CHAPTER 59A-8
MINIMUM STANDARDS FOR HOME HEALTH AGENCIES

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59A-8.001 Purpose.

Rulemaking Authority 400.497 FS. Law Implemented 400.497 FS. History–New 4-19-76, Formerly 10D-68.01, 10D-68.001, Amended 10-27-94,

Repealed 1-20-97.

59A-8.002 Definitions.

(1) “Accrediting organization” means the Community Health Accreditation Partner, The Joint Commission, or Accreditation Commission for Health Care.

(2) “AHCA” means Agency for Health Care Administration.

(3) “Assistance with activities of daily living” means a certified nursing assistant or a home health aide provides to the patient individual assistance with activities of daily living, including the following:

(a) Ambulation. Providing physical support to enable the patient to move about within or outside of the patient’s place of residence. Physical support includes holding the patient’s hand, elbow, under the arm, or holding on to a support belt worn by the patient to assist in providing stability or direction while the patient ambulates.

(b) Bathing. Helping the patient in and out of the bathtub or shower being available while the patient is bathing. Can also include washing and drying the patient.

(c) Dressing. Helping patients, who require assistance in dressing themselves, put on and remove clothing.

(d) Eating. Helping with feeding patients who require assistance in feeding themselves.

(e) Personal hygiene. Helping the patient with shaving. Assisting with oral, hair, skin and nail care.

(f) Toileting. Reminding the patient about using the toilet, assisting him to the bathroom, helping to undress, positioning on the commode, and helping with related personal hygiene, including assistance with changing of an adult brief. Also includes assisting with positioning the patient on the bedpan, and helping with related personal hygiene.

(g) Assistance with physical transfer. Providing verbal and physical cueing, physical assistance, or both while the patient moves from one position to another, for example between the following: a bed, chair, wheelchair, commode, bathtub or shower, or a standing position. Transfer can also include use of a mechanical lift, if a home health aide is trained in its use.

(h) Assistance with self-administered medication, as defined in subsection 59A-8.0095(5), F.A.C.

(4) “Caregiver” means a person who has been entrusted with or has assumed the responsibility for frequent and regular care of or services to a disabled adult or an elderly person on a temporary or permanent basis and who has a commitment, agreement, or understanding with that person or that person’s guardian that a caregiver role exists. Caregivers include, for example, relatives, household members, guardians, friends, neighbors, and employees and volunteers of facilities.

(5) “Case management” means the initial assessment of the patient and caregiver for appropriateness of and acceptance for home health services; establishment and periodic review of a plan of care; implementation of medical treatment when ordered; referral, follow-up, provision of, evaluation of and supervision of care; coordination of services given by other health care providers; discharge of the patient upon conclusion of services; and documentation of all activities and findings.

(6) “Dietetics and nutrition practice” means assessing nutrition needs and status using appropriate data; recommending dietary regimens, nutrition support, and nutrient intake; improving the patient’s health status through nutrition counseling and education.

(7) “Dietitian/Nutritionist” means a person licensed to engage in dietetics and nutrition practice pursuant to Chapter 468, F.S.

(8) “Drop-off site” means any location in any county within the geographic service area of the main office, pursuant to subsection 59A-8.003(7), F.A.C.

(9) “Emergency Management Plan” means a comprehensive plan developed by the home health agency describing how the agency will prepare for and respond in an emergency, pursuant to Rule 59A-8.027, F.A.C.

(10) “Employee leasing company” means a company licensed and regulated under Chapter 468, Part XI, F.S. An employee leased to a home health agency by an employee leasing company shall be deemed to be an employee of the home health agency for licensure purposes pursuant to Section 468.534, F.S.

(11) “Full-time equivalent” means when an employee works between 37 to 40 hours per week.

(12) “Geographic service area” means one or more counties within a health service planning district defined in Section 408.032(5), F.S., as specified on the license, in which the home health agency may send its personnel to provide home health services to patients in their places of residence.

(13) “Home infusion therapy services” means teaching, assessment, evaluation and clinical services related to the administration of intravenous substances provided by a professional licensed under Chapter 464, 458 or 459, F.S.

(14) “Main office” means the primary office established in the county which houses all components of the home health agency including the administration, fiscal management, service provision and supplies.

(15) “Nursing care” means treatment of the patient’s illness or injury by a registered nurse or a licensed practical nurse that is ordered as required in Section 400.487(2), F.S. and included in the plan of care.

(16) “Nutrition assessment” means the evaluation of the nutrition needs of the patient using appropriate data to determine nutrient needs or status and make nutrition recommendations for the patient.

(17) “Nutrition counseling” means advising and assisting the patient on appropriate nutrition intake by integrating information from the nutrition assessment.

(18) “Occupational therapist” means a person licensed to practice occupational therapy pursuant to Chapter 468, F.S.

(19) “Occupational therapy assistant” means a person licensed to assist in the practice of occupational therapy pursuant to Chapter 468, F.S.

(20) “Patient” means an individual who receives home health services in one’s place of residence.

(21) “Plan of Care” means a coordinated plan, which includes the treatment orders, prepared by the case manager in collaboration with each professional discipline providing service to the patient and caregiver.

(22) “Physical therapist” means a person licensed to practice physical therapy pursuant to Chapter 486, F.S.

(23) “Physical therapy assistant” means a person licensed to assist in the practice of physical therapy pursuant to Chapter 486, F.S.

(24) “Physician” means a doctor of medicine, osteopathy, podiatry, or chiropractic legally authorized to practice in the state pursuant to Chapter 458, 459, 460 or 461, F.S. Physicians working in Veterans Administration hospitals and clinics are exempt from state licensure according to Chapter 458, F.S.

(25) “Quality assurance plan” means a plan which is developed and implemented by a home health agency to review and evaluate the effectiveness and appropriateness of service provision to patients and, upon identification of problems, requires specific action to correct the problems and deficiencies.

(26) “Respiratory therapist” means a person licensed to practice respiratory therapy pursuant to Chapter 468, F.S.

(27) “Satellite office” means a related office established in the same geographic service area as the main office, pursuant to subsection 59A-8.003(5), F.A.C.

(28) “Social Worker” means a person who has a degree in social work and who works with patients and families to help them adjust to the social and emotional factors related to the patient’s health problems.

(29) “Special needs patients” pursuant to Section 252.355, F.S., means those persons who have physical or mental conditions that require limited medical and nursing oversight during emergency evacuations. They are medically dependent individuals who are not acutely ill.

(30) “Special needs registry” pursuant to Section 252.355, F.S., means a registry maintained by the local emergency management agency of persons who need assistance during evacuations and sheltering because of physical or mental handicaps.

(31) “Speech pathologist” means a person licensed to practice speech pathology or audiology pursuant to Chapter 468, F.S.

(32) “Treatment orders” means written orders signed by a physician, physician assistant, or advanced practice registered nurse, acting within his or her respective scope of practice, which authorizes the provision of care or treatment to a patient in his place of residence by registered nurses, licensed practical nurses, physical therapists, occupational therapists, speech therapists, or dietitians/nutritionists.

Rulemaking Authority 400.497 FS. Law Implemented 400.462, 400.487 FS. History–New 4-19-76, Formerly 10D-68.02, Amended 4-30-86, 8-10-88, 5-30-90, 5-27-92, Formerly 10D-68.002, Amended 4-27-93, 10-27-94, 1-17-00, 7-18-01, 9-22-05, 8-15-06, 3-29-07, 7-11-13, 7-27-16, 1-5-21, 5-5-26.

59A-8.0025 Telephone Reporting.

Rulemaking Authority 400.497 FS. Law Implemented 400.497 FS. History–New 5-30-90, Formerly 10D-68.0025, Amended 10-27-94, 1-17-00, 7-18-01, Repealed 5-14-12.

59A-8.0028 Agencies Exempt from Licensure as Home Health Agencies.

Rulemaking Authority 400.497 FS. Law Implemented 400.462 FS. History–New 10-27-94, Repealed 1-20-97.

59A-8.003 Licensure Requirements.

(1) The issuance of a home health agency license shall be based upon compliance with Chapters 400, Part III, and 408, Part II, F.S., and rule Chapters 59A-8 and 59A-35, F.A.C., and an inspection as required in Sections 400.471(2) and 408.806(7), F.S. An application for initial, change of ownership, or renewal licensure, or for the addition of skilled services by a home health agency that is currently licensed to provide services other than skilled services, shall be submitted as required by Rules 59A-35.040 and 59A-35.060, F.A.C.

(2) Surveys of Home Health Agencies:

(a) Home health agencies will be surveyed by AHCA or an accrediting organization as defined in Rule 59A-8.002, F.A.C., pursuant to Sections 400.471(2), 408.806 and 408.811, F.S. Home health agencies will be surveyed prior to initial licensure, and at least every 36.9 months on an unannounced basis thereafter. Follow up surveys may be conducted to verify correction of deficiencies at any time on an unannounced basis.

(b) It is the responsibility of the home health agency to request exemption from state licensure surveys pursuant to Section 400.471(2), F.S., by submitting documentation of accreditation by an approved accrediting organization and the most recent accreditation survey report from the accrediting organization to the AHCA Laboratory and In-Home Services Unit.

(c) Home health agencies that complete paragraph (a), will not be subject to licensure surveys by AHCA except under the following circumstances:

1. The home health agency has been denied accreditation, has received a preliminary determination of denial of accreditation, or has received a provisional, conditional, or deferred accreditation report from the accrediting organization on its most recent survey, or

2. The home health agency has received accreditation but has not authorized the release of the accreditation survey report to the AHCA, or has not ensured that AHCA has received the accrediting organization's survey report.

3. If the home health agency elects to give up its accreditation, the home health agency will inform AHCA by providing a copy of the letter it sent to its accrediting organization that shows the accreditation termination date.

(3) AHCA will conduct investigations of complaints regarding licensure violations as required in Section 408.811, F.S.

(4) An application for a change of ownership shall be made on the forms prescribed by AHCA, as referenced in subsection (1) of this rule.

(a) At the time of the transfer of ownership all patient or client records held by the current licensee shall be transferred to the applicant.

(b) AHCA will accept the most recent successful licensure inspection conducted no more than 36.9 months prior to the effective date of the change of ownership as satisfaction of the inspection requirement in Section 408.806(7), F.S. related to an application associated with a change in ownership of a licensed home health agency. Acceptance of the inspection does not alter the survey timeframes established in paragraph (3)(a).

(c) Failure to apply for a change of ownership of a licensed home health agency as required by Section 408.806(2)(b), F.S., shall result in a fine pursuant to Sections 400.474(1), (2)(a) and 408.813(3)(b), F.S. This is also applicable to owners who incorporate and do not report this change of ownership to the home health agency.

(5) A licensed home health agency may operate a satellite office. A satellite office must be located in the same geographic service area as the agency's main office and share administration, fiscal management, supervision, and service provision with the main office; it is not separately licensed. Supplies and records can be stored at a satellite office and phone business can be conducted the same as in the main office. The administrator at the main office is responsible for the staffing, patients, and operation of any satellite office. Signs and advertisements can notify the public of the satellite office location. If the agency wants to open an office outside of the geographic service area where the main office is located, the office must be separately licensed.

(6) A home health agency that operates a satellite office must:

(a) Ensure coverage of the professional staff which takes into account the projected number of clients to be served at the satellite office;

(b) Coordinate care and services by staff;

(c) Ensure supervision of the staff and provision of services in the event of staff absenteeism;

(d) Maintain a system of communication and integration of services between the main office and the satellite office;

(e) Provide access to patient records at the satellite office;

(f) Monitor the daily activities (clinical and administrative) and the management of services, as well as personnel and administrative issues at the satellite office;

(g) Ensure periodic onsite visits to each satellite office by the home health agency's administrator;

(h) Make the satellite office's hours of operation available to the public if different than the hours of operation maintained by the main office.

(7) A licensed home health agency may operate a drop-off site in any county within the geographic service area specified on the license. A drop-off site may be used for pick-up or drop-off of supplies or records, for agency staff to use to complete paperwork or to communicate with the main office, existing or prospective agency staff, or the agency's existing patients or clients. Prospective patients or clients cannot be contacted and billing cannot be done from this location. The drop-off site is not a home health agency office, but merely a work station for direct care staff in large areas where the distance is too great for staff to drive back frequently to the home health agency office. Training of home health agency staff can be done at a drop-off site. A drop-off site shall not require a license. No other business shall be conducted at these locations, including housing of records. The agency name cannot appear at the location, unless required by law or by the rental contract, nor can the location appear on agency letterhead or in advertising.

(8) If a change of address is to occur, or if a home health agency intends to change the counties served within the geographic service area, or open or close a satellite office or drop-off site, the home health agency must complete and submit the Health Care Licensing Application within the timeframe prescribed in paragraph 59A-35.040(2)(b), F.A.C. For an address change of the main office or satellite office, the home health agency must submit to the AHCA evidence that the location is zoned for a home health agency business for the new address and evidence of legal right to occupy the property in accordance with Section 408.810(6), F.S.

(9) A home health agency has the following responsibility in terms of hours of operation:

(a) The home health agency administrator and director of nursing, or their alternates, must be available to the public for any eight consecutive hours between 7:00 a.m. and 6:00 p.m., Monday through Friday of each week, excluding legal and religious holidays. Available to the public means being readily available on the premises or by telecommunications.

(b) When the administrator and the director of nursing are not on the premises during designated business hours, a staff person must be available to answer the phone and the door and must be able to contact the administrator and the director of nursing by telecommunications. This individual can be a clerical staff person.

(c) If an AHCA surveyor arrives on the premises to conduct an unannounced survey and the administrator, the director of nursing, or a person authorized to give access to patient records, are not available on the premises they, or the designated alternate, must be available on the premises within an hour of the arrival of the surveyor. A list of current patients must be provided to the surveyor within two hours of arrival if requested.

(d) The home health agency shall have written policies and procedures governing 24 hour availability to licensed professional nursing staff by active patients of the home health agency receiving skilled care. These procedures shall describe an on-call system whereby designated nursing staff will be available to directly communicate with the patient. A home health agency that does not provide skilled services shall have written policies and procedures which address the availability of a registered nurse supervisor during hours of patient service.

