

FOR CONSIDERATION By the Committee on Appropriations

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1                                   A bill to be entitled  
2       An act relating to health and human services; amending  
3       s. 39.6225, F.S.; revising the minimum age at which a  
4       child may be covered by a guardianship assistance  
5       agreement entered into by his or her permanent  
6       guardian; amending ss. 381.4019 and 381.402, F.S.;  
7       providing for the deposit and use of funds from the  
8       Dental Student Loan Repayment Program and the Florida  
9       Reimbursement Assistance for Medical Education  
10      Program, respectively, which are returned by a  
11      financial institution to the Department of Health;  
12      authorizing the department to submit budget amendments  
13      for a specified purpose; amending s. 409.166, F.S.;  
14      revising the criteria, as of a specified date, for the  
15      Department of Children and Families to make adoption  
16      assistance payments for certain children; amending s.  
17      409.1664, F.S.; revising the amounts of the lump sum  
18      payments that qualifying adoptive employees of state  
19      agencies, veterans, and servicemembers are eligible to  
20      receive; conforming provisions to changes made by the  
21      act; amending s. 409.1451, F.S.; revising eligibility  
22      criteria for certain young adults for postsecondary  
23      education services and support and aftercare services  
24      under the Road-to-Independence Program; amending s.  
25      430.204, F.S.; authorizing area agencies on aging to  
26      carry forward a specified percentage of documented  
27      unexpended state funds, subject to certain conditions;  
28      amending s. 430.84, F.S.; authorizing the Agency for  
29      Health Care Administration to adopt rules to implement

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30 a specified law; amending s. 391.016, F.S.; revising  
31 the purposes and functions of the Children's Medical  
32 Services program; amending s. 391.021, F.S.; revising  
33 definitions; amending s. 391.025, F.S.; revising the  
34 applicability and scope of the program; amending s.  
35 391.026, F.S.; revising the powers and duties of the  
36 Department of Health to conform to changes made by the  
37 act; repealing s. 391.028, F.S., relating to the  
38 administration of the Children's Medical Services  
39 program; amending s. 391.029, F.S.; revising program  
40 eligibility requirements; amending s. 391.0315, F.S.;  
41 conforming provisions to changes made by the act;  
42 repealing ss. 391.035, 391.037, 391.045, 391.047,  
43 391.055, and 391.071, F.S., relating to provider  
44 qualifications, physicians providing private sector  
45 services, reimbursement for health care providers for  
46 services rendered through the Children's Medical  
47 Services network, third-party payments for health  
48 services, service delivery systems, and the Children's  
49 Medical Services program quality of care requirements,  
50 respectively; amending s. 391.097, F.S.; revising  
51 provisions relating to research and evaluation to  
52 conform to changes made by the act; repealing part II  
53 of ch. 391, F.S., relating to Children's Medical  
54 Services councils and panels; transferring operation  
55 of the Children's Medical Services Managed Care Plan  
56 from the Department of Health to the Agency for Health  
57 Care Administration, effective on a specified date;  
58 providing construction as to judicial and

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59 administrative actions pending as of a specified date  
60 and time; requiring the department's Children's  
61 Medical Services program to collaborate with and  
62 assist the agency in specified activities; requiring  
63 the department to conduct certain clinical eligibility  
64 screenings; amending s. 409.974, F.S.; requiring the  
65 department, in consultation with the agency, to  
66 competitively procure and implement one or more  
67 managed care plan contracts to provide services for  
68 certain children with special health care needs;  
69 requiring the department's Children's Medical Services  
70 program to assist the agency in developing certain  
71 specifications for the vendor contracts to provide  
72 services for certain children with special health care  
73 needs; requiring the department to conduct clinical  
74 eligibility screenings for services for such children  
75 and collaborate with the agency in the care of such  
76 children; conforming a provision to changes made by  
77 the act; amending ss. 409.166, 409.811, 409.813,  
78 409.8134, 409.814, 409.815, 409.8177, 409.818,  
79 409.912, 409.9126, 409.9131, 409.920, and 409.962,  
80 F.S.; conforming provisions to changes made by the  
81 act; providing effective dates.

82

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

84

85 Section 1. Subsection (9) of section 39.6225, Florida  
86 Statutes, is amended to read:

87 39.6225 Guardianship Assistance Program.—

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88 (9) Guardianship assistance payments shall only be made for  
89 a young adult whose permanent guardian entered into a  
90 guardianship assistance agreement after the child attained 14 ~~16~~  
91 years of age but before the child attained 18 years of age if  
92 the child is:

93 (a) Completing secondary education or a program leading to  
94 an equivalent credential;

95 (b) Enrolled in an institution that provides postsecondary  
96 or vocational education;

97 (c) Participating in a program or activity designed to  
98 promote or eliminate barriers to employment;

99 (d) Employed for at least 80 hours per month; or

100 (e) Unable to participate in programs or activities listed  
101 in paragraphs (a)-(d) full time due to a physical, intellectual,  
102 emotional, or psychiatric condition that limits participation.

103 Any such barrier to participation must be supported by  
104 documentation in the child's case file or school or medical  
105 records of a physical, intellectual, emotional, or psychiatric  
106 condition that impairs the child's ability to perform one or  
107 more life activities.

