The Florida Senate

BILL ANALYSIS AND FISCAL IMPACT STATEMENT

(This document is based on the provisions contained in the legislation as of the latest date listed below.)

Prepared By: The Professional Staff of the Committee on Health Policy

BILL:	CS/SB 1548
INTRODUCER:	Committee on Health Policy and Senator Bradley
SUBJECT:	Children's Medical Services Program
DATE:	April 5, 2023
REVISED:	

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Rossitto-Van Winkle	Brown	HP	**Fav/CS**
2.			AHS	
3.			FP	

Please see Section IX. for Additional Information:

COMMITTEE SUBSTITUTE - Substantial Changes

I. Summary:

CS/SB 1548 transfers certain aspects of Children's Medical Services (CMS) from the Department of Health (DOH) to the Agency for Health Care Administration (AHCA), including Medicaid and Children's Health Insurance Program (CHIP) provider and operational contracting duties and responsibilities. The bill seeks to streamline the provider and contractor payment process, effective October 24, 2024.

Under the bill, the DOH will retain responsibility for clinical eligibility determinations and must provide ongoing consultation to the AHCA on services to children and youth with special health care needs. The bill requires the AHCA to competitively procure one or more specialty plan contracts for services to children with special health care needs enrolled in Medicaid and CHIP beginning in the 2024-2025 plan year and requires the DOH to assist the AHCA with this transfer of the procurement process.

The bill makes the following changes to the Newborn Screening Program (NSP):

- Updates language to include testing blood samples for multiple conditions, not just phenylketonuria;
- Removes the requirement that the NSP coordinate with the Department of Education (DOE) for consultation; and
- Authorizes licensed genetic counselors to receive newborn screening results.

The bill makes the following changes to the Newborn Hearing Screening Program (NHSP):

- Defines the term "toddler;"
- Provides standardized requirements for hearing screening at hospitals, licensed birth facilities, and birthing centers; and
- Requires all newborn hearing screening providers, audiologists, and early childhood programs conducting hearing screening or diagnostic testing to send specimens directly to the Bureau of Public Health Laboratories, Newborn Screening Laboratory (state laboratory) and to report results to the NHSP for infants and toddlers up to 36 months of age.

The bill provides an effective date of July 1, 2023, except as otherwise expressly provided.

II. Present Situation:

Agency for Health Care Administration (AHCA)

The AHCA was created by ch. 20, F.S., as the chief health policy and planning entity for the state. The AHCA is primarily responsible for the state's Medicaid program, financed by federal and state funds; the licensure and regulation of the state's 48,500 health care facilities; and the sharing of health care data through the Florida Center for Health Information and Policy Analysis.[1]

The Department of Health (DOH)

The DOH has been responsible for the administration of the CMS Network since the program's inception in 1978. CMS was a provider-based, fee-for-service program until August 2014.

Florida Medicaid

Medicaid is the medical assistance program that provides access to health care for low-income families and individuals. Medicaid also assists the elderly and people with disabilities with the costs of nursing facility care and other medical and long-term care expenses.[2]

The structure of each state's Medicaid program varies, and what states must pay for is largely determined by the federal government, as a condition of receiving federal funds.[3] Federal law sets the amount, scope, and duration of services offered in the program, among other requirements. Federal requirements create an entitlement that comes with constitutional due process protections. The federal government sets the minimum mandatory populations to be included in every state Medicaid program. The federal government also sets the minimum mandatory benefits to be covered in every state Medicaid program.[4] States can add benefits, with federal approval. Florida has added many optional benefits, including prescription drugs, adult dental services, and dialysis.[5]

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[1] Agency for Health Care Administration, *About*, available at https://ahca.myflorida.com/about (last visited Mar. 29, 2023).
[2] Agency for Health Care Administration, *Medicaid*, available at https://ahca.myflorida.com/medicaid (last visited Mar. 29, 2023).
[3] Title 42 U.S.C. ss. 1396-1396w-5; Title 42 C.F.R. Part 430-456 (ss. 430.0-456.725) (2016).
[4] Section 409.905, F.S.
[5] Section 409.906, F.S.

