

1                   A bill to be entitled  
2     An act relating to services for individuals with  
3     developmental disabilities; amending s. 393.0662,  
4     F.S.; requiring the Agency for Person with  
5     Disabilities to provide a list of all qualified  
6     organizations located within the region in which the  
7     client resides and to post its quarterly  
8     reconciliation reports on its website within specified  
9     timeframes; amending s. 393.065, F.S.; requiring the  
10    agency to participate in transition planning  
11    activities and to post the total number of individuals  
12    in each priority category on its website; amending s.  
13    393.502, F.S.; establishing the Statewide Family Care  
14    Council; providing for the purpose, membership, and  
15    duties of the council; requiring local family care  
16    councils to report to the statewide council policy  
17    changes and program recommendations in an annual  
18    report; providing for appointments of local council  
19    members; providing for the creation of family-led  
20    nominating committees; providing duties of the agency  
21    relating to the statewide council and local councils;  
22    amending s. 409.972, F.S.; providing for a method of  
23    voluntarily choosing to enroll in Medicaid managed  
24    care; amending s. 409.9855, F.S.; revising  
25    implementation and eligibility requirements of the

26 pilot program for individuals with developmental  
27 disabilities; providing for a method of voluntarily  
28 choosing to enroll in the pilot program; requiring the  
29 Agency for Persons with Disabilities to transmit to  
30 the Agency for Health Care Administration weekly data  
31 files of specified clients; requiring the Agency for  
32 Health Care Administration to provide a call center  
33 for specified purposes and to coordinate with the  
34 Department of Children and Families and the Agency for  
35 Persons with Disabilities to disseminate information  
36 about the pilot program; revising pilot program  
37 benefits; revising provider qualifications; requiring  
38 participating plans to conduct an individualized  
39 assessment of each enrollee within a specified  
40 timeframe for certain purposes and to offer certain  
41 services to such enrollees; providing pilot program  
42 implementation requirements for selected plans;  
43 requiring the Agency for Health Care Administration to  
44 conduct monitoring and evaluations and require  
45 corrective actions or payment of penalties under  
46 certain circumstances; removing coordination  
47 requirements for the agency when submitting certain  
48 reports, establishing specified measures, and  
49 conducting quality assurance monitoring of the pilot  
50 program; revising specified dates for submitting

51        certain status reports; requiring the Agency for  
52        Persons with Disabilities to contract for a specified  
53        study and provide to the Governor, the President of  
54        the Senate, and the Speaker of the House of  
55        Representatives a specified report by specified date;  
56        providing an effective date.

57  
58    Be It Enacted by the Legislature of the State of Florida:

59  
60        Section 1. Subsections (5) and (14) of section 393.0662,  
61        Florida Statutes, are amended to read:

62        393.0662 Individual budgets for delivery of home and  
63        community-based services; iBudget system established.—The  
64        Legislature finds that improved financial management of the  
65        existing home and community-based Medicaid waiver program is  
66        necessary to avoid deficits that impede the provision of  
67        services to individuals who are on the waiting list for  
68        enrollment in the program. The Legislature further finds that  
69        clients and their families should have greater flexibility to  
70        choose the services that best allow them to live in their  
71        community within the limits of an established budget. Therefore,  
72        the Legislature intends that the agency, in consultation with  
73        the Agency for Health Care Administration, shall manage the  
74        service delivery system using individual budgets as the basis  
75        for allocating the funds appropriated for the home and

76 community-based services Medicaid waiver program among eligible  
77 enrolled clients. The service delivery system that uses  
78 individual budgets shall be called the iBudget system.

79 (5) The agency shall ensure that clients and caregivers  
80 have access to training and education that inform them about the  
81 iBudget system and enhance their ability for self-direction.  
82 Such training and education must be offered in a variety of  
83 formats and, at a minimum, must address the policies and  
84 processes of the iBudget system and the roles and  
85 responsibilities of consumers, caregivers, waiver support  
86 coordinators, providers, and the agency, and must provide  
87 information to help the client make decisions regarding the  
88 iBudget system and examples of support and resources available  
89 in the community. The agency shall, within 5 days after  
90 enrollment, provide the client with a comprehensive and current  
91 written list of all qualified organizations located within the  
92 region in which the client resides.

