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LEGISLATIVE ACTION

Senate	.	House
Comm: RCS	.	
04/02/2025	.	
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	.	

The Committee on Health Policy (Harrell) recommended the following:

Senate Amendment (with title amendment)

Delete lines 102 - 691

and insert:

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

409.974 Eligible plans.—

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

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



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11 1. Effective July 1, 2025, transfer to the agency the
12 operation of managed care contracts procured by the department
13 for Medicaid and Children's Health Insurance Program services
14 provided to children and youth with special health care needs
15 who are enrolled in the Children's Medical Services Managed Care
16 Plan.

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

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

24 (b) The agency shall establish specific measures of access,
25 quality, and costs of providing health care services to children
26 and youth with special health care needs. The agency shall
27 contract with an independent evaluator to conduct an evaluation
28 of services provided. The evaluation must include, but need not
29 be limited to, all of the following:

30 1. A performance comparison of plans contracted to provide
31 services to children and youth with special health care needs as
32 well as plans contracted to serve a broader population of
33 Managed Medical Assistance enrollees. The performance comparison
34 must be based on the measures established by the agency and
35 differentiated based on the age and medical condition or
36 diagnosis of patients receiving services under each plan.

37 2. For each plan, an assessment of cost savings, patient
38 choice, access to services, coordination of care, person-
39 centered planning, health and quality-of-life outcomes, patient



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40 and provider satisfaction, and provider networks and quality of
41 care.

42
43 The agency shall submit the results of the evaluation to the
44 Governor, the President of the Senate, and the Speaker of the
45 House of Representatives by January 15, 2028 ~~Participation by~~
46 ~~the Children's Medical Services Network shall be pursuant to a~~
47 ~~single, statewide contract with the agency that is not subject~~
48 ~~to the procurement requirements or regional plan number limits~~
49 ~~of this section. The Children's Medical Services Network must~~
50 ~~meet all other plan requirements for the managed medical~~
51 ~~assistance program.~~

52 Section 3. Subsection (1) of section 391.016, Florida
53 Statutes, is amended to read:

54 391.016 Purposes and functions.—The Children's Medical
55 Services program is established for the following purposes and
56 authorized to perform the following functions:

57 (1) Provide to children and youth with special health care
58 needs a family-centered, comprehensive, and coordinated
59 statewide managed system of care that links community-based
60 health care with multidisciplinary, regional, and tertiary
61 pediatric specialty care. ~~The program shall coordinate and~~
62 ~~maintain a consistent medical home for participating children.~~

63 Section 4. Subsections (1), (2), and (4) of section
64 391.021, Florida Statutes, are reordered and amended to read:

65 391.021 Definitions.—When used in this act, the term:

66 (2) ~~(1)~~ "Children's Medical Services Managed Care Plan
67 ~~network~~" or "plan network" means a statewide managed care
68 service system that includes health care providers, as defined



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69 in this section.

70 ~~(1)(2)~~ "Children and youth with special health care needs"
71 means those children and youth younger than 21 years of age who
72 have chronic and serious physical, developmental, behavioral, or
73 emotional conditions and who require health care and related
74 services of a type or amount beyond that which is generally
75 required by children and youth.

76 (4) "Eligible individual" means a child or youth with a
77 special health care need or a female with a high-risk pregnancy,
78 who meets the financial and medical eligibility standards
79 established in s. 391.029.

80 Section 5. Subsection (1) of section 391.025, Florida
81 Statutes, is amended to read:

82 391.025 Applicability and scope.—

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

85 (a) The newborn screening program established in s. 383.14
86 and the newborn, infant, and toddler hearing screening program
87 established in s. 383.145.

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

90 (c) The developmental evaluation and intervention program,
91 including the Early Steps Program established in ss. 391.301-
92 391.308.

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

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

96 (f) The Medical Foster Care Program.

97 (g) The Title V Children and Youth with Special Health Care



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98 Needs program.

99 (h) The Safety Net Program.

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

102 (j) The State Child Abuse Death Review Committee and local
103 child abuse death review committees established in s. 383.402.

