

1 A bill to be entitled
2 An act relating to the Children's Medical Services
3 program; transferring operation of the Children's
4 Medical Services Managed Care Plan from the Department
5 of Health to the Agency for Health Care
6 Administration, effective on a specified date;
7 providing construction as to judicial and
8 administrative actions pending as of a specified date
9 and time; requiring the department's Children's
10 Medical Services (CMS) program to collaborate with the
11 agency in the care of children and youth with special
12 health care needs; requiring the CMS program to
13 conduct certain clinical eligibility screenings and
14 provide ongoing consultation to the agency for a
15 specified purpose; amending s. 409.974, F.S.;;
16 requiring the CMS program to transfer operation of
17 certain managed care contracts from the department to
18 the agency effective on a specified date; requiring
19 the CMS program to conduct clinical eligibility
20 screening for certain children and youth with special
21 health care needs; requiring the program to provide
22 ongoing consultation to the agency for a specified
23 purpose; requiring the agency to establish specific
24 measures for evaluation of services provided to
25 children and youth with special health care needs;

26 requiring the agency to contract with an independent
 27 evaluator to conduct the evaluation of services
 28 provided; specifying requirements for the evaluation;
 29 requiring the agency to submit the results of the
 30 evaluation to the Governor and the Legislature by a
 31 specified date; amending s. 391.016, F.S.; revising
 32 the purposes and functions of the CMS program;
 33 amending s. 391.021, F.S.; revising definitions;
 34 amending s. 391.025, F.S.; revising the scope of the
 35 CMS program; amending s. 391.026, F.S.; revising the
 36 powers and duties of the department to conform to
 37 changes made by the act; providing for the future
 38 repeal of s. 391.026(8) through (11), F.S., relating
 39 to the department's oversight and administration of
 40 the CMS program; repealing s. 391.028, F.S., relating
 41 to administration of the program; amending s. 391.029,
 42 F.S.; revising program eligibility requirements;
 43 conforming provisions to changes made by the act;
 44 amending s. 391.0315, F.S.; conforming provisions to
 45 changes made by the act; providing for future repeal
 46 of specified provisions; repealing ss. 391.035,
 47 391.037, 391.045, 391.047, 391.055, and 391.071, F.S.,
 48 relating to provider qualifications, physicians and
 49 private sector services, provider reimbursements,
 50 third-party payments, service delivery systems under

51 the program, and quality of care requirements,
 52 respectively; amending s. 391.097, F.S.; conforming a
 53 provision to changes made by the act; repealing part
 54 II of ch. 391, F.S., consisting of ss. 391.221 and
 55 391.223, F.S., relating to Children's Medical Services
 56 councils and panels; amending ss. 409.166, 409.811,
 57 409.813, 409.8134, 409.814, 409.815, 409.8177,
 58 409.818, 409.912, 409.9126, 409.9131, 409.920, and
 59 409.962, F.S.; conforming provisions to changes made
 60 by the act; requiring the Agency for Health Care
 61 Administration to develop a comprehensive plan to
 62 redesign the Florida Medicaid Model Waiver for home
 63 and community-based services to include children who
 64 receive private duty nursing services; providing
 65 requirements for the redesign of waiver program;
 66 requiring the Agency for Health Care Administration to
 67 submit a report to the Governor, the President of the
 68 Senate, and the Speaker of the House of
 69 Representatives by a specified date; providing
 70 effective dates.

71

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

73

74 **Section 1.** Transfer of operation of the Children's Medical
 75 Services Managed Care Plan.—

76 (1) Effective July 1, 2025, all statutory powers, duties,
77 functions, records, personnel, pending issues, existing
78 contracts, administrative authority, administrative rules, and
79 unexpended balances of appropriations, allocations, and other
80 funds for the operation of the Department of Health's Children's
81 Medical Services Managed Care Plan are transferred to the Agency
82 for Health Care Administration.

83 (2) The transfer of operations of the Children's Medical
84 Services Managed Care Plan does not affect the validity of any
85 judicial or administrative action pending as of 11:59 p.m. on
86 the day before the effective date of the transfer to which the
87 Department of Health's Children's Medical Services Managed Care
88 Plan is at that time a party, and the Agency for Health Care
89 Administration shall be substituted as a party in interest in
90 any such action.

