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A bill to be entitled An act relating to home health agencies; amending s. 400.462, F.S.; providing definitions; amending s. 400.464, F.S.; establishing licensure and exemptions from licensure requirements for home health agencies; amending s. 400.471, F.S.; providing insurance coverage requirements; amending s. 400.474, F.S.; providing grounds for disciplinary action, penalties for operating without a license, and grounds for revocation or suspension of license; amending s. 400.484, F.S.; establishing administrative fines for various classes of deficiencies; amending s. 400.487, F.S.; providing for patient assessment and establishment and review of plan of care; creating s. 400.488, F.S.; providing for assistance with self-administration of medication; amending s. 400.491, F.S.; providing for maintenance of service provision plan; amending s. 400.497, F.S.; providing for establishment of rules; amending s. 400.506, F.S.; providing for licensure of nurse registries; amending s. 400.509, F.S.; providing for registration of particular service providers; amending s. 400.512, F.S.; providing for screening of home health agency personnel; establishing a Task Force on Home Health Services Licensure Provisions; providing an effective date.

Be It Enacted by the Legislature of the State of Florida: 2 3 Section 1. Section 400.462, Florida Statutes, is 4 amended to read: 5 400.462 Definitions.--As used in this part, the term: 6 "Administrator" means a direct employee of the 7 home health agency or a related organization, or of a 8 management company that has a contract to manage the home 9 health agency, to whom the governing body has delegated the 10 responsibility for day-to-day administration of the home 11 health agency. The administrator must be a licensed physician, physician assistant, or registered nurse licensed 12 to practice in this state or an individual having at least 1 13 14 year of supervisory or administrative experience in home 15 health care or in a facility licensed under chapter 395 or under part II or part III of chapter 400. An administrator 16 17 may manage a maximum of five licensed home health agencies located within one agency service district or within an 18 19 immediately contiguous county. If the home health agency is licensed under this chapter and is part of a retirement 20 community that provides multiple levels of care, an employee 21 of the retirement community may administer the home health 22 agency and up to a maximum of four entities licensed under 23 24 chapter 400 that are owned, operated, or managed by the same 25 corporate entity. An administrator shall designate, in writing, for each licensed entity, a qualified alternate 26 27 administrator to serve during absences. 28 "Agency" means the Agency for Health Care 29 Administration. (3)<del>(1)</del> "Certified nursing assistant" means any person 30 31 who has been issued a certificate under after fulfilling the

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requirements of s. 400.211. The licensed home health agency or licensed nurse registry shall ensure that the certified nursing assistant employed by or under contract with the home health agency or licensed nurse registry is adequately trained to perform the tasks of a home health aide in the home setting.

- (4) "Client" means an elderly, handicapped, or convalescent individual who receives personal care services, companion services, or homemaker services in the individual's home or place of residence.
- (5) "Companion" or "sitter" means a person who cares for an elderly, handicapped, or convalescent individual and accompanies such individual on trips and outings and may prepare and serve meals to such individual. A companion may not provide hands-on personal care to a client.
- (6)(3) "Department" means the Department of Children and Family Health and Rehabilitative Services.
- direct employee of the agency or related business entity who is a graduate of an approved school of nursing and is licensed in this state; who has at least 1 year of supervisory experience as a registered nurse in a licensed home health agency, a facility licensed under chapter 395, or a facility licensed under part II or part III of chapter 400; and who is responsible for overseeing the professional nursing and home health aid delivery of services of the agency. An employee may be the director of nursing of a maximum of five licensed home health agencies operated by a related business entity and located within one agency service district or within an immediately contiguous county. If the home health agency is licensed under this chapter and is part of a retirement

community that provides multiple levels of care, an employee of the retirement community may serve as the director of nursing of the home health agency and of up to four entities licensed under chapter 400 which are owned, operated, or managed by the same corporate entity. A director of nursing shall designate, in writing, for each licensed entity, a qualified alternate registered nurse to serve during the absence of the director of nursing.

(8) (4) "Home health agency" means an organization that provides home health services and staffing services for health care facilities.

(9)(5) "Home health agency personnel" means persons who are employed by or under contract with a home health agency and enter the home or place of residence of patients at any time in the course of their employment or contract.

(10)(6) "Home health services" means health and medical services and medical supplies furnished by an organization to an individual by home health agency personnel or by others under arrangements with the agency, on a visiting basis, in the individual's home or place of residence. The term includes organizations that provide one or more of, but is not limited to, the following:

- (a) Nursing care.
- (b) Physical, occupational, respiratory, or speech therapy.
  - (c) Home health aide services.
- (d) <u>Dietetics and nutrition practice and nutrition</u> counseling <u>Nutritional guidance</u>.
- (e) Medical supplies, restricted to drugs and biologicals prescribed by a physician.

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 (11) "Home health aide" means a person who provides hands-on personal care, performs simple procedures as an extension of therapy or nursing services, assists in ambulation or exercises, or assists in administering medications as permitted in rule and for which the person has received training established by the agency under s. 400.497(1).

(12)(7) "Homemaker" means a person who performs household chores that include housekeeping, meal planning and preparation, shopping assistance, and routine household activities for an elderly, handicapped, or convalescent individual. A homemaker may not provide hands-on personal care to a client.

- (13) "Home infusion therapy provider" means an organization that employs, contracts with, or refers a licensed professional, who has received advanced training and experience in intravenous infusion therapy and who administers infusion therapy to a patient in the patient's home or place of residence.
- (14) "Home infusion therapy" means the administration of intravenous pharmacological or nutritional products to a patient in his or her home.
- (15)(8) "Nurse registry" means any person that procures, offers, promises, or attempts to secure health-care-related contracts for registered nurses, licensed practical nurses, certified nursing assistants, home health aides sitters, companions, or homemakers, who are compensated by fees as independent contractors, including, but not limited to, contracts for the provision of services to patients and contracts to provide private duty or staffing services to

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health care facilities licensed under chapter 395 or this chapter or other business entities.

(16) "Organization" means a corporation, government or governmental subdivision or agency, partnership or association, two or more persons having a joint or common interest, or any other legal or commercial entity. The term does not include an entity that provides services using only volunteers or only individuals related by blood or marriage to the patient or client.