104 Section 6. Section 391.026, Florida Statutes, is amended to
105 read:

106 391.026 Powers and duties of the department.—The department
107 shall have the following powers, duties, and responsibilities:

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

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

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

114 (4) To coordinate a comprehensive delivery system for
115 eligible individuals to take maximum advantage of all available
116 funds.

117 (5) To coordinate with programs relating to children's
118 medical services in cooperation with other public and private
119 agencies.

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

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



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

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

131 ~~(10) To establish Children's Medical Services network
132 standards and credentialing requirements for health care
133 providers and health care services.~~

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

137 ~~(12) To monitor the provision of health services in the
138 program, including the utilization and quality of health
139 services.~~

140 (10)~~(13)~~ To administer the Children and Youth with Special
141 Health Care Needs program in accordance with Title V of the
142 Social Security Act.

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

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

147 (11)~~(16)~~ To receive and manage health care premiums,
148 capitation payments, and funds from federal, state, local, and
149 private entities for the program. The department may contract
150 with a third-party administrator for processing claims,
151 monitoring medical expenses, and other related services
152 necessary to the efficient and cost-effective operation of the
153 Children's Medical Services Managed Care Plan through the end of
154 June 30, 2025 network. ~~The department is authorized to maintain
155 a minimum reserve for the Children's Medical Services network in~~



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156 ~~an amount that is the greater of:~~

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

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

162 ~~(12)-(17)~~ To provide or contract for peer review and other
163 quality-improvement activities.

164 ~~(13)-(18)~~ To adopt rules pursuant to ss. 120.536(1) and
165 120.54 to administer the Children's Medical Services Act.

166 ~~(14)-(19)~~ To serve as the lead agency in administering the
167 Early Steps Program pursuant to part C of the federal
168 Individuals with Disabilities Education Act and part III of this
169 chapter.

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

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

174 (b) Monitoring access and facilitating admissions of
175 eligible children and youth to the program and designated
176 medical foster care homes.

177 (c) Coordination with the Department of Children and
178 Families and the Agency for Health Care Administration or their
179 designees.

180 Section 7. Effective July 1, 2025, subsections (8) through
181 (11) of section 391.026, Florida Statutes, as amended by this
182 act, are repealed.

183 Section 8. Effective July 1, 2025, section 391.028, Florida
184 Statutes, is repealed.



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

187 391.029 Program eligibility.—

188 (2) The following individuals are eligible to receive
189 services through the program:

190 (a) Related to the regional perinatal intensive care
191 centers, a high-risk pregnant female who is enrolled in
192 Medicaid.

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

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

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

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

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

213 (c) An infant who receives an award of compensation under



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214 s. 766.31(1). ~~The Florida Birth-Related Neurological Injury~~
215 ~~Compensation Association shall reimburse the Children's Medical~~
216 ~~Services Network the state's share of funding, which must~~
217 ~~thereafter be used to obtain matching federal funds under Title~~
218 ~~XXI of the Social Security Act.~~

219 Section 10. Section 391.0315, Florida Statutes, is amended
220 to read:

221 391.0315 Benefits.—Benefits provided under the Children's
222 Medical Services Managed Care Plan ~~program for children with~~
223 ~~special health care needs~~ shall be equivalent to benefits
224 provided to children as specified in ss. 409.905 and 409.906.
225 The department may offer additional benefits through Children's
226 Medical Services programs for early intervention services,
227 respite services, genetic testing, genetic and nutritional
228 counseling, and parent support services, if such services are
229 determined to be medically necessary. This section is repealed
230 on January 1, 2026.

231 Section 11. Section 391.035, Florida Statutes, is repealed.

232 Section 12. Effective January 1, 2026, section 391.037,
233 Florida Statutes, is repealed.

234 Section 13. Section 391.045, Florida Statutes, is repealed.

235 Section 14. Effective January 1, 2026, section 391.047,
236 Florida Statutes, is repealed.

237 Section 15. Effective January 1, 2026, section 391.055,
238 Florida Statutes, is repealed.

239 Section 16. Effective January 1, 2026, section 391.071,
240 Florida Statutes, is repealed.

241 Section 17. Section 391.097, Florida Statutes, is amended
242 to read:



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243 391.097 Research and evaluation.—

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

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

252 Section 18. Part II of chapter 391, Florida Statutes,
253 consisting of ss. 391.221 and 391.223, Florida Statutes, is
254 repealed, and part III of that chapter is redesignated as part
255 II.

