

Fiscal Year 2025-2026 Conforming Bill
Relating to the Children's Medical Services program

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2025

1 A bill to be entitled
2 An act relating to Children's Medical Services program;
3 amending s. 391.016, F.S.; revising the Children's Medical
4 Services Program; amending s. 391.021, F.S.; revising the
5 definition of the Children's Medical Services Managed Care
6 Plan; amending s. 391.025, F.S.; revising the Department
7 of Health's scope of the Children's Medical Services
8 Managed Care Plan through a specified time; amending s.
9 391.026, F.S.; revising the time period of the Department
10 of Health's oversight of the Children's Medical Services
11 Managed Care Plan; repealing s. 391.028, F.S.; amending s.
12 391.029, F.S.; revising the eligibility for children and
13 youth with serious health needs; amending s. 391.0315,
14 F.S.; adding the Children's Medical Services Managed Care
15 Plan as an equivalent to children specified in a specific
16 statute; repealing s. 391.035, F.S.; repealing s. 391.045;
17 repealing s. 391.055, F.S.; amending s. 391.097, F.S.;
18 removing the Children's Medical Services network provision
19 related to the Title XXI of the Social Security Act;
20 creating a new subsection of s. 391.097, F.S.; adding the
21 transfer of operations of the Children's Medical Services
22 Managed Care Plan to the Agency for Health Care
23 Administration; repealing specified subsections of s.
24 391.026, F.S.; repealing s. 391.0315, F.S.; repealing s.
25 391.047, F.S.; repealing s. 391.071, F.S.; repealing part
26 II of chapter 391, F.S., consisting of s. 391.221 and
27 391.223, F.S., to redesignate part III as part II of

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28 chapter 391; amending s. 409.166, F.S.; adding children
29 who are handicapped at the time of adoption to the list of
30 eligibility for plans under contract with the Agency for
31 Health Care Administration; amending 409.811, F.S.;

32 removing the definition of "Children's Medical Services
33 Network"; amending s. 409.813, F.S.; replacing Children's
34 Medical Services Network with plans for children with
35 special health care needs; amending s. 409.8134, F.S.;

36 replacing Children's Medical Services Network with plans
37 for children with special health care needs; amending s.
38 409.814, F.S.; replacing Children's Medical Services
39 Network with plans for children with special health care
40 needs and specifying the requirement for a Children's
41 Medical Services clinical screening for eligibility;

42 amending s. 409.815, F.S.; replacing Children's Medical
43 Services Network with plans for children with special
44 health care needs; amending s. 409.8177, F.S.; replacing
45 Children's Medical Services Network with plans for
46 children with special health care needs; amending s.
47 409.818, F.S.; removing the reference to Children's
48 Medical Services Network; amending s. 409.906, F.S.;

49 amending 409.912, F.S.; removing the reference to the
50 Children's Medical Services Network; amending s. 409.9126,
51 F.S.; revising the language to reference the Children's
52 Medical Services program; amending s. 409.9131, F.S.;

53 removing the reference to the Children's Medical Services
54 Network; amending s. 409.920, F.S.; removing the reference

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55 to the Children's Medical Services Network; amending
56 409.962, F.S.; removing the reference to the Children's
57 Medical Services Network; amending s. 409.968, F.S.;
58 removing obsolete language; amending s. 409.972, F.S.;
59 removing children receiving services in a prescribed
60 pediatric extended care center from the list of voluntary
61 enrollment in the managed medical assistance program;
62 amending s. 409.974, F.S.; adding the transfer of
63 operations of the Children's Medical Services Managed Care
64 Plan to the Agency for Health Care Administration,
65 removing specific procurement requirements, and adding an
66 evaluation of the Children's Medical Services Managed Care
67 Plan; providing an effective date.

