

By the Appropriations Committee on Health and Human Services;
the Committee on Health Policy; and Senator Harrell

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A bill to be entitled

An act relating to the Children's Medical Services program; transferring operation of the Children's Medical Services Managed Care Plan from the Department of Health to the Agency for Health Care Administration, effective on a specified date; providing construction as to judicial and administrative actions pending as of a specified date and time; requiring the department's Children's Medical Services (CMS) program to collaborate with the agency in the care of children and youth with special health care needs; requiring the CMS program to conduct certain clinical eligibility screenings and provide ongoing consultation to the agency for a specified purpose; amending s. 409.974, F.S.; requiring the CMS program to transfer operation of certain managed care contracts from the department to the agency effective on a specified date; requiring the CMS program to conduct clinical eligibility screening for certain children and youth with special health care needs; requiring the program to provide ongoing consultation to the agency for a specified purpose; requiring the agency to establish specific measures for evaluation of services provided to children and youth with special health care needs; requiring the agency to contract with an independent evaluator to conduct the evaluation of services provided; specifying requirements for the evaluation; requiring the agency to submit the results of the

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evaluation to the Governor and the Legislature by a specified date; amending s. 391.016, F.S.; revising the purposes and functions of the CMS program; amending s. 391.021, F.S.; revising definitions; amending s. 391.025, F.S.; revising the scope of the CMS program; amending s. 391.026, F.S.; revising the powers and duties of the department to conform to changes made by the act; providing for the future repeal of s. 391.026(8) through (11), F.S., relating to the department's oversight and administration of the CMS program; repealing s. 391.028, F.S., relating to administration of the program; amending s. 391.029, F.S.; revising program eligibility requirements; conforming provisions to changes made by the act; amending s. 391.0315, F.S.; conforming provisions to changes made by the act; providing for future repeal of specified provisions; repealing ss. 391.035, 391.037, 391.045, 391.047, 391.055, and 391.071, F.S., relating to provider qualifications, physicians and private sector services, provider reimbursements, third-party payments, service delivery systems under the program, and quality of care requirements, respectively; amending s. 391.097, F.S.; conforming a provision to changes made by the act; repealing part II of ch. 391, F.S., consisting of ss. 391.221 and 391.223, F.S., relating to Children's Medical Services councils and panels; amending ss. 409.166, 409.811, 409.813, 409.8134, 409.814, 409.815, 409.8177, 409.818, 409.912, 409.9126, 409.9131, 409.920, and

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409.962, F.S.; conforming provisions to changes made by the act; requiring the agency to develop a comprehensive plan to redesign the Florida Medicaid Model Waiver for home and community-based services to include children who receive private duty nursing services; providing requirements for the redesign of the waiver plan; requiring the agency to submit a report to the Governor and the Legislature by a specified date; providing requirements for the report; providing effective dates.

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

Section 1. Transfer of operation of the Children's Medical Services Managed Care Plan.

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

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

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any such action.

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

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

(b) Provide ongoing consultation to the Agency for Health Care Administration to ensure high-quality, family-centered, coordinated health services within an effective system of care for children and youth with special health care needs.

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:

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

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

3. Provide ongoing consultation to the agency to ensure

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high-quality, family-centered, coordinated health services are provided within an effective system of care for children and youth with special health care needs.

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

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

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

The agency shall submit the results of the evaluation to the Governor, the President of the Senate, and the Speaker of the House of Representatives by January 15, 2028 ~~Participation by the Children's Medical Services Network shall be pursuant to a single, statewide contract with the agency that is not subject to the procurement requirements or regional plan number limits of this section. The Children's Medical Services Network must~~

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146 ~~meet all other plan requirements for the managed medical~~
147 ~~assistance program.~~

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

150 391.016 Purposes and functions.—The Children's Medical
151 Services program is established for the following purposes and
152 authorized to perform the following functions:

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

159 Section 4. Subsections (1), (2), and (4) of section
160 391.021, Florida Statutes, are reordered and amended to read:

161 391.021 Definitions.—When used in this act, the term:

162 (2)(1) "Children's Medical Services Managed Care Plan
163 ~~network~~" or "plan network" means a statewide managed care
164 service system that includes health care providers, as defined
165 in this section.