States have some flexibility in the provision of Medicaid services. Section 1915(b) of the Social Security Act provides authority for the Secretary of the U.S. Department of Health and Human Services (HHS) to waive requirements to the extent that he or she, "finds it to be cost-effective and efficient and not inconsistent with the purposes of this title."

Section 1115 of the Social Security Act allows states to implement demonstrations of innovative service delivery systems that improve care, increase efficiency, and reduce costs. These laws allow HHS to waive federal requirements to expand populations or services or to try new ways of service delivery.

Florida has operated under Section 1115 waiver to use a comprehensive managed care delivery program model for primary and acute care services since 2014, with the Statewide Medicaid Managed Care (SMMC) and Managed Medical Assistance (MMA) program.[6] Florida also has a waiver under Sections 1915(b) and (c) of the Social Security Act to operate the SMMC Long-Term Care (LTC) program.[7]

The Florida Medicaid program covers over 5.5 million low-income individuals, including approximately 2.5 million children, or 54 percent, of the children in Florida.[8]

Children's Medical Services Network

The CMS Network was established to provide children with special health care needs a family-centered, comprehensive, and coordinated statewide managed system of care and to provide essential preventative, evaluative, and early intervention services for children at risk for or having special health care needs. Originally, the CMS Network, was a fee-for-service program serving children with special health care needs who were enrolled in either Medicaid or the children's Health Insurance Program (CHIP).

In August 2014, the CMS Network was transitioned to a managed care model within the AHCA and became known as the Children's Medical Services Managed Care Plan (CMS). The DOH remains responsible for administering CMS. The AHCA contracts with the DOH to administer CMS. The DOH conducts the clinical eligibility determination for CMS and subcontracts with private vendors for aspects of the plan's operation and provides vendor oversight in the areas of clinical operations, compliance, performance management, family level grievance remedies, and provider technical assistance.

The DOH then sends the contractors' and vendors' invoices for services to the AHCA for payment, often causing delays. The CMS must meet requirements of health plans for participation in the managed medical assistance program established in s. 409.974, F.S., except for the requirement to be competitively procured by the AHCA. Current law has not been updated to reflect the change from the CMS Network to the CMS Managed Care Plan.

[6] Section 409.964, F.S.
[7] Id.
[8] House of Representatives Staff Analysis, *House Bill 1503, 2023 Legislative Session* (Mar. 28, 2023) referencing Agency for Health Care Administration, Presentation to the House Healthcare Regulation Subcommittee, Jan. 18, 2023, (on file in the Senate Committee on Health Policy).

Enrollment in the CMS Network has continually increased, as families choose the value and quality of care the CMS Health Plan offers. In December 2022, the CMS Health Plan provided services to 96,937 Medicaid enrollees and 7,167 members enrolled in CHIP.[9]

CMS Programs

CMS is a compilation of programs that serve children and youth with special health care needs (CYSHCN). Each program is responsible to either provide a managed system of care; preventive, evaluative, or early intervention services; or statewide children's services. Programs within CMS include:[10]

- Child Abuse Death Review;
- Child Protection Team and Special Technologies;
- Children's Medical Services Managed Care Plan;
- Children's Multidisciplinary Assessment Team;
- Early Steps;
- Medical Foster Care;
- Newborn Screening;
- Poison Information Center Network;
- Regional Perinatal Intensive Care Centers;
- Safety Net;
- Sexual Abuse Treatment Program;
- Specialty Contracts, including Statewide and Regional Networks for Access and Quality;
- State Systems Development Initiative; and
- Title V for CYSHCN.