91 (3) The Department of Health's Children's Medical Services
92 program shall collaborate with the Agency for Health Care
93 Administration in the care of children and youth with special
94 health care needs. The Department of Health's Children's Medical
95 Services program shall do all of the following:

96 (a) Conduct clinical eligibility screening for children
97 and youth with special health care needs who are eligible for or
98 enrolled in Medicaid or the Children's Health Insurance Program.

99 (b) Provide ongoing consultation to the Agency for Health
100 Care Administration to ensure high-quality, family-centered,

101 coordinated health services within an effective system of care
102 for children and youth with special health care needs.

103 **Section 2. Subsection (4) of section 409.974, Florida**
104 **Statutes, is amended to read:**

105 409.974 Eligible plans.—

106 (4) CHILDREN'S MEDICAL SERVICES ~~NETWORK~~.—

107 (a) The Department of Health's Children's Medical Services
108 program shall do all of the following:

109 1. Effective July 1, 2025, transfer to the agency the
110 operation of managed care contracts procured by the department
111 for Medicaid and Children's Health Insurance Program services
112 provided to children and youth with special health care needs
113 who are enrolled in the Children's Medical Services Managed Care
114 Plan.

115 2. Conduct clinical eligibility screening for children and
116 youth with special health care needs who are eligible for or are
117 enrolled in Medicaid or the Children's Health Insurance Program.

118 3. Provide ongoing consultation to the agency to ensure
119 high-quality, family-centered, coordinated health services are
120 provided within an effective system of care for children and
121 youth with special health care needs.

122 (b) The agency shall establish specific measures of
123 access, quality, and costs of providing health care services to
124 children and youth with special health care needs. The agency
125 shall contract with an independent evaluator to conduct an

126 evaluation of services provided. The evaluation must include,
127 but need not be limited to, all of the following:

128 1. A performance comparison of plans contracted to provide
129 services to children and youth with special health care needs as
130 well as plans contracted to serve a broader population of
131 Managed Medical Assistance enrollees. The performance comparison
132 must be based on the measures established by the agency and
133 differentiated based on the age and medical condition or
134 diagnosis of patients receiving services under each plan.

135 2. For each plan, an assessment of cost savings, patient
136 choice, access to services, coordination of care, person-
137 centered planning, health and quality-of-life outcomes, patient
138 and provider satisfaction, and provider networks and quality of
139 care.

140
141 The agency shall submit the results of the evaluation to the
142 Governor, the President of the Senate, and the Speaker of the
143 House of Representatives by January 15, 2028 ~~Participation by~~
144 ~~the Children's Medical Services Network shall be pursuant to a~~
145 ~~single, statewide contract with the agency that is not subject~~
146 ~~to the procurement requirements or regional plan number limits~~
147 ~~of this section. The Children's Medical Services Network must~~
148 ~~meet all other plan requirements for the managed medical~~
149 ~~assistance program.~~

150 **Section 3. Subsection (1) of section 391.016, Florida**

151 **Statutes, is amended to read:**

152 391.016 Purposes and functions.—The Children's Medical
153 Services program is established for the following purposes and
154 authorized to perform the following functions:

155 (1) Provide to children and youth with special health care
156 needs a family-centered, comprehensive, and coordinated
157 statewide managed system of care that links community-based
158 health care with multidisciplinary, regional, and tertiary
159 pediatric specialty care. ~~The program shall coordinate and
160 maintain a consistent medical home for participating children.~~

161 **Section 4. Subsections (1), (2), and (4) of section**
162 **391.021, Florida Statutes, are amended to read:**

163 391.021 Definitions.—When used in this act, the term:

164 ~~(2)(1)~~ "Children's Medical Services Managed Care Plan
165 ~~network~~" or "plan network" means a statewide managed care
166 service system that includes health care providers, as defined
167 in this section.

168 ~~(1)(2)~~ "Children and youth with special health care needs"
169 means those children and youth younger than 21 years of age who
170 have chronic and serious physical, developmental, behavioral, or
171 emotional conditions and who require health care and related
172 services of a type or amount beyond that which is generally
173 required by children and youth.

174 (4) "Eligible individual" means a child or youth with a
175 special health care need or a female with a high-risk pregnancy,

176 who meets the financial and medical eligibility standards
177 established in s. 391.029.

