

	LEGISLATIVE ACTION	
Senate	•	House
Comm: RCS	•	
04/26/2023	•	
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The Committee on Fiscal Policy (Trumbull) recommended the following:

Senate Amendment (with title amendment)

3 Delete everything after the enacting clause 4 and insert:

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Section 1. Section 409.9855, Florida Statutes, is created to read:

409.9855 Pilot program for individuals with developmental disabilities.-

- (1) PILOT PROGRAM IMPLEMENTATION.—
- (a) Using a managed care model, the agency shall implement

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a pilot program for individuals with developmental disabilities in Statewide Medicaid Managed Care Regions D and I to provide coverage of comprehensive services.

- (b) The agency may seek federal approval through a state plan amendment or Medicaid waiver as necessary to implement the pilot program. The agency shall submit a request for any federal approval needed to implement the pilot program by September 1, 2023.
- (c) Pursuant to s. 409.963, the agency shall administer the pilot program but shall delegate specific duties and responsibilities for the pilot program to the Agency for Persons with Disabilities.
- (d) The agency shall make payments for comprehensive services, including community-based services described in s. 393.066(3) and approved through the state's home and communitybased services Medicaid waiver program for individuals with developmental disabilities, using a managed care model. Unless otherwise specified, ss. 409.961-409.969 apply to the pilot program.
- (e) The agency shall evaluate the feasibility of statewide implementation of the capitated managed care model used by the pilot program to serve individuals with developmental disabilities.
 - (2) ELIGIBILITY; VOLUNTARY ENROLLMENT; DISENROLLMENT.
- (a) Participation in the pilot program is voluntary and limited to the maximum number of enrollees specified in the General Appropriations Act. Enrollment in the pilot program does not automatically entitle individuals to any other services under chapter 393.

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- (b) The Agency for Persons with Disabilities shall approve a needs assessment methodology to determine functional, behavioral, and physical needs of prospective enrollees. This assessment methodology may be administered by persons who have completed such training as may be offered by the agency. Eligibility to participate in the pilot program is determined based on the following criteria:
 - 1. Whether the individual is eligible for Medicaid.
- 2. Whether the individual is 18 years of age or older and is on the waiting list for iBudget waiver services under chapter 393 and assigned to one of categories 1 through 6 as specified in s. 393.065(5); and
- 3. Whether the individual resides in a pilot program region.
- (c) Notwithstanding any provisions of s. 393.065 to the contrary and subject to the availability of funds, the agency, in consultation with the Agency for Persons with Disabilities, shall make offers for enrollment to eligible individuals. Before making enrollment offers, the agency shall determine that sufficient funds exist to support additional enrollment into plans. The agency, in consultation with the Agency for Persons with Disabilities, shall ensure that a statistically valid population is sampled to participate in the pilot program. The agency shall make enrollment offers and use clinical eligibility criteria that ensure that pilot program sites have sufficient diversity of enrollment to conduct a statistically valid test of the managed care pilot program within a 3-year timeframe.
- (d) Notwithstanding any provisions of s. 393.065 to the contrary, an enrollee must be afforded an opportunity to enroll



69	in any appropriate existing Medicaid waiver program if any of		
70	the following conditions occur:		
71	1. At any point during the operation of the pilot program,		
72	an enrollee declares an intent to voluntarily disenroll,		
73	provided that he or she has been covered for the entire previous		
74	plan year by the pilot program.		
75	2. At any point during the operation of the pilot program,		
76	the plan does not have sufficient enrollees to appropriately		
77	provide adequate services to its enrollees.		
78	3. Cessation of the pilot program.		
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80	The Agency for Persons with Disabilities shall develop rules to		
81	implement this subsection to ensure that an enrollee receives an		
82	individualized transition plan to assist him or her in accessing		
83	sufficient services and supports for the enrollee's safety,		
84	well-being, and continuity of care.		
85	(3) PILOT PROGRAM BENEFITS.—		
86	(a) Plans participating in the pilot program must, at a		
87	minimum, cover the following:		
88	1. All benefits included in s. 409.973.		
89	2. All benefits included in s. 409.98.		
90	3. All benefits included in s. 393.066(3), and all of the		
91	following:		
92	a. Adult day training.		
93	b. Behavior analysis services.		
94	c. Behavior assistant services.		
95	d. Companion services.		
96	e. Consumable medical supplies.		

f. Dietitian services.