108 Section 2. Present subsection (9) of section 381.4019,  
109 Florida Statutes, as amended by SB 7016, 2024 Regular Session,  
110 is redesignated as subsection (10), and a new subsection (9) is  
111 added to that section, to read:

112 381.4019 Dental Student Loan Repayment Program.—The Dental  
113 Student Loan Repayment Program is established to support the  
114 state Medicaid program and promote access to dental care by  
115 supporting qualified dentists and dental hygienists who treat  
116 medically underserved populations in dental health professional

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117 shortage areas or medically underserved areas.

118 (9) Any payments made under this section and subsequently  
119 returned by a financial institution to the department may be  
120 deposited into the Grants and Donations Trust Fund to be used  
121 for the same purpose. Notwithstanding ss. 216.181 and 216.292,  
122 the department may submit budget amendments, subject to the  
123 notice, review, and objection procedures of s. 216.177, to  
124 increase budget authority to make payments under this section.

125 Section 3. Present subsection (8) of section 1009.65,  
126 Florida Statutes, as transferred, renumbered as section 381.402,  
127 Florida Statutes, and amended by SB 7016, 2024 Regular Session,  
128 is redesignated as subsection (9), and a new subsection (8) is  
129 added to that section, to read:

130 381.402 Florida Reimbursement Assistance for Medical  
131 Education Program.—

132 (8) Any payments made under this section and subsequently  
133 returned by a financial institution to the Department of Health  
134 may be deposited into the Grants and Donations Trust Fund to be  
135 used for the same purpose. Notwithstanding ss. 216.181 and  
136 216.292, the department may submit budget amendments, subject to  
137 the notice, review, and objection procedures of s. 216.177, to  
138 increase budget authority to make payments under this section.

139 Section 4. Paragraph (d) of subsection (4) of section  
140 409.166, Florida Statutes, is amended to read:

141 409.166 Children within the child welfare system; adoption  
142 assistance program.—

143 (4) ADOPTION ASSISTANCE.—

144 (d) Effective July 1, 2024 ~~January 1, 2019~~, adoption  
145 assistance payments may be made for a child whose adoptive

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146 parent entered into an initial adoption assistance agreement  
147 after the child reached 14 ~~16~~ years of age but before the child  
148 reached 18 years of age. Such payments may be made until the  
149 child reaches age 21 if the child is:

150 1. Completing secondary education or a program leading to  
151 an equivalent credential;

152 2. Enrolled in an institution that provides postsecondary  
153 or vocational education;

154 3. Participating in a program or activity designed to  
155 promote or eliminate barriers to employment;

156 4. Employed for at least 80 hours per month; or

157 5. Unable to participate in programs or activities listed  
158 in subparagraphs 1.-4. full time due to a physical, an  
159 intellectual, an emotional, or a psychiatric condition that  
160 limits participation. Any such barrier to participation must be  
161 supported by documentation in the child's case file or school or  
162 medical records of a physical, an intellectual, an emotional, or  
163 a psychiatric condition that impairs the child's ability to  
164 perform one or more life activities.

165 Section 5. Subsection (2) of section 409.1664, Florida  
166 Statutes, is amended to read:

167 409.1664 Adoption benefits for qualifying adoptive  
168 employees of state agencies, veterans, servicemembers, and law  
169 enforcement officers.—

170 (2) A qualifying adoptive employee, veteran, law  
171 enforcement officer, or servicemember who adopts a child within  
172 the child welfare system who is difficult to place as described  
173 in s. 409.166(2)(d)2. is eligible to receive a lump-sum monetary  
174 benefit in the amount of \$25,000 ~~\$10,000~~ per such child, subject

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175 to applicable taxes. ~~A law enforcement officer who adopts a~~  
176 ~~child within the child welfare system who is difficult to place~~  
177 ~~as described in s. 409.166(2)(d)2. is eligible to receive a~~  
178 ~~lump-sum monetary benefit in the amount of \$25,000 per such~~  
179 ~~child, subject to applicable taxes.~~ A qualifying adoptive  
180 employee, veteran, law enforcement officer, or servicemember who  
181 adopts a child within the child welfare system who is not  
182 difficult to place as described in s. 409.166(2)(d)2. is  
183 eligible to receive a lump-sum monetary benefit in the amount of  
184 \$10,000 ~~\$5,000~~ per such child, subject to applicable taxes. A  
185 ~~law enforcement officer who adopts a child within the child~~  
186 ~~welfare system who is not difficult to place as described in s.~~  
187 ~~409.166(2)(d)2. is eligible to receive a lump-sum monetary~~  
188 ~~benefit in the amount of \$10,000 per each such child, subject to~~  
189 ~~applicable taxes.~~ A qualifying adoptive employee of a charter  
190 school or the Florida Virtual School may retroactively apply for  
191 the monetary benefit provided in this subsection if such  
192 employee was employed by a charter school or the Florida Virtual  
193 School when he or she adopted a child within the child welfare  
194 system pursuant to chapter 63 on or after July 1, 2015. A  
195 veteran or servicemember may apply for the monetary benefit  
196 provided in this subsection if he or she is domiciled in this  
197 state and adopts a child within the child welfare system  
198 pursuant to chapter 63 on or after July 1, 2020. A law  
199 enforcement officer may apply for the monetary benefit provided  
200 in this subsection if he or she is domiciled in this state and  
201 adopts a child within the child welfare system pursuant to  
202 chapter 63 on or after July 1, 2022.

