

September 5, 2025

Secretary Shevaun L. Harris
Agency for Health Care Administration
2727 Mahan Drive
Tallahassee, FL 32308

Re: Recommendations for Florida's Application to the Rural Health Transformation Program

Dear Secretary Harris:

On behalf of the Home Care Association of Florida (HCAF) and our more than 2,300 licensed home health agency members across the state, we appreciate the opportunity to provide input on Florida's application for the federal Rural Health Transformation Program (RHTP). Our members serve Floridians in every county, including some of the most rural and medically underserved areas of the state. We believe that home health agencies should play a central role in Florida's proposal, as they are uniquely positioned to bring care directly into rural communities in ways that improve outcomes, reduce costs, and sustain long-term access to care.

In the attached document, we have provided detailed recommendations outlining initiatives that leverage home health agencies to improve access, outcomes, and efficiency in Florida's rural health care delivery system. Key strategies include mobile clinician units that bring in-home care directly to underserved communities, innovative hospital-to-home partnership models, expanded use of telehealth and remote monitoring, workforce recruitment and retention supports, and targeted financial incentives to ensure the sustainability of small rural agencies.

These initiatives are designed to align with the focus areas identified in the state's request for stakeholder input:

- Developing new care delivery strategies, including alternative payment models;
- Adopting technology solutions that advance rural care delivery and support chronic disease management; and
- Recruiting and retaining a stable rural clinical workforce.

We believe that by prioritizing home health agencies in Florida's application, the state can achieve measurable improvements in access, quality, and cost-effectiveness while reducing reliance on fragile rural hospital infrastructure.

We appreciate your consideration of these recommendations and stand ready to provide further input and support throughout the application process, including convening providers across all service types to ensure broad engagement.

Thank you for your leadership and for the Agency's commitment to improving rural health care delivery for all Floridians.

Respectfully submitted,

Denise Bellville

Denise Bellville, RN
Executive Director

DETAILED RECOMMENDATIONS

Description of Projects/Initiatives

We recommend prioritizing the role of home health agencies in Florida's RHTP. Specific initiatives include:

- Fund branch development, mobile clinician units, and coordination hubs so agencies can bring care directly into underserved communities.
- Incentivize hospital-to-home transition teams, shared staffing models, and hospital-at-home pilots in collaboration with home health agencies.
- Deploy home health agency-led interventions for congestive heart failure (CHF), chronic obstructive pulmonary disease (COPD), diabetes, and hypertension through skilled visits, patient education, and ongoing monitoring.
- Train home health agency staff to provide screenings, medication support, and opioid use disorder coordination during home visits.
- Support adoption of reimbursable remote patient monitoring, telehealth platforms providing skilled intervention and care models, and AI-enabled coordination tools.
- Establish a Rural Home Health Technology Fund for electronic health record upgrades, cybersecurity, and interoperability.
- Create a Rural Home Health Workforce Grant offering bonuses, loan repayment for five-year commitments, and rural training hubs for all home care disciplines.
- Require projects to track and report savings from in-home care compared to hospital or skilled nursing facility alternatives.
- Offer direct relief such as waiving state licensing fees and performance-based bonuses to encourage participation and sustainability.

Ensuring Continued Viability & Improving Outcomes

These initiatives strengthen Florida's rural care delivery system by embedding home health agencies as reliable access points for patients. Expanding in-home care reduces reliance on fragile rural hospital infrastructure while maintaining continuity through existing Medicare and Medicaid reimbursement streams.

Workforce strategies — including training hubs, rural recruitment pipelines, and loan repayment programs — ensure a steady supply of clinicians and improve retention in rural communities. Technology investments expand the reach of limited rural providers, enable chronic disease management, and support participation in value-based care models. By incorporating behavioral health and substance use support into home visits, home health agencies help close access gaps and address whole-person care needs. Together, these strategies improve patient outcomes, increase independence, and ensure rural communities can depend on a stable, high-quality care network.

Government Efficiency & Fiscal Accountability

Home health care is among the most cost-effective care settings, consistently delivering high-quality outcomes at lower cost than hospitals or skilled nursing facilities. By prioritizing home health agencies in the RHTP, Florida can direct limited state resources toward initiatives that reduce hospital admissions, shorten lengths of stay, and prevent costly emergency room visits. Projects should leverage existing Medicare and Medicaid reimbursement streams, minimize administrative overhead, and require measurable outcomes such as reduced readmissions, avoided hospital days, and cost savings per beneficiary.