68
69 Be It Enacted by the Legislature of the State of Florida:
70

71 Section 1. Subsection (1) of section 391.016, Florida
72 Statutes, is amended to read:

73 391.016 Purposes and functions.— The Children's Medical
74 Services program is established for the following purposes and
75 authorized to perform the following functions:

76 (1) Provide to children and youth with special health care
77 needs a family-centered, comprehensive, and coordinated
78 statewide managed system of care that links community-based
79 health care with multidisciplinary, regional, and tertiary
80 pediatric specialty care. ~~The program shall coordinate and~~
81 ~~maintain a consistent medical home for participating children.~~

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82 Section 2. Subsections (1), (2), and (4) of section
83 391.021, Florida Statutes, are amended to read:

84 391.021 Definitions.— When used in this act, the term:

85 (1) "Children's Medical Services Managed Care Plan network"
86 or "plan network" means a statewide managed care service system
87 that includes health care providers, as defined in this section.

88 (2) "Children and youth with special health care needs"
89 means individuals those children younger than 21 years of age
90 who have chronic and serious physical, developmental,
91 behavioral, or emotional conditions and who require health care
92 and related services of a type or amount beyond that which is
93 generally required by children and youth.

94 (3) "Department" means the Department of Health.

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

99 Section 3. Subsection (1) of section 391.025, Florida
100 Statutes, is amended to read:

101 391.025 Applicability and scope.—

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

104 (a) The newborn screening program established in ss. 383.14
105 and 383.145.

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

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108 (c) The developmental evaluation and intervention program,
109 including the Early Steps Program established in ss. 391.301-
110 391.308.

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

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

114 (f) The Medical Foster Care Program.

115 (g) The Title V of the Social Security Act program for
116 children and youth with special health care needs.

117 (h) The Safety Net Program.

118 (i) The Networks for Access and Quality.

119 (j) Child Protection Teams and Sexual Abuse Treatment
120 Programs established under s. 39.303.

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

123 Section 4. Section 391.026, Florida Statutes, is amended to
124 read:

125 391.026 Powers and duties of the department.— The
126 department shall have the following powers, duties, and
127 responsibilities:

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

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

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

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

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

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

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

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

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

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

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

157 (9) ~~(12)~~ To monitor the provision of health services in the
158 program, including the utilization and quality of health
159 services.

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160 (10) ~~(13)~~ To administer the Children and Youth with Special
161 Health Care Needs program in accordance with Title V of the
162 Social Security Act.

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

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

167 (11) ~~(16)~~ To receive and manage health care premiums,
168 capitation payments, and funds from federal, state, local, and
169 private entities for the program. The department may contract
170 with a third-party administrator for processing claims,
171 monitoring medical expenses, and other related services
172 necessary to the efficient and cost-effective operation of the
173 Children's Medical Services Managed Care Plan through the end of
174 June 30, 2025 network. ~~The department is authorized to maintain~~
175 ~~a minimum reserve for the Children's Medical Services network in~~
176 ~~an amount that is the greater of:~~

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

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

182 (12) ~~(17)~~ To provide or contract for peer review and other
183 quality-improvement activities.

184 (13) ~~(18)~~ To adopt rules pursuant to ss. 120.536(1) and
185 120.54 to administer the Children's Medical Services Act.

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186 (14) ~~(19)~~ To serve as the lead agency in administering the
187 Early Steps Program pursuant to part C of the federal
188 Individuals with Disabilities Education Act and part III of this
189 chapter.

190 (15) To administer the Medical Foster Care Program,
191 including:

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

194 (b) Monitoring access and facilitating admissions of
195 eligible children and youth to the program and designated
196 medical foster care homes.

197 (c) Coordination with the Department of Children and
198 Families and the Agency for Health Care Administration or their
199 designees.

200 Section 5. Section 391.028, Florida Statutes, is repealed
201 effective July 1, 2025.

202 Section 6. Subsections (2) and (3) of section 391.029,
203 Florida Statutes, are amended to read:

204 391.029 Program eligibility.—

205 (2) The following individuals are eligible to receive
206 services through the program:

207 (a) Related to the regional perinatal intensive care
208 centers, a high-risk pregnant female who is enrolled in
209 Medicaid.

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

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

216 (3) Subject to the availability of funds, the following
217 individuals may receive services through the program:

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

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

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

235 Section 7. Section 391.0315, Florida Statutes, is amended
236 to read:

237 391.0315 Benefits.—Benefits provided under the Children's
238 Medical Services Managed Care Plan ~~program for children with~~
239 ~~special health care needs~~ shall be equivalent to benefits

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240 provided to children as specified in ss. 409.905 and 409.906.
241 The department may offer additional benefits through the
242 Children's Medical Services program for early intervention
243 services, respite services, genetic testing, genetic and
244 nutritional counseling, and parent support services, if such
245 services are determined to be medically necessary. This section
246 expires June 30, 2025.

