



June 29, 2026

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

RE: Comments on Proposed Amendments to Rule 59A-8.0248, F.A.C. – Excellence in Home Health Award

Dear Ms. Fillyaw:

On behalf of the Home Care Association of Florida (HCAF), thank you for the opportunity to provide comments on the proposed amendments to Rule 59A-8.0248, Florida Administrative Code, governing the Excellence in Home Health Award program.

HCAF appreciates the Agency for Health Care Administration’s (AHCA’s) efforts to implement the changes enacted through House Bill 1353 (2025) and modernize the award program to better reflect the diversity of Florida’s home health industry. The proposed rule represents a substantial improvement over the current framework, which relied heavily on clinical outcome measures and percentile-based rankings that were not applicable to many providers and ultimately resulted in no home health agency receiving the designation since the program’s creation. The Legislature’s reforms were intended to create a more practical, inclusive, and meaningful recognition program that acknowledges excellence among both skilled and non-skilled providers while reducing unnecessary barriers to participation.

Overall, we support the direction of the proposed rule and offer the following recommendations for consideration.

CLARIFICATION OF “EVIDENCE-BASED PRACTICES”

The proposed rule requires applicants to demonstrate various “evidence-based practices” but does not define the term or specify what documentation would satisfy this requirement.

We recommend that AHCA clarify that agencies may demonstrate compliance through policies and procedures, quality assurance and performance improvement activities, accreditation standards, nationally recognized best practices, staff training programs, or other documented quality improvement initiatives. Providing additional flexibility and clarity will help ensure consistent application and review of award submissions.

SKILLED HOME HEALTH AGENCY QUALITY MEASURES

HCAF supports establishing distinct criteria for agencies providing skilled services. However, we are concerned that the requirement for agencies to submit written summaries of adverse events, including unplanned emergency department visits and hospitalizations, may create unnecessary administrative burden while producing information that may be difficult to standardize across providers.

We recommend allowing agencies to submit aggregate quality assurance data and documentation of corrective action efforts rather than requiring detailed narrative summaries. Many factors contributing to emergency department visits and hospitalizations are outside an agency’s direct control, including patient acuity, caregiver decisions, physician orders, and social determinants of health. The focus should remain on whether agencies have effective systems in place to identify trends, implement corrective actions, and continuously improve patient care.

NON-SKILLED HOME HEALTH AGENCY QUALITY MEASURES

HCAF strongly supports AHCA's creation of separate award criteria for agencies providing only non-skilled services. This change reflects one of the primary objectives of the 2025 legislation and acknowledges the unique nature of personal care and companion services.

We recommend reconsidering the requirement related to caregiver participation in maintaining emotional wellness through active listening, stress management, and social engagement. While these concepts are important, they are highly subjective and may be difficult to measure consistently across providers.

Instead, we suggest broader language recognizing efforts to promote client well-being, quality of life, social engagement, independence, and person-centered care. This approach would provide greater flexibility while still recognizing the valuable contributions non-skilled caregivers make to clients' overall health and wellness.

Additionally, we recommend that AHCA provide examples of acceptable quality measures for non-skilled agencies and allow providers to utilize existing internal quality monitoring tools rather than requiring development of new reporting systems solely for award participation.

WORKFORCE STABILITY AND EMPLOYEE DEVELOPMENT

HCAF supports retention of the workforce stability standards currently contained in the rule. The existing options allowing agencies to demonstrate either a turnover rate of 50% or less or a workforce stability rate of at least 50% provide objective and measurable benchmarks that recognize the workforce challenges facing providers across the state.

We also support continued emphasis on employee development and employee satisfaction. However, we recommend clarifying that agencies may utilize a variety of methods to assess employee satisfaction, including electronic surveys, engagement assessments, interviews, suggestion programs, or other documented feedback mechanisms. Smaller providers should not be required to implement formal third-party survey programs to qualify for participation.

INNOVATION IN CARE DELIVERY

HCAF appreciates the addition of an Innovation in Care Delivery component and agrees that providers should be recognized for implementing creative approaches that improve outcomes, enhance client experiences, and strengthen service delivery.

However, we are concerned that references to artificial intelligence, robotics, remote patient monitoring, and similar technologies may inadvertently create the perception that innovation is synonymous with expensive technology investments.

We recommend clarifying that the examples listed in the rule are illustrative rather than prescriptive and that innovation may also include workforce development initiatives, caregiver training programs, community partnerships, scheduling improvements, communication enhancements, specialized service models, or other operational improvements that advance quality and efficiency.

Innovation should be achievable for agencies of all sizes and service types.

SERVICE EXCELLENCE INSPECTION SCORE

HCAF supports replacing the current percentile-based quality methodology with a more straightforward inspection-based approach. However, additional transparency regarding the proposed Service Excellence Inspection Score methodology is needed.

The proposed rule references an Excellence in Home Health Methodology webpage for details regarding score calculations and inspection scoring criteria. At the time of these comments, however, the referenced webpage indicates that information is "under construction," leaving stakeholders unable to fully evaluate or comment on a key component of the proposed award framework.

We respectfully request that AHCA publish the complete methodology and provide stakeholders with an opportunity to review and comment on the scoring system before the rule is finalized. Because eligibility for the award is directly tied

to achieving a Service Excellence inspection score of 50 points or less, providers should have the ability to understand how scores are calculated, weighted, and applied.

We further recommend that AHCA publish examples illustrating score calculations and periodically evaluate whether the proposed threshold appropriately reflects industry performance. Given that no agency has successfully received the award under the existing program, it is important that the revised methodology establish a standard that is rigorous, transparent, and realistically attainable.

MINIMIZE ADMINISTRATIVE BURDEN

Finally, we encourage AHCA to continue evaluating the proposed rule through the lens of administrative practicality.

A central concern raised by providers under the original award program was the significant burden associated with collecting, calculating, and reporting data that was not otherwise maintained in the ordinary course of business. To encourage meaningful participation, AHCA should prioritize the use of information that agencies already collect through quality assurance activities, accreditation surveys, satisfaction programs, workforce monitoring, and existing operational records.

The success of this program should ultimately be measured by whether high-performing agencies choose to participate and are able to attain recognition for excellence.

Thank you again for your consideration of these comments and for AHCA's efforts to improve the Excellence in Home Health Award program. We appreciate the collaborative approach the agency has taken throughout this process and look forward to continuing to work together to ensure the award fulfills its intended purpose of recognizing and promoting excellence among Florida's home health providers.

Sincerely,



Denise Bellville, RN, BS
Executive Director