



October 15, 2026

Caitlin Mullins
Florida Agency for Health Care Administration
2727 Mahan Drive
Tallahassee, FL 32308

Via email: MedicaidRuleComments@ahca.myflorida.com

Re: Comments on Proposed Rule 59G-4.130, Florida Administrative Code, Home Health Services Coverage Policy

Dear Ms. Mullins:

On behalf of the Home Care Association of Florida (HCAF), the statewide trade association representing Florida's home health agencies, we appreciate the opportunity to submit comments to the Florida Agency for Health Care Administration (AHCA) on the proposed amendments to Rule 59G-4.130, Florida Administrative Code (F.A.C.), and the incorporated September 2026 Home Health Services Coverage Policy.

HCAF supports clear coverage standards that help providers deliver safe, medically necessary care and enable eligible families to participate in the Family Home Health Aide (FHHA) program. Before adoption, we respectfully request clarification of the licensed practical nurse (LPN) provisions, reconciliation of overlapping FHHA requirements, recognition of authorized ordering practitioners, and practical guidance on eligibility, oversight, authorization, and reimbursement. These issues should be resolved through clear policy language and coordinated implementation that preserves access to care.

Our comments are organized by policy section. Page references below refer to the policy's printed page numbers.

I. Preserve Agency LPN Services and Clarify Independent Provider Eligibility

Sections 3.2, 4.2.1, and 4.2.3; pages 3-4

Concern: The proposed deletions remove LPNs from the individual-provider listing and independent-nurse provision, while retaining licensed home health agencies as eligible providers and registered nurse (RN)/LPN language for qualifying short-term nursing in an intermediate care facility for individuals with intellectual disabilities (ICF/IID). Without an express distinction, plans and reviewers could interpret the changes as also prohibiting agency-furnished LPN visits.

Request: AHCA should clarify in Section 3.2 whether the deletions are limited to independently enrolled LPNs billing intermittent home health nursing under this policy, and expressly address the following:

- Whether agency-employed LPNs may continue furnishing covered nursing visits, with the agency billing for those services, within applicable scope-of-practice and supervision requirements.
- Whether the proposal makes any change to LPN eligibility under the separate private duty nursing (PDN) benefit.
- Which enrollment, rendering-provider identification, authorization, billing-code, or claim edits will change, and how the retained ICF/IID provision will operate.
- How recipients currently served by independent LPNs will transition when no agency or independent RN is available to accept their care.

Title 42, Code of Federal Regulations (C.F.R.), section 440.70(b)(1) distinguishes agency nursing from the independent-RN alternative, while section 440.80 separately addresses PDN. We request a service-specific explanation and transition plan; we do not assume that every existing independent-LPN arrangement may continue unchanged.

II. Reconcile Overlapping FHHA Policies and Billing Requirements

Sections 1.1, 1.4.13, 4.2.4, 6.2, 7.2.2, and 8.5.1; pages 1-7

Concern: The proposal places FHHA requirements in a second coverage policy, although the February 2026 Private Duty Nursing and Family Home Health Aide Services Coverage Policy already addresses this benefit. Providers need to know which requirements govern when the documents differ, and whether the title change from Home Health Visit Services to Home Health Services changes the scope of coverage.

Request: AHCA should reconcile the two policies or use explicit cross-references, identify substantive changes separately from restated requirements, and clarify:

- Whether FHHAs may now provide services reimbursed per visit rather than hourly. The existing billing arrangement is hourly; if per-visit billing is intended, will AHCA establish a new code, billing unit, and rate?
- Which policy controls eligibility, supervision, assessments, authorization, exclusions, and reimbursement.
- Whether implementation requires a new enrollment category, separate orders, a second authorization, or duplicate assessments, and whether existing authorizations remain valid without resubmission.

AHCA should publish a crosswalk identifying the controlling rule, fee schedule, authorization process, and billing codes for each service, and avoid duplicate administrative requirements for the same care.

III. Recognize Authorized Ordering Practitioners

Sections 2.2, 4.2.3, and 6.2; pages 3-5

Concern: The physician-only eligibility language may be read to exclude otherwise valid orders from advanced practice registered nurses (APRNs) and physician assistants (PAs). Section 409.905(4)(c), Florida Statutes (F.S.), recognizes these practitioners as authorized to order home health services, while Section 6.2 references that statute.

