

By Senator Brodeur

10-00892C-24

20241758__

1 A bill to be entitled
2 An act relating to individuals with disabilities;
3 amending s. 393.065, F.S.; requiring the Agency for
4 Persons with Disabilities to develop and implement an
5 online application process; specifying requirements
6 for the online application process; defining the term
7 "complete application"; revising timeframes within
8 which the agency must make eligibility determinations
9 for services; lowering the age that a caregiver must
10 be for an individual to be placed in a certain
11 preenrollment category; amending s. 393.0651, F.S.;
12 revising which types of clients are eligible for an
13 individual support plan; clarifying the timeframe
14 within which a family or individual support plan must
15 be developed; requiring waiver support coordinators to
16 inform the client or client's parent or guardian, as
17 appropriate, of certain information when developing or
18 reviewing the family or individual support plan;
19 providing appropriations; providing an effective date.

20
21 Be It Enacted by the Legislature of the State of Florida:

22
23 Section 1. Subsection (1) and paragraph (d) of subsection
24 (5) of section 393.065, Florida Statutes, are amended to read:

25 393.065 Application and eligibility determination.—

26 (1) (a) The agency shall develop and implement an online
27 application process that, at a minimum, supports paperless,
28 electronic application submissions with immediate e-mail
29 confirmation to each applicant to acknowledge receipt of

10-00892C-24

20241758__

30 application upon submission. The online application system must
31 allow an applicant to review the status of a submitted
32 application and respond to provide additional information.

33 (b) The agency shall maintain access to a printable paper
34 application on its website and, upon request, must provide an
35 applicant with a printed paper application. Paper applications
36 may Application for services shall be submitted made in writing
37 to the agency, in the region in which the applicant resides.

38 (c) The agency must shall review each submitted application
39 in accordance with federal time standards and make an
40 eligibility determination within 60 days after receipt of the
41 signed application. If, at the time of the application, an
42 applicant is requesting enrollment in the home and community-
43 based services Medicaid waiver program for individuals with
44 developmental disabilities deemed to be in crisis, as described
45 in paragraph (5) (a), the agency shall complete an eligibility
46 determination within 45 days after receipt of the signed
47 application.

48 (d) (a) If the agency determines additional documentation is
49 necessary to make an eligibility determination, the agency may
50 request the additional documentation from the applicant.

51 (e) (b) When necessary to definitively identify individual
52 conditions or needs, the agency or its designee must provide a
53 comprehensive assessment.

54 (c) If the agency requests additional documentation from
55 the applicant or provides or arranges for a comprehensive
56 assessment, the agency's eligibility determination must be
57 completed within 90 days after receipt of the signed
58 application.

10-00892C-24

20241758__

59 (f)1. For purposes of this paragraph, the term "complete
60 application" means an application submitted to the agency which
61 is signed and dated by the applicant or an individual with legal
62 authority to apply for public benefits on behalf of the
63 applicant, is responsive on all parts of the application, and
64 contains documentation of a diagnosis.

65 2. If the applicant requesting enrollment in the home and
66 community-based services Medicaid waiver program for individuals
67 with developmental disabilities is deemed to be in crisis as
68 described in paragraph (5) (a), the agency must make an
69 eligibility determination within 15 calendar days after receipt
70 of a complete application.

71 3. If the applicant meets the criteria specified in
72 paragraph (5) (b), the agency must review and make an eligibility
73 determination as soon as practicable after receipt of a complete
74 application.

75 4. If the application meets the criteria specified in
76 paragraphs (5) (c)-(g), the agency shall make an eligibility
77 determination within 60 days after receipt of a complete
78 application.

79 (g) Any delays in the eligibility determination process, or
80 any tolling of the time standard until certain information or
81 actions have been completed, must be conveyed to the client as
82 soon as such delays are known through a verbal contact with the
83 client or the client's designated caregiver and confirmed by a
84 written notice of the delay, the anticipated length of delay,
85 and a contact person for the client.

86 (5) Except as provided in subsections (6) and (7), if a
87 client seeking enrollment in the developmental disabilities home

10-00892C-24

20241758__

88 and community-based services Medicaid waiver program meets the
89 level of care requirement for an intermediate care facility for
90 individuals with intellectual disabilities pursuant to 42 C.F.R.
91 ss. 435.217(b) (1) and 440.150, the agency must assign the client
92 to an appropriate preenrollment category pursuant to this
93 subsection and must provide priority to clients waiting for
94 waiver services in the following order:

95 (d) Category 4, which includes, but is not required to be
96 limited to, clients whose caregivers are 60 ~~70~~ years of age or
97 older and for whom a caregiver is required but no alternate
98 caregiver is available.

99

100 Within preenrollment categories 3, 4, 5, 6, and 7, the agency
101 shall prioritize clients in the order of the date that the
102 client is determined eligible for waiver services.

