

HB 1261

2026

A bill to be entitled  
An act relating to Medicaid reimbursement for private duty nursing services; amending s. 409.962, F.S.; defining the term "pediatric continuing care integrated community" for purposes of the state Medicaid program; amending s. 409.975, F.S.; defining the term "Medicaid region"; requiring Medicaid managed care plans to reimburse licensed home health agencies for private duty nursing services provided in a community residential group home at a certain rate; prohibiting Medicaid managed care plans from reducing reimbursement for such services under certain circumstances; requiring Medicaid managed care plans to negotiate rates with affiliated businesses at least annually; requiring Medicaid managed care plans, upon request by a provider, to provide certain written certification; requiring the Agency for Health Care Administration to seek federal approval within a specified timeframe; requiring the agency to implement the changes made by the act upon federal approval; providing effective dates.

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

Section 1. Effective July 1, 2026, present subsections

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CODING: Words **stricken** are deletions; words **underlined** are additions.

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26 (13) through (18) of section 409.962, Florida Statutes, are  
27 redesignated as subsections (14) through (19), respectively, and  
28 a new subsection (13) is added to that section, to read:

29 409.962 Definitions.—As used in this part, except as  
30 otherwise specifically provided, the term:

31 (13) "Pediatric continuing care integrated community"  
32 means a group of affiliated and integrated businesses that, as  
33 of July 1, 2026, are licensed or certified by the agency or the  
34 Agency for Persons with Disabilities and collectively provide  
35 coordinated care for Medicaid-eligible persons younger than 21  
36 years of age who are medically fragile, including those who are  
37 technology dependent. The term includes all of the following  
38 entities under common ownership:

39 (a) A community residential group home licensed under  
40 chapter 393 providing residential care for medically complex  
41 children.

42 (b) A home health agency licensed under part III of  
43 chapter 400 providing private duty nursing services by  
44 registered nurses or licensed practical nurses.

45 (c) A prescribed pediatric extended care center licensed  
46 under part VI of chapter 400.

47 (d) A home medical equipment provider licensed under part  
48 VII of chapter 400.

49 (e) A health care clinic licensed under part X of chapter  
50 400 providing speech-language therapy, physical therapy, or

51 occupational therapy.

52       **Section 2. Subsection (7) is added to section 409.975,**

53 **Florida Statutes, to read:**

54       409.975 Managed care plan accountability.—In addition to  
55 the requirements of s. 409.967, plans and providers  
56 participating in the managed medical assistance program shall  
57 comply with the requirements of this section.

58       (7) REIMBURSEMENT FOR SERVICES IN PEDIATRIC CONTINUING  
59 CARE INTEGRATED COMMUNITIES.—

60       (a) As used in this subsection, the term "Medicaid region"  
61 means any of the regions established by the agency for the  
62 purpose of managed medical assistance.

63       (b) Medicaid managed care plans shall reimburse home  
64 health agencies licensed under part III of chapter 400 for  
65 private duty nursing services, including services provided by  
66 registered nurses and licensed practical nurses, provided in a  
67 community residential group home at an amount no less than the  
68 Private Duty Nursing Fee Schedule set by the agency, regardless  
69 of the number of plan members who share a dwelling space within  
70 the community residential group home. However, mutually  
71 acceptable higher rates may be negotiated for medically complex  
72 care.

73       (c) Reimbursement may not be reduced based on the number  
74 of Medicaid-eligible persons receiving private duty nursing  
75 services in the same dwelling space, or on the same day, within

76 the community residential group home.

77 (d) Managed care plans and the affiliated businesses shall  
78 negotiate rates at least annually for medical services provided  
79 within the pediatric continuing care integrated community.

80 (e) Upon request by a provider, a Medicaid managed care  
81 plan must provide a written certification that the reimbursement  
82 rate offered for services within the pediatric continuing care  
83 integrated community is not less than the rate paid by that plan  
84 for private duty nursing services provided in private residences  
85 within the same Medicaid region.

86 **Section 3.** Within 30 days after the effective date of this  
87 act, the Agency for Health Care Administration shall seek any  
88 necessary federal approval, including through any necessary  
89 state plan amendment or Medicaid waiver, to implement the  
90 changes made by this act. The agency shall implement this act  
91 upon receipt of federal approval.

92 **Section 4.** Except as otherwise provided in this act, this  
93 act shall take effect upon becoming a law.