98	g. Durable medical equipment and supplies.
99	h. Environmental accessibility adaptations.
100	i. Occupational therapy.
101	j. Personal emergency response systems.
102	k. Personal supports.
103	1. Physical therapy.
104	m. Prevocational services.
105	n. Private duty nursing.
106	o. Residential habilitation, including the following
107	levels:
108	(I) Standard level.
109	(II) Behavior-focused level.
110	(III) Intensive-behavior level.
111	(IV) Enhanced intensive-behavior level.
112	p. Residential nursing services.
113	q. Respiratory therapy.
114	r. Respite care.
115	s. Skilled nursing.
116	t. Specialized medical home care.
117	u. Specialized mental health counseling.
118	v. Speech therapy.
119	w. Support coordination.
120	x. Supported employment.
121	y. Supported living coaching.
122	z. Transportation.
123	(b) All providers of the services listed under paragraph
124	(a) must meet the provider qualifications outlined in the
125	Florida Medicaid Developmental Disabilities Individual Budgeting
126	Waiver Services Coverage and Limitations Handbook as adopted by

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reference in rule 59G-13.070, Florida Administrative Code.

- (c) Support coordination services must maximize the use of natural supports and community partnerships.
- (d) The plans participating in the pilot program must provide all categories of benefits through a single, integrated model of care.
- (e) Services must be provided to enrollees in accordance with an individualized care plan in consultation with the Agency for Persons with Disabilities which is evaluated and updated at least quarterly and as warranted by changes in an enrollee's circumstances.
 - (4) ELIGIBLE PLANS; PLAN SELECTION. -
- (a) To be eliqible to participate in the pilot program, a plan must have been awarded a contract to provide long-term care services pursuant to s. 409.981 as a result of an invitation to negotiate.
- (b) The agency shall select, as provided in s. 287.057(1), one plan to participate in the pilot program for each of the two regions. The director of the Agency for Persons with Disabilities or his or her designee must be a member of the negotiating team.
- 1. The invitation to negotiate must specify the criteria and the relative weight assigned to each criterion that will be used for determining the acceptability of submitted responses and guiding the selection of the plans with which the agency and the Agency for Persons with Disabilities negotiate. In addition to any other criteria established by the agency, in consultation with the Agency for Persons with Disabilities, the agency shall consider the following factors in the selection of eligible



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- a. Experience serving similar populations, including the plan's record in achieving specific quality standards with similar populations.
- b. Establishment of community partnerships with providers which create opportunities for reinvestment in community-based services.
- c. Provision of additional benefits, particularly behavioral health services, the coordination of dental care, and other initiatives that improve overall well-being.
- d. Provision of and capacity to provide mental health therapies and analysis designed to meet the needs of individuals with developmental disabilities.
- e. Evidence that an eligible plan has written agreements or signed contracts or has made substantial progress in establishing relationships with providers before submitting its response.
- f. Experience in the provision of person-centered planning as described in 42 C.F.R. s. 441.301(c)(1).
- g. Experience in robust provider development programs that result in increased availability of Medicaid providers to serve the developmental disabilities community.
- 2. After negotiations are conducted, the agency shall select the eligible plans that are determined to be responsive and provide the best value to the state. Preference must be given to plans that:
- a. Have signed contracts in sufficient numbers to meet the specific standards established under s. 409.967(2)(c), including contracts for personal supports, skilled nursing, residential

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habilitation, adult day training, mental health services, respite care, companion services, and supported employment, as those services are defined in the Florida Medicaid Developmental Disabilities Individual Budgeting Waiver Services Coverage and Limitations Handbook as adopted by reference in rule 59G-13.070, Florida Administrative Code.

- b. Have well-defined programs for recognizing patientcentered medical homes and providing increased compensation to recognized medical homes, as defined by the plan.
- c. Have well-defined programs related to person-centered planning as described in 42 C.F.R. s. 441.301(c)(1).
- d. Have robust and innovative programs for provider development and collaboration with the Agency for Persons with Disabilities.
 - (5) PAYMENT.-
- (a) The selected plans must receive a per-member, per-month payment based on a rate developed specifically for the unique needs of the developmentally disabled population.
- (b) The agency must ensure that the rate for the integrated system is actuarially sound.
- (c) The revenues and expenditures of the selected plan which are associated with the implementation of the pilot program must be included in the reporting and regulatory requirements established in s. 409.967(3).
 - (6) PROGRAM IMPLEMENTATION AND EVALUATION. -
- (a) Full implementation of the pilot program shall occur concurrent to the contracts awarded, pursuant to s. 409.966, for the provision of managed medical assistance and long-term care services.

