Aspen State Regulation Set: H 8.03 Home Health Agencies

ST - H0000 - Initial Comments

Title Initial Comments

Type Memo Tag

Regulation Definition	Interpretive Guideline
	These guidelines are meant solely to provide guidance to surveyors in the survey process.

ST - H0400 - Definitions

Title Definitions

Type Memo Tag

400.462 FS

Regulation Definition	Interpretive Guideline
400.462 Definitions.-As used in this part, the term: (1) "Administrator" means a direct employee, as defined in subsection (9), who is a licensed physician, physician assistant, or registered nurse licensed to practice in this state or an individual having at least 1 year of supervisory or administrative experience in home health care or in a facility licensed under chapter 395, under part II of this chapter, or under part I of chapter 429. (2) "Admission" means a decision by the home health agency, during or after an evaluation visit to the patient's home, that there is reasonable expectation that the patient's medical, nursing, and social needs for skilled care can be adequately met by the agency in the patient's place of residence. Admission includes completion of an agreement with the patient or the patient's legal representative to provide home	

health services as required in s. 400.487(1).
(3) "Advanced practice registered nurse" means a person licensed in this state to practice professional nursing and certified in advanced or specialized nursing practice, as defined in s. 464.003.
(4) "Agency" means the Agency for Health Care Administration.
(5) "Certified nursing assistant" means any person who has been issued a certificate under part II of chapter 464.
(6) "Client" means an elderly, handicapped, or convalescent individual who receives companion services or homemaker services in the individual's home or place of residence.
(7) "Client" means an elderly, handicapped, or convalescent individual who receives companion services or homemaker services in the individual's home or place of residence.
(8) "Companion" or "sitter" means a person who spends time with or cares for an elderly, handicapped, or convalescent individual and accompanies such individual on trips and outings and may prepare and serve meals to such individual. A companion may not provide hands-on personal care to a client.
(9) "Department" means the Department of Children and Families.
(10) "Direct employee" means an employee for whom one of the following entities pays withholding taxes: a home health agency; a management company that has a contract to manage the home health agency on a day-to-day basis; or an employee leasing company that has a contract with the home health agency to handle the payroll and payroll taxes for the home health agency.
(11) "Director of nursing" means a registered nurse who is a direct employee, as defined in subsection (10), of the agency and who is a graduate of an approved school of nursing and is licensed in this state; who has at least 1 year of supervisory

experience as a registered nurse; and who is responsible for overseeing the delivery of professional nursing and home health aide services of the agency.
(12) "Eligible relative" means a patient 21 years of age or younger who has an underlying physical, mental, or cognitive impairment that prevents him or her from safely living independently, is eligible to receive skilled care or respite care services under the Medicaid program, and is related to his or her family caregiver.
(13) "Fair market value" means the value in arms length transactions, consistent with the price that an asset would bring as the result of bona fide bargaining between well-informed buyers and sellers who are not otherwise in a position to generate business for the other party, or the compensation that would be included in a service agreement as the result of bona fide bargaining between well-informed parties to the agreement who are not otherwise in a position to generate business for the other party, on the date of acquisition of the asset or at the time of the service agreement.
(14) "Family caregiver" means a person who provides or intends to provide significant personal care to an eligible relative.
(15) "Home health agency" means a person that provides one or more home health services.
(16) "Home health agency personnel" means persons who are employed by or under contract with a home health agency and enter the home or place of residence of patients at any time in the course of their employment or contract.
(17) "Home health aide" means a person who is trained or qualified, as provided by rule, and who provides hands-on personal care, performs simple procedures as an extension of therapy or nursing services, assists in ambulation or exercises, assists in administering medications as permitted in rule and for which the person has received training established by the