93 (14)(a) The agency, in consultation with the Agency for  
94 Health Care Administration, shall provide a quarterly  
95 reconciliation report of all home and community-based services  
96 waiver expenditures from the Agency for Health Care  
97 Administration's claims management system with service  
98 utilization from the Agency for Persons with Disabilities  
99 Allocation, Budget, and Contract Control system. The  
100 reconciliation report must be submitted to the Governor, the

101 President of the Senate, and the Speaker of the House of  
102 Representatives no later than 30 days after the close of each  
103 quarter.

104 (b) The agency shall post its quarterly reconciliation  
105 reports on its website, in a conspicuous location, no later than  
106 5 days after submitting the reports as required in this  
107 subsection.

108 Section 2. Subsection (12) of section 393.065, Florida  
109 Statutes, is renumbered as subsection (13), paragraph (a) of  
110 subsection (1), paragraph (b) of subsection (5), and subsection  
111 (10) are amended, and a new subsection (12) is added to that  
112 section, to read:

113 393.065 Application and eligibility determination.—

114 (1)(a) The agency shall develop and implement an online  
115 application process that, at a minimum, supports paperless,  
116 electronic application submissions with immediate e-mail  
117 confirmation to each applicant to acknowledge receipt of  
118 application upon submission. The online application system must  
119 allow an applicant to review the status of a submitted  
120 application and respond to provide additional information. The  
121 online application must allow an applicant to apply for crisis  
122 enrollment.

123 (5) Except as provided in subsections (6) and (7), if a  
124 client seeking enrollment in the developmental disabilities home  
125 and community-based services Medicaid waiver program meets the

level of care requirement for an intermediate care facility for individuals with intellectual disabilities pursuant to 42 C.F.R. ss. 435.217(b)(1) and 440.150, the agency must assign the client to an appropriate preenrollment category pursuant to this subsection and must provide priority to clients waiting for waiver services in the following order:

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

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

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

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

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

For individuals who are at least 18 years but not yet 22 years of age and who are eligible under sub-subparagraph 1.b., the agency must provide waiver services, including residential habilitation, and must actively participate in transition planning activities, including, but not limited to,  
individualized service coordination, case management support,

151 and ensuring continuity of care pursuant to s. 39.6035. The  
152 community-based care lead agency must fund room and board at the  
153 rate established in s. 409.145(3) and provide case management  
154 and related services as defined in s. 409.986(3)(e). Individuals  
155 may receive both waiver services and services under s. 39.6251.  
156 Services may not duplicate services available through the  
157 Medicaid state plan.

158  
159 Within preenrollment categories 3, 4, 5, 6, and 7, the agency  
160 shall prioritize clients in the order of the date that the  
161 client is determined eligible for waiver services.

162 (10) The client, the client's guardian, or the client's  
163 family must ensure that accurate, up-to-date contact information  
164 is provided to the agency at all times. Notwithstanding s.  
165 393.0651, the agency must send an annual letter requesting  
166 updated information from the client, the client's guardian, or  
167 the client's family. ~~The agency must remove from the~~  
168 ~~preenrollment categories any individual who cannot be located~~  
169 ~~using the contact information provided to the agency, fails to~~  
170 ~~meet eligibility requirements, or becomes domiciled outside the~~  
171 ~~state.~~

172 (12) To ensure transparency and timely access to  
173 information, the agency shall post on its website in a  
174 conspicuous location the total number of individuals in each  
175 priority category by county of residence. The posted numbers

shall reflect the current status of the preenrollment priority list and shall be updated at least every 5 days.

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

393.502 Family care councils.—

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

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

(b) The statewide council shall:

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

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

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

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



201        5. Submit an annual report no later than December 1 of  
202 each year to the Governor, the President of the Senate, the  
203 Speaker of the House of Representatives, and the agency. The  
204 report shall include a summary of local council findings, policy  
205 recommendations, and an assessment of the agency's actions in  
206 response to previous recommendations of the local councils.

207        (c) The agency shall provide a written response within 60  
208 days after receipt, including a detailed action plan outlining  
209 steps taken or planned to address recommendations. The response  
210 must specify whether recommendations will be implemented and  
211 provide a timeline for implementation or include justification  
212 if recommendations are not adopted.

213        (2) STATEWIDE FAMILY CARE COUNCIL MEMBERSHIP.—

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

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

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

224        3. One representative of a public or private entity that  
225 provides services to individuals with developmental disabilities

226 that does not have a Medicaid waiver service contract with the  
227 agency.

