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## **FREQUENTLY ASKED QUESTIONS:**

### **PRIVATE DUTY NURSING AND FAMILY HOME HEALTH AIDE SERVICES**

#### **(Home Health Aide for Medically Fragile Children Program)**

**1. Q: What is the Home Health Aide for Medically Fragile Children Program and where can I find more information on this service?**

**A:** The Home Health Aide for Medically Fragile Children Program was established in [House Bill 391](#), which was passed in 2023 by the Florida Legislature and codified in [Section 400.4765](#), Florida Statutes (F.S.). The Agency for Health Care Administration's (Agency) Division of Medicaid updated [Rule 59G-4.261](#), Florida Administrative Code (F.A.C.), the Private Duty Nursing (PDN) Services Coverage Policy to include a new rule title and a new service called "Family Home Health Aide Services" to add this Medicaid covered service.

**2. Q: What is the new Family Home Health Aide Service?**

**A:** This service allows home health agencies to be reimbursed by Medicaid for Family Home Health Aide services provided by an eligible related provider, legal guardian or caretaker relative caring for a medically fragile child.

**3. Q: How does a family participate?**

**A:** First, an eligible family member must contact a participating home health agency in order to take the required training course. This is an 86-hour course that has specific requirements identified in the regulations (see Q&A #10 below). The family member must complete the required training and be employed by a home health agency in order for Florida Medicaid to reimburse for Family Home Health Aide services. The terms of this employment is negotiated between the family member and the home health agency.

**4. Q: What family members are eligible to become a Family Home Health Aide under the new Medicaid rule?**

**A:** A related provider, legal guardian or caretaker relative who is employed by a home health agency and has completed the required training can provide Family Home Health Aide services to an eligible Medicaid recipient.



A related provider is an individual who is the aunt, brother, brother-in-law, cousin, daughter, daughter-in-law, father, father-in-law, granddaughter, grandfather, grandmother, grandson, great-grandfather, great-grandmother, half-brother, half-sister, husband, mother, mother-in-law, nephew, niece, sister, sister-in-law, son, son-in-law, stepbrother, stepdaughter, stepfather, stepmother, stepsister, stepson, uncle, or wife of the recipient.

A caretaker relative, as defined in 42 CFR 435.4, is “a relative of a dependent child by blood, adoption, or marriage with whom the child is living, who assumes primary responsibility for the child's care (as may, but is not required to, be indicated by claiming the child as a tax dependent for Federal income tax purposes), and who is one of the following—

- (1) The child's father, mother, grandfather, grandmother, brother, sister, stepfather, stepmother, stepbrother, stepsister, uncle, aunt, first cousin, nephew, or niece.
- (2) The spouse of such parent or relative, even after the marriage is terminated by death or divorce.
- (3) At State option, another relative of the child based on blood (including those of half-blood), adoption, or marriage; the domestic partner of the parent or other caretaker relative; or an adult with whom the child is living and who assumes primary responsibility for the dependent child's care.”

**5. Q: How much will a parent/caregiver get paid?**

**A:** The funds are sent to the home health agency or from the Medicaid health plan to the home health agency. The parent/caregiver’s hourly payment is then based on the private negotiations between the parent/caregiver and the home health agency.

**6. Q: Could the income earned by parents/caregivers impact Medicaid eligibility for their medically fragile child or other members of their family receiving Medicaid?**

**A:** Yes. Currently, there have been no changes to Medicaid eligibility requirements. Therefore, income earned through this program could affect a family’s eligibility for the Medicaid program. Please refer to [Medicaid Eligibility Flyer](#) on the Agency’s website for more information on income and how to understand the impact of additional earned income.

**7. Q: Will the 8-hours per day cap for an eligible Family Home Health Aide provider be updated or changed?**

**A:** The utilization cap for up to 8-hours per day of Family Home Health Aide services is included in State law in [Section 400.4765](#), F.S. Any changes to this requirement would require legislative action.

**8. Q: Will multiple family members be able to care for the same medically fragile child?**

**A:** Yes, any family member who meets the requirements to provide services can be employed by the home health agency to care for an eligible medically fragile child.

**9. Q. Can Family Home Health Aide services be provided at the same time as PDN services?**

**A.** No. Both services may be authorized but cannot be provided simultaneously. Family home health aide services are intended to be provided in conjunction with, but may not duplicate, authorized PDN hours. Additionally, per statute, the provision of Family Home Health Aide services is intended to offset authorized PDN hours.

