An act relating to services for individuals with developmental disabilities; amending s. 393.0662, F.S.; requiring the Agency for Person with Disabilities to provide a list of all qualified organizations located within the region in which the client resides and to post its quarterly reconciliation reports on its website within specified timeframes; 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; amending s. 393.502, F.S.; establishing the Statewide Family Care Council; providing for the purpose, membership, and duties of the council; requiring local family care councils to report to the statewide council policy changes and program recommendations 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 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; 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; providing pilot program implementation requirements for selected plans; 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 the Agency for Persons with Disabilities to contract for a specified study and provide to the Governor, the President of the Senate, and the Speaker of the House of Representatives a specified report by specified date; providing an effective date.

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

Section 1. Subsections (5) and (14) of section 393.0662, Florida Statutes, are 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 choose the services that best allow them to live in their community within the limits of an established budget. Therefore, the Legislature intends that the agency, in consultation with the Agency for Health Care Administration, shall manage the service delivery system using individual budgets as the basis for allocating the funds appropriated for the home and

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

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

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

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

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

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

393.065 Application and eligibility determination.—

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

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

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

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

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

(12) To ensure transparency and timely access to information, the agency shall post on its website in a conspicuous location the total number of individuals in each 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.

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

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

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

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

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

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

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

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

their families.

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

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

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

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

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

(7) ~~(2)~~ LOCAL FAMILY CARE COUNCIL MEMBERSHIP.—

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

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

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

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

(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 not serve ~~no~~ more than four 1-year terms as chair.

(8) ~~(3)~~ 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 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

held in person or by teleconference or other electronic means.

~~(7) PURPOSE.—The purpose of the local family care councils shall be to advise the agency, to develop a plan for the delivery of family support services within the local area, and to monitor the implementation and effectiveness of services and 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 the expenditure of funds. The local family care councils shall comply with state expenditure requirements.

(13) ~~(5)~~ 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 councils, including, but not limited to, staff assistance and meeting facilities, within existing resources.

Section 4. 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 may not automatically enroll these eligible persons.÷

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

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

(c) Persons eligible for refugee assistance.

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

(e) Medicaid recipients enrolled in the home and community

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

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

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

Section 5. Subsections (1), (2), (3), and (6) of section 409.9855, Florida Statutes, are amended, and paragraph (c) is added to subsection (4) of that section, 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 Managed Care model established by this part. Unless otherwise specified, ss. 409.961-409.969 apply to the pilot program. For purposes of the pilot program, compliance with s. 409.966 is deemed satisfied by the competitive procurement procedures

conducted for contracts effective on February 1, 2025. ~~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 affirmative choice before any enrollment action by the agency.

The agency may not automatically enroll eligible individuals.

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

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

1. Be Medicaid eligible.

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

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

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

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

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

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

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

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

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

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

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.~~

~~o. 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 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.

(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.

(4) ELIGIBLE PLANS; PLAN SELECTION.—

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

(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,

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

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

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

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

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

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

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

b. Any complaints received.

c. Access to approved services.

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

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

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

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

review, evaluate, and identify recommendations regarding the algorithm required under s. 393.0662, Florida Statutes. 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, 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 present for any recommended alternative algorithm, at a minimum,

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

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

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