

COMMITTEE/SUBCOMMITTEE AMENDMENT

Bill No. CS/HB 1103 (2025)

Amendment No.1

COMMITTEE/SUBCOMMITTEE ACTION

ADOPTED _____ (Y/N)

ADOPTED AS AMENDED _____ (Y/N)

ADOPTED W/O OBJECTION _____ (Y/N)

FAILED TO ADOPT _____ (Y/N)

WITHDRAWN _____ (Y/N)

OTHER

Committee/Subcommittee hearing bill: Health & Human Services
Committee

Representative Kincart Jonsson offered the following:

Amendment (with title amendment)

Remove everything after the enacting clause and insert:

**Section 1. Subsection (14) of section 393.0662, Florida
Statutes, is amended to read:**

393.0662 Individual budgets for delivery of home and
community-based services; iBudget system established.—The
Legislature finds that improved financial management of the
existing home and community-based Medicaid waiver program is
necessary to avoid deficits that impede the provision of
services to individuals who are on the waiting list for
enrollment in the program. The Legislature further finds that
clients and their families should have greater flexibility to

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17 choose the services that best allow them to live in their
18 community within the limits of an established budget. Therefore,
19 the Legislature intends that the agency, in consultation with
20 the Agency for Health Care Administration, shall manage the
21 service delivery system using individual budgets as the basis
22 for allocating the funds appropriated for the home and
23 community-based services Medicaid waiver program among eligible
24 enrolled clients. The service delivery system that uses
25 individual budgets shall be called the iBudget system.

26 (14)(a) The agency, in consultation with the Agency for
27 Health Care Administration, shall provide a quarterly
28 reconciliation report of all home and community-based services
29 waiver expenditures from the Agency for Health Care
30 Administration's claims management system with service
31 utilization from the Agency for Persons with Disabilities
32 Allocation, Budget, and Contract Control system. The
33 reconciliation report must be submitted to the Governor, the
34 President of the Senate, and the Speaker of the House of
35 Representatives no later than 30 days after the close of each
36 quarter.

37 (b) The agency shall post its quarterly reconciliation
38 reports on its website, in a conspicuous location, no later than
39 5 days after submitting the reports as required in this
40 subsection.

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41 **Section 2. Paragraph (a) of subsection (1), paragraph (b)**
42 **of subsection (5), and subsection (10) of section 393.065,**
43 **Florida Statutes, are amended to read:**

44 393.065 Application and eligibility determination.—

45 (1)(a) The agency shall develop and implement an online
46 application process that, at a minimum, supports paperless,
47 electronic application submissions with immediate e-mail
48 confirmation to each applicant to acknowledge receipt of
49 application upon submission. The online application system must
50 allow an applicant to review the status of a submitted
51 application and respond to provide additional information. The
52 online application must allow an applicant to apply for crisis
53 enrollment.

54 (5) Except as provided in subsections (6) and (7), if a
55 client seeking enrollment in the developmental disabilities home
56 and community-based services Medicaid waiver program meets the
57 level of care requirement for an intermediate care facility for
58 individuals with intellectual disabilities pursuant to 42 C.F.R.
59 ss. 435.217(b)(1) and 440.150, the agency must assign the client
60 to an appropriate preenrollment category pursuant to this
61 subsection and must provide priority to clients waiting for
62 waiver services in the following order:

63 (b) Category 2, which includes clients in the
64 preenrollment categories who are:

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

68 a. Transitioning out of the child welfare system into
69 permanency; or

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

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

75
76 For individuals who are at least 18 years but not yet 22 years
77 of age and who are eligible under sub-subparagraph 1.b., the
78 agency must provide waiver services, including residential
79 habilitation, and must actively participate in transition
80 planning activities, including but not limited to,
81 individualized service coordination, case management support,
82 and ensuring continuity of care pursuant to s. 39.6035. The
83 community-based care lead agency must fund room and board at the
84 rate established in s. 409.145(3) and provide case management
85 and related services as defined in s. 409.986(3)(e). Individuals
86 may receive both waiver services and services under s. 39.6251.
87 Services may not duplicate services available through the
88 Medicaid state plan.
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90 Within preenrollment categories 3, 4, 5, 6, and 7, the agency
91 shall prioritize clients in the order of the date that the
92 client is determined eligible for waiver services.

