

FLORIDA HOUSE OF REPRESENTATIVES

FINAL BILL ANALYSIS

This bill analysis was prepared by nonpartisan committee staff and does not constitute an official statement of legislative intent.

BILL #: CS/CS/HB 1085	COMPANION BILL: CS/CS/SB 1490 (Harrell)
TITLE: Children's Medical Services Program	LINKED BILLS: None
SPONSOR(S): Oliver	RELATED BILLS: SB 1166 (Harrell)

FINAL HOUSE FLOOR ACTION:	112 Y's	0 N's	GOVERNOR'S ACTION:	Approved
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SUMMARY

Effect of the Bill:

The bill requires the Department of Health (DOH) to transfer the Children's Medical Services (CMS) managed care plan contracts, which serve children and youth with special health care needs (CYSHCN), to the Agency for Health Care Administration (AHCA).

The bill requires AHCA to develop a plan to redesign the Medicaid Model Waiver to include a new tiered service array for CYSHCN who receive private duty nursing services. The bill requires AHCA to submit a report on the plan to the Governor, the President of the Senate, and the Speaker of the House of Representatives by December 31, 2025. The bill also requires a multiyear evaluation of the current Medicaid service model for medically fragile children, and requires AHCA to submit a final report to the Governor, the President of the Senate, and the Speaker of the House of Representatives by January 15, 2028.

Fiscal or Economic Impact:

The CMS transfer has a budget neutral impact on DOH and AHCA; the fiscal impact of developing the waiver plan and conducting the evaluation are absorbable within existing resources.

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ANALYSIS

EFFECT OF THE BILL:

CS/CS/HB 1085 passed as [CS/CS/SB 1490](#). (Please note that bill section parentheticals do not contain hyperlinks to bill sections for Senate bills).

Medicaid Managed Care

The bill makes changes to Medicaid programs for children and youth with special health care needs (CYSHCN) and medically fragile children.

Children's Medical Services Managed Care Plan

The Agency for Health Care Administration (AHCA) administers the Florida Medicaid program, including the [Statewide Medicaid Managed Care \(SMMC\)](#) program, by which AHCA contracts with managed care plans to deliver health care services to Medicaid recipients. The Department of Health (DOH), through its [Children's Medical Services \(CMS\) Division](#), currently administers a specialty Medicaid managed care program for CYSHCN, under AHCA's SMMC program.

The bill requires DOH to transfer all of the [CMS Managed Care Plan](#) contracts to AHCA. Along with the contracts, the bill requires the DOH CMS Division to transfer all statutory powers, duties, responsibilities, functions, records, personnel, pending issues, existing contracts, administrative authority, administrative rules, and unexpended balances of appropriations, allocations, and other funds for the operation of DOH CMS Managed Care Plan to AHCA, beginning with Fiscal Year 2025-2026. The bill replaces DOH with AHCA as the party of interest in the outstanding

STORAGE NAME: h1085z

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judicial and administrative actions to which the CMS Managed Care Plan is a party. These provisions are effective July 1, 2025. (Sections [1](#) and [2](#)).

While AHCA will administer the CMS Managed Care Plan under the bill, the CMS Division at DOH will continue to make clinical eligibility determinations for enrollment in the CMS Managed Care Plan. (Sections [1](#) and [2](#)).

The bill makes numerous conforming changes in the CMS Division statutes to reflect these changes. (Sections [4](#), [6](#), [7](#), [8](#), [9](#), [10](#), [11](#), [12](#), [13](#), [14](#), [15](#), [16](#), [17](#), [18](#), [19](#), [20](#), [21](#), [22](#), [23](#), [24](#), [25](#), [26](#), [27](#), [28](#), [29](#), [30](#), and [31](#)).

Model Waiver

Currently, AHCA administers a [Medicaid Model Waiver](#) which authorizes Florida to provide [home and community-based services \(HCBS\)](#), and to avoid institutional care, for children with a degenerative spinocerebellar disease diagnosis or who have resided in a pediatric nursing facility for at least 60 consecutive days, require hospital level care, and are medically fragile.

The bill requires AHCA to develop a comprehensive plan to redesign the Medicaid Model Waiver for HCBS to serve children who receive [private duty nursing \(PDN\)](#). The bill requires the plan to propose an array of tiered services for this population group, with the intention to keep certain medically fragile children from institutional care so that they can remain at home or in a community-based setting. The bill requires AHCA to work inclusively with private sector stakeholders, which must, at a minimum, include the families of children who are either Medicaid Model Waiver enrollees or PDN recipients, advocates for children, PDN service providers, and the SMMC plans. The bill authorizes AHCA to contract with necessary experts for assistance in the development of the comprehensive plan. (Section [32](#)).