247 Section 8. Section 391.035, Florida Statutes, is repealed.

248 Section 9. Section 391.045, Florida Statutes, is repealed.

249 Section 10. Section 391.055, Florida Statutes, is repealed.

250 Section 11. Section 391.097, Florida Statutes, is amended
251 to read:

252 391.097 Research and evaluation.—

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

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

261 Section 12. Transfer of operation of the Children's Medical
262 Services Managed Care Plan.—

263 (1) Effective July 1, 2025, all statutory powers, duties,
264 functions, records, personnel, pending issues, existing
265 contracts, administrative authority, administrative rules, and
266 unexpended balances of appropriations, allocations, and other

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267 funds for the operation of the Department of Health's Children's
268 Medical Services Managed Care Plan are transferred to the Agency
269 for Health Care Administration.

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

278 (3) The Department of Health's Children's Medical Services
279 program shall collaborate with the Agency for Health Care
280 Administration in the care of children and youth with special
281 health care needs. The Department of Health's Children's Medical
282 Services program shall:

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

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

290 Section 13. Subsections (8) through (10) and (16) of
291 section 391.026, Florida Statutes; Section 391.0315, Florida
292 Statutes; Section 391.037, Florida Statutes; Section 391.047,
293 Florida Statutes; Section 391.055, Florida Statutes; and Section

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294 391.071, Florida Statutes, are repealed effective January 1,
295 2026.

296 Section 14. Part II of chapter 391, Florida Statutes,
297 consisting of ss. 391.221 and 391.223, Florida Statutes, is
298 repealed, and part III of that chapter is redesignated as part
299 II.

300 Section 15. Effective July 1, 2025, paragraph (f) of
301 subsection (4) and paragraph (b) of subsection (5) of section
302 409.166, Florida Statutes, are amended to read:

303 409.166 Children within the child welfare system; adoption
304 assistance program.—

305 (4) ADOPTION ASSISTANCE.—

306 (f) The department may provide adoption assistance to the
307 adoptive parents, subject to specific appropriation, for medical
308 assistance initiated after the adoption of the child for
309 medical, surgical, hospital, and related services needed as a
310 result of a physical or mental condition of the child which
311 existed before the adoption and is not covered by Medicaid,
312 Children's Medical Services, or Children's Mental Health
313 Services. Such assistance may be initiated at any time but must
314 ~~shall~~ terminate on or before the child's 18th birthday.

315 (5) ELIGIBILITY FOR SERVICES.—

316 (b) A child who is handicapped at the time of adoption
317 shall be eligible for services through plans under contract with
318 the Agency of Health Care Administration to serve children with
319 special health care needs ~~the Children's Medical Services network~~

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320 ~~established under part I of chapter 391~~ if the child was
321 eligible for such services prior to the adoption.

322 Section 16. Effective July 1, 2025, subsection (7) of
323 section 409.811, Florida Statutes, is amended to read:

324 409.811 Definitions relating to Florida Kidcare Act.—As
325 used in ss. 409.810-409.821, the term:

326 ~~(7) "Children's Medical Services Network" or "network"~~
327 ~~means a statewide managed care service system as defined in s.~~
328 ~~391.021(1).~~

329 Section 17. Effective July 1, 2025, subsection (1) of
330 section 409.813, Florida Statutes, is amended to read:

331 409.813 Health benefits coverage; program components;
332 entitlement and nonentitlement.—

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

337 (a) Medicaid;

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

339 (c) The Florida Healthy Kids Corporation as created in s.
340 624.91;

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

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

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346 Section 18. Effective July 1, 2025, subsection (3) of
347 section 409.8134, Florida Statutes, is amended to read:

348 409.8134 Program expenditure ceiling; enrollment.—

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

358 Section 19. Subsection (3) and paragraph (c) of subsection
359 (10) of section 409.814, Florida Statutes, are amended to read:

360 409.814 Eligibility.—A child who has not reached 19 years
361 of age whose family income is equal to or below 200 percent of
362 the federal poverty level is eligible for the Florida Kidcare
363 program as provided in this section. If an enrolled individual
364 is determined to be ineligible for coverage, he or she must be
365 immediately disenrolled from the respective Florida Kidcare
366 program component.

