

# FROM THE CAPITOL



Jan. 26

**2024  
FDDC CAPITOL UPDATES**



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## January 26, 2024, Volume 24, Issue 3

### **Mobile Response Teams for Individuals with a Dual Diagnosis**

The Agency for Persons with Disabilities (APD) and the Governor are recommending \$6,535,730 (\$3,267,865 in General Revenue and \$3,267,865 in federal match) of nonrecurring funding to continue the Mobile Response Teams Dual Diagnosis Pilot program from last year. These funds will be used for behavior analysts for each Mobile Response Team (MRT) in Broward and Orange Counties and to expand the pilot program to Leon and Hillsborough Counties. In addition, these funds will be used for training for residential providers, families, and waiver support coordinators in effectively supporting individuals with complex behavioral issues and co-occurring mental health diagnoses.

According to the agency in their recent legislative budget request, mental health crises can be devastating to APD clients. Often clients experience lengthy stays in crisis stabilization units (CSUs) that jeopardize their current living arrangements. Individuals with developmental disabilities can struggle to find mental health treatments that are responsive to their developmental needs. Specialized services are needed to serve these individuals. National trends show that at least 40% of individuals who are developmentally disabled also have mental health needs. This indicates that 14,067, out of the 35,167 individuals served by APD's Medicaid Waiver, would benefit from specialized services that are not currently available. One result of this gap in services is that many of these individuals become a danger to themselves or others and

are admitted to Crisis Stabilization Units (CSU) under the Baker Act. During the past three calendar years, there have been almost 2000 Baker Act hospitalizations each year for individuals served by the iBudget waiver.

The Florida Developmental Disabilities Council (FDDC) is supporting this pilot because Baker Act hospitalizations, intended to stabilize the individual, do not treat the underlying cause that results in hospitalization. Once an individual is stabilized and ready for discharge (commonly 72 hrs.), many of these individuals are still unable to return to their previous residential settings and families due to their dangerous behaviors and the staff's inexperience in serving someone with complex mental health issues.

The FDDC is supporting the Governor's budget recommendation because the pilot programs will provide Board-Certified Behavior Analysts for existing 24-hour Mobile Response Teams, who have experience with individuals who have both mental health and developmental disability diagnoses. In addition to the Board-Certified Behavior Analysts on the MRT, the Behavior Analyst will develop a behavioral plan for those individuals who do not currently have a plan developed and will hire Registered Behavior Technicians to implement the developed plan. These existing Mobile Response Teams consist of Licensed Mental Health Therapists, a nurse, access to a psychiatrist, and can admit an individual through a Baker Act should the individual meet Baker Act criteria. In addition to funding the Board-Certified Behavior Analysts, APD will also contract with an established provider for a combination of online and in-person training sessions for APD's licensed residential providers and waiver support coordinators to effectively work with individuals who are dually diagnosed.

APD will collect important data during the Dually Diagnosed Pilot Program; for example, documenting the number of individuals that avoided CSU admission when the MRT was initiated. The goal of the data collection will be to evaluate the success of the pilot programs in reducing the number of Baker Acts for APD clients who are dually diagnosed and to support future growth of the program.

Successful intervention by a mobile response team that includes a Board-Certified Behavior Analyst, as well as specialized training, can help avoid Medicaid program expenditures for services in a CSU, hospital, or other institutional setting and delay or prevent institutionalization of the client.

**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.**

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## **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 guardian. 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.

When capacity is in question, HB 73 also permits the examining committee, 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 the parent during the process of 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](#)

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

### **Summary**

This 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 supported this bill; however, it appears to have died for this session with the withdrawal of HB 567.**

### **Similar Bill**

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

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[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](#)

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[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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[HB 77 - Recovery of Damages in Claims for Medical Negligence by Roach](#)

### **Summary**

This bill removes a provision that prohibits parents of an adult child from recovering damages in medical negligence suits. For example, some parents of children with disabilities have lost children to death through possible medical negligence and the law currently offers no ability for parents to seek damages for their adult children even if they have disabilities. In addition to removing this provision, SB 446 and HB 129 add that damages can be sought for medical negligence of a resident living in a facility. SB 248 adds that such recoveries are contingent upon certain findings or determinations by the Agency for Health Care Administration or the Department of Health. **The Council is tracking these bills.**

### **Identical Bills**

[SB 0310 - Recovery of Damages in Claims for Medical Negligence by Martin](#)

### **Similar Bills**

[HB 0129 - Damages Recoverable in Wrongful Death Actions by Lopez \(J\)](#)

[SB 0248 - Medical Negligence by Yarborough](#)

[SB 0442 - Damages Recoverable in Wrongful Death Actions by Book](#)

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[HB 341 - Designation of a Diagnosis on Motor Vehicle Registrations by Salzman](#)

### **Summary**

This bill authorizes motor vehicle owners or registrants to designate on his or her application form for motor vehicle registration that he or she has been diagnosed with, or is the parent or legal guardian of child or ward who has been diagnosed with, a developmental disability or psychiatric disorder and authorizes removal of such designation upon request. **The Council is**

tracking this bill.

## Identical Bills

[SB 0288 - Designation of a Certain Diagnosis on Motor Vehicle Registrations by Rodriguez](#)

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