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

231 (3) STATEWIDE FAMILY CARE COUNCIL TERMS; VACANCIES.—

232 (a) Statewide council members shall be initially appointed  
233 to staggered 2 and 4 year terms, with subsequent terms of 4  
234 years. Members may be reappointed to one additional consecutive  
235 term.

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

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

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

250 2. If no member of a local council is willing and able to

251 serve on the statewide council, the Governor shall appoint an  
252 individual from another local council to serve on the statewide  
253 council.

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

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

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

264 (c) A majority of the members of the statewide council  
265 shall constitute a quorum.

266 (5) LOCAL FAMILY CARE COUNCILS.—There is established and  
267 located within each service area of the agency a local family  
268 care council to work constructively with the agency, advise the  
269 agency on local needs, identify gaps in services, and advocate  
270 for individuals with developmental disabilities and their  
271 families.

272 (6) LOCAL FAMILY CARE COUNCIL DUTIES.—The local family  
273 care councils shall:

274 (a) Assist in providing information and conducting  
275 outreach to individuals with developmental disabilities and

276 their families.

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

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

281 (d) Share information with other local family care  
282 councils.

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

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

289 (7)-(2) LOCAL FAMILY CARE COUNCIL MEMBERSHIP.-

290 (a) Each local family care council shall consist of at  
291 least 10 and no more than 15 members recommended by a majority  
292 vote of the local family care council and appointed by the  
293 Governor.

294 (b) At least three of the members of the council shall be  
295 individuals receiving or waiting to receive services from the  
296 agency. One such member shall be an individual who has been  
297 receiving services within the 4 years before the date of  
298 recommendation. The remainder of the council members shall be  
299 parents, grandparents, guardians, or siblings of individuals who  
300 have developmental disabilities and qualify for services

301 pursuant to this chapter. For a grandparent to be a council  
302 member, the grandchild's parent or legal guardian must consent  
303 to the appointment and report the consent to the agency.

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

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

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

313 (f) A chair for the council shall be chosen by the council  
314 members to serve for 1 year. A person may not serve ~~no~~ more than  
315 four 1-year terms as chair.

316 (8) ~~(3)~~ LOCAL FAMILY CARE COUNCIL TERMS; VACANCIES.-

317 (a) Local family council members shall be appointed for a  
318 3-year terms ~~term~~, except as provided in subsection (11) ~~(8)~~,  
319 and may be reappointed to one additional term.

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

323 (c) 1. Upon expiration of a term or in the case of any  
324 other vacancy, the local council shall, by majority vote,  
325 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 after 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 panel of candidates recommended by the family-led nomination committee.

(9)(4) LOCAL FAMILY CARE COUNCIL COMMITTEE APPOINTMENTS.-

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

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

(10)(6) LOCAL FAMILY CARE COUNCIL MEETINGS.-Local council members shall serve on a voluntary basis without payment for their services but shall be reimbursed for per diem and travel expenses as provided for in s. 112.061. Local councils The council shall meet at least six times per year. Meetings may be

351 held in person or by teleconference or other electronic means.

352 ~~(7) PURPOSE. The purpose of the local family care councils~~  
353 ~~shall be to advise the agency, to develop a plan for the~~  
354 ~~delivery of family support services within the local area, and~~  
355 ~~to monitor the implementation and effectiveness of services and~~  
356 ~~support provided under the plan. The primary functions of the~~  
357 ~~local family care councils shall be to:~~

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

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

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

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

367 (11)(8) NEW LOCAL FAMILY CARE COUNCILS.—When a local  
368 family care council is established for the first time in a local  
369 area, the Governor shall appoint the first four council members,  
370 who shall serve 3-year terms. These members shall submit to the  
371 Governor, within 90 days after their appointment,  
372 recommendations for at least six additional members, selected by  
373 majority vote.

374 (12)(9) FUNDING; FINANCIAL REVIEW.—The statewide and local  
375 family care councils ~~council~~ may apply for, receive, and accept

376 grants, gifts, donations, bequests, and other payments from any  
377 public or private entity or person. Each local council is  
378 subject to an annual financial review by staff assigned by the  
379 agency. Each local council shall exercise care and prudence in  
380 the expenditure of funds. The local family care councils shall  
381 comply with state expenditure requirements.

