

# FLORIDA HOUSE OF REPRESENTATIVES BILL ANALYSIS

*This bill analysis was prepared by nonpartisan committee staff and does not constitute an official statement of legislative intent.*

<b>BILL #:</b> <a href="#">CS/HB 1529</a> <b>TITLE:</b> Home Health Aide for Medically Fragile Children Program <b>SPONSOR(S):</b> Tramont	<b>COMPANION BILL:</b> <a href="#">CS/SB 1156 (Harrell)</a> <b>LINKED BILLS:</b> None <b>RELATED BILLS:</b> <a href="#">None</a>
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## Committee References

[Health Care Facilities & Systems](#)

18 Y, 0 N, As CS



[Health Care Budget](#)

12 Y, 0 N



[Health & Human Services](#)

## SUMMARY

### **Effect of the Bill:**

The bill requires the Agency for Health Care Administration (AHCA) to seek federal approval to exclude any income earned by a family under the Home Health Aide for Medically Fragile Children (HHAMFC) Program from being considered in a Medicaid eligibility determination, and establishes a deadline for AHCA to do so. The bill also changes the requirements to participate in the program. The bill:

- Reduces the requisite hours of training for HHAMFCs, and requires the content of such training to be tailored to the needs of each individual child;
- Increases, from 8 hours per day to 12 hours per day, the maximum number of hours for which a HHAMFC may receive payment; and
- Requires a HHAMFC, who works more than 40 hours per week, to provide justification to their home health agency as to why there were no other qualified providers available.

### **Fiscal or Economic Impact:**

Unknown (see fiscal impact on state government).

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## ANALYSIS

### **EFFECT OF THE BILL:**

#### **[Home Health Aide for Medically Fragile Children Program](#)**

The Home Health Aide for Medically Fragile Children Program was created by the legislature in 2023 to allow family caregivers to be paid to provide home care for their medically fragile children. The purpose was to relieve the home health care staffing shortage and its impact on medically fragile children and their family caregivers, and provide an opportunity for family caregivers to receive training and gainful employment. Hours of service provided by family caregivers are to offset hours ordered for private duty nursing (PDN).

#### **Income Disregard**

The HHAMFC Program is active; however, participation in the program is low due to concern over the potential loss of Medicaid eligibility if a family caregiver exceeds Medicaid eligibility income limits due to employment income earned through the program.

The bill requires the Agency for Health Care Administration (AHCA), within 30-days of the bill becoming law, to apply for a federal waiver to disregard the income earned by a HHAMFC under the program in eligibility

**STORAGE NAME:** h1529d.HHS

**DATE:** 4/14/2025

determinations for public assistance, which includes [Medicaid](#), [temporary cash assistance](#), [food assistance](#), and the [optional state supplementation program](#). The bill also requires the waiver to allow Medicaid PDN specialty providers and home health services providers to participate in and receive reimbursement for services rendered under the program. (Section [2](#))

The bill also requires AHCA, within 60 days of the bill becoming law, to submit all necessary requests and submissions to obtain federal approval, and to initiate any rulemaking necessary to implement the bill (Sections [5](#))

### [Training](#)

Current Florida law requires a family caregiver to complete a training program developed by a home health agency and approved by AHCA, and requires the training be in accordance with [federal home health aide regulations](#). Current law requires at least 85 hours of training, which includes at least 40 hours of theoretical instruction in nursing, 20 hours of skills training on basic nursing, 16 hours of clinical training under the direct supervision of a registered nurse, and an unspecified minimum number of hours of training on HIV/AIDS infection.

The bill reduces the required training hours by removing the 85-hour minimum training requirement. Instead, the bill requires a family caregiver to complete: (Section [2](#))

- A minimum of 20 hours of theoretical instruction in nursing;
- Up to 20 hours of skills training on basic nursing skills, which must be tailored to the child’s care needs as specified in the ordering provider’s plan of care and individualized care needs; and
- Up to 16 hours of clinical training, which must be related to the specific needs of the eligible relative.