Current law does not expressly name all of these programs nor include any powers or duties for the effective operation of some of the CMS programs. For example, s. 391.028, F.S., requires the CMS to implement a program to determine the level of care and medical complexity for pediatric long-term care services. This is a reference to the functions of the Children's Multidisciplinary Assessment Team, which is not expressly mentioned in law. Another example is s. 391.026(13), F.S., which allows the DOH to administer the Children and Youth with Special Health Care Needs portion of the Maternal Child Health block grant, in accordance with Title V of the Social Security Act.[11]

Additional CMS programs or functions administered by the DOH which are not expressly provided for in law include the Medical Foster Care program (MFC),[12] the Safety Net program, CMS Clinical Eligibility Screening, Networks for Access and Quality (referred to as Specialty Contracts), the Child Protection Teams, the Child Abuse Death Review program, and the Sexual

[9] Department of Health, 2023 Agency Legislative Bill Analysis, *House Bill 1503* (Feb. 24, 2023) (on file with the Senate Committee on Health Policy).
[10] Id.
[11] Section 383.14, F.S
[12] CMS is responsible for administering the MFC program which includes recruitment, training, assessment, and facilitating admission of eligible children into the program and designated MFC parent home. Current law does not include language for MFC program. The MFC program is a coordinated effort between CMS, AHCA, and the Department of Children and Families (DCF).

Abuse Treatment program,[13] as well as research and evaluation projects to improve the delivery of services to CYSHCN and conducting clinical screening to determine the medical eligibility of CYSHCN for programs such as Medicaid, CHIP, and Safety Net.[14]

CMS Network Advisory Council and Technical Panels

Sections 391.221 and 391.223, F.S., establish the Statewide CMS Network Advisory Council and technical advisory panels, respectively. These bodies serve to advise the State Surgeon General on the operations of the CMS Network as a fee-for-service program. The CMS Managed Care Plan conformity with the requirements in ch. 409, F.S., in effect renders the role and responsibilities of councils and panels for the operation of the CMS Managed Care Plan duplicative and obsolete. In accordance with s. 20.43(6), F.S., the State Surgeon General retains the authority to implement ad hoc advisory committees, as needed, without the need for this provision specifically for the CMS.

Newborn Screening Program (NSP)

Florida's NBS Program was established in 1965, within the DOH, to promote the screening of all newborns for metabolic, hereditary, and congenital disorders known to result in significant impairment of health or intellect.[15] The NSP also promotes the identification and screening of all newborns in this state and their families for environmental risk factors such as low income, poor education, maternal and family stress, emotional instability, substance abuse, and other high-risk conditions associated with increased risk of infant mortality and morbidity to provide early intervention, remediation, and prevention services.[16] The NBS processes are governed by ss. 383.14 and 383.145, F.S.

The Legislature established the Florida Genetics and Newborn Screening Advisory Council (GNSAC) to advise the DOH about which disorders to include in the NSP panel of screened disorders and the procedures for collecting and transmitting specimens.[17] Newborn Screening began with screening for phenylketonuria (PKU)[18] and now screens for 58 conditions prior to discharge. Of the conditions screened, 55 conditions are screened through the collection of blood spots. Screening of the three remaining conditions – hearing deficiencies, critical congenital heart defect (CCHD), and congenital cytomegalovirus (cCMV) targeted screening – are completed at a birthing facility through point-of-care testing.[19]

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[13] Id.
[14] Department of Health, 2023 Agency Legislative Bill Analysis, *House Bill 1503* (Feb. 24, 2023) (on file with the Senate Committee on Health Policy).
[15] S. 383.14(1), F.S
[16] Id.
[17] Section 383.14(5), F.S.
[18] See Mayo Clinic, Patient Care & Health Information Diseases & Conditions, *Phenylketonuria (PKU)*, available at https://www.mayoclinic.org/diseases-conditions/phenylketonuria/symptoms-causes/syc-20376302#:~:text=Phenylketonuria%20(fen%2Dul%2Dkey,needed%20to%20break%20down%20phenylalanine. (last visited Mar. 29, 2023) Phenylketonuria (fen-ul-key-toe-NU-ree-uh), also called PKU, is a rare inherited disorder that causes an amino acid called phenylalanine to build up in the body. PKU is caused by a change in the phenylalanine hydroxylase (PAH) gene. This gene helps create the enzyme needed to break down phenylalanine. Without the enzyme necessary to break down phenylalanine, a dangerous buildup develops when a person with PKU eats foods that contain protein or eats aspartame, an artificial sweetener. Without treatment this can lead to severe brain damage.
[19] Department of Health, 2023 Agency Legislative Bill Analysis, *House Bill 1503* (Feb. 24, 2023) (on file with the Senate Committee on Health Policy).