382 (13) ~~(5)~~ TRAINING.—

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

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

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

398 (14) DUTIES.—The agency shall publish on its website all  
399 annual reports submitted by the local family care councils and  
400 the Statewide Family Care Council within 15 days after receipt



401 of such reports in a designated and easily accessible section of  
402 the website.

403 (15) ADMINISTRATIVE SUPPORT.—The agency shall provide  
404 administrative support to the statewide council and local  
405 councils, including, but not limited to, staff assistance and  
406 meeting facilities, within existing resources.

407 Section 4. Subsection (1) of section 409.972, Florida  
408 Statutes, is amended to read:

409 409.972 Mandatory and voluntary enrollment.—

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

416 (a) Medicaid recipients who have other creditable health  
417 care coverage, excluding Medicare.

418 (b) Medicaid recipients residing in residential commitment  
419 facilities operated through the Department of Juvenile Justice  
420 or a treatment facility as defined in s. 394.455.

421 (c) Persons eligible for refugee assistance.

422 (d) Medicaid recipients who are residents of a  
423 developmental disability center, including Sunland Center in  
424 Marianna and Tacachale in Gainesville.

425 (e) Medicaid recipients enrolled in the home and community

426 based services waiver pursuant to chapter 393, and Medicaid  
427 recipients waiting for waiver services.

428 (f) Medicaid recipients residing in a group home facility  
429 licensed under chapter 393.

430 (g) Children receiving services in a prescribed pediatric  
431 extended care center.

432 Section 5. Subsections (1), (2), (3), and (6) of section  
433 409.9855, Florida Statutes, are amended, and paragraph (c) is  
434 added to subsection (4) of that section, to read:

435 409.9855 Pilot program for individuals with developmental  
436 disabilities.—

437 (1) PILOT PROGRAM IMPLEMENTATION.—

438 (a) ~~Using a managed care model,~~ The agency shall implement  
439 a pilot program for individuals with developmental disabilities  
440 ~~in Statewide Medicaid Managed Care Regions D and I~~ to provide  
441 coverage of comprehensive services using a managed care model.  
442 The agency may seek federal approval through a state plan  
443 amendment or Medicaid waiver as necessary to implement the pilot  
444 program.

445 (b) The agency shall administer the pilot program pursuant  
446 to s. 409.963 and as a component of the Statewide Medicaid  
447 Managed Care model established by this part. Unless otherwise  
448 specified, ss. 409.961-409.969 apply to the pilot program. For  
449 purposes of the pilot program, compliance with s. 409.966 is  
450 deemed satisfied by the competitive procurement procedures

451 conducted for contracts effective on February 1, 2025. The  
452 agency may seek federal approval through a state plan amendment  
453 or Medicaid waiver as necessary to implement the pilot program.  
454 The agency shall submit a request for any federal approval  
455 needed to implement the pilot program by September 1, 2023.

456 ~~(c) Pursuant to s. 409.963, the agency shall administer~~  
457 ~~the pilot program in consultation with the Agency for Persons~~  
458 ~~with Disabilities.~~

459 (c)(d) The agency shall make capitated payments to managed  
460 care organizations for comprehensive coverage, including managed  
461 medical assistance benefits and long-term care under this part  
462 and community-based services described in s. 393.066(3) and  
463 ~~approved through the state's home and community-based services~~  
464 ~~Medicaid waiver program for individuals with developmental~~  
465 ~~disabilities. Unless otherwise specified, ss. 409.961-409.969~~  
466 ~~apply to the pilot program.~~

467 ~~(c) The agency shall evaluate the feasibility of statewide~~  
468 ~~implementation of the capitated managed care model used by the~~  
469 ~~pilot program to serve individuals with developmental~~  
470 ~~disabilities.~~

471 (2) ELIGIBILITY; VOLUNTARY ENROLLMENT; DISENROLLMENT.—

472 (a) Participation in the pilot program is voluntary and  
473 limited to the maximum number of enrollees specified in the  
474 General Appropriations Act. An individual must make an  
475 affirmative choice before any enrollment action by the agency.