Federal regulations require at least 75 hours of classroom and supervised practical training. Because current law requires the training to comply with federal regulations, the bill’s reduced training hours generates an internal conflict in the statute.

The bill requires a HHAMFC to complete the training program before providing services to an eligible relative and provide additional training and competency validation as the medically fragile child’s care needs change, consistent with any changes to the plan of care. The bill requires the employing home health agency to provide validation of competency by a registered nurse, and maintain documentation of training completion and competency validation. (Section [2](#))

### [Utilization Cap](#)

Current law authorizes the Medicaid program to reimburse a home health agency \$25 per hour for no more than 8 hours per day for care provided by a HHAMFC.

The bill increases the utilization cap to 12 hours per day, and 40 hours per week, per medically fragile child. If a HHAMFC works more than 40 hours per week, they must provide justification to the home health agency as to why there was no other qualified provider available, and the request must be approved by the home health agency and the managed care plan. The bill also specifies that a home health agency employing a home health aide for medically fragile children is reimbursed at a minimum rate of \$25 per hour. (Section [2](#))

### [Annual Assessment Report](#)

Current law requires AHCA to conduct annual assessments of the HHAMFC Program and report their findings by January 1 of each year to the Governor and the legislature. The report must include an assessment of caregiver satisfaction within the program, it must identify additional support that may be needed by HHAMFC’s, and assess the rate and extent of the hospitalization of children receiving home health services from a HHAMFC compared to those receiving traditional home health services.

The bill requires Medicaid managed care plans to provide to AHCA all data necessary to perform the assessment. (Section [1](#))

The bill requires home health agencies to report to their managed care plans, and to AHCA, all adverse incidents occurring under the care of a HHAMFC, within 48 hours of an incident, including adverse incidents involving:

- Death;
- Brain or spinal damage;
- Permanent disfigurement;
- Fracture or dislocation of bones or joints;
- A limitation of neurological, physical, or sensory function; and
- An event that is reported to law enforcement or its personnel for investigation.

The bill requires AHCA to include data on such adverse incidents in the annual assessment report. (Section [1](#))

The effective date of the bill is upon becoming a law. (Section [6](#))

### **RULEMAKING:**

Current law authorizes AHCA, in consultation with the Board of Nursing, to adopt rules to establish requirements for HHAMFC training programs. AHCA will need to update rule 59A-8.0099, F.A.C., to implement the changes made to the requirements for HHAMFC training programs.

AHCA will also have to update rule 59G-4.002, F.A.C., to update the fee schedule for Family Home Health Aides to change the utilization cap.

***Lawmaking is a legislative power; however, the Legislature may delegate a portion of such power to executive branch agencies to create rules that have the force of law. To exercise this delegated power, an agency must have a grant of rulemaking authority and a law to implement.***

### **FISCAL OR ECONOMIC IMPACT:**

#### **STATE GOVERNMENT:**

The increase of the utilization cap from 8 to 12 hours per day per child could result in a negative fiscal impact to the Medicaid program. However, the exact extent of the fiscal impact is indeterminate. Currently, utilization is very low due to low participation; likely from the potential impact on a family's Medicaid eligibility. The number of Medicaid recipients with a family caregiver who might participate in the program when the eligibility issue is resolved is unknown.<sup>1</sup> In 2023, AHCA identified 5,072 Medicaid recipients who would be eligible for services under the program.<sup>2</sup>

The extent that family home health aide services will offset already authorized PDN services is also unknown. If PDN hours are reduced on an hour per hour basis, the bill could have a positive fiscal impact as PDN services are typically reimbursed at more than \$25 per hour in both fee-for-service and managed care. If the reduction in PDN hours does not occur on an hour per hour basis, there could be an increase in expenditures to account for the additional hours of family home health aide services.<sup>3</sup>

## **RELEVANT INFORMATION**

### **SUBJECT OVERVIEW:**

[Home Health Aide for Medically Fragile Children Program](#)

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<sup>1</sup> Agency for Health Care Administration, Agency Analysis of HB 1529, p. 5 (March 3, 2025).