(e) Failure to be available or to respond during a survey or inspection will be grounds for denial or revocation of the agency license in accordance with Section 408.806(7), F.S.

(10) Upon revocation, suspension, voluntary or involuntary termination of a license, the home health agency shall return its license to AHCA. If the provider voluntarily chooses to terminate the license, the provider must notify AHCA, as required in Section 408.810(4)(a), F.S. This includes submitting a letter to the AHCA Laboratory and In-Home Services Unit, 2727 Mahan Drive, Mail Stop #32, Tallahassee, Florida 32308, officially declaring the closure date of the home health agency.

Rulemaking Authority 400.497, 408.819 FS. Law Implemented 400.464, 400.471, 400.474, 400.484, 400.497, 408.806, 408.807, 408.810 FS. History–New 4-19-76, Formerly 10D-68.03, Amended 4-30-86, 8-10-88, 5-30-90, 6-12-91, Formerly 10D-68.003, Amended 4-27-93, 10-27-94, 1-30-97, 1-17-00, 7-18-01, 9-22-05, 8-15-06, 3-29-07, 7-11-13, 6-16-15, 7-27-16, 1-5-21, 1-26-26.

59A-8.0035 License Fees.

Rulemaking Authority 400.497 FS. Law Implemented 400.491 FS. History–New 10-27-94, Repealed 1-20-97.

59A-8.0038 Application for Licensure.

Rulemaking Authority 400.497 FS. Law Implemented 400.491 FS. History–New 10-27-94, Repealed 1-20-97.

59A-8.004 Licensure Procedure.

Rulemaking Authority 400.497 FS. Law Implemented 400.471, 400.512, 408.810, 408.806, 408.8065, 408.809 FS. History–New 4-19-76, Formerly 10D-68.04, Amended 4-30-86, 8-10-88, 5-30-90, 6-12-91, 10-6-91, Formerly 10D-68.004, Amended 4-27-93, 10-27-94, 1-30-97, 1-17-00, 7-18-01, 9-22-05, 8-15-06, 3-29-07, 7-11-13, 6-16-15, Repealed 2-1-18.

59A-8.005 Certificates of Exemption and Exempt Status.

(1) Persons, organizations, and entities, hereafter referred to as entities, exempt from home health agency license requirements are set forth in Section 400.464(5), F.S. An entity is not required to have, but may voluntarily apply for a certificate of exemption.

(2) Entities that claim an exemption, either by filing an application for a certificate of exemption with the AHCA and receiving a certificate of exemption, or self-determining, must maintain an exempt status at all times of operation.

(3) An applicant for a certificate of exemption from the home health agency licensure requirements must apply as required by Rules 59A-35.040 and 59A-35.060, F.A.C.

(4) The applicant for a certificate of exemption must affirm:

(a) The specific exemption sought pursuant to Section 400.464(5), F.S.;

(b) The qualifying requirements for obtaining and maintaining an exempt status;

(c) The current existence of applicable exemption-qualifying health care practitioner licenses, qualified ownership, qualified certifications or registration of the entity;

(d) The federal employer identification number;

(e) Proof of legal existence and fictitious name, when the entity and name are required to be filed with the Division of Corporations, Department of State; and

(f) Other satisfactory proof required by the form adopted by this rule.

(5) The fee for issuance of a certificate of exemption is required to be submitted to AHCA with the application.

(a) Applications received without the requisite fee shall be returned to the applicant unprocessed.

(b) When the payment of a certificate fee has been dishonored, the applicant has 10 days from the date of notification to remit to AHCA the certificate fee plus any applicable fees as provided by law in the form of a money order or cashier's check. If the certificate fee is not paid, the application will be withdrawn or the certificate will be revoked.

(6) Upon receipt of an application for a certificate of exemption, AHCA shall examine the application and, within 30 days after receipt, notify the applicant in writing of any apparent errors or omissions and request any additional information required.

(7) Requested information omitted from an application for a certificate of exemption must be filed with AHCA within 21 days after AHCA's request for omitted information or the application shall be deemed incomplete and shall be withdrawn from further consideration and the fees shall be forfeited.

(8) An application for a certificate of exemption from home health agency licensure shall be approved or denied by AHCA within 60 days of receipt of a completed application.

(9) A certificate of exemption, unless sooner surrendered or revoked, shall automatically expire two years from the date of issuance, and shall be renewable biennially, provided that the person, organization or entity continues to meet the requirements established under Chapter 400, Part III, F.S., and Rule 59A-8.005, F.A.C.

(10) An application for renewal of the certificate of exemption must be submitted to AHCA 60 to 120 days prior to the date of expiration of the certificate of exemption.

(11) An application to change the name or address of the certificate of exemption must be submitted to AHCA 21 to 120 days in advance of the requested effective date.

(12) Whenever an entity discontinues operation, the entity shall notify AHCA in writing, prior to the discontinuance of operation, by submitting a letter to the AHCA Laboratory and In-Home Services Unit, 2727 Mahan Drive, Mail Stop #32, Tallahassee, Florida 32308 or via email at HQAHomeHealth@ahca.myflorida.com, including the effective date of closure. The entity shall remain responsible for retaining and appropriately distributing all medical records.

(13) If the applicant is required to register or file with the Florida Secretary of State, Division of Corporations, the principal, fictitious name and mailing addresses submitted on the application for the applicant must be the same as the information registered with the Division of Corporations.

(14) An entity becomes a "home health agency" as defined in Section 400.462(12), F.S., when the provision of home health services and staffing services no longer meet any of the qualifications for an exemption under Section 400.464(5), F.S. An entity's

exempt status expires when a change occurs that negates an entity's qualification for exemption. In such a case, the home health agency must file a license application with AHCA as required in Sections 400.471 and 408.806, F.S., and shall be subject to all provisions applicable to an unlicensed home health agency. Failure to timely file an application for licensure may render the home health agency unlicensed and subject the entity to sanctions under Sections 400.484 and 408.812, F.S.

(15) AHCA will deny or revoke a certificate of exemption for the following actions by the applicant or owner:

(a) False representation of a material fact in the application or omission of any material fact from the application.

(b) Failure to meet exemption criteria in Section 400.464(5), F.S.

(c) Failure to meet criteria in section (16) of this rule.

(16) Certificates of exemption are not transferable, directly or indirectly. They are valid only for the person, organization, or entity, licenses, registrations, certifications and services provided under specific statutory exemptions and are valid only to the specific exemption claimed and granted. In order for a certificate of exemption to be valid the entity must apply for and receive an amended certificate of exemption for changes of name or location.

Rulemaking Authority 400.497 FS. Law Implemented 400.464(5), 400.464(6) FS. History–New 5-9-19, Amended 2-27-22, 6-11-25, 1-26-26.

59A-8.007 Geographic Service Area.

(1) An applicant for initial licensure, change of ownership, or the addition of skilled care services must apply for one or more counties within a geographic service area in which the main office is located on the Health Care Licensing Application, Home Health Agency, AHCA Form 3110-1011, July 2024, incorporated by reference in paragraph 59A-35.060(3)(k), F.A.C., pursuant to Sections 408.032(5) and 400.497(9), F.S.

(2) In any request for expansion of the geographic service area, the home health agency's previous history of survey results and administrative actions including fines, suspensions, revocations or injunctions will be reviewed to establish the home health agency's ability to provide quality services within the requested area. In addition, the application for an expanded geographic service area must include a plan for:

(a) Coverage of the professional staff which takes into account the projected number of clients in the requested geographic service area; and,

(b) Supervision of the staff in the requested geographic service area.

(3) The counties listed on the home health agency license should reflect counties in which the home health agency expects to provide services. If an agency refuses to serve patients or clients residing in a specific county and that county is listed on the agency's license, AHCA shall remove that county from the agency's license. Refusal to provide services to a patient or client solely based on their residence in a specific county must be verified by AHCA prior to removing the county from the license. A home health agency shall not provide services to patients or clients residing in a county that is not listed on the agency's license.

Rulemaking Authority 400.497 FS. Law Implemented 400.497 FS. History–New 10-27-94, Amended 1-17-00, 7-18-01, 6-16-15, 7-27-16, 1-12-21, 6-11-25, 7-8-26.

59A-8.008 Scope of Services.

(1) In cases of patients requiring only nursing, or in cases requiring nursing and physical, respiratory, occupational or speech therapy services, or nursing and dietetic and nutrition services, the agency shall provide case management by a licensed registered nurse who is a direct employee of or is under contract with the agency.

(2) In cases of patients receiving only physical, speech, respiratory or occupational therapy services, or in cases of patients receiving only one or more of these therapy services and home health aide services, case management shall be provided by the licensed therapist, who is a direct employee of or is under contract with the agency.

(3) In cases of patients receiving only dietetic and nutrition services, case management shall be provided by the licensed dietitian/nutritionist who is a direct employee of or is under contract with the agency.

(4) The agency's application for licensure shall state explicitly what services will be provided directly by agency employees or by contracted personnel, if services are provided by contract. The home health agency shall provide at least one service directly to patients.

(5) A home health agency which directly contracts with a resident of an assisted living facility or adult family care home to provide home health services shall coordinate with the facility or home regarding the resident's condition and the services being provided in accordance with the policy of the facility or home and if agreed to by the resident or the resident's representative. The

home health agency shall retain responsibility for the care and services it provides and it shall avoid duplication of services by not providing care the assisted living facility is obligated, by resident contract, to provide to the patient.

(6) If a home health agency occupies space within a licensed assisted living facility, and this space is not licensed as a home health agency, the home health agency must notify AHCA, in writing, whether the space is a satellite office or a drop-off site, as defined in Rule 59A-8.002, F.A.C.

Rulemaking Authority 400.487, 400.497, 400.509 FS. Law Implemented 400.497 FS. History–New 4-19-76, Formerly 10D-68.08, Amended 4-30-86, 8-10-88, 5-30-90, Formerly 10D-68.008, Amended 10-27-94, 1-17-00, 7-18-01, 9-22-05, 5-5-26.

59A-8.0086 Denial, Suspension, Revocation of License and Imposition of Fines.

Rulemaking Authority 400.497 FS. Law Implemented 120.59, 400.474, 400.484 FS. History–New 10-27-94, Amended 1-17-00, 7-18-01, 9-22-05, 8-15-06, 3-29-07, Repealed 10-2-11.

59A-8.0088 Right of Inspection.

Rulemaking Authority 400.497 FS. Law Implemented 400.484 FS. History–New 10-27-94, Repealed 1-20-97.

59A-8.009 Personnel Policies.

Rulemaking Authority 400.478, 400.497 FS. Law Implemented 400.497 FS. History–New 4-19-76, Formerly 10D-68.09, Amended 4-30-86, 8-10-88, 5-30-90, 6-21-91, Formerly 10D-68.009, Amended 4-27-93, Repealed 1-20-97.

59A-8.0095 Personnel.

(1) Administrator.

(a) The administrator of the agency shall:

1. Meet the criteria as defined in Sections 400.462(1) and 400.476(1), F.S.

2. Designate, in writing a direct employee or an individual covered under a management company contract to manage the home health agency or an employee leasing contract that provides the agency with full control over all operational duties and responsibilities to serve as an on-site alternate administrator during absences of the administrator. This person will be available during designated business hours, when the administrator is not available. Available during designated business hours means being readily available on the premises or by telecommunications. During the absence of the administrator, the alternate administrator will have the responsibility and authority for the daily operation of the agency. The alternate administrator must meet the criteria as defined in Section 400.462(1), F.S.

3. An alternate administrator may be the alternate administrator for up to five home health agencies if all five home health agencies have identical controlling interests as defined in s. 408.803 and are located within one agency geographic service area or within an immediately contiguous county.

(b) If an agency changes administrator or alternate administrator, the agency shall notify AHCA as required in subsection 59A-35.110(1), F.A.C., by submitting the application forms referenced in subsection 59A-8.003(1), F.A.C. Level 2 background screening compliance is required pursuant to Section 408.809, F.S., and Rule 59A-35.090, F.A.C.

(2) Director of Nursing.

(a) The director of nursing of the agency shall:

1. Meet the criteria as defined in Sections 400.462(10) and 400.476(2), F.S.;

2. Supervise or manage, directly or through qualified subordinates, all personnel who provide direct patient care;

3. Ensure that the professional standards of community nursing practice are maintained by all nurses providing care; and,

4. Maintain and adhere to agency procedure and patient care policy manuals.

(b) The director of nursing, the administrator, or alternate administrator shall establish policies and procedures on biomedical waste for home health agencies providing nursing and physical therapy services. The Department of Health website has information on biomedical waste handling and the requirements at www.doh.state.fl.us/Environment/Community/biomedical.

(c) The director of nursing shall:

1. Establish policies and procedures that are consistent with recommended Centers for Disease Control (CDC) and Occupational Safety and Health Agency (OSHA) guidelines for safety, universal precautions and infection control procedures;

2. Employ and evaluate nursing personnel;

3. Coordinate patient care services;

4. Set or adopt policies for, and keep records of criteria for admission to service, case assignments and case management; and

5. Establish and adopt policies and procedures for the delegation process of nursing tasks and activities as specified in Chapter 64B9-14, F.A.C.

(d) Pursuant to Section 400.497(5)(a), F.S., the director of nursing shall establish a process to verify that skilled nursing and personal care services were provided. When requested by an AHCA employee, the director of nursing shall provide a certified report that lists the home health services provided by a specified direct service staff person or contracted staff person for a specified time period as permitted in Section 400.497(5)(b), F.S. A certified report shall be in the form of a written or typed document or computer printout and signed by the director of nursing. The report must be provided to the surveyor within two hours of the request, unless the time period requested is longer than one year, then the report must be provided within three hours of the request.

