By Senator Trumbull

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A bill to be entitled

An act relating to home health care services; amending s. 400.487, F.S.; authorizing contract staff to provide specified visits for a home health agency under certain circumstances; amending s. 408.032, F.S.; revising the definition of "health care facility" to include a home health agency; amending s. 409.905, F.S.; authorizing an advanced practice registered nurse to order or write prescriptions for certain Medicaid services; providing an effective date.

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

Section 1. Subsection (5) of section 400.487, Florida Statutes, is amended to read:

400.487 Home health service agreements; physician's, physician assistant's, and advanced practice registered nurse's treatment orders; patient assessment; establishment and review of plan of care; provision of services; orders not to resuscitate.—

(5) When nursing services are ordered, the home health agency to which a patient has been admitted for care must provide the initial admission visit, all service evaluation visits, and the discharge visit by a direct employee or contract staff. Services provided by others under contractual arrangements to a home health agency must be monitored and managed by the admitting home health agency. The admitting home health agency is fully responsible for ensuring that all care

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provided through its employees or contract staff is delivered in accordance with this part and applicable rules.

Section 2. Subsection (8) of section 408.032, Florida Statutes, is amended to read:

408.032 Definitions relating to Health Facility and Services Development Act.—As used in ss. 408.031-408.045, the term:

(8) "Health care facility" means a skilled nursing facility, hospice, or intermediate care facility, or home health agency for the developmentally disabled. A facility relying solely on spiritual means through prayer for healing is not included as a health care facility.

Section 3. Paragraph (c) of subsection (4) of section 409.905, Florida Statutes, is amended to read:

409.905 Mandatory Medicaid services.—The agency may make payments for the following services, which are required of the state by Title XIX of the Social Security Act, furnished by Medicaid providers to recipients who are determined to be eligible on the dates on which the services were provided. Any service under this section shall be provided only when medically necessary and in accordance with state and federal law.

Mandatory services rendered by providers in mobile units to Medicaid recipients may be restricted 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, number of services, or 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.

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(4) HOME HEALTH CARE SERVICES.—The agency shall pay for nursing and home health aide services, supplies, appliances, and durable medical equipment, necessary to assist a recipient living at home. An entity that provides such services must be licensed under part III of chapter 400. These services, equipment, and supplies, or reimbursement therefor, may be limited as provided in the General Appropriations Act and do not include services, equipment, or supplies provided to a person residing in a hospital or nursing facility.

- (c) The agency may not pay for home health services unless the services are medically necessary and:
- 1. The services are ordered by a physician <u>or an advanced</u> practice registered nurse.
- 2. The written prescription for the services is signed and dated by the recipient's physician or an advanced practice registered nurse before the development of a plan of care and before any request requiring prior authorization.
- 3. The physician or advanced practice registered nurse ordering the services is not employed, under contract with, or otherwise affiliated with the home health agency rendering the services. However, this subparagraph does not apply to a home health agency affiliated with a retirement community, of which the parent corporation or a related legal entity owns a rural health clinic certified under 42 C.F.R. part 491, subpart A, ss. 1-11, a nursing home licensed under part II of chapter 400, or an apartment or single-family home for independent living. For purposes of this subparagraph, the agency may, on a case-by-case basis, provide an exception for medically fragile children who are younger than 21 years of age.

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4. The physician <u>or advanced practice registered nurse</u> ordering the services has examined the recipient within the 30 days preceding the initial request for the services and biannually thereafter.

- 5. The written prescription for the services includes the recipient's acute or chronic medical condition or diagnosis, the home health service required, and, for skilled nursing services, the frequency and duration of the services.
- 6. The national provider identifier, Medicaid identification number, or medical practitioner license number of the physician or advanced practice registered nurse ordering the services is listed on the written prescription for the services, the claim for home health reimbursement, and the prior authorization request.

Section 4. This act shall take effect July 1, 2024.