

Amendment No.

COMMITTEE/SUBCOMMITTEE ACTION

ADOPTED	<u>    </u>	(Y/N)
ADOPTED AS AMENDED	<u>    </u>	(Y/N)
ADOPTED W/O OBJECTION	<u>    </u>	(Y/N)
FAILED TO ADOPT	<u>    </u>	(Y/N)
WITHDRAWN	<u>    </u>	(Y/N)
OTHER	<u>      </u>	

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1 Committee/Subcommittee hearing bill: Children, Families &  
 2 Seniors Subcommittee  
 3 Representative Stevenson offered the following:

**Amendment (with title amendment)**

Between lines 64 and 65, insert:

7 Section 1. Subsections (7), (8), (9), (10), and (11) of  
 8 section 393.065, Florida Statutes, are renumbered as (8), (9),  
 9 (10), (11), and (12) respectively, subsections (1) through (4)  
 10 are amended, and new subsections (2) and (6) are added to that  
 11 section, to read:

12 393.065 Application and eligibility determination.—

13 (1) Application for services shall be made in writing to  
 14 the agency, in the region ~~service area~~ in which the applicant  
 15 resides. The agency shall review each application and make an  
 16 ~~applicant for eligibility determination within 45 days after the~~

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17 ~~date the application is signed for children under 6 years of age~~  
18 ~~and within 60 days after receipt of the date the application is~~  
19 ~~signed application for all other applicants. If an applicant is~~  
20 ~~requesting enrollment in the home and community-based services~~  
21 ~~Medicaid waiver program for individuals with developmental~~  
22 ~~disabilities deemed to be in crisis, as described in paragraph~~  
23 ~~(5)(a), at the time of the application, the agency shall~~  
24 ~~complete an eligibility determination within 45 days after~~  
25 ~~receipt of the signed application.~~

26 (a) If the agency determines additional documentation is  
27 necessary to make a proper determination on an applicant's  
28 eligibility, the agency may request the additional documentation  
29 from the applicant.

30 (b) When necessary to definitively identify individual  
31 conditions or needs, the agency shall provide a comprehensive  
32 assessment.

33 (c) If the agency requests additional documentation from  
34 the applicant or provides a comprehensive assessment, the  
35 agency's eligibility determination must be completed within 90  
36 days after receipt of the signed application ~~Only applicants~~  
37 ~~whose domicile is in Florida are eligible for services.~~

38 (2) In order to be eligible for services under this  
39 chapter, the agency must determine that the applicant has met  
40 all eligibility procedures and criteria found in rule, including  
41 that the applicant has a developmental disability and is

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42 domiciled in this state. Information accumulated by other  
43 agencies, including professional reports and collateral data,  
44 shall be considered in this process when available.

45 ~~(2) In order to provide immediate services or crisis~~  
46 ~~intervention to applicants, the agency shall arrange for~~  
47 ~~emergency eligibility determination, with a full eligibility~~  
48 ~~review to be accomplished within 45 days of the emergency~~  
49 ~~eligibility determination.~~

50 (3) The agency, or its designee, shall notify each  
51 applicant, in writing, of its eligibility determination  
52 ~~decision.~~ Any applicant or client determined by the agency to be  
53 ineligible for services has the right to appeal this  
54 determination decision pursuant to ss. 120.569 and 120.57.

55 (4) The agency must authorize admission into an  
56 intermediate care facility for a developmentally disabled  
57 individual. As a part of authorization, the agency, or its  
58 designee, shall conduct an assessment to include medical  
59 necessity and level of reimbursement ~~shall assess the level of~~  
60 ~~need and medical necessity for prospective residents of~~  
61 ~~intermediate care facilities for the developmentally disabled.~~  
62 ~~The agency may enter into an agreement with the Department of~~  
63 ~~Elderly Affairs for its Comprehensive Assessment and Review for~~  
64 ~~Long-Term-Care Services (CARES) program to conduct assessments~~  
65 ~~to determine the level of need and medical necessity for long-~~  
66 ~~term-care services under this chapter. To the extent permissible~~

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Published On: 3/24/2023 6:45:22 PM

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67 ~~under federal law, the assessments shall be funded under Title~~  
68 ~~XIX of the Social Security Act.~~

69 (5) The agency shall assign any client that meets the  
70 level of care requirements for an intermediate care facility for  
71 individuals with intellectual disabilities pursuant to 42 C.F.R.  
72 s. 435.217(b)(1) and 42 C.F.R. s. 440.150 to a waiting list and  
73 provide priority to clients waiting for waiver services in the  
74 following order:

75 (a) Category 1, which includes clients deemed to be in  
76 crisis as described in rule, shall be given first priority in  
77 moving from the waiting list to the waiver.