<sup>2</sup> Agency for Health Care Administration, Agency Analysis of HB 391, p. 10 (March 1, 2023).

<sup>3</sup> *Supra* note 1.

The Home Health Aide for Medically Fragile Children Program was created by the legislature in 2023, in response to the national health care provider shortage and its impact on medically fragile children and their family caregivers to provide an opportunity for family caregivers to receive training and gainful employment.<sup>4</sup> Other Medicaid programs exist that pay a family member to provide home health services to a Medicaid enrollee, but the HHAMFC Program is the only one that pays a family member, who is not a licensed nurse, for the provision of home health services to a medically fragile child.

The program allows a family caregiver to be reimbursed by Medicaid, as a HHAMFC. To qualify, the care must be provided to a relative who is 21 years old or younger with an underlying physical, mental, or cognitive impairment that prevents him or her from safely living independently. The relative must also be eligible to receive skilled care or respite care services under the Medicaid program.<sup>5</sup> The family caregiver must be at least 18 years old, demonstrate a minimum ability to read and write, and successfully pass background screening requirements. The family caregiver must also complete an approved training program or have graduated from an accredited prelicensure nursing education program and are waiting to take the state licensing exam.<sup>6</sup>

AHCA is required to reimburse a home health agency for services provided by a HHAMFC at a rate of \$25 per hour for up to 8 hours per day.<sup>7</sup>

### [Training](#)

AHCA, in consultation with the Board of Nursing, approves HHAMFC training programs developed by home health agencies. A training program must consist of at least 85 hours and include at least 40 hours of theoretical instruction in nursing, 20 hours of skills training on basic nursing, 16 hours of clinical training under the direct supervision of a licensed registered nurse, and an unspecified minimum number of hours of training on HIV/AIDS infections. Additionally, a HHAMFC must obtain and maintain a current certificate in cardiopulmonary resuscitation (CPR) and complete 12 hours of annual in-service training each 12-month period. The training on HIV/AIDS and CPR may be counted towards the 12 hours of in-service training.<sup>8</sup>

The 40 hours of theoretical instruction in nursing must include the following topics:

- Person-centered care;
- Communication and interpersonal skills;
- Infection control;
- Safety and emergency procedures;
- Assistance with activities of daily living;
- Mental health and social service needs;
- Care of cognitively impaired individuals;
- Basic restorative care and rehabilitation;
- Patient rights and confidentiality of personal information and medical records; and
- Relevant legal and ethical issues.

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<sup>4</sup> Ch. 2023-183, Laws of Fla.

<sup>5</sup> S. [400.462\(12\), F.S.](#)

<sup>6</sup> S. [400.4765\(2\), F.S.](#)

<sup>7</sup> S. [400.4765\(9\), F.S.](#)

<sup>8</sup> S. [400.4765\(3\), F.S.](#)

The 20 hours of skills training must consist of basic nursing skills training in the following areas:

- Hygiene, grooming, and toileting;
- Skin care and pressure sore prevention;
- Nutrition and hydration;
- Measuring vital signs, height, and weight;
- Safe lifting, positioning, and moving of patients;
- Wound care;
- Portable oxygen safety and other respiratory procedures;
- Tracheostomy care;
- Enteral care and therapy;
- Peripheral intravenous assistive activities and alternative feeding methods; and
- Urinary catheterization and ostomy care.

A HHAMFC must complete the six hours of training required for home health aides under [s. 400.489, F.S.](#), prior to administering medication upon delegation by a registered nurse.