(e) The director of nursing shall establish and conduct an ongoing quality assurance program. The program shall include at least quarterly, documentation of the review of the care and services of a sample of both active and closed clinical records by the director of nursing or his or her delegate. The director of nursing assumes overall responsibility for the quality assurance program. The quality assurance program is to assure that:

1. The home health agency accepts patients whose home health service needs can be met by the home health agency;

2. Case assignment and management is appropriate, adequate, and consistent with the plan of care, medical regimen and patient needs. Plans of care are individualized based on the patient's needs, strengths, limitations and goals;

3. Nursing and other services provided to the patient are coordinated, appropriate, adequate, and consistent with plans of care;

4. All services and outcomes are completely and legibly documented, dated and signed in the clinical service record;

5. The home health agency's policies and procedures are followed;

6. Confidentiality of patient data is maintained; and,

7. Findings of the quality assurance program are used to improve services.

(f) In an agency with less than a total of 10 full time equivalent employees and contracted personnel, the director of nursing may also be the administrator.

(g) If the director of nursing serves as the director of nursing for more than two licensed home health agencies, then the director of nursing shall designate, in writing, an alternate director of nursing to serve during the director of nursing's absence. This person will be available during designated business hours, when the director of nursing is not available. Available during designated business hours means being readily available on the premises or by telecommunications. The alternate director of nursing must meet the criteria as defined in Sections 400.462(10) and 400.476(2), F.S.

(h) If an agency changes the director of nursing or alternate director of nursing, the agency shall notify AHCA as required in Section 400.476(2)(b), F.S., by submitting the application forms referenced in paragraph 59A-35.060(3)(k), F.A.C. Level 2 background screening compliance is required pursuant to Section 408.809, F.S., and Rule 59A-35.090, F.A.C.

(i) An agency that does not provide skilled care is not required to have a director of nursing.

(3) Registered Nurse.

(a) A registered nurse shall be currently licensed to practice in the state, pursuant to Chapter 464, F.S. or hold an active multistate license under s. 464.0095 to practice professional nursing, and:

1. Be the case manager in all cases involving nursing or both nursing and therapy care;

2. Be responsible for the clinical record for each patient receiving nursing care;

3. Assure that progress reports are made to the physician, physicians assistant or advanced practice registered nurse for patients receiving nursing services when the patient's condition changes or there are deviations from the plan of care; and

4. Provide nursing services within the scope of practice authorized by the license issued by the State of Florida for a registered nurse or an active multistate license under s. 464.0095 to practice professional nursing.

(b) Each home health agency that provides skilled care or non-skilled care may have an RN assign personal care tasks to licensed practical nurses, certified nursing assistants and home health aides. The registered nurse maintains full responsibility for personal care tasks assigned to home health aides or CNAs and must ensure the home health aide or CNA is qualified to carry out those assignments based on their training and experience.

(c) Each home health agency that provides skilled care or non-skilled care must have an RN provide supervisory visits of unlicensed assistive personnel, as defined in subsection 64B9-14.001(1), F.A.C., who are employed by or under contract with the

home health agency, in accordance with Section 400.487(3), F.S. The agency must obtain written consent from the patient, or the patient's guardian or legal representative, to send an RN into the home to conduct supervisory visits.

(d) The RN must provide on-site supervision as needed, based upon the severity of patient's medical condition and the home health aide's or CNA's training and experience. Supervisory visits must be documented in patient files.

(e) Delegation of tasks for which additional training and validation is required. If the home health agency provides skilled care, an RN may delegate tasks in addition to assigned personal care tasks, including medication administration, to a home health aide or CNA qualified to perform the task pursuant to Rules 59A-8.0097, 59A-8.0219 and 59A-8.0216, F.A.C.

(4) Licensed Practical Nurse.

(a) A licensed practical nurse shall be currently licensed in the state, pursuant to Chapter 464, F.S., and provide nursing care assigned by and under the direction of a registered nurse who provides on-site supervision as needed, based upon the severity of patients medical condition and the nurse's training and experience. Supervisory visits will be documented in patient files. Provision shall be made in agency policies and procedures for annual evaluation of the LPN's performance of duties by the registered nurse.

(b) A licensed practical nurse shall:

1. Prepare and record clinical notes for the clinical record;

2. Report any changes in the patient's condition to the registered nurse with the reports documented in the clinical record;

3. Provide care to the patient including the administration of treatments and medications within the scope of practice authorized by the license issued by the State of Florida for a licensed practical nurse; and,

4. Perform other duties assigned by the registered nurse.

(5) Home Health Aide and Certified Nursing Assistant.

(a) A home health aide or a certified nursing assistant (CNA) shall provide personal care services assigned by and under the supervision of a registered nurse. When only physical, speech, or occupational therapy is furnished, in addition to home health aide or CNA services, supervision can be supplied by a licensed therapist directly employed by the home health agency or by an independently contracted employee.

(b) Prior to a CNA providing services, the home health agency shall have documentation of the CNA's current State of Florida certification. A CNA that is currently certified in another state may work as a home health aide in a home health agency in Florida if they present a copy of their current certificate as a nursing assistant from that state.

(c) Prior to a home health aide providing services, a home health agency shall have on file documentation of the home health aide's successful completion of at least forty hours of training in the following subject areas or successful passage of the competency test as stated in section (i), pursuant to Section 400.497(1), F.S. Home health aide training must be performed by or under the general supervision of a registered nurse who possesses a minimum of two years nursing experience, one of which must have been in the provision of home health care. The training may be conducted in person, online, or through a hybrid program but must require the aide to demonstrate, in person, that he or she is able to perform the necessary skills associated with the subject areas listed below.

1. Communication skills;

2. Observation, reporting and documentation of patient or client status and the care or services provided;

3. Reading and recording vital signs to include temperature, pulse and respiration, and blood pressure;

4. Basic infection control procedures such as hand hygiene, personal protective equipment (PPE), bag technique, and equipment disinfection;

5. Basic elements of body functions that must be reported to the registered nurse supervisor including observation of new conditions or change in condition;

6. Maintenance of a clean and safe environment;

7. Recognition of emergencies and applicable follow-up within the home health aide scope of performance;

8. Physical, emotional, and developmental characteristics of the populations served by the agency, including the need for respect for the patient or client, his privacy, and his property;

9. Appropriate and safe techniques in personal hygiene and grooming, including bed bath, sponge, tub, or shower bath; shampoo, sink, tub, or bed; basic nail care to include filing and polishing the nails, but not clipping nails; basic skin care including washing, moisturizing, and applying lotion with positioning to prevent skin breakdown; oral hygiene; care of dentures; toileting including use of bedpan or urinal;

10. Safe transfer techniques, including use of appropriate equipment, and ambulation;

11. Assistance with basic range of motion exercises and positioning to prevent complications of immobility;

12. Basic nutrition and fluid intake, including following the prescribed diet, assistance with eating and drink, observing for signs of dehydration or inadequate intake and promoting regular eating and drink schedule;

13. Cultural differences in families;

14. Food preparation and household chores;

15. Assistance with self-administered medication. Home health aides and CNAs assisting with self-administered medication, pursuant to Section 400.488, F.S., must receive a minimum of 2 hours of training (which can be part of the 40 hour home health training) prior to assuming this responsibility. Training must cover state law and rule requirements with respect to the assistance with self-administration of medications in the home, procedures for assisting the patient with self-administration of medication, common medications, recognition of side effects and adverse reactions and procedures to follow when patients appear to be experiencing side effects and adverse reactions. Training must include verification that each CNA and home health aide can read the prescription label and any instructions. Individuals who cannot read must not be permitted to assist with prescription medications. Other courses taken in fulfillment of this requirement must be documented and maintained in the home health aide's and the CNA's personnel file.

16. Other topics pertinent to home health aide services.

(d) A home health aide seeking employment with a Medicare or Medicaid certified home health agency may be required to provide evidence of additional training incorporated within the Medicare Conditions for Participation, 42 C.F.R., Part 484, and available at https://ecfr.io/Title-42/Part-484.

(e) An individual may complete home health aide training through a home health agency licensed under Chapter 400, Part III, F.S., for the purpose of employment with the agency. If the home health aide completes the 40 hours of training in paragraph (5)(c) through a home health agency, and wishes to be employed at another agency, the individual must present the documentation of successful completion of the training to the employing home health agency.

(f) A home health aide who is licensed, certified or trained in another state must provide documentation of course completion to the employing home health agency as evidence of the required 40 hours of training in paragraph (5)(c). The course must include validation of the aide's competency in person. Acceptable documentation includes a certificate, transcripts or other documentation that includes the issuing agency or institution name and address, school license number issued by the state, student name, course curriculum, total number of hours of training, number of hours for each topic, signature and qualifications of person directing or approving the training, and date the training was completed.

(g) A home health aide who successfully completes training through a vocational school or a nonpublic post-secondary career school approved by Florida Department of Education (Department) must provide documentation of course completion to the employing home health agency as evidence of the required 40 hours of training in paragraph (5)(c). The course must include validation of the aide's competency in person. Acceptable documentation includes a certificate, transcripts or other documentation that includes the issuing agency or institution name and address, school license number issued by the Department, student name, course curriculum, total number of hours of training, number of hours for each topic, signature and qualifications of person directing or approving the training, and date the training was completed.

(h) A home health agency that teaches the home health aide course to their employees pursuant to Section 400.497(1), F.S., but is not classified as a nonpublic post-secondary career school by the Florida Department of Education, must issue the following documentation to individuals at the time of successful completion of the training course. The training must include validation of the aide's competency in person. The documentation must include the following: the title "Home Health Aide Training Documentation;" the name, address, phone number, and license number of the home health agency; the student's name, address, phone number, and social security number; total number of clock hours completed in the training; the number of clock hours for each unit or topic of training; signature and qualifications of the person who directed the training; and the date the training was completed. It must be stated in the documentation that Section 400.497(1), F.S., permits the home health agency which is conducting this training to provide such documentation. The home health agency cannot charge a fee for the training and cannot use the words "diploma," "certificate," "certification of completion," or "transcript" on the training documentation. The home health agency cannot advertise that they are offering training for home health aides. The agency can indicate they are hiring home health aides with the intention of providing training.

(i) A licensed home health agency may choose to administer the Home Health Aide Competency Test, AHCA 3110-1007, September 2025 in lieu of the forty hours of training required in paragraph 59A-8.0095(5)(d), F.A.C. This test is designed for home

health agencies to determine competency of potential employees. Home health agencies may obtain the form by sending a request to HQAHOMEHEALTH@ahca.myflorida.com and including the name, address, and license number of the home health agency requesting the test.

1. Home health agencies that choose to administer the test, must maintain documentation of the aide's successful passage of the competency test. However, if the home health aide does not pass the test, it is the decision of the home health agency giving the test as to whether the aide may take the test again. The home health agency may also provide training or arrange for training in the areas that were not passed on the test prior to the aide re-taking the test.

a. The Home Health Aide Competency Test has two parts: a practical part in which competency is determined through observation of the performance of tasks and a written part with questions to answer. Successful passage of the test means the accurate performance of all 14 tasks on the practical part plus correctly answering 90 of the 104 questions on the written part.

b. Successful passage of the competency test alone does not permit a home health aide to assist with self-administration of medication as described in Section 400.488, F.S. Any home health aide that will assist patients with self-administration of medications must have completed two hours of training on assistance with self-administered medication as required in subparagraph 59A-8.0095(5)(d)15., F.A.C.

2. Any staff person of a home health agency may administer the written portion of the test, but the practical competency test must be administered and evaluated by a registered nurse or a licensed practical nurse under the supervision of a registered nurse. The staff person, registered nurse, or licensed practical nurse may also be responsible for grading the written test.

3. When a home health aide completes the competency test through the employing agency and wishes to be employed at another agency, the home health agency shall furnish documentation of successful passage of the test to the requesting agency pursuant to Section 400.497(1), F.S. Documentation of successful passage may be provided in a format established by the home health agency, except as prohibited in paragraphs (5)(f)-(g), that specifies limitations on the manner in which a home health agency may describe home health aide training. The documentation, at minimum, should include the home health aide's name, address and social security number; the home health agency's name and address; date the test was passed; the signature of the person providing the documentation; and any other information necessary to document the aide's passage of the test.

(j) When the home health aide training is provided by another institution, school, or home health agency it is the responsibility of the employing home health agency to validate the aide's competency of training.

(k) Home health aides and CNA's must receive in-service training each calendar year. Medicare and Medicaid agencies should check federal regulations for additional in-service training requirements. Home health aides and CNAs must also obtain and maintain current cardiopulmonary resuscitation (CPR) certification. Documentation of CPR certification from an instructor or training provider approved to provide CPR by the American Red Cross, the American Heart Association, the National Safety Council, or an organization whose training is accredited by the Commission on Accreditation for Pre-Hospital Continuing Education in which the student is required to demonstrate, in person, that he or she is able to perform cardiopulmonary resuscitation satisfies this requirement.

(l) Responsibilities of the home health aide and CNA shall include:

1. The performance of all personal care activities contained in a written assignment by a licensed health professional employee or contractor of the home health agency and which include assisting the patient or client with personal hygiene, ambulation, eating, dressing, shaving, physical transfer, and other duties as assigned.

2. Maintenance of a clean, safe and healthy environment, which may include light cleaning and straightening of the bathroom, straightening the sleeping and living areas, washing the patient's or client's dishes or laundry, and such tasks to maintain cleanliness and safety for the patient or client.

3. Other activities as taught by a licensed health professional employee or contractor of the home health agency for a specific patient or client and are restricted to the following:

a. Assisting with reinforcement of dressing;

b. Applying and removing anti-embolism stockings and hosiery prescribed for therapeutic treatment of the legs;

c. Assisting with tasks associated with elimination and toileting:

(I) Assisting with non-invasive medical devices for managing urinary incontinence.

(II) Assisting with the use of the bedpan and urinal.

(III) Providing catheter care including changing the urinary catheter bag.

(IV) Collecting urinary and/or stool specimens using non-invasive collection methods.

(V) Emptying urostomy or colostomy bags or changing bags that do not adhere to the skin.

