

FROM THE CAPITOL



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**2024
FDDC CAPITOL UPDATES**



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The 2024 Legislative Session has begun!

Florida's 2024 legislative session began on Tuesday, January 9, 2024.

This year the Florida Developmental Disabilities Council's [Legislative Platform](#) outlines the Council's support of sustaining and expanding home-and community-based services for people with intellectual and developmental disabilities (I/DD).

In addition to supporting funding for more individuals with I/DD to receive home-and community-based services, the Council, along with other developmental disability advocates and partners, is recommending a uniform iBudget provider rate increase. The **Governor's budget** recommendations and the Senate's Live Healthy program proposal have included uniform rate increases not only for iBudget providers serving individuals with I/DD, but also providers of Early Intervention services and many other providers of Medicaid services.

In addition to provider rate increases, the Live Healthy proposal (SB 7016) will focus on Florida's healthcare workforce, removing regulations to increase workforce mobility, expanding access to quality and efficient healthcare.

The following are highlights from the Governor's budget recommendations:

1) **Uniform rate increases** - \$60.2 million total (directed at specific service categories below):

- a. Facility-based Adult Day Training (ADT) and prevocational services, companion service, and supported employment - \$16.4 million; 5% increase
- b. Supported living coaching - \$2.6 million; 10% increase.
- c. Residential habilitation - \$34.8 million; 5% increase.
- d. Private duty nursing - \$4.8 million to bring rates up to the level of all other Medicaid programs.
- e. Occupational, physical, speech and respiratory therapy, specialized mental health, and dietitian services - \$ 1.5 million- 10% increase.

The Florida Senate Live Healthy program includes an across-the-board provider rate increase of 10% \$195.8 million to provide a uniform Home- and Community-Based Services Waiver provider rate increase.

2) **Waiting list** – \$79.6 million to get as many people as possible off the waitlist (i.e., pre-enrollment list).

3) **Expansion of the Dual Diagnosis pilot program from last year**– \$6.5 million for the provision of a Dually Diagnosed Pilot Program in Broward, Orange, Hillsborough and Leon counties, to support individuals who are dually diagnosed with mental health challenges and developmental disabilities. This pilot includes training for mobile mental health treatment units, group home providers, parents and support providers.

4) **Develop a new waiver called Adult Pathways** - \$800,000 for an actuarial study and planning geared toward creating a new waiver for young adults transitioning out of the school system that will have a limited selection of services. This study will determine a cap on overall expenditures.

5) **APD study to look at rates paid to rural providers**- \$ 350,000 for a study to determine the need for a rate differential for iBudget services provided in rural areas of the state. Rural areas are those identified as a Rural Area of Opportunity as defined in section 288.0656, Florida Statutes.

6) **Maintenance of state institutions** - \$21.8 million

7) **New forensic facility** - \$4 million to continue planning for a new forensic facility in Marianna to replace the existing facility at Florida State Hospital in Chattahoochee.

Agency for Health Care Administration

1) **Managed care pilot from last year** - \$48 million to support capitation payments for individuals enrolled in the pilot program for individuals with developmental disabilities. This pilot uses services from the iBudget waiver, the long-term care waiver and standard Medicaid that are offered through one managed care provider. The funding provides for 610 people in Miami-Dade and Monroe Counties. The pilot is currently under procurement. This budget request includes authority to enroll another 300 people in Hillsborough, Polk, Manatee, and Hardee Counties. The Agency for Persons with Disabilities shall determine eligibility for enrollment into the pilot.

2) **Intermediate Care Facility funding for individuals with I/DD (ICF/IDD)**- \$23 million is provided for Medicaid-eligible individuals meeting the Category 3 level of reimbursement who are residing in or seeking admission to an (ICF/IDD). This will be beneficial for those needing extensive behavioral services.

