

**By** the Appropriations Committee on Health and Human Services;  
the Committee on Health Policy; and Senator Burton

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A bill to be entitled

An act relating to the quality of care in nursing homes; reviving, reenacting, and amending s. 400.0225, F.S., relating to consumer satisfaction surveys; requiring the Agency for Health Care Administration to develop user-friendly consumer satisfaction surveys for nursing home facilities; specifying requirements for the surveys; authorizing family members, guardians, and other resident designees to assist the resident in completing the survey; prohibiting employees and volunteers of the facility or of a corporation or business entity with an ownership interest in the facility from attempting to influence a resident's responses to the survey; requiring the agency to specify certain protocols for administration of the survey; requiring the agency to publish on its website aggregated survey data in a manner that allows for comparison between nursing home facilities; amending s. 400.141, F.S.; requiring medical directors of nursing home facilities to obtain, or to be in the process of obtaining, certain qualifications by a specified date; requiring the agency to include such medical director's name on each nursing home facility's online provider profile; requiring nursing home facilities to conduct biennial patient safety culture surveys; specifying requirements for administration of such surveys; requiring nursing home facilities to submit the results of such surveys biennially to the agency in a format specified by

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agency rule; authorizing nursing home facilities to develop an internal action plan between surveys to identify measures for improvement of the survey and submit such plan to the agency; amending s. 400.191, F.S.; requiring the agency to include the results from specified consumer satisfaction surveys as part of the Nursing Home Guide on its website; amending s. 408.051, F.S.; requiring nursing home facilities that maintain certain electronic health records to make available certain data to the agency's Florida Health Information Exchange program for a specified purpose; authorizing the agency to adopt rules; amending s. 408.061, F.S.; exempting nursing homes operated by state agencies from certain financial reporting requirements; requiring the agency to impose administrative fines against nursing homes and home offices of nursing homes for failing to comply with certain reporting requirements; defining the term "violation"; providing construction; requiring the agency to adopt rules; providing requirements for such rules; amending s. 408.08, F.S.; prohibiting nursing homes subject to certain administrative fines from being fined under a specified provision for the same violation; amending s. 409.908, F.S.; requiring the agency to revise its methodology for calculating Quality Incentive Program payments; providing requirements for such revision; requiring the agency to submit an annual report to the Governor and the Legislature on payments made under the Quality

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Incentive Program; specifying requirements for the report; requiring the agency to contract with a third-party vendor to conduct a comprehensive study of nursing home quality incentive programs in other states; providing minimum requirements for the report; requiring the agency to submit a final report on the study to the Governor and the Legislature by a specified date; providing an effective date.

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

Section 1. Notwithstanding the repeal of section 400.0225, Florida Statutes, in section 14 of chapter 2001-377, Laws of Florida, that section is revived, reenacted, and amended to read:

400.0225 Consumer satisfaction surveys.—

(1) The agency shall develop user-friendly consumer satisfaction surveys to capture resident and family member satisfaction with care provided by nursing home facilities. The consumer satisfaction surveys must be based on a core set of consumer satisfaction questions to allow for consistent measurement and must be administered annually to a random sample of long-stay and short-stay residents of each facility and their family members. The survey tool must be based on an agency-validated survey instrument whose measures have received an endorsement by the National Quality Forum.

(2) Family members, guardians, or other resident designees may assist a resident in completing the consumer satisfaction survey.

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88       (3) Employees and volunteers of the nursing home facility  
89 or of a corporation or business entity with an ownership  
90 interest in the nursing home facility are prohibited from  
91 attempting to influence a resident's responses to the consumer  
92 satisfaction survey.