203 (a) Benefits paid to a qualifying adoptive employee who is

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204 a part-time employee must be prorated based on the qualifying  
205 adoptive employee's full-time equivalency at the time of  
206 applying for the benefits.

207 (b) Monetary benefits awarded under this subsection are  
208 limited to one award per adopted child within the child welfare  
209 system.

210 (c) The payment of a lump-sum monetary benefit for adopting  
211 a child within the child welfare system under this section is  
212 subject to a specific appropriation to the department for such  
213 purpose.

214 Section 6. Paragraph (a) of subsection (2) and paragraph  
215 (a) of subsection (3) of section 409.1451, Florida Statutes, are  
216 amended to read:

217 409.1451 The Road-to-Independence Program.—

218 (2) POSTSECONDARY EDUCATION SERVICES AND SUPPORT.—

219 (a) A young adult is eligible for services and support  
220 under this subsection if he or she:

221 1. Was living in licensed care on his or her 18th birthday  
222 or is currently living in licensed care; or was at least 14 ~~16~~  
223 years of age and was adopted from foster care or placed with a  
224 court-approved dependency guardian after spending at least 6  
225 months in licensed care within the 12 months immediately  
226 preceding such placement or adoption;

227 2. Spent at least 6 months in licensed care before reaching  
228 his or her 18th birthday;

229 3. Earned a standard high school diploma pursuant to s.  
230 1002.3105(5), s. 1003.4281, or s. 1003.4282, or its equivalent  
231 pursuant to s. 1003.435;

232 4. Has been admitted for enrollment as a full-time student



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233 or its equivalent in an eligible postsecondary educational  
234 institution as provided in s. 1009.533. For purposes of this  
235 section, the term "full-time" means 9 credit hours or the  
236 vocational school equivalent. A student may enroll part-time if  
237 he or she has a recognized disability or is faced with another  
238 challenge or circumstance that would prevent full-time  
239 attendance. A student needing to enroll part-time for any reason  
240 other than having a recognized disability must get approval from  
241 his or her academic advisor;

242 5. Has reached 18 years of age but is not yet 23 years of  
243 age;

244 6. Has applied, with assistance from the young adult's  
245 caregiver and the community-based lead agency, for any other  
246 grants and scholarships for which he or she may qualify;

247 7. Submitted a Free Application for Federal Student Aid  
248 which is complete and error free; and

249 8. Signed an agreement to allow the department and the  
250 community-based care lead agency access to school records.

251 (3) AFTERCARE SERVICES.—

252 (a)1. Aftercare services are available to a young adult who  
253 has reached 18 years of age but is not yet 23 years of age and  
254 is:

255 a. Not in foster care.

256 b. Temporarily not receiving financial assistance under  
257 subsection (2) to pursue postsecondary education.

258 c. Eligible for either the Guardianship Assistance Program  
259 extension pursuant to s. 39.6225(9) or the extended adoption  
260 assistance program pursuant to s. 409.166(4) (d), but is not  
261 participating in either program.

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262           2. Subject to available funding, aftercare services as  
263 specified in subparagraph (b)8. are also available to a young  
264 adult who is between the ages of 18 and 22, is receiving  
265 financial assistance under subsection (2), is experiencing an  
266 emergency situation, and whose resources are insufficient to  
267 meet the emergency situation. Such assistance shall be in  
268 addition to any amount specified in paragraph (2) (b).

269           Section 7. Subsection (10) is added to section 430.204,  
270 Florida Statutes, to read:

271           430.204 Community-care-for-the-elderly core services;  
272 departmental powers and duties.-

273           (10) An area agency on aging may carry forward documented  
274 unexpended state funds from one fiscal year to the next. The  
275 cumulative amount carried forward may not exceed 10 percent of  
276 the area agency's planning and service area allocation for the  
277 community-care-for-the-elderly program. Funds that are carried  
278 forward from one fiscal year to the next are subject to all of  
279 the following conditions:

280           (a) The funds may not be used in any manner that would  
281 create increased recurring future obligations, and such funds  
282 may not be used for any type of program or service that is not  
283 currently authorized by existing contracts.

284           (b) Expenditures of the funds must be separately reported  
285 to the department.

286           (c) Any unexpended funds that remain at the end of the  
287 contract period must be returned to the department.

288           (d) The funds may be retained through any contract renewals  
289 or any new procurements as long as the same area agency on aging  
290 is retained by the department.

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291 Section 8. Subsection (5) is added to section 430.84,  
292 Florida Statutes, to read:

293 430.84 Program of All-Inclusive Care for the Elderly.-  
294 (5) RULES.-The agency may adopt rules to implement this  
295 section.