(17)(9) "Patient" means any person who receives home health services in his or her home or place of residence.

- (18) "Personal care" means assistance to a patient in the activities of daily living, such as dressing, bathing, eating, or personal hygiene, and assistance in physical transfer, ambulation, and in administering medications as permitted by rule.
- (19) "Physician" means a person licensed under chapter 458, chapter 459, chapter 460, or chapter 461.

(20)(10) "Screening" means the assessment of the background of home health agency personnel, nurse registry personnel, and persons registered under s. 400.509 and includes employment or contractual history checks, records checks of the department's central abuse hotline under chapter 415 relating to vulnerable adults, and statewide criminal records correspondence checks through the Department of Law Enforcement.

(21) "Skilled care" means nursing services or therapeutic services delivered by a health care professional who is licensed under chapter 464; part I, part III, or part V of chapter 468; or chapter 486 and who is employed by or under

contract with a licensed home health agency or is referred by a licensed nurse registry.

(22)(11) "Staffing services" means services provided to a health care facility or other business entity on a temporary basis by licensed health care personnel, including certified nursing assistants and home heath aides who are employed by, or work under the auspices of, a licensed home health agency or who are registered with a licensed nurse registry.

Section 2. Section 400.464, Florida Statutes, is amended to read:

400.464 Home health agencies to be licensed; expiration of license; exemptions; unlawful acts; penalties.--

- (1) Any home health agency must be licensed by the agency for Health Care Administration to operate in this state. A license issued to a home health agency, unless sooner suspended or revoked, expires 1 year after its date of issuance. However, any home health agency that is operated by the Federal Government is exempt from this part.
- (2) If the licensed home health agency operates related offices, each related office outside the county where the main office is located must be separately licensed. The counties where the related offices are operating must be specified on the license in the main office.
- exemption under s. 408.0366 may request one home health agency license to provide Medicare and non-Medicare home health services to residents of the facility and non-Medicare home health services to persons in one or more counties within the agency service district where the main office of the home health agency is located.

 (3) The furnishing of only home dialysis services, supplies, or equipment, or personal care services as provided by a community-care-for-the-elderly lead agency under s. 430.205, or personal care services provided through a community-care-for-disabled-adults program under s. 410.604, is exempt from this part. The personal care services exemptions apply only to community-care-for-the-elderly lead agencies and community-care-for-disabled-adults programs that directly provide only personal care services to their clients and do not provide other home health services.

(4) Any program offered through a county health department that makes home visits for the purpose of providing only environmental assessments, case management, health education, or personal care services is exempt from this part.

(5)(a) It is unlawful for any person to offer or advertise home health services to the public unless he or she has a valid license under this part. It is unlawful for any holder of a license issued under this part to advertise or indicate to the public that it holds a home health agency license other than the one it has been issued.

(b) A person who violates paragraph (a) is subject to an injunctive proceeding under s. 400.515. A violation of paragraph (a) is a deceptive and unfair trade practice and constitutes a violation of the Florida Deceptive and Unfair Trade Practices Act.

(c) A person who violates paragraph (a) commits a misdemeanor of the second degree, punishable as provided in s. 775.082 or s. 775.083. Any person who commits a second or subsequent violation commits a misdemeanor of the first degree, punishable as provided in s. 775.082 or s. 775.083.

Each day of continuing violation constitutes a separate offense.

(4)(6) Any infusion therapy provider shall be licensed as a home health agency. Any infusion therapy provider currently authorized to receive Medicare reimbursement under a DME - Part B Provider number for the provision of infusion therapy shall be licensed as a noncertified home health agency. Such a provider shall continue to receive that specified Medicare reimbursement without being certified so long as the reimbursement is limited to those items authorized pursuant to the DME - Part B Provider Agreement and the agency is licensed in compliance with the other provisions of this part.

advertise home health services to the public unless the organization has a valid license or is specifically exempted under this part. An organization that offers or advertises to the public any service for which licensure or registration is required under this part must include in the advertisement the license number or regulation number issued to the organization by the agency. The agency shall assess a fine of not less than \$100 to any licensee or registrant who fails to include the license or registration number when submitting the advertisement for publication, broadcast or printing. The holder of a license issued under this part may not advertise or indicate to the public that it holds a home health agency or nurse registry license other than the one it has been issued.

(b) A person who violates paragraph (a) is subject to an injunctive proceeding under s. 400.515. A violation of paragraph (a) is a deceptive and unfair trade practice and

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constitutes a violation of the Florida Unfair and Deceptive Trade Practices Act.

- (c) A person who violates the provisions of paragraph (a) commits a misdemeanor of the second degree, punishable as provided in s. 775.082 or s. 775.083. Any person who commits a second or subsequent violation commits a misdemeanor of the first degree, punishable as provided in s. 775.082 or s. 775.083. Each day of continuing violation constitutes a separate offense.
- (6) The following are exempt from the licensure requirements of this part:
- (a) A home health agency operated by the Federal Government.
- (b) Home health services provided by a state agency, either directly or through a contractor with:
  - 1. The Department of Elderly Affairs.
- 2. The Department of Health, a community health center, or a rural health network that furnishes home visits for the purpose of providing environmental assessments, case management, health eduction, personal-care services, family planning, or follow-up treatment, or for the purpose of monitoring and tracking disease.
- 3. Services provided to persons who have developmental disabilities, as defined in s. 393.063(11).
- (c) A health care professional, whether or not incorporated, who is licensed under chapter 458, chapter 459, chapter 464, part I, part III, part V, or part X of chapter 468, chapter 480, chapter 486, chapter 490, or chapter 491, and who is acting alone within the scope of his or her professional license to provide care to patients in their homes.