256 Section 19. Effective July 1, 2025, paragraph (b) of
257 subsection (5) of section 409.166, Florida Statutes, is amended
258 to read:

259 409.166 Children within the child welfare system; adoption
260 assistance program.—

261 (5) ELIGIBILITY FOR SERVICES.—

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

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

270 409.811 Definitions relating to Florida Kidcare Act.—As
271 used in ss. 409.810-409.821, the term:



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272 ~~(7) "Children's Medical Services Network" or "network"~~
273 ~~means a statewide managed care service system as defined in s.~~
274 ~~391.021(1).~~

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

277 409.813 Health benefits coverage; program components;
278 entitlement and nonentitlement.-

279 (1) The Florida Kidcare program includes health benefits
280 coverage provided to children through the following program
281 components, which shall be marketed as the Florida Kidcare
282 program:

283 (a) Medicaid;

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

285 (c) The Florida Healthy Kids Corporation as created in s.
286 624.91;

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

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

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

294 409.8134 Program expenditure ceiling; enrollment.-

295 (3) Upon determination by the Social Services Estimating
296 Conference that there are insufficient funds to finance the
297 current enrollment in the Florida Kidcare program within current
298 appropriations, the program shall initiate disenrollment
299 procedures to remove enrollees, except those children enrolled
300 in a plan under contract with the agency to serve children with



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301 special health care needs ~~the Children's Medical Services~~
302 ~~Network~~, on a last-in, first-out basis until the expenditure and
303 appropriation levels are balanced.

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

306 409.814 Eligibility.—A child who has not reached 19 years
307 of age whose family income is equal to or below 300 percent of
308 the federal poverty level is eligible for the Florida Kidcare
309 program as provided in this section. If an enrolled individual
310 is determined to be ineligible for coverage, he or she must be
311 immediately disenrolled from the respective Florida Kidcare
312 program component.

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

320 (10) In determining the eligibility of a child, an assets
321 test is not required. If eligibility for the Florida Kidcare
322 program cannot be verified using reliable data sources in
323 accordance with federal requirements, each applicant shall
324 provide documentation during the application process and the
325 redetermination process, including, but not limited to, the
326 following:

327 (c) To enroll in a plan under contract with the agency to
328 service children with special health care needs ~~the Children's~~
329 ~~Medical Services Network~~, a completed application, including a



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330 Children's Medical Services clinical screening.

331 Section 24. Effective July 1, 2025, paragraph (t) of
332 subsection (2) of section 409.815, Florida Statutes, is amended
333 to read:

334 409.815 Health benefits coverage; limitations.—

335 (2) BENCHMARK BENEFITS.—In order for health benefits
336 coverage to qualify for premium assistance payments for an
337 eligible child under ss. 409.810-409.821, the health benefits
338 coverage, except for coverage under Medicaid and Medikids, must
339 include the following minimum benefits, as medically necessary.

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

341 1. This section sets the minimum benefits that must be
342 included in any health benefits coverage, other than Medicaid or
343 Medikids coverage, offered under ss. 409.810-409.821. Health
344 benefits coverage may include additional benefits not included
345 under this subsection, but may not include benefits excluded
346 under paragraph (r).

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

349
350 Except for a plan under contract with the agency to serve
351 children with special health care needs ~~the Children's Medical~~
352 ~~Services Network~~, the agency may not increase the premium
353 assistance payment for either additional benefits provided
354 beyond the minimum benefits described in this section or the
355 imposition of less restrictive service limitations.

356 Section 25. Effective July 1, 2025, paragraph (i) of
357 subsection (1) of section 409.8177, Florida Statutes, is amended
358 to read:



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359 409.8177 Program evaluation.—

360 (1) The agency, in consultation with the Department of
361 Health, the Department of Children and Families, and the Florida
362 Healthy Kids Corporation, shall contract for an evaluation of
363 the Florida Kidcare program and shall by January 1 of each year
364 submit to the Governor, the President of the Senate, and the
365 Speaker of the House of Representatives a report of the program.
366 In addition to the items specified under s. 2108 of Title XXI of
367 the Social Security Act, the report shall include an assessment
368 of crowd-out and access to health care, as well as the
369 following:

370 (i) An assessment of the effectiveness of the Florida
371 Kidcare program, including Medicaid, the Florida Healthy Kids
372 program, Medikids, and the plans under contract with the agency
373 to serve children with special health care needs ~~Children's~~
374 ~~Medical Services network~~, and other public and private programs
375 in the state in increasing the availability of affordable
376 quality health insurance and health care for children.

