

FLORIDA HOUSE OF REPRESENTATIVES

BILL ANALYSIS

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

BILL #: [CS/CS/HB 1529](#)

TITLE: Home Health Aide for Medically Fragile Children Program

SPONSOR(S): Tramont

COMPANION BILL: [CS/SB 1156 \(Harrell\)](#)

LINKED BILLS: None

RELATED BILLS: [None](#)

Committee References

[Health Care Facilities & Systems](#)

18 Y, 0 N, As CS



[Health Care Budget](#)

12 Y, 0 N



[Health & Human Services](#)

23 Y, 0 N, As CS

SUMMARY

Effect of the Bill:

The bill requires the Agency for Health Care Administration (AHCA) to seek federal approval to exclude any income earned by a family under the Home Health Aide for Medically Fragile Children (HHAMFC) Program from being considered in a Medicaid eligibility determination, and establishes a deadline for AHCA to do so. The bill reduces the required training hours by removing the 85-hour minimum training requirement. Instead, the bill requires a family caregiver to comply with federal regulations, which require a minimum of 75 hours of training.

The bill also:

- Requires training programs to include supervised practical training under the direct supervision of a licensed registered nurse, which must be tailored to the needs of an eligible relative;
- Increases, from 8 hours per day to 12 hours per day, the maximum number of hours for which a HHAMFC may receive payment; and
- Requires a HHAMFC, who works more than 40 hours per week, to provide justification to their home health agency as to why there were no other qualified providers available.

Fiscal or Economic Impact:

Unknown (see fiscal impact on state government).

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ANALYSIS

EFFECT OF THE BILL:

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

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

Income Disregard

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

STORAGE NAME: h1529e.HHS

DATE: 4/17/2025

The bill requires the Agency for Health Care Administration (AHCA) to apply for a federal waiver to disregard the income earned by a HHAMFC under the program in [Medicaid](#) eligibility determinations. The bill also requires the waiver to allow Medicaid PDN specialty providers and home health services providers to participate in and receive reimbursement for services rendered under the program. (Section [2](#))

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

[Training](#)

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

The bill removes the 85-hour minimum training requirement. The bill also removes the requirements for training to consist of: at least 40 hours of theoretical instruction in nursing; 20 hours of skills training on basic nursing; and 16 hours of clinical training. Instead, the bill requires training programs to comply with the federal training regulations, which require at least 75 hours of classroom and supervised practical training. The bill requires the supervised practical training to be tailored to the needs of an eligible relative and provided under the direct supervision of a licensed registered nurse.

The bill retains the requirements for home health agencies to develop training programs and for AHCA to approve training programs. The bill also retains the requirement for the training to include an unspecified minimum number of hours of training on HIV/AIDS infection, as well as the requirement for HHAMFC to obtain and maintain a current certificate in CPR. (Section [2](#))

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

[Utilization Cap](#)

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

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

[Annual Assessment Report](#)

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

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

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

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

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

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

RULEMAKING:

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

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

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

FISCAL OR ECONOMIC IMPACT:

STATE GOVERNMENT:

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

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

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

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

³ *Supra* note 1.

RELEVANT INFORMATION

SUBJECT OVERVIEW:

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

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

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

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

Authorized Tasks

A HHAMFC is authorized to perform certain tasks if delegated by a registered nurse, including medication administration and tasks associated with:⁸

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

⁴ Ch. 2023-183, Laws of Fla.

⁵ S. [400.462\(12\), F.S.](#)

⁶ S. [400.4765\(2\), F.S.](#)

⁷ S. [400.4765\(9\), F.S.](#)

⁸ S. [400.462\(18\), F.S.](#)

- Enteral care and therapy; and
- Peripheral intravenous assistive activities and alternative feeding methods.

Services provided by a HHAMFC must not duplicate private duty nursing services provided to an eligible recipient and must result in a reduction in the number of private duty nursing service hours provided to an eligible recipient.⁹

Annual Assessment Report

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

The 2024 annual assessment report did not include any data because there were no home health agencies participating in the program during the reporting period.¹⁰

Training

AHCA, in consultation with the Board of Nursing, approves HHAMFC training programs developed by home health agencies. A training program must consist of at least 85 hours and include at least 40 hours of theoretical instruction in nursing, 20 hours of skills training on basic nursing, 16 hours of clinical training under the direct supervision of a licensed registered nurse, and an unspecified minimum number of hours of training on HIV/AIDS infections. Additionally, a HHAMFC must obtain and maintain a current CPR certificate and complete 12 hours of annual in-service training each 12-month period. The training on HIV/AIDS and CPR may be counted towards the 12 hours of in-service training.¹¹

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

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

⁹ S. [400.4765\(7\), F.S.](#)

¹⁰ AHCA, *2024 Annual Assessment Report*, Home Health Aide for Medically Fragile Children Program, on file with staff of the Health Care Facilities & Systems Subcommittee.