296 Section 9. Subsection (1) of section 391.016, Florida  
297 Statutes, is amended to read:

298 391.016 Purposes and functions.-The Children's Medical  
299 Services program is established for the following purposes and  
300 authorized to perform the following functions:

301 (1) Provide to children and youth with special health care  
302 needs a family-centered, comprehensive, and coordinated  
303 statewide ~~managed~~ system of care that links community-based  
304 health care with multidisciplinary, regional, and tertiary  
305 pediatric specialty care. ~~The program shall coordinate and~~  
306 ~~maintain a consistent medical home for participating children.~~

307 Section 10. Subsections (1), (2), and (4) of section  
308 391.021, Florida Statutes, are amended to read:

309 391.021 Definitions.-When used in this act, the term:

310 (1) "Children's Medical Services Managed Care Plan network"  
311 or "plan network" means a statewide managed care service system  
312 that includes health care providers, as defined in this section.

313 (2) "Children and youth with special health care needs"  
314 means those children and youth younger than 21 years of age who  
315 have chronic and serious physical, developmental, behavioral, or  
316 emotional conditions and who require health care and related  
317 services of a type or amount beyond that which is generally  
318 required by children and youth.

319 (4) "Eligible individual" means a child or youth with a

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320 special health care need or a female with a high-risk pregnancy,  
321 who meets the financial and medical eligibility standards  
322 established in s. 391.029.

323 Section 11. Subsection (1) of section 391.025, Florida  
324 Statutes, is amended to read:

325 391.025 Applicability and scope.—

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

328 (a) The newborn screening program established in s. 383.14  
329 and s. 383.145.

330 (b) The regional perinatal intensive care centers program  
331 established in ss. 383.15-383.19.

332 (c) The developmental evaluation and intervention program,  
333 including the Early Steps Program.

334 (d) The Children's Medical Services Managed Care Plan  
335 through June 30, 2024 ~~network~~.

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

337 (f) The Medical Foster Care Program.

338 (g) The Title V of the Social Security Act program for  
339 children and youth with special health care needs.

340 (h) The Safety Net Program.

341 (i) The Networks for Access and Quality.

342 (j) Child Protection Teams and sexual abuse treatment  
343 programs established under s. 39.303.

344 (k) The State Child Abuse Death Review Committee and local  
345 child abuse death review committees established in s. 383.402.

346 Section 12. Section 391.026, Florida Statutes, is amended  
347 to read:

348 391.026 Powers and duties of the department.—The department

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349 shall have the following powers, duties, and responsibilities:

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

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

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

356 (4) To coordinate a comprehensive delivery system for  
357 eligible individuals to take maximum advantage of all available  
358 funds.

359 (5) To coordinate with programs relating to children's  
360 medical services in cooperation with other public and private  
361 agencies.

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

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

369 (8) To oversee and operate the Children's Medical Services  
370 Managed Care Plan through June 30, 2024 ~~network~~.

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

373 ~~(10) To establish Children's Medical Services network  
374 standards and credentialing requirements for health care  
375 providers and health care services.~~

376 ~~(11) To serve as a provider and principal case manager for  
377 children with special health care needs under Titles XIX and XXI~~

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378 ~~of the Social Security Act.~~

379 ~~(12)~~ To monitor the provision of health services in the  
380 program, including the utilization and quality of health  
381 services.

382 (10)~~(13)~~ To administer the Children and Youth with Special  
383 Health Care Needs program in accordance with Title V of the  
384 Social Security Act.

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

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

389 ~~(16)~~ To receive and manage health care premiums, capitation  
390 payments, and funds from federal, state, local, and private  
391 entities for the program. The department may contract with a  
392 third-party administrator for processing claims, monitoring  
393 medical expenses, and other related services necessary to the  
394 efficient and cost-effective operation of the Children's Medical  
395 Services network. The department is authorized to maintain a  
396 minimum reserve for the Children's Medical Services network in  
397 an amount that is the greater of:

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

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

403 (11)~~(17)~~ To provide or contract for peer review and other  
404 quality-improvement activities.

405 (12)~~(18)~~ To adopt rules pursuant to ss. 120.536(1) and  
406 120.54 to administer the Children's Medical Services Act.

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407 ~~(13)(19)~~ To serve as the lead agency in administering the  
408 Early Steps Program pursuant to part C of the federal  
409 Individuals with Disabilities Education Act and part II ~~III~~ of  
410 this chapter.

411 (14) To administer the Medical Foster Care Program,  
412 including:

413 (a) Recruitment, training, assessment, and monitoring of  
414 the program.

415 (b) Monitoring access and facilitating admissions of  
416 eligible children and youth to the program and designated  
417 medical foster care homes.

418 (c) Coordination with the Department of Children and  
419 Families and the Agency for Health Care Administration or their  
420 designees.

421 Section 13. Section 391.028, Florida Statutes, is repealed.

422 Section 14. Subsections (2) and (3) of section 391.029,  
423 Florida Statutes, are amended to read:

424 391.029 Program eligibility.—

425 (2) The following individuals are eligible to receive  
426 services through the program:

427 (a) Related to the regional perinatal intensive care  
428 centers, a high-risk pregnant female who is enrolled in  
429 Medicaid.