The bill requires AHCA to submit a report on the proposed redesign to the Governor, the President of the Senate, and the Speaker of the House by December 31, 2025. This bill requires the report to address, at a minimum:

- The purpose, rationale, and expected benefits of the redesigned waiver plan.
- The proposed eligibility criteria for clients and service benefit package that the managed care plans participating in the SMMC program must provide under the redesigned Medicaid Model Waiver.
- The proposed implementation plan and timeline for the redesigned Medicaid Model Waiver, which must include, but is not limited to, recommendations for the number of clients served at initial rollout, changes over time and recommendations for any per-client benefit caps.
- The estimated, actuarially-sound, fiscal impact for Year 1 (implementation year) and for Years 2-6 of the redesigned Medicaid Model Wavier.
- A market analysis that estimates the anticipated availability of services and service providers under the redesigned Medical Model Wavier and that proposes recommendations, if necessary, to increase the availability of services.
- A list of all public and private stakeholders who AHCA consulted or contacted in the development of the comprehensive plan to redesign the Medicaid Model Waiver. (Section [32](#)).

According to AHCA, a redesigned wavier plan will accomplish three goals. Specifically, AHCA believes it can serve a broader range of medically fragile children who receive PDN services, increase the likelihood that these kids reside in home and community-based settings to avoid nursing facilities, and facilitate compliance with a federal order.¹

Performance Measures

¹ Agency for Health Care Administration, Agency Analysis of 2025 House Bill 1085, pp. 6 (Mar. 3, 2025). In 2012, the U.S. Department of Justice sued AHCA alleging violations of federal anti-discrimination law by systematic failure to provide sufficient non-institutional care for medically fragile children. In 2023, a federal district court, relying on *Olmstead v. L.C. ex. rel. Zimring*, 527 U.S. 581 (1999), found that AHCA subjected this class of children to undue institutionalization in pediatric nursing facilities, a form of disability discrimination. The court issued a permanent injunction, ordering AHCA to cover authorized PDN services for medically fragile children, to help them exit institutional care and to improve care coordination. See *United States v. Fla.*, 682 F.Supp.3d 1172 (S.D. Fla. July 24, 2023), appeal pending, No. 23-12331 (docketed July 17, 2023), partially stayed pending appeal, see *A.R. by & through Root v. Sec'y of Agency for Health Care Admin.*, No. 23-12331, 2024 WL 5319135 (11th Cir. Feb. 6, 2024), *per curiam*.

Current law requires AHCA to establish performance measures and standards for SMMC plans, including network adequacy, financial accountability, and patient outcome metrics. AHCA is required to use the federal [Healthcare Effectiveness Data and Information Set \(HEDIS\)](#), other federally-established metrics, and other metrics established by the agency to hold plans accountable for patient outcomes.² AHCA has broad authority in current law to establish any patient outcome performance metric.

The bill requires AHCA to establish specific metrics for healthcare access, quality, and costs regarding medically fragile children, and evaluate plan performance based on those metrics. (Section [2](#)).

In addition, AHCA must contract with an independent evaluator to perform a multi-year comparative analysis of managed care plans serving medically fragile children in the SMMC program, factoring variables of age and medical condition and diagnosis. The comparative analysis must also assess cost savings, patient choice, access to services, care coordination, person-centered planning, health and quality-of-life outcomes, patient and provider satisfaction, and provider networks and quality of care. The bill requires AHCA to submit the results of the evaluation to the Governor, the President of the Senate, and the Speaker of the House by January 15, 2028. (Section [2](#)).

Department of Health Children’s Medical Services Division

Current law authorizes the Children’s Medical Services (CMS) Division within the Department of Health (DOH) to provide essential preventative, evaluative, and early intervention services for children at risk for or having special health care needs, in order to prevent or reduce long-term disabilities.³

The bill codifies within the CMS Division organizing statute, [s. 391.025, F.S.](#), the six CMS Division programs that current law authorizes elsewhere in the Florida Statutes: the state and local Child Abuse Death Review program, the Child Protection Team program, the Poison Information Center Network, the sexual abuse treatment program, Title V block-grant-supported program, and the Safety Net program. (Section [5](#)). Effectively, this has no substantive impact.

The bill establishes, within the CMS Division organizing statute, the two CMS Division programs that current law does not expressly authorize: the [Children’s Multidisciplinary Assessment Team](#) program and the Medical Foster Care program. (Sections [5](#)). The bill vests the CMS Division with the responsibility to perform the following components of the [Medical Foster Care](#) program: recruitment, training, program assessment, program monitoring, access monitoring so that eligible children receive medical foster care, admission assistance to enter the medical foster care program, and coordination with the Department of Children and Families (DCF) and the AHCA. (Section [6](#)). Effectively, the bill grants DOH the statutory authority to continue operating both programs and delineates the role DOH has in administering the Medical Foster Care program alongside DCF and AHCA.

The bill was approved by the Governor on May 23, 2025, ch. 2025-88, L.O.F., and became effective on that date except as otherwise provided. (Section [33](#)).

RULEMAKING:

The bill expands the DOH CMS Division’s existing rulemaking authority under [s. 391.026\(18\), F.S.](#), to administer the Children’s Medical Services Act, specifically to adopt rules to administer the Children’s Multidisciplinary Assessment Team program, the Medical Foster Care program, the Title V Children and Youth for Special Health Care Needs program, the Safety Net program, the Child Protection Team program, the sexual abuse treatment program, and the state and local Child Abuse Death Review committees. (Section [6](#)).