178 **Section 5. Subsection (1) of section 391.025, Florida**
179 **Statutes, is amended to read:**

180 391.025 Applicability and scope.—

181 (1) The Children's Medical Services program consists of
182 the following components:

183 (a) The newborn screening program established in s. 383.14
184 and the newborn, infant, and toddler hearing screening program
185 established in s. 383.145.

186 (b) The regional perinatal intensive care centers program
187 established in ss. 383.15–383.19.

188 (c) The developmental evaluation and intervention program,
189 including the Early Steps Program established in ss. 391.301–
190 391.308.

191 (d) The Children's Medical Services Managed Care Plan
192 through the end of June 30, 2025 ~~network~~.

193 (e) The Children's Multidisciplinary Assessment Team.

194 (f) The Medical Foster Care Program.

195 (g) The Title V Children and Youth with Special Health
196 Care Needs program.

197 (h) The Safety Net Program.

198 (i) Child Protection Teams and sexual abuse treatment
199 programs established under s. 39.303.

200 (j) The State Child Abuse Death Review Committee and local

201 child abuse death review committees established in s. 383.402.

202 **Section 6. Section 391.026, Florida Statutes, is amended**
 203 **to read:**

204 391.026 Powers and duties of the department.—The
 205 department shall have the following powers, duties, and
 206 responsibilities:

207 (1) To provide or contract for the provision of health
 208 services to eligible individuals.

209 (2) To provide services to abused and neglected children
 210 through Child Protection Teams pursuant to s. 39.303.

211 (3) To determine the medical and financial eligibility of
 212 individuals seeking health services from the program.

213 (4) To coordinate a comprehensive delivery system for
 214 eligible individuals to take maximum advantage of all available
 215 funds.

216 (5) To coordinate with programs relating to children's
 217 medical services in cooperation with other public and private
 218 agencies.

219 (6) To initiate and coordinate applications to federal
 220 agencies and private organizations for funds, services, or
 221 commodities relating to children's medical programs.

222 (7) To sponsor or promote grants for projects, programs,
 223 education, or research in the field of children and youth with
 224 special health care needs, with an emphasis on early diagnosis
 225 and treatment.

226 (8) To oversee and operate the Children's Medical Services
 227 Managed Care Plan through the end of June 30, 2025 network.

228 ~~(9) To establish reimbursement mechanisms for the
 229 Children's Medical Services network.~~

230 ~~(10) To establish Children's Medical Services network
 231 standards and credentialing requirements for health care
 232 providers and health care services.~~

233 ~~(11) To serve as a provider and principal case manager for
 234 children with special health care needs under Titles XIX and XXI
 235 of the Social Security Act.~~

236 (9)~~(12)~~ To monitor the provision of health services in the
 237 program, including the utilization and quality of health
 238 services.

239 (10)~~(13)~~ To administer the Children and Youth with Special
 240 Health Care Needs program in accordance with Title V of the
 241 Social Security Act.

242 ~~(14) To establish and operate a grievance resolution
 243 process for participants and health care providers.~~

244 ~~(15) To maintain program integrity in the Children's
 245 Medical Services program.~~

246 (11)~~(16)~~ To receive and manage health care premiums,
 247 capitation payments, and funds from federal, state, local, and
 248 private entities for the program. The department may contract
 249 with a third-party administrator for processing claims,
 250 monitoring medical expenses, and other related services

251 necessary to the efficient and cost-effective operation of the
252 Children's Medical Services Managed Care Plan through the end of
253 June 30, 2025 network. ~~The department is authorized to maintain~~
254 ~~a minimum reserve for the Children's Medical Services network in~~
255 ~~an amount that is the greater of:~~

256 ~~(a) Ten percent of total projected expenditures for Title~~
257 ~~XIX-funded and Title XXI-funded children; or~~

258 ~~(b) Two percent of total annualized payments from the~~
259 ~~Agency for Health Care Administration for Title XIX and Title~~
260 ~~XXI of the Social Security Act.~~

261 (12) ~~(17)~~ To provide or contract for peer review and other
262 quality-improvement activities.

263 (13) ~~(18)~~ To adopt rules pursuant to ss. 120.536(1) and
264 120.54 to administer the Children's Medical Services Act.

