

**2025 Legislative Agenda**

**Presumptive Medicaid Eligibility for Individuals with Lifelong Disabilities**

*Prepared by The Arc of Florida 12/9/24*

**Request:** Provide presumptive Medicaid eligibility for individuals with lifelong disabilities during redetermination of eligibility.

**Background:** There have been numerous instances reported where Floridians with disabilities erroneously lost their Medicaid coverage, without warning, during the recent “unwinding” process. To our knowledge, none of the denials were based on an actual change in the individuals’ disability or economic status, rather they were default outcomes of a bureaucratic process that does not take into account the reality of this vulnerable population.

These individuals should never lose Medicaid eligibility as their disabilities are lifelong and never go away. Unlike people in other eligibility groups, their economic status very rarely changes.

Individuals affected are also facing urgent challenges and hardship as many have behavioral, medical, and self-care issues which make survival in their community impossible without the support provided through the Medicaid iBudget waiver. Family support is often either non-existent or inadequate and these individuals will not survive homelessness and will be forced into institutions if they lose existing community support.

In many instances, providers only find out after the fact that an individual they served had previously lost Medicaid eligibility. This is a problem for services that are billed monthly such as care in residential group homes. Small businesses, including community-based charity organizations, incur significant and unplanned losses from providing uncompensated care. Given other economic challenges facing these businesses, this threatens their existence and also forces heart-wrenching decisions involving people they have served for decades.

Reality should guide Medicaid eligibility redeterminations involving individuals with lifelong disabilities. They should be considered presumptively eligible. The default decision should be to continue eligibility unless information becomes available that conclusively documents a change to their disability or economic status that would affect eligibility.

Insert new subparagraph in s. 409.904

(13) The agency shall continue to make payments for Medicaid-covered services for persons eligible pursuant to (1) and receiving institutional care or home and community-based services as part of an approved waiver program. During any redetermination process, persons with permanent disabilities will be presumed eligible for continued coverage of applicable waiver services. The agency shall seek modifications to federal authorization to establish lifetime benefits for persons with lifelong disabilities.