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

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

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436 (3) Subject to the availability of funds, the following  
437 individuals may receive services through the program:

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

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

449 (c) An infant who receives an award of compensation under  
450 s. 766.31(1). The Florida Birth-Related Neurological Injury  
451 Compensation Association shall reimburse the Children's Medical  
452 Services Managed Care Plan Network the state's share of funding,  
453 which must thereafter be used to obtain matching federal funds  
454 under Title XXI of the Social Security Act.

455 Section 15. Section 391.0315, Florida Statutes, is amended  
456 to read:

457 391.0315 Safety net programs ~~Benefits. Benefits provided~~  
458 ~~under the program for children with special health care needs~~  
459 ~~shall be equivalent to benefits provided to children as~~  
460 ~~specified in ss. 409.905 and 409.906.~~ The department may offer  
461 specialized services through the Children's Medical Services  
462 program, including additional benefits for early intervention  
463 services, respite services, genetic testing, genetic and  
464 nutritional counseling, and parent support services, if such



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465 services are determined to be medically necessary.

466 Section 16. Effective January 1, 2025, section 391.035,  
467 Florida Statutes, is repealed.

468 Section 17. Effective January 1, 2025, section 391.037,  
469 Florida Statutes, is repealed.

470 Section 18. Effective January 1, 2025, section 391.045,  
471 Florida Statutes, is repealed.

472 Section 19. Effective January 1, 2025, section 391.047,  
473 Florida Statutes, is repealed.

474 Section 20. Effective January 1, 2025, section 391.055,  
475 Florida Statutes, is repealed.

476 Section 21. Effective January 1, 2025, section 391.071,  
477 Florida Statutes, is repealed.

478 Section 22. Section 391.097, Florida Statutes, is amended  
479 to read:

480 391.097 Research and evaluation.—

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

485 ~~(2) The Children's Medical Services network shall be~~  
486 ~~included in any evaluation conducted in accordance with the~~  
487 ~~provisions of Title XXI of the Social Security Act as enacted by~~  
488 ~~the Legislature.~~

489 Section 23. Part II of chapter 391, Florida Statutes,  
490 consisting of ss. 391.221 and 391.223, Florida Statutes, is  
491 repealed, and part III of that chapter is redesignated as part  
492 II.

493 Section 24. Transfer of operation of the Children's Medical

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494 Services Managed Care Plan.—

495 (1) Effective July 1, 2024, all statutory powers, duties,  
496 functions, records, personnel, pending issues, existing  
497 contracts, administrative authority, administrative rules, and  
498 unexpended balances of appropriations, allocations, and other  
499 funds for the operation of the Department of Health's Children's  
500 Medical Services Managed Care Plan are transferred to the Agency  
501 for Health Care Administration.

502 (2) The transfer of operations of the Children's Medical  
503 Services Managed Care Plan does not affect the validity of any  
504 judicial or administrative action pending as of 11:59 p.m. on  
505 the day before the effective date of the transfer to which the  
506 Department of Health's Children's Medical Services Managed Care  
507 Plan is at that time a party, and the Agency for Health Care  
508 Administration shall be substituted as a party in interest in  
509 any such action.

510 (3) The department's Children's Medical Services program  
511 shall use its knowledge, skill, and ability to collaborate with  
512 the Agency for Health Care Administration in the care of  
513 children and youth with special health care needs. The  
514 department's Children's Medical Services program shall do all of  
515 the following:

516 (a) Assist the agency in developing specifications for use  
517 in the procurement of vendors and the model contract, including  
518 provisions relating to referral, enrollment, disenrollment,  
519 access, quality of care, network adequacy, care coordination,  
520 and service integration.

521 (b) Conduct clinical eligibility screenings for children  
522 and youth with special health care needs who are eligible for or

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523 enrolled in Medicaid or the Children's Health Insurance Program.

524 (c) Provide ongoing consultation to the agency to ensure  
525 high-quality, family-centered, coordinated health services  
526 within an effective system of care for children and youth with  
527 special health care needs.

528 Section 25. Subsection (4) of section 409.974, Florida  
529 Statutes, is amended to read:

530 409.974 Eligible plans.—

531 (4) CHILDREN'S MEDICAL SERVICES ~~NETWORK~~.—The Department of  
532 Health, in consultation with the Agency for Health Care  
533 Administration, shall competitively procure and implement one or  
534 more managed care plan contracts for children and youth with  
535 special health care needs with services beginning by January 1,  
536 2025. The Department of Health's Children's Medical Services  
537 program shall:

538 (a) Effective July 1, 2024, transfer to the agency the  
539 operations of managed care contracts procured by the department  
540 for Medicaid and Children's Health Insurance Program services to  
541 children and youth with special health care needs enrolled in  
542 the Children's Medical Services Managed Care Plan.

543 (b) Assist the agency in developing specifications for use  
544 in the procurement of vendors and the model contract, including  
545 provisions relating to referral, enrollment, disenrollment,  
546 access, quality of care, network adequacy, care coordination,  
547 and service integration.

548 (c) Conduct clinical eligibility screenings for children  
549 and youth with special health care needs who are eligible for or  
550 are enrolled in Medicaid or the Children's Health Insurance  
551 Program.