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

379 409.818 Administration.—In order to implement ss. 409.810-
380 409.821, the following agencies shall have the following duties:

381 (4) The Office of Insurance Regulation shall certify that
382 health benefits coverage plans that seek to provide services
383 under the Florida Kidcare program, except those offered through
384 the Florida Healthy Kids Corporation ~~or the Children's Medical~~
385 ~~Services Network~~, meet, exceed, or are actuarially equivalent to
386 the benchmark benefit plan and that health insurance plans will
387 be offered at an approved rate. In determining actuarial



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388 equivalence of benefits coverage, the Office of Insurance
389 Regulation and health insurance plans must comply with the
390 requirements of s. 2103 of Title XXI of the Social Security Act.
391 The department shall adopt rules necessary for certifying health
392 benefits coverage plans.

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

395 409.912 Cost-effective purchasing of health care.—The
396 agency shall purchase goods and services for Medicaid recipients
397 in the most cost-effective manner consistent with the delivery
398 of quality medical care. To ensure that medical services are
399 effectively utilized, the agency may, in any case, require a
400 confirmation or second physician's opinion of the correct
401 diagnosis for purposes of authorizing future services under the
402 Medicaid program. This section does not restrict access to
403 emergency services or poststabilization care services as defined
404 in 42 C.F.R. s. 438.114. Such confirmation or second opinion
405 shall be rendered in a manner approved by the agency. The agency
406 shall maximize the use of prepaid per capita and prepaid
407 aggregate fixed-sum basis services when appropriate and other
408 alternative service delivery and reimbursement methodologies,
409 including competitive bidding pursuant to s. 287.057, designed
410 to facilitate the cost-effective purchase of a case-managed
411 continuum of care. The agency shall also require providers to
412 minimize the exposure of recipients to the need for acute
413 inpatient, custodial, and other institutional care and the
414 inappropriate or unnecessary use of high-cost services. The
415 agency shall contract with a vendor to monitor and evaluate the
416 clinical practice patterns of providers in order to identify



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417 trends that are outside the normal practice patterns of a
418 provider's professional peers or the national guidelines of a
419 provider's professional association. The vendor must be able to
420 provide information and counseling to a provider whose practice
421 patterns are outside the norms, in consultation with the agency,
422 to improve patient care and reduce inappropriate utilization.
423 The agency may mandate prior authorization, drug therapy
424 management, or disease management participation for certain
425 populations of Medicaid beneficiaries, certain drug classes, or
426 particular drugs to prevent fraud, abuse, overuse, and possible
427 dangerous drug interactions. The Pharmaceutical and Therapeutics
428 Committee shall make recommendations to the agency on drugs for
429 which prior authorization is required. The agency shall inform
430 the Pharmaceutical and Therapeutics Committee of its decisions
431 regarding drugs subject to prior authorization. The agency is
432 authorized to limit the entities it contracts with or enrolls as
433 Medicaid providers by developing a provider network through
434 provider credentialing. The agency may competitively bid single-
435 source-provider contracts if procurement of goods or services
436 results in demonstrated cost savings to the state without
437 limiting access to care. The agency may limit its network based
438 on the assessment of beneficiary access to care, provider
439 availability, provider quality standards, time and distance
440 standards for access to care, the cultural competence of the
441 provider network, demographic characteristics of Medicaid
442 beneficiaries, practice and provider-to-beneficiary standards,
443 appointment wait times, beneficiary use of services, provider
444 turnover, provider profiling, provider licensure history,
445 previous program integrity investigations and findings, peer



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446 review, provider Medicaid policy and billing compliance records,
447 clinical and medical record audits, and other factors. Providers
448 are not entitled to enrollment in the Medicaid provider network.
449 The agency shall determine instances in which allowing Medicaid
450 beneficiaries to purchase durable medical equipment and other
451 goods is less expensive to the Medicaid program than long-term
452 rental of the equipment or goods. The agency may establish rules
453 to facilitate purchases in lieu of long-term rentals in order to
454 protect against fraud and abuse in the Medicaid program as
455 defined in s. 409.913. The agency may seek federal waivers
456 necessary to administer these policies.