The GNSAC coordinates with the Bureau of Public Health Laboratories (BPHL) and CMS as provided in s. 383.14(5), F.S. Historically, the NBS Program has not collaborated with the DOE; however, other programs in this statute, such as Healthy Start, have a longstanding relationship with DOE.[20]

Florida law specifies to whom the NBS Program may release NBS screening results. In 2021, the Florida Legislature passed a measure creating initial licensure and renewal for genetic counselors. Currently, the NBS Program is not permitted to release specimen results to genetic counselors, a situation that can prolong the time before an infant receives treatment.[21]

The NBS Program has set quality benchmarks for collecting specimens and shipping NBS specimens to the state laboratory.[22]

Quality benchmarks for blood spot collection require:
- Less than 1 percent of specimens received by the state laboratory are unsatisfactory for testing; and
- At least 80 percent of specimens should be received at BPHL-Jacksonville no later than three days after collection. To achieve this, specimens should be shipped within 24 hours of collection to the state laboratory via overnight delivery.

Quality benchmarks for CCHD screening require at least 90 percent of specimens submitted must have appropriate CCHD screening data included on the specimen card.

Quality benchmarks for hearing screening require:
- A hearing screening no later than one month of age;
- A diagnosis no later than three months of age; and
- Entry into early intervention services no later than six months of age.

These benchmarks were created using national standards and guidelines established by the Advisory Committee on Heritable Disorders in Newborns and Children, the HHS, and the Joint Committee on Infant Hearing (JCIH). State statutes currently gives the NBS Program authority to create rules.[23]

Florida Administrative Code Rules 64C-7(2022), requires the submitting entity to ensure that a satisfactory newborn screening has been collected. A review of data between 2018-2020 identified 5.5 percent (14,981) of specimens submitted to the state laboratory were unsatisfactory, which means the specimen cannot be tested and the family must return to the hospital, midwife, or pediatrician for another screening. Reviewing the same three years, 21

[20] Id.
[21] Florida Newborn Screening, *What is Newborn Screening?*, available at https://floridanewbornscreening.com/parents/what-isnewborn-screening/ (last visited March 26, 2023). See also *Specimen Collection Card*, available at http://floridanewbornscreening.com/wp-content/uploads/Order-Form.png (last visited Mar. 26, 2023).
[22] Id.
[23] Id.

percent (56,664) of the specimens were received at the state laboratory after three days of collection. Both concerns resulted in a delay in receiving potentially lifesaving treatment.[24]

Section 383.14(2) and (3), F.S., require the office of the inspector general to certify the annual costs of the newborn screening program.

Newborn and Infant Hearing Screening (NBHS)

The DOH NBHS program supports a comprehensive statewide hearing screening and follow-up referral system. The NBHS Program is funded through donations trust and federal grants from the Centers for Disease Control and Prevention (CDC) and the Health Resources and Services Administration (HRSA). In 2022, the Florida Legislature mandated that a hospital or other state-licensed birthing facility test newborns for cCMV should the newborn fail his or her screening for hearing loss before the newborn is 21 days old or before discharge, whichever is earlier. Statewide targeted cCMV screening began on January 1, 2023. CMV screening must be completed prior to 21 days of age to differentiate between congenital and acquired CMV. Newborns with congenital CMV may have birth defects and developmental disabilities. Individuals with acquired CMV typically have mild or no symptoms.[25]

Section 383.145, F.S., requires a newborn hearing screening for all newborns in hospitals before the newborn is discharged from the hospital or other state-licensed birthing facility, unless objected to by the parent or legal guardian. The newborn must be screened for hearing loss to prevent the consequences of unidentified disorders. However, if the screening is not completed before discharge due to scheduling or temporary staffing limitations, the screening must be completed within 21 days after the birth. Before a newborn is discharged from a licensed birth center, such facility must refer the newborn to a licensed audiologist, physician, or hospital for screening for detection of hearing loss and referral for appointment must be made within 30 days after discharge. If the birth is a home birth, the health care provider in attendance must provide a referral to a licensed audiologist, hospital, or other newborn hearing screening provider and the referral for appointment must be made within seven days after the birth.[26]