agency under this part, or performs tasks delegated to him or her under chapter 464.
(18) "Home health aide for medically fragile children" means a family caregiver who meets the qualifications specified in this part and who performs tasks delegated to him or her under chapter 464 while caring for an eligible relative, and provides care relating to activities of daily living, including those associated with personal care; maintaining mobility; nutrition and hydration; toileting and elimination; assistive devices; safety and cleanliness; data gathering; reporting abnormal signs and symptoms; postmortem care; patient socialization and reality orientation; end-of-life care; cardiopulmonary resuscitation and emergency care; residents' or patients' rights; documentation of services performed; infection control; safety and emergency procedures; hygiene, grooming, skin care, and pressure sore prevention; wound care; portable oxygen use and safety and other respiratory procedures; tracheostomy care; enteral care and therapy; peripheral intravenous assistive activities and alternative feeding methods; and any other tasks delegated to the family caregiver under chapter 464.
(19) "Home health services" means health and medical services and medical supplies furnished to an individual in the individual's home or place of residence. The term includes the following:
(a) Nursing care.
(b) Physical, occupational, respiratory, or speech therapy.
(c) Home health aide services.
(d) Dietetics and nutrition practice and nutrition counseling.
(e) Medical supplies, restricted to drugs and biologicals prescribed by a physician.
(20) "Home infusion therapy" means the administration of intravenous pharmacological or nutritional products to a patient in his or her home.

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(21) "Home infusion therapy provider" means a person that employs, contracts with, or refers a licensed professional who has received advanced training and experience in intravenous infusion therapy and who administers infusion therapy to a patient in the patient's home or place of residence.
(22) "Homemaker" means a person who performs household chores that include housekeeping, meal planning and preparation, shopping assistance, and routine household activities for an elderly, handicapped, or convalescent individual. A homemaker may not provide hands-on personal care to a client.
(23) "Immediate family member" means a husband or wife; a birth or adoptive parent, child, or sibling; a stepparent, stepchild, stepbrother, or stepsister; a father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, or sister-in-law; a grandparent or grandchild; or a spouse of a grandparent or grandchild.
(24) "Medical director" means a physician who is a volunteer with, or who receives remuneration from, a home health agency.
(25) "Nurse registry" means any person that procures, offers, promises, or attempts to secure health-care-related contracts for registered nurses, licensed practical nurses, certified nursing assistants, home health aides, companions, or homemakers, who are compensated by fees as independent contractors, including, but not limited to, contracts for the provision of services to patients and contracts to provide private duty or staffing services to health care facilities licensed under chapter 395, this chapter, or chapter 429 or other business entities.
(26) "Patient" means any person who receives home health services in his or her home or place of residence.
(27) "Personal care" means assistance to a patient in the activities of daily living, such as dressing, bathing, eating, or

personal hygiene, and assistance in physical transfer, ambulation, and in administering medications as permitted by rule.
(28) "Physician" means a person licensed under chapter 458, chapter 459, chapter 460, or chapter 461.
(29) "Physician assistant" means a person who is a graduate of an approved program or its equivalent, or meets standards approved by the boards, and is licensed to perform medical services delegated by the supervising physician, as defined in s. 458.347 or s. 459.022.
(30) "Remuneration" means any payment or other benefit made directly or indirectly, overtly or covertly, in cash or in kind. However, if the term is used in any provision of law relating to health care providers, the term does not apply to an item that has an individual value of up to $15, including, but not limited to, a plaque, a certificate, a trophy, or a novelty item that is intended solely for presentation or is customarily given away solely for promotional, recognition, or advertising purposes.
(31) "Satellite office" means a secondary office of a nurse registry established pursuant to s. 400.506(1) in the same health service planning district as a licensed nurse registry operational site.
(32) "Skilled care" means nursing services or therapeutic services required by law to be delivered by a health care professional who is licensed under part I of chapter 464; part I, part III, or part V of chapter 468; or chapter 486 and who is employed by or under contract with a licensed home health agency or is referred by a licensed nurse registry.
(33) "Staffing services" means services provided to a health care facility, school, or other business entity on a temporary or school-year basis pursuant to a written contract by licensed health care personnel and by certified nursing assistants and home health aides who are employed by, or work under the auspices of, a licensed home health agency or who are registered with a licensed nurse registry.

