HCAF
Home Care Association of Florida
RESOURCES • EDUCATION • ADVOCACY

September 8, 2025

Kelli Fillyaw
HQA Rules Coordinator
Division of Health Quality Assurance
Agency for Health Care Administration
2727 Mahan Drive, Mail Stop 28A
Tallahassee, FL 32308

Re: Comments on Rule 59A-8.0248: Excellence in Home Health Program

Dear Ms. Fillyaw:

The Home Care Association of Florida (HCAF), representing more than 2,300 licensed home health agencies across both skilled and non-skilled designations, appreciates the opportunity to provide comments on Rule 59A-8.0248: Excellence in Home Health Program. For over 35 years, HCAF has been Florida's voice for the home care provider community, advocating for policies and programs that strengthen patient care and support provider capacity.

Section 408.821(4), Florida Statutes, requires that the program criteria be adaptable to all types of home health agencies, regardless of payor type, patient population, or service designation. Since the program's implementation in 2023, no provider has earned the designation. This outcome demonstrates that the criteria, as originally structured, were not workable or achievable.

To address this, the legislature enacted clarifying provisions in House Bill 1353 (2025 Session) directing the Agency for Health Care Administration (AHCA) to reopen the rulemaking process. HCAF's goal is to ensure the Excellence in Home Health Program recognizes the unique contributions of both skilled and non-skilled agencies, while holding all providers to standards that are meaningful, fair, and achievable.

Skilled Provider Criteria

For skilled home health agencies, statutory requirements emphasize clinical improvements. HCAF recommends that criteria focus on:

- Clinical outcomes, including reductions in hospitalizations, emergency room visits, readmissions, adverse events, and overall length of stay. Agencies participating in the Medicaid Family Home Health Aide Program should also be recognized for maintaining zero reportable incidents.
- Quality and compliance measures, including Centers for Medicare & Medicaid Services (CMS) Star Ratings, Quality Assurance and Performance Improvement (QAPI) data, accreditation status or reports, and survey/citation history. Because many skilled providers operate exclusively on a private-pay basis and are not assigned CMS Star Ratings, the rule must explicitly allow alternative measures such as accreditation status, survey history, or internal QAPI metrics.
- Access and responsiveness measures through timeliness of the start of care, responsiveness to referrals, and resolution of complaints.

Non-Skilled Provider Criteria

For non-skilled home health agencies, the statute requires criteria tied to daily living support, personal care quality, and client well-being. HCAF recommends:

- Daily living and personal care quality should be reflected in caregiver continuity, the quality and safety of personal care, and prevention of accidents or infections.

- Reduction in falls and emergency room visits leading to hospitalizations should serve as a key measure of maintaining client independence and safety at home.
- Client satisfaction demonstrated through family reviews, testimonials, and the longevity of client relationships as a meaningful measure of trust and quality.
- Operational excellence based on responsiveness to client needs, complaint resolution, and compliance with AHCA licensure requirements.

Cross-Cutting Themes

Several criteria apply across all provider types. To be effective, these standards must be clearly defined in ways that are flexible, fair, and non-duplicative:

- Workforce stability and development is critical across all agencies but must be measured in ways that account for variations in size and geography. The mandatory direct care workforce survey, submitted at license renewal, already captures the number of direct care workers, vacancy and turnover rates, wages, benefits, and training opportunities. AHCA should rely on this existing data to minimize duplication.
- Patient and client satisfaction surveys should allow flexibility in survey tools. Acceptable methods may include standardized tools, in-house surveys, or widely available platforms such as Google Forms. The rule should establish clear but realistic expectations for sample size and timeframe.
- Innovation and technology should be defined broadly. Advanced tools like telehealth, remote patient monitoring, and hospital-at-home models should qualify, but so should modest innovations such as electronic medical records, caregiver mobile apps, or family communication platforms. This ensures agencies of all sizes and resources can meaningfully participate.
- Flexibility and adaptability must remain central to the criteria, as required by statute. The program should be workable for agencies of all payor mixes, service designations, and patient populations, including those that operate solely on a private-pay basis.

Conclusion

HCAF strongly supports AHCA's efforts to refine the Excellence in Home Health Program. With the clarifications outlined above, the program can succeed in highlighting true excellence among both skilled and non-skilled agencies.

We respectfully urge AHCA to:

1. Ensure that criteria are tailored but achievable for each provider type.
2. Leverage existing data sources, including the Direct Care Workforce Survey, to reduce provider burden.
3. Provide clear definitions for innovation, technology adoption, and satisfaction survey requirements.
4. Build flexibility into program criteria so agencies of all payor mixes can realistically achieve recognition.

Thank you for the opportunity to provide these comments. HCAF and our members look forward to working with AHCA to ensure this program succeeds for patients, families, and providers across Florida.

Respectfully submitted,

Denise Bellville

Denise Bellville, RN
Executive Director