93 (10) The client, the client's guardian, or the client's
94 family must ensure that accurate, up-to-date contact information
95 is provided to the agency at all times. Notwithstanding s.
96 393.0651, the agency must send an annual letter requesting
97 updated information from the client, the client's guardian, or
98 the client's family. ~~The agency must remove from the~~
99 ~~preenrollment categories any individual who cannot be located~~
100 ~~using the contact information provided to the agency, fails to~~
101 ~~meet eligibility requirements, or becomes domiciled outside the~~
102 ~~state.~~

103 (12) To ensure transparency and timely access to
104 information, the agency shall post on its website in a
105 conspicuous location the total number of individuals in each
106 priority category by county of residence. The posted numbers
107 shall reflect the current status of the preenrollment priority
108 list and shall be updated at least every 5 days.

109 **Section 3. Section 393.502, Florida Statutes, is amended**
110 **to read:**

111 393.502 Family care councils.—

112 (1) CREATION AND PURPOSE OF STATEWIDE FAMILY CARE
113 COUNCIL. ~~There shall be established and located within each~~
114 ~~service area of the agency a family care council.~~

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115 (a) The Statewide Family Care Council is established to
116 connect local family care councils and facilitate direct
117 communication between local councils and the agency, with the
118 goal of enhancing the quality of and access to resources and
119 supports for individuals with developmental disabilities and
120 their families.

121 (b) The statewide council shall:

122 1. Review annual reports, policy proposals, and program
123 recommendations submitted by the local family care councils.

124 2. Advise the agency on statewide policies, programs, and
125 service delivery improvements based on the collective
126 recommendations of the local councils.

127 3. Identify systemic barriers to the effective delivery
128 of services and recommend solutions to address such barriers.

129 4. Foster collaboration and the sharing of best practices
130 and available resources among local family care councils to
131 improve service delivery across regions.

132 5. Submit an annual report no later than December 1 of
133 each year to the Governor, the President of the Senate, the
134 Speaker of the House of Representatives, and the agency. The
135 report shall include a summary of local council findings, policy
136 recommendations, and an assessment of the agency's actions in
137 response to previous recommendations of the local councils.

138 (c) The agency shall provide a written response within 60
139 days after receipt, including a detailed action plan outlining

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steps taken or planned to address recommendations. The response must specify whether recommendations will be implemented and provide a timeline for implementation or include justification if recommendations are not adopted.

(2) STATEWIDE FAMILY CARE COUNCIL MEMBERSHIP.-

(a) The statewide council shall consist of the following members appointed by the Governor:

1. One representative from each of the local family care councils, who must be a resident of the area served by that local council. Among these representatives must be at least one individual who is receiving waiver services from the agency under s. 393.065 and at least one individual who is assigned to a preenrollment category for waiver services under s. 393.065.

2. One individual representing an advocacy organization representing individuals with disabilities.

3. One representative of a public or private entity that provides services to individuals with developmental disabilities that does not have a Medicaid waiver service contract with the agency.

(b) Employees of the agency or the Agency for Health Care Administration are not eligible to serve on the statewide council.

(3) STATEWIDE FAMILY CARE COUNCIL TERMS; VACANCIES.-

(a) Statewide council members shall be initially appointed to staggered 2 and 4 year terms, with subsequent terms of 4

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years. Members may be reappointed to one additional consecutive term.

(b) A member who has served two consecutive terms shall not be eligible to serve again until 12 months have elapsed since ending service on the statewide council.

(c) Upon expiration of a term or in the case of any other vacancy, the statewide council shall, by majority vote, recommend to the Governor for appointment at least one person for each vacancy.

1. The Governor shall make an appointment within 45 days of receiving a recommendation from the statewide council. If the Governor fails to make an appointment for a member under subsection (2), the chair of the local council may appoint a member meeting the requirements of subsection (2) to act as the statewide council representative for that local council until the Governor makes an appointment.

2. If no member of a local council is willing and able to serve on the statewide council, the Governor shall appoint an individual from another local council to serve on the statewide council.

(4) STATEWIDE FAMILY CARE COUNCIL MEETINGS; ORGANIZATION.- The statewide council shall meet at least quarterly. The council meetings may be held in-person or via teleconference or other electronic means.