Lawmaking is a legislative power; however, the Legislature may delegate a portion of such power to executive branch agencies to create rules that have the force of law. To exercise this delegated power, an agency must have a grant of rulemaking authority and a law to implement.

² S. [409.967, F.S.](#)

³ S. [391.016, F.S.](#)

FISCAL OR ECONOMIC IMPACT:

STATE GOVERNMENT:

According to AHCA, the transfer of the CMS plan from DOH to AHCA will require the transfer of four full-time equivalent (FTE) positions with associated salary rate of 253,800 and associated budget authority of \$385,458 in multiple appropriation categories to support the transfer of 4 FTEs from DOH to AHCA.⁴ The transfer of FTEs, associated salary rate and funding are provided for in HB 5001, the House of Representatives General Appropriations Act, and the fiscal impact is budget neutral.

Any costs associated with Medicaid Model Waiver redesign plan and the managed care plan evaluation can be absorbed within existing resources.

RELEVANT INFORMATION

SUBJECT OVERVIEW:

Florida Medicaid

Medicaid is the health care safety net for low-income Floridians. Medicaid is a partnership of the federal and state governments established to provide coverage for health services for eligible persons. The Agency for Health Care Administration (AHCA) is responsible for administering the Medicaid Program, licensing and regulating health facilities, and providing health care quality and price information to Floridians.⁵ The Department of Children and Families makes Medicaid eligibility determinations.⁶

The structure of each state's Medicaid program varies, but what states must pay for is largely determined by the federal government, as a condition of receiving federal funds.⁷ The federal government also sets the minimum mandatory benefits to be covered in every state's Medicaid program.⁸

As of January 2025, Florida Medicaid recorded an enrollment total of 4,213,073 people, with 71% enrolled in managed care plans, 28% enrolled in fee-for-service plans, and 1% enrolled in the Program of All-Inclusive Care for the Elderly (PACE).^{9, 10}

Medicaid Managed Care

States may deliver Medicaid services to most enrollees through state-level contracts with comprehensive, risk-based managed care plans, which are often administered by private insurance companies. Instead of the traditional Medicaid fee-for-service model, states pay managed care organizations a fixed per member per month payment for primary care and acute services.¹¹ States can use a managed care delivery system by getting a state plan amendment approved by the federal government. While the state plan authority does not have an expiration date,

⁴ Agency for Health Care Administration, Agency Analysis of 2025 House Bill 1085, pp. 1, 7-8 (Mar. 3, 2025).

⁵ Office of Program Policy Analysis and Government Accountability, *Agency for Health Care Administration*, <https://oppaga.fl.gov/ProgramSummary/ProgramDetail?programNumber=5048> (last visited April 11, 2025).

⁶ *Supra*, FN 4 at 1.

⁷ Title 42 U.S.C. §§ 1396-1396w -5; Title 42 C.F.R. Part 430-456 (§§ 430.0-456.725).

⁸ S. [409.905, F.S.](#) Florida Medicaid Managed Care sets a minimum benefit package that build on top of the federal minimum benefits package. S. [409.973, F.S.](#)

⁹ The Program of All-Inclusive Care for the Elderly (PACE) is a Medicare and Medicaid program that helps people meet their health care needs in the community instead of going to a nursing home or other care facility. Medicaid, PACE, <https://www.medicare.gov/health-drug-plans/health-plans/your-coverage-options/other-medicare-health-plans/PACE> (last visited April 11, 2025).

¹⁰ Florida Agency for Health Care Administration, Current Comprehensive Medicaid Managed Care Enrollment Reports, (Jan. 2025) <https://ahca.myflorida.com/medicaid/midicaid-finance-and-analytics/midicaid-data-analytics/midicaid-monthly-enrollment-report> (last visited April 11, 2025). Select the "Medicaid" tab on the lower toolbar of the Excel Spreadsheet.

¹¹ Robin Rudowitz, Jennifer Tolbert, Alice Burns, Elizabeth Hinton, and Anna Mudumala, "Medicaid 101," KFF (May 28, 2024) <https://www.kff.org/health-policy/101-medicare/?entry=table-of-contents-how-are-medicare-services-delivered> (last visited April 11, 2023). Scroll to the "How Are Medicaid Services Delivered?" section.

this authority does not allow states to require dual eligible persons, indigenous groups, or children with special health care needs to enroll in a managed care program.¹²

Alternatively, states may select waiver vehicles, subject to federal approval, to test new or existing ways to deliver and pay for health care services in Medicaid and the Children’s Health Insurance Program (CHIP).¹³

- 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. Demonstrations must be “budget neutral” to the federal government, and states commonly request and receive additional 5-year extension approvals.¹⁴
- Section 1915(a) of the Social Security Act allows states to implement a voluntary managed care delivery system by contract through competitive procurement.¹⁵
- Section 1915(b) of the Social Security Act allows states to implement a mandatory managed care delivery system using a freedom of choice waiver (to restrict service array), an enrollment broker waiver (to use a centralized broker), a Non-Medicaid services waiver (to direct cost-savings towards add-on benefits for enrollees), and a selective contracting waiver (to restrict the provider network). 1915(b) waivers are valid for two-year renewable terms.¹⁶
- Section 1915(c) of the Social Security Act allows states to implement home and community-based services (HCBS) for certain population groups by waiving Medicaid rules governing institutional care.¹⁷