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ST - H0401 - Definitions

Title Definitions

Type Rule

59A-8.002 FAC

Regulation Definition

59A-8.002 Definitions.
(1) "Accrediting organization" means the Community Health Accreditation Partner, The Joint Commission, or Accreditation Commission for Health Care.
(2) "AHCA" means Agency for Health Care Administration.
(3) "Assistance with activities of daily living" means a certified nursing assistant or a home health aide provides to the patient individual assistance with activities of daily living, including the following:
(a) Ambulation. Providing physical support to enable the patient to move about within or outside of the patient's place of residence. Physical support includes holding the patient's hand, elbow, under the arm, or holding on to a support belt worn by the patient to assist in providing stability or direction while the patient ambulates.
(b) Bathing. Helping the patient in and out of the bathtub or shower being available while the patient is bathing. Can also include washing and drying the patient.
(c) Dressing. Helping patients, who require assistance in dressing themselves, put on and remove clothing.
(d) Eating. Helping with feeding patients who require assistance in feeding themselves.
(e) Personal hygiene. Helping the patient with shaving. Assisting with oral, hair, skin and nail care.
(f) Toileting. Reminding the patient about using the toilet, assisting him to the bathroom, helping to undress, positioning on the commode, and helping with related personal hygiene,

Interpretive Guideline

including assistance with changing of an adult brief. Also includes assisting with positioning the patient on the bedpan, and helping with related personal hygiene.
(g) Assistance with physical transfer. Providing verbal and physical cueing, physical assistance, or both while the patient moves from one position to another, for example between the following: a bed, chair, wheelchair, commode, bathtub or shower, or a standing position. Transfer can also include use of a mechanical lift, if a home health aide is trained in its use.
(h) Assistance with self-administered medication, as defined in subsection 59A-8.0095(5), F.A.C.
(4) "Caregiver" means a person who has been entrusted with or has assumed the responsibility for frequent and regular care of or services to a disabled adult or an elderly person on a temporary or permanent basis and who has a commitment, agreement, or understanding with that person or that person's guardian that a caregiver role exists. Caregivers include, for example, relatives, household members, guardians, friends, neighbors, and employees and volunteers of facilities.
(5) "Case management" means the initial assessment of the patient and caregiver for appropriateness of and acceptance for home health services; establishment and periodic review of a plan of care; implementation of medical treatment when ordered; referral, follow-up, provision of, evaluation of and supervision of care; coordination of services given by other health care providers; and documentation of all activities and findings.
(6) "Dietetics and nutrition practice" means assessing nutrition needs and status using appropriate data; recommending dietary regimens, nutrition support, and nutrient intake; improving the patient's health status through nutrition counseling and education.
(7) "Dietitian/Nutritionist" means a person licensed to engage in dietetics and nutrition practice pursuant to Chapter 468, F.S.

(8) "Drop-off site" means any location in any county within the geographic service area of the main office, pursuant to subsection 59A-8.003(7), F.A.C.
(9) "Emergency Management Plan" means a comprehensive plan developed by the home health agency describing how the agency will prepare for and respond in an emergency, pursuant to Rule 59A-8.027, F.A.C.
(10) "Employee leasing company" means a company licensed and regulated under Chapter 468, Part XI, F.S. An employee leased to a home health agency by an employee leasing company shall be deemed to be an employee of the home health agency for licensure purposes pursuant to Section 468.534, F.S.
(11) "Full-time equivalent" means when an employee works between 37 to 40 hours per week.
(12) "Geographic service area" means one or more counties within a health service planning district defined in Section 408.032(5), F.S., as specified on the license, in which the home health agency may send its personnel to provide home health services to patients in their places of residence.
(13) "Home infusion therapy services" means teaching, assessment, evaluation and clinical services related to the administration of intravenous substances provided by a professional licensed under Chapter 464, 458 or 459, F.S.
(14) "Main office" means the primary office established in the county which houses all components of the home health agency including the administration, fiscal management, service provision and supplies.
(15) "Nursing care" means treatment of the patient's illness or injury by a registered nurse or a licensed practical nurse that is ordered as required in Section 400.487(2), F.S. and included in the plan of care.
(16) "Nutrition assessment" means the evaluation of the nutrition needs of the patient using appropriate data to