(VI) Assisting with the placement and removal of colostomy bags, excluding the removal of the flange or manipulation of the stoma's site.

d. Assisting with the use of devices for aid to daily living, such as a mechanical lift, wheelchair or walker;

e. Assisting with prescribed range of motion exercises;

f. Assisting with prescribed ice cap or collar;

g. Performing simple urine tests for sugar, acetone or albumin;

h. Assisting with the use of a glucometer to perform blood glucose testing;

i. Measuring and preparing prescribed or special diets;

j. Measuring intake and output of fluids, and,

k. Measuring vital signs including temperature, pulse, respiration or blood pressure.

l. Assisting with oxygen nasal cannulas and continuous positive airway pressure (CPAP) devices, excluding the titration of the prescribed oxygen levels.

4. Keeping records of personal health care activities.

5. Observing appearance and gross behavioral changes in the patient or client, reporting to the registered nurse.

6. Supervision of self-administered medication in the home is limited to the following:

a. Obtaining the medication container from the storage area for the patient or client;

b. Ensuring that the medication is prescribed for the patient or client;

c. Reminding the patient or client that it is time to take the medication as prescribed; and,

d. Observing the patient or client self-administering the medication.

(m) In cases where a home health aide or a CNA will provide assistance with self-administered medications in accordance with section 400.488, F.S., a review must be conducted by a registered nurse to ensure the patient is medically stable with the self-administration of routine, regularly scheduled medications. The Registered Nurse must review and reconcile all currently prescribed and over-the-counter medications to ensure the home health aide or CNA can provide assistance in accordance with their training.

(n) A licensed health care professional shall inform the patient, or the patient's caregiver, that the patient may receive assistance with self-administered medication by an unlicensed person. The patient, or the patient's caregiver, must give written consent for this arrangement, pursuant to Section 400.488(2), F.S.

(o) In providing assistance with self-administered medication, in addition to the requirements outlined in Section 400.488, F.S., a home health aide or CNA may:

1. Prepare necessary items such as juice, water, cups, or spoons to assist the patient in the self-administration of medication;

2. Open and close the medication container or tear the foil of prepackaged medications;

3. Assist the patient in the self-administration process. Examples of such assistance include the steadying of the arm, hand, or other parts of the patient's body so as to allow the self-administration of medication;

4. Assist the patient by placing unused doses of solid medication back into the medication container.

(p) Responsibilities of the home health aide and CNA shall not include:

1. The performance of any therapeutic service that requires licensure as a health care professional;

2. Changing sterile dressings;

3. Irrigating body cavities such as giving an enema;

4. Performing irrigation of any wounds (such as vascular ulcers, diabetic ulcers, pressure ulcers, surgical wounds) or apply agents used in the debridement of necrotic tissues in wounds of any type;

5. Performing a gastric irrigation or enteral feeding;

6. Catheterizing a patient;

7. Administering any controlled substance listed in Schedule II, Schedule III, or Schedule IV of s. 893.03 or 21 U.S.C. s. 812.;

8. Applying heat by any method;

9. Caring for a tracheotomy tube;

10. Providing any personal health service which has not been included in the plan of care; or

11. Filling and removing medications from a pill organizer or electronic medication dispenser.

(q) Individuals who have graduated from an accredited school of nursing, and are waiting to take their boards for licensure in Florida, may work as a home health aide. RNs or LPNs who can show proof they are licensed in another state or in Florida, may

work as a home health aide in Florida.

(r) Pursuant to Section 381.0035, F.S., all home health agency employees, with the exception of employees subject to the requirements of Section 456.033, F.S., must complete a one-time education course on HIV and AIDS, within 30 days of employment.

(6) Physical Therapist and Physical Therapist Assistant.

(a) The physical therapist shall be currently licensed in the state, pursuant to Chapter 486, F.S. The physical therapist assistant shall be currently licensed in the state, pursuant to Chapter 486, F.S.

1. Services provided by the physical therapist shall be performed within the scope of practice authorized by the license issued by the State of Florida for the practice of physical therapist.

2. Services provided by the physical therapist assistant will be provided under the general supervision of a licensed physical therapist and shall not exceed any of the duties authorized by the license issued by the State of Florida for the practice of physical therapist assistant. General supervision means the supervision of a physical therapist assistant shall not require on-site supervision by the physical therapist. The physical therapists shall be accessible at all times by two way communication, which enable the physical therapist to be readily available for consultation during the delivery of care.

(b) The responsibilities of the physical therapist are:

1. To provide physical therapy services as prescribed by a physician, physician assistant, or advanced practice registered nurse, acting within their scope of practice, which can be safely provided in the home and assisting the physician, physician assistant, or advanced practice registered nurse in evaluating patients by applying diagnostic and prognostic muscle, nerve, joint and functional abilities test;

2. To observe and record activities and findings in the clinical record and report to the physician, physician assistant, or advanced practice registered nurse the patient's reaction to treatment and any changes in patient's condition, or when there are deviations from the plan of care;

3. To instruct the patient and caregiver in care and use of physical therapy devices;

4. To instruct other health team personnel including, when appropriate, home health aides and caregivers in certain phases of physical therapy with which they may work with the patient; and,

5. To instruct the caregiver on the patient's total physical therapy program.

(7) Speech Pathologist. The speech pathologist shall be currently licensed in the state, pursuant to Chapter 468, F.S., and shall:

(a) Assist the physician, physician assistant, or advanced practice registered nurse in evaluating the patient to determine the type of speech or language disorder and the appropriate corrective therapy;

(b) Provide rehabilitative services for speech and language disorders;

(c) Record activities and findings in the clinical record and to report to the physician, physician assistant, or advanced practice registered nurse the patient's reaction to treatment and any changes in the patient's condition, or when there are deviations from the plan of care; and,

(d) Instruct other health team personnel and caregivers in methods of assisting the patient to improve and correct speech disabilities.

(8) Occupational Therapist and Occupational Therapist Assistant.

(a) The occupational therapist shall be currently licensed in the state, pursuant to Chapter 468, F.S., and the occupational therapist assistant shall be currently licensed in the state, pursuant to Chapter 468, F.S. Duties of the occupational therapist assistant shall be directed by the licensed occupational therapist and shall be within the scope of practice authorized by the license issued by the State of Florida for the practice of occupational therapist assistant.

(b) The duties of the occupational therapist are:

1. To provide occupational therapy services as prescribed by a physician, physician assistant, or advanced practice registered nurse, acting within their scope of practice, which can be safely provided in the home and to assist the physician, physician assistant, or advanced practice registered nurse in evaluating the patient's level of function by applying diagnostic and therapeutic procedures;

2. To guide the patient in the use of therapeutic, creative and self-care activities for the purpose of improving function;

3. To observe and record activities and findings in the clinical record and to report to the physician, physician assistant, or advanced practice registered nurse the patient's reaction to treatment and any changes in the patient's condition, or when there are deviations from the plan of care; and,

4. To instruct the patient, caregivers and other health team personnel, when appropriate, in therapeutic procedures of

occupational therapy.

(9) Respiratory Therapist.

(a) The respiratory therapist shall be currently licensed by the state pursuant to Chapter 468, F.S., and have at least one year of experience in respiratory therapy.

(b) The responsibilities of the respiratory therapist are:

1. To provide respiratory therapy services, prescribed by a physician, physician assistant, or advanced practice registered nurse, acting within their scope of practice, which can be safely provided in the home and to assist the physician, physician assistant, or advanced practice registered nurse in evaluating patients through the use of diagnostic testing related to the cardiopulmonary system;

2. To observe and record activities and findings in the clinical record and report to the physician, physician assistant, or advanced practice registered nurse the patient's reaction to treatment and any changes in the patient's condition, or when there are deviations from the plan of care;

3. To instruct the patient and caregiver in care and use of respiratory therapy devices;

4. To instruct other health team personnel including, when appropriate, home health aides and caregivers in certain phases of respiratory therapy in which they may assist the patient; and,

5. To instruct the patient and caregiver on the patient's total respiratory therapy program.

(10) Social Worker.

(a) The social worker shall be a graduate of an accredited school of social work with one year of experience in social services and shall:

1. Assist the physician, physician assistant, or advanced practice registered nurse and other members of the health team in understanding significant social and emotional factors related to the patient's health problems;

2. Assess the social and emotional factors in order to estimate the patient's capacity and potential to cope with problems of daily living;

3. Help the patient and caregiver to understand, accept and follow medical recommendations and provide services planned to restore the patient to optimum social and health adjustment;

4. Assist patients and caregivers with personal and environmental difficulties which predispose toward illness or interfere with obtaining maximum benefits from medical care; and,

5. Identify resources, such as caregivers and community agencies, to assist the patient to resume life in the community, including discharge planning, or to learn to live within his disability.

(b) The social worker shall not provide clinical counseling to patients or caregivers unless licensed pursuant to Chapter 491, F.S.

(11) Dietitian/Nutritionist.

(a) The dietitian/nutritionist shall be currently licensed in this state, pursuant to Chapter 468, F.S., with at least 1 year of experience in dietetics and nutrition practice.

(b) The responsibilities of the dietitian/nutritionist are:

1. To evaluate the nutrition needs of individuals in the home, using appropriate data to determine nutrient needs or status, and to make nutrition recommendations to the patient to maximize the patient's health and well-being;

2. To provide dietetics and nutrition counseling in the home, as prescribed by a physician, physician assistant, or advanced practice registered nurse, acting within their scope of practice;

3. To observe and record activities and findings in the clinical record and report to the physician, physician assistant, or advanced practice registered nurse, the patient's reaction to treatment and any changes in a patient's condition;

4. To instruct the patient, caregiver(s), and other health team personnel in various phases of dietetic and nutrition treatment.

(12) Homemakers and Companions.

(a) The homemaker shall:

1. Maintain the home in an optimum state of cleanliness and safety depending upon the client's and the caregiver's resources;

2. Perform the functions generally undertaken by the customary homemaker, including such duties as preparation of meals, laundry, shopping, household chores, and care of children;

3. Perform casual, cosmetic assistance, such as brushing the client's hair and assisting with make-up, filing and polishing nails but not clipping nails;

4. Stablize the client when walking, as needed, by holding the client's arm or hand;

5. Report to the appropriate supervisor any incidents or problems related to his work or to the caregiver;

6. Report any unusual incidents or changes in the client's behavior to the case manager; and,

7. Maintain appropriate work records.

8. If requested by the client or his responsible party, the homemaker may verbally remind the client that it is time to for the client to take his or her medicine.

(b) The companion shall:

1. Provide companionship for the client;

2. Accompanying the client to doctors appointments, recreational outings, or shopping;

3. Provide light housekeeping tasks such as preparation of a meal or laundering the client's personal garments;

4. Perform casual, cosmetic assistance, such as brushing the client's hair and assisting with make-up, filing and polishing nails but not clipping nails;

5. Stabilize the client when walking, as needed, by holding the client's arm or hand;

6. Maintain a chronological written record of services; and,

7. Report any unusual incidents or changes in the patient's behavior to the case manager.

8. If requested by the client or his responsible party, the companion may verbally remind the client that it is time for the client to take his or her medicine.

Rulemaking Authority 400.488, 400.497 FS. Law Implemented 400.476, 400.487, 400.488, 400.497 FS. History–New 1-20-97, Amended 1-17-00, 7-18-01, 9-22-05, 8-15-06, 7-11-13, 4-16-23, 5-31-26.

59A-8.0097 Medication Training and Validation.

(1) Home health aides and Certified Nursing Assistants (CNA) must receive training prior to providing services and each calendar year thereafter as required. Home health aides and CNAs performing tasks delegated by a registered nurse (RN), including medication administration, may require additional training and validation to be qualified to perform the tasks in the home setting. Training may be provided as in-service training unless otherwise specified in statute. Medicare and Medicaid agencies should check federal regulations for additional in-service training requirements.

(2) Definitions

(a) A medication administration route is the path through which medication is delivered to a patient. For the proposes this rule, routes of administration are defined as follows:

1. "Buccal" means medication is placed in the mouth between the cheek and gum.

2. "Enteral" means medication is delivered by oral route, sublingual or buccal route, or rectal route.

3. "Inhaled" means medication is administered as nose drops or nose spray, or medication is inhaled by mouth, such as with an inhaler or nebulizer.

4. "Ophthalmic" means solution or ointment medication is instilled into the eye or applied on or around the eyelid.

5. "Oral" means medication including, but not limited to, tablet, capsule, liquid, or powder form is introduced into the gastrointestinal tract by mouth.

6. "Otic" means solutions or ointment medication is placed in the outer ear canal or applied around the outer ear.

7. "Parenteral" means medication is injected into the body through some route other than the digestive tract, such as subcutaneous, intra-dermal, intra-muscular, or intravenous administration.

8. "Rectal" means any medication including, but not limited to, capsule, enema, gel, or suppository administered via the rectum.

9. "Sublingual" means medication is placed in the mouth under the tongue.

10. "Topical" means medication including, but not limited to, salve, lotion, ointment, cream, spray, shampoo, or solution applied locally to a body part.

11. "Transdermal" means a patch containing a pre-measured or measured amount of topical medication that is absorbed into the body via the epidermis (outer layer of skin).

12. "Vaginal" means any medication including, but not limited to, capsule, cream, or ointment that is administered via the internal vagina. This route does not include medications applied to the epidermis external to the vagina.

(3) Medication Training Course Curriculum.

(a) Home health aides and CNAs administering medication pursuant to Sections 400.489, 400.490 and 464.2035, F.S. must complete an initial 6-hour basic medication administration training course prior to assuming this responsibility and a 2-hour in-

service medication training course annually thereafter.

(b) Basic medication administration training must be provided by an RN licensed under Chapter 464, F.S. or a physician licensed under Chapter 458 or 459, F.S. who has been in practice for at least 2 years.

(c) The training curriculum must require the home health aide or CNA to demonstrate the following in person, which must include, at minimum the ability to:

1. Read and understand a prescription label;

2. Administer oral, transdermal, ophthalmic, otic, inhaled, and/or topical medication routes;

3. Measure liquid medications, break scored tablets, and crush tablets in accordance with prescription directions;

4. Recognize the need to obtain clarification of an "as needed" prescription order;

5. Recognize a medication order which requires the judgment or discretion of an RN, and to advise the patient and the supervising RN of the inability to assist in the administration of such orders;

6. Complete a medication administration record (MAR) and fulfill related record keeping requirements;

7. Recognize the general signs of adverse reactions to medications and report such reactions;

8. Promote safety, sanitation and hand hygiene while administering medication; and

9. Medication error prevention and error reporting.

(4) Validation for Routes of Medication Administration.