Managed Medical Assistance

The Managed Medical Assistance program is a Section 1115 waiver, valid through June 30, 2030, that authorizes Florida to use a comprehensive [Statewide Medicaid Managed Care \(SMMC\)](#) delivery model for primary and acute care services.¹⁸ In addition to standard managed care, specialty plans serve distinct populations, such as the Children’s Medical Services Managed Care Plan for children with special health care needs, or those in the child welfare system. Medicaid recipients with HIV/AIDS, serious mental illness, dual enrollment with Medicare, chronic obstructive pulmonary disease, congestive heart failure, or cardiovascular disease may access specialized plans.

On February 1, 2025, AHCA consolidated 11 SMMC regions into 9 SMMC regions, and the map below illustrates the 9 new SMMC regions.¹⁹

¹² Medicaid, Managed Care Authorities: 1932(a) State Plan Basics, <https://www.medicaid.gov/medicaid/managed-care/managed-care-authorities/index.html> (last visited April 11, 2025).

¹³ Medicaid, State Waivers List: Florida, Centers for Medicare & Medicaid Services, https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/index.html?f%5B0%5D=state_waiver_status_facet%3A1561&f%5B1%5D=waiver_state_facet%3A756#content (last visited April 11, 2025).

¹⁴ Elizabeth Hinton and Amaya Diana, “Medicaid Section 1115 Waivers: The Basics,” KFF (Jan. 24, 2025) <https://www.kff.org/medicaid/issue-brief/medicaid-section-1115-waivers-the-basics/> (last visited April 11, 2025); Medicaid, About Section 1115 Demonstrations, <https://www.medicaid.gov/medicaid/section-1115-demonstrations/about-section-1115-demonstrations/index.html> (last visited April 11, 2025).

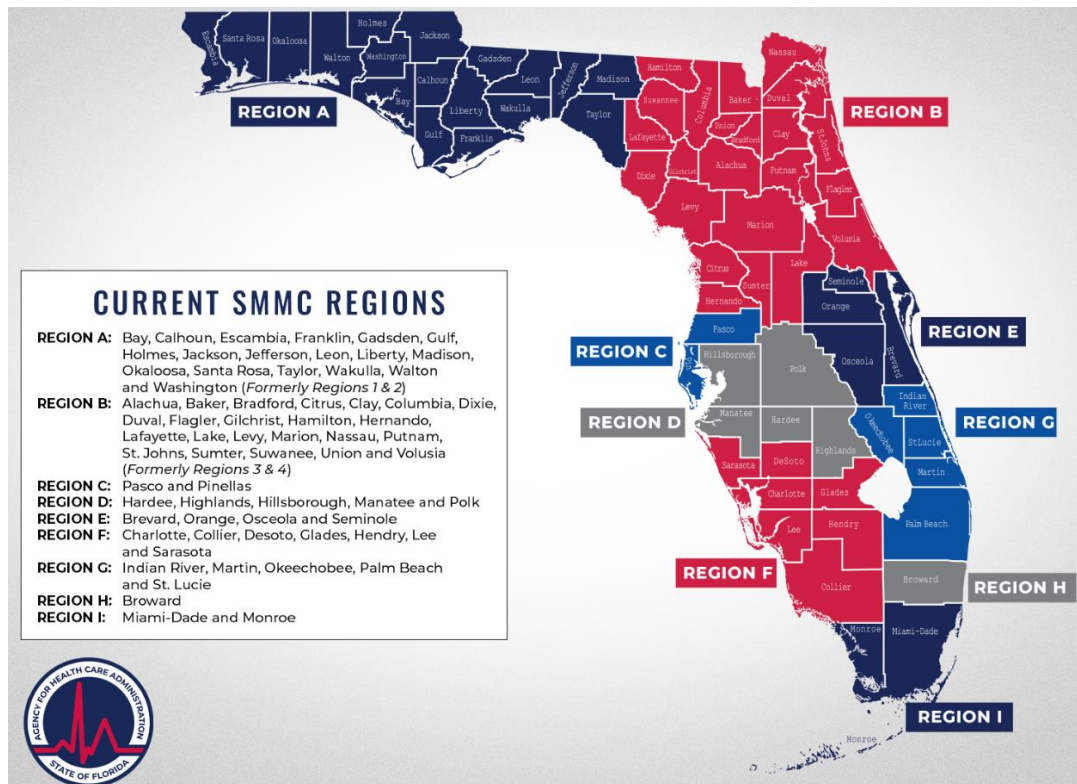
¹⁵ Medicaid, Managed Care Authorities: 1915(a) Waiver Basics, <https://www.medicaid.gov/medicaid/managed-care/managed-care-authorities/index.html> (last visited April 11, 2025).

¹⁶ Medicaid, Managed Care Authorities: 1915(b) Waiver Basics, <https://www.medicaid.gov/medicaid/managed-care/managed-care-authorities/index.html> (last visited April 11, 2025).