265 (14) ~~(19)~~ To serve as the lead agency in administering the
266 Early Steps Program pursuant to part C of the federal
267 Individuals with Disabilities Education Act and part III of this
268 chapter.

269 (15) To administer the Medical Foster Care Program,
270 including all of the following:

271 (a) Recruitment, training, assessment, and monitoring for
272 the Medical Foster Care Program.

273 (b) Monitoring access and facilitating admissions of
274 eligible children and youth to the program and designated
275 medical foster care homes.

276 (c) Coordination with the Department of Children and
277 Families and the Agency for Health Care Administration or their
278 designees.

279 **Section 7.** Effective July, 1, 2025, subsections (8)
280 through (11) of section 391.026, Florida Statutes, as amended by
281 this act, are repealed.

282 **Section 8.** Effective July 1, 2025, section 391.028,
283 Florida Statutes, is repealed.

284 **Section 9. Subsections (2) and (3) of section 391.029,**
285 **Florida Statutes, are amended to read:**

286 391.029 Program eligibility.—

287 (2) The following individuals are eligible to receive
288 services through the program:

289 (a) Related to the regional perinatal intensive care
290 centers, a high-risk pregnant female who is enrolled in
291 Medicaid.

292 (b) Children and youth with serious special health care
293 needs from birth to 21 years of age who are enrolled in
294 Medicaid.

295 (c) Children and youth with serious special health care
296 needs from birth to 19 years of age who are enrolled in a
297 program under Title XXI of the Social Security Act.

298 (3) Subject to the availability of funds, the following
299 individuals may receive services through the Children's Medical
300 Services Safety Net program:

301 (a) Children and youth with serious special health care
302 needs from birth to 21 years of age who do not qualify for
303 Medicaid or Title XXI of the Social Security Act but who are
304 unable to access, due to lack of providers or lack of financial
305 resources, specialized services that are medically necessary or
306 essential family support services. Families shall participate
307 financially in the cost of care based on a sliding fee scale
308 established by the department.

309 (b) Children and youth with special health care needs from
310 birth to 21 years of age, as provided in Title V of the Social
311 Security Act.

312 (c) An infant who receives an award of compensation under
313 s. 766.31(1). ~~The Florida Birth-Related Neurological Injury~~
314 ~~Compensation Association shall reimburse the Children's Medical~~
315 ~~Services Network the state's share of funding, which must~~
316 ~~thereafter be used to obtain matching federal funds under Title~~
317 ~~XXI of the Social Security Act.~~

318 **Section 10. Section 391.0315, Florida Statutes, is amended**
319 **to read:**

320 391.0315 Benefits.—Benefits provided under the Children's
321 Medical Services Managed Care Plan ~~program for children with~~
322 ~~special health care needs~~ shall be equivalent to benefits
323 provided to children as specified in ss. 409.905 and 409.906.
324 The department may offer additional benefits through Children's
325 Medical Services programs for early intervention services,

326 respite services, genetic testing, genetic and nutritional
 327 counseling, and parent support services, if such services are
 328 determined to be medically necessary. This section is repealed
 329 on January 1, 2026.

330 **Section 11.** Section 391.035, Florida Statutes, is
 331 repealed.

332 **Section 12.** Effective January 1, 2026, section 391.037,
 333 Florida Statutes, is repealed.

334 **Section 13.** Section 391.045, Florida Statutes, is
 335 repealed.

336 **Section 14.** Effective January 1, 2026, section 391.047,
 337 Florida Statutes, is repealed.

338 **Section 15.** Effective January 1, 2026, section 391.055,
 339 Florida Statutes, is repealed.

340 **Section 16.** Effective January 1, 2026, section 391.071,
 341 Florida Statutes, is repealed.

342 **Section 17. Section 391.097, Florida Statutes, is amended**
 343 **to read:**

344 391.097 Research and evaluation.—

345 ~~(1)~~ The department may initiate, fund, and conduct
 346 research and evaluation projects to improve the delivery of
 347 children's medical services. The department may cooperate with
 348 public and private agencies engaged in work of a similar nature.