¹¹ S. [400.4765\(3\), F.S.](#)

While current law requires a minimum of 20 hours of skills training¹², the training requirements adopted by AHCA require a HHAMFC to complete a minimum of 30 hours of skills training, which must be conducted by a registered nurse with a minimum of two years of experience, with at least one year in pediatric nursing. The skills training must include the following:¹³

- An overview of seizure disorders, epilepsy, seizure emergencies, and related first aid and rescue therapies;
- Tracheostomy care including suctioning, regular cleaning or replacement of inner cannula, trach site care, dressing change, and trach change;
- Respiratory management including emergency management of desaturation, mucus plugging and dislodgement of trach tubes;
- Enteral care and therapy including the use of different enteral feeding tubes and related equipment, potential complications, and specified feeding methods;
- 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;
- Skin care and pressure sore prevention and wound care;
- Ostomies, including ileostomies, colostomies and urostomies, maintaining a healthy stoma and emptying and changing the ostomy pouch or bag;
- Urinary catheter care, including catheter position, hydration, hygiene, complications, changing the catheter bag, and removing and inserting a foley catheter;
- End-of-life care and postmortem care;
- Peripheral intravenous assistive care activities including care and maintenance of the device and signs and symptoms of complications;
- Measuring and preparing special diets, excluding IV/TPN services;
- Measuring intake and output of fluids; and
- Measuring vital signs including temperature, pulse, respiration, and blood pressure.

Pursuant to rule 59A-8.0099(3)(c), F.A.C., the 16 hours of clinical competency training must be conducted on an actual patient or a pseudo-patient, and must be supervised by a registered nurse with a minimum of two years of nursing experience, with one year in pediatric nursing. The clinical competency training must cover the following skills:

- Skin care, pressure sore prevention, and wound care;
- Tracheostomy care;
- Enteral care and therapy;
- Peripheral intravenous assistive care activities;
- Urinary catheter care and foley catheterization;
- Ostomy care and maintenance;
- Appropriate use of prescribed medical equipment, supplies and devices;
- Measuring of vital signs and intake and output of fluids;

The rule also requires a HHAMFC to achieve a score of 100 percent in a competency evaluation that includes the skills covered in the 30 hours of skills training and the 16 hours of clinical competency training.

The rule requires home health agencies to document their course curriculum and to allow AHCA to review it upon request.

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

¹² S. 400.4765(3)(a)1., F.S.

¹³ Rule 59A-8.0099(3)(b), F.A.C.

If a HHAMFC allows 24 months to pass without providing any personal care services to an eligible relative, the family caregiver must retake all required training.¹⁴

Federal Home Health Aide Regulations

Training

Pursuant to the Centers for Medicare and Medicaid Services (CMS) conditions of participation (COPs), a Medicare certified home health agency must ensure that their employees or contractors providing home health aide services comply with federal training and competency requirements.¹⁵

CMS provides four options to become a qualified home health aide, which include successful completion of:¹⁶

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

Current Florida law requires AHCA, in consultation with the Board of Nursing, to approve home health aide for medically fragile children training programs developed by home health agencies in accordance with 42 C.F.R., §§. 483.151-483.154 and 484.80.

Pursuant to the federal regulations, if the state chooses not to offer a nurse aide training and competency evaluation program, the state must review and approve or disapprove nurse aide training and competency evaluation programs upon request.¹⁷ Further, before the state approves a nurse aide training and competency evaluation program, the state must determine whether the program meets the course requirements of 42 C.F.R., § 483.152, which require the training to consist of at least 75 hours of training.

The 75 hours of training must consist of at least 16 hours of supervised practical training in a laboratory or other setting, in which the trainee demonstrates knowledge while performing tasks on an individual under the direct supervision of a registered nurse or a licensed practical.¹⁸ The 75 hours must also consist of at least 16 hours of training in the following areas:¹⁹

- Communication and interpersonal skills;
- Infection control;
- Safety and emergency procedures, including the Heimlich maneuver;
- Promoting resident independence;
- Respecting residents' rights;
- Basic nursing skills;
- Taking and recording vital signs;
- Measuring and recording height and weight;
- Caring for the residents' environment;
- Recognizing abnormal changes in body functioning and the importance of reporting such changes;
- Caring for residents when death is imminent;

¹⁴ S. [400.4765\(3\)\(b\), F.S.](#)

¹⁵ 42 C.F.R., § 484.80.

¹⁶ 42 C.F.R., § 484.80(a).