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1 (d) A home health aide or certified nursing assistant 2 who is acting in his or her individual capacity, within the 3 definitions and standards of his or her occupation, and who provides hands-on care to patients in their homes. 4 5 (e) An individual who acts alone, in his or her 6 individual capacity, and who is not employed by or affiliated 7 with a licensed home health agency or registered with a 8 licensed nurse registry. This exemption does not entitle an 9 individual to perform home health services without the 10 required professional license. 11 (f) The delivery of instructional services in home dialysis and home dialysis supplies and equipment. 12 The delivery of nursing home services for which 13 the nursing home is licensed under part II of this chapter, to 14 serve its residents in its facility. 15 The delivery of assisted living facility services 16 (h) 17 for which the assisted living facility is licensed under part III of this chapter, to serve its residents in its facility. 18 The delivery of hospice services for which the 19 hospice is licensed under part VI of this chapter, to serve 20 21 hospice patients admitted to its service. 22 (j) A hospital that provides services for which it is 23 licensed under chapter 395. 24 (k) The delivery of community residential services 25 for which the community residential home is licensed under 26 chapter 419, to serve the residents in its facility. 27 (1) A not-for-profit, community-based agency that

provides early intervention services to infants and toddlers.

(m) Certified rehabilitation agencies and

certified under Title 18 of the Social Security Act.

comprehensive outpatient rehabilitation facilities that are

1 (n) The delivery of adult family care home services for which the adult family care home is licensed under part 2 3 VII of this chapter, to serve the residents in its facility. Section 3. Section 400.471, Florida Statutes, 1998 4 5 Supplement, is amended to read: 6 400.471 Application for license; fee; provisional 7 license; temporary permit. --(1) Application for an initial license or for renewal 9 of an existing license must be made under oath to the agency 10 for Health Care Administration on forms furnished by it and 11 must be accompanied by the appropriate license fee as provided in subsection (8). The agency must take final action on an 12 13 initial licensure application within 60 days after receipt of all required documentation. 14 (2) The applicant must file with the application 15 satisfactory proof that the home health agency is in 16 17 compliance with this part and applicable rules, including: (a) A listing of services to be provided, either 18 19 directly by the applicant or through contractual arrangements with existing providers; 20 (b) The number and discipline of professional staff to 21 22 be employed; and 23 (c) Proof of financial ability to operate.

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If the applicant has applied for a certificate of need under

ss. 408.0331-408.045 within the preceding 12 months, the

certificate-of-need process along with an attestation that

applicant may submit the proof required during the

circumstances underlying the original submission.

there has been no substantial change in the facts and

- demonstrate financial ability to operate by submitting a balance sheet and income and expense statement for the first 2 years of operation which provide evidence of having sufficient assets, credit, and projected revenues to cover liabilities and expenses. The applicant shall have demonstrated financial ability to operate if the <a href="mailto:applicant's">applicant's</a> assets, credit, and projected revenues meet or exceed projected liabilities and expenses. All documents required under this subsection must be prepared in accordance with generally accepted accounting principles, and <a href="mailto:the financial statement must be">the financial statement must be</a> signed by a certified public accountant.
- (4) Each applicant for licensure must comply with the following requirements:
- (a) Upon receipt of a completed, signed, and dated application, the agency shall require background screening of the applicant, in accordance with the level 2 standards for screening set forth in chapter 435. As used in this subsection, the term "applicant" means the administrator, or a similarly titled person who is responsible for the day-to-day operation of the licensed home health agency, and the financial officer, or similarly titled individual who is responsible for the financial operation of the licensed home health agency.
- (b) The agency may require background screening for a member of the board of directors of the licensee or an officer or an individual owning 5 percent or more of the licensee if the agency reasonably suspects that such individual has been convicted of an offense prohibited under the level 2 standards for screening set forth in chapter 435.

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- (c) Proof of compliance with the level 2 background screening requirements of chapter 435 which has been submitted within the previous 5 years in compliance with any other health care or assisted living licensure requirements of this state is acceptable in fulfillment of paragraph (a). Proof of compliance with background screening which has been submitted within the previous 5 years to fulfill the requirements of the Department of Insurance pursuant to chapter 651 as part of an application for a certificate of authority to operate a continuing care retirement community is acceptable in fulfillment of the Department of Law Enforcement and Federal Bureau of Investigation background check.
- (d) A provisional license may be granted to an applicant when each individual required by this section to undergo background screening has met the standards for the abuse registry background check and the Department of Law Enforcement background check, but the agency has not yet received background screening results from the Federal Bureau of Investigation. A standard license may be granted to the licensee upon the agency's receipt of a report of the results of the Federal Bureau of Investigation background screening for each individual required by this section to undergo background screening which confirms that all standards have been met, or upon the granting of a disqualification exemption by the agency as set forth in chapter 435. Any other person who is required to undergo level 2 background screening may serve in his or her capacity pending the agency's receipt of the report from the Federal Bureau of Investigation. However, the person may not continue to serve if the report indicates any violation of background screening standards and a

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disqualification exemption has not been requested of and granted by the agency as set forth in chapter 435.

- (e) Each applicant must submit to the agency, with its application, a description and explanation of any exclusions, permanent suspensions, or terminations of the licensee or potential licensee from the Medicare or Medicaid programs. Proof of compliance with the requirements for disclosure of ownership and control interest under the Medicaid or Medicare programs may be accepted in lieu of this submission.
- (f) Each applicant must submit to the agency a description and explanation of any conviction of an offense prohibited under the level 2 standards of chapter 435 by a member of the board of directors of the applicant, its officers, or any individual owning 5 percent or more of the applicant. This requirement does not apply to a director of a not-for-profit corporation or organization if the director serves solely in a voluntary capacity for the corporation or organization, does not regularly take part in the day-to-day operational decisions of the corporation or organization, receives no remuneration for his or her services on the corporation or organization's board of directors, and has no financial interest and has no family members with a financial interest in the corporation or organization, provided that the director and the not-for-profit corporation or organization include in the application a statement affirming that the director's relationship to the corporation satisfies the requirements of this paragraph.
- (q) A license may not be granted to an applicant if the applicant, administrator, or financial officer has been found guilty of, regardless of adjudication, or has entered a 31 plea of nolo contendere or guilty to, any offense prohibited

under the level 2 standards for screening set forth in chapter 435, unless an exemption from disqualification has been granted by the agency as set forth in chapter 435.