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189 (a) The Governor shall appoint the initial chair from
190 among the members of the statewide council. Subsequent chairs
191 shall be elected annually by a majority vote of the council.

192 (b) Members of the statewide council shall serve without
193 compensation but may be reimbursed for per diem and travel
194 expenses pursuant to s. 112.061.

195 (c) A majority of the members of the statewide council
196 shall constitute a quorum.

197 (5) LOCAL FAMILY CARE COUNCILS.- There is established and
198 located within each service area of the agency a local family
199 care council to work constructively with the agency, advise the
200 agency on local needs, identify gaps in services, and advocate
201 for individuals with developmental disabilities and their
202 families.

203 (6) LOCAL FAMILY CARE COUNCIL DUTIES.-The local family
204 care councils shall:

205 (a) Assist in providing information and conducting
206 outreach to individuals with developmental disabilities and
207 their families.

208 (b) Convene family listening sessions at least twice a
209 year to gather input on local service delivery challenges.

210 (c) Hold a public forum every 6 months to solicit public
211 feedback concerning actions taken by the local family councils.

212 (d) Share information with other local family care
213 councils.

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214 (e) Identify policy issues relevant to the community and
215 family support system in the region.

216 (f) Submit to the Statewide Family Care Council, no later
217 than September 1 of each year, an annual report detailing
218 proposed policy changes, program recommendations, and identified
219 service delivery challenges within its region.

220 ~~(72)~~ LOCAL FAMILY CARE COUNCIL MEMBERSHIP.—

221 (a) Each local family care council shall consist of at
222 least 10 and no more than 15 members recommended by a majority
223 vote of the local family care council and appointed by the
224 Governor.

225 (b) At least three of the members of the council shall be
226 individuals receiving or waiting to receive services from the
227 agency. One such member shall be an individual who has been
228 receiving services within the 4 years before the date of
229 recommendation. The remainder of the council members shall be
230 parents, grandparents, guardians, or siblings of individuals who
231 have developmental disabilities and qualify for services
232 pursuant to this chapter. For a grandparent to be a council
233 member, the grandchild's parent or legal guardian must consent
234 to the appointment and report the consent to the agency.

235 (c) A person who is currently serving on another board or
236 council of the agency may not be appointed to a local family
237 care council.

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(d) Employees of the agency or the Agency for Health Care Administration are not eligible to serve on a local family care council.

(e) Persons related by consanguinity or affinity within the third degree shall not serve on the same local family care council at the same time.

(f) A chair for the council shall be chosen by the council members to serve for 1 year. A person may serve no more than four 1-year terms as chair.

~~(83)~~ LOCAL FAMILY CARE COUNCIL TERMS; VACANCIES.-

(a) Local family council members shall be appointed for a 3-year terms ~~term~~, except as provided in subsection (11)~~(8)~~, and may be reappointed to one additional term.

(b) A member who has served two consecutive terms shall not be eligible to serve again until 12 months have elapsed since ending his or her service on the local council.

(c)1. Upon expiration of a term or in the case of any other vacancy, the local council shall, by majority vote, recommend to the Governor for appointment a person for each vacancy based on recommendations received from the family-led nominating committee described in paragraph (9) (a).

2. The Governor shall make an appointment within 45 days of receiving a recommendation. If the Governor fails to make an appointment within 45 days, the local council shall, by majority vote, select an interim appointment for each vacancy from the

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263 panel of candidates recommended by the family-led nomination
264 committee.

265 (94) LOCAL FAMILY CARE COUNCIL COMMITTEE APPOINTMENTS.—

266 (a) The chair of each local family care council shall
267 create, and appoint individuals receiving or waiting to receive
268 services from the agency and their relatives, to serve on a
269 family-led nominating committee. Members of the family-led
270 nominating council need not be members of the local council. The
271 family-led nominating committee shall nominate candidates for
272 vacant positions on the local family council.

273 (b) The chair of the local family care council may appoint
274 persons to serve on additional council committees. Such persons
275 may include current members of the council and former members of
276 the council and persons not eligible to serve on the council.