**10. Q: Who is in charge of choosing and conducting the required training?**

**A:** Section 400.4765, F.S. and [Rule 59A-8.0099](#), F.A.C. provide the specific training program requirements for home health aides for medically fragile children. The training program was developed by the Agency, in consultation with the Board of Nursing. The home health agency oversees developing and providing the training for their home health agency based on the rule.

**11. Q: Why are families required to take training courses that do not apply to their medically fragile child(ren)? For example, why are families required to be trained on tracheostomy and ventilator practices when this may not pertain to their medically fragile child?**

**A:** Section 400.4765, F.S., requires the training to be a standardized program and addresses the most common conditions and tasks associated with a medically fragile child.

**12. Q: Will the training for Home Health Aide for Medically Fragile Children Program be transferable between each Florida home health agency? Will the parent/caregiver be required to take additional training if employed by a different home health agency?**

**A:** The home health agency would determine if they accept the training documentation from another agency or require additional training and validation prior to employment.

**13. Q: How can I access the Private Duty Nursing and Family Home Health Aide Services policy and fee schedules?**

**A:** The Private Duty Nursing and Family Home Health Aide Services policy can be found on the Adopted Rules - Service Specific Policies [webpage](#). The Private Duty Nursing and Family Home Health Aide Services fee schedules can be found on the Provider Reimbursement Schedules and Billing Codes [webpage](#).

**FREQUENTLY ASKED QUESTIONS:**

**PRIVATE DUTY NURSING**

**(Enrollment Option for Home Health Agencies Providing PDN)**

**14. Q: How does the new enrollment option for Home Health Agencies providing only private duty nursing services work?**

**A:** Home Health Agencies who wish to provide *only* PDN services may enroll as Provider Type 65 (Home Health Services) with Specialty Type 221 (Private Duty Nursing). Home Health Agencies enrolling as a Specialty Type 221 will not have to meet the requirements of Medicare certification or its accreditation equivalents.

To enroll as a Provider Type 65 with Specialty Type 221, the Home Health Agency must either:

1. Hold an active Home Health Agency license to provide skilled care services, including nursing care at minimum, issued by the Florida Agency for Health Care Administration, **OR**
2. Obtain a new license as a Home Health Agency to provide skilled care services. Per [Section 400.471\(2\)\(g\)](#), F.S., the provider must obtain the initial licensure survey from an approved accrediting organization as defined in [Rule 59A-8.002\(1\)](#), F.A.C.

Providers enrolling as a Specialty Type 221 must also meet the requirements for all provider types as listed in [Rule 59G-1.060](#), F.A.C., Provider Enrollment Policy, Section 9.2. Appendix B: General Document Requirements, and any other Medicaid enrollment requirements, as applicable.

Home Health Agencies enrolled as Specialty Type 221 are only able to bill for authorized services included on the Private Duty Nursing Fee Schedule. Providers enrolled as Specialty Type 221 are not able to bill from either the Home Health Visit Services or Personal Care Services fee schedules. To bill for Home Health Visit Services or Personal Care Services as defined in agency policy, the provider must enroll with Florida Medicaid in accordance with Rule 59G-1.060, F.A.C., Provider Enrollment Policy.

Home Health Agencies enrolled as Specialty Type 221 are still subject to unannounced surveys conducted by the Agency to evaluate compliance with applicable state regulations for Home Health Agencies. This applies to accredited and non-accredited Home Health Agencies.

**15. Q: How does the enrollment for agencies providing Attendant Care or Private Duty Nursing under iBudget Waiver services work?**

**A:** The [SMMC-LTC](#) program has an attendant care/skilled nursing service available to eligible recipients enrolled in the SMMC-LTC Waiver. The [Development Disabilities Individual Budgeting \(iBudget\) Waiver](#) allows for private duty nursing services to be provided to individuals 21 and older enrolled in the iBudget Waiver. In accordance with [Rule 59G-1.060](#), F.A.C., Provider Enrollment Policy, for attendant care through the SMMC-LTC program, providers must enroll with Florida Medicaid as a provider type 67 with a specialty type of 095 (Statewide Medicaid Managed Care Waiver Services). Medicare certification is not a requirement of enrolling with Medicaid as a PT 67/ Specialty 095 code. For private duty nursing provided through the iBudget Waiver, providers must enroll as a provider type 67 with a specialty type of 096 (Developmental Disability – iBudget). Providers interested in enrolling as an iBudget Waiver provider must request to enroll with the [Agency for Persons with Disabilities](#).