Unique Abilities

A new issue has emerged around the use of the term “unique abilities” to describe the individuals served by the Agency for Persons with Disabilities (APD). “Unique abilities” is a term that has been used to describe individuals with I/DD in Florida’s post-secondary programs for individuals with intellectual disabilities and for K-12 educational scholarships for individuals with I/DD. The term has been helpful to encourage employers and training programs to look past stereotypes of individuals with I/DD. Recently, the Governor’s office and Agency for Persons with Disabilities’ staff are using this term exclusively. The Agency for Health Care Administration (AHCA) is submitting a request to renew the iBudget waiver, which operates under the authority of Section 1915(c) of the Social Security Act, to the Centers for Medicare & Medicaid Services (CMS) and are asking for changes that include a waiver title change from “Developmental Disabilities Individual Budgeting Waiver” to “Unique Abilities Individual Budgeting Waiver.” The Council is aware of many concerns from self-advocates, family members and stakeholders that the term “unique abilities,” does not reflect the seriousness of the complex needs of those individuals who receive services through the iBudget waiver.

The Council is advising against the use of the term “unique abilities” for the iBudget waiver.

Below are bills the Council is supporting or tracking. Please click on bill links to track a bill’s full journey through the process to date.

Important Bills to Watch

[HB 73 - Supported Decision-making Authority by Koster, Tant](#)

Summary

This bill requires the court to consider the needs and abilities of persons with a developmental disability when determining whether to appoint a guardian advocate or a guardianship. The bill creates a new type of power of attorney, termed a supported decision-making agreement (SDM agreement). The “supporter” in an SDM agreement would provide information, recommendations, and assistance to the eligible individual in making decisions and exercising his or her rights, but the supporter does not have any authority to make any binding decisions for or on behalf of the individual. The SDM agreement limits the supporter’s authority to only be able to obtain information on behalf of the principal, and assist the principal in communicating with third parties, including conveying the principal's communications, decisions, and directions to third parties on behalf of the principal.

HB 73 also permits the examining committee (when capacity is in question), which determines incapacity, to allow a person to assist with communication with the individual with a disability when requested by the court-appointed counsel for the alleged incapacitated person.

The final order addressing the level of guardianship or decision-making option selected must address why a less restrictive level of care was not selected instead of a more restrictive choice.

The bill adds SDM agreements to the list of alternative methods for parental involvement in educational decision making which an IEP team must share with parent during the process developing a transition plan for a student with a disability. **The Council is supporting this bill.**

Identical Bill

[SB 0446 - Supported Decision-making Authority by Simon](#)

[SB 212 - Medicaid Buy-In by Gruters](#)

Summary

The bill would require the Agency for Health Care Administration to establish and implement a Medicaid buy-in program for individuals with disabilities who are 18 to 64 years of age and whose incomes exceed the maximum income eligibility level for initial enrollment to obtain coverage for medical assistance under the Medicaid program. The Medicaid buy-in program must provide full Medicaid benefits to eligible individuals and limit any premiums or cost sharing to a certain percentage of an individual's income, as determined by the agency and requires the agency to seek federal waiver approval or submit any necessary state plan amendments by October 2024.

The Council is supporting this bill.

Similar Bill

[HB 0567 - Medicaid Expansion through Medicaid Buy-in Program by Joseph](#)

[HB 313 - Transparency for autism-related services by Plascencia](#)

Summary

The bill defines "manifests" and "onset" to mean the display or disclosure of characteristic signs or symptoms of an illness for use in determining Autism Spectrum Disorders and eligibility in general for the iBudget waiver.

The bill would direct the agency or its designee to notify each applicant, in writing, of its individualized eligibility determination, including any specific criteria the applicant has not met from the agency's eligibility criteria described in rule. **The Council is supporting this bill.**

Identical Bill

[SB 0550 - Transparency for Autism-related Services by Rouson](#)

[SB 794 - Medicaid Managed Care Plan Performance Metrics by Harrell](#)

Summary

The bill would require Medicaid managed care plans to submit performance metrics monthly to the Agency for Health Care Administration. The bill would also require the agency to contract to develop and display on its public website a dashboard containing these monthly performance metrics; and the bill would require the agency to create a quarterly report on the metrics obtained. **The Council is supporting this bill.**

Similar Bill

[HB 783-Medicaid Managed Care Performance Metrics by Berfield](#)

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