Health Care Facilities & Systems Subcommittee

Thursday, November 06, 2025
09:00 AM – 12:00 PM
Sumner Hall (404 HOB)

Daniel Perez
Speaker

Adam Anderson
Chair

Committee Meeting Notice

HOUSE OF REPRESENTATIVES

Health Care Facilities & Systems Subcommittee

Start Date and Time: Thursday, November 06, 2025 09:00 AM

End Date and Time: Thursday, November 06, 2025 12:00 PM

Location: Sumner Hall (404 HOB)

Duration: 3.00 hrs

Implementation briefing by the Agency on Health Care Administration:

- HB 1085 (2025) Children’s Medical Services (Oliver).
- HB 1227 (2025) Medicaid Enrollment for Permanently Disabled Individuals (Tramont).
- HB 1529 (2025) Home Health Aides for Medically Fragile Children Program (Tramont).

NOTICE FINALIZED on 10/30/2025 10:33AM by Killings.Anola

Implementation Briefing by AHCA(2025)

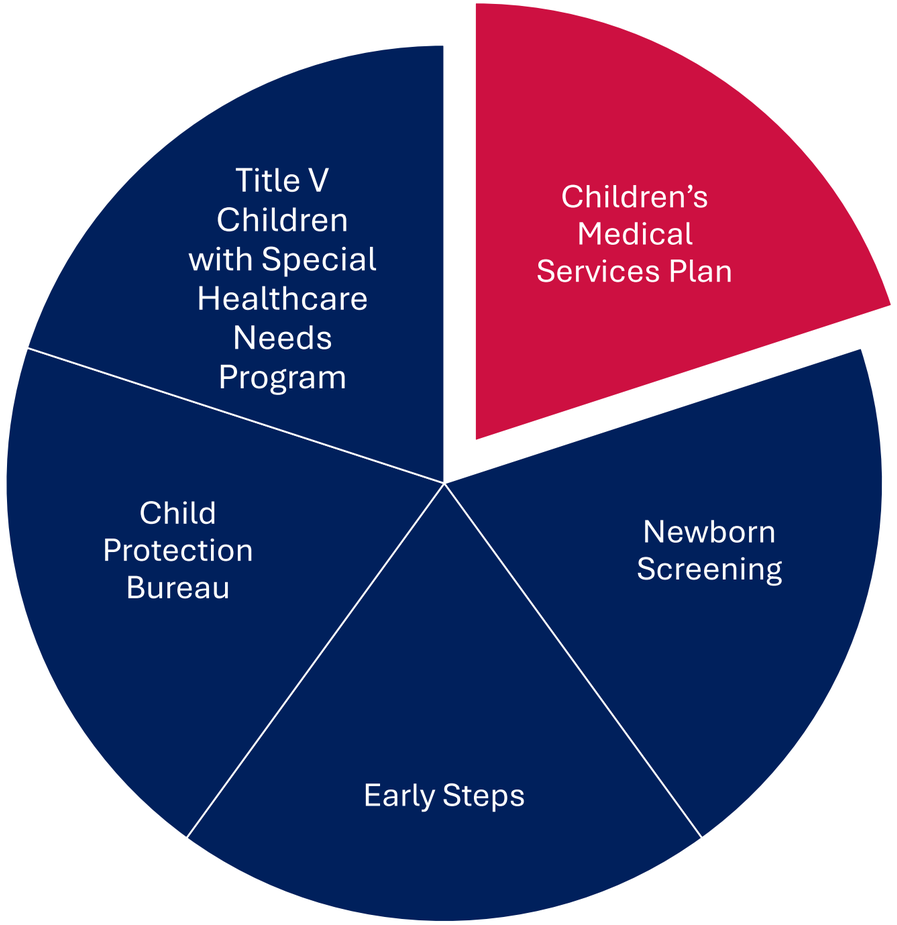
SB 1490 (2025) Children's Medical Services Program

Update on Children's Medical Services Plan Transfer

Brian Meyer, Deputy Secretary for Medicaid
Florida Agency for Health Care Administration

November 6, 2025

What is Children's Medical Services (CMS) Program?