93       (4) The agency shall specify the protocols for conducting  
94 the consumer satisfaction surveys, ensuring survey validity,  
95 reporting survey results, and protecting the identity of  
96 individual respondents. The agency shall make aggregated survey  
97 data available to consumers on the agency's website pursuant to  
98 s. 400.191(2)(a)15. in a manner that allows for comparison  
99 between nursing home facilities, or its contractor, in  
100 consultation with the nursing home industry and consumer  
101 representatives, shall develop an easy-to-use consumer  
102 satisfaction survey, shall ensure that every nursing facility  
103 licensed pursuant to this part participates in assessing  
104 consumer satisfaction, and shall establish procedures to ensure  
105 that, at least annually, a representative sample of residents of  
106 each facility is selected to participate in the survey. The  
107 sample shall be of sufficient size to allow comparisons between  
108 and among facilities. Family members, guardians, or other  
109 resident designees may assist the resident in completing the  
110 survey. Employees and volunteers of the nursing facility or of a  
111 corporation or business entity with an ownership interest in the  
112 facility are prohibited from assisting a resident with or  
113 attempting to influence a resident's responses to the consumer  
114 satisfaction survey. The agency, or its contractor, shall survey  
115 family members, guardians, or other resident designees. The  
116 agency, or its contractor, shall specify the protocol for

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~~conducting and reporting the consumer satisfaction surveys. Reports of consumer satisfaction surveys shall protect the identity of individual respondents. The agency shall contract for consumer satisfaction surveys and report the results of those surveys in the consumer information materials prepared and distributed by the agency.~~

(5) The agency may adopt rules ~~as necessary~~ to implement administer this section.

Section 2. Paragraph (b) of subsection (1) of section 400.141, Florida Statutes, is amended, and paragraph (x) is added to that subsection, to read:

400.141 Administration and management of nursing home facilities.—

(1) Every licensed facility shall comply with all applicable standards and rules of the agency and shall:

(b) Appoint a medical director licensed pursuant to chapter 458 or chapter 459. By January 1, 2026, the medical director of each nursing home facility must obtain designation as a certified medical director by the American Medical Directors Association, hold a similar credential bestowed by an organization recognized by the agency, or be in the process of seeking such designation or credentialing, according to parameters adopted by agency rule. The agency shall include the name of each nursing home facility's medical director on the facility's provider profile published by the agency on its website. The agency may establish by rule more specific criteria for the appointment of a medical director.

(x) Conduct, at least biennially, a patient safety culture survey using the applicable Survey on Patient Safety Culture

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developed by the federal Agency for Healthcare Research and Quality. Each facility shall conduct the survey anonymously to encourage completion of the survey by staff working in or employed by the facility. A facility may contract with a third party to administer the survey. Each facility shall biennially submit the survey data to the agency in a format specified by agency rule, which must include the survey participation rate. Each facility may develop an internal action plan between conducting surveys to identify measures to improve the survey and submit such plan to the agency.

Section 3. Paragraph (a) of subsection (2) of section 400.191, Florida Statutes, is amended to read:

400.191 Availability, distribution, and posting of reports and records.—

(2) The agency shall publish the Nursing Home Guide quarterly in electronic form to assist consumers and their families in comparing and evaluating nursing home facilities.

(a) The agency shall provide an Internet site which must ~~shall~~ include at least the following information either directly or indirectly through a link to another established site or sites of the agency's choosing:

1. A section entitled "Have you considered programs that provide alternatives to nursing home care?" which must ~~shall~~ be the first section of the Nursing Home Guide and must ~~which shall~~ prominently display information about available alternatives to nursing homes and how to obtain additional information regarding these alternatives. The Nursing Home Guide must ~~shall~~ explain that this state offers alternative programs that allow ~~permit~~ qualified elderly persons to stay in their homes instead of

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being placed in nursing homes and must ~~shall~~ encourage interested persons to call the Comprehensive Assessment Review and Evaluation for Long-Term Care Services (CARES) Program to inquire as to whether ~~if~~ they qualify. The Nursing Home Guide must ~~shall~~ list available home and community-based programs and must ~~which shall~~ clearly state the services that are provided, including ~~and indicate~~ whether nursing home services are covered under those programs when necessary ~~included if needed~~.