- (h) The agency may deny or revoke licensure if the applicant:
- 1. Has falsely represented a material fact in the application required by paragraph (e) or paragraph (f), or has omitted any material fact from the application required by paragraph (e) or paragraph (f); or
- 2. Has been or is currently excluded, suspended, terminated from, or has involuntarily withdrawn from participation in this state's Medicaid program, or the Medicaid program of any other state, or from participation in the Medicare program or any other governmental or private health care or health insurance program.
- (i) An application for license renewal must contain the information required under paragraphs (e) and (f).
- (5) The home health agency must also obtain and maintain the following liability insurance coverages in anterproof of liability insurance, as defined in s. 624.605, must be submitted with the application. The Agency for Health Care Administration shall set the required amounts of liability insurance by rule, but the required amount of must not be less than \$250,000 per claim, and the home health agency must submit proof of coverage with an initial application for licensure and with each annual application for license renewal:
- 30 (b) Liability insurance as defined in s.
  31 624.605(1)(b).

- application for renewal must be submitted to the agency for Health Care Administration under oath on forms furnished by it, and a license must be renewed if the applicant has met the requirements established under this part and applicable rules. The home health agency must file with the application satisfactory proof that it is in compliance with this part and applicable rules. If there is evidence of financial instability, the home health agency must submit satisfactory proof of its financial ability to comply with the requirements of this part.
- (7) When transferring the ownership of a home health agency, the transferee must submit an application for a license at least 60 days before the effective date of the transfer. If the home health agency is being leased, a copy of the lease agreement must be filed with the application.
- (8) The license fee and annual renewal fee required of a home health agency <u>are</u> is nonrefundable. The agency for Health Care Administration shall set the fees in an amount that is sufficient to cover its costs in carrying out its responsibilities under this part, but not to exceed \$1,000. However, state, county, or municipal governments applying for licenses under this part are exempt from the payment of license fees. All fees collected under this part must be deposited in the Health Care Trust Fund for the administration of this part.
- (9) The license must be displayed in a conspicuous place in the administrative office of the home health agency and is valid only while in the possession of the person to which it is issued. The license may not be sold, assigned, or otherwise transferred, voluntarily or involuntarily, and is

valid only for the home health agency and location for which originally issued.

- (10) A home health agency against whom a revocation or suspension proceeding is pending at the time of license renewal may be issued a provisional license effective until final disposition by the agency for Health Care Administration of such proceedings. If judicial relief is sought from the final disposition, the court that has jurisdiction may issue a temporary permit for the duration of the judicial proceeding.
- (11) The <u>agency may</u> department shall not issue a license designated as certified to a home health agency <u>that</u> which fails to receive a certificate of need under the <u>provisions of ss. 408.031-408.045 or that fails to satisfy the requirements of a Medicare certification survey from the agency.</u>
- (12) The agency may not issue a license to a home health agency that has any unpaid fines assessed under this part.
- Section 4. Section 400.474, Florida Statutes, 1998 Supplement, is amended to read:
- 400.474 Denial, suspension, revocation of license; injunction; grounds; penalties.--
- (1) The agency for Health Care Administration may deny, revoke, or suspend a license, or impose an administrative fine in the manner provided in chapter 120, or initiate injunctive proceedings under s. 400.515.
- (2) Any of the following actions by a home health agency or its employee is grounds for disciplinary action by the agency for Health Care Administration:
  - (a) Violation of this part or of applicable rules.

- (b) An intentional, reckless, or negligent act that materially affects the health or safety of a patient.
- (c) Failure to provide at least one of the services listed in s. 400.462(10) directly to patients for a period of 6 consecutive months Knowingly providing home health services in an unlicensed assisted living facility or unlicensed adult family-care home, unless the home health agency or employee reports the unlicensed facility or home to the agency within 72 hours after providing the services.
- (3) The agency may impose the following penalties for operating without a license upon an applicant or owner who has in the past operated, or who currently operates, a licensed home health agency.
- (a) If a home health agency that is found to be operating without a license wishes to apply for a license, the home health agency may submit an application only after the agency has verified that the home health agency no longer operates an unlicensed home health agency.
- (b) Any person, partnership, or corporation that violates paragraph (a) and that previously operated a licensed home health agency or concurrently operates both a licensed home health agency and an unlicensed home health agency commits a felony of the third degree punishable as provided in s. 775.082, s. 775.083, or s. 775.084. If an owner has an interest in more than one home health agency and fails to license any one of those home health agencies, the agency must issue a cease and desist order for the activities of the unlicensed home health agency and impose a moratorium on any or all of the licensed related home health agencies until the unlicensed home health agency is licensed.

- (c) If any home health agency meets the criteria in paragraph (a) or paragraph (b) and that home health agency has received any government reimbursement for services provided by an unlicensed home health agency, the agency shall make a fraud referral to the appropriate government reimbursement program.
- (4) The agency may deny, revoke, or suspend the license of a home health agency, or may impose on a home health agency administrative fines not to exceed the aggregate sum of \$5,000 if:
- (a) The agency is unable to obtain entry to the home health agency to conduct a licensure survey, complaint investigation, surveillance visit, or monitoring visit.
- (b) An applicant or a licensed home health agency has falsely represented a material fact in the application, or has omitted from the application any material fact, including, but not limited to, the fact that the controlling or ownership interest is held by any officer, director, agent, manager, employee, affiliated person, partner, or shareholder who is not eligible to participate.
- (c) An applicant, owner, or person who has a 5 percent or greater interest in a licensed entity:
- 1. Has been previously found by any licensing, certifying, or professional standards board or agency to have violated the standards or conditions that relate to home health-related licensure or certification, or to the quality of home health-related services provided; or
- 2. Has been or is currently excluded, suspended, terminated from, or has involuntarily withdrawn from, participation in the Medicaid program of this state or any

other state, the Medicare program, or any other governmental health care or health insurance program.