(a) A home health aide or CNA must be assessed and validated as competent to administer medication by an RN after succsessfully completing required medication training.

(b) Successful validation requires the home health aide or CNA to demonstrate their capability to administer medication in a safe, sanitary and responsible manner in an on-site, patient-setting using the patient's prescribed medications.

(c) The home health aide or CNA must achieve a score of 100% proficiency in the validation prior to administering medication.

(d) Validation must take place within 90 days of completing required medication training.

(e) Validation for medication administration includes a demonstration of the following:

1. The ability to comprehend and follow medication instructions on a prescription label, physician's order, and properly complete a medication administration record form;

2. The ability to administer medication by oral, transdermal, ophthalmic, otic, inhaled, or topical administration routes, including prefilled insulin syringes if applicable;

3. The ability to obtain pertinent medication information, including the purpose of the medication, its common side effects, and symptoms of adverse reactions to the medication, either from the package insert that comes from the pharmacy, or other professionally recognized medication resource, and to maintain this information for easy access and future reference;

4. The ability to fulfill medication record keeping requirements; and

5. The ability to effectively communicate in a manner that permits health care providers and emergency responders to adequately and quickly respond to emergencies.

(5) Validations expire 1 year from the effective date of the validation. A home health aide or CNA must be revalidated within 60 days prior to the expiration of their validation to continue to administer medications as delegated by an RN.

(6) Documentation demonstrating completion of required training and validations by home health aides and CNAs must be kept on file by the home health agency.

Rulemaking Authority 400.489, 464.0156, 464.2035 FS. Law Implemented 400.489, 400.490, 464.0156, 464.2035 FS. History–New 5-24-23.

59A-8.0099 Minimum Training Requirements for Home Health Aides for Medically Fragile Children.

(1) A licensed home health agency that provides skilled care and accepts Medicaid may train and employ any person 18 years of age or older as a home health aide for medically fragile children as defined in section 400.462, F.S., hereafter referred to as an "AMFC," that meets the eligibility requirements of section 400.4765, F.S., and has successfully completed required training.

(2) Home Health Agency Personnel. An AMFC is considered an employee of the home health agency pursuant to section 400.4765, F.S. An AMFC may only provide services to an eligible relative as defined in section 400.462, F.S., as assigned or delegated by, and under the supervision of, a registered nurse (RN). As an employee of the home health agency, the AFMC must complete a one-time educational course on HIV and AIDS, within 30 days of employment pursuant to section 381.0035, F.S. Additionally, the AFMC must obtain and maintain cardiopulmonary resuscitation (CPR) certification as described in paragraph 59A-8.0095(5)(k), F.A.C.

(a) Prior to an AMFC providing services, the home health agency shall have on file documentation of the aide's successful completion of an approved training program as outlined by this rule.

(b) An AMFC shall provide services within the scope of their training as outlined by this rule and sections 400.4765 and 400.489, F.S., and may provide other services as taught by a licensed health professional employee or contractor of the home health agency for an eligible relative. A home health aide may be trained to become an AMFC provided they meet the requirements of sections 400.462 and 400.4765, F.S., and complete an approved training program as outlined by this rule. The home health agency must maintain policy and procedures regarding the services the AMFC may provide as taught and delegated by a RN per this rule and Rule 59A-8.0216, F.A.C.

(c) An RN employed or contracted with the home health agency must conduct supervisory visits of the AMFC at least every 60 days, or more frequently for federally certified agencies as described in 42 C.F.R. ss. 484.80. The home health agency must maintain documentation of such visits.

(d) Home health agencies that offer training in accordance with the minimum requirements outlined by this rule must document their course curriculum to be made available for review as requested by the Agency during an inspection. The training must be performed by an RN who possesses the qualifications as outlined by this rule and may not be performed by other staff under the general supervision of the RN. The training may be conducted in person, online, or through a hybrid program but must require the aide to demonstrate, in person, that he or she is able to perform the necessary skills associated with this rule and Rules 59A-8.0097, 59A-8.0216 and 59A-8.0219, F.A.C.

(e) A Medicare or Medicaid certified home health agency that employs an AMFC may be required to provide evidence of additional training incorporated within the Medicare Conditions for Participation, 42 C.F.R., Part 484, and available at https://ecfr.io/Title-42/Part-484.

(3) Approved AMFC Training Curriculum: Minimum Curriculum Requirements. The training curriculum must total at least 76 hours according to paragraphs (3)(a), (3)(b), and (3)(c) below. The home health agency shall be responsible for evaluating the AMFC's competency and identifying any learning needs in accordance with the patient's individualized plan of care. The home health agency must ensure that the aide receives sufficient training and instruction to address identified learning needs and to safely and effectively perform all tasks delegated under the plan of care. At minimum, the training curriculum must include the following sections:

(a) A minimum of forty (40) hours of home health aide training described in section 400.497, F.S. and Rule 59A-8.0095, F.A.C. The AFMC must present documentation of successful completion of training in the subject areas listed in paragraph 59A-8.0095(5)(c) F.A.C. This section of training must be performed by or under the general supervision of a qualified RN with a minimum of two years nursing experience, with at least one year in home health care. Acceptable documentation of training must meet the requirements in subsection 59A-8.0095(5) F.A.C. The Home Health Aide Competency Test shall not be administered in lieu of, nor shall prior passage substitute for, any portion of the training outlined by this rule.

(b) A minimum of twenty (20) hours of skills training in nursing specific to the care of the medically fragile pediatric patient as specified in the provider's plan of care. This section of training must be conducted in person by a qualified RN with a minimum of two years nursing experience, with at least one year in pediatric nursing. The home health agency is responsible for determining that the skills training conforms to the delegable tasks under section 464.0156(1), F.S. This section of training may include the following as applicable to the child's care needs per the individualized plan of care:

1. An overview of seizure disorders, epilepsy, seizure emergencies, and related first aid and rescue therapies.

2. Tracheostomy care including suctioning, regular cleaning or replacement of inner cannula, trach site care, dressing change, trach change and emergency management of desaturation, mucus plugging and dislodgement of trach tube.

3. Respiratory management including oxygen use and safety excluding the titration of the prescribed oxygen levels.

4. Enteral care and therapy. Instruction may cover different enteral feeding tubes specific to the child including nasogastric, nasoduodenal, nasojejunal, gastrostomy, jejunostomy, and gastrojejunal tubes, and gastronomy buttons. Instruction may cover related equipment, potential complications, and feeding methods to include:

a. Administering enteral feedings: bolus intermittent, cyclic intermittent, intermittent drip, and continuous infusion.

b. Equipment including syringes, feeding bags, and feeding pumps.

c. Formula types and preparation.

d. Complications including tube-related mechanical, infectious, gastrointestinal, aspiration pneumonia, and metabolic complications, and complications associated with tube placement.

5. Assisting with prescribed medical equipment, supplies and devices including oxygen, walkers, wheelchairs, hospital beds, ventilator, C-Pap and BiPap machines, peak flow meters, nebulizers, CPT vests, and apnea monitoring equipment, excluding the titration of the prescribed oxygen levels.

6. Skin care including pressure sore prevention and wound care.

7. Ostomies including ileostomies, colostomies and urostomies, maintaining a healthy stoma and emptying and changing the ostomy pouch or bag. Assisting with the placement and removal of colostomy bag, excluding the removal of the flange or manipulation of the stoma's site.

8. Tasks associated with elimination and toileting, including assistance with the use of a bedpan, urinal and other non-invasive elimination devices.

9. Urinary catheter care including catheter position, hydration, hygiene, complications, emptying the bag, changing the catheter bag, removing and inserting a foley catheter.

10. End-of-life care and postmortem care.

11. Intravenous assistive care activities including care and maintenance of the device and signs and symptoms of complications, and assistance with total parenteral nutrition (TPN).

12. Measuring and preparing prescribed or special diets.

13. Measuring intake and output of fluids.

14. Performing simple urine tests for sugar, acetone, or albumin.

15. Observing appearance and reporting physical or behavioral changes in the patient or client to the registered nurse.

16. Recognition of emergencies and emergency procedures, including dialing 911.

17. Assisting with the use of a glucometer to perform blood glucose testing.

18. Basic restorative care and rehabilitation including the application of AFOs (ankle foot orthosis) and other orthopedic braces.

19. Keeping records of personal health care activities.

(c) A minimum of sixteen (16) hours of clinical competency training and validation. Validation of medication routes pursuant to Rule 59A-8.0097, F.A.C., does not count toward the 16 hours required by this section. Validation must be conducted on site with an actual patient and supervised by a qualified RN with a minimum of two years nursing experience, with one year in pediatric nursing. Successful validation requires the AMFC to demonstrate, in person, the skills outlined in paragraph (3)(b) to include procedures for the following as applicable to the child per the individualized plan of care:

1. Skin care, pressure sore prevention, and wound care.

2. Tracheostomy care.

3. Enteral care and therapy.

4. Intravenous and TPN assistive care activities.

5. Urinary catheter care and foley catheterization.

6. Ostomy care and maintenance.

7. Appropriate use of prescribed medical equipment, supplies and devices.

8. Measuring intake and output of fluids.

(4) Validation. An AMFC must be assessed and validated as competent to provide services by an RN after successfully completing required training.

(a) An AMFC must achieve a score of 100% proficiency in validation of skills prior to providing services.

(b) Validation must take place within 90 days of completing required training.

(c) Validations expire 1 year from the effective date of the validation. An AMFC must be revalidated no more than within 60 days prior to the expiration of their validation to continue providing services.

(5) Pursuant to section 400.4765, F.S., an AMFC that allows 24 consecutive months to pass without providing services to an eligible relative must complete an approved training program as outlined by this rule to resume providing services.

(6) Pursuant to section 400.489, F.S., medication administration training may be provided in addition to the 76 hour curriculum outlined in subsection (3). An AMFC may administer medication as delegated by an RN in accordance with s. 464.0156, F.S. if they complete the basic medication administration training pursuant to Rule 59A-8.0097, F.A.C. and the requirements of Rules 59A-8.0219 and 59A-8.0216, F.A.C, are met.

(a) To meet the needs of medically fragile pediatric patients, an AMFC may administer medications via additional routes with written instructions from the delegating RN as prescribed by the patient's health care provider. The following routes require the

AMFC to complete additional medication training specified in paragraph (3)(b):

1. Oral medications to be crushed, diluted, or mixed with foods or liquid.

2. Medications in a liquid form or pills crushed into a powder form via enteral feeding tube.

3. Medications by injection via subcutaneous, intra-dermal, or intra-muscular route.

4. Medication that is inserted rectally.

5. Inhaled medications administered via a tracheostomy tube with a metered-dose inhaler or nebulizer.

(b) Medication Training for Additional Routes of Administration. In addition to the initial 6 hours of training required by Rule 59A-8.0097, F.A.C., the AMFC must complete an additional 4 hours of training to administer medications via the routes described in section (3)(a). The additional training must be provided by an RN with at least two years of experience and must cover the following:

1. Administration of medications utilizing standardized measuring devices for children including oral syringes, special medication dosing spoons, or medication cups.

2. Measuring liquid medication, including conversions of teaspoon/tablespoon to milliliter or cubic centimeter (cc).

3. Indications and procedures for oral medications to be diluted or mixed with foods or liquid.

4. Indications and contraindications to crushing oral medications.

5. Procedure to crush oral medications and mix with foods or liquid.

6. Procedures for medications administered via enteral feeding tubes.

7. Procedures for medications inserted rectally.

8. Procedure for the administration of inhaled medications via a tracheostomy tube utilizing a metered-dose inhaler or nebulizer.

9. Recognition of serious adverse reactions and how to handle the event.

10. Medication errors and reporting to the RN, including when the child does not take all of medication mixed with food or liquids.

11. Infection control measures for administration of medication to pediatric patients.

(c) An AMFC that completes the training outlined in section (3)(b) must be validated in accordance with Rule 59A-8.0097, F.A.C. prior to administering medication via additional routes.

(7) Adverse Incident Reporting.

(a) An adverse incident, as defined in subsection 400.54(2), F.S., is an event over which home health agency personnel could exercise control and which is associated in whole or in part with medical intervention, rather than the patient's condition for which such intervention occurred, and results in the adverse incident.

(b) Home health agencies must electronically submit adverse incident reports for incidents occurring under the care of a home health aide for medically fragile children to the Agency within 48 hours after the occurrence of the incident as required in section 400.54, F.S. The adverse incident must be reported on Home Health Agency Adverse Incident Report, AHCA Form 3110-0011 OL, August 2025, which is hereby incorporated by reference and available at: https://www.flrules.org/Gateway/reference.asp?No=Ref-19116, and through the Agency's adverse incident reporting system which can only be accessed through the Agency's Single Sign On Portal located at: https://apps.ahca.myflorida.com/SingleSignOnPortal.

Rulemaking Authority 400.4765, 400.489, 400.497 FS. Law Implemented 400.54, 400.476, 400.4765, 400.489, 400.497 FS. History–New 7-23-24, Amended 5-31-26.

59A-8.010 Administrator.

Rulemaking Authority 400.497 FS. Law Implemented 400.471 FS. History–New 4-19-76, Formerly 10D-68.10, Amended 4-30-86, 8-10-88, Formerly 10D-68.010, Amended 10-27-94, Repealed 1-20-97.

59A-8.011 Nursing Director.

Rulemaking Authority 400.497 FS. Law Implemented 400.462, 400.471, 400.497 FS. History–New 4-19-76, Formerly 10D-68.11, Amended 4-30-86, 8-10-88, Formerly 10D-68.011, Amended 10-27-94, Repealed 1-20-97.

59A-8.012 Registered Nurse.

Rulemaking Authority 400.497 FS. Law Implemented 400.471, 400.497 FS. History–New 4-19-76, Formerly 10D-68.12, Amended 4-30-86, 8-10-

88, Formerly 10D-68.012, Amended 10-27-94, Repealed 1-20-97.