367 (3) A Title XXI-funded child who is eligible for the 937
368 Florida Kidcare program who is a child with special health care
369 needs, as determined through a medical or behavioral screening
370 instrument, is eligible for health benefits coverage from and
371 shall be assigned to and may opt out of a plan under contract

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372 with the agency to serve children with special health care needs
373 ~~the Children's Medical Services Network.~~

374 (10) In determining the eligibility of a child, an assets
375 test is not required. Each applicant shall provide documentation
376 during the application process and the redetermination process,
377 including, but not limited to, the following:

378 (c) To enroll in plans under contract with the Agency for
379 Health Care Administration to serve children with special health
380 care needs ~~the Children's Medical Services Network,~~ a completed
381 application, including a Children's Medical Services clinical
382 screening.

383 Section 20. Effective July 1, 2025, paragraph (t) of
384 subsection (2) of section 409.815, Florida Statutes, is amended
385 to read:

386 409.815 Health benefits coverage; limitations.—

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

392 (t) Enhancements to minimum requirements.—

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

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

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

407 Section 21. Effective July 1, 2025, paragraph (i) of
408 subsection (1) of section 409.8177, Florida Statutes, is amended
409 to read:

410 409.8177 Program evaluation.—

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

421 (i) An assessment of the effectiveness of the Florida
422 Kidcare program, including Medicaid, the Florida Healthy Kids
423 program, Medikids, and plans under contract with the agency to
424 serve children with special health care needs ~~the Children's~~
425 ~~Medical Services network~~, and other public and private programs

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426 in the state in increasing the availability of affordable
427 quality health insurance and health care for children.

428 Section 22. Effective July 1, 2025, subsection (4) of
429 section 409.818, Florida Statutes, is amended to read:

430 409.818 Administration.—In order to implement ss. 409.810-
431 409.821, the following agencies shall have the following duties:

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

444 Section 23. Effective July 1, 2025, subsection (11) of
445 section 409.912, Florida Statutes, is amended to read:

446 409.912 Cost-effective purchasing of health care.—The
447 agency shall purchase goods and services for Medicaid recipients
448 in the most cost-effective manner consistent with the delivery
449 of quality medical care. To ensure that medical services are
450 effectively utilized, the agency may, in any case, require a
451 confirmation or second physician's opinion of the correct
452 diagnosis for purposes of authorizing future services under the

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453 Medicaid program. This section does not restrict access to
454 emergency services or poststabilization care services as defined
455 in 42 C.F.R. s. 438.114. Such confirmation or second opinion
456 shall be rendered in a manner approved by the agency. The agency
457 shall maximize the use of prepaid per capita and prepaid
458 aggregate fixed-sum basis services when appropriate and other
459 alternative service delivery and reimbursement methodologies,
460 including competitive bidding pursuant to s. 287.057, designed
461 to facilitate the cost-effective purchase of a case-managed
462 continuum of care. The agency shall also require providers to
463 minimize the exposure of recipients to the need for acute
464 inpatient, custodial, and other institutional care and the
465 inappropriate or unnecessary use of high-cost services. The
466 agency shall contract with a vendor to monitor and evaluate the
467 clinical practice patterns of providers in order to identify
468 trends that are outside the normal practice patterns of a
469 provider's professional peers or the national guidelines of a
470 provider's professional association. The vendor must be able to
471 provide information and counseling to a provider whose practice
472 patterns are outside the norms, in consultation with the agency,
473 to improve patient care and reduce inappropriate utilization.
474 The agency may mandate prior authorization, drug therapy
475 management, or disease management participation for certain
476 populations of Medicaid beneficiaries, certain drug classes, or
477 particular drugs to prevent fraud, abuse, overuse, and possible
478 dangerous drug interactions. The Pharmaceutical and Therapeutics
479 Committee shall make recommendations to the agency on drugs for