A home health agency must offer training in various formats, and any interactive instruction must be provided during various times of the day. If a HHAMFC allows 24 months to pass without providing any personal care services to an eligible relative, the family caregiver must retake all required training.<sup>9</sup>

#### *Authorized Tasks*

A HHAMFC is authorized to perform certain tasks if delegated by a registered nurse, including medication administration and tasks associated with:<sup>10</sup>

- Activities of daily living, including bathing, dressing, eating, maintaining continence, toileting, and transferring;
- Maintaining mobility;
- Nutrition and hydration;
- Assistive devices;
- Safety and cleanliness;
- Data gathering;
- Reporting abnormal signs and symptoms;
- Postmortem care;
- End-of-life care;
- Patient socialization and reality orientation;
- Cardiopulmonary resuscitation and emergency care;
- Residents' or patients' rights;
- Documentation of services performed;
- Infection control;
- Safety and emergency procedures;
- Hygiene and grooming;
- Skin care and pressure sore prevention;
- Wound care;
- Portable oxygen use and safety and other respiratory procedures;
- Tracheostomy care;
- Enteral care and therapy; and
- Peripheral intravenous assistive activities and alternative feeding methods.

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<sup>9</sup> S. [400.4765\(3\)\(b\), F.S.](#)

<sup>10</sup> S. [400.462\(18\), F.S.](#)

Services provided by a HHAMFC must not duplicate private duty nursing services provided to an eligible recipient and must result in a reduction in the number of private duty nursing service hours provided to an eligible recipient.<sup>11</sup>

### [Annual Assessment Report](#)

AHCA is required to conduct [annual assessments](#) of the HHAMFC Program and report their findings by January 1 of each year to the Governor and the legislature. The report must include an assessment of caregiver satisfaction with the program, identify additional support that may be needed by HHAMFC's, and assess the rate and extent of the hospitalization of children receiving home health services from a HHAMFC compared to those receiving traditional home health services.

The 2024 annual assessment report did not include any data because there were no home health agencies participating in the program during the reporting period.<sup>12</sup>

### [Federal Home Health Aide Regulations](#)

#### *Training*

Pursuant to the Centers for Medicare and Medicaid Services (CMS) conditions of participation (COPs), a Medicare certified home health agency must ensure that their employees or contractors providing home health aide services comply with federal training and competency requirements.<sup>13</sup>

CMS provides four options to become a qualified home health aide, which include successful completion of:<sup>14</sup>

- A nurse aide training and competency evaluation program approved by the state as meeting the requirements of 42 C.F.R., §§ 483.151 through 483.154, and is in good standing on the state nurse aide registry (this is the option Florida used to implement the HHAMFC Program); or
- A training and competency evaluation program that meets the provisions of 42 C.F.R., § 484.80 (b) and (c); or
- The requirements of a state licensure program that meets the provisions of 42 C.F.R., § 484.80 (b) and (c); or
- A competency evaluation program only that must include certain subject areas.

All of the options, except the competency evaluation program only option, require a minimum of 75 hours of classroom and supervised practical training.<sup>15</sup> A minimum of 16 hours of classroom training must precede a minimum of 16 hours of supervised practical training as part of the 75 hours.<sup>16</sup>

#### *Competency Evaluation*

A home health aide competency evaluation program must address certain subject areas and a registered nurse must observe the home health aide performing the task with a patient or pseudo-patient.<sup>17</sup> These required subject areas include:<sup>18</sup>

- Communication and interpersonal skills;
- Reading and recording vitals;

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<sup>11</sup> S. [400.4765\(7\), F.S.](#)

<sup>12</sup> AHCA, *2024 Annual Assessment Report*, Home Health Aide for Medically Fragile Children Program, on file with staff of the Health Care Facilities & Systems Subcommittee.

<sup>13</sup> 42 C.F.R., § 484.80.

<sup>14</sup> 42 C.F.R., § 484.80(a).

<sup>15</sup> 42 C.F.R., § 484.80(b)(1).

<sup>16</sup> 42 C.F.R., § 484.80(b)(2).