¹⁷ Medicaid, Home & Community Based Services Authorities, <https://www.medicaid.gov/medicaid/home-community-based-services/home-community-based-services-authorities/index.html> (last visited April 11, 2025).

¹⁸ See [s. 409.964, F.S.](#) See [s. 409.971, F.S.](#) See KFF, “Medicaid Waiver Tracker: Approved and Pending Section 1115 Waivers by State,” KFF (last updated Feb. 7, 2025) <https://www.kff.org/medicaid/issue-brief/medicaid-waiver-tracker-approved-and-pending-section-1115-waivers-by-state/> (last visited April 11, 2025). Find Table 4 entitled “Approved Section 1115 Medicaid Waivers”.

¹⁹ Agency for Health Care Administration, New Statewide Medicaid Managed Care Regions, <https://ahca.myflorida.com/medicaid/statewide-medicaid-managed-care/new-smmc-regions> (last visited April 11, 2025).



On February 1, 2025, AHCA entered into new managed care contracts, which the chart below depicts.²⁰

SMMC HEALTH PLANS (2025-2030)									DENTAL PLANS (2025-2030)	
REGION	AETNA BETTER HEALTH (AET)	COMMUNITY CARE PLAN (CCP)	FLORIDA COMMUNITY CARE (FCC)	HUMANA MEDICAL PLAN (HUM)	MOLINA HEALTHCARE (MOL)	SIMPLY HEALTHCARE (SHP)	SUNSHINE HEALTH (SUN)	UNITED HEALTHCARE (URA)	DENTAQUEST (DQT)	LIBERTY (LIB)
A			FCC COMP+ (H, S)	HUM COMP+ (H, S)		SHP COMP+ (H, S)	SUN COMP+ (C, H, S)		DENTAQUEST (DENT)	LIBERTY (DENT)
B			FCC COMP+ (H, S)	HUM COMP+ (H, S)		SHP COMP+ (H, S)	SUN COMP+ (C, H, S)	URA COMP+ (H, S)	DENTAQUEST (DENT)	LIBERTY (DENT)
C			FCC COMP+ (H, S)	HUM COMP+ (H, S)		SHP COMP+ (H, S)	SUN COMP+ (C, H, S)		DENTAQUEST (DENT)	LIBERTY (DENT)
D	AET COMP+ (H, S)		FCC COMP+ (H, S)	HUM COMP+ (H, S)		SHP COMP+ (H, S)	SUN COMP+ (C, H, S)	URA COMP+ (H, S)	DENTAQUEST (DENT)	LIBERTY (DENT)
E	AET COMP+ (H, S)	CCP MMA+ (S)	FCC SELECT COMP	HUM COMP+ (H, S)		SHP COMP+ (H, S)	SUN COMP+ (C, H, S)		DENTAQUEST (DENT)	LIBERTY (DENT)
F		CCP MMA+ (S)	FCC SELECT COMP	HUM COMP+ (H, S)		SHP COMP+ (H, S)	SUN COMP+ (C, H, S)		DENTAQUEST (DENT)	LIBERTY (DENT)
G		CCP MMA+ (S)	FCC SELECT COMP	HUM COMP+ (H, S)		SHP COMP+ (H, S)	SUN COMP+ (C, H, S)		DENTAQUEST (DENT)	LIBERTY (DENT)
H		CCP MMA+ (S)	FCC SELECT COMP	HUM COMP+ (H, S)		SHP COMP+ (H, S)	SUN COMP+ (C, H, S)		DENTAQUEST (DENT)	LIBERTY (DENT)
I	AET COMP+ (H, S)	CCP MMA+ (S)	FCC COMP+ (H, S)	HUM COMP+ (H, S)	MOL COMP+ (H, S)	SHP COMP+ (H, S)	SUN COMP+ (C, H, S)	URA COMP+ (H, S)	DENTAQUEST (DENT)	LIBERTY (DENT)

Children's Medical Services Managed Care Plan

Current law vests the Department of Health (DOH) with the power, duty, and responsibility to provide, or contract for, the Children's Medical Services (CMS) Managed Care Plan.²¹ Although DOH has the ultimate authority to

²⁰ Agency for Health Care Administration, Statewide Medicaid Managed Care Plan Poster, <https://ahca.myflorida.com/content/download/25039/file/27061%20SMMC%20Plan%20Poster%2002042025.pdf> (last visited April 11, 2025). COMP+ = Comprehensive Long-Term Care Plus Plan; MMA+ = Managed Medical Assistance Plus Plan; Select Comp = Select Comprehensive Plan; Specialty Services = C (Child Welfare), H (HIV/AIDS), and S (Serious Mental Health Illness).

²¹ See s. 391.025(1)(d), F.S., see s. 391.026(1), F.S.

establish CMS Managed Care Plan standards, credentialing requirements for health care providers and health services, reimbursement mechanisms, and a minimum reserve of rainy-day funds,²² DOH contracts with AHCA to administer the CMS Managed Care Plan.