59A-8.013 Administrator.

Rulemaking Authority 400.497 FS. Law Implemented 400.471 FS. History–New 4-19-76, Formerly 10D-68.10, Amended 4-30-86, 8-10-88, Formerly 10D-68.010, Amended 10-27-94, Repealed 1-20-97.

59A-8.014 Home Health Aide.

Rulemaking Authority 400.497 FS. Law Implemented 400.471, 400.487 FS. History–New 4-19-76, Formerly 10D-68.14, Amended 4-30-86, 8-10-88, 5-30-90, 6-12-91, 5-27-92, Formerly 10D-68.014, Amended 10-27-94, Repealed 1-20-97.

59A-8.015 Physical Therapist and Physical Therapist Assistant.

Rulemaking Authority 400.497(2) FS. Law Implemented 400.462, 400.471, 400.497 FS. History–New 4-19-76, Formerly 10D-68.15, Amended 4-30-86, 8-10-88, Formerly 10D-68.015, Amended 10-27-94, Repealed 1-20-97.

59A-8.016 Speech Pathologist.

Rulemaking Authority 400.497 FS. Law Implemented 400.471, 400.497 FS. History–New 4-19-76, Formerly 10D-68.16, Amended 4-30-86, 8-10-88, Formerly 10D-68.016, Amended 10-27-94, Repealed 1-20-97.

59A-8.017 Occupational Therapist and Occupational Therapist Assistant.

Rulemaking Authority 400.497 FS. Law Implemented 400.471, 400.497 FS. History–New 4-19-76, Formerly 10D-68.17, Amended 4-30-86, 8-10-88, Formerly 10D-68.017, Amended 10-27-94, Repealed 1-20-97.

59A-8.0175 Respiratory Therapist.

Rulemaking Authority 400.497 FS. Law Implemented 400.471, 400.497 FS. History–New 10-27-94, Repealed 1-20-97.

59A-8.018 Social Worker.

Rulemaking Authority 400.497 FS. Law Implemented 400.471, 400.497 FS. History–New 4-19-76, Formerly 10D-68.18, Amended 4-30-86, 8-10-88, Formerly 10D-68.018, Amended 10-27-94, Repealed 1-20-97.

59A-8.0185 Personnel Policies.

Rulemaking Authority 400.497 FS. Law Implemented 400.471, 400.497 FS. History–New 10-27-94, Amended 1-17-00, 7-18-01, 9-22-05, 8-15-06, Repealed 10-2-11.

59A-8.019 Homemakers, Companions, and Sitters Employed by Home Health Agencies.

Rulemaking Authority 400.497 FS. Law Implemented 400.471, 400.497 FS. History–New 4-19-76, Formerly 10D-68.19, Amended 4-30-86, 8-10-88, Formerly 10D-68.019, Amended 10-27-94, Repealed 1-20-97.

59A-8.020 Acceptance of Patients or Clients.

(1) When a home health agency accepts a patient or client for service, there shall be a reasonable expectation that the services can be provided safely to the patient or client in his place of residence. This includes being able to communicate with the patient, or with another person designated by the patient, either through a staff person or interpreter that speaks the same language, or through technology that translates so that the services can be provided. The responsibility of the agency is also to assure that the patient or client receives services as defined in a specific plan of care, for those patients receiving care under a physician, physician assistant, or advanced practice registered nurse's treatment orders, or in a written agreement, as described in subsection (3), below, for clients receiving care without a physician, physician assistant, or advanced practice registered nurse's orders. This responsibility includes assuring the patient receives all assigned visits.

(2) At the start of services a home health agency must establish a written agreement between the agency and the patient or client or the patient's or client's legal representative, including the information described in Section 400.487(1), F.S. This written agreement must be signed and dated by a representative of the home health agency and the patient or client or the patient's or client's legal representative. A copy of the agreement must be given to the patient or client and the original must be placed in the patient's or client's file.

(3) The written agreement, as specified in subsection (2) above, shall serve as the home health agency's service provision plan, pursuant to Section 400.491(2), F.S., for clients who receive homemaker and companion services or home health aide services which do not require a physician, physician assistant, or advanced practice registered nurse's treatment order. The written agreement for these clients shall be maintained for one year after termination of services.

(4) When the agency terminates services for a patient or client needing continuing home health care, as determined by the patient's physician, physician assistant, or advanced practice registered nurse, for patients receiving care under a physician, physician assistant, or advanced practice registered nurse's treatment order, or as determined by the client or caregiver, for clients receiving care without a physician, physician assistant, or advanced practice registered nurse's treatment order, a plan must be developed and a referral made by home health agency staff to another home health agency or service provider prior to termination. The patient or client must be notified in writing of the date of termination, the reason for termination, pursuant to Section 400.491, F.S., and the plan for continued services by the agency or service provider to which the patient or client has been referred, pursuant to Section 400.497(8), F.S. This requirement does not apply to patients paying through personal funds or private insurance who default on their contract through non-payment. The home health agency should provide social work assistance to patients to help them determine their eligibility for assistance from government funded programs if their private funds have been depleted or will be depleted.

Rulemaking Authority 400.497 FS. Law Implemented 400.487 FS. History–New 4-19-76, Formerly 10D-68.20, Amended 4-30-86, 8-10-88, Formerly 10D-68.020, Amended 10-27-94, 1-17-00, 7-18-01, 9-22-05, 8-15-06.

59A-8.0205 Advance Directives.

Rulemaking Authority 765.110 FS. Law Implemented 765.110 FS. History–New 1-11-93, Repealed 1-20-97.

59A-8.021 Patient Care Plan and Plan of Treatment.

Rulemaking Authority 400.497 FS. Law Implemented 400.487 FS. History–New 4-19-76, Formerly 10D-68.21, Amended 4-30-86, 8-10-88, Formerly 10D-68.021, Repealed 10-27-94.

59A-8.0215 Plan of Care.

(1) A plan of care shall be established in consultation with the physician, physician assistant, or advanced practice registered nurse, pursuant to Section 400.487, F.S., and the home health agency staff who are involved in providing the care and services required to carry out the physician, physician assistant, or advanced practice registered nurse's treatment orders. The plan must be included in the clinical record and available for review by all staff involved in providing care to the patient. The plan of care shall contain a list of individualized specific goals for each skilled discipline that provides patient care, with implementation plans addressing the level of staff who will provide care, the frequency of home visits to provide direct care and case management.

(2) Home health agency staff must follow the physician, physician assistant, or advanced practice registered nurse's treatment orders that are contained in the plan of care. If the orders cannot be followed and must be altered in some way, the patient's physician, physician assistant, or advanced practice registered nurse must be notified and must approve of the change. Any verbal changes are put in writing and signed and dated with the date of receipt by the nurse or therapist who talked with the physician, physician assistant, or advanced practice registered nurse's office.

(3) The patient, caregiver or guardian must be informed by the home health agency personnel that:

(a) He has the right to be informed of the plan of care;

(b) He has the right to participate in the development of the plan of care; and,

(c) He may have a copy of the plan if requested.

Rulemaking Authority 400.497 FS. Law Implemented 400.487 FS. History–New 10-27-94, Amended 1-17-00, 7-18-01, 8-15-06.

59A-8.0216 RN Delegation of Tasks.

(1) A registered nurse (RN) may delegate tasks to a home health aide or certified nursing assistant (CNA) in accordance with Sections 400.489, 400.490, 464.0156 and 464.2035, F.S., provided the following criteria are met:

(a) The home health agency is licensed to provide skilled care;

(b) The home health aide or CNA has met the training and validation pursuant to Section 400.489 and 464.2035, F.S., and Rule 59A-8.0097, F.A.C.;

(c) The registered nurse delegating the task determines that the home health aide or CNA is competent to perform the task, and

(d) The task meets criteria in section (3) of this rule.

(2) A home health aide or CNA should only accept a delegation that the aide is appropriately trained and educated to perform.

(3) A registered nurse shall follow the delegation process outlined in Rule 64B9-14.002, F.A.C. when delegating a task to a home health aide or CNA.

(4) A registered nurse delegating a task to a home health aide or CNA shall document the following:

(a) Name of the patient and task being performed;

(b) The expected or desired outcome;

(c) The time frame for the delegation;

(d) The nature of the supervision required;

(e) Verification of the home health aide's or CNA's understanding of the task; and

(f) Periodic inspection and assessment of the home health aide or CNA's performance of the task in accordance with Rule 64B9-14.002, F.A.C.

(5) The registered nurse maintains accountability for the patient.

(6) The home health agency must obtain written, dated consent of the patient, or the patient's guardian, legal representative, or designated health care surrogate, to accept performance of delegated tasks, including medication administration, by a home health aide or CNA, prior to services being provided. The consent must be maintained in the patient's medical record and must contain the following:

(a) Name of the patient;

(b) The task(s) being performed;

(c) The time frame for the delegation of the task(s);

(d) The nature of the supervision required; and

(e) Signature of the patient, or the patient's guardian, legal representative, or designated health care surrogate.

(7) The home health agency must maintain documentation that the home health aide or CNA has completed a medication administration course and is currently validated in accordance with Rule 59A-8.0097, F.A.C.

(8) Pursuant to Section 464.0156, F.S., a registered nurse may not delegate tasks that:

(a) Are not within the delegating or supervising nurse's scope of practice.

(b) Require the use of the nursing process including assessment, diagnosis, planning, implementation and evaluation.

(c) Require the knowledge, judgment or skills of a licensed health care professional.

Rulemaking Authority 400.489, 464.0156, 464.2035 FS. Law Implemented 400.489, 400.490, 464.0156, 464.2035 FS. History–New 5-24-23.

59A-8.0218 Service Provision Plan.

Rulemaking Authority 400.497 FS. Law Implemented 400.487 FS. History–New 10-27-94, Amended 1-17-00, Repealed 7-18-01.

59A-8.0219 Medication Administration.

(1) Medication Administration. The supervising or delegating nurse maintains responsibility for any medication administration task delegated to a home health aide or CNA pursuant to Sections 464.0156, 464.2035, 400.489, and 400.490, F.S.

(a) Medication administration includes conducting any examination, including vital signs (temperature, blood pressure, heart rate, and/or respirations) for the proper administration of medication that the patient cannot perform personally and that can be performed by a licensed health care practitioner, or a home health aide or CNA as delegated by an RN.

(b) A home health aide or CNA may not administer medication to patients unless they have successfully completed a medication administration training course and obtained a current validation for the route by which the medication is administered in accordance with Rule 59A-8.0097, F.A.C.

(c) In cases wherein a home health aide or a CNA is delegated to administer medications, an assessment of the medications for which administration is to be provided shall be conducted by the registered nurse (RN) who delegated the task prior to the home health aide or CNA performing the task and upon any change in the patient's medication regiment. The assessment shall be documented in the patient's medical record for patients receiving medication administration from a home health aide or CNA.

1. The delegating nurse must ensure the home health aide or CNA administers the medication in accordance with their training and competency, and with the medication prescription.

2. Home health aides and CNAs who are validated to administer whole (not crushed) oral medication may give the medication in any dietary or nutritional food substance that facilitates swallowing, is tolerated by the patient and is not contrary to any prescribed diet, label warnings or known contraindications for the medication being given.

3. The home health aide or CNA must notify the supervising or delegating nurse of changes in the dosage, frequency or route of a medication. The nurse must verify the change and update the Medication Administration Record (MAR).

4. The supervising or delegating nurse is required to review the MAR every 60 days, or more frequently if needed, for each patient receiving medication administration from a home health aide or CNA. The MAR must be kept on record by the home health agency.

5. The home health aide and/or CNA must communicate changes in a patient's condition to the supervising or delegating nurse. The nurse must assess for unusual reactions to the medication or a significant change in the patient's health or behavior that may be caused by the medication, and must document such in the patient's record to be reported immediately to the patient's health care provider. Contact with the health care provider must also be documented in the patient's medical record.

(2) Medication Administration Procedures. Home health aides and CNAs must:

(a) Only administer medication as prescribed or ordered by the patient's health care practitioner and which are properly labeled and dispensed in accordance with Chapters 465 and 499, F.S.;

(b) Comply with new or changed orders for a specific medication, which override the previous orders for that medication. No order to discontinue the previous order is necessary;

(c) Comply with the time limit as provided for in time-limited orders (i.e. those that are ordered for a specific number of doses or days). Such orders do not require an order to discontinue at the completion of the time allotted in the time-limit;

(d) Before administering medication to any patient initially, review the patient's medical history and medication background with the delegating RN, and again thereafter as determined by the delegating RN.

(e) Perform appropriate hand hygiene measures consistent with current guidence from the Centers for Disease Control and Prevention (CDC) before administering medication to the patient.

(f) Immediately report torn, damaged, illegible, or mislabeled prescription labels to the dispensing pharmacist and, if a patient is residing in a residential facility, notify the facility supervisor;

(g) Check the directions and expiration date of each medication to ensure that expired medications (those which are no longer current) or those no longer prescribed are not administered;

(h) Administer medication as prescribed and via the route instructed by the patient's prescribing health care professional. Each time medication is administered:

1. Verify the correct medication is administered to the correct patient, at the correct time, dosage, route, and for the correct reason, as prescribed by the health care practitioner.

2. Observe complete ingestion of oral medication before leaving the patient and before recording or documenting the administration of the medication on the MAR.

(i) PRN medications. The supervising or delegating nurse maintains responsibility for the appropriate administration of PRN medications based on the patient's health condition and prescribing health care practitioner orders.

1. Prior to the administration of an "as needed" or "PRN" medication to a patient, the home health aide or CNA must consult with the supervising or delegating nurse to determine the appropriateness of administration of the PRN medication.

2. Administration of medications which require nursing judgement or assessment to evaluate the effectiveness of the medication shall not be delegated, including medications for pain and psychotropic medications. PRN medications must include specific written instructions with specific parameters for administration as prescribed by the patient's health care practitioner.

3. Administration of PRN medication must be documented on the MAR with the reason for the administration of the PRN medication, monitoring of the patient, and outcome of the medication.