457 (11) The agency shall implement a program of all-inclusive
458 care for children. The program of all-inclusive care for
459 children shall be established to provide in-home hospice-like
460 support services to children diagnosed with a life-threatening
461 illness ~~and enrolled in the Children's Medical Services network~~
462 to reduce hospitalizations as appropriate. The agency, in
463 consultation with the Department of Health, may implement the
464 program of all-inclusive care for children after obtaining
465 approval from the Centers for Medicare and Medicaid Services.

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

468 409.9126 Children with special health care needs.—

469 (1) Except as provided in subsection (4), children eligible
470 for the Children's Medical Services program who receive Medicaid
471 benefits, and other Medicaid-eligible children with special
472 health care needs, are ~~shall be~~ exempt from ~~the provisions of s.~~
473 409.9122 ~~and shall be served through the Children's Medical~~
474 ~~Services network established in chapter 391.~~



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475 Section 29. Effective July 1, 2025, paragraph (a) of
476 subsection (5) of section 409.9131, Florida Statutes, is amended
477 to read:

478 409.9131 Special provisions relating to integrity of the
479 Medicaid program.—

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

482 (a) Use accepted and valid auditing, accounting,
483 analytical, statistical, or peer-review methods, or combinations
484 thereof. Appropriate statistical methods may include, but are
485 not limited to, sampling and extension to the population,
486 parametric and nonparametric statistics, tests of hypotheses,
487 other generally accepted statistical methods, review of medical
488 records, and a consideration of the physician's client case mix.
489 Before performing a review of the physician's Medicaid records,
490 however, the agency shall make every effort to consider the
491 physician's patient case mix, including, but not limited to,
492 patient age ~~and whether individual patients are clients of the~~
493 ~~Children's Medical Services Network established in chapter 391.~~
494 In meeting its burden of proof in any administrative or court
495 proceeding, the agency may introduce the results of such
496 statistical methods and its other audit findings as evidence of
497 overpayment.

498 Section 30. Effective July 1, 2025, paragraph (e) of
499 subsection (1) of section 409.920, Florida Statutes, is amended
500 to read:

501 409.920 Medicaid provider fraud.—

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

503 (e) "Managed care plans" means a health insurer authorized



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504 under chapter 624, an exclusive provider organization authorized
505 under chapter 627, a health maintenance organization authorized
506 under chapter 641, ~~the Children's Medical Services Network~~
507 ~~authorized under chapter 391~~, a prepaid health plan authorized
508 under this chapter, a provider service network authorized under
509 this chapter, a minority physician network authorized under this
510 chapter, and an emergency department diversion program
511 authorized under this chapter or the General Appropriations Act,
512 providing health care services pursuant to a contract with the
513 Medicaid program.

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

516 409.962 Definitions.—As used in this part, except as
517 otherwise specifically provided, the term:

518 (7) "Eligible plan" means a health insurer authorized under
519 chapter 624, an exclusive provider organization authorized under
520 chapter 627, a health maintenance organization authorized under
521 chapter 641, or a provider service network authorized under s.
522 409.912(1) or an accountable care organization authorized under
523 federal law. For purposes of the managed medical assistance
524 program, the term also includes ~~the Children's Medical Services~~
525 ~~Network authorized under chapter 391~~ and entities qualified
526 under 42 C.F.R. part 422 as Medicare Advantage Preferred
527 Provider Organizations, Medicare Advantage Provider-sponsored
528 Organizations, Medicare Advantage Health Maintenance
529 Organizations, Medicare Advantage Coordinated Care Plans, and
530 Medicare Advantage Special Needs Plans, and the Program of All-
531 inclusive Care for the Elderly.