However, DOH continues to make the clinical eligibility determinations for the CMS Managed Care Plan.²³ DOH remains responsible for vendor oversight in the areas of clinical operations, compliance, performance management, family level grievance remedies, and provider technical assistance.²⁴

The [CMS Managed Care Plan](#), currently operated by Sunshine State Health Plan, Inc. (Sunshine Health), includes a network of primary care physicians, specialty care providers, and case management service providers that serve children and youth under the age of 21 who are Medicaid-eligible and have special healthcare needs that require extensive preventative and ongoing care. These enrollees do not pay a monthly premium.²⁵

According to AHCA's Medicaid enrollment numbers for January 2025, the Sunshine Health CMS managed care plan served 93,217 children and youth, which represents 3% of all SMMC enrollees.²⁶

Home and Community Based Services

Medicaid [home and community-based care services \(HCBS\)](#) are medical and supportive services to help people with the activities of daily living (such as eating and bathing) and the instrumental activities of daily living (such as preparing meals and managing medications). Medicaid HCBS is self-directed care, meaning participants exercise greater autonomy over their service array and their selection of service providers, which in some cases includes paid family caregivers. Beyond paying for their caregiving, Medicaid supports family caregivers with services such as training, support groups, and respite care (which is paid care that allows family caregivers to take a break from their normal responsibilities).²⁷

Medicaid Model Waiver

The [Medicaid Model Waiver](#) is a Section 1915(c) waiver, valid through June 30, 2025,²⁸ that authorizes Florida to provide HCBS to eligible children to delay or prevent institutionalization for the purpose of maintaining stable health while living at home or in their community.²⁹ Specifically, this waiver covers respite care, environmental accessibility adaptations, and transition case management services to children 20 years of age or younger with a degenerative spinocerebellar disease³⁰ diagnosis and to children 20 years of age or younger who are medically fragile and have already resided in a skilled nursing facility for at least 60 consecutive days and meet an "at risk for hospitalization" level of care. However, children that receive private duty nursing services without meeting this

²² S. [391.026, F.S.](#)

²³ S. [391.029\(1\), F.S.](#)

²⁴ S. [391.035, F.S.](#), [s. 391.037, F.S.](#), [s. 391.071, F.S.](#), [s. 391.081, F.S.](#), [s. 391.097, F.S.](#)

²⁵ S. [391.055\(2\), F.S.](#) Sunshine Health, Children's Medical Services Health Plan (Medicaid) <https://www.sunshinehealth.com/members/cms.html> (last visited April 11, 2025). Sunshine Health is a subsidiary of Centene Corporation. Sunshine Health's KidCare enrollees pay a monthly premium.

²⁶ Agency for Health Care Administration, Current Comprehensive Medicaid Managed Care Enrollment Reports, (Jan. 2025) <https://ahca.myflorida.com/medicaid/medicaid-finance-and-analytics/medicaid-data-analytics/medicaid-monthly-enrollment-report> (last visited April 11, 2025). Select the "Medicaid" tab on the lower toolbar of the Excel Spreadsheet.

²⁷ Alice Burns, Abby Wolk, Molly O'Malley Watts, and Maiss Mohamed, "How Do Medicaid Care Programs Support Family Caregivers?" KFF, (Jan. 13, 2025) <https://www.kff.org/medicaid/issue-brief/how-do-medicare-home-care-programs-support-family-caregivers/> (last visited April 11, 2025).

²⁸ Florida first implemented this HCBS waiver in 1991, according to statutory authority for HCBS coverage found in [s. 409.906\(13\), F.S.](#) Medicaid, FL Model Waiver (40166.R06.00), Centers for Medicare & Medicaid Service, <https://www.medicare.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/81361> (last visited April 11, 2025).

²⁹ *Supra*, FN 4 at 3. This waiver permits Florida to disregard family income for certain children when determining HCBS waiver eligibility.

³⁰ Spinocerebellar ataxia (SCA) is a group of inherited brain disorders affecting the cerebellum, a part of the brain vital to coordination of physical movement and the spinal cord. Spinocerebellar Ataxia, Cleveland Clinic, (last reviewed Aug. 29, 2022) <https://my.clevelandclinic.org/health/diseases/24077-spinocerebellar-ataxia> (last visited April 11, 2025).

criterion do not qualify for enrollment slots.³¹ The current eligibility criteria excludes broader categories of medically fragile children who have not already resided in a skilled nursing facility.

The Medicaid Model Waiver currently has 20 enrollment slots (5 for the degenerative spinocerebellar disease population group and 15 for the medically fragile population group).³²

Private Duty Nursing Services / Family Home Health Aide Services

Medicaid [private duty nursing \(PDN\)](#) and family home health aide services provide full-time medically necessary skilled nursing and family home health aide services to recipients under the age of 21 whose medical condition, illness, or injury requires the delivery of health care within the recipient's home or community.³³

SMMC plans reimburse eligible providers offering PDN services or family home health aide services.