349 ~~(2) The Children's Medical Services network shall be~~
 350 ~~included in any evaluation conducted in accordance with the~~

351 ~~provisions of Title XXI of the Social Security Act as enacted by~~
352 ~~the Legislature.~~

353 **Section 18.** Part II of chapter 391, Florida Statutes,
354 consisting of ss. 391.221 and 391.223, Florida Statutes, is
355 repealed, and part III of that chapter is redesignated as part
356 II.

357 **Section 19. Effective July 1, 2025, paragraph (b) of**
358 **subsection (5) of section 409.166, Florida Statutes, is amended**
359 **to read:**

360 409.166 Children within the child welfare system; adoption
361 assistance program.—

362 (5) ELIGIBILITY FOR SERVICES.—

363 (b) A child who is handicapped at the time of adoption is
364 shall be eligible for services through a plan under contract
365 with the agency to serve children and youth with special health
366 care needs ~~the Children's Medical Services network established~~
367 ~~under part I of chapter 391~~ if the child was eligible for such
368 services before ~~prior to~~ the adoption.

369 **Section 20. Effective July 1, 2025, subsection (7) of**
370 **section 409.811, Florida Statutes, is amended to read:**

371 409.811 Definitions relating to Florida Kidcare Act.—As
372 used in ss. 409.810-409.821, the term:

373 ~~(7) "Children's Medical Services Network" or "network"~~
374 ~~means a statewide managed care service system as defined in s.~~
375 ~~391.021(1).~~

376 **Section 21. Effective July 1, 2025, subsection (1) of**
377 **section 409.813, Florida Statutes, is amended to read:**

378 409.813 Health benefits coverage; program components;
379 entitlement and nonentitlement.—

380 (1) The Florida Kidcare program includes health benefits
381 coverage provided to children through the following program
382 components, which shall be marketed as the Florida Kidcare
383 program:

384 (a) Medicaid;

385 (b) Medikids as created in s. 409.8132;

386 (c) The Florida Healthy Kids Corporation as created in s.
387 624.91;

388 (d) Employer-sponsored group health insurance plans
389 approved under ss. 409.810-409.821; and

390 (e) Plans under contract with the agency to serve children
391 and youth with special health care needs ~~The Children's Medical~~
392 ~~Services network established in chapter 391.~~

393 **Section 22. Effective July 1, 2025, subsection (3) of**
394 **section 409.8134, Florida Statutes, is amended to read:**

395 409.8134 Program expenditure ceiling; enrollment.—

396 (3) Upon determination by the Social Services Estimating
397 Conference that there are insufficient funds to finance the
398 current enrollment in the Florida Kidcare program within current
399 appropriations, the program shall initiate disenrollment
400 procedures to remove enrollees, except those children enrolled

401 in a plan under contract with the agency to serve children with
402 special health care needs ~~the Children's Medical Services~~
403 ~~Network~~, on a last-in, first-out basis until the expenditure and
404 appropriation levels are balanced.

405 **Section 23. Subsection (3) and paragraph (c) of subsection**
406 **(10) of section 409.814, Florida Statutes, are amended to read:**

407 409.814 Eligibility.—A child who has not reached 19 years
408 of age whose family income is equal to or below 300 percent of
409 the federal poverty level is eligible for the Florida Kidcare
410 program as provided in this section. If an enrolled individual
411 is determined to be ineligible for coverage, he or she must be
412 immediately disenrolled from the respective Florida Kidcare
413 program component.

414 (3) A Title XXI-funded child who is eligible for the
415 Florida Kidcare program who is a child with special health care
416 needs, as determined through a medical or behavioral screening
417 instrument, is eligible for health benefits coverage from and
418 shall be assigned to and may opt out of a plan under contract
419 with the agency to serve children with special health care needs
420 ~~the Children's Medical Services Network~~.

421 (10) In determining the eligibility of a child, an assets
422 test is not required. If eligibility for the Florida Kidcare
423 program cannot be verified using reliable data sources in
424 accordance with federal requirements, each applicant shall
425 provide documentation during the application process and the

426 redetermination process, including, but not limited to, the
 427 following:

428 (c) To enroll in a plan under contract with the agency to
 429 service children with special health care needs ~~the Children's~~
 430 ~~Medical Services Network~~, a completed application, including a
 431 Children's Medical Services clinical screening.