determine nutrient needs or status and make nutrition recommendations for the patient.
(17) "Nutrition counseling" means advising and assisting the patient on appropriate nutrition intake by integrating information from the nutrition assessment.
(18) "Occupational therapist" means a person licensed to practice occupational therapy pursuant to Chapter 468, F.S.
(19) "Occupational therapy assistant" means a person licensed to assist in the practice of occupational therapy pursuant to Chapter 468, F.S.
(20) "Patient" means an individual who receives home health services in one's place of residence.
(21) "Plan of Care" means a coordinated plan, which includes the treatment orders, prepared by the case manager in collaboration with each professional discipline providing service to the patient and caregiver.
(22) "Physical therapist" means a person licensed to practice physical therapy pursuant to Chapter 486, F.S.
(23) "Physical therapy assistant" means a person licensed to assist in the practice of physical therapy pursuant to Chapter 486, F.S.
(24) "Physician" means a doctor of medicine, osteopathy, podiatry, or chiropractic legally authorized to practice in the state pursuant to Chapter 458, 459, 460 or 461, F.S. Physicians working in Veterans Administration hospitals and clinics are exempt from state licensure according to Chapter 458, F.S.
(25) "Quality assurance plan" means a plan which is developed and implemented by a home health agency to review and evaluate the effectiveness and appropriateness of service provision to patients and, upon identification of problems, requires specific action to correct the problems and deficiencies.
(26) "Respiratory therapist" means a person licensed to practice respiratory therapy pursuant to Chapter 468, F.S.

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(27) "Satellite office" means a related office established in the same geographic service area as the main office, pursuant to subsection 59A-8.003(5), F.A.C.
(28) "Social Worker" means a person who has a degree in social work and who works with patients and families to help them adjust to the social and emotional factors related to the patient's health problems.
(29) "Special needs patients" pursuant to Section 252.355, F.S., means those persons who have physical or mental conditions that require limited medical and nursing oversight during emergency evacuations. They are medically dependent individuals who are not acutely ill.
(30) "Special needs registry" pursuant to Section 252.355, F.S., means a registry maintained by the local emergency management agency of persons who need assistance during evacuations and sheltering because of physical or mental handicaps.
(31) "Speech pathologist" means a person licensed to practice speech pathology or audiology pursuant to Chapter 468, F.S.
(32) "Treatment orders" means written orders signed by a physician, physician assistant, or advanced practice registered nurse, acting within his or her respective scope of practice, which authorizes the provision of care or treatment to a patient in his place of residence by registered nurses, licensed practical nurses, physical therapists, occupational therapists, speech therapists, or dietitians/nutritionists.

ST - H0402 - Definitions; Medication Routes

Title Definitions; Medication Routes

Type Rule

59A-8.0097(2)

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Regulation Definition	Interpretive Guideline
59A-8.0097(2) Definitions (a) A medication administration route is the path through which medication is delivered to a patient. For the proposes this rule, routes of administration are defined as follows: 1. "Buccal" means medication is placed in the mouth between the cheek and gum. 2. "Enteral" means medication is delivered by oral route, sublingual or buccal route, or rectal route. 3. "Inhaled" means medication is administered as nose drops or nose spray, or medication is inhaled by mouth, such as with an inhaler or nebulizer. 4. "Ophthalmic" means solution or ointment medication is instilled into the eye or applied on or around the eyelid. 5. "Oral" means medication including, but not limited to, tablet, capsule, liquid, or powder form is introduced into the gastrointestinal tract by mouth. 6. "Otic" means solutions or ointment medication is placed in the outer ear canal or applied around the outer ear. 7. "Parenteral" means medication is injected into the body through some route other than the digestive tract, such as subcutaneous, intra-dermal, intra-muscular, or intravenous administration. 8. "Rectal" means any medication including, but not limited to, capsule, enema, gel, or suppository administered via the rectum. 9. "Sublingual" means medication is placed in the mouth under the tongue. 10. "Topical" means medication including, but not limited to, salve, lotion, ointment, cream, spray, shampoo, or solution applied locally to a body part. 11. "Transdermal" means a patch containing a pre-measured or measured amount of topical medication that is absorbed into the body via the epidermis (outer layer of skin). 12. "Vaginal" means any medication including, but not limited	Refer to H2209 for Delegation of Med administration