277 (106) LOCAL FAMILY CARE COUNCIL MEETINGS.—Local council
278 members shall serve on a voluntary basis without payment for
279 their services but shall be reimbursed for per diem and travel
280 expenses as provided for in s. 112.061. Local councils ~~The~~
281 ~~council~~ shall meet at least six times per year. Meetings may be
282 held in person or by teleconference or other electronic means.

283 ~~(7) PURPOSE. The purpose of the local family care councils~~
284 ~~shall be to advise the agency, to develop a plan for the~~
285 ~~delivery of family support services within the local area, and~~
286 ~~to monitor the implementation and effectiveness of services and~~

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~~support provided under the plan. The primary functions of the local family care councils shall be to:~~

~~(a) Assist in providing information and outreach to families.~~

~~(b) Review the effectiveness of service programs and make recommendations with respect to program implementation.~~

~~(c) Advise the agency with respect to policy issues relevant to the community and family support system in the local area.~~

~~(d) Meet and share information with other local family care councils.~~

(11~~8~~) NEW LOCAL FAMILY CARE COUNCILS.—When a local family care council is established for the first time in a local area, the Governor shall appoint the first four council members, who shall serve 3-year terms. These members shall submit to the Governor, within 90 days after their appointment, recommendations for at least six additional members, selected by majority vote.

(12~~9~~) FUNDING; FINANCIAL REVIEW.—The statewide and local family care councils ~~council~~ may apply for, receive, and accept grants, gifts, donations, bequests, and other payments from any public or private entity or person. Each local council is subject to an annual financial review by staff assigned by the agency. Each local council shall exercise care and prudence in

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the expenditure of funds. The local family care councils shall comply with state expenditure requirements.

(135) TRAINING.—

(a) The agency, in consultation with the statewide and local councils, shall establish and provide a training program for ~~local family care council members. Each local area shall provide the training program when new persons are appointed to the local council and at other times as the secretary deems necessary.~~

(b) The training shall assist the council members to understand the laws, rules, and policies applicable to their duties and responsibilities.

(c) All persons newly appointed to the statewide or a local council must complete this training within 90 days after their appointment. A person who fails to meet this requirement ~~is shall be~~ considered to have resigned from the council. The agency may make additional training available to council members.

(14) DUTIES.—The agency shall publish on its website all annual reports submitted by the local family care councils and the Statewide Family Care Council within 15 days after receipt of such reports in a designated and easily accessible section of the website.

(15) ADMINISTRATIVE SUPPORT.—The agency shall provide administrative support to the statewide council and local

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councils, including, but not limited to, staff assistance and meeting facilities, within existing resources.

Section 4. Paragraph (a) of subsection (1) of section 409.972, Florida Statutes, is amended to read:

409.972 Mandatory and voluntary enrollment.—

(1) The following Medicaid-eligible persons are exempt from mandatory managed care enrollment required by s. 409.965, and may voluntarily choose to participate in the managed medical assistance program.÷ These eligible persons must make an affirmative choice before any enrollment action by the agency; the agency must not automatically enroll these eligible persons.

Section 5. Section 409.9855, Florida Statutes, is amended 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 a pilot program for individuals with developmental disabilities ~~in Statewide Medicaid Managed Care Regions D and I~~ to provide coverage of comprehensive services using a managed care model. The agency may seek federal approval through a state plan amendment or Medicaid waiver as necessary to implement the pilot program.

(b) The agency shall administer the pilot program pursuant to s. 409.963 and as a component of the Statewide Medicaid

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Managed Care model established by this part. Unless otherwise specified, ss. 409.961-409.969 apply to the pilot program. ~~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 in consultation with the Agency for Persons with Disabilities.~~

~~(c)(d)~~ The agency shall make capitated payments to managed care organizations for comprehensive coverage, including managed medical assistance benefits and long-term care under this part and community-based services described in s. 393.066(3) and ~~approved through the state's home and community-based services Medicaid waiver program for individuals with developmental disabilities. 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. An individual must make an

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386 affirmative choice before any enrollment action by the agency;
387 the agency may not automatically enroll eligible individuals.