Section 5. Section 400.484, Florida Statutes, is amended to read:

400.484 Right of inspection; deficiencies; fines.--

- (1) Any duly authorized officer or employee of the agency for Health Care Administration may make such inspections and investigations as are necessary in order to determine the state of compliance with this part and with applicable rules. The right of inspection extends to any business that the agency for Health Care Administration has reason to believe is being operated as a home health agency without a license, but such inspection of any such business may not be made without the permission of the owner or person in charge unless a warrant is first obtained from a circuit court. Any application for a license issued under this part or for license renewal constitutes permission for an appropriate inspection to verify the information submitted on or in connection with the application.
- (2) The agency shall impose fines for various classes of deficiencies in accordance with the following schedule:
- (a) A class I deficiency is any act, omission, or practice that results in a patient's death, disablement, or permanent injury, or places a patient at imminent risk of death, disablement, or permanent injury. Upon finding a class I deficiency, the agency may impose an administrative fine in the amount of \$5,000 for each occurrence and each day that the deficiency exists. In addition, the agency may immediately revoke the license, or impose a moratorium on the admission of new patients, until the factors causing the deficiency have been corrected.

- (b) A class II deficiency is any act, omission, or practice that has a direct adverse effect on the health, safety, or security of a patient. Upon finding a class II deficiency, the agency may impose an administrative fine in the amount of \$1,000 for each occurrence and each day that the deficiency exists. In addition, the agency may suspend the license, or impose a moratorium on the admission of new patients, until the deficiency has been corrected.
- (c) A class III deficiency is any act, omission, or practice that has an indirect, adverse effect on the health, safety, or security of a patient. Upon finding an uncorrected or repeated class III deficiency, the agency may impose an administrative fine not to exceed \$500 for each occurrence and each day that the uncorrected or repeated deficiency exists.
- (d) A class IV deficiency is any act, omission, or practice related to required reports, forms, or documents which does not have the potential of negatively affecting patients. These violations are of a type that the agency determines do not threaten the health, safety, or security of patients. Upon finding an uncorrected or repeated class IV deficiency, the agency may impose an administrative fine not to exceed \$200 for each occurrence and each day that the uncorrected or repeated deficiency exists.

Section 6. Section 400.487, Florida Statutes, is amended to read:

- 400.487 Patient assessment; establishment and review of plan of care; provision of services.--
- (1) The home health agency providing <u>skilled</u> care <del>and</del> treatment must make an assessment of the patient's needs within 48 hours after the start of services.

- receive skilled receiving care or treatment provided by a licensed nurse or by a physical, occupational, or speech therapist must establish treatment orders a plan of care for the patient on behalf of the home health agency that provides services to the patient. The original plan of treatment orders must be signed by the physician within 24 days after the start of care and must be reviewed, at least every 62 days or more frequently if the patient's illness requires, by the physician in consultation with home health agency personnel that provide services to the patient.
  - (3) If a client is accepted for home health aide services or homemaker or companion services and such services do not require a physician's order, the home health agency shall establish a service provision plan and maintain a record of the services provided.
  - (4)(3) Each patient or client has the right to be informed of and to participate in the planning of his or her care. Each patient must be provided, upon request, a copy of the plan of care or service provision plan established and maintained for that patient or client by the home health agency.
  - (4) Home health services that are provided to a patient must be evaluated in the patient's home by a physician licensed under chapter 458, chapter 459, chapter 460, or chapter 461 or by a registered nurse licensed under chapter 464 as frequently as necessary to assure safe and adequate care, but not less frequently than once every 62 days.
  - (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 qualified personnel who are on the payroll of, and to whom an IRS payroll form W-2 will be issued by, the home health agency. A home health agency must provide at least one home health service to patients for whom it has agreed to provide care. Services provided by others under contractual arrangements to a home health agency agency's patients must be monitored and managed controlled by the admitting home health agency. The admitting home health agency is fully responsible for ensuring that all care provided through its employees or contract staff is delivered in accordance with this part and applicable rules.

(6) The <u>skilled care</u> services provided by a home health agency, directly or under contract, must be supervised and coordinated in accordance with the plan of care.

Section 7. Section 400.488, Florida Statutes, is created to read:

400.488 Assistance with self-administration of medication.--

- (1) For purposes of this section, the term:
- (a) "Informed consent" means advising the patient, or the patient's surrogate, guardian, or attorney in fact, that the patient may be receiving assistance with self-administration of medication from an unlicensed person.
- (b) "Unlicensed person" means an individual not currently licensed to practice nursing or medicine who is employed by or under contract to a home health agency and who has received training with respect to assisting with the self-administration of medication as provided by agency rule.
- 29 (2) Patients who are capable of self-administering
  30 their own medications without assistance shall be encouraged
  31 and allowed to do so. However, an unlicensed person may,

1	consistent with a dispensed prescription's label or the
2	package directions of an over-the-counter medication, assist a
3	patient whose condition is medically stable with the
4	self-administration of routine, regularly scheduled
5	medications that are intended to be self-administered.
6	Assistance with self-medication by an unlicensed person may
7	occur only upon a documented request by, and the written
8	informed consent of, a patient or the patient's surrogate,
9	guardian, or attorney in fact. For purposes of this section,
10	self-administered medications include both legend and
11	over-the-counter oral dosage forms, topical dosage forms, and
12	topical opthalmic, otic, and nasal dosage forms, including
13	solutions, suspensions, sprays, and inhalers.
14	(3) Assistance with self-administration of medication
15	includes:
16	(a) Taking the medication, in its previously
17	dispensed, properly labeled container, from where it is stored
18	and bringing it to the patient.
19	(b) In the presence of the patient, reading the label,
20	opening the container, removing a prescribed amount of
21	medication from the container, and closing the container.
22	(c) Placing an oral dosage in the patient's hand or
23	placing the dosage in another container and helping the
24	patient by lifting the container to his or her mouth.
25	(d) Applying topical medications.
26	(e) Returning the medication container to proper
27	storage.
28	(f) Keeping a record of when a patient receives
29	assistance with self-administration under this section.
30	(4) Assistance with self-administration does not
31	include:

1	(a) Mixing, compounding, converting, or calculating
2	medication doses, except for measuring a prescribed amount of
3	liquid medication or breaking a scored tablet or crushing a
4	tablet as prescribed.
5	(b) The preparation of syringes for injection or the
6	administration of medications by any injectable route.
7	(c) Administration of medications through intermittent
8	positive pressure breathing machines or a nebulizer.
9	(d) Administration of medications by way of a tube
10	inserted in a cavity of the body.
11	(e) Administration of parenteral preparations.
12	(f) Irrigations or debriding agents used in the
13	treatment of a skin condition.
14	(g) Rectal, urethral, or vaginal preparations.
15	(h) Medications ordered by the physician or health
16	care professional with prescriptive authority to be given "as
17	needed, " unless the order is written with specific parameters
18	that preclude independent judgment on the part of the
19	unlicensed person, and at the request of a competent patient.
20	(i) Medications for which the time of administration,
21	the amount, the strength of dosage, the method of
22	administration, or the reason for administration requires
23	judgment or discretion on the part of the unlicensed person.
24	(5) Assistance with the self-administration of
25	medication by an unlicensed person as described in this
26	section does not constitute administration as defined in s.
27	<u>465.003.</u>
28	(6) The agency may by rule establish procedures and
29	interpret terms as necessary to administer this section.
30	Section 8. Section 400.491, Florida Statutes, 1998

31 Supplement, is amended to read:

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400.491 Clinical records.--

(1) The home health agency must maintain for each patient who receives skilled care a clinical record that includes the services the home health agency provides directly and those provided through arrangement with another health care provider, except for those services provided by persons referred under s. 400.509. Such records must contain pertinent past and current medical, nursing, social and other therapeutic information, the plan of treatment orders, and other such information as is necessary for the safe and adequate care of the patient. When home health services are terminated, the record must show the date and reason for termination. Such records are considered patient records under s. 455.241 s. 455.667, and must be maintained by the home health agency for 5 years following termination of services. If a patient transfers to another home health agency, a copy of his or her record must be provided to the other home health agency upon request.

(2) The home health agency must maintain for each client who receives nonskilled care a service-provision plan.

Such records must be maintained by the home health agency for 1 year following termination of services.

Section 9. Section 400.497, Florida Statutes, is amended to read:

400.497 Rules establishing minimum standards.--The agency for Health Care Administration shall adopt, publish, and enforce rules to implement this part, including, as applicable, ss. 400.506 and 400.509, which must provide reasonable and fair minimum standards relating to:

(1) Scope of home health services to be provided.

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(1)(2) The qualifications, and minimum training requirements, and supervision requirements of all home health agency personnel. The agency shall establish the curriculum and instructor qualifications for home health aide training. Licensed home health agencies may provide this training and shall furnish documentation of such training to other licensed home health agencies upon request. The agency shall allow shared staffing if the home health agency is part of a retirement community that provides multiple levels of care, is located on one campus, is licensed under this chapter, and otherwise meets the requirements of law and rule.

(2)<del>(3)</del> Requirements for prospective employees procedures for maintaining a record of the employment history of all home health agency personnel. A home health agency must require prospective employees and contractors its personnel to submit an employment or contractual history to the home health agency, and it must verify the employment or contractual history unless through diligent efforts such verification is not possible. The agency for Health Care Administration shall prescribe by rule the minimum requirements for establishing that diligent efforts have been made. The administrator of a home health agency must review the employment history and references of home health agency personnel and applicants for employment. The Agency for Health Care Administration must review the employment history and references of each administrator of a home health agency. There is no monetary liability on the part of, and no cause of action for damages arising arises against, a former employer of a prospective employee of or prospective independent contractor with a licensed home health agency who reasonably and in good faith communicates his or her honest opinions

about the former employee's job performance. This subsection does not affect the official immunity of an officer or employee of a public corporation.

(3) Licensure application and renewal.

 $\underline{(4)}$  (5) The administration of the home health agency, including requirements for onsite and electronic accessibility of supervisory personnel.

 $\underline{(5)}$  (6) Procedures for administering drugs and biologicals.

(6)(7) Procedures for maintaining patients' patient records.

(7)(8) Ensuring that the home health services provided by a home health agency are provided in accordance with the plan of treatment orders established for each patient for whom physician orders are required.

(8)<del>(9)</del> Geographic service areas.

 $\underline{(9)(10)}$  Standards for contractual arrangements for the provision of home health services by providers not employed by the home health agency  $\underline{\text{to whom the patient has been admitted}}$  providing for the patient's care and treatment.

Section 10. Subsections (1) and (10) of section 400.506, Florida Statutes, 1998 Supplement, are amended to read:

400.506 Licensure of nurse registries; requirements; penalties.--

(1) A nurse registry is exempt from the licensing requirements of a home health agency, but must be licensed as a nurse registry. Each operational site of the nurse registry must be licensed, unless there is more than one site within a county. If there is more than one site within a county only

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one license per county is required. Each operational site must be listed on the license.

(10)(a) A nurse registry may refer for contract in private residences registered nurses and licensed practical nurses registered and licensed under chapter 464, certified nursing assistants certified under s. 400.211, home health aides who present documented proof of successful completion of the training required by rule of the agency, and sitters, companions, or homemakers for the purposes of providing those services authorized under s. 400.509(1). Each person referred by a nurse registry must provide current documentation that he or she is free from communicable diseases.

- (b) A certified nursing assistant or home health aide may be referred for a contract to provide care to a patient in his or her home only if that patient is under a physician's care. A certified nursing assistant or home health aide referred for contract in a private residence shall be limited to assisting a patient with bathing, dressing, toileting, grooming, eating, physical transfer, and those normal daily routines the patient could perform for himself or herself were he or she physically capable. A certified nursing assistant or home health aide may not provide medical or other health care services that require specialized training and that may be performed only by licensed health care professionals. nurse registry shall obtain the name and address of the attending physician and send written notification to the physician within 48 hours after a contract is concluded that a certified nursing assistant or home health aide will be providing care for that patient.
- (c) A registered nurse shall make monthly visits to 31 the patient's home to assess the patient's condition and

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quality of care being provided by the certified nursing assistant or home health aide. Any condition which in the professional judgment of the nurse requires further medical attention shall be reported to the attending physician and the nurse registry. The assessment shall become a part of the patient's file with the nurse registry and may be reviewed by the agency for Health Care Administration during their survey procedure.