- PDN services may only be offered by licensed practical nurses (LPNs) and licensed registered nurses (RNs) who work within their respective scope of practice. LPNs and RNs may either work for a licensed home health agency or be physician-directed and monitored.³⁴
- Family home health aides must be trained by a home health agency and serve only his or her dependent under the age of 21 with an underlying physical, mental, or cognitive impairment that prevents the dependent from safely living independently.³⁵

Federal law requires a Medicaid state plan to provide medical assistance (i.e., private duty nursing services and home health care services) for eligible children under the age of 21 who request screening services and require corrective or ameliorative treatment.³⁶ While Florida Medicaid covers PDN services under the state plan, that coverage does not extend to respite or home modifications.³⁷

The Healthcare Effectiveness Data and Information Set

The [Healthcare Effectiveness Data and Information Set \(HEDIS\)](#) is the National Committee for Quality Assurance (NCQA)'s comparative analytical platform that competitively measures health plan performances. The Centers for Medicare and Medicaid Services contracts with NCQA to assess the quality of health care provided to children and adults through Medicaid and the Children's Health Insurance Program.³⁸ NCQA publishes annual Health Plan Report Cards to evaluate the health plans on the quality of care, patient satisfaction, and health plan's efforts to improve.³⁹ NCQA's 2024 Medicaid health plan report card for Florida's managed care plans is available for review.⁴⁰

Children's Medical Services

³¹ *Supra*, FN 4 at 3; Medicaid, Florida Waiver Description Fact Sheet, <https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/Waiver-Descript-Factsheet/FL#40166> (last visited April 11, 2025). The Department of Health's Children Medical Services program, the Children's Multidisciplinary Assessment Team, determines the "at risk for hospitalization" level care.

³² *Supra*, FN 4 at 3.

³³ Florida Medicaid, *Private Duty Nursing and Family Home Health Aide Services Coverage Policy*, Agency for Health Care Administration, (Sept. 2024) https://ahca.myflorida.com/content/download/7036/file/59G-4.261%20Private%20Duty%20Nursing%20Services%20Coverage%20Policy_FINAL.pdf (last visited April 11, 2025).

³⁴ Florida Medicaid, *Private Duty Nursing and Family Home Health Aide Services Coverage Policy*, Agency for Health Care Administration, (Sept. 2024) https://ahca.myflorida.com/content/download/7036/file/59G-4.261%20Private%20Duty%20Nursing%20Services%20Coverage%20Policy_FINAL.pdf (last visited April 11, 2025).

³⁵ Ch. 2023-183, L.O.F., established the "Home Health Aides for Medically Fragile Children" program in response to the state's HCBS provider shortage and the shortage's negative impact on medically fragile children and their family caregivers.

³⁶ 42 U.S.C. §§ 1396a(a)(43), 1396d(a)(7)-(8), 1396d(r)(5).

³⁷ *Supra*, FN 4 at 3.

³⁸ See Office of Disease Prevention and Health Promotion, Healthcare Effectiveness Data and Information Set, United States Department of Health and Human Services, <https://odphp.health.gov/healthypeople/objectives-and-data/data-sources-and-methods/data-sources/healthcare-effectiveness-data-and-information-set-hedis> (last visited April 11, 2025).

³⁹ Health Plan Ratings, National Committee for Quality Assurance, <https://www.ncqa.org/hedis/health-plan-ratings/> (last visited April 11, 2025).

⁴⁰ Health Plan Report Cards, National Committee for Quality Assurance (last updated Mar. 15, 2025) <https://reportcards.ncqa.org/health-plans?filter-state=Florida&filter-plan=Medicaid&pg=1&dropdown-state=Florida> (last visited April 11, 2025). Select the filters for "Florida" and "Medicaid" to discover health plan ratings and health plan accreditation status.

The Children’s Medical Services Act of 1978 established the [Children’s Medical Services \(CMS\) Division](#) within the Department of Health (DOH) to provide medical services to CYSHCN, particularly those with chronic, crippling or potentially crippling, and physically disabling diseases or conditions.⁴¹ Current law authorizes the CMS Division to provide essential preventative, evaluative, and early intervention services for children at risk for or having special health care needs, in order to prevent or reduce long-term disabilities.⁴²

Although the CMS Division has an organizing statute, [s. 391.025, F.S.](#), that itemizes its various service programs, this organizing statute does not include every service program the CMS Division administers.

The CMS Division organizing statute, [s. 391.025, F.S.](#), includes the following service programs:

- A newborn screening program to identify metabolic disorders, other hereditary and congenital disorders, and environmental risk factors.⁴³
- A regional perinatal intensive care center program to provide a full range of health services to certain women experiencing high-risk pregnancies and certain newborn infants requiring intensive care.⁴⁴
- The “Early Steps Program” to provide evaluations and early interventions to infants and toddlers at risk of developmental disabilities and developmental delays.⁴⁵
- The Children’s Medical Services (CMS) Managed Care Plan⁴⁶ to serve children and youth with special health care needs in a family-centered, comprehensive, and coordinated statewide managed system of care. The CMS unit links community-based health care with multidisciplinary, regional, and tertiary pediatric specialty care while prioritizing consistent medical homes for these children.⁴⁷

Florida law codifies other CMS Division service programs outside of the CMS organizing statute, [s. 391.025, F.S.](#):