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to, capsule, cream, or ointment that is administered via the internal vagina. This route does not include medications applied to the epidermis external to the vagina.

ST - H0500 - Patient Rights; Participate, informed care

Title Patient Rights; Participate, informed care

Type Rule

59A-8.0215(3), F.A.C.; 400.487(4), FS

Regulation Definition

59A-8.0215 (3) The patient, caregiver or guardian must be informed by the home health agency personnel that:
(a) He has the right to be informed of the plan of care;
(b) He has the right to participate in the development of the plan of care; and,
(c) He may have a copy of the plan if requested.

400.487(4) Each patient has the right to be informed of and to participate in the planning of his care. Each patient must be provided, upon request a copy of the plan of care established and maintained for that patient by the home health agency.

Interpretive Guideline

Informed consent and patient/client participation take place on an on-going basis during the episode of care. There should be evidence both initially and as changes occur in the patient/client's care, the patient was consulted and consented to planned care. Documentation in the clinical record should indicate the patient was informed and agreed to the changes.
Skilled Home Health agencies are required to allow the patient to participate in the development of the Plan of Care and the patient may have a copy as requested.
Non-skilled home health agencies are not required to have a Plan of Care but must inform the patient/client of care to be provided and allow the patient/client to participate in planning of their care.
The patient may have a legal representative, which is an individual who has been legally designated or appointed as the patient's health care decision maker. This may be a Power of Attorney (POA), Healthcare Surrogate, guardianship, or a designated health care agent.
When there is no evidence that a patient has a legal representative, the home health agency must provide the information directly to the patient.

ST - H0501 - Rights; Agreement/Services/Missed visits

Title Rights; Agreement/Services/Missed visits

Type Rule

59A-8.020(1);400.474(5);400.471(8)(g)

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Regulation Definition	Interpretive Guideline
59A-8.020(1) When a home health agency accepts a patient or client for service, ... The responsibility of the agency is also to assure that the patient or client receives services as defined in a specific plan of care, for those patients receiving care under a physician, physician assistant, or advanced practice registered nurse's treatment orders, or in a written agreement, as described in subsection (3), below, for clients receiving care without a physician, physician assistant, or advanced practice registered nurse's orders. This responsibility includes assuring the patient receives all assigned visits.	When a home health agency accepts a patient/client it is with the expectation that the services can be provided. Skilled home health agencies should receive services as per the plan of care. Non-skilled home health agencies should receive services as per the written agreement. It is the patient's right to refuse services, but the agency is responsible for educating the patient on the risks and potential adverse outcomes that can result from refusing services. The home health agency should document communication with the physician as well as measures taken to investigate the patient's refusal and the interventions the agency attempted in order to provide services as ordered.
400.474 (5) The agency shall impose a fine of $5,000 against a home health agency that demonstrates a pattern of failing to provide a service specified in the home health agency's written agreement with a patient or the patient's legal representative, or the plan of care for that patient, except as provided in s. 400.492(3). A pattern may be demonstrated by a showing of at least three incidences, regardless of the patient or service, where the home health agency did not provide a service specified in a written agreement or plan of care during a 3-month period. The agency shall impose the fine for each occurrence. The agency may also impose additional administrative fines under s. 400.484 for the direct or indirect harm to a patient, or deny, revoke, or suspend the license of the home health agency for a pattern of failing to provide a service specified in the home health agency's written agreement with a patient or the plan of care for that patient.	Missed visits - anytime an agency does not provide services to the patient/client at the frequency identified on the plan of care this is considered a missed visit. Low staffing is not an acceptable reason for missed visits nor is a practitioner's order for "as staffing allows". The plan of care should be individualized and specific to the care needs of the patient. The acceptance/admission of a patient/client is based on an expectation that services offered in the plan of care or within the written service agreement will be the services provided, to include staffing of all ordered shifts/hours/days. Family members providing care to the patient/client in the absence of agency staff cannot be counted toward meeting the plan of care or the written service agreement. The family's lack of complaint, either verbal or in writing, cannot serve as an acceptance, or support, of an agency not being able to meet the needs of the patient/client. The plan of care and the written service agreement should reflect the actual schedule of visits and should be amended if the agency cannot meet the schedule hours, for any reason to include low staffing. If the agency cannot staff patient/client visits/shifts as ordered, then the home health agency should notify the physician and patient/client/caregiver to review possible interventions. If the agency is unable to come to a solution the agency should assist the patient/client to obtain services at another agency.
400.471 (8); (g) Demonstrating a pattern of failing to provide a service specified in the home health agency's written agreement with a	