388 (b) To be eligible for enrollment in the pilot program, an
389 individual must:

390 ~~The Agency for Persons with Disabilities shall approve a needs~~
391 ~~assessment methodology to determine functional, behavioral, and~~
392 ~~physical needs of prospective enrollees. The assessment~~
393 ~~methodology may be administered by persons who have completed~~
394 ~~such training as may be offered by the agency. Eligibility to~~
395 ~~participate in the pilot program is determined based on all of~~
396 ~~the following criteria:~~

397 1. Be Medicaid eligible.

398 ~~1. Whether the individual is eligible for Medicaid.~~

399 2. Be ~~Whether the individual is~~ 18 years of age or older.

400 3. Have a developmental disability as defined in s.

401 393.063.

402 4. Be placed in any preenrollment category for individual
403 budget waiver services under chapter 393 and reside in Statewide
404 Medicaid Managed Care Regions D or I; effective October 1, 2025,
405 be placed in any preenrollment category for individual budget
406 waiver services under chapter 393 regardless of region; or,
407 effective July 1, 2026, be enrolled in the individual budget
408 waiver services program under chapter 393 or in the long-term
409 care managed care program under this part regardless of region.

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410 ~~and is on the waiting list for individual budget waiver services~~
411 ~~under chapter 393 and assigned to one of categories 1 through 6~~
412 ~~as specified in s. 393.065(5).~~

413 ~~3. Whether the individual resides in a pilot program~~
414 ~~region.~~

415 (c) The agency shall enroll individuals in the pilot
416 program based on verification that the individual has met the
417 criteria in paragraph (b).

418 1. The Agency for Persons with Disabilities shall transmit
419 to the agency weekly data files of clients enrolled in the
420 Medicaid home and community-based services waiver program under
421 chapter 393 and clients in preenrollment categories pursuant to
422 s. 393.065. The agency shall maintain a record of individuals
423 with developmental disabilities who may be eligible for the
424 pilot program using this data, Medicaid enrollment data
425 transmitted by the Department of Children and Families, and any
426 available collateral data.

427 2. The agency shall determine and administer the process
428 for enrollment. A needs assessment conducted by the Agency for
429 Persons with Disabilities is not required for enrollment. The
430 agency shall notify individuals with developmental disabilities
431 of the opportunity to voluntarily enroll in the pilot program
432 and explain the benefits available through the pilot program,
433 the process for enrollment, and the procedures for

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434 disenrollment, including the requirement for continued coverage
435 after disenrollment pursuant to paragraph (d).

436 3. The agency shall provide a call center staffed by
437 agents trained to assist individuals with developmental
438 disabilities and their families in learning about and enrolling
439 in the pilot program.

440 4. The agency shall coordinate with the Department of
441 Children and Families and the Agency for Persons with
442 Disabilities to develop partnerships with community-based
443 organizations to disseminate information about the pilot program
444 to providers of covered services and potential enrollees.

445 (d) Notwithstanding any provisions of s. 393.065 to the
446 contrary, an enrollee must be afforded an opportunity to enroll
447 in any appropriate existing Medicaid waiver program if any of
448 the following conditions occur:

449 1. At any point during the operation of the pilot program,
450 an enrollee declares an intent to voluntarily disenroll,
451 provided that he or she has been covered for the entire previous
452 plan year by the pilot program.

453 2. The agency determines the enrollee has a good cause
454 reason to disenroll.

455 3. The pilot program ceases to operate.
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Such enrollees must receive an individualized transition plan to assist him or her in accessing sufficient services and supports for the enrollee's safety, well-being, and continuity of care.

(3) PILOT PROGRAM BENEFITS.—

(a) Plans participating in the pilot program must, at a minimum, cover the following:

1. All benefits included in s. 409.973.
2. All benefits included in s. 409.98.
3. All benefits included in s. 393.066(3).
4. Any additional benefits negotiated by the agency pursuant to paragraph (4) (b).~~, and all of the following:~~
 - ~~a. Adult day training.~~
 - ~~b. Behavior analysis services.~~
 - ~~c. Behavior assistant services.~~
 - ~~d. Companion services.~~
 - ~~e. Consumable medical supplies.~~
 - ~~f. Dietitian services.~~
 - ~~g. Durable medical equipment and supplies.~~
 - ~~h. Environmental accessibility adaptations.~~
 - ~~i. Occupational therapy.~~
 - ~~j. Personal emergency response systems.~~
 - ~~k. Personal supports.~~
 - ~~l. Physical therapy.~~
 - ~~m. Prevocational services.~~
 - ~~n. Private duty nursing.~~