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552       (d) Provide ongoing consultation to the agency to ensure  
553 high-quality, family-centered, coordinated health services  
554 within an effective system of care for children and youth with  
555 special health care needs ~~Participation by the Children's~~  
556 ~~Medical Services Network shall be pursuant to a single,~~  
557 ~~statewide contract with the agency that is not subject to the~~  
558 ~~procurement requirements or regional plan number limits of this~~  
559 ~~section. The Children's Medical Services Network must meet all~~  
560 ~~other plan requirements for the managed medical assistance~~  
561 ~~program.~~

562       Section 26. Paragraph (f) of subsection (4) and paragraph  
563 (b) of subsection (5) of section 409.166, Florida Statutes, are  
564 amended to read:

565       409.166 Children within the child welfare system; adoption  
566 assistance program.—

567       (4) ADOPTION ASSISTANCE.—

568       (f) The department may provide adoption assistance to the  
569 adoptive parents, subject to specific appropriation, for medical  
570 assistance initiated after the adoption of the child for  
571 medical, surgical, hospital, and related services needed as a  
572 result of a physical or mental condition of the child which  
573 existed before the adoption and is not covered by Medicaid,  
574 Children's Medical Services, or Children's Mental Health  
575 Services. Such assistance may be initiated at any time but must  
576 ~~shall~~ terminate on or before the child's 18th birthday.

577       (5) ELIGIBILITY FOR SERVICES.—

578       (b) A child with special health care needs ~~who is~~  
579 ~~handicapped~~ at the time of adoption shall be eligible for  
580 services through plans that serve children and youth with

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581 special health care needs under parts II and IV of this chapter  
582 ~~the Children's Medical Services network established under part I~~  
583 ~~of chapter 391~~ if the child was eligible for such services prior  
584 to the adoption.

585 Section 27. Subsection (7) of section 409.811, Florida  
586 Statutes, is amended to read:

587 409.811 Definitions relating to Florida Kidcare Act.—As  
588 used in ss. 409.810-409.821, the term:

589 (7) "Children's Medical Services Managed Care Plan Network"  
590 or "plan network" means a statewide managed care service system  
591 as defined in s. 391.021 ~~s. 391.021(1)~~.

592 Section 28. Subsection (1) of section 409.813, Florida  
593 Statutes, is amended to read:

594 409.813 Health benefits coverage; program components;  
595 entitlement and nonentitlement.—

596 (1) The Florida Kidcare program includes health benefits  
597 coverage provided to children through the following program  
598 components, which shall be marketed as the Florida Kidcare  
599 program:

600 (a) Medicaid;

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

602 (c) The Florida Healthy Kids Corporation as created in s.  
603 624.91;

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

606 (e) Plans that serve children and youth with special health  
607 care needs under this part and part IV of this chapter ~~The~~  
608 ~~Children's Medical Services network established in chapter 391.~~

609 Section 29. Subsection (3) of section 409.8134, Florida

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610 Statutes, is amended to read:

611 409.8134 Program expenditure ceiling; enrollment.—

612 (3) Upon determination by the Social Services Estimating  
613 Conference that there are insufficient funds to finance the  
614 current enrollment in the Florida Kidcare program within current  
615 appropriations, the program shall initiate disenrollment  
616 procedures to remove enrollees, except those children enrolled  
617 in plans that serve children and youth with special health care  
618 needs under this part and part IV of this chapter ~~the Children's~~  
619 ~~Medical Services Network~~, on a last-in, first-out basis until  
620 the expenditure and appropriation levels are balanced.

621 Section 30. Subsection (3) and paragraph (c) of subsection  
622 (10) of section 409.814, Florida Statutes, are amended to read:

623 409.814 Eligibility.—A child who has not reached 19 years  
624 of age whose family income is equal to or below 300 percent of  
625 the federal poverty level is eligible for the Florida Kidcare  
626 program as provided in this section. If an enrolled individual  
627 is determined to be ineligible for coverage, he or she must be  
628 immediately disenrolled from the respective Florida Kidcare  
629 program component.

630 (3) A Title XXI-funded child who is eligible for the  
631 Florida Kidcare program who is a child with special health care  
632 needs, as determined through a medical or behavioral screening  
633 instrument, is eligible for health benefits coverage from and  
634 shall be assigned to and may opt out of plans that serve  
635 children and youth with special health care needs under this  
636 part and part IV of this chapter ~~the Children's Medical Services~~  
637 ~~Network~~.

638 (10) In determining the eligibility of a child, an assets

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639 test is not required. If eligibility for the Florida Kidcare  
640 program cannot be verified using reliable data sources in  
641 accordance with federal requirements, each applicant must ~~shall~~  
642 provide documentation during the application process and the  
643 redetermination process, including, but not limited to, the  
644 following:

645 (c) To enroll in plans that serve children and youth with  
646 special health care needs under this part and part IV of this  
647 chapter ~~the Children's Medical Services Network~~, a completed  
648 application, including a Children's Medical Services clinical  
649 screening.

650 Section 31. Paragraph (t) of subsection (2) of section  
651 409.815, Florida Statutes, is amended to read:

652 409.815 Health benefits coverage; limitations.—

653 (2) BENCHMARK BENEFITS.—In order for health benefits  
654 coverage to qualify for premium assistance payments for an  
655 eligible child under ss. 409.810-409.821, the health benefits  
656 coverage, except for coverage under Medicaid and Medikids, must  
657 include the following minimum benefits, as medically necessary.