<sup>17</sup> 42 C.F.R., § 484.80(c)(1).

<sup>18</sup> 42 C.F.R., § 484.80(b)(3)(i), (iii), (ix), (x), and (xi).

- Appropriate and safe techniques in performing personal hygiene and grooming tasks;
- Safe transfer techniques and ambulation; and
- Normal range of motion and positioning.

A home health aide competency evaluation program must also address other subject areas for which a home health aide may be evaluated by written or oral examination, or by a simulated experience with a patient or a pseudo-patient.<sup>19</sup> These required subject areas include:<sup>20</sup>

- Observation, reporting, and documentation of patient status and the care of service furnished;
- Basic infection prevention and control procedures;
- Basic elements of body functioning and changes in body function that must be reported to an aide’s supervisor;
- Maintenance of a clean, safe, and health environment;
- Safety and emergency procedures;
- The physical, emotional, and developmental needs of populations served by the home health;
- Adequate nutrition and fluid intake;
- Recognizing and reporting changes in skin condition; and
- Any other task that the home health agency may choose to have an aide perform as permitted under state law.

### Public Assistance Programs

Public assistance programs help low-income families meet their basic needs, such as housing, food, and utilities.<sup>21</sup> The most commonly utilized public assistance programs in Florida include Medicaid, the Supplemental Nutrition Assistance Program (SNAP), also known as food assistance or food stamps, and the Temporary Cash Assistance (TCA) program.

#### [Florida Medicaid Program](#)

Medicaid is the health care safety net for low-income Floridians. Medicaid is a partnership of the federal and state governments established to provide coverage for health services for eligible persons. The program is administered by AHCA and financed by federal and state funds. AHCA delegates certain functions to other state agencies, including the Department of Children and Families, the Department of Health, the Agency for Persons with Disabilities, and the Department of Elder Affairs.

Florida operates under a Section 1115 waiver to use a comprehensive managed care delivery model for primary and acute care services, the Statewide Medicaid Managed Care (SMMC) Managed Medical Assistance (MMA) program.<sup>22</sup> Florida also has a waiver under Sections 1915(b) and (c) of the Social Security Act to operate the SMMC Long-Term Care (LTC) program to provide long-term care services, including nursing facility and home and community-based services, to individuals age 65 and over and individuals age 18 and over who have a disability.<sup>23</sup>

<sup>19</sup> 42 C.F.R., § 484.80(c)(1).

<sup>20</sup> 42 C.F.R., § 484.80(b)(3)(ii), (iv), (v), (vi), (vii), (viii), (xii), (xiii), and (xiv).

<sup>21</sup> National Conference of State Legislatures. *Introduction to Benefits Cliffs and Public Assistance Programs* (2023). Available at <https://www.ncsl.org/human-services/introduction-to-benefits-cliffs-and-public-assistance-programs> (last visited March 21, 2025).

<sup>22</sup> S. 409.964, F.S.

<sup>23</sup> *Id.*

### [Supplemental Nutrition Assistance Program \(SNAP\)](#)

SNAP is a federal program administered in Florida by the Department of Children and Families (DCF).<sup>24</sup> DCF determines and monitors eligibility and disburses benefits to SNAP participants. The state and federal governments share the administrative costs of the program, while the federal government funds 100 percent of the benefit amount received by participants.<sup>25</sup> Federal laws, regulations, and waivers provide states with various policy options to better target benefits to those most in need, streamline program administration and field operations, and coordinate SNAP activities with those of other programs.<sup>26</sup>

### [Temporary Cash Assistance Program \(TCA\)](#)

The Temporary Cash Assistance (TCA) program is Florida's direct cash assistance program for needy families. Through the TCA program, families who meet specific technical, income, and asset requirements<sup>27</sup> may receive cash assistance in the form of monthly payments deposited into an electronic benefits transfer (EBT) account.<sup>28</sup>