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~~e. Residential habilitation, including the following levels:~~

~~(I) Standard level.~~

~~(II) Behavior focused level.~~

~~(III) Intensive behavior level.~~

~~(IV) Enhanced intensive behavior level.~~

~~p. Residential nursing services.~~

~~q. Respiratory therapy.~~

~~r. Respite care.~~

~~s. Skilled nursing.~~

~~t. Specialized medical home care.~~

~~u. Specialized mental health counseling.~~

~~v. Speech therapy.~~

~~w. Support coordination.~~

~~x. Supported employment.~~

~~y. Supported living coaching.~~

~~z. Transportation.~~

(b) All providers of the benefits services listed under paragraph (a) must meet the provider qualifications established by the agency for the Medicaid long-term care managed care program under this section. If no such qualifications apply to a specific benefit or provider type, the provider must meet the provider qualifications established by the Agency for Persons with Disabilities for the individual budget waiver services program under chapter 393. ~~outlined in the Florida Medicaid~~

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~~Developmental Disabilities Individual Budgeting Waiver Services Coverage and Limitations Handbook as adopted by reference in rule 59C-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) Participating plans must provide benefits ~~services~~ ~~must be provided~~ to enrollees in accordance with an individualized care plan which is evaluated and updated at least quarterly and as warranted by changes in an enrollee's circumstances.

Participating plans must conduct an individualized assessment of each enrollee within 5 days after enrollment to determine the enrollee's functional, behavioral, and physical needs. The assessment method or instrument must be approved by the agency.

(f) Participating plans must offer a consumer-directed services option in accordance with s. 409.221.

(6) PROGRAM IMPLEMENTATION AND EVALUATION.—

(a) The agency shall conduct monitoring and evaluations and require corrective actions or payment of penalties as may be necessary to secure compliance with contractual requirements, consistent with its obligations under this section, including, but not limited to, compliance with provider network standards,

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532 financial accountability, performance standards, health care
533 quality improvement systems, and program integrity. ~~The agency~~
534 ~~shall select participating plans and begin enrollment no later~~
535 ~~than January 31, 2024, with coverage for enrollees becoming~~
536 ~~effective upon authorization and availability of sufficient~~
537 ~~state and federal resources.~~

538 ~~(b) Upon implementation of the program, the agency, in~~
539 ~~consultation with the Agency for Persons with Disabilities,~~
540 ~~shall conduct audits of the selected plans' implementation of~~
541 ~~person-centered planning.~~

542 ~~b)(c)~~ The agency, ~~in consultation with the Agency for~~
543 ~~Persons with Disabilities,~~ shall submit progress reports to the
544 Governor, the President of the Senate, and the Speaker of the
545 House of Representatives upon the federal approval,
546 implementation, and operation of the pilot program, as follows:

547 1. By August 30, 2025 ~~December 31, 2023~~, a status report
548 on progress made toward federal approval of the waiver or waiver
549 amendment needed to implement the pilot program.

550 2. By December 31, 2025 ~~2024~~, a status report on
551 implementation of the pilot program.

552 3. By December 31, 2025, and annually thereafter, a status
553 report on the operation of the pilot program, including, but not
554 limited to, all of the following:

555 a. Program enrollment, including the number and
556 demographics of enrollees.

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557 b. Any complaints received.

558 c. Access to approved services.

559 ~~(c)-(d)~~ The agency, ~~in consultation with the Agency for~~
560 ~~Persons with Disabilities,~~ shall establish specific measures of
561 access, quality, and costs of the pilot program. The agency may
562 contract with an independent evaluator to conduct such
563 evaluation. The evaluation must include assessments of cost
564 savings; consumer education, choice, and access to services;
565 plans for future capacity and the enrollment of new Medicaid
566 providers; coordination of care; person-centered planning and
567 person-centered well-being outcomes; health and quality-of-life
568 outcomes; and quality of care by each eligibility category and
569 managed care plan in each pilot program site. The evaluation
570 must describe any administrative or legal barriers to the
571 implementation and operation of the pilot program in each
572 region.