2. A list by name and address of all nursing home facilities in this state, including any prior name by which a facility was known during the previous 24-month period.

3. Whether such nursing home facilities are proprietary or nonproprietary.

4. The current owner of the facility's license and the year that that entity became the owner of the license.

5. The name of the owner or owners of each facility and whether the facility is affiliated with a company or other organization owning or managing more than one nursing facility in this state.

6. The total number of beds in each facility and the most recently available occupancy levels.

7. The number of private and semiprivate rooms in each facility.

8. The religious affiliation, if any, of each facility.

9. The languages spoken by the administrator and staff of each facility.

10. Whether or not each facility accepts Medicare or Medicaid recipients or insurance, health maintenance organization, United States Department of Veterans Affairs,

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CHAMPUS program, or workers' compensation coverage.

11. Recreational and other programs available at each facility.

12. Special care units or programs offered at each facility.

13. Whether the facility is a part of a retirement community that offers other services pursuant to part III of this chapter or part I or part III of chapter 429.

14. Survey and deficiency information, including all federal and state recertification, licensure, revisit, and complaint survey information, for each facility. For noncertified nursing homes, state survey and deficiency information, including licensure, revisit, and complaint survey information, shall be provided.

15. The results of consumer satisfaction surveys conducted pursuant to s. 400.0225.

Section 4. Present subsections (6) and (7) of section 408.051, Florida Statutes, are redesignated as subsections (7) and (8), respectively, and a new subsection (6) is added to that section, to read:

408.051 Florida Electronic Health Records Exchange Act.—

(6) NURSING HOME DATA.—A nursing home facility as defined in s. 400.021 which maintains certified electronic health record technology shall make available all admission, transfer, and discharge data to the agency's Florida Health Information Exchange program for the purpose of supporting public health data registries and patient care coordination. The agency may adopt rules to implement this subsection.

Section 5. Present subsections (7) through (15) of section



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408.061, Florida Statutes, are redesignated as subsections (8) through (16), respectively, a new subsection (7) is added to that section, and subsections (5) and (6) of that section are amended, to read:

408.061 Data collection; uniform systems of financial reporting; information relating to physician charges; confidential information; immunity.—

(5) Within 120 days after the end of its fiscal year, each nursing home as defined in s. 408.07, excluding nursing homes operated by state agencies, shall file with the agency, on forms adopted by the agency and based on the uniform system of financial reporting, its actual financial experience for that fiscal year, including expenditures, revenues, and statistical measures. Such data may be based on internal financial reports that are certified to be complete and accurate by the chief financial officer of the nursing home. However, a nursing home's actual financial experience shall be its audited actual experience. This audited actual experience must include the fiscal year-end balance sheet, income statement, statement of cash flow, and statement of retained earnings and must be submitted to the agency in addition to the information filed in the uniform system of financial reporting. The financial statements must tie to the information submitted in the uniform system of financial reporting, and a crosswalk must be submitted along with the financial statements.

(6) Within 120 days after the end of its fiscal year, the home office of each nursing home as defined in s. 408.07, excluding nursing homes operated by state agencies, shall file with the agency, on forms adopted by the agency and based on the

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uniform system of financial reporting, its actual financial experience for that fiscal year, including expenditures, revenues, and statistical measures. Such data may be based on internal financial reports that are certified to be complete and accurate by the chief financial officer of the nursing home. However, the home office's actual financial experience shall be its audited actual experience. This audited actual experience must include the fiscal year-end balance sheet, income statement, statement of cash flow, and statement of retained earnings and must be submitted to the agency in addition to the information filed in the uniform system of financial reporting. The financial statements must tie to the information submitted in the uniform system of financial reporting, and a crosswalk must be submitted along with the audited financial statements.