166 (1)(2) "Children and youth with special health care needs"
167 means those children and youth younger than 21 years of age who
168 have chronic and serious physical, developmental, behavioral, or
169 emotional conditions and who require health care and related
170 services of a type or amount beyond that which is generally
171 required by children and youth.

172 (4) "Eligible individual" means a child or youth with a
173 special health care need or a female with a high-risk pregnancy,
174 who meets the financial and medical eligibility standards

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established in s. 391.029.

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

391.025 Applicability and scope.—

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

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

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

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

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

(e) The Children's Multidisciplinary Assessment Team.

(f) The Medical Foster Care Program.

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

(h) The Safety Net Program.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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262 ~~(14)(19)~~ To serve as the lead agency in administering the
263 Early Steps Program pursuant to part C of the federal
264 Individuals with Disabilities Education Act and part III of this
265 chapter.

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

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

270 (b) Monitoring access and facilitating admissions of
271 eligible children and youth to the program and designated
272 medical foster care homes.

273 (c) Coordination with the Department of Children and
274 Families and the Agency for Health Care Administration or their
275 designees.

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

279 Section 8. Effective July 1, 2025, section 391.028, Florida
280 Statutes, is repealed.

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

283 391.029 Program eligibility.—

284 (2) The following individuals are eligible to receive
285 services through the program:

286 (a) Related to the regional perinatal intensive care
287 centers, a high-risk pregnant female who is enrolled in
288 Medicaid.

289 (b) Children and youth with serious special health care
290 needs from birth to 21 years of age who are enrolled in

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291 Medicaid.

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

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

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

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

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

315 Section 10. Section 391.0315, Florida Statutes, is amended
316 to read:

317 391.0315 Benefits.—Benefits provided under the Children's
318 Medical Services Managed Care Plan ~~program for children with~~
319 ~~special health care needs~~ shall be equivalent to benefits

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provided to children as specified in ss. 409.905 and 409.906.

The department may offer additional benefits through Children's Medical Services programs for early intervention services, respite services, genetic testing, genetic and nutritional counseling, and parent support services, if such services are determined to be medically necessary. This section is repealed on January 1, 2026.

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

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

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

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

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

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

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

391.097 Research and evaluation.—

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

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

Section 18. Part II of chapter 391, Florida Statutes,

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consisting of ss. 391.221 and 391.223, Florida Statutes, is repealed, and part III of that chapter is redesignated as part II.

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

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

(5) ELIGIBILITY FOR SERVICES.—

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

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

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

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

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

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

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

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program:

(a) Medicaid;

(b) Medikids as created in s. 409.8132;

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

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

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

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

409.8134 Program expenditure ceiling; enrollment.—

(3) Upon determination by the Social Services Estimating Conference that there are insufficient funds to finance the current enrollment in the Florida Kidcare program within current appropriations, the program shall initiate disenrollment procedures to remove enrollees, except those children enrolled in a plan under contract with the agency to serve children with special health care needs ~~the Children's Medical Services Network~~, on a last-in, first-out basis until the expenditure and appropriation levels are balanced.

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

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

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immediately disenrolled from the respective Florida Kidcare program component.

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

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

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

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

409.815 Health benefits coverage; limitations.—

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

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(t) *Enhancements to minimum requirements.*—

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

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

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

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

409.8177 Program evaluation.—

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

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following:

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

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

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

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

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

409.912 Cost-effective purchasing of health care.—The agency shall purchase goods and services for Medicaid recipients in the most cost-effective manner consistent with the delivery

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of quality medical care. To ensure that medical services are effectively utilized, the agency may, in any case, require a confirmation or second physician's opinion of the correct diagnosis for purposes of authorizing future services under the Medicaid program. This section does not restrict access to emergency services or poststabilization care services as defined in 42 C.F.R. s. 438.114. Such confirmation or second opinion shall be rendered in a manner approved by the agency. The agency shall maximize the use of prepaid per capita and prepaid aggregate fixed-sum basis services when appropriate and other alternative service delivery and reimbursement methodologies, including competitive bidding pursuant to s. 287.057, designed to facilitate the cost-effective purchase of a case-managed continuum of care. The agency shall also require providers to minimize the exposure of recipients to the need for acute inpatient, custodial, and other institutional care and the inappropriate or unnecessary use of high-cost services. The agency shall contract with a vendor to monitor and evaluate the clinical practice patterns of providers in order to identify trends that are outside the normal practice patterns of a provider's professional peers or the national guidelines of a provider's professional association. The vendor must be able to provide information and counseling to a provider whose practice patterns are outside the norms, in consultation with the agency, to improve patient care and reduce inappropriate utilization. The agency may mandate prior authorization, drug therapy management, or disease management participation for certain populations of Medicaid beneficiaries, certain drug classes, or particular drugs to prevent fraud, abuse, overuse, and possible