78 (b) Category 2, which includes individuals on the waiting  
79 list who are:

80 1. From the child welfare system with an open case in the  
81 Department of Children and Families' statewide automated child  
82 welfare information system and who are either:

83 a. Transitioning out of the child welfare system at the  
84 finalization of an adoption, a reunification with family  
85 members, a permanent placement with a relative, or a  
86 guardianship with a nonrelative; or

87 b. At least 18 years but not yet 22 years of age and who  
88 need both waiver services and extended foster care services; or

89 2. At least 18 years but not yet 22 years of age and who  
90 withdrew consent pursuant to s. 39.6251(5)(c) to remain in the  
91 extended foster care system.

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92  
93 For individuals who are at least 18 years but not yet 22 years  
94 of age and who are eligible under sub-subparagraph 1.b., the  
95 agency shall provide waiver services, including residential  
96 habilitation, and the community-based care lead agency shall  
97 fund room and board at the rate established in s. 409.145(3) and  
98 provide case management and related services as defined in s.  
99 409.986(3)(e). Individuals may receive both waiver services and  
100 services under s. 39.6251. Services may not duplicate services  
101 available through the Medicaid state plan.

102 (c) Category 3, which includes, but is not required to be  
103 limited to, clients:

104 1. Whose caregiver has a documented condition that is  
105 expected to render the caregiver unable to provide care within  
106 the next 12 months and for whom a caregiver is required but no  
107 alternate caregiver is available;

108 2. At substantial risk of incarceration or court  
109 commitment without supports;

110 3. Whose documented behaviors or physical needs place them  
111 or their caregiver at risk of serious harm and other supports  
112 are not currently available to alleviate the situation; or

113 4. Who are identified as ready for discharge within the  
114 next year from a state mental health hospital or skilled nursing  
115 facility and who require a caregiver but for whom no caregiver

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116 is available or whose caregiver is unable to provide the care  
117 needed.

118 (d) Category 4, which includes, but is not required to be  
119 limited to, clients whose caregivers are 70 years of age or  
120 older and for whom a caregiver is required but no alternate  
121 caregiver is available.

122 (e) Category 5, which includes, but is not required to be  
123 limited to, clients who are expected to graduate within the next  
124 12 months from secondary school and need support to obtain a  
125 meaningful day activity, maintain competitive employment, or  
126 pursue an accredited program of postsecondary education to which  
127 they have been accepted.

128 (f) Category 6, which includes clients 21 years of age or  
129 older who do not meet the criteria for category 1, category 2,  
130 category 3, category 4, or category 5.

131 (g) Category 7, which includes clients younger than 21  
132 years of age who do not meet the criteria for category 1,  
133 category 2, category 3, or category 4.

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135 Within categories 3, 4, 5, 6, and 7, the agency shall maintain a  
136 waiting list of clients placed in the order of the date that the  
137 client is determined eligible for waiver services.

138 (6) Only a client may be eligible for the home and  
139 community-based services Medicaid waiver program. To receive  
140 services under the home and community-based services Medicaid

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141 waiver program, there must be available funding pursuant to s.  
142 393.0662, or through a legislative appropriation, and the client  
143 must meet all of the following:

144 (a) The eligibility criteria in subsection (2), which must  
145 be confirmed by the agency.

146 (b) Eligibility requirements for the Florida Medicaid  
147 program under Title XIX of the Social Security Act, as amended,  
148 or the Supplemental Security Income program.

149 (c) The level of care requirements for an intermediate  
150 care facility for individuals with developmental disabilities  
151 pursuant to 42 C.F.R. s. 435.217(b) (1) and 42 C.F.R. s. 440.150.

152 (d) The requirements provided in the approved federal  
153 waiver authorized under s. 1915(c) of the Social Security Act  
154 and 42 C.F.R. s. 441.302.

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**T I T L E   A M E N D M E N T**

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Remove line 4 and insert:

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defining terms; amending s. 393.065, F.S.; requiring the Agency

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for Persons with Disabilities to make certain eligibility

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determinations within specified time periods; providing

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eligibility requirements for applicants; requiring the agency to

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authorize admission into an intermediate care facility;

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providing requirements for such authorization; deleting a

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Bill No. HB 1517 (2023)

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166 | provision requiring the agency to perform specified assessments  
167 | to determine level of need and medical necessity for  
168 | intermediate care facilities; providing requirements for the  
169 | home and community-based services Medicaid waiver program;  
170 | amending s. 393.0655, F.S.; revising