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

659 1. This section sets the minimum benefits that must be  
660 included in any health benefits coverage, other than Medicaid or  
661 Medikids coverage, offered under ss. 409.810-409.821. Health  
662 benefits coverage may include additional benefits not included  
663 under this subsection, but may not include benefits excluded  
664 under paragraph (r).

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

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668 Except for plans that serve children and youth with special  
669 health care needs under this part and part IV of this chapter  
670 ~~the Children's Medical Services Network~~, the agency may not  
671 increase the premium assistance payment for either additional  
672 benefits provided beyond the minimum benefits described in this  
673 section or the imposition of less restrictive service  
674 limitations.

675 Section 32. Paragraph (i) of subsection (1) of section  
676 409.8177, Florida Statutes, is amended to read:

677 409.8177 Program evaluation.—

678 (1) The agency, in consultation with the Department of  
679 Health, the Department of Children and Families, and the Florida  
680 Healthy Kids Corporation, shall contract for an evaluation of  
681 the Florida Kidcare program and shall by January 1 of each year  
682 submit to the Governor, the President of the Senate, and the  
683 Speaker of the House of Representatives a report of the program.  
684 In addition to the items specified under s. 2108 of Title XXI of  
685 the Social Security Act, the report shall include an assessment  
686 of crowd-out and access to health care, as well as the  
687 following:

688 (i) An assessment of the effectiveness of the Florida  
689 Kidcare program, including Medicaid, the Florida Healthy Kids  
690 program, Medikids, and plans that serve children and youth with  
691 special health care needs under this part and part IV of this  
692 chapter ~~the Children's Medical Services network~~, and other  
693 public and private programs in this ~~the~~ state in increasing the  
694 availability of affordable quality health insurance and health  
695 care for children.

696 Section 33. Subsection (4) of section 409.818, Florida



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697 Statutes, is amended to read:

698 409.818 Administration.—In order to implement ss. 409.810-  
699 409.821, the following agencies shall have the following duties:

700 (4) The Office of Insurance Regulation shall certify that  
701 health benefits coverage plans that seek to provide services  
702 under the Florida Kidcare program, except those offered through  
703 the Florida Healthy Kids Corporation ~~or the Children's Medical~~  
704 ~~Services Network~~, meet, exceed, or are actuarially equivalent to  
705 the benchmark benefit plan and that health insurance plans will  
706 be offered at an approved rate. In determining actuarial  
707 equivalence of benefits coverage, the Office of Insurance  
708 Regulation and health insurance plans must comply with the  
709 requirements of s. 2103 of Title XXI of the Social Security Act.  
710 The department shall adopt rules necessary for certifying health  
711 benefits coverage plans.

712 Section 34. Subsection (11) of section 409.912, Florida  
713 Statutes, is amended to read:

714 409.912 Cost-effective purchasing of health care.—The  
715 agency shall purchase goods and services for Medicaid recipients  
716 in the most cost-effective manner consistent with the delivery  
717 of quality medical care. To ensure that medical services are  
718 effectively utilized, the agency may, in any case, require a  
719 confirmation or second physician's opinion of the correct  
720 diagnosis for purposes of authorizing future services under the  
721 Medicaid program. This section does not restrict access to  
722 emergency services or poststabilization care services as defined  
723 in 42 C.F.R. s. 438.114. Such confirmation or second opinion  
724 shall be rendered in a manner approved by the agency. The agency  
725 shall maximize the use of prepaid per capita and prepaid

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726 aggregate fixed-sum basis services when appropriate and other  
727 alternative service delivery and reimbursement methodologies,  
728 including competitive bidding pursuant to s. 287.057, designed  
729 to facilitate the cost-effective purchase of a case-managed  
730 continuum of care. The agency shall also require providers to  
731 minimize the exposure of recipients to the need for acute  
732 inpatient, custodial, and other institutional care and the  
733 inappropriate or unnecessary use of high-cost services. The  
734 agency shall contract with a vendor to monitor and evaluate the  
735 clinical practice patterns of providers in order to identify  
736 trends that are outside the normal practice patterns of a  
737 provider's professional peers or the national guidelines of a  
738 provider's professional association. The vendor must be able to  
739 provide information and counseling to a provider whose practice  
740 patterns are outside the norms, in consultation with the agency,  
741 to improve patient care and reduce inappropriate utilization.  
742 The agency may mandate prior authorization, drug therapy  
743 management, or disease management participation for certain  
744 populations of Medicaid beneficiaries, certain drug classes, or  
745 particular drugs to prevent fraud, abuse, overuse, and possible  
746 dangerous drug interactions. The Pharmaceutical and Therapeutics  
747 Committee shall make recommendations to the agency on drugs for  
748 which prior authorization is required. The agency shall inform  
749 the Pharmaceutical and Therapeutics Committee of its decisions  
750 regarding drugs subject to prior authorization. The agency is  
751 authorized to limit the entities it contracts with or enrolls as  
752 Medicaid providers by developing a provider network through  
753 provider credentialing. The agency may competitively bid single-  
754 source-provider contracts if procurement of goods or services