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patient or the patient's legal representative, or the plan of care for that patient, except as provided in s. 400.492(3). A pattern may be demonstrated by a showing of at least three incidents, regardless of the patient or service, in which the home health agency did not provide a service specified in a written agreement or plan of care during a 3-month period;

ST - H0510 - Rights; Confidential Information

Title Rights; Confidential Information

Type Rule

400.494(1), F.S.

Regulation Definition

400.494(1) Information about patients received by persons employed by, or providing services to, a home health agency or received by the licensing agency through reports or inspection shall be confidential and exempt from the provisions of s. 119.07(1) and shall only be disclosed to any person, other than the patient,
as permitted under the provisions of 45 C.F.R. ss. 160.102, 160.103, and 164, subpart A, commonly referred to as the HIPAA Privacy Regulation; except that clinical records described in ss. 381.004, 384.29, 385.202, 392.65, 394.4615, 395.404, 397.501, and 760.40 shall be disclosed as authorized in those sections.

Interpretive Guideline

HIPAA Compliance- Office of Civil Rights 1-866-627-7748
To file a complaint, go to the HIPAA Website: http://www.hhs.gov/ocr/hipaa
The HIPAA Privacy Rule gives patient rights over their health information.
Home health agencies have unique risks regarding staff and contractors who transport documents and/or electronic devices containing PHI.
The agency should have policies and procedures regarding measures to protect the confidentiality, integrity, and availability of electronic protected health information. (ePHI) and ensure privacy of protected health information (PHI). This should include training and measures to protect the confidentiality of hard copy PHI and devices containing PHI during travel to the home and during the home visit.

Refer to H1106 for QA responsibilities for confidentiality of data.

ST - H0520 - Rights; services and charges

Title Rights; services and charges

Type Rule

400.487(1), F.S.; 59A-8.020 (2) FAC

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Regulation Definition	Interpretive Guideline
400.487(1) Services provided by a home health agency must be covered by an agreement between the home health agency and the patient or the patient's legal representative -specifying the home health services to be provided, -the rates or charges for services paid with private funds, -and the sources of payment, which may include Medicare, Medicaid, private insurance, personal funds, or a combination thereof.... 59A-8.020 (2) At the start of services a home health agency must establish a written agreement between the agency and the patient or client or the patient's or client's legal representative, including the information described in section 400.487(1), F.S. -This written agreement must be signed and dated by a representative of the home health agency -and the patient or client or the patient's or client's legal representative. -A copy of the agreement must be given to the patient or client -and the original must be placed in the patient's or client's file.	Skilled and Non-skilled home health agencies are required to provide a written agreement of services to be provided, rates/charges for services and the payor of services. The written agreement must be signed and dated by a representative of the home health agency AND the patient/client and/or representative. A contract signed by a Medicaid HMO or other payor is NOT a written agreement between the patient/client and the home health agency. The written agreement should be provided via hard copy unless the patient requests that the document be provided electronically. If the patient/client's understanding of English is inadequate for the patient's comprehension, the information must be provided in a language or format familiar to the patient/client and/or their representative.