A 2022 report from Florida TaxWatch¹ — an independent, non-partisan government watchdog — found that delivering care in the home instead of nursing homes could save the state more than \$745 million annually. The report also highlighted that home- and community-based services (HCBS) residents experienced dramatically lower COVID-19 infection and mortality rates than those in institutional settings, and that reducing Florida's HCBS waitlist by just 1% would save taxpayers an estimated \$63.7 million annually. These findings underscore that investing in home care produces substantial fiscal returns while improving safety and quality of life.

To maximize accountability, targeted financial supports such as licensing fee relief and performance-based bonuses should include clear benchmarks. Technology and IT modernization funds should be capped and tied to adoption milestones, while workforce incentives should require multi-year service commitments. Cost-effectiveness demonstrations must be built into every project to document savings and outcomes. Together, these safeguards provide transparency, ensure taxpayer confidence, and guarantee that program investments deliver measurable returns for Floridians.

Mobile Clinician Units to Expand Rural In-Home Care Access

To expand access in underserved rural areas, Florida should invest in mobile clinician units staffed by home health professionals, including nurses, therapists, and aides. These units would travel on scheduled routes to provide skilled and non-skilled in-home care, chronic disease management, behavioral health screenings, and post-acute follow-up for patients who would otherwise face long travel distances or transportation barriers.

Mobile clinician units would:

- Bridge access gaps by reaching patients in isolated communities where home health agency branches or hospitals are not financially viable.
- Support hospital partnerships by ensuring timely follow-up care and reducing readmissions for rural patients discharged from acute care.
- Enable preventive and chronic disease management by providing regular monitoring, medication management, and education at the patient's home.
- Integrate with telehealth by equipping units with remote monitoring and virtual consultation tools, maximizing efficiency and access to specialists.
- Serve as training hubs by pairing rural workforce trainees with experienced clinicians on mobile rotations.

PROPOSED METRICS

1. Hospital Partnership Projects

- 30-day hospital readmission rates.
- Average inpatient length of stay.
- Percentage of patients transitioned successfully to home care.
- Patient satisfaction scores following hospital-to-home transitions.

2. Chronic Disease & Prevention Initiatives

- Emergency room visits avoided per condition (CHF, COPD, diabetes, hypertension).
- Medication adherence rates among enrolled patients.
- Clinical outcome improvements (e.g., A1c control, blood pressure control).

3. Behavioral Health & Substance Use Integration

- Number of behavioral health screenings completed by home health agency staff.
- Number of successful linkages to treatment referrals.
- Reduction in opioid-related hospitalizations.

4. Telehealth & Remote Monitoring

- Number of telehealth encounters completed.
- Number of patients actively monitored through remote devices.
- Rates of avoidable emergency room visits and hospital readmissions prevented through telehealth.

5. Infrastructure & IT Modernization

- Number of home health agencies upgraded to modern electronic health records.
- Percentage of home health agencies achieving interoperability compliance.
- Reduction in cybersecurity incidents reported by participating home health agencies.

6. Workforce Recruitment & Retention

- Number of new rural clinicians hired into home health agencies.
- Retention rates at one, three, and five years.
- Percentage reduction in unfilled home health agency visits due to workforce stabilization.

7. Cost-Effectiveness Demonstration

- Cost per beneficiary compared to skilled nursing facility or hospital care.
- Total hospital days avoided through home health agency interventions.
- Medicaid per-member per-month expenditures compared to baseline.
- Documented return on investment for state funding allocated.

8. Expand Rural Access Through In-Home Care (including Mobile Clinician Units)

- Number of rural patients served by home health agencies.
- Miles of patient travel avoided due to in-home care.
- Number of counties or communities reached by mobile clinician units.
- Number of patient encounters delivered per mobile unit (monthly/annually).
- Average response time from referral to first mobile visit.
- Percentage of patients receiving care within 48 hours of hospital discharge.
- Reduction in missed visits due to transportation barriers.
- Reduction in rural hospital utilization rates.
- Cost savings compared to traditional brick-and-mortar branch expansion.
- Patient and caregiver satisfaction scores specific to mobile visits.
- Reduction in no-show or canceled visits due to travel constraints.

1. Florida TaxWatch. *Aging in Place: The Economic and Fiscal Value of Home and Community-Based Services*. February 1, 2022.