476 The agency may not automatically enroll eligible individuals.

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

479 ~~(b) The Agency for Persons with Disabilities shall approve~~  
480 ~~a needs assessment methodology to determine functional,~~  
481 ~~behavioral, and physical needs of prospective enrollees. The~~  
482 ~~assessment methodology may be administered by persons who have~~  
483 ~~completed such training as may be offered by the agency.~~  
484 ~~Eligibility to participate in the pilot program is determined~~  
485 ~~based on all of the following criteria:~~

486 1. Be Medicaid eligible.

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

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

489 3. Have a developmental disability as defined in s.  
490 393.063.

491 4. Be placed in any preenrollment category for individual  
492 budget waiver services under chapter 393 and reside in Statewide  
493 Medicaid Managed Care Regions D or I; effective October 1, 2025,  
494 be placed in any preenrollment category for individual budget  
495 waiver services under chapter 393 regardless of region; or,  
496 effective July 1, 2026, be enrolled in the individual budget  
497 waiver services program under chapter 393 or in the long-term  
498 care managed care program under this part regardless of region  
499 ~~and is on the waiting list for individual budget waiver services~~  
500 ~~under chapter 393 and assigned to one of categories 1 through 6~~

501 ~~as specified in s. 393.065(5).~~

502 ~~3. Whether the individual resides in a pilot program~~  
503 ~~region.~~

504 (c) The agency shall enroll individuals in the pilot  
505 program based on verification that the individual has met the  
506 criteria in paragraph (b).

507 1. The Agency for Persons with Disabilities shall transmit  
508 to the agency weekly data files of clients enrolled in the  
509 Medicaid home and community-based services waiver program under  
510 chapter 393 and clients in preenrollment categories pursuant to  
511 s. 393.065. The agency shall maintain a record of individuals  
512 with developmental disabilities who may be eligible for the  
513 pilot program using this data, Medicaid enrollment data  
514 transmitted by the Department of Children and Families, and any  
515 available collateral data.

516 2. The agency shall determine and administer the process  
517 for enrollment. A needs assessment conducted by the Agency for  
518 Persons with Disabilities is not required for enrollment. The  
519 agency shall notify individuals with developmental disabilities  
520 of the opportunity to voluntarily enroll in the pilot program  
521 and explain the benefits available through the pilot program,  
522 the process for enrollment, and the procedures for  
523 disenrollment, including the requirement for continued coverage  
524 after disenrollment pursuant to paragraph (d).

525 3. The agency shall provide a call center staffed by

agents trained to assist individuals with developmental disabilities and their families in learning about and enrolling in the pilot program.

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

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

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

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

3. The pilot program ceases to operate.

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

551 minimum, cover the following:

552 1. All benefits included in s. 409.973.

553 2. All benefits included in s. 409.98.

554 3. All benefits included in s. 393.066(3).

555 4. Any additional benefits negotiated by the agency  
556 pursuant to paragraph (4) (b), and all of the following:

557 ~~a. Adult day training.~~

558 ~~b. Behavior analysis services.~~

559 ~~c. Behavior assistant services.~~

560 ~~d. Companion services.~~

561 ~~e. Consumable medical supplies.~~

562 ~~f. Dietitian services.~~

563 ~~g. Durable medical equipment and supplies.~~

564 ~~h. Environmental accessibility adaptations.~~

565 ~~i. Occupational therapy.~~

566 ~~j. Personal emergency response systems.~~

567 ~~k. Personal supports.~~

568 ~~l. Physical therapy.~~

569 ~~m. Prevocational services.~~

570 ~~n. Private duty nursing.~~

571 ~~o. Residential habilitation, including the following~~  
572 ~~levels:~~

573 ~~(I) Standard level.~~

574 ~~(II) Behavior-focused level.~~

575 ~~(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 Developmental Disabilities Individual Budgeting Waiver Services Coverage and Limitations Handbook as adopted by reference in rule 59G-13.070, Florida Administrative Code.

(c) Support coordination services must maximize the use of natural supports and community partnerships.



601 (d) The plans participating in the pilot program must  
602 provide all categories of benefits through a single, integrated  
603 model of care.

604 (e) Participating plans must provide benefits ~~services~~  
605 ~~must be provided~~ to enrollees in accordance with an  
606 individualized care plan which is evaluated and updated at least  
607 quarterly and as warranted by changes in an enrollee's  
608 circumstances. Participating plans must conduct an  
609 individualized assessment of each enrollee within 5 days after  
610 enrollment to determine the enrollee's functional, behavioral,  
611 and physical needs. The assessment method or instrument must be  
612 approved by the agency.