- The state and local Child Abuse Death Review program to understand and address the causes and contributing factors of deaths resulting from child abuse, to identify service delivery gaps, and to recommend and implement changes in law, rule, or public policy.⁴⁸
- The Child Protection Team program to provide specialized diagnostic assessments, medical evaluations, expert testimony in court cases, and case managers to develop treatment plans for children referred by the Department of Children and Families.⁴⁹
- The Poison Information Center Network program to provide 24/7 emergency poison information through a toll-free hotline. CMS coordinates all of the regional poison control centers.⁵⁰
- A sexual abuse treatment program to provide specialized therapeutic treatment (i.e., crisis intervention, clinical treatment, and therapy) that assists a victim’s recovery from sexual abuse, prevents developmental impairment, restores the child’s developmental functioning, and promotes healthy, non-abusive relationships.⁵¹
- A Title V block-grant-supported program to serve children and youth with chronic and serious physical, developmental, behavioral, or emotional conditions.⁵²

⁴¹ Ch. 78-106, L.O.F. See Sections 1 and 2.

⁴² S. [391.016, F.S.](#)

⁴³ S. [383.14, F.S.](#)

⁴⁴ S. [383.16, F.S.](#), s. [383.17, F.S.](#)

⁴⁵ S. [391.301, F.S.](#), s. [391.308, F.S.](#)

⁴⁶ Chapter 391 refers to the CMS Managed Care Plan as the CMS Network. DOH previously administered the CMS managed care plan as a provider-based fee-for-service program. In August 2014, the CMS program transformed into a managed care plan within AHCA’s statewide managed care model. However, DOH remains responsible for administering the CMS program. Department of Health, Agency Analysis of 2023 House Bill 1503, see p. 5, (Feb. 24, 2023).

⁴⁷ S. [391.016, F.S.](#)

⁴⁸ S. [383.402\(1\), F.S.](#)

⁴⁹ S. [39.303\(3\), F.S.](#)

⁵⁰ S. [395.1027\(4\), F.S.](#) Florida Poison Control Centers, Mission & Services, <https://floridapoisoncontrol.org/about-the-network/mission-services/> (last visited April 11, 2025).

⁵¹ S. [39.303\(10\), F.S.](#)

⁵² S. [391.026\(13\), F.S.](#) Florida Department of Health, CMS Title V Program, (last updated Nov. 10, 2021)

<https://www.floridahealth.gov/programs-and-services/childrens-health/cms-specialty-programs/title-5-program/index.html> (last visited April 11, 2025).

- The Safety Net program to serve children with chronic health conditions who do not qualify for Medicaid or KidCare on a first-come, first-served basis, subject to appropriations.⁵³

The CMS Division administers two programs without express statutory authority, pursuant to its general directives under the Children Medical Services Act:

- The [Children’s Multidisciplinary Assessment Team](#) (CMAT) interagency program to assess the level of care that a child with special health care needs, with due consideration to medical, emotional, psychosocial, and environmental factors, and to determine the appropriateness of pediatric nursing facility admission. However, AHCA regulations speak to the requirement of the CMAT to make recommendations for the placement of a Medicaid applicant or recipient.⁵⁴ There is no reciprocal DOH regulation and no statute for DOH to implement this program.
- The [Medical Foster Care](#) program to offer medical support, care coordination, and referrals to children residing in a family-based medical foster home. However, this program refers to medical family foster homes, which are licensed by the Department of Children and Families, and are certified by AHCA.⁵⁵ There is no clearly identifiable statutory authority for CMS to participate in the administration of the medical foster care program.

RECENT LEGISLATION:

YEAR	BILL #	HOUSE SPONSOR(S)	SENATE SPONSOR	OTHER INFORMATION
2023	CS/CS/CS/HB 391	Tramont	Harrell	Became law on June 2, 2023.
2023	CS/SB 1548	Grant	Bradley	Passed Senate; Died in House Messages on May 5, 2023).

OTHER RESOURCES:

[Florida Managed Medical Assistance \(MMA\) Waiver](#)
[Florida Model Waiver](#)

⁵³ S. [391.029\(3\)\(a\), F.S.](#), Rule 64C-2.004, F.A.C., Florida Department of Health, Safety Net Program, (last updated Mar. 16, 2023) <https://www.floridahealth.gov/programs-and-services/childrens-health/cms-specialty-programs/safety-net/index.html> (last visited April 11, 2025).

⁵⁴ Rule 59A-4.1295(3)(b), F.A.C. Current law requires AHCA to make rules setting minimum standards of care and minimum staffing requirements for nursing homes serving children and youth. AHCA must collaborate with the CMS Division to exercise AHCA rulemaking authority. See [s. 400.23\(5\), F.S.](#)

⁵⁵ See Rule 59G-4.197, F.A.C., See [s. 409.903, F.S.](#), See [s. 409.175\(5\)\(a\)5., F.S.](#) Department of Health, Medical Foster Care, (last updated Feb. 6, 2025) <https://www.floridahealth.gov/programs-and-services/childrens-health/cms-specialty-programs/medical-foster-care/index.html> (last visited April 11, 2025). See Florida Department of Children and Families, Foster Home Licensing: Levels of Foster Care Licensure, <https://www.myflfamilies.com/services/licensing/foster-care-licensing> (last visited April 11, 2025). License Level V is the Medical Foster Home license.