(d) In order to refer for contract in private residences a certified nursing assistant or any person specified in s. 400.509(1), the nurse registry and such person registered with the nurse registry must also be registered under s. 400.509. Any person registered as an independent contractor with a nurse registry for the purpose of providing services authorized under s. 400.509(1) on or before October 1, 1990, is exempt from registration under s. 400.509 so long as such person remains continuously registered with that nurse registry.

Section 11. Subsections (1), (2), and (3) of section 400.509, Florida Statutes, are amended, present subsections (4) and (5) of that section are amended and renumbered as subsections (5) and (6), respectively, present subsections (6), (7), (8), (9), (10), (11), (12), and (13) of that section are renumbered as subsections (7), (8), (9), (10), (11), (12), (13), and (14), respectively, and a new subsection (4) is added to that section, to read:

400.509 Registration of particular service providers exempt from licensure; certificate of registration; regulation of registrants. --

(1) Any organization person that provides domestic 31 | maid services, sitter services, companion services, or

homemaker services and does not provide a home health service to a person is exempt from licensure under this part. However, any <u>organization</u> person that provides sitter services for adults, companion services, or homemaker services must register with the agency for Health Care Administration.

- (2) Registration consists of annually filing with the agency for Health Care Administration, under oath, on forms provided by it, the following information:
- (a) The name, address, date of birth, and social security number of the individual, or the name and address of the person, providing the service.
- $\underline{\text{(a)}}$  (b) If the registrant is a firm or partnership, the name, address, date of birth, and social security number of every member.
- (b)(c) If the registrant is a corporation or association, its name and address, the name, address, date of birth, and social security number of each of its directors and officers, and the name and address of each person having at least a 5-percent 10-percent interest in the corporation or association.
- $\underline{\text{(c)}}$  (d) The name, address, date of birth, and social security number of each person employed  $\underline{\text{by}}$  or under contract with the organization.
- (3) The agency for Health Care Administration shall charge a registration fee of \$25 to be submitted with the information required under subsection (2).
- (4) Each applicant for registration must comply with the following requirements:
- (a) Upon receipt of a completed, signed, and dated application, the agency shall require background screening, in accordance with the level 1 standards for screening set forth

in chapter 435, of every individual who will have contact with the client. The agency shall require background screening of the managing employee or other similarly titled individual who is responsible for the operation of the entity, and of the financial officer or other similarly titled individual who is responsible for the financial operation of the entity, including billings for client services in accordance with the level 2 standards for background screening as set forth in chapter 435.

- (b) The agency may require background screening of any other individual who is affiliated with the applicant if the agency has a reasonable basis for believing that he or she has been convicted of a crime or has committed any other offense prohibited under the level 2 standards for screening set forth in chapter 435.
- (c) Proof of compliance with the level 2 background screening requirements of chapter 435 which has been submitted within the previous 5 years in compliance with any other healthcare or assisted living licensure requirements of this state is acceptable in fulfillment of paragraph (a).
- (d) A provisional registration may be granted to an applicant when each individual required by this section to undergo background screening has met the standards for the abuse-registry background check and the Department of Law Enforcement background check but the agency has not yet received background screening results from the Federal Bureau of Investigation. A standard registration may be granted to the applicant upon the agency's receipt of a report of the results of the Federal Bureau of Investigation background screening for each individual required by this section to undergo background screening which confirms that all standards

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have been met, or upon the granting of a disqualification exemption by the agency as set forth in chapter 435. Any other person who is required to undergo level 2 background screening may serve in his or her capacity pending the agency's receipt of the report from the Federal Bureau of Investigation. However, the person may not continue to serve if the report indicates any violation of background screening standards and if a disqualification exemption has not been requested of and granted by the agency as set forth in chapter 435.

- (e) Each applicant must submit to the agency, with its application, a description and explanation of any exclusions, permanent suspensions, or terminations of the applicant from the Medicare or Medicaid programs. Proof of compliance with the requirements for disclosure of ownership and control interests under the Medicaid or Medicare programs may be accepted in lieu of this submission.
- description and explanation of any conviction of an offense prohibited under the level 2 standards of chapter 435 which was committed by a member of the board of directors of the applicant, its officers, or any individual owning 5 percent or more of the applicant. This requirement does not apply to a director of a not-for-profit corporation or organization who serves solely in a voluntary capacity for the corporation or organization, does not regularly take part in the day-to-day operational decisions of the corporation or organization, receives no remuneration for his or her services on the corporation's or organization's board of directors, and has no financial interest and no family members having a financial interest in the corporation or organization, if the director

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and the not-for-profit corporation or organization include in the application a statement affirming that the director's relationship to the corporation satisfies the requirements of this paragraph.

- (g) A registration may not be granted to an applicant if the applicant or managing employee has been found guilty of, regardless of adjudication, or has entered a plea of nolo contendere or guilty to, any offense prohibited under the level 2 standards for screening set forth in chapter 435, unless an exemption from disqualification has been granted by the agency as set forth in chapter 435.
- (h) The agency may deny or revoke the registration of any applicant who:
- 1. Has falsely represented a material fact in the application required by paragraph (e) or paragraph (f), or has omitted any material fact from the application required by paragraph (e) or paragraph (f); or
- 2. Has been the subject of prior action under the Medicaid or Medicare program as set forth in paragraph (e).
- (i) An application for licensure renewal must contain the information required under paragraphs (e) and (f).
- (5)<del>(4)</del> Each registrant must obtain <del>establish</del> the employment or contract history of persons who are employed by or under contract with the organization and who will have having contact at any time with patients or clients in their homes by:
- (a) Requiring such persons employed or under contract to submit an employment or contractual history to the registrant; and
- (b) Verifying the employment or contractual history, 31 unless through diligent efforts such verification is not

The agency for Health Care Administration shall prescribe by rule the minimum requirements for establishing that diligent efforts have been made.

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There is no monetary liability on the part of, and no cause of action for damages arises against, a former employer of a prospective employee of or prospective independent contractor with a registrant who reasonably and in good faith communicates his or her honest opinions about the former employee's or contractor's job performance. This subsection does not affect the official immunity of an officer or employee of a public corporation.