432 **Section 24. Effective July 1, 2025, paragraph (t) of**
 433 **subsection (2) of section 409.815, Florida Statutes, is amended**
 434 **to read:**

435 409.815 Health benefits coverage; limitations.—

436 (2) BENCHMARK BENEFITS.—In order for health benefits
 437 coverage to qualify for premium assistance payments for an
 438 eligible child under ss. 409.810-409.821, the health benefits
 439 coverage, except for coverage under Medicaid and Medikids, must
 440 include the following minimum benefits, as medically necessary.

441 (t) *Enhancements to minimum requirements.*—

442 1. This section sets the minimum benefits that must be
 443 included in any health benefits coverage, other than Medicaid or
 444 Medikids coverage, offered under ss. 409.810-409.821. Health
 445 benefits coverage may include additional benefits not included
 446 under this subsection, but may not include benefits excluded
 447 under paragraph (r).

448 2. Health benefits coverage may extend any limitations
 449 beyond the minimum benefits described in this section.

450

451 Except for a plan under contract with the agency to serve
452 children with special health care needs ~~the Children's Medical~~
453 ~~Services Network~~, the agency may not increase the premium
454 assistance payment for either additional benefits provided
455 beyond the minimum benefits described in this section or the
456 imposition of less restrictive service limitations.

457 **Section 25. Effective July 1, 2025, paragraph (i) of**
458 **subsection (1) of section 409.8177, Florida Statutes, is amended**
459 **to read:**

460 409.8177 Program evaluation.—

461 (1) The agency, in consultation with the Department of
462 Health, the Department of Children and Families, and the Florida
463 Healthy Kids Corporation, shall contract for an evaluation of
464 the Florida Kidcare program and shall by January 1 of each year
465 submit to the Governor, the President of the Senate, and the
466 Speaker of the House of Representatives a report of the program.
467 In addition to the items specified under s. 2108 of Title XXI of
468 the Social Security Act, the report shall include an assessment
469 of crowd-out and access to health care, as well as the
470 following:

471 (i) An assessment of the effectiveness of the Florida
472 Kidcare program, including Medicaid, the Florida Healthy Kids
473 program, Medikids, and the plans under contract with the agency
474 to serve children with special health care needs ~~Children's~~
475 ~~Medical Services network~~, and other public and private programs

476 in the state in increasing the availability of affordable
477 quality health insurance and health care for children.

478 **Section 26. Effective July 1, 2025, subsection (4) of**
479 **section 409.818, Florida Statutes, is amended to read:**

480 409.818 Administration.—In order to implement ss. 409.810-
481 409.821, the following agencies shall have the following duties:

482 (4) The Office of Insurance Regulation shall certify that
483 health benefits coverage plans that seek to provide services
484 under the Florida Kidcare program, except those offered through
485 the Florida Healthy Kids Corporation ~~or the Children's Medical~~
486 ~~Services Network~~, meet, exceed, or are actuarially equivalent to
487 the benchmark benefit plan and that health insurance plans will
488 be offered at an approved rate. In determining actuarial
489 equivalence of benefits coverage, the Office of Insurance
490 Regulation and health insurance plans must comply with the
491 requirements of s. 2103 of Title XXI of the Social Security Act.
492 The department shall adopt rules necessary for certifying health
493 benefits coverage plans.

494 **Section 27. Effective July 1, 2025, subsection (11) of**
495 **section 409.912, Florida Statutes, is amended to read:**

496 409.912 Cost-effective purchasing of health care.—The
497 agency shall purchase goods and services for Medicaid recipients
498 in the most cost-effective manner consistent with the delivery
499 of quality medical care. To ensure that medical services are
500 effectively utilized, the agency may, in any case, require a