- The Department of Health Children's Medical Services (CMS) program is a collection of programs that provide a family-centered, comprehensive, and coordinated statewide managed system of care.
- Provides essential preventative, evaluative, and early intervention services to Medicaid-eligible children with special health care needs and females with a high-risk pregnancy.
- **The CMS Managed Care Plan is a component of this program.**

CMS Managed Care Plan Overview

The CMS Managed Care Plan is for children who are either Florida Medicaid (Title XIX) or Florida KidCare (Title XXI) eligible with special health care needs that require extensive preventative and ongoing care.

- Special health care needs are based on clinical eligibility determination.
- Clinical eligibility determination is conducted by the Department of Health.
- Examples of qualifying diagnoses:
  - Autoimmune disorders
  - Cardiovascular disorders
  - Chronic lung disorders
  - End-stage renal disease (ESRD) requiring dialysis
  - Neurologic disorders
  - Severe hematologic disorders
  - Chronic and disabling mental health conditions

No Impact to Recipients

Beginning July 1, 2025, the CMS Managed Care Plan contract was transferred from DOH to AHCA.

The administrative transfer did not impact recipients' access to providers and services:

- Enrollment in the plan did not change.
- Plan networks and provider enrollment did not change.

AHCA's Medicaid Helpline continues to assist all Medicaid recipients and providers, including CMS Plan.

DOH continues to perform clinical eligibility for the CMS Managed Care Plan post-transfer.

Roles and Responsibilities – Post-Transfer

DCF

Medicaid Eligibility Determination

DOH

Clinical Eligibility Determination

AHCA

Managed Care Plan Administration

Administrative Efficiencies

The transfer allows for administrative efficiencies:

- Plan administration and oversight.
- Future alignment of Health Plan contract procurement with Statewide Medicaid Managed Care program.

4 FTEs transferred from DOH to AHCA

- 22 DOH FTEs repurposed in other areas.

The transfer presents a **cost savings** to the state through removal of additional administrative costs for plan administration.

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Continuous Eligibility for Medicaid-Eligible Disabled Recipients

Ann Dalton, Assistant Deputy Secretary for Medicaid Policy & Quality

November 6, 2025

Senate Bill 2514 (2025): Legislative Direction

- Currently, federal law requires states to review and redetermine eligibility for each recipient **every 12 months, at a minimum**. The Department of Children and Families conducts these reviews.

SB 2514 Changes:

- Legislation creates permanent eligibility for Medicaid services for individuals with permanent disabilities, unless there is a significant change in the person's disability or financial situation.
- Families must notify the state of changes in disability or economic status so the state can conduct a redetermination in those cases.

Senate Bill 2514 (2025): Impacted Individuals

- The bill directed the Agency to seek federal approval from the federal Centers for Medicare & Medicaid Services.
- Upon approval, anyone who is eligible for Medicaid in Florida through long term care or home and community-based services programs will remain eligible for continued coverage, without the need for a redetermination. This would impact the following groups:

Institutional Care Services	Hospice Services	iBudget Waiver	Home and Community-Based Services
71,421	6,586	38,181	47,108

Agency Implementation Actions

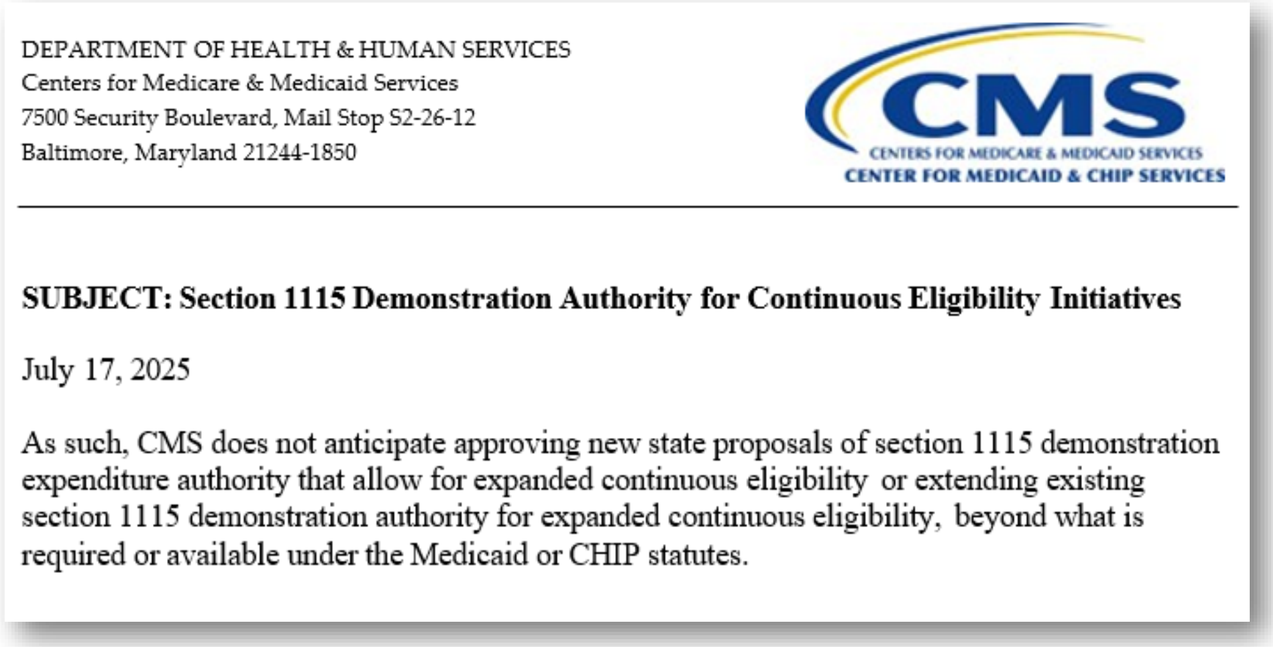
The Agency is working to implement Continuous Eligibility for Disabled Recipients through a waiver by the following steps:

Action Taken	Date
✓ Initiated 30-day Public Comment Period	October 1
✓ Held Public Meetings	October 10 and 13
✓ 30-day Public Comment Period Closed	October 30
✓ Waiver Submission to CMS	November 1 – 7
✓ Anticipated Letter of Completeness	December 1
✓ Anticipated Federal Comment Period	December 1 – 30

Recent CMS Guidance

CMS has provided updated guidance to states regarding continuous eligibility:

On July 17, 2025, CMS issued guidance regarding Section 1115 Demonstration Authority for Continuous Eligibility Initiatives. This guidance advised that CMS does not anticipate approving new state proposals that allow for expanded continuous eligibility.



DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-26-12
Baltimore, Maryland 21244-1850

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES
CENTER FOR MEDICAID & CHIP SERVICES

SUBJECT: Section 1115 Demonstration Authority for Continuous Eligibility Initiatives

July 17, 2025

As such, CMS does not anticipate approving new state proposals of section 1115 demonstration expenditure authority that allow for expanded continuous eligibility or extending existing section 1115 demonstration authority for expanded continuous eligibility, beyond what is required or available under the Medicaid or CHIP statutes.

https://www.medicaid.gov/resources-for-states/downloads/contin-elig-ltr-to-states.pdf

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SB 1156: Home Health Aide for Medically Fragile Children Program

Legislative Implementation Update

Brian Meyer, Deputy Secretary, Division of Medicaid

Kim Smoak, Deputy Secretary, Division of Health Quality Assurance

November 6, 2025

Legislative Direction

2023

- HB 391 authorized a new provider type for a related provider, legal guardian or caretaker relative as a home health aide for medically fragile children, paid at $25 per hour through licensed agencies for a maximum of 8 hours per day. It required the Agency to set training requirements with the Board of Nursing and submit an annual report.

2025

- SB 1156 directed the Agency to exclude income earned from this program for Medicaid eligibility determination, increase the maximum hours per day from 8 to 12, reduce the required maximum training hours, expand the eligible provider types to include PDN specialty providers, and add new reporting requirements.

Participation: There are approximately 300 recipients currently receiving services from a home health aide for medically fragile children.

SB 1156 – Legislative Direction

Update the Annual Assessment to include data on adverse incidents and a new requirement to obtain data from Medicaid health plans and home health agencies

Enhance the required training to be more tailored to the child's individualized care needs

Reduce the required maximum training hours from 85 to 76

Update the Medicaid reimbursement rate to a minimum of $25 per hour

Increase the maximum Medicaid reimbursable hours per day from 8 to 12 hours

Expand the eligible provider types to include Medicaid private duty nursing specialty providers, in addition to home health agencies