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dangerous drug interactions. The Pharmaceutical and Therapeutics Committee shall make recommendations to the agency on drugs for which prior authorization is required. The agency shall inform the Pharmaceutical and Therapeutics Committee of its decisions regarding drugs subject to prior authorization. The agency is authorized to limit the entities it contracts with or enrolls as Medicaid providers by developing a provider network through provider credentialing. The agency may competitively bid single-source-provider contracts if procurement of goods or services results in demonstrated cost savings to the state without limiting access to care. The agency may limit its network based on the assessment of beneficiary access to care, provider availability, provider quality standards, time and distance standards for access to care, the cultural competence of the provider network, demographic characteristics of Medicaid beneficiaries, practice and provider-to-beneficiary standards, appointment wait times, beneficiary use of services, provider turnover, provider profiling, provider licensure history, previous program integrity investigations and findings, peer review, provider Medicaid policy and billing compliance records, clinical and medical record audits, and other factors. Providers are not entitled to enrollment in the Medicaid provider network. The agency shall determine instances in which allowing Medicaid beneficiaries to purchase durable medical equipment and other goods is less expensive to the Medicaid program than long-term rental of the equipment or goods. The agency may establish rules to facilitate purchases in lieu of long-term rentals in order to protect against fraud and abuse in the Medicaid program as defined in s. 409.913. The agency may seek federal waivers

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necessary to administer these policies.

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

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

409.9126 Children with special health care needs.—

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

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

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

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

(a) Use accepted and valid auditing, accounting, analytical, statistical, or peer-review methods, or combinations thereof. Appropriate statistical methods may include, but are

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not limited to, sampling and extension to the population, parametric and nonparametric statistics, tests of hypotheses, other generally accepted statistical methods, review of medical records, and a consideration of the physician's client case mix. Before performing a review of the physician's Medicaid records, however, the agency shall make every effort to consider the physician's patient case mix, including, but not limited to, patient age ~~and whether individual patients are clients of the Children's Medical Services Network established in chapter 391.~~ In meeting its burden of proof in any administrative or court proceeding, the agency may introduce the results of such statistical methods and its other audit findings as evidence of overpayment.

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

409.920 Medicaid provider fraud.—

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

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

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

612 409.962 Definitions.—As used in this part, except as
613 otherwise specifically provided, the term:

614 (7) "Eligible plan" means a health insurer authorized under
615 chapter 624, an exclusive provider organization authorized under
616 chapter 627, a health maintenance organization authorized under
617 chapter 641, or a provider service network authorized under s.
618 409.912(1) or an accountable care organization authorized under
619 federal law. For purposes of the managed medical assistance
620 program, the term also includes ~~the Children's Medical Services~~
621 ~~Network authorized under chapter 391 and~~ entities qualified
622 under 42 C.F.R. part 422 as Medicare Advantage Preferred
623 Provider Organizations, Medicare Advantage Provider-sponsored
624 Organizations, Medicare Advantage Health Maintenance
625 Organizations, Medicare Advantage Coordinated Care Plans, and
626 Medicare Advantage Special Needs Plans, and the Program of All-
627 inclusive Care for the Elderly.

628 Section 32. The Agency for Health Care Administration shall
629 develop a comprehensive plan to redesign the Florida Medicaid
630 Model Waiver for home- and community-based services to include
631 children who receive private duty nursing services. The plan
632 must propose an array of tiered services with the goal of
633 ensuring that institutional care is avoided so children can
634 remain in the home or other community setting. The agency shall
635 work with stakeholders in developing the plan, including, but
636 not limited to, families of children who are in the model waiver
637 or receiving private duty nursing, advocates for children,
638 providers of services to children receiving private duty

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nursing, and Statewide Medicaid Managed Care plans. The agency is authorized to contract with necessary experts to assist in developing the plan. The agency shall submit a report to the Governor, the President of the Senate, and the Speaker of the House of Representatives by December 31, 2025, addressing, at a minimum, all of the following:

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

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

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

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

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

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

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