(7) (a) Beginning January 1, 2026, the agency shall impose an administrative fine of \$10,000 per violation against a nursing home or home office that fails to comply with subsection (5) or subsection (6), as applicable. For purposes of this paragraph, the term "violation" means failing to file the financial report required by subsection (5) or subsection (6), as applicable, on or before the report's due date. Failing to file the report during any subsequent 10-day period occurring after the due date constitutes a separate violation until the report has been submitted.

(b) The agency shall adopt rules to implement this subsection. The rules must include provisions for a nursing home or home office to present factors in mitigation of the imposition of the fine's full dollar amount. The agency may determine not to impose the fine's full dollar amount upon a

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showing that the full fine is inappropriate under the  
circumstances.

Section 6. Subsection (2) of section 408.08, Florida  
Statutes, is amended to read:

408.08 Inspections and audits; violations; penalties;  
fines; enforcement.—

(2) Any health care facility that refuses to file a report,  
fails to timely file a report, files a false report, or files an  
incomplete report and upon notification fails to timely file a  
complete report required under s. 408.061; that violates this  
section, s. 408.061, or s. 408.20, or rule adopted thereunder;  
or that fails to provide documents or records requested by the  
agency under this chapter shall be punished by a fine not  
exceeding \$1,000 per day for each day in violation, to be  
imposed and collected by the agency. Pursuant to rules adopted  
by the agency, the agency may, upon a showing of good cause,  
grant a one-time extension of any deadline for a health care  
facility to timely file a report as required by this section, s.  
408.061, or s. 408.20. A facility fined under s. 408.061(7) may  
not be additionally fined under this subsection for the same  
violation.

Section 7. Paragraph (b) of subsection (2) of section  
409.908, Florida Statutes, is amended to read:

409.908 Reimbursement of Medicaid providers.—Subject to  
specific appropriations, the agency shall reimburse Medicaid  
providers, in accordance with state and federal law, according  
to methodologies set forth in the rules of the agency and in  
policy manuals and handbooks incorporated by reference therein.  
These methodologies may include fee schedules, reimbursement

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320 methods based on cost reporting, negotiated fees, competitive  
321 bidding pursuant to s. 287.057, and other mechanisms the agency  
322 considers efficient and effective for purchasing services or  
323 goods on behalf of recipients. If a provider is reimbursed based  
324 on cost reporting and submits a cost report late and that cost  
325 report would have been used to set a lower reimbursement rate  
326 for a rate semester, then the provider's rate for that semester  
327 shall be retroactively calculated using the new cost report, and  
328 full payment at the recalculated rate shall be effected  
329 retroactively. Medicare-granted extensions for filing cost  
330 reports, if applicable, shall also apply to Medicaid cost  
331 reports. Payment for Medicaid compensable services made on  
332 behalf of Medicaid-eligible persons is subject to the  
333 availability of moneys and any limitations or directions  
334 provided for in the General Appropriations Act or chapter 216.  
335 Further, nothing in this section shall be construed to prevent  
336 or limit the agency from adjusting fees, reimbursement rates,  
337 lengths of stay, number of visits, or number of services, or  
338 making any other adjustments necessary to comply with the  
339 availability of moneys and any limitations or directions  
340 provided for in the General Appropriations Act, provided the  
341 adjustment is consistent with legislative intent.

342 (2)

343 (b) Subject to any limitations or directions in the General  
344 Appropriations Act, the agency shall establish and implement a  
345 state Title XIX Long-Term Care Reimbursement Plan for nursing  
346 home care in order to provide care and services in conformance  
347 with the applicable state and federal laws, rules, regulations,  
348 and quality and safety standards and to ensure that individuals

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349 eligible for medical assistance have reasonable geographic  
350 access to such care.