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755 results in demonstrated cost savings to the state without  
756 limiting access to care. The agency may limit its network based  
757 on the assessment of beneficiary access to care, provider  
758 availability, provider quality standards, time and distance  
759 standards for access to care, the cultural competence of the  
760 provider network, demographic characteristics of Medicaid  
761 beneficiaries, practice and provider-to-beneficiary standards,  
762 appointment wait times, beneficiary use of services, provider  
763 turnover, provider profiling, provider licensure history,  
764 previous program integrity investigations and findings, peer  
765 review, provider Medicaid policy and billing compliance records,  
766 clinical and medical record audits, and other factors. Providers  
767 are not entitled to enrollment in the Medicaid provider network.  
768 The agency shall determine instances in which allowing Medicaid  
769 beneficiaries to purchase durable medical equipment and other  
770 goods is less expensive to the Medicaid program than long-term  
771 rental of the equipment or goods. The agency may establish rules  
772 to facilitate purchases in lieu of long-term rentals in order to  
773 protect against fraud and abuse in the Medicaid program as  
774 defined in s. 409.913. The agency may seek federal waivers  
775 necessary to administer these policies.

776 (11) The agency shall implement a program of all-inclusive  
777 care for children. The program of all-inclusive care for  
778 children shall be established to provide in-home hospice-like  
779 support services to children diagnosed with a life-threatening  
780 illness and enrolled in plans that serve children and youth with  
781 special health care needs under parts II and IV of this chapter  
782 ~~the Children's Medical Services network~~ to reduce  
783 hospitalizations as appropriate. The agency, in consultation

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784 with the Department of Health, may implement the program of all-  
785 inclusive care for children after obtaining approval from the  
786 Centers for Medicare and Medicaid Services.

787 Section 35. Subsection (1) of section 409.9126, Florida  
788 Statutes, is amended to read:

789 409.9126 Children with special health care needs.—

790 (1) Except as provided in subsection (4), children eligible  
791 for the Children's Medical Services program who receive Medicaid  
792 benefits, and other Medicaid-eligible children with special  
793 health care needs, are ~~shall be~~ exempt from ~~the provisions of s.~~  
794 ~~409.9122 and shall be served through the Children's Medical~~  
795 ~~Services network established in chapter 391.~~

796 Section 36. Paragraph (a) of subsection (5) of section  
797 409.9131, Florida Statutes, is amended to read:

798 409.9131 Special provisions relating to integrity of the  
799 Medicaid program.—

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

802 (a) Use accepted and valid auditing, accounting,  
803 analytical, statistical, or peer-review methods, or combinations  
804 thereof. Appropriate statistical methods may include, but are  
805 not limited to, sampling and extension to the population,  
806 parametric and nonparametric statistics, tests of hypotheses,  
807 other generally accepted statistical methods, review of medical  
808 records, and a consideration of the physician's client case mix.  
809 Before performing a review of the physician's Medicaid records,  
810 however, the agency shall make every effort to consider the  
811 physician's patient case mix, including, but not limited to,  
812 patient age ~~and whether individual patients are clients of the~~

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813 ~~Children's Medical Services Network established in chapter 391.~~  
814 In meeting its burden of proof in any administrative or court  
815 proceeding, the agency may introduce the results of such  
816 statistical methods and its other audit findings as evidence of  
817 overpayment.

818 Section 37. Paragraph (e) of subsection (1) of section  
819 409.920, Florida Statutes, is amended to read:

820 409.920 Medicaid provider fraud.—

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

822 (e) "Managed care plans" means a health insurer authorized  
823 under chapter 624, an exclusive provider organization authorized  
824 under chapter 627, a health maintenance organization authorized  
825 under chapter 641, ~~the Children's Medical Services Network~~  
826 ~~authorized under chapter 391~~, a prepaid health plan authorized  
827 under this chapter, a provider service network authorized under  
828 this chapter, a minority physician network authorized under this  
829 chapter, and an emergency department diversion program  
830 authorized under this chapter or the General Appropriations Act,  
831 providing health care services pursuant to a contract with the  
832 Medicaid program.

833 Section 38. Subsection (7) of section 409.962, Florida  
834 Statutes, is amended to read:

835 409.962 Definitions.—As used in this part, except as  
836 otherwise specifically provided, the term:

837 (7) "Eligible plan" means a health insurer authorized under  
838 chapter 624, an exclusive provider organization authorized under  
839 chapter 627, a health maintenance organization authorized under  
840 chapter 641, or a provider service network authorized under s.  
841 409.912(1) or an accountable care organization authorized under

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842 federal law. For purposes of the managed medical assistance  
843 program, the term also includes ~~the Children's Medical Services~~  
844 ~~Network authorized under chapter 391~~ and entities qualified  
845 under 42 C.F.R. part 422 as Medicare Advantage Preferred  
846 Provider Organizations, Medicare Advantage Provider-sponsored  
847 Organizations, Medicare Advantage Health Maintenance  
848 Organizations, Medicare Advantage Coordinated Care Plans, and  
849 Medicare Advantage Special Needs Plans, and the Program of All-  
850 inclusive Care for the Elderly.

851 Section 39. Except as otherwise expressly provided in this  
852 act, this act shall take effect July 1, 2024.