

1                           A bill to be entitled  
2           An act relating to the pilot program for individuals  
3           with developmental disabilities; creating s. 409.9855,  
4           F.S.; requiring the Agency for Health Care  
5           Administration to implement a pilot program for  
6           individuals with developmental disabilities in  
7           specified Statewide Medicaid Managed Care regions to  
8           provide coverage of comprehensive services;  
9           authorizing the agency to seek federal approval as  
10          needed to implement the program; requiring the agency  
11          to submit a request for federal approval by a  
12          specified date; requiring the agency to administer the  
13          pilot program in consultation with the Agency for  
14          Persons with Disabilities; requiring the Agency for  
15          Health Care Administration to make specified payments  
16          to certain organizations for comprehensive services  
17          for individuals with developmental disabilities;  
18          providing applicability; requiring the agency to  
19          evaluate the feasibility of implementing a statewide  
20          capitated managed care model used by the pilot program  
21          for certain individuals; providing that participation  
22          in the pilot program is voluntary and subject to  
23          specific appropriation; requiring the Agency for  
24          Persons with Disabilities to approve a needs  
25          assessment methodology to determine certain needs for

26 prospective enrollees; providing program enrollment  
27 eligibility requirements; requiring that enrollees be  
28 afforded an opportunity to enroll in any appropriate  
29 existing Medicaid waiver program under certain  
30 circumstances; requiring participating plans to cover  
31 specified benefits; providing requirements for  
32 providers of services; providing eligibility  
33 requirements for plans; providing a selection process;  
34 requiring the Agency for Health Care Administration to  
35 give preference to certain plans; requiring that plan  
36 payments be based on rates specifically developed for  
37 a certain population; requiring the agency to ensure  
38 that the rate be actuarially sound; requiring that the  
39 revenues and expenditures of the selected plan be  
40 included in specified reporting and regulatory  
41 requirements; requiring the agency to select  
42 participating plans and begin enrollment by a  
43 specified date; requiring the agency, in consultation  
44 with the Agency for Persons with Disabilities, to  
45 conduct certain audits of the selected plans'  
46 implementation of person-centered planning and to  
47 submit specified progress reports to the Governor and  
48 the Legislature by specified dates throughout the  
49 program approval and implementation process; providing  
50 requirements for the respective reports; requiring the

51 Agency for Health Care Administration, in consultation  
 52 with the Agency for Persons with Disabilities, to  
 53 conduct an evaluation of the pilot program;  
 54 authorizing the Agency for Health Care Administration  
 55 to contract with an independent evaluator to conduct  
 56 such evaluation; providing requirements for the  
 57 evaluation; requiring the Agency for Health Care  
 58 Administration, in consultation with the Agency for  
 59 Persons with Disabilities, to conduct quality  
 60 assurance monitoring of the pilot program; requiring  
 61 the Agency for Health Care Administration to submit  
 62 the results of the evaluation to the Governor and the  
 63 Legislature by a specified date; providing an  
 64 effective date.

65

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

67

68 Section 1. Section 409.9855, Florida Statutes, is created  
 69 to read:

70 409.9855 Pilot program for individuals with developmental  
 71 disabilities.—

72 (1) PILOT PROGRAM IMPLEMENTATION.—

73 (a) Using a managed care model, the agency shall implement  
 74 a pilot program for individuals with developmental disabilities  
 75 in Statewide Medicaid Managed Care Regions D and I to provide

76 coverage of comprehensive services.

77 (b) The agency may seek federal approval through a state  
78 plan amendment or Medicaid waiver as necessary to implement the  
79 pilot program. The agency shall submit a request for any federal  
80 approval needed to implement the pilot program by September 1,  
81 2023.

82 (c) Pursuant to s. 409.963, the agency shall administer  
83 the pilot program in consultation with the Agency for Persons  
84 with Disabilities.

85 (d) The agency shall make capitated payments to managed  
86 care organizations for comprehensive coverage, including  
87 community-based services described in s. 393.066(3) and approved  
88 through the state's home and community-based services Medicaid  
89 waiver program for individuals with developmental disabilities.  
90 Unless otherwise specified, ss. 409.961-409.969 apply to the  
91 pilot program.

92 (e) The agency shall evaluate the feasibility of statewide  
93 implementation of the capitated managed care model used by the  
94 pilot program to serve individuals with developmental  
95 disabilities.

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

97 (a) Participation in the pilot program is voluntary and  
98 limited to the maximum number of enrollees specified in the  
99 General Appropriations Act.

100 (b) The Agency for Persons with Disabilities shall approve

101 a needs assessment methodology to determine functional,  
102 behavioral, and physical needs of prospective enrollees. The  
103 assessment methodology may be administered by persons who have  
104 completed such training as may be offered by the agency.  
105 Eligibility to participate in the pilot program is determined  
106 based on all of the following criteria:

107 1. Whether the individual is eligible for Medicaid.  
108 2. Whether the individual is 18 years of age or older and  
109 is on the waiting list for individual budget waiver services  
110 under chapter 393 and assigned to one of categories 1 through 6  
111 as specified in s. 393.065(5).

112 3. Whether the individual resides in a pilot program  
113 region.

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

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

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

125 2. The agency determines the enrollee has a good cause

126 reason to disenroll.

127 3. The pilot program ceases to operate.

128  
 129 Such enrollees must receive an individualized transition plan to  
 130 assist him or her in accessing sufficient services and supports  
 131 for the enrollee's safety, well-being, and continuity of care.

132 (3) PILOT PROGRAM BENEFITS.—

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

135 1. All benefits included in s. 409.973.

136 2. All benefits included in s. 409.98.

137 3. All benefits included in s. 393.066(3), and all of the  
 138 following:

139 a. Adult day training.