(j) Ensure that the prescription for a medication is promptly refilled so that a patient does not miss a prescribed dosage of

medication. If the home health aide or CNA is not responsible for routine refills of a medication, they must notify the individual responsible for refilling the patient's prescriptions and document this notification;

(3) In the administration of medications, a home health aide or CNA must not:

(a) Administer medications, including PRN and OTC medications or medication samples without a written order and instructions for preparation and use from the patient's physician, PA, or APRN.

(b) Administer medications for which the health care provider's prescription or order does not specify the medication schedule, medication amount, dosage, route of administration, purpose for the medication, or with medication that would require professional medical judgment by the home health aide or CNA.

(c) Crush, dilute, or mix crushed medications without written instructions from the delegating RN as prescribed by the patient's health care provider.

(d) Administer medications via a medication route for which the home health aide or CNA has not been validated.

(e) Prepare syringes for a patient's use during the self-administration of medication via a parenteral, subcutaneous, intra-dermal, intra-muscular or intravenous route.

(f) Administer medications by injection via a parenteral, subcutaneous, intra-dermal, intra-muscular or intravenous route, with the exception of an epi-pen administered in an emergency situation. This prohibition does not include the administration of prefilled insulin syringes.

(g) Administer medication that is inserted vaginally, or administered via a tracheostomy.

(h) Administer medications for which the health care provider's prescription or order does not specify the medication schedule, medication amount, dosage, route of administration, purpose for the medication, or with medication that would require professional medical judgment by the home health aide or CNA.

(4) Home health aides and CNAs must not:

(a) Continue to provide services as a home health aide or CNA if they fail to maintain required validation.

(b) Provide services as a home health aide or CNA while not currently authorized to do so by the State of Florida.

(c) Provide services as a home health aide or CNA after the home health agency has determined the home health aide or CNA must not continue to provide assistance with medication administration or administer medication as delegated by an RN.

(5) If a home health aide or CNA violates any provision of Section 400.489, 400.490, 464.0156 or 464.2035, F.S. or this rule, the home health agency must:

(a) Prohibit the home health aide or CNA from providing medication administration services to patients of the agency;

(b) Require the home health aide or CNA to:

1. Successfully complete the Basic Medication Administration Course and corresponding validation;

2. Participate in and successfully complete a corrective action plan; and

3. Comply with remediation requests.

(6) Medication Errors.

(a) The RN must document medication errors and all interventions in the patient's medical record.

(b) The home health agency must incorporate documented medication errors into their Quality Assurance program for systemic analysis in order to prevent a future occurrence and improve provision of services to patients.

(7) Medication Storage and Disposal.

(a) Home health aides and CNAs must:

1. Maintain medications in their original containers labeled by the dispensing health care practitioner or pharmacy with the patient's name, the practitioner's name, and the directions for administering the medication;

2. Maintain OTC medications in their original containers;

3. Ensure medications in a patient's residence are organized and returned to the patient's preferred location for storage and retrieval following administration.

(b) A home health aide or CNA may not transport medications away from the patient's residence or dispose of the patient's medications.

(c) Disposal of medications must be conducted by licensed health care professional and consistent with applicable federal, state, and local regulations.

Rulemaking Authority 400.489, 464.0156, 464.2035 FS. Law Implemented 400.489, 400.490, 464.0156, 464.2035 FS. History–New 5-24-23.

59A-8.022 Clinical Records.

(1) A clinical record must be maintained for each patient receiving nursing or therapy services that includes all the services provided directly by the employees of the home health agency and those provided by contracted individuals or agencies.

(2) No information may be disclosed from the patient's file without the written consent of the patient or the patient's guardian. All information received by any employee, contractor, or AHCA employee regarding a patient of the home health agency is confidential and exempt from Chapter 119, F.S.

(3) If the patient transfers to another home health agency, a copy of his record must be transferred at his request.

(4) All clinical records must be retained by the home health agency as required in Section 400.491, F.S. Retained records can be stored as hard paper copy, microfilm, computer disks or tapes and must be retrievable for use during unannounced surveys as required in Section 408.811, F.S.

(5) Clinical records must contain the following:

(a) Source of referral;

(b) Physician, physician assistant, or advanced practice registered nurse's verbal orders initiated by the physician, physician assistant, or advanced practice registered nurse prior to start of care and signed by the physician, physician assistant, or advanced practice registered nurse as required in Section 400.487(2), F.S.

(c) Assessment of the patient's needs;

(d) Statement of patient or caregiver problems;

(e) Statement of patient's and caregiver's ability to provide interim services;

(f) Identification sheet for the patient with name, address, telephone number, date of birth, sex, agency case number, caregiver, next of kin or guardian;

(g) Plan of care or service provision plan and all subsequent updates and changes;

(h) Clinical and service notes, signed and dated by the staff member providing the service which shall include:

1. Initial assessments and progress notes with changes in the person's condition;

2. Services rendered;

3. Observations;

4. Instructions to the patient and caregiver or guardian, including administration of and adverse reactions to medications;

(i) Home visits to patients for supervision of staff providing services;

(j) Reports of case conferences;

(k) Reports to physicians, physician assistants, or advanced practice registered nurses;

(l) Termination summary including the date of first and last visit, the reason for termination of service, an evaluation of established goals at time of termination, the condition of the patient on discharge and the disposition of the patient.

(6) The following applies to signatures in the clinical record:

(a) Facsimile Signatures. The plan of care or written order may be transmitted by facsimile machine. The home health agency is not required to have the original signature on file. However, the home health agency is responsible for obtaining original signatures if an issue surfaces that would require certification of an original signature.

(b) Alternative Signatures. Home health agencies that maintain patient records by computer rather than hard copy may use electronic signatures. However, all such entries must be appropriately authenticated and dated. Authentication must include signatures, written initials, or computer secure entry by a unique identifier of a primary author who has reviewed and approved the entry. The home health agency must have safeguards to prevent unauthorized access to the records and a process for reconstruction of the records in the event of a system breakdown.

Rulemaking Authority 400.497 FS. Law Implemented 400.491, 400.494 FS. History–New 4-19-76, Amended 2-2-77, Formerly 10D-68.22, Amended 4-30-86, 8-10-88, Formerly 10D-68.022, Amended 10-27-94, 1-17-00, 7-18-01, 9-22-05, 8-15-06, 3-29-07, 7-11-13.

59A-8.024 Administration of Drugs and Biologicals.

Rulemaking Authority 400.497 FS. Law Implemented 400.497 FS. History–New 4-19-76, Formerly 10D-68.24, Amended 4-30-86, 8-10-88, Formerly 10D-68.024, Amended 10-27-94, 1-17-00, Repealed 7-18-01.

59A-8.0245 Advance Directives.

(1) Each home health agency shall have written policies and procedures, which delineate the agency's position with respect to

the state law and rules relative to advance directives. The policies shall not condition treatment or admission upon whether or not the individual has executed or waived an advance directive. In the event of conflict between the agency's policies and procedures and the patient's advance directive, provision should be made in accordance with Chapter 765, F.S.

(2) The home health agency's policy shall include:

(a) Providing each adult patient, in advance of receiving services, with a copy of "Health Care Advance Directives – The Patients' Right to Decide," as prepared by the Agency for Health Care Administration, revised April 2006, and available at http://www.floridahealthfinder.gov/reports-guides/reports-guides.aspx, which is hereby incorporated by reference (http://www.flrules.org/Gateway/reference.asp?No=Ref-03070), or with a copy of a document drafted by a person or organization other than AHCA which is a written description of Florida's state law regarding advance directives;

(b) Providing each adult patient, in advance of receiving services, with written information concerning the home health agency's policies respecting advance directives; and,

(c) The requirement that documentation of whether or not the patient has executed an advance directive shall be contained in the patient's medical record and not kept solely at another location in the agency. If an advanced directive has been executed, a copy of that document shall be made a part of the patient's medical record. If the home health agency does not receive a copy of the advanced directive for a patient, the agency must document that it has requested a copy in the patient's record.

(d) A home health agency shall be subject to revocation of their license and a fine of not more than $500 per incident, or both, pursuant to Section 400.474(1), F.S., if the home health agency, as a condition of treatment or admission, requires an individual to execute or waive an advance directive, pursuant to Section 765.110, F.S.

(3) Pursuant to Section 400.487(7), F.S., a home health agency may honor a DNRO as follows:
Cardiopulmonary resuscitation may be withheld or withdrawn from a patient only if a valid Do Not Resuscitate Order (DNRO) is present, executed pursuant to Section 401.45, F.S. The Department of Health has developed a DNRO form that is described and available to the public as stated in Rule 64J-2.018, F.A.C.

Rulemaking Authority 400.487, 765.110 FS. Law Implemented 400.487, 765.110 FS. History–New 10-27-94, Amended 1-17-00, 9-22-05, 7-11-13.

59A-8.0248 Excellence in Home Health.

(1) Excellence in Home Health Award.

(a) To be considered for an Excellence in Home Health Award, a home health agency licensee eligible under section 400.52(3), F.S., must apply using the Application for Excellence in Home Health Award Home Health Agencies, AHCA Form 3110-9002, April 2026, incorporated by reference and available at http://flrules.org/Gateway/reference.asp?No=Ref-19597 or at https://ahca.myflorida.com/health-quality-assurance/bureau-of-health-facility-regulation/laboratory-and-in-home-services/home-health-agencies.

(b) Unless an exception is noted pursuant to section 400.52(5), F.S., an awarded licensee may use the Excellence in Home Health designation in advertising and marketing. Use of the Excellence in Home Health designation in advertising and marketing must include the effective and expiration date of the award and be used expressly for the awarded licensee. Within 90 days after termination or expiration of the award, the Excellence in Home Health designation must be removed from all advertising and marketing materials.

(2) Initial application. An applicant for initial Excellence in Home Health award may apply during the following reivew periods:

(a) Review Period 1 requires initial applications be submitted to AHCA by March 15. Application reviews will be concluded by May 15 to determine those licensees to be considered for the Excellence in Home Health award designation. The award decisions will be issued no later than June 15.

(b) Review Period 2 requires initial applications be submitted to AHCA by September 15 to be eligible for review during this period. Application reviews will be concluded by November 15 to determine those licensees to be considered for the Excellence in Home Health award designation. The award decisions will be issued no later than December 15.

(c) Renewal application. An applicant for renewal of an Excellence in Home Health award designation must submit a completed application in conjunction with the home health agency's license renewal application.

1. Pursuant to section 400.52(4), F.S., the Excellence in Home Health award designation expires on the same date as the home health agency's license.

2. The award designation will not be issued until all the requirements for relicensure pursuant to Chapters 400, Part III, 408, Part II, F.S., and applicable rules have been met.

(d) Upon receipt of an application for an award, AHCA will examine the application and notify the applicant in writing of any apparent errors or omissions and request any additional information required.

(e) Requested information omitted from an Excellence in Home Health award application must be filed with the agency within 21 days after the agency's request for omitted information or the application will be deemed incomplete and will be withdrawn from further consideration.

(f) If the applicant is approved for the Excellence in Home Health award, the applicant's home health agency license will be issued specifying the award designation.

(3) Minimum Award Criteria. In addition to the requirements of section 400.52(3), F.S., and the application form required by paragraph (1)(a) of this rule, applicants for the Excellence in Home Health award must submit documentation demonstrating they meet and maintain the criteria and standards set forth in subsections (4) through (7) below.

(4) Service Excellence.

(a) Skilled Care Home Health Agencies. A home health agency that provides skilled care services must maintain a quality assurance program that includes, at a minimum:

1. Evidence of the home health agency's quality assurance program, including the processes used to collect data and evaluate at least three quality indicators that assess care delivery, services, and operations, in order to improve patient outcomes and reduce unplanned emergency visits and hospitalizations.

2. Evidence-based practices that address reduction of preventable adverse events resulting from, related to, or identified during the provision of home health services. For the purpose of this rule, an "adverse event" means death; brain or spinal damage; permanent disfigurement; fracture or dislocation of bones or joints; limitation of neurological, physical, or sensory function; or an event that is reported to law enforcement or its personnel for investigation.

3. The home health agency shall submit a written summary of adverse events for the past 12 months with evidence of a proactive, system-focused monitoring program which utilizes a clear investigation and action plan to decrease the number of adverse events and improve patient care. This summary shall include unplanned emergency department visits for care and unplanned hospitalizations.

(b) Nonskilled Care Home Health Agencies. A home health agency that provides only nonskilled care services must maintain a quality assurance program that includes, at a minimum:

1. Evidence of the home health agency's quality assurance program, including the processes used to collect data and evaluate at least three quality indicators that assess personal care delivery, services, and operations, in order to improve patient outcomes related to activities of daily living and emotional wellness.

2. Evidence-based practices that address improvement in the quality of personal care services provided by the home health agency.

3. The home health agency shall submit evidence from the past 12 months of measures to demonstrate quality of care, daily living support, personal care quality, and overall client well-being.The home health agency shall provide documentation of a proactive, system-focused monitoring program that demonstrates data-driven monitoring and goals, internal audits of documentation and caregiver performance, and staff training on best practices.

(c) Evidence-based practices include policies and procedures, quality assurance and performance improvement activities, nationally recognized best practices, staff training programs, and other documented quality improvement initiatives.

(5) Workforce Stability and Development.

(a) Evidence of targeted employee in-service training by the home health agency.

(b) Evidence of an employee satisfaction process, including a survey, which demonstrates that information is obtained from employees concerning satisfaction with the home health agency.

(c) Stable Workforce. For the purposes of this rule, the term "direct care worker" means a certified nursing assistant, a home health aide, a personal care assistant, a companion services or homemaker services provider, or another individual who provides personal care as defined in section 400.462, F.S., to individuals who are elderly, developmentally disabled, or chronically ill. An applicant for the Excellence in Home Health Award must demonstrate a stable workforce according to the following:

1. Have a turnover rate no greater than 50 percent for the most recent 12 month period ending on the last workday of the most recent calendar quarter prior to submission of an application. The turnover rate is the total number of terminations or resignations of direct care workers and licensed nurses during the quarter divided by the number of direct care workers and licensed nurses employed at the end of the quarter; or

2. Have a stability rate indicating that at least 50 percent of its staff have been employed at the home health agency for at least one year. The stability rate is the total number of direct care workers and licensed nurses that have been employed for more than 12 months, divided by the total number of direct care workers and licensed nurses employed at the end of the quarter.