103 Section 2. Section 393.0651, Florida Statutes, is amended
104 to read:

105 393.0651 Family or individual support plan.—The agency
106 shall provide directly or contract for the development of a
107 family support plan for children ages 3 to 18 years of age and
108 an individual support plan for each client served by the home
109 and community-based services Medicaid waiver program under s.
110 393.0662. The client, if competent, the client's parent or
111 guardian, or, when appropriate, the client advocate, shall be
112 consulted in the development of the plan and shall receive a
113 copy of the plan. Each plan must include the most appropriate,
114 least restrictive, and most cost-beneficial environment for
115 accomplishment of the objectives for client progress and a
116 specification of all services authorized. The plan must include

10-00892C-24

20241758__

117 provisions for the most appropriate level of care for the
118 client. Within the specification of needs and services for each
119 client, when residential care is necessary, the agency shall
120 move toward placement of clients in residential facilities based
121 within the client's community. The ultimate goal of each plan,
122 whenever possible, shall be to enable the client to live a
123 dignified life in the least restrictive setting, be that in the
124 home or in the community. The family or individual support plan
125 must be developed within 60 calendar days after the agency
126 determines the client eligible pursuant to s. 393.065(3).

127 (1) The agency shall develop and specify by rule the core
128 components of support plans.

129 (2) The family or individual support plan shall be
130 integrated with the individual education plan (IEP) for all
131 clients who are public school students entitled to a free
132 appropriate public education under the Individuals with
133 Disabilities Education Act, I.D.E.A., as amended. The family or
134 individual support plan and IEP must be implemented to maximize
135 the attainment of educational and habilitation goals.

136 (a) If the IEP for a student enrolled in a public school
137 program indicates placement in a public or private residential
138 program is necessary to provide special education and related
139 services to a client, the local education agency must provide
140 for the costs of that service in accordance with the
141 requirements of the Individuals with Disabilities Education Act,
142 I.D.E.A., as amended. This does not preclude local education
143 agencies and the agency from sharing the residential service
144 costs of students who are clients and require residential
145 placement.

10-00892C-24

20241758__

146 (b) For clients who are entering or exiting the school
147 system, an interdepartmental staffing team composed of
148 representatives of the agency and the local school system shall
149 develop a written transitional living and training plan with the
150 participation of the client or with the parent or guardian of
151 the client, or the client advocate, as appropriate.

152 (3) Each family or individual support plan shall be
153 facilitated through case management designed solely to advance
154 the individual needs of the client.

155 (4) In the development of the family or individual support
156 plan, a client advocate may be appointed by the support planning
157 team for a client who is a minor or for a client who is not
158 capable of express and informed consent when:

159 (a) The parent or guardian cannot be identified;

160 (b) The whereabouts of the parent or guardian cannot be
161 discovered; or

162 (c) The state is the only legal representative of the
163 client.

164
165 Such appointment may not be construed to extend the powers of
166 the client advocate to include any of those powers delegated by
167 law to a legal guardian.

168 (5) The agency shall place a client in the most appropriate
169 and least restrictive, and cost-beneficial, residential facility
170 according to his or her individual support plan. The client, if
171 competent, the client's parent or guardian, or, when
172 appropriate, the client advocate, and the administrator of the
173 facility to which placement is proposed shall be consulted in
174 determining the appropriate placement for the client.

10-00892C-24

20241758__

175 Considerations for placement shall be made in the following
176 order:

177 (a) Client's own home or the home of a family member or
178 direct service provider.

179 (b) Foster care facility.

180 (c) Group home facility.

181 (d) Intermediate care facility for the developmentally
182 disabled.

183 (e) Other facilities licensed by the agency which offer
184 special programs for people with developmental disabilities.

185 (f) Developmental disabilities center.

186 (6) In developing a client's annual family or individual
187 support plan, the individual or family with the assistance of
188 the support planning team shall identify measurable objectives
189 for client progress and shall specify a time period expected for
190 achievement of each objective.

191 (7) The individual, family, and support coordinator shall
192 review progress in achieving the objectives specified in each
193 client's family or individual support plan, and shall revise the
194 plan annually, following consultation with the client, if
195 competent, or with the parent or guardian of the client, or,
196 when appropriate, the client advocate. The agency or designated
197 contractor shall annually report in writing to the client, if
198 competent, or to the parent or guardian of the client, or to the
199 client advocate, when appropriate, with respect to the client's
200 habilitative and medical progress.

201 (8) Any client, or any parent of a minor client, or
202 guardian, authorized guardian advocate, or client advocate for a
203 client, who is substantially affected by the client's initial

10-00892C-24

20241758__

204 family or individual support plan, or the annual review thereof,
205 shall have the right to file a notice to challenge the decision
206 pursuant to ss. 120.569 and 120.57. Notice of such right to
207 appeal shall be included in all support plans provided by the
208 agency.

209 (9) When developing or reviewing a client's family or
210 individual support plan, the waiver support coordinator shall
211 inform the client, the client's parent or guardian, or, when
212 appropriate, the client advocate about the consumer-directed
213 care program established under s. 409.221.

214 Section 3. For the 2024-2025 fiscal year, the sum of
215 \$16,562,703 in recurring funds from the General Revenue Fund and
216 \$22,289,520 in recurring funds from the Operations and
217 Maintenance Trust Fund are appropriated in the Home and
218 Community Based Services Waiver category to the Agency for
219 Persons with Disabilities to offer waiver services to the
220 greatest number of individuals permissible under the
221 appropriation from preenrollment categories 3, 4, and 5,
222 including individuals whose caregiver is age 60 or older in
223 category 4, as provided in s. 393.065, Florida Statutes, as
224 amended by this act. For the 2024-2025 fiscal year, the sum of
225 \$38,852,223 in recurring funds from the Medical Care Trust Fund
226 is appropriated in the Home and Community Based Services Waiver
227 category to the Agency for Health Care Administration to
228 establish budget authority for Medicaid services.

229 Section 4. This act shall take effect July 1, 2024.