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

615 (4) ELIGIBLE PLANS; PLAN SELECTION.—

616 (c) A plan selected by the agency pursuant to this  
617 subsection is responsible for implementing the pilot program in  
618 its initial stage and through any subsequent expansion until it  
619 is reprocured in accordance with s. 409.967(1).

620 (6) PROGRAM IMPLEMENTATION AND EVALUATION.—

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

626 financial accountability, performance standards, health care  
627 quality improvement systems, and program integrity ~~select~~  
628 ~~participating plans and begin enrollment no later than January~~  
629 ~~31, 2024, with coverage for enrollees becoming effective upon~~  
630 ~~authorization and availability of sufficient state and federal~~  
631 ~~resources.~~

632 ~~(b) Upon implementation of the program, the agency, in~~  
633 ~~consultation with the Agency for Persons with Disabilities,~~  
634 ~~shall conduct audits of the selected plans' implementation of~~  
635 ~~person-centered planning.~~

636 (b)(c) ~~The agency, in consultation with the Agency for~~  
637 ~~Persons with Disabilities,~~ shall submit progress reports to the  
638 Governor, the President of the Senate, and the Speaker of the  
639 House of Representatives upon the federal approval,  
640 implementation, and operation of the pilot program, as follows:

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

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

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

649 a. Program enrollment, including the number and  
650 demographics of enrollees.

651 b. Any complaints received.

652 c. Access to approved services.

653 (c)-(d) The agency, ~~in consultation with the Agency for~~  
654 ~~Persons with Disabilities,~~ shall establish specific measures of  
655 access, quality, and costs of the pilot program. The agency may  
656 contract with an independent evaluator to conduct such  
657 evaluation. The evaluation must include assessments of cost  
658 savings; consumer education, choice, and access to services;  
659 plans for future capacity and the enrollment of new Medicaid  
660 providers; coordination of care; person-centered planning and  
661 person-centered well-being outcomes; health and quality-of-life  
662 outcomes; and quality of care by each eligibility category and  
663 managed care plan in each pilot program site. The evaluation  
664 must describe any administrative or legal barriers to the  
665 implementation and operation of the pilot program in each  
666 region.

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

672 2. The agency shall submit the results of the evaluation  
673 to the Governor, the President of the Senate, and the Speaker of  
674 the House of Representatives by October 1, 2029.

675 Section 6. (1) The agency shall contract for a study to

676 review, evaluate, and identify recommendations regarding the  
677 algorithm required under s. 393.0662, Florida Statutes. The  
678 individual contractor must possess or, if the contractor is a  
679 firm must include at least one lead team member who possesses, a  
680 doctorate in statistics and advanced knowledge of the  
681 development and selection of multiple linear regression models.  
682 The study must, at a minimum, assess the performance of the  
683 current algorithm used by the agency and determine whether a  
684 different algorithm would better meet the requirements of that  
685 section. In conducting this assessment and determination, at a  
686 minimum, the study must also review the fit of recent  
687 expenditure data to the current algorithm, determine and refine  
688 dependent and independent variables, develop and apply a method  
689 for identifying and removing outliers, develop alternative  
690 algorithms using multiple linear regression, test the accuracy  
691 and reliability of the algorithms, provide recommendations for  
692 improving accuracy and reliability, recommend an algorithm for  
693 use by the agency, assess the robustness of the recommended  
694 algorithm, and provide suggestions for improving any recommended  
695 alternative algorithm, if appropriate. The study must also  
696 consider whether any waiver services that are not currently  
697 funded through the algorithm can be funded through the current  
698 algorithm or an alternative algorithm, and the impact of doing  
699 so on that algorithm's fit and effectiveness. The study must  
700 present for any recommended alternative algorithm, at a minimum,

701   the estimated number and percent of waiver enrollees who would  
702   require supplemental funding under s. 393.0662(1)(b), Florida  
703   Statutes, compared to the current algorithm; and the number and  
704   percent of waiver enrollees whose budgets are estimated to  
705   increase or decrease, categorized by level of increase or  
706   decrease, age, living setting, and current total individual  
707   budget amount.

708   (2) The agency shall report to the Governor, the President  
709   of the Senate, and the Speaker of the House of Representatives  
710   findings and recommendations by November 15, 2025.

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