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480 | which prior authorization is required. The agency shall inform
481 | the Pharmaceutical and Therapeutics Committee of its decisions
482 | regarding drugs subject to prior authorization. The agency is
483 | authorized to limit the entities it contracts with or enrolls as
484 | Medicaid providers by developing a provider network through
485 | provider credentialing. The agency may competitively bid single
486 | source-provider contracts if procurement of goods or services
487 | results in demonstrated cost savings to the state without
488 | limiting access to care. The agency may limit its network based
489 | on the assessment of beneficiary access to care, provider
490 | availability, provider quality standards, time and distance
491 | standards for access to care, the cultural competence of the
492 | provider network, demographic characteristics of Medicaid
493 | beneficiaries, practice and provider-to-beneficiary standards,
494 | appointment wait times, beneficiary use of services, provider
495 | turnover, provider profiling, provider licensure history,
496 | previous program integrity investigations and findings, peer
497 | review, provider Medicaid policy and billing compliance records,
498 | clinical and medical record audits, and other factors. Providers
499 | are not entitled to enrollment in the Medicaid provider network.
500 | The agency shall determine instances in which allowing Medicaid
501 | beneficiaries to purchase durable medical equipment and other
502 | goods is less expensive to the Medicaid program than long-term
503 | rental of the equipment or goods. The agency may establish rules
504 | to facilitate purchases in lieu of long-term rentals in order to
505 | protect against fraud and abuse in the Medicaid program as

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506 defined in s. 409.913. The agency may seek federal waivers
507 necessary to administer these policies.

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

517 Section 24. Effective July 1, 2025, subsection (1) of
518 section 409.9126, Florida Statutes, is amended to read:

519 409.9126 Children with special health care needs.—

520 (1) Except as provided in subsection (4), children eligible
521 for the Children's Medical Services program who receive Medicaid
522 benefits, and other Medicaid-eligible children with special
523 health care needs, are ~~shall be~~ exempt from the provisions of s.
524 409.9122 ~~and shall be served through the Children's Medical~~
525 ~~Services 1095 network established in chapter 391.~~

526 Section 25. Effective July 1, 2025, paragraph (a) of
527 subsection (5) of section 409.9131, Florida Statutes, is amended
528 to read:

529 409.9131 Special provisions relating to integrity of the
530 Medicaid program.—

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

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533 (a) Use accepted and valid auditing, accounting,
534 analytical, statistical, or peer-review methods, or combinations
535 thereof. Appropriate statistical methods may include, but are
536 not limited to, sampling and extension to the population,
537 parametric and nonparametric statistics, tests of hypotheses,
538 other generally accepted statistical methods, review of medical
539 records, and a consideration of the physician's client case mix.
540 Before performing a review of the physician's Medicaid records,
541 however, the agency shall make every effort to consider the
542 physician's patient case mix, including, but not limited to,
543 patient age ~~and whether individual patients are clients of the~~
544 ~~Children's Medical Services Network established in chapter 391.~~
545 In meeting its burden of proof in any administrative or court
546 proceeding, the agency may introduce the results of such
547 statistical methods and its other audit findings as evidence of
548 overpayment.

549 Section 26. Effective July 1, 2025, paragraph (e) of
550 subsection (1) of section 409.920, Florida Statutes, is amended
551 to read:

552 409.920 Medicaid provider fraud.—

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

554 (e) "Managed care plans" means a health insurer authorized
555 under chapter 624, an exclusive provider organization authorized
556 under chapter 627, a health maintenance organization authorized
557 under chapter 641, ~~the Children's Medical Services Network~~
558 ~~authorized under chapter 391,~~ a prepaid health plan authorized
559 under this chapter, a provider service network authorized under

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560 this chapter, a minority physician network authorized under this
561 chapter, and an emergency department diversion program
562 authorized under this chapter or the General Appropriations Act,
563 providing health care services pursuant to a contract with the
564 Medicaid program.