Request: AHCA should recognize ordering practitioners authorized under applicable state and federal law and confirm that qualifying APRN and PA orders will continue to be accepted. The policy should explain whether a separate physician relationship is required when an authorized APRN or PA manages the recipient's care. If AHCA intends a narrower requirement for a particular service, it should identify the service and legal basis. The same interpretation should be communicated to the Medicaid-contracted Quality Improvement Organization (QIO), managed care plans, and claims administrators.

IV. Protect FHHA Access When Authorized PDN Cannot Be Staffed

Sections 4.2.4 and 7.2.2; pages 4 and 6

Concern: The reference to recipients "receiving PDN services" does not explain whether eligibility depends on authorization for medically necessary PDN or actual delivery of staffed nursing hours. A family may have authorized PDN hours that cannot be staffed because no nurse is available.

Request: AHCA should state whether any minimum amount of delivered PDN is required for FHHA eligibility and whether an otherwise eligible recipient may receive FHHA services when authorized PDN hours cannot be staffed. The guidance should explain how providers document these circumstances and coordinate service hours while complying with section 400.4765(7), F.S., which requires FHHA services to reduce PDN hours and prohibits concurrent services.

V. Define When Multiple Recipient Payment Reductions Apply

Sections 8.3.1 and 8.5.1; page 7

Concern: The proposal adds FHHAs to the payment adjustment for one worker serving multiple recipients during the same period. A shared address alone should not be confused with shared care. Providers also need guidance on the relationship between the adjustment, the statutory FHHA minimum rate, and the group-home exception in the current PDN/FHHA policy.

Request: AHCA should provide billing examples and clarify:

- Whether reductions apply only when one worker actually serves multiple recipients during overlapping periods, and whether separate workers serving siblings or one worker serving separate shifts receive the full applicable rate.
- How the first recipient is selected and how partial overlaps, split shifts, and different authorizations are billed.
- How modifiers TT and UF apply to each arrangement and what supporting documentation is required.
- How the adjustment is reconciled with the minimum-rate language in section 400.4765(9), F.S.
- Whether the current PDN/FHHA exception for medically complex, technology-dependent recipients sharing group-home dwelling space remains applicable, and why it is absent from this proposal.

HCAF requests reconciliation of these provisions and preservation of applicable exceptions. We are not asserting that the payment adjustment is unlawful.

VI. Specify RN Oversight Duties and Qualifications

Sections 4.2.4 and 6.2; pages 4-6

Concern: The requirement for ongoing RN oversight does not define the expected frequency of visits, direct observation, availability, delegation, or documentation. The phrase “authorized to provide PDN services” also leaves unclear whether the qualification applies to the RN, the employing agency, or a particular recipient’s authorization.

Request: AHCA should specify the oversight duties and qualifications, identify documentation sufficient to demonstrate compliance, and explain how backup RN coverage may be arranged. The relationship restriction should be rewritten to identify precisely which relationships exclude an RN from oversight or assessment duties and should be consistent across Sections 4.2.4 and 6.2. These requirements should support safe care without creating unnecessary staffing barriers.

VII. Provide Clear Managed Care Implementation Instructions

Sections 1.2, 7.1, and 8.1; pages 1 and 6

Concern: The policy addresses managed care coverage while expressly limiting its authorization and reimbursement sections to FFS. Providers need to know how corresponding requirements will be implemented by managed care plans.

Request: AHCA should publish separate coverage, authorization, and payment instructions for FFS and managed care, identify the contractual requirements or other authority governing corresponding plan practices, and provide uniform guidance on agency LPN services, FHHA eligibility, authorized ordering practitioners, RN responsibilities, and additional-hour requests. FFS procedures and payment provisions should not be presented as automatically applicable to managed care.

Conclusion

HCAF respectfully requests that AHCA resolve these questions before adoption and provide coordinated implementation guidance to agencies, the QIO, and managed care plans. Clear standards and practical transition arrangements are necessary to prevent inconsistent authorizations, avoidable claim denials, duplicate documentation, and interruptions in medically necessary care.

We appreciate AHCA’s consideration of these comments and welcome the opportunity to provide operational feedback and proposed language as the rulemaking process continues.

Respectfully submitted,



Denise Bellville, RN, BS
Executive Director