

1 A bill to be entitled
2 An act relating to community health worker services;
3 amending s. 409.906, F.S.; authorizing the Agency for
4 Health Care Administration to pay for community health
5 worker services as an optional Medicaid service;
6 specifying coverage requirements; defining the term
7 "community health worker"; requiring the agency to
8 adopt rules; authorizing the agency to seek federal
9 approval; amending s. 409.908, F.S.; adding community
10 health worker services to the list of Medicaid
11 services authorized for reimbursement on a fee-for-
12 service basis; amending s. 409.973, F.S.; adding
13 community health worker services to the list of
14 minimum benefits required to be covered by Medicaid
15 managed care plans; providing an effective date.

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

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

21 409.906 Optional Medicaid services.—Subject to specific
22 appropriations, the agency may make payments for services which
23 are optional to the state under Title XIX of the Social Security
24 Act and are furnished by Medicaid providers to recipients who
25 are determined to be eligible on the dates on which the services

26 | were provided. Any optional service that is provided shall be
27 | provided only when medically necessary and in accordance with
28 | state and federal law. Optional services rendered by providers
29 | in mobile units to Medicaid recipients may be restricted or
30 | prohibited by the agency. Nothing in this section shall be
31 | construed to prevent or limit the agency from adjusting fees,
32 | reimbursement rates, lengths of stay, number of visits, or
33 | number of services, or making any other adjustments necessary to
34 | comply with the availability of moneys and any limitations or
35 | directions provided for in the General Appropriations Act or
36 | chapter 216. If necessary to safeguard the state's systems of
37 | providing services to elderly and disabled persons and subject
38 | to the notice and review provisions of s. 216.177, the Governor
39 | may direct the Agency for Health Care Administration to amend
40 | the Medicaid state plan to delete the optional Medicaid service
41 | known as "Intermediate Care Facilities for the Developmentally
42 | Disabled." Optional services may include:

43 | (30) COMMUNITY HEALTH WORKERS.—The agency may pay for the
44 | provision of community health worker services including, but not
45 | limited to, health promotion, wellness coaching, and self-
46 | management education; cultural mediation; interpretation or
47 | translation services; health system navigation; patient and
48 | family advocacy; outreach before appointments, including
49 | appointment reminders; outreach to ensure adherence to
50 | treatments and medications; home visits; individual, community,

51 and environmental assessments; arranging transportation; making
52 connections to community resources or social services; and
53 providing care coordination and case management.

54 (a) As used in this subsection, the term "community health
55 worker" means a frontline public health worker who provides a
56 range of services addressing the health and social needs of the
57 community and is a trusted member of or has a close
58 understanding of the community he or she serves. The term
59 includes community health representatives, promotores de salud,
60 and public or private community-based organizations.

61 (b) The agency shall adopt rules that include, but are not
62 limited to, eligible services provided by community health
63 workers.

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

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

70 409.908 Reimbursement of Medicaid providers.—Subject to
71 specific appropriations, the agency shall reimburse Medicaid
72 providers, in accordance with state and federal law, according
73 to methodologies set forth in the rules of the agency and in
74 policy manuals and handbooks incorporated by reference therein.
75 These methodologies may include fee schedules, reimbursement

76 methods based on cost reporting, negotiated fees, competitive
77 bidding pursuant to s. 287.057, and other mechanisms the agency
78 considers efficient and effective for purchasing services or
79 goods on behalf of recipients. If a provider is reimbursed based
80 on cost reporting and submits a cost report late and that cost
81 report would have been used to set a lower reimbursement rate
82 for a rate semester, then the provider's rate for that semester
83 shall be retroactively calculated using the new cost report, and
84 full payment at the recalculated rate shall be effected
85 retroactively. Medicare-granted extensions for filing cost
86 reports, if applicable, shall also apply to Medicaid cost
87 reports. Payment for Medicaid compensable services made on
88 behalf of Medicaid-eligible persons is subject to the
89 availability of moneys and any limitations or directions
90 provided for in the General Appropriations Act or chapter 216.
91 Further, nothing in this section shall be construed to prevent
92 or limit the agency from adjusting fees, reimbursement rates,
93 lengths of stay, number of visits, or number of services, or
94 making any other adjustments necessary to comply with the
95 availability of moneys and any limitations or directions
96 provided for in the General Appropriations Act, provided the
97 adjustment is consistent with legislative intent.

98 (3) Subject to any limitations or directions provided for
99 in the General Appropriations Act, the following Medicaid
100 services and goods may be reimbursed on a fee-for-service basis.

101 For each allowable service or goods furnished in accordance with
102 Medicaid rules, policy manuals, handbooks, and state and federal
103 law, the payment shall be the amount billed by the provider, the
104 provider's usual and customary charge, or the maximum allowable
105 fee established by the agency, whichever amount is less, with
106 the exception of those services or goods for which the agency
107 makes payment using a methodology based on capitation rates,
108 average costs, or negotiated fees.

109 (c) Community health workers services.

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

114 409.973 Benefits.—

115 (1) MINIMUM BENEFITS.—Managed care plans shall cover, at a
116 minimum, the following services:

117 (e) Community health worker services.

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