351 1. The agency shall amend the long-term care reimbursement  
352 plan and cost reporting system to create direct care and  
353 indirect care subcomponents of the patient care component of the  
354 per diem rate. These two subcomponents together shall equal the  
355 patient care component of the per diem rate. Separate prices  
356 shall be calculated for each patient care subcomponent,  
357 initially based on the September 2016 rate setting cost reports  
358 and subsequently based on the most recently audited cost report  
359 used during a rebasing year. The direct care subcomponent of the  
360 per diem rate for any providers still being reimbursed on a cost  
361 basis shall be limited by the cost-based class ceiling, and the  
362 indirect care subcomponent may be limited by the lower of the  
363 cost-based class ceiling, the target rate class ceiling, or the  
364 individual provider target. The ceilings and targets apply only  
365 to providers being reimbursed on a cost-based system. Effective  
366 October 1, 2018, a prospective payment methodology shall be  
367 implemented for rate setting purposes with the following  
368 parameters:

369 a. Peer Groups, including:

370 (I) North-SMMC Regions 1-9, less Palm Beach and Okeechobee  
371 Counties; and

372 (II) South-SMMC Regions 10-11, plus Palm Beach and  
373 Okeechobee Counties.

374 b. Percentage of Median Costs based on the cost reports  
375 used for September 2016 rate setting:

376 (I) Direct Care Costs .....100 percent.

377 (II) Indirect Care Costs .....92 percent.

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378 (III) Operating Costs .....86 percent.  
 379 c. Floors:  
 380 (I) Direct Care Component .....95 percent.  
 381 (II) Indirect Care Component .....92.5 percent.  
 382 (III) Operating Component .....None.  
 383 d. Pass-through Payments .....Real Estate and  
 384 .....Personal Property  
 385 .....Taxes and Property Insurance.  
 386 e. Quality Incentive Program Payment  
 387 Pool.....10 percent of September  
 388 .....2016 non-property related  
 389 .....payments of included facilities.  
 390 f. Quality Score Threshold to Qualify ~~Quality~~ for Quality  
 391 Incentive Payment.....20th  
 392 .....percentile of included facilities.  
 393 g. Fair Rental Value System Payment Parameters:  
 394 (I) Building Value per Square Foot based on 2018 RS Means.  
 395 (II) Land Valuation.....10 percent of Gross Building value.  
 396 (III) Facility Square Footage .....Actual Square Footage.  
 397 (IV) Movable Equipment Allowance .....\$8,000 per bed.  
 398 (V) Obsolescence Factor .....1.5 percent.  
 399 (VI) Fair Rental Rate of Return .....8 percent.  
 400 (VII) Minimum Occupancy .....90 percent.  
 401 (VIII) Maximum Facility Age .....40 years.  
 402 (IX) Minimum Square Footage per Bed .....350.  
 403 (X) Maximum Square Footage for Bed .....500.  
 404 (XI) Minimum Cost of a renovation/replacements \$500 per bed.  
 405 h. Ventilator Supplemental payment of \$200 per Medicaid day  
 406 of 40,000 ventilator Medicaid days per fiscal year.

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407       2. The agency shall revise its methodology for calculating  
408 Quality Incentive Program payments to include the results of  
409 consumer satisfaction surveys conducted pursuant to s. 400.0225  
410 as a measure of nursing home quality. The agency shall so revise  
411 the methodology after the surveys have been in effect for an  
412 amount of time the agency deems sufficient for statistical and  
413 scientific validity as a meaningful quality measure that may be  
414 incorporated into the methodology.

415       3. The direct care subcomponent shall include salaries and  
416 benefits of direct care staff providing nursing services  
417 including registered nurses, licensed practical nurses, and  
418 certified nursing assistants who deliver care directly to  
419 residents in the nursing home facility, allowable therapy costs,  
420 and dietary costs. This excludes nursing administration, staff  
421 development, the staffing coordinator, and the administrative  
422 portion of the minimum data set and care plan coordinators. The  
423 direct care subcomponent also includes medically necessary  
424 dental care, vision care, hearing care, and podiatric care.

425       ~~4.3.~~ All other patient care costs shall be included in the  
426 indirect care cost subcomponent of the patient care per diem  
427 rate, including complex medical equipment, medical supplies, and  
428 other allowable ancillary costs. Costs may not be allocated  
429 directly or indirectly to the direct care subcomponent from a  
430 home office or management company.