### [Optional State Supplementation Program \(OSS\)](#)

The Optional State Supplementation (OSS) Program provides monthly cash payments to indigent elderly or disabled individuals who live in special non-institutional, residential living facilities, including assisted living facilities, adult family care homes and mental health residential treatment facilities. To qualify for OSS, an individual must need assistance with the activities of daily living due to physical and/or mental conditions. The program provides a monthly check that supplements the individual's income so they can pay the facility a provider rate established by the Department.<sup>29</sup>

#### RECENT LEGISLATION:

YEAR	BILL #	HOUSE SPONSOR(S)	SENATE SPONSOR	OTHER INFORMATION
2023	<u><a href="#">CS/CS/CS/HB 391</a></u>	Tramont	Harrell	CS/CS/CS/HB 391 became law on July 1, 2023, but it was not implemented until October 1, 2024.

<sup>24</sup> S. 414.31, F.S.

<sup>25</sup> Center on Budget and Policy Priorities. *Policy Basics: The Supplemental Nutrition Assistance Program (SNAP)*. Available at <https://www.cbpp.org/research/food-assistance/the-supplemental-nutrition-assistance-program-snap>. (last visited March 21, 2025).

<sup>26</sup> U.S. Department of Agriculture, Food and Nutrition Service. *State Options Report* (2023). Available at <https://www.fns.usda.gov/snap/waivers/state-options-report> (last visited March 21, 2025).

<sup>27</sup> Children must be under the age of 18, or under age 19 if they are full time secondary school students. Parents, children and minor siblings who live together must apply together. Additionally, pregnant women may also receive TCA, either in the third trimester of pregnancy if unable to work, or in the 9th month of pregnancy. See, Florida Department of Children and Families, *Temporary Cash Assistance (TCA)*. Available at <https://www.myflfamilies.com/services/public-assistance/temporary-cash-assistance> (last visited March 21, 2025).

<sup>28</sup> Florida Department of Children and Families. *Temporary Cash Assistance Fact Sheet* (2019). Available at [https://www.myflfamilies.com/sites/default/files/2022-10/tcafactsheet\\_0.pdf](https://www.myflfamilies.com/sites/default/files/2022-10/tcafactsheet_0.pdf) (last visited March 21, 2025).

<sup>29</sup> Florida Department of Children and Families. *Optional State Supplementation*, available at <https://www.myflfamilies.com/services/public-assistance/temporary-cash-assistance> (last visited March 21, 2025).



## BILL HISTORY

COMMITTEE REFERENCE	ACTION	DATE	STAFF DIRECTOR/ POLICY CHIEF	ANALYSIS PREPARED BY
<a href="#">Health Care Facilities &amp; Systems Subcommittee</a>	18 Y, 0 N, As CS	3/11/2025	Calamas	Guzzo
THE CHANGES ADOPTED BY THE COMMITTEE:	<ul style="list-style-type: none"> <li>• Required home health agencies to report all adverse incidents to their Medicaid managed care plan, and to AHCA, occurring under the care of a home health aide for medically fragile children.</li> <li>• Required AHCA to include data on such adverse incidents in the annual assessment of the home health aide for medically fragile children program.</li> <li>• Required Medicaid managed care plans to report to AHCA, all data necessary to perform the annual assessment report.</li> <li>• Authorized a home health aide for medically fragile children to work up to 12 hours per day and up to 40 hours per week, per child.</li> <li>• Added temporary cash assistance, food assistance, and the optional state supplementation program to the programs for which the bill directs AHCA to seek federal approval to disregard income earned by a home health aide for medically fragile children.</li> </ul>			
<a href="#">Health Care Budget Subcommittee</a>	12 Y, 0 N	3/26/2025	Clark	Smith
<a href="#">Health &amp; Human Services Committee</a>		4/14/2025	Calamas	Guzzo

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**THIS BILL ANALYSIS HAS BEEN UPDATED TO INCORPORATE ALL OF THE CHANGES DESCRIBED ABOVE.**  
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