All screenings must be conducted by a licensed audiologist, a licensed physician, or appropriately supervised individual who has completed documented training specifically for newborn hearing screening. When ordered by the treating physician, screening of a newborn's hearing must include auditory brainstem responses, evoked otoacoustic emissions, or appropriate technology as approved by the federal Food and Drug Administration (FDA).[27]

A child who is diagnosed with a permanent hearing impairment must be referred by the licensee or individual who conducted the screening to the primary care physician for medical management, treatment, and follow-up services. Any child, from birth to 36 months of age who is diagnosed with a hearing impairment that requires ongoing special hearing services must be referred to the CMS's Early Intervention Program by the licensee or individual who conducted

[24] Id.
[25] Department of Health, 2023 Agency Legislative Bill Analysis, *House Bill 1503* (Feb. 24, 2023) (on file with the Senate Committee on Health Policy).
[26] Id.
[27] Id.

the screening. Any person who is not covered through health insurance and cannot afford the costs for testing, must be given a list of newborn hearing screening providers who provide the necessary testing free-of-charge.[28]

Section 391.055(4), F.S., requires newborns with abnormal screenings be referred to the CMS local programs for additional testing and services. With the transition of the CMS Network to the CMS medical managed care, newborns with abnormal screenings are served by the NBS program.

Florida KidCare

Sections 409.810 - 409.821, F.S., are cited as the Florida KidCare Act and provide for Florida's low-cost health insurance for children. The program was created through Title XXI of the Social Security Act and reauthorized in 2009 to provide a defined set of health benefits to uninsured, low-income children through the establishment of a variety of affordable health benefits coverage options from which families may select coverage and through which families may contribute financially to the health care of their children.[29]

Through KidCare's four partners, the program covers children from birth through age 18.[30] The four partners are:

- Florida Healthy Kids Corporation (FHKC) – The FHKC administers Florida Health Kids program for children ages 5 through 18. FHKC determines the eligibility for the non-Medicaid parts of the program, collects monthly premiums, and manages the Florida KidCare customer service call center.
- AHCA – The AHCA administers Medicaid's MediKids program for children ages 1 through 4 and works with the federal government to make sure Florida KidCare follows all federal laws and rules.
- Department of Children and Families (DCF) – The DCF determines eligibility for the Medicaid program and administers the Behavioral Health Network for children ages 5 through 18 with serious emotional disturbances.
- DOH – The DOH administers the CMS Health Plan for children with special health care needs from birth through age 18 and chairs Florida KidCare Coordinating Council.

Currently, more than 2.4 million Florida children are enrolled in Florida KidCare.[31]

III. Effect of Proposed Changes:

Section 1. amends s. 383.14, F.S., to remove obsolete language and update the statutes to current practices in the NBS program to:

- Remove the DOE from parties with whom DOH, CMS and GNSAC must consult about the time and manner that screening and blood tests are to be performed;

[28] Id.
[29] Section 409.9812, F.S.
[30] HealthyKids, A Florida KidCare Partner, *What is Florida KidCare?* available at https://www.healthykids.org/kidcare/what/ (last visited Mar. 29, 2023).
[31] Id.

- Update language to authorize the taking of a blood sample before one week of age for "screening," remove the limiting language that the sample be subject to testing for phenylketonuria, because the DOH NBS program now tests for over 55 conditions and abnormalities;
- Add genetic counselors to practitioners who can receive newborn screening test results;
- Authorize the DOH NBS program to implement systemic improvements for diagnostic reporting and submission of NBS point-of-care specimens and screening results;
- Delete the duplicitous requirement that the DOH, as part of its annual budget, submit a certification by the DOH inspector general, or the director of auditing within the inspector general's office, the annual costs of the uniform testing and reporting procedures of the NBS program; and
- Require all health care practitioners or providers who administer the NBS program screening to send all NBS program specimen cards directly to the state laboratory to avoid delays in testing and results.