140 b. Behavior analysis services.

141 c. Behavior assistant services.

142 d. Companion services.

143 e. Consumable medical supplies.

144 f. Dietitian services.

145 g. Durable medical equipment and supplies.

146 h. Environmental accessibility adaptations.

147 i. Occupational therapy.

148 j. Personal emergency response systems.

149 k. Personal supports.

150 l. Physical therapy.

- 151        m. Prevocational services.
- 152        n. Private duty nursing.
- 153        o. Residential habilitation, including the following
- 154 levels:
- 155            (I) Standard level.
- 156            (II) Behavior-focused level.
- 157            (III) Intensive-behavior level.
- 158            (IV) Enhanced intensive-behavior level.
- 159        p. Residential nursing services.
- 160        q. Respiratory therapy.
- 161        r. Respite care.
- 162        s. Skilled nursing.
- 163        t. Specialized medical home care.
- 164        u. Specialized mental health counseling.
- 165        v. Speech therapy.
- 166        w. Support coordination.
- 167        x. Supported employment.
- 168        y. Supported living coaching.
- 169        z. Transportation.
- 170        (b) All providers of the services listed under paragraph
- 171 (a) must meet the provider qualifications outlined in the
- 172 Florida Medicaid Developmental Disabilities Individual Budgeting
- 173 Waiver Services Coverage and Limitations Handbook as adopted by
- 174 reference in rule 59G-13.070, Florida Administrative Code.
- 175        (c) Support coordination services must maximize the use of

176 natural supports and community partnerships.

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

180 (e) Services must be provided to enrollees in accordance  
181 with an individualized care plan which is evaluated and updated  
182 at least quarterly and as warranted by changes in an enrollee's  
183 circumstances.

184 (4) ELIGIBLE PLANS; PLAN SELECTION.—

185 (a) To be eligible to participate in the pilot program, a  
186 plan must have been awarded a contract to provide long-term care  
187 services pursuant to s. 409.981 as a result of an invitation to  
188 negotiate.

189 (b) The agency shall select, as provided in s. 287.057(1),  
190 one plan to participate in the pilot program for each of the two  
191 regions. The director of the Agency for Persons with  
192 Disabilities or his or her designee must be a member of the  
193 negotiating team.

194 1. The invitation to negotiate must specify the criteria  
195 and the relative weight assigned to each criterion that will be  
196 used for determining the acceptability of submitted responses  
197 and guiding the selection of the plans with which the agency and  
198 the Agency for Persons with Disabilities negotiate. In addition  
199 to any other criteria established by the agency, in consultation  
200 with the Agency for Persons with Disabilities, the agency shall



201 consider the following factors in the selection of eligible  
202 plans:

203 a. Experience serving similar populations, including the  
204 plan's record in achieving specific quality standards with  
205 similar populations.

206 b. Establishment of community partnerships with providers  
207 which create opportunities for reinvestment in community-based  
208 services.

209 c. Provision of additional benefits, particularly  
210 behavioral health services, the coordination of dental care, and  
211 other initiatives that improve overall well-being.

212 d. Provision of and capacity to provide mental health  
213 therapies and analysis designed to meet the needs of individuals  
214 with developmental disabilities.

215 e. Evidence that an eligible plan has written agreements  
216 or signed contracts or has made substantial progress in  
217 establishing relationships with providers before submitting its  
218 response.

219 f. Experience in the provision of person-centered planning  
220 as described in 42 C.F.R. s. 441.301(c)(1).

221 g. Experience in robust provider development programs that  
222 result in increased availability of Medicaid providers to serve  
223 the developmental disabilities community.

224 2. After negotiations are conducted, the agency shall  
225 select the eligible plans that are determined to be responsive

226 and provide the best value to the state. Preference must be  
227 given to plans that:

228 a. Have signed contracts in sufficient numbers to meet the  
229 specific standards established under s. 409.967(2)(c), including  
230 contracts for personal supports, skilled nursing, residential  
231 habilitation, adult day training, mental health services,  
232 respite care, companion services, and supported employment, as  
233 those services are defined in the Florida Medicaid Developmental  
234 Disabilities Individual Budgeting Waiver Services Coverage and  
235 Limitations Handbook as adopted by reference in rule 59G-13.070,  
236 Florida Administrative Code.

237 b. Have well-defined programs for recognizing patient-  
238 centered medical homes and providing increased compensation to  
239 recognized medical homes, as defined by the plan.

240 c. Have well-defined programs related to person-centered  
241 planning as described in 42 C.F.R. s. 441.301(c)(1).

242 d. Have robust and innovative programs for provider  
243 development and collaboration with the Agency for Persons with  
244 Disabilities.

245 (5) PAYMENT.—

246 (a) The selected plans must receive a per-member, per-  
247 month payment based on a rate developed specifically for the  
248 unique needs of the developmentally disabled population.

249 (b) The agency must ensure that the rate for the  
250 integrated system is actuarially sound.

251 (c) The revenues and expenditures of the selected plan  
252 which are associated with the implementation of the pilot  
253 program must be included in the reporting and regulatory  
254 requirements established in s. 409.967(3).

255 (6) PROGRAM IMPLEMENTATION AND EVALUATION.—

256 (a) The agency shall select participating plans and begin  
257 enrollment no later than January, 2024.

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

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

267 1. By December 31, 2023, a status report on progress made  
268 toward federal approval of the waiver or waiver amendment needed  
269 to implement the pilot program.

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

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

275 a. Program enrollment, including the number and

276 demographics of enrollees.

277 b. Any complaints received.

278 c. Access to approved services.

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

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

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

301 | Section 2. This act shall take effect upon becoming a law. |