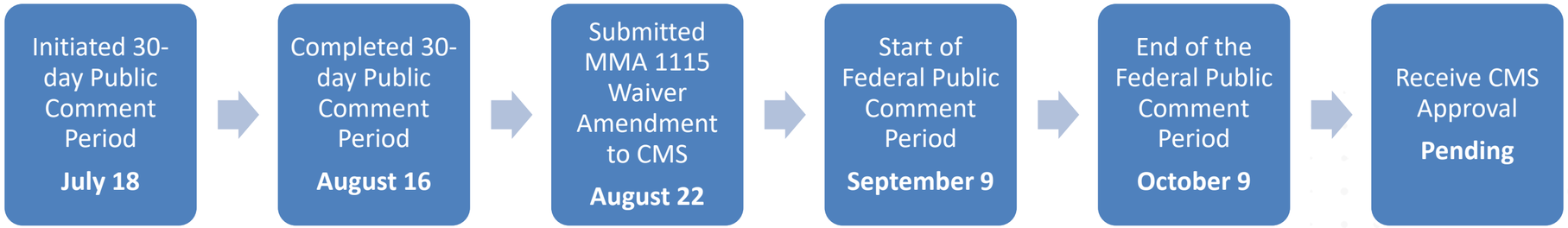
Exclude any income earned as a home health aide for medically fragile children from the family's countable income

SB 1156 – Federal Authority

SB 1156 directed the Agency to request federal authority to:

- Exclude income earned from this program for Medicaid eligibility determination
- Allow private duty nursing (PDN) specialty providers to be eligible to participate in the program.

Implementation is contingent upon the Agency obtaining federal authority from the Centers for Medicare and Medicaid Services (CMS)



SB 1156 Section 1: Annual Assessment

Compare Rate and Extent of Hospitalizations

Amends s. 400.54, F.S., to:

- Assess and compare the rate and extent of hospitalization of children receiving home health services from home health aides for medically fragile children to those receiving services from a home health agency registered nurse or licensed practical nurse.
- Requires Medicaid Managed Care Plans to collect and provide the necessary data to the Agency to perform the assessment.
- **This information will be included in the annual report submitted to the Legislature by January 1, 2026.**

SB 1156 Section 1: Annual Assessment

Adverse Incidents

- Requires the home health agency to submit all adverse incidents occurring under the home health aide for medically fragile children to the Agency **and** the Managed Care Plan within 48 hours of the incident.
- Defines “adverse incident” as:
  - Death
  - Brain or spinal damage
  - Permanent disfigurement
  - Fracture or dislocation of bones or joints
  - A limitation of neurological, physical, or sensory function
  - An event reported to law enforcement or its personnel for investigation

SB 1156 Section 2: Training

Training

Amends s. 400.4765, F.S., to:

- Clarify the training requirements for home health aides for medically fragile children and add new training requirements.
- Require the home health agency to provide additional training and competency validation as the child's care needs change, consistent with the plan of care.
- Reduce the number of training program hours from 85 to 76.
- Reference training requirements in s. 400.497, F.S..

SB 1156 (2025) Section 2: Training

Training

Amends s. 400.4765, F.S., to:

- Clarify the 20 hours of training in basic nursing skills must be tailored to the child's individualized care needs based upon the ordering provider's plan of care.
- Clarify the 16 hours of clinical training must also relate to the specific needs of the eligible relative.

SB 1156 Section 1: Annual Assessment

Implementation

	Activity	Status
System Updates	Update the AHCA Incident Reporting System (AIRS) to add home health agencies that opt to employ home health aides for medically fragile children into the system.	Expected completion February 2026
Rule Updates	Amend rule requirements for data reporting to allow for submission of Adverse Incident reports. • Notice of Rule Development (NORD) was published on 9/18/2025 for a workshop on 10/6/2025. Comments were received and have been reviewed.	Completed
	• Proposed rule text is under review and adoption will need to coincide with system changes.	Expected completion February 2026

SB 1156 Section 2: Training

Implementation

The Agency initiated rulemaking to amend Rule 59A-8.0099, F.A.C. This rule addresses minimum training requirements for home health aides for medically fragile children.

The changes to the rule include:

- Requiring a home health aide for medically fragile children to attend a one-time training on HIV/AIDS within 30 days of employment
- Streamlining the training requirements to align with s. 400.497, F.S., and Rule 59A-8.0095, F.A.C.
- Reduces the number of hours of skills training from 30 to 20 in the child's specific care plan needs by the ordering provider
- Outlines specific care tasks in which training must be provided to the Aides for Medically Fragile Children

Notice of rule development was published September 2025.
Adoption of the rule is anticipated to be complete by February 2026

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