Section 2. amends s. 383.145, F.S., which authorizes the NHSP to remove obsolete practices, update for legislative changes, and update to current practice standards, to:
- Define the term "toddler" as child from 12 months to 36 months of age, to comply with federal Health Resources and Services Administration (HRSA) grant requirements for the collection of hearing screening data on infants and toddlers;
- Require licensed birth centers providing maternity and newborn care services to ensure that all newborns are screened for the detection of hearing loss before discharge;
- Require birth centers to ensure that all newborns who do not pass the hearing screen are referred for a test to screen for congenital cytomegalovirus before the newborn becomes 21 days of age;
- Delete the requirement for providers to refer to audiologist or hospital for hearing screening; and
- Require early childhood programs screening infants and toddlers for hearing loss to report screening results to the DOH CMS program within seven days.

Section 3. amends s. 391.016, F.S., to expand the purpose of the CMS programs to include youth and delete the requirement that CMS coordinate and maintain a consistent medical home for participating children.

Section 4. amends s. 391.021, F.S., to rename "Children's Medical Services Network," to "Children's Medical Services Managed Care Plan (CMS MCP)."

Section 5. amends s. 391.025, F.S., to expand the scope of CMS to include the following:
- The addition of toddlers to the Newborn and Infant Hearing Screening Program;
- The CMS MCP;
- The Children's Multidisciplinary Assessment Team;
- The Medical Foster Care Program;
- The Title V program for children and youth with special health care needs;
- The Safety Net Program;
- The Networks for Access and Quality;

- Child Protection Teams and sexual abuse treatment programs established under s. 39.303, F.S.; and
- The State Child Abuse Death Review Committee and local child abuse death review committees established in s. 383.402, F.S.

Section 6. amends s. 391.026, F.S., to:
- Specify DOH powers, duties and responsibilities to serve as a provider and principal case manager for children with special health care needs under Titles XIX and XXI of the Social Security Act;
- Authorize the DOH to administer the Medical Foster Care program, including the following:
  - Recruitment, training, assessment, and monitoring for the program;
  - Monitoring access and facilitating admissions of eligible children and youth to the program and designated Medical Foster Care homes; and
  - Coordination with the DCF and the AHCA, or their designees.

Section 7. amends s. 391.028, F.S., to delete the following program activities under physician supervision on a statewide basis:
- Case management services for network participants;
- Develop treatment plans; and
- Delete the requirement that each CMS area office be directed by a physician who has specialized training and experience in the provision of health care to children and be appointed by the director from the active panel of CMS physician consultants.

Section 8. amends 391.029, F.S., to authorize additional individuals who are eligible to receive CMS program services to include:
- Related to the Regional Perinatal Intensive Care Centers (RIPCC), a high-risk pregnant female who is enrolled in Medicaid;
- Youth from birth to age 21 enrolled in Medicaid;
- Youth with serious special health care needs from birth to 19 years of age who are enrolled in a program under Title XXI of the Social Security Act;
- Youth, subject to available funds, with serious special health care needs from birth to 21 years of age who do not qualify for Medicaid or Title XXI of the Social Security Act but are unable to access, due to lack of providers or lack of financial resources, specialized services that are medically necessary or essential family support services; and
- Youth, subject to available funds, with special health care needs from birth to 21 years of age, as provided in Title V of the Social Security Act.

Section 9. amends s. 391.0315, F.S., to require that benefits under CMS MCPs be equivalent to mandatory Medicaid benefits required under s. 409.905, F.S., and optional Medicaid benefits under s. 409.906, F.S.

Sections 10. repeals s. 391.035, F.S., relating to CMS provider qualifications.

Section 11. amends s. 391.045, F.S., to include non-Medicaid recipient youth with special health care needs who participate in the Florida KidCare program services as CMS reimbursable services.

Section 12. amends s. 391.055, F.S., to:
- Delete network components for CMS service delivery systems;
- Authorize CMC MCPs to contract with school districts;
- Delete the requirement that newborns with abnormal screening results for metabolic or other hereditary and congenital disorders must be referred to CMS for additional testing, medical management, early intervention services, or medical referral.

Section 13. amends s. 391.097, F.S., to authorize the DOH to initiate, fund, and conduct research to improve delivery of CMS.

