida Statutes, is amended to read:
580 1002.385 The Gardiner Scholarship.—

CODING: Words ~~stricken~~ are deletions; words underlined are additions.

581 (2) DEFINITIONS.—As used in this section, the term:
582 (d) “Disability” means, for a 3- or 4-year-old child or for
583 a student in kindergarten to grade 12, autism spectrum disorder,
584 as defined in the Diagnostic and Statistical Manual of Mental
585 Disorders, Fifth Edition, published by the American Psychiatric
586 Association; cerebral palsy, as defined in s. 393.063(6); Down
587 syndrome, as defined in s. 393.063(15); an intellectual
588 disability, as defined in s. 393.063(24); Phelan-McDermid
589 syndrome, as defined in s. 393.063(28); Prader-Willi syndrome,
590 as defined in s. 393.063(29); spina bifida, as defined in s.
591 393.063(41) ~~s. 393.063(40)~~; being a high-risk child, as defined
592 in s. 393.063(23)(a); muscular dystrophy; Williams syndrome;
593 rare diseases which affect patient populations of fewer than
594 200,000 individuals in the United States, as defined by the
595 National Organization for Rare Disorders; anaphylaxis; deaf;
596 visually impaired; traumatic brain injured; hospital or
597 homebound; or identification as dual sensory impaired, as
598 defined by rules of the State Board of Education and evidenced
599 by reports from local school districts. The term “hospital or
600 homebound” includes a student who has a medically diagnosed
601 physical or psychiatric condition or illness, as defined by the
602 state board in rule, and who is confined to the home or hospital
603 for more than 6 months.
604 Section 10. This act shall take effect July 1, 2021.

CODING: Words ~~stricken~~ are deletions; words underlined are additions.