By Senator Rodriguez

40-01390-26 20261026__

A bill to be entitled

An act relating to community health worker services; amending s. 409.906, F.S.; authorizing the Agency for Health Care Administration to pay for specified community health worker services as an optional Medicaid service, subject to certain coverage requirements; defining the term "community health worker"; requiring the agency to adopt rules; authorizing the agency to seek federal approval; amending s. 409.908, F.S.; adding community health worker services to the list of Medicaid services authorized for reimbursement on a fee-for-service basis; amending s. 409.973, F.S.; adding community health worker services to the list of minimum benefits required to be covered by Medicaid managed care plans; providing an effective date.

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

Section 1. Subsection (30) is added to section 409.906, Florida Statutes, to read:

409.906 Optional Medicaid services.—Subject to specific appropriations, the agency may make payments for services which are optional to the state under Title XIX of the Social Security Act and are furnished by Medicaid providers to recipients who are determined to be eligible on the dates on which the services were provided. Any optional service that is provided shall be provided only when medically necessary and in accordance with state and federal law. Optional services rendered by providers

in mobile units to Medicaid recipients may be restricted or prohibited by the agency. Nothing in this section shall be construed to prevent or limit the agency from adjusting fees, reimbursement rates, lengths of stay, number of visits, or number of services, or making any other adjustments necessary to comply with the availability of moneys and any limitations or directions provided for in the General Appropriations Act or chapter 216. If necessary to safeguard the state's systems of providing services to elderly and disabled persons and subject to the notice and review provisions of s. 216.177, the Governor may direct the Agency for Health Care Administration to amend the Medicaid state plan to delete the optional Medicaid service known as "Intermediate Care Facilities for the Developmentally Disabled." Optional services may include:

(30) COMMUNITY HEALTH WORKERS.—The agency may pay for the provision of community health worker services including, but not limited to, health promotion, wellness coaching, and self-management education; cultural mediation; interpretation or translation services; health system navigation; patient and family advocacy; outreach before appointments, including appointment reminders; outreach to ensure adherence to treatments and medications; home visits; individual, community, and environmental assessments; arranging transportation; making connections to community resources or social services; and providing care coordination and case management.

(a) As used in this subsection, the term "community health worker" means a frontline public health worker who provides a range of services addressing the health and social needs of the community and is a trusted member of or has a close

understanding of the community he or she serves. The term includes community health representatives, *promotores de salud*, and workers of public or private community-based organizations.

(b) The agency shall adopt rules to implement this subsection, including, but not limited to, rules establishing eligible services provided by community health workers.

(c) The agency may seek federal approval necessary to implement this subsection.

Section 2. Present paragraphs (c) through (u) of subsection (3) of section 409.908, Florida Statutes, are redesignated as paragraphs (d) through (v), respectively, and a new paragraph (c) is added to that subsection, to read:

409.908 Reimbursement of Medicaid providers.—Subject to specific appropriations, the agency shall reimburse Medicaid providers, in accordance with state and federal law, according to methodologies set forth in the rules of the agency and in policy manuals and handbooks incorporated by reference therein. These methodologies may include fee schedules, reimbursement methods based on cost reporting, negotiated fees, competitive bidding pursuant to s. 287.057, and other mechanisms the agency considers efficient and effective for purchasing services or goods on behalf of recipients. If a provider is reimbursed based on cost reporting and submits a cost report late and that cost report would have been used to set a lower reimbursement rate for a rate semester, then the provider's rate for that semester shall be retroactively calculated using the new cost report, and full payment at the recalculated rate shall be effected retroactively. Medicare-granted extensions for filing cost reports, if applicable, shall also apply to Medicaid cost

reports. Payment for Medicaid compensable services made on behalf of Medicaid-eligible persons is subject to the availability of moneys and any limitations or directions provided for in the General Appropriations Act or chapter 216. Further, nothing in this section shall be construed to prevent or limit the agency from adjusting fees, reimbursement rates, lengths of stay, number of visits, or number of services, or making any other adjustments necessary to comply with the availability of moneys and any limitations or directions provided for in the General Appropriations Act, provided the adjustment is consistent with legislative intent.

(3) Subject to any limitations or directions provided for in the General Appropriations Act, the following Medicaid services and goods may be reimbursed on a fee-for-service basis. For each allowable service or goods furnished in accordance with Medicaid rules, policy manuals, handbooks, and state and federal law, the payment shall be the amount billed by the provider, the provider's usual and customary charge, or the maximum allowable fee established by the agency, whichever amount is less, with the exception of those services or goods for which the agency makes payment using a methodology based on capitation rates, average costs, or negotiated fees.

(c) Community health worker services.

Section 3. Present paragraphs (e) through (cc) of subsection (1) of section 409.973, Florida Statutes, are redesignated as paragraphs (f) through (dd), respectively, and a new paragraph (e) is added to that subsection, to read:

409.973 Benefits.—

(1) MINIMUM BENEFITS.—Managed care plans shall cover, at a

minimum, the following services:

(e) Community health worker services.

Section 4. This act shall take effect July 1, 2026.