501 confirmation or second physician's opinion of the correct
502 diagnosis for purposes of authorizing future services under the
503 Medicaid program. This section does not restrict access to
504 emergency services or poststabilization care services as defined
505 in 42 C.F.R. s. 438.114. Such confirmation or second opinion
506 shall be rendered in a manner approved by the agency. The agency
507 shall maximize the use of prepaid per capita and prepaid
508 aggregate fixed-sum basis services when appropriate and other
509 alternative service delivery and reimbursement methodologies,
510 including competitive bidding pursuant to s. 287.057, designed
511 to facilitate the cost-effective purchase of a case-managed
512 continuum of care. The agency shall also require providers to
513 minimize the exposure of recipients to the need for acute
514 inpatient, custodial, and other institutional care and the
515 inappropriate or unnecessary use of high-cost services. The
516 agency shall contract with a vendor to monitor and evaluate the
517 clinical practice patterns of providers in order to identify
518 trends that are outside the normal practice patterns of a
519 provider's professional peers or the national guidelines of a
520 provider's professional association. The vendor must be able to
521 provide information and counseling to a provider whose practice
522 patterns are outside the norms, in consultation with the agency,
523 to improve patient care and reduce inappropriate utilization.
524 The agency may mandate prior authorization, drug therapy
525 management, or disease management participation for certain

526 | populations of Medicaid beneficiaries, certain drug classes, or
527 | particular drugs to prevent fraud, abuse, overuse, and possible
528 | dangerous drug interactions. The Pharmaceutical and Therapeutics
529 | Committee shall make recommendations to the agency on drugs for
530 | which prior authorization is required. The agency shall inform
531 | the Pharmaceutical and Therapeutics Committee of its decisions
532 | regarding drugs subject to prior authorization. The agency is
533 | authorized to limit the entities it contracts with or enrolls as
534 | Medicaid providers by developing a provider network through
535 | provider credentialing. The agency may competitively bid single-
536 | source-provider contracts if procurement of goods or services
537 | results in demonstrated cost savings to the state without
538 | limiting access to care. The agency may limit its network based
539 | on the assessment of beneficiary access to care, provider
540 | availability, provider quality standards, time and distance
541 | standards for access to care, the cultural competence of the
542 | provider network, demographic characteristics of Medicaid
543 | beneficiaries, practice and provider-to-beneficiary standards,
544 | appointment wait times, beneficiary use of services, provider
545 | turnover, provider profiling, provider licensure history,
546 | previous program integrity investigations and findings, peer
547 | review, provider Medicaid policy and billing compliance records,
548 | clinical and medical record audits, and other factors. Providers
549 | are not entitled to enrollment in the Medicaid provider network.
550 | The agency shall determine instances in which allowing Medicaid

551 beneficiaries to purchase durable medical equipment and other
552 goods is less expensive to the Medicaid program than long-term
553 rental of the equipment or goods. The agency may establish rules
554 to facilitate purchases in lieu of long-term rentals in order to
555 protect against fraud and abuse in the Medicaid program as
556 defined in s. 409.913. The agency may seek federal waivers
557 necessary to administer these policies.

558 (11) The agency shall implement a program of all-inclusive
559 care for children. The program of all-inclusive care for
560 children shall be established to provide in-home hospice-like
561 support services to children diagnosed with a life-threatening
562 illness ~~and enrolled in the Children's Medical Services network~~
563 to reduce hospitalizations as appropriate. The agency, in
564 consultation with the Department of Health, may implement the
565 program of all-inclusive care for children after obtaining
566 approval from the Centers for Medicare and Medicaid Services.

567 **Section 28. Effective July 1, 2025, subsection (1) of**
568 **section 409.9126, Florida Statutes, is amended to read:**

569 409.9126 Children with special health care needs.—

570 (1) Except as provided in subsection (4), children
571 eligible for the Children's Medical Services program who receive
572 Medicaid benefits, and other Medicaid-eligible children with
573 special health care needs, are ~~shall be~~ exempt from ~~the~~
574 ~~provisions of s. 409.9122 and shall be served through the~~
575 ~~Children's Medical Services network established in chapter 391.~~

576 **Section 29. Effective July 1, 2025, paragraph (a) of**
577 **subsection (5) of section 409.9131, Florida Statutes, is amended**
578 **to read:**

579 409.9131 Special provisions relating to integrity of the
580 Medicaid program.—

581 (5) DETERMINATIONS OF OVERPAYMENT.—In making a
582 determination of overpayment to a physician, the agency must:

583 (a) Use accepted and valid auditing, accounting,
584 analytical, statistical, or peer-review methods, or combinations
585 thereof. Appropriate statistical methods may include, but are
586 not limited to, sampling and extension to the population,
587 parametric and nonparametric statistics, tests of hypotheses,
588 other generally accepted statistical methods, review of medical
589 records, and a consideration of the physician's client case mix.
590 Before performing a review of the physician's Medicaid records,
591 however, the agency shall make every effort to consider the
592 physician's patient case mix, including, but not limited to,
593 patient age ~~and whether individual patients are clients of the~~
594 ~~Children's Medical Services Network established in chapter 391.~~
595 In meeting its burden of proof in any administrative or court
596 proceeding, the agency may introduce the results of such
597 statistical methods and its other audit findings as evidence of
598 overpayment.