532 Section 32. The Agency for Health Care Administration shall



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533 develop a comprehensive plan to redesign the Florida Medicaid
534 Model Waiver for home- and community-based services to include
535 children who receive private duty nursing services. The plan
536 must propose an array of tiered services with the goal of
537 ensuring that institutional care is avoided so children can
538 remain in the home or other community setting. The agency shall
539 work with stakeholders in developing the plan, including, but
540 not limited to, families of children who are in the model waiver
541 or receiving private duty nursing, advocates for children,
542 providers of services to children receiving private duty
543 nursing, and Statewide Medicaid Managed Care plans. The agency
544 is authorized to contract with necessary experts to assist in
545 developing the plan. The agency shall submit a report to the
546 Governor, the President of the Senate, and the Speaker of the
547 House of Representatives by September 30, 2025, addressing, at a
548 minimum, all of the following:

549 (1) The purpose, rationale, and expected benefits of the
550 redesigned waiver plan.

551 (2) The proposed eligibility criteria for clients and
552 service benefit packages to be offered through the redesigned
553 waiver plan. Managed care plans participating in the Statewide
554 Medicaid Managed Care program must provide services under the
555 redesigned waiver plan.

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

560 (4) The fiscal impact for the implementation year and
561 projections for the next 5 years determined on an actuarially



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562 sound basis.

563 (5) An analysis of the availability of services and service
564 providers that would be offered under the redesigned waiver plan
565 and recommendations to increase availability of such services,
566 as applicable.

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

569

570 ===== T I T L E A M E N D M E N T =====

571 And the title is amended as follows:

572 Delete lines 15 - 68

573 and insert:

574 specified purpose; amending s. 409.974, F.S.;

575 requiring the CMS program to transfer operation of

576 certain managed care contracts from the department to

577 the agency effective on a specified date; requiring

578 the CMS program to conduct clinical eligibility

579 screening for certain children and youth with special

580 health care needs; requiring the program to provide

581 ongoing consultation to the agency for a specified

582 purpose; requiring the agency to establish specific

583 measures for evaluation of services provided to

584 children and youth with special health care needs;

585 requiring the agency to contract with an independent

586 evaluator to conduct the evaluation of services

587 provided; specifying requirements for the evaluation;

588 requiring the agency to submit the results of the

589 evaluation to the Governor and the Legislature by a

590 specified date; amending s. 391.016, F.S.; revising



591 the purposes and functions of the CMS program;
592 amending s. 391.021, F.S.; revising definitions;
593 amending s. 391.025, F.S.; revising the scope of the
594 CMS program; amending s. 391.026, F.S.; revising the
595 powers and duties of the department to conform to
596 changes made by the act; providing for the future
597 repeal of s. 391.026(8) through (11), F.S., relating
598 to the department's oversight and administration of
599 the CMS program; repealing s. 391.028, F.S., relating
600 to administration of the program; amending s. 391.029,
601 F.S.; revising program eligibility requirements;
602 conforming provisions to changes made by the act;
603 amending s. 391.0315, F.S.; conforming provisions to
604 changes made by the act; providing for future repeal
605 of specified provisions; repealing ss. 391.035,
606 391.037, 391.045, 391.047, 391.055, and 391.071, F.S.,
607 relating to provider qualifications, physicians and
608 private sector services, provider reimbursements,
609 third-party payments, service delivery systems under
610 the program, and quality of care requirements,
611 respectively; amending s. 391.097, F.S.; conforming a
612 provision to changes made by the act; repealing part
613 II of ch. 391, F.S., consisting of ss. 391.221 and
614 391.223, F.S., relating to Children's Medical Services
615 councils and panels; amending ss. 409.166, 409.811,
616 409.813, 409.8134, 409.814, 409.815, 409.8177,
617 409.818, 409.912, 409.9126, 409.9131, 409.920, and
618 409.962, F.S.; conforming provisions to changes made
619 by the act; requiring the agency to develop a



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620 comprehensive plan to redesign the Florida Medicaid
621 Model Waiver for home and community-based services to
622 include children who receive private duty nursing
623 services; providing requirements for the redesign of
624 the waiver plan; requiring the agency to submit a
625 report to the Governor and the Legislature by a
626 specified date; providing requirements for the report;
627 providing