¹⁷ 42 C.F.R., § 483.151(a)(2).

¹⁸ 42 C.F.R., § 483.152(a)(3).

¹⁹ 42 C.F.R., § 483.152 (b).

- Personal care skills, including, but not limited to bathing, grooming, dressing, and feeding techniques;
- Mental health and social service needs;
- Responding to a resident's behavior;
- Using the resident's family as a source of emotional support;
- Caring for cognitively impaired residents;
- Addressing the unique needs and behaviors of individuals with Alzheimer's disease and other forms of dementia;
- Communicating with and understanding the behavior of cognitively impaired residents;
- Responding appropriately to the behavior of cognitively impaired residents;
- Methods of reducing the effects of cognitive impairments;
- Basic restorative services;
- Training the resident in self care according to the resident's abilities;
- Using assistive devices in transferring, ambulation, eating, and dressing;
- Maintenance of range of motion;
- Proper turning and positioning in a bed and chair;
- Bowel and bladder training;
- Using prosthetic and orthotic devices;
- Providing privacy and maintenance of confidentiality;
- Promoting the resident's right to make personal choices to accommodate their needs;
- Assisting in resolving grievances and disputes;
- Assisting with transportation to family events and other activities;
- Maintaining care and security of a resident's personal possessions;
- Promoting the resident's right to be free from abuse, mistreatment, and neglect, and the importance of reporting any instances of such treatment to appropriate staff; and
- Avoiding the need for restraints in accordance with current professional standards.

The training must be conducted by or under the general supervision of a registered nurse with a minimum of two years of nursing experience, at least one of which must be in the provision of long-term care facility services.²⁰

Competency Evaluation

The competency evaluation must be administered by the state directly, or by a state approved entity which may not be a skilled nursing facility that participates in Medicare or a nursing facility that participates in Medicaid. The competency evaluation includes an examination, which may be a written or oral exam, and a demonstration of skills.²¹

The examination must address each of the required areas of skills training detailed above.²²

The demonstration of skills must be performed in a facility or laboratory setting comparable to the setting in which the individual will be working. It must be administered by a registered nurse with at least one year of experience in providing care for the elderly or the chronically ill of any age. The demonstration of skills must include the following personal care skills:

- Bathing;
- Grooming, including mouth care;
- Dressing;
- Toileting;
- Assisting with eating and hydration;
- Proper feeding techniques;
- Skin care; and

²⁰ 42 C.F.R., § 483.152(a)(5).

²¹ 42 C.F.R., § 483.154(b)(1).

²² *Id.*

- Transfers, positioning, and turning.

[Florida Medicaid Program](#)

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

Florida operates under a Section 1115 waiver to use a comprehensive managed care delivery model for primary and acute care services, the Statewide Medicaid Managed Care (SMMC) Managed Medical Assistance (MMA) program.²³ Florida also has a waiver under Sections 1915(b) and (c) of the Social Security Act to operate the SMMC Long-Term Care (LTC) program to provide long-term care services, including nursing facility and home and community-based services, to individuals age 65 and over and individuals age 18 and over who have a disability.²⁴

RECENT LEGISLATION:

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

²³ S. 409.964, F.S.

²⁴ *Id.*

BILL HISTORY

COMMITTEE REFERENCE	ACTION	DATE	STAFF DIRECTOR/ POLICY CHIEF	ANALYSIS PREPARED BY
Health Care Facilities & Systems Subcommittee	18 Y, 0 N, As CS	3/11/2025	Calamas	Guzzo
THE CHANGES ADOPTED BY THE COMMITTEE:	<ul style="list-style-type: none"> Required home health agencies to report all adverse incidents to their Medicaid managed care plan, and to AHCA, occurring under the care of a home health aide for medically fragile children. Required AHCA to include data on such adverse incidents in the annual assessment of the home health aide for medically fragile children program. Required Medicaid managed care plans to report to AHCA, all data necessary to perform the annual assessment report. Authorized a home health aide for medically fragile children to work up to 12 hours per day and up to 40 hours per week, per child. Added temporary cash assistance, food assistance, and the optional state supplementation program to the programs for which the bill directs AHCA to seek federal approval to disregard income earned by a home health aide for medically fragile children. 			
Health Care Budget Subcommittee	12 Y, 0 N	3/26/2025	Clark	Smith
Health & Human Services Committee	23 Y, 0 N, As CS	4/15/2025	Calamas	Guzzo
THE CHANGES ADOPTED BY THE COMMITTEE:	<ul style="list-style-type: none"> Required training programs developed by home health agencies for HHAMFC to comply with federal training requirements. Required the training programs to include supervised practical training under the direct supervision of a licensed registered nurse, which must be tailored to the needs of an eligible relative. 			

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