573 1. The agency, ~~in consultation with the Agency for Persons~~
574 ~~with Disabilities,~~ shall conduct quality assurance monitoring of
575 the pilot program to include client satisfaction with services,
576 client health and safety outcomes, client well-being outcomes,
577 and service delivery in accordance with the client's care plan.

578 2. The agency shall submit the results of the evaluation
579 to the Governor, the President of the Senate, and the Speaker of
580 the House of Representatives by October 1, 2029.

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Section 6. The agency shall contract for a study to review, evaluate, and identify recommendations regarding the algorithm required under s. 393.0662. The individual contractor must possess, or, if the contractor is a firm must include at least one lead team member who possesses, a doctorate in statistics and advanced knowledge of the development and selection of multiple linear regression models. The study must, at a minimum, assess the performance of the current algorithm used by the agency and determine whether a different algorithm would better meet the requirements of that section. In conducting this assessment and determination, at a minimum, the study must also review the fit of recent expenditure data to the current algorithm, determine and refine dependent and independent variables, develop and apply a method for identifying and removing outliers, develop alternative algorithms using multiple linear regression, test the accuracy and reliability of the algorithms and provide recommendations for improving accuracy and reliability, recommend an algorithm for use by the agency, assess the robustness of the recommended algorithm, and provide suggestions for improving any recommended alternative algorithm, if appropriate. The study must also consider whether any waiver services that are not currently funded through the algorithm can be funded through the current algorithm or an alternative algorithm, and the impact of doing so on that algorithm's fit and effectiveness. The study must

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present for any recommended alternative algorithm, at a minimum, the estimated number and percent of waiver enrollees would who require supplemental funding under s. 393.0662(1)(b), compared to the current algorithm; and the number and percent of waiver enrollees whose budgets are estimated to increase or decrease, stratified by level of increase or decrease, age, living setting, and current total individual budget amount.

The agency shall report findings and recommendations to the Governor, President of the Senate, and Speaker of the House of Representatives by November 15, 2025.

Section 7. This act shall take effect July 1, 2025.

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

Remove everything before the enacting clause and insert:
An act relating to services for individuals with developmental disabilities; amending s. 393.0662, F.S.; requiring the Agency for Persons with Disabilities to post its quarterly reconciliation reports on its website within a specified timeframe; amending s. 393.065, F.S.; requiring the agency to participate in transition planning activities and to post the total number of individuals in each priority category on its website, by county of residence;

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COMMITTEE/SUBCOMMITTEE AMENDMENT

Bill No. CS/HB 1103 (2025)

Amendment No.1

amending s. 393.502, F.S.; establishing the Statewide Family Care Council; providing for the purpose, membership, and duties of the statewide council; requiring local family care councils to report policy changes and program recommendations to the statewide council in an annual report; providing for appointments of local council members; providing for the creation of family-led nominating committees; providing duties of the agency relating to the statewide council and local councils; amending s. 409.972, F.S.; providing for a method of voluntarily choosing to enroll in Medicaid managed care; amending s. 409.9855, F.S.; revising implementation and eligibility requirements of the pilot program for individuals with developmental disabilities; providing for a method of voluntarily choosing to enroll in the pilot program; requiring the Agency for Persons with Disabilities to transmit to the Agency for Health Care Administration weekly data files of specified clients; requiring the Agency; requiring the Agency for Health Care Administration to provide a call center for specified purposes and to coordinate with the Department of Children and Families and the Agency for Persons with Disabilities to disseminate information about the pilot program;

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revising pilot program benefits; revising provider qualifications; requiring participating plans to conduct an individualized assessment of each enrollee within a specified timeframe for certain purposes and to offer certain services to such enrollees; requiring the Agency for Health Care Administration to conduct monitoring and evaluations and require corrective actions or payment of penalties under certain circumstances; removing coordination requirements for the agency when submitting certain reports, establishing specified measures, and conducting quality assurance monitoring of the pilot program; revising specified dates for submitting certain status reports; requiring Agency for Persons with Disabilities to contract for a study regarding the algorithm required under s. 393.0662 and provide a report containing findings and recommendations to the Governor, President of the Senate and Speaker of the House of Representatives; providing an effective date.