(6) (6) on or before the first day on which services are provided to a patient or client, any registrant under this part must inform the patient or client and his or her immediate family, if appropriate, of the right to report abusive, neglectful, or exploitative practices. The statewide toll-free telephone number for the central abuse registry must be provided to patients or clients in a manner that is clearly legible and must include the words: "To report abuse, neglect, or exploitation, please call toll-free ...(phone number)...." Registrants must establish appropriate policies and procedures for providing such notice to patients or clients.

Section 12. Section 400.512, Florida Statutes, is amended to read:

400.512 Screening of home health agency personnel; nurse registry personnel; and sitters, companions, and homemakers. -- The agency for Health Care Administration shall require employment or contract or screening as provided in chapter 435, using the level 1 standards for screening set 31 | forth in that chapter, for home health agency personnel;

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persons referred for employment by nurse registries; and persons employed by sitter, companion, or homemaker services registered under s. 400.509.

- (1) The agency for Health Care Administration may grant exemptions from disqualification from employment or contracting under this section as provided in s. 435.07.
- (2) The administrator of each home health agency, the managing employee of each nurse registry, and the managing employee of each or sitter, companion, or homemaker service registered under s. 400.509 must sign an affidavit annually, under penalty of perjury, stating that all personnel hired, contracted with, or registered on or after October 1, 1994 1989, who enter the home of a patient or client in the capacity of their service capacity employment have been screened and that its remaining personnel have worked for the home health agency or registrant continuously since before October 1, 1994 <del>1989</del>.
- (3) As a prerequisite to operating as a home health agency, nurse registry, or sitter, companion, or homemaker service under s. 400.509, the administrator or managing employee, respectively, must submit to the agency his or her for Health Care Administration their name and any other information necessary to conduct a complete screening according to this section. The agency for Health Care Administration shall submit the information to the Department of Law Enforcement and the department's abuse hotline for state processing. The agency for Health Care Administration shall review the record of the administrator or manager with respect to the offenses specified in this section and shall notify the owner of its findings. If disposition information 31 is missing on a criminal record, the administrator or manager,

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upon request of the agency for Health Care Administration, must obtain and supply within 30 days the missing disposition information to the agency for Health Care Administration. Failure to supply missing information within 30 days or to show reasonable efforts to obtain such information will result in automatic disqualification.

- (4) Proof of compliance with the screening requirements of chapter 435 shall be accepted in lieu of the requirements of this section if the provided that such person has been continuously employed or registered without a breach in service that exceeds 180 days, the proof of compliance is not more than 2 years old, and the person has been screened through the central abuse registry and tracking system of the department and by the Department of Law Enforcement. An employer, nurse registry, or companion or homemaker service registered under s. 400.509 shall directly provide proof of compliance to another home health agency, nurse registry, or companion or homemaker service registered under s. 400.509. The recipient home health agency, nurse registry, or companion or homemaker service registered under s. 400.509 may not accept any proof of compliance directly from the person who requires screening. Proof of compliance with the screening requirements of this section shall be provided upon request to the person screened by the home health agencies; nurse registries; or sitter, companion, or homemaker services registered under s. 400.509.
- (5) There is no monetary liability on the part of, and no cause of action for damages arises against, a licensed home health agency, licensed nurse registry, or sitter, companion, or homemaker service registered under s. 400.509, that, upon 31 | notice of a confirmed report of adult abuse, neglect, or

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exploitation under paragraph (2)(b), terminates the employee or contractor against whom the report was issued, whether or not the employee or contractor has filed for an exemption with the agency in accordance with chapter 435 for Health Care Administration under subparagraph (3)(a)5. and whether or not the time for filing has expired.

- (6) The costs of processing the statewide correspondence criminal records checks and the search of the department's central abuse hotline must be borne by the home health agency; the nurse registry; or the sitter, companion, or homemaker service registered under s. 400.509, or by the person being screened, at the discretion of the home health agency, nurse registry, or s. 400.509 registrant.
- home health agency; nurse registry; or sitter, companion, or homemaker service registered under s. 400.509 may not use the criminal records, juvenile records, or central abuse hotline information of a person for any purpose other than determining whether that person meets minimum standards of good moral character for home health agency personnel. The criminal records, juvenile records, or central abuse hotline information obtained by the Agency for Health Care Administration; home health agency; nurse registry; or sitter, companion, or homemaker service for determining the moral character of such personnel are confidential and exempt from the provisions of s. 119.07(1) and s. 24(a), Art. I of the State Constitution.
- (7)(8)(a) It is a misdemeanor of the first degree, punishable under s. 775.082 or s. 775.083, for any person willfully, knowingly, or intentionally to:

- 1. Fail, by false statement, misrepresentation, impersonation, or other fraudulent means, to disclose in any application for voluntary or paid employment a material fact used in making a determination as to such person's qualifications to be an employee under this section;
- 2. Operate or attempt to operate an entity licensed or registered under this part with persons who do not meet the minimum standards for good moral character as contained in this section; or
- 3. Use information from the criminal records or central abuse hotline obtained under this section for any purpose other than screening that person for employment as specified in this section or release such information to any other person for any purpose other than screening for employment under this section.
- (b) It is a felony of the third degree, punishable under s. 775.082, s. 775.083, or s. 775.084, for any person willfully, knowingly, or intentionally to use information from the juvenile records of a person obtained under this section for any purpose other than screening for employment under this section.

Section 13. Task Force on Home Health Services

Licensure Provisions.--There is created a task force composed
of representatives of the Agency for Health Care

Administration, the Department of Elderly Affairs, the
Department of Health, and Associated Home Health Industries to
review the provisions of part IV of chapter 400, Florida
Statutes, and recommend additional legislative revisions. The
review must address, at a minimum, the following issues:
whether Adult Abuse Registry screening should continue to be
mandated; whether individuals who provide home health services

should be exempted from all state regulatory oversight; and whether mandatory registration for organizations that provide companion and homemaker services should continue. A report must be submitted to the appropriate legislative committees by December 31, 1999. Section 14. This act shall take effect October 1, 1999. SENATE SUMMARY Revises licensing, screening, recordkeeping, liability insurance, and administrative fine requirements for home health agencies. Creates the Task Force on Home Health Services Licensure Provisions to review the regulatory requirements of part IV of chapter 400, F.S., and report recommendations to the Legislature.