3. An applicant must submit evidence of an effective recruitment and retention program.

(6) Patient or Client Satisfaction

(a) Evidence of a survey process to assess and measure patient or client willingness to recommend the home health agency to family and friends.

(b) Evidence of a survey process to assess and measure patient or client satisfaction with communication and interaction between the home health agency and the patient or client and/or their representative(s).

(c) The home health agency shall demonstrate an average satisfaction rate at 80% or above for communication and willingness to recommend the agency.

(7) Innovation in Care Delivery.

The home health agency must submit evidence of innovative strategies such as telehealth, artificial intelligence (AI), remote patient monitoring, robotics, proactive and preventative personalized care models, caregiver training programs, and/or other operational improvements demonstrating advancements in care delivery developed and implemented within the past 12 months designed to:

(a) Improve patient or client convenience, experience, and outcomes.

(b) Reduce preventable, unplanned emergency care or hospitalizations resulting from, related to, or identified during the provision of home health services.

(c) Tailor training and skills to improve services to the specific care needs of each patient or client.

(8) Service Excellence Inspection Score.

(a) The Agency shall determine how a licensee applying for the Excellence in Home Health award demonstrates service excellence through a review of the inspection history.

(b) The Agency shall compute a Service Excellence inspection score in accordance with the Excellence in Home Health Methodology, which is located on the web at https://ahca.myflorida.com/HHA-ExcellenceMethodology.

(c) To be considered for a Excellence in Home Health award, the home health agency must achieve a Service Excellence inspection score of 50 points or less based on the facility's total score divided by the number of inspections in a 40-month window.

(d) Service Excellence scoring information may be obtained by contacting the Laboratory and In-Home Services Unit at HQAHomeHealth@ahca.myflorida.com, or from the Agency website at https://ahca.myflorida.com/HHA.

(9) An accredited home health agency applying for the award must submit with the application the accreditation survey reports from the past 40 months, including those conducted for the purpose of licensure or any complaint inspection, and any plans of correction and follow up survey reports as evidence of compliance history.

(10) Termination of the Excellence in Home Health Designation.

(a) An awarded licensee that fails to maintain eligibility pursuant to section 400.52(3), F.S., will be terminated from participation in the Excellence in Home Health Program and their award designation will be revoked. The occurrence of any one of the following events shall disqualify the licensee from continuing as a designated Excellence in Home Health award recipient:

1. The issuance of a citation for a Class I or Class II deficiency, or

2. The reissuance of a citation for an uncorrected Class III, IV, or unclassified deficiency.

(b) The correction of a disqualifying event does not cause the Excellence in Home Health Program designation to be reinstated.

(c) A licensee that has been terminated from the Excellence in Home Health program may reapply within the timeframes specified in subsection (2) of this rule and must meet all conditions necessary to be reconsidered for an Excellence in Home Health award.

(d) Termination of Excellence in Home Health Applicants. Prior to issuance of the award, the occurrence of any of the following events will disqualify the licensee from continuing as an Excellence in Home Health applicant from the award process and the application will be denied:

1. The applicant fails to maintain eligibility pursuant to section 400.52(3), F.S.;

2. The applicant fails to maintain the minimum award criteria according to subsection (3) of this rule;

3. The applicant fails to meet the minimum inspection score according to subsection (8) of this rule; or

4. The applicant fails to apply within the timeframes specified in subsection (2) of this rule.

(e) If the applicant meets criteria for denial at any time during the review process outlined in subsection (2) of this rule, AHCA will offer the opportunity for the applicant to withdraw the application.

Rulemaking Authority 400.52 FS. Law Implemented 400.52 FS. History–New 7-25-23, Amended 10-12-26.

59A-8.025 Registration Requirements for Homemaker and Companion Services Providers.

(1) Before any organization or individual shall directly or indirectly provide homemaker and companion services for elderly or disabled adults, it shall make application for and become registered by the AHCA. Licensed home health agencies and nurse registries are exempt from registration for provision of homemaker and companion services.

(2) An application for renewal of registration or change of ownership, must be submitted to AHCA at least 60 days prior to the date of the expiration of the registration as required in Section 408.806(2), F.S.

(3) Application for initial, renewal and change of ownership registration to provide homemaker and companion services shall be made to the AHCA on the Health Care Licensing Application, Homemaker and Companion Services Provider, AHCA Form 3110-1003, December 2014, incorporated by reference and available at http://www.flrules.org/Gateway/reference.asp?No=Ref-05421. These forms may be obtained online at http://ahca.myflorida.com/HQAlicensureforms. The application shall be filed biennially as required in Section 408.806, F.S.

(4) A non-refundable fee shall accompany each application for registration. State, county or municipal agencies applying for registration as an agency providing homemaker and companion services shall be exempt from payment of registration fees.

(5) The AHCA shall issue a registration valid for no more than two years, upon verification that all requirements for registration have been met.

(6) An application for initial or change of ownership registration must include the specific geographic area to be served. Homemaker and companion services providers may apply for a geographic service area which encompasses one or more of the counties within the health service planning district, as defined in Section 408.032(5), F.S., in which the address of record is located. Any homemaker and companion services provider holding a current registration from the AHCA, as of July 1, 2015, may continue to serve clients in the counties listed on its registration if a plan for supervision of staff working in counties outside of the primary geographic service area is documented.

(7) Diligent effort shall have been made, to comply with the provisions of Section 400.509(4)(b), F.S., if the homemaker and companion services provider has documented two attempts to verify employment or contractual history or, in the case of a disconnected number, the attempt to find current contact information.

(8) All homemaker and companion services providers must maintain a confidential client record which shall include, but not be limited to the following:

(a) The client's full legal name, address, telephone number, age, disability if basis for client receiving service;

(b) The name and telephone number of the client's emergency contact, next of kin or legal guardian, and physician;

(c) Copy of any contract or written service agreement, if applicable;

(d) Services provided including the duration and frequency of visits;

(e) Dietary restrictions, if the homemaker and companion services provider prepares, orders or accompanies the client to meals;

(f) Food allergies;

(g) Activity limitations pertaining to service delivery; and,

(h) Copy of any written termination notices, if the homemaker and companion services provider is terminating services.

(9) When a client is accepted, there shall be a reasonable expectation that the requested services will be provided adequately and safely in their residence. The homemaker and companion services provider is responsible for obtaining all needed information pertaining to service delivery and for supplying employees or independent contractors capable of delivering contracted or agreed upon services, including all visits.

Rulemaking Authority 400.497, 400.509, 408.819 FS. Law Implemented 400.462, 400.509, 408.805, 408.806, 408.809, 408.810 FS. History–New 4-30-86, Amended 8-10-88, 5-30-90, Formerly 10D-68.025, Amended 10-27-94, 6-16-15, 7-27-16.

59A-8.026 Penalties.

Rulemaking Authority 400.478, 400.497 FS. Law Implemented 400.462, 400.467, 400.474, 400.505 FS. History–New 4-30-86, Amended 8-10-88, Formerly 10D-68.026, Repealed 10-27-94.

59A-8.027 Emergency Management Plans.

(1) Pursuant to Section 400.492, F.S., each home health agency shall prepare and maintain a written comprehensive emergency management plan, in accordance with criteria shown in the "Comprehensive Emergency Management Plan (CEMP)," AHCA Form 3110-1022, Revised March 2013, incorporated by reference (http://www.flrules.org/Gateway/reference.asp?No=Ref-02767). This document is available from the Agency for Health Care Administration at http://ahca.myflorida.com/MCHQ/Emergency_Activities/index.shtml and shall be used as the format for the home health agency's emergency management plan. The plan shall describe how the home health agency establishes and maintains an effective response to emergencies and disasters.

(2) The plan, once completed, will be forwarded electronically for approval to the contact designated by the Department of Health.

(3) The agency shall review its emergency management plan on an annual basis and make any substantive changes.

(4) Changes in the telephone numbers of those staff who are coordinating the agency's emergency response must be reported to the agency's county office of Emergency Management and to the local County Health Department. For agencies with multiple counties on their license, the changes must be reported to each County Health Department and each county Emergency Management office. The telephone numbers must include numbers where the coordinating staff can be contacted outside of the agency's regular office hours. All home health agencies must report these changes, whether their plan has been previously reviewed or not, as defined in subsection (2), above.

(5) When an agency goes through a change of ownership the new owner shall review its emergency management plan and make any substantive changes, including changes noted in subsection (4), above. Those agencies which previously have had their plans reviewed, as defined in subsection (2), above, will need to report any substantive changes to the reviewing entity.

(6) In the event of an emergency the agency shall implement the agency's emergency management plan in accordance with Section 400.492, F.S. Also, the agency must meet the following requirements:

(a) All staff who are designated to be involved in emergency measures must be informed of their duties and be responsible for implementing the emergency management plan.

(b) If telephone service is not available during an emergency, the agency shall have a contingency plan to support communication, pursuant to Section 400.492, F.S. A contingency plan may include cell phones, contact with a community based ham radio group, public announcements through radio or television stations, driving directly to the employee's or the patient's home, and, in medical emergency situations, contact with police or emergency rescue services.

(7) Home health agencies which are exempt from this requirement are listed in Section 400.497(8)(e), F.S.

(8) On admission, each home health agency shall, pursuant to Section 252.355, F.S., inform patients and patient caregivers of the special needs registry maintained by their county Emergency Management office. The home health agency must document in the patient's file if the patient plans to evacuate or remain at home; if during the emergency the patient's caregiver can take responsibility for services normally provided by the home health agency; or if the home health agency needs to continue services to the patient. If the patient is a resident of an assisted living facility or an adult family care home, the home health agency must contact the assisted living facility or adult family care home administrator or designated emergency management personnel and find out the plan for evacuation of the resident in order to document the resident's plans in the home health agency's file for the patient. If it is determined the home health agency needs to provide continued services, it will be the responsibility of the home health agency to provide the same type and quantity of care for the patient in the special needs shelter during and after the emergency, equal to the care received prior to the shelter assignment as specified in Section 400.492, F.S., except in certain situations as specified in Section 400.492(3), F.S.

(9) Upon eminent threat of an emergency or disaster the home health agency must contact those patients needing ongoing services and confirm each patient's plan during and immediately following an emergency. The home health agency must also contact every assisted living facility and adult family care home where patients are served to confirm the plans during and immediately following the emergency.

(10) During emergency situations, when there is not a mandatory evacuation order issued by the local Emergency Management agency, some patients may decide not to evacuate and will stay in their homes. The home health agency must establish procedures, prior to the time of an emergency, which will delineate to what extent the agency will continue care during and immediately following an emergency. The agency shall also ascertain which patients remaining at home will need care from the home health agency and which patients have plans to receive care from their family or caregivers. The agency shall designate staff to continue the

services specified in the treatment orders to residents in the assisted living facility or adult family care home during and following the emergency. If the assisted living facility or adult family care home does relocate the residents to another assisted living facility or adult family care home within the geographic service area the home health agency is licensed to serve, the agency will continue to provide services to the residents, except in certain situations as specified in Section 400.492(3), F.S. If the residents should go to a special needs shelter outside of the geographic service area the home health agency is licensed to serve, the home health agency may provide services to the residents at the shelter pursuant to Section 400.492(4), F.S.

(11) If the agency at some point ceases operation, as defined in Section 400.492(3), F.S., the agency must inform those patients whose services will be discontinued during the emergency. The agency must also notify assisted living facilities and adult family care homes where residents are served and make arrangements for nursing personnel to continue essential services, such as insulin and other injections, as ordered in treatment orders to residents. If the agency has assisted living facility, adult family care home or other patients in special needs shelters, then the agency will call the local emergency operation center as soon as possible after the disaster and report on the status of the agency's damage, if any, and the post-disaster availability to continue serving their patients in the special needs shelters and during discharge from the special needs shelters.

(12) When a home health agency is unable to continue services to special needs patients registered under Section 252.355, F.S., that patient's record must contain documentation of the efforts made by the home health agency to comply with their emergency management plan in accordance with Section 400.492(3), F.S. Documentation includes, but is not limited to, contacts made to the patient's caregivers, if applicable; contacts made to the assisted living facility and adult family care home, if applicable; and contacts made to local emergency operation centers to obtain assistance in reaching patients and contacts made to other agencies which may be able to provide temporary services.

(13) Each home health agency is required to collect registration information for special needs patients who will need continuing care or services during a disaster or emergency, pursuant to Section 252.355, F.S. This registration information shall be submitted, when collected, to the county Emergency Management office, or on a periodic basis as determined by the home health agency's county Emergency Management office.

(14) Home health agency staff shall educate patients registered with the special needs registry that special needs shelters are an option of last resort and that services may not be equal to what they have received in their homes.

(15) The prioritized list of patients maintained by the home health agency shall be kept current and shall include information as defined in Section 400.492(2), F.S. The prioritized list shall also include residents in assisted living facilities and adult family care homes who require nursing services. This list will assist home health agency staff during and immediately following an emergency which requires implementation of the emergency management plan. This list also shall be furnished to local County Health Departments and to the county Emergency Management office, upon request.

(16) The patient record for each person registered as a special needs patient shall include information as listed in Section 400.492(1), F.S.

(17) The home health agency is required to maintain in the home of the special needs patient a list of patient-specific medications, supplies and equipment required for continuing care and service should the patient be evacuated. The list must include the names of all medications, their dose, frequency, route, time of day and any special considerations for administration. The list must also include any allergies; the name of the patient's physician and the physician's phone number(s); the name, phone number and address of the patient's pharmacy. If the patient permits, the list can also include the patient's diagnosis.

Rulemaking Authority 400.497 FS. Law Implemented 400.492, 400.497 FS. History–New 7-18-01, Amended 8-15-06, 3-29-07, 7-11-13, 7-27-16.