599 **Section 30. Effective July 1, 2025, paragraph (e) of**
600 **subsection (1) of section 409.920, Florida Statutes, is amended**

601 **to read:**

602 409.920 Medicaid provider fraud.—

603 (1) For the purposes of this section, the term:

604 (e) "Managed care plans" means a health insurer authorized
 605 under chapter 624, an exclusive provider organization authorized
 606 under chapter 627, a health maintenance organization authorized
 607 under chapter 641, ~~the Children's Medical Services Network~~
 608 ~~authorized under chapter 391~~, a prepaid health plan authorized
 609 under this chapter, a provider service network authorized under
 610 this chapter, a minority physician network authorized under this
 611 chapter, and an emergency department diversion program
 612 authorized under this chapter or the General Appropriations Act,
 613 providing health care services pursuant to a contract with the
 614 Medicaid program.

615 **Section 31. Effective July 1, 2025, subsection (7) of**
 616 **section 409.962, Florida Statutes, is amended to read:**

617 409.962 Definitions.—As used in this part, except as
 618 otherwise specifically provided, the term:

619 (7) "Eligible plan" means a health insurer authorized
 620 under chapter 624, an exclusive provider organization authorized
 621 under chapter 627, a health maintenance organization authorized
 622 under chapter 641, or a provider service network authorized
 623 under s. 409.912(1) or an accountable care organization
 624 authorized under federal law. For purposes of the managed
 625 medical assistance program, the term also includes ~~the~~

626 ~~Children's Medical Services Network authorized under chapter 391~~
627 ~~and~~ entities qualified under 42 C.F.R. part 422 as Medicare
628 Advantage Preferred Provider Organizations, Medicare Advantage
629 Provider-sponsored Organizations, Medicare Advantage Health
630 Maintenance Organizations, Medicare Advantage Coordinated Care
631 Plans, and Medicare Advantage Special Needs Plans, and the
632 Program of All-inclusive Care for the Elderly.

633 **Section 32.** The Agency for Health Care Administration
634 shall develop a comprehensive plan to redesign the Florida
635 Medicaid Model Waiver for home and community-based services to
636 include children who receive private duty nursing services. The
637 plan must propose an array of tiered services with the goal of
638 ensuring that institutional care is avoided so children can
639 remain in the home or other community setting. The agency must
640 work with stakeholders in developing the plan, including, but
641 not limited to, families of children who are in the model waiver
642 or receiving private duty nursing, advocates for children,
643 providers of services to children receiving private duty
644 nursing, and Statewide Medicaid Managed Care plans. The agency
645 is authorized to contract with necessary experts to assist in
646 developing the plan. The agency must submit a report to the
647 Governor, the President of the Senate, and the Speaker of the
648 House of Representatives by September 30, 2025, addressing, at a
649 minimum, all of the following:

650 (1) The purpose, rationale, and expected benefits of the

651 redesigned waiver plan.

652 (2) The proposed eligibility criteria for clients and
653 service benefit packages to be offered through the redesigned
654 waiver plan. Managed care plans participating in the Statewide
655 Medicaid Managed Care program must provide services under the
656 redesigned waiver plan.

657 (3) A proposed implementation plan and timeline,
658 including, but not limited to, recommendations for the number of
659 clients served by the redesigned waiver plan at initial
660 implementation, changes over time, and any per-client benefit
661 caps.

662 (4) The fiscal impact for the implementation year and
663 projections for the next 5 years determined on an actuarially
664 sound basis.

665 (5) An analysis of the availability of services and
666 service providers that would be offered under the redesigned
667 waiver plan and recommendations to increase availability of such
668 services, as applicable.

669 (6) A list of all stakeholders, public and private, who
670 were consulted or contacted the development of the plan.

671 **Section 33.** Except as otherwise expressly provided in this
672 act, this act shall take effect upon becoming a law.