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- (b) Upon implementation of the program, the agency, in consultation with the Agency for Persons with Disabilities, shall conduct audits of the selected plans' implementation of person-centered planning.
- (c) The agency, in consultation with the Agency for Persons with Disabilities, shall submit progress reports to the Governor, the President of the Senate, and the Speaker of the House of Representatives upon the federal approval, implementation, and operation of the pilot program, as follows:
- 1. By December 31, 2023, a status report on progress made toward federal approval of the waiver or waiver amendment needed to implement the pilot program.
- 2. By December 31, 2024, a status report on progress made toward full implementation of the pilot program.
- 3. By December 31, 2025, and annually thereafter, a status report on the operation of the pilot program, including, but not limited to, all of the following:
- a. Program enrollment, including the number and demographics of enrollees, statistically reflecting the diversity of enrollees.
 - b. Any complaints received.
 - c. Access to approved services.
- (d) The agency, in consultation with the Agency for Persons with Disabilities, shall establish specific measures of access, quality, and costs of the pilot program. The agency may contract with an independent evaluator to conduct such evaluation. The evaluation must include assessments of cost savings; consumer education, choice, and access to services; plans for future capacity and the enrollment of new Medicaid providers;

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coordination of care; person-centered planning and personcentered well-being outcomes; health and quality-of-life outcomes; and quality of care by each eligibility category and managed care plan in each pilot program site. The evaluation must describe any administrative or legal barriers to the implementation and operation of the pilot program in each region.

- 1. The agency, in consultation with the Agency for Persons with Disabilities, shall conduct quality assurance monitoring of the pilot program to include client satisfaction with services, client health and safety outcomes, client well-being outcomes, and service delivery in accordance with the client's care plan.
- 2. The agency shall submit the results of the evaluation to the Governor, the President of the Senate, and the Speaker of the House of Representatives by October 1, 2029.
 - (7) MANAGED CARE PLAN ACCOUNTABILITY.-
- (a) In addition to the requirements of ss. 409.967, 409.975, and 409.982, plans participating in the pilot program must have provider capacity within a maximum travel distance for clients to services for specialized therapies, adult day training, and prevocational training, for clients, as follows:
- 1. For urban areas, 15 miles travel distance for clients; and
 - 2. For rural areas, 30 miles travel distance for clients.
- (b) Plans participating in the pilot program must consult with the Agency for Persons with Disabilities before placing an enrollee of the pilot program in a group home licensed by the Agency for Persons with Disabilities.
 - (8) REPEAL.—This section shall be repealed October 2, 2029,

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after submission of the evaluation pursuant to paragraph (6)(d), unless reviewed and saved from repeal through reenactment by the Legislature.

Section 2. Section 409.961, Florida Statutes, is amended to read:

409.961 Statutory construction; applicability; rules.—It is the intent of the Legislature that if any conflict exists between the provisions contained in this part and in other parts of this chapter, the provisions in this part control. Sections 409.961-409.9855 409.961-409.985 apply only to the Medicaid managed medical assistance program, the and long-term care managed care program, and the pilot program for individuals with developmental disabilities, as provided in this part. The agency shall adopt any rules necessary to comply with or administer this part and all rules necessary to comply with federal requirements. In addition, the department shall adopt and accept the transfer of any rules necessary to carry out the department's responsibilities for receiving and processing Medicaid applications and determining Medicaid eligibility and for ensuring compliance with and administering this part, as those rules relate to the department's responsibilities, and any other provisions related to the department's responsibility for the determination of Medicaid eligibility. Contracts with the agency and a person or entity, including Medicaid providers and managed care plans, necessary to administer the Medicaid program are not rules and are not subject to chapter 120.

Section 3. (1) For a plan to be selected to participate in the pilot program for individuals with developmental disabilities pursuant to s. 409.9855, Florida Statutes, as



created by this act, the plan must have been awarded a contract as a result of the invitation to negotiate, ITN-04836, for Statewide Medicaid Managed Care Program which was issued on April 11, 2023.

(2) The pilot program for individuals with developmental disabilities pursuant to s. 409.9855, Florida Statutes, as created by this act, shall be implemented in Statewide Medicaid Managed Care Regions D and I.

Section 4. This act shall take effect upon becoming a law.