Section 14. repeals ss. 391.221 and 391.223, F.S., eliminating the CMS Statewide Network Advisory Council and Technical advisory panels.

Section 15. requires the transfer of the procurement and contracting operations of the CMS MCP from the DOH to the AHCA starting the 2024-2025 plan year.

Section 16. requires the transfer of all procurement and contracting operations of the CMS MCP from the DOH to the AHCA, effective October 1, 2024.

Section 17. requires that by November 1, 2023, the AHCA and the DOH must submit to each substantive and fiscal committee of the Legislature having jurisdiction, a report specifying any legislative and administrative changes needed to effectively transfer operations of the CMS MCP from the DOH to the AHCA.

Section 18. amends s. 409.974, F.S., to require the AHCA to competitively procure one or more vendors to provide services for children with special health care needs who are enrolled in Medicaid and children with special health care needs who are enrolled in CHIP for the 2024-2025 plan year. The DOH CMS program must do all the following:
- Assist the AHCA in developing specifications for use in the procurement of vendors and the model contract, including provisions relating to referral, enrollment, disenrollment, access, quality-of-care, network adequacy, care coordination, and service integration;
- Conduct clinical eligibility screening for children with special health care needs who are eligible for or are enrolled in Medicaid or CHIP; and
- Collaborate with the AHCA in the care of children with special health care needs.

Section 19. amends s. 409.166, F.S., effective October 1, 2024, to delete CMS from the list of services providers not covering medical, surgical, hospital, or related services of an adoptive child that were incurred as a result of a physical or mental condition of the child before the adoption, triggering the DOH's authorization to provide to the adoptive parents assistance after the adoption. The bill also amends s. 409.166, F.S., to substitute CMS services for a specialty plan under contract with the AHCA to serve children with special heath care needs.

Sections 20 through 27. amend ss. 409.811, 409.813, 409.8134, 409.814, 409.815, 409.8177, 409.818, 409.912, 409.9126, F.S., effective October 1, 2024, with technical changes to reflect the transfer of all operations of the CMS MCP from the DOH to the AHCA, effective October 1, 2024.

Section 28. amends s. 409.9126, F.S., deleting the DOH's ability to contract with the AHCA to provide services to children with special health care needs effective October 1, 2024.

Sections 29 through 31. amend ss. 409.9131, 409.920, and 409.962, F.S., effective October 1, 2024, relating to Medicaid overpayments, Medicaid fraud and Medicaid eligible plans, and deletes references to Children's Medical Services Network.

Section 31. Provides an effective date of July 1, 2023, except as otherwise expressly provided.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

D. State Tax or Fee Increases:

None.

E. Other Constitutional Issues:

None.

V. Fiscal Impact Statement:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

The bill is designed to streamline the payment and reimbursement process for venders, providers, and the AHCA.

C. Government Sector Impact:

The bill is designed to streamline the vender, provider and operational procurement, and contracting for CMS MCP and Medicaid for the care of Florida's children with special health care needs.

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Statutes Affected:

This bill substantially amends the following sections of the Florida Statutes: 383.14, 383.145, 391.016, 391.021, 391.025, 391.026, 391.028, 391.029, 391.0315, 391.045, 391.055, 391.097, 409.974, 409.166, 409.811, 409.813, 409.8134, 409.814, 409.815, 409.8177, 409.818, 409.912, 409.9126, 409.9131, 409.920, and 409.962.

This bill repeals the following sections of the Florida Statutes: 391.035, 391.221, and 391.223.

IX. Additional Information:

A. Committee Substitute – Statement of Substantial Changes:
(Summarizing differences between the Committee Substitute and the prior version of the bill.)

CS by Health Policy April 4. 2023:
The CS revises the bill's placement of children who meet clinical CMS eligibility within the Kidcare program by providing that such children will be assigned to and may opt-out of a specialty plan under contract with the AHCA to serve children with special health care needs, instead of being assigned to the CMS Managed Care Plan or the CMS Network as provided under the bill and current law, respectively. The CS makes a similar revision to a separate statutory provision relating to a requirement to complete an application and a clinical screening.

B. Amendments:

None.