431       ~~5.4.~~ On July 1 of each year, the agency shall report to the  
432 Legislature direct and indirect care costs, including average  
433 direct and indirect care costs per resident per facility and  
434 direct care and indirect care salaries and benefits per category  
435 of staff member per facility.

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436       ~~6.5.~~ Every fourth year, the agency shall rebase nursing  
437 home prospective payment rates to reflect changes in cost based  
438 on the most recently audited cost report for each participating  
439 provider.

440       ~~7.6.~~ A direct care supplemental payment may be made to  
441 providers whose direct care hours per patient day are above the  
442 80th percentile and who provide Medicaid services to a larger  
443 percentage of Medicaid patients than the state average.

444       ~~8.7.~~ Pediatric, Florida Department of Veterans Affairs, and  
445 government-owned facilities are exempt from the pricing model  
446 established in this subsection and shall remain on a cost-based  
447 prospective payment system. Effective October 1, 2018, the  
448 agency shall set rates for all facilities remaining on a cost-  
449 based prospective payment system using each facility's most  
450 recently audited cost report, eliminating retroactive  
451 settlements.

452       9. By October 1, 2025, and each year thereafter, the agency  
453 shall submit to the Governor, the President of the Senate, and  
454 the Speaker of the House of Representatives a report on each  
455 Quality Incentive Program payment made pursuant to sub-  
456 subparagraph 1.e. The report must, at a minimum, include all of  
457 the following information:

458           a. The name of each facility that received a Quality  
459 Incentive Program payment and the dollar amount of such payment  
460 each facility received.

461           b. The total number of quality incentive metric points  
462 awarded by the agency to each facility and the number of points  
463 awarded by the agency for each individual quality metric  
464 measured.



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465 c. An examination of any trends in the improvement of the  
466 quality of care provided to nursing home residents which may be  
467 attributable to incentive payments received under the Quality  
468 Incentive Program. The agency shall include examination of  
469 trends both for the program as a whole as well as for each  
470 individual quality metric used by the agency to award program  
471 payments.

472  
473 It is the intent of the Legislature that the reimbursement plan  
474 achieve the goal of providing access to health care for nursing  
475 home residents who require large amounts of care while  
476 encouraging diversion services as an alternative to nursing home  
477 care for residents who can be served within the community. The  
478 agency shall base the establishment of any maximum rate of  
479 payment, whether overall or component, on the available moneys  
480 as provided for in the General Appropriations Act. The agency  
481 may base the maximum rate of payment on the results of  
482 scientifically valid analysis and conclusions derived from  
483 objective statistical data pertinent to the particular maximum  
484 rate of payment. The agency shall base the rates of payments in  
485 accordance with the minimum wage requirements as provided in the  
486 General Appropriations Act.

487 Section 8. (1) To support and enhance quality outcomes in  
488 Florida's nursing homes, the Agency for Health Care  
489 Administration shall contract with a third-party vendor to  
490 conduct a comprehensive study of nursing home quality incentive  
491 programs in other states.

492 (a) At a minimum, the study must include a detailed  
493 analysis of quality incentive programs implemented in each of

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the states examined, identify components of such programs which have demonstrably improved nursing home quality outcomes, and provide recommendations to modify or enhance this state's existing Medicaid Quality Incentive Program based on its historical performance and trends since it was first implemented.

(b) The study must also include:

1. An in-depth review of emerging and existing technologies applicable to nursing home care and an analysis of how their adoption in this state could improve quality of care and operational efficiency; and

2. An examination of other states' Medicaid add-on payment structures related to the provision of ventilator care, bariatric services, and behavioral health services.

(2) The agency shall submit a final report on the study, including findings and actionable recommendations, to the Governor, the President of the Senate, and the Speaker of the House of Representatives by December 1, 2025.

Section 9. This act shall take effect July 1, 2025.