565 Section 27. Effective July 1, 2025, subsection (7) of
566 section 409.962, Florida Statutes, is amended to read:

567 409.962 Definitions.—As used in this part, except as
568 otherwise specifically provided, the term:

569 (7) "Eligible plan" means a health insurer authorized under
570 chapter 624, an exclusive provider organization authorized under
571 chapter 627, a health maintenance organization authorized under
572 chapter 641, or a provider service network authorized under s.
573 409.912(1) or an accountable care organization authorized under
574 federal law. For purposes of the managed medical assistance
575 program, the term also includes ~~the Children's Medical Services~~
576 ~~Network authorized under chapter 391~~ and entities qualified
577 under 42 C.F.R. part 422 as Medicare Advantage Preferred
578 Provider Organizations, Medicare Advantage Provider-sponsored
579 Organizations, Medicare Advantage Health Maintenance
580 Organizations, Medicare Advantage Coordinated Care Plans, and
581 Medicare Advantage Special Needs Plans, and the Program of All-
582 inclusive Care for the Elderly.

583 Section 28. Section 409.972, Florida Statutes, is amended
584 to read:

585 409.972 Mandatory and voluntary enrollment.—

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586 (1) The following Medicaid-eligible persons are exempt from
587 mandatory managed care enrollment required by s. 409.965, and
588 may voluntarily choose to participate in the managed medical
589 assistance program:

590 (a) Medicaid recipients who have other creditable health
591 care coverage, excluding Medicare.

592 (b) Medicaid recipients residing in residential commitment
593 facilities operated through the Department of Juvenile Justice
594 or a treatment facility as defined in s. 394.455(49).

595 (c) Persons eligible for refugee assistance.

596 (d) Medicaid recipients who are residents of a
597 developmental disability center, including Sunland Center in
598 Marianna and Tacachale in Gainesville.

599 (e) Medicaid recipients enrolled in the home and community
600 based services waiver pursuant to chapter 393, and Medicaid
601 recipients waiting for waiver services.

602 (f) Medicaid recipients residing in a group home facility
603 licensed under chapter 393.

604 ~~(g) Children receiving services in a prescribed pediatric~~
605 ~~extended care center.~~

606 (2) Persons eligible for Medicaid but exempt from mandatory
607 participation who do not choose to enroll in managed care shall
608 be served in the Medicaid fee-for-service program as provided
609 under part III of this chapter.

610 (3) The agency shall seek federal approval to require
611 Medicaid recipients enrolled in managed care plans, as a

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612 condition of Medicaid eligibility, to pay the Medicaid program a
613 share of the premium of \$10 per month.

614 Section 29. Subsection (4) of section 409.974, Florida
615 Statutes, is amended to read:

616 409.974 Eligible plans.—

617 (4) CHILDREN'S MEDICAL SERVICES NETWORK.— ~~Participation by~~
618 ~~the Children's Medical Services Network shall be pursuant to a~~
619 ~~single, statewide contract with the agency that is not subject~~
620 ~~to the procurement requirements or regional plan number limits~~
621 ~~of this section. The Children's Medical Services Network must~~
622 ~~meet all other plan requirements for the managed medical~~
623 ~~assistance program. The Department of Health's Children's~~
624 ~~Medical Services program shall:~~

625 (a) Effective July 1, 2025, transfer to the agency the
626 operations of managed care contracts procured by the department
627 for Medicaid and Children's Health Insurance Program services to
628 children and youth with special health care needs enrolled in
629 the Children's Medical Services Managed Care Plan.

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

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

637 (d) The agency shall establish specific measures of access,
638 quality and costs of providing health care services to children

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639 with special health care needs. The agency shall contract with
640 an independent evaluator to conduct an evaluation that includes,
641 but is not limited to, a comparison of performance on these
642 specific measures by the plan(s) contracted to solely serve
643 recipients who meet the specified criteria based on age, medical
644 condition or diagnosis and plans which serve both children with
645 special health care needs and a broader population of Managed
646 Medical Assistance enrollees. The evaluation must include
647 assessment of cost savings, choice, access to services,
648 coordination of care, person-centered planning, health and
649 quality-of-life outcomes; patient and provider satisfaction;
650 provider networks and quality of care by each plan type.

651 1. The agency shall submit the results of the evaluation to
652 the Governor, the President of the Senate, and the Speaker of
653 the House of Representatives by January 15, 2028.

654 Section 30. Except as otherwise expressly provided in this
655 act, this act shall take effect upon becoming law.