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======== T I T L E A M E N D M E N T ========== And the title is amended as follows:

Delete everything before the enacting clause

and insert:

A bill to be entitled

An act relating to the pilot program for individuals with developmental disabilities; creating s. 409.9855, F.S.; requiring the Agency for Health Care Administration to implement a pilot program for individuals with developmental disabilities in specified Statewide Medicaid Managed Care regions to provide coverage of comprehensive services; authorizing the agency to seek federal approval as needed to implement the program; requiring the agency to submit such request by a specified date; requiring the agency to administer the pilot program but delegate specified duties to the Agency for Persons with Disabilities; requiring the Agency for Health Care Administration to make payments for comprehensive

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services under the pilot program using a managed care model; providing applicability; requiring the Agency for Health Care Administration to evaluate the feasibility of implementing the pilot program statewide; providing that participation in the pilot program is voluntary and subject to specific appropriation; providing construction; requiring the Agency for Persons with Disabilities to approve a needs assessment methodology for prospective enrollees; providing enrollment eligibility requirements; requiring the Agency for Health Care Administration, in consultation with the Agency for Persons with Disabilities, to make offers for enrollment to eligible individuals within specified parameters; requiring that enrollees be afforded an opportunity to enroll in any appropriate existing Medicaid waiver program under certain circumstances; requiring the Agency for Persons with Disabilities to adopt certain rules; requiring participating plans to cover specified benefits; providing additional requirements for the provision of benefits by participating plans under the pilot program; providing eligibility requirements for plans; providing a selection process; requiring the Agency for Health Care Administration to give preference to certain plans; requiring that plan payments be based on rates specifically developed for a certain population; requiring the Agency for Health Care Administration to ensure that the rate be actuarially sound; requiring

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that the revenues and expenditures of the selected plan be included in specified reporting and regulatory requirements; providing that implementation of the program shall occur concurrently with other specified services; requiring the Agency for Health Care Administration, in consultation with the Agency for Persons with Disabilities, to conduct certain audits of the selected plans and submit specified progress reports to the Governor and the Legislature by specified dates throughout the program approval and implementation process; providing requirements for the respective reports; requiring the Agency for Health Care Administration, in consultation with the Agency for Persons with Disabilities, to conduct an evaluation of the pilot program; authorizing the Agency for Health Care Administration to contract with an independent evaluator to conduct such evaluation; providing requirements for the evaluation; requiring the Agency for Health Care Administration, in consultation with the Agency for Persons with Disabilities, to conduct quality assurance monitoring of the pilot program; requiring the Agency for Health Care Administration to submit the results of the evaluation to the Governor and the Legislature by a specified date; requiring participating plans to maintain specified provider capacity limits; requiring participating plans to consult with the Agency for Persons with Disabilities before placing a pilot program enrollee in certain group homes; providing for



the future repeal of the pilot program; amending s. 409.961, F.S.; conforming a provision to changes made by the act; requiring that plans selected to participate in the pilot program be plans awarded a contract as a result of a specified invitation to negotiate; requiring that the pilot program be implemented in specified Statewide Medicaid Managed Care regions; providing an effective date.

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> WHEREAS, the mission of the Agency for Persons with Disabilities is developing community-based programs and services for individuals with developmental disabilities and working with private businesses, not-for-profit corporations, units of local government, and other organizations capable of providing needed services to clients to promote their living, learning, and working as part of their communities, and

WHEREAS, the Agency for Persons with Disabilities advances that mission through the iBudget waiver, which is designed to promote and maintain the health of eligible individuals with developmental disabilities, to provide medically necessary supports and services to delay or prevent institutionalization, and to foster the principles and appreciation of selfdetermination, and

WHEREAS, the Legislature intends for a comprehensive and coordinated service delivery system for individuals with developmental disabilities which includes all services specified in ss. 393.066(3), 409.973, and 409.98, Florida Statutes, and the state's home and community-based services Medicaid waiver program, and

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WHEREAS, the Legislature further intends that such service delivery system ensure consumer education and choice, including choice of provider, location of living setting, location of services, and scheduling of services and supports; access to care coordination services; local access to medically necessary services; coordination of preventative, acute, and long-term care and home and community-based services; reduction in unnecessary service utilization; provision of habilitative and rehabilitative services; and adherence to person-centered planning as described in 42 C.F.R. s. 441.301(c)(1), and

WHEREAS, Florida continues to look for multiple innovative pathways to serve individuals with developmental disabilities and their families, including expanding the continuum of care to provide a robust and stable system that is a reliable provider of services for individuals with developmental disabilities to promote a comprehensive state of thriving in daily living, community integration, and goal-based achievement, NOW, THEREFORE,