ST - H0540 - Patient Rights; Report abuse, neglect

Title Patient Rights; Report abuse, neglect

Type Rule

39.201(1a-c);39.205(1);415.1034(1)& .111

Regulation Definition	Interpretive Guideline
39.201 Required reports of child abuse, abandonment, or neglect, sexual abuse of a child, and juvenile sexual abuse; required reports of death; reports involving a child who has	Healthcare workers are mandatory reporters to the Florida Department of Children and Families (DCF) for any suspicion of abuse, neglect, and misappropriation of property. DCF Website: http://www.myflfamilies.com

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exhibited inappropriate sexual behavior.-(1) MANDATORY REPORTING.-(a)1. A person is required to report immediately to the central abuse hotline established in s. 39.101, in writing, through a call to the toll-free telephone number, or through electronic reporting, if he or she knows, or has reasonable cause to suspect, that any of the following has occurred: a. Child abuse, abandonment, or neglect by a parent or caregiver, which includes, but is not limited to, when a child is abused, abandoned, or neglected by a parent, legal custodian, caregiver, or other person responsible for the child's welfare or when a child is in need of supervision and care and has no parent, legal custodian, or responsible adult relative immediately known and available to provide such supervision and care.
b. Child abuse by an adult other than a parent, legal custodian, caregiver, or other person responsible for the child's welfare. The central abuse hotline must immediately electronically transfer such reports to the appropriate county sheriff's office.
2. Any person who knows, or has reasonable cause to suspect, that a child is the victim of sexual abuse or juvenile sexual abuse shall report such knowledge or suspicion to the central abuse hotline, including if the alleged incident involves a child who is in the custody of or under the protective supervision of the department.
Such reports may be made in writing, through the statewide toll-free telephone number, or through electronic reporting.
(b)1. A person from the general public may make a report to the central abuse hotline anonymously if he or she chooses to do so.
2. A person making a report to the central abuse hotline whose occupation is in any of the following categories is required to provide his or her name to the central abuse hotline counselors: a. Physician, osteopathic physician, medical examiner, chiropractic physician, nurse, or hospital personnel

Refer to Core Tag CZ818 for minimum requirements of notices to be provided on or before the first day of services to the patient/client.
These notices include:
1) complaint statewide toll-free telephone number.
2) abuse, neglect, or exploitation statewide toll-free telephone number.
3) Medicaid fraud statewide toll-free telephone number.
Core Tag CZ818 provides guidance on required polices and procedures for providing these notices to patients/clients.
The patient has the right to be free from abuse from the home health agency staff and others in their home. The home health agency should address any allegations of patient abuse and report to DCF.
The home health agency should remove staff from patient care if there are allegations of abuse or misappropriation of property. Refer to tags H1300 regarding Director of Nursing responsibilities.
"Abuse" means the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish.

Abuse may be verbal, mental, sexual, or physical and includes abuse facilitated or enabled through the use of technology.

"Verbal abuse" refers to abuse perpetrated through any use of insulting, demeaning, disrespectful, oral, written or gestured language directed toward and in the presence of the client.

"Mental abuse" is a type of abuse that includes, but is not limited to, humiliation, harassment, and threats of punishment or deprivation, sexual coercion and intimidation (e.g. living in fear in one's own home).

"Sexual abuse" is a type of abuse that includes any incident where a beneficiary is coerced, manipulated, or forced to participate in any form of sexual activity for which the beneficiary did not give affirmative permission (or gave affirmative permission without the mental capacity required to give permission), or sexual assault against a beneficiary who is unable to defend him/herself.
"Physical abuse" refers to abuse perpetrated through any action intended to cause physical harm or pain, trauma or bodily harm (e.g., hitting, slapping, punching, kicking, pinching, etc.). It includes the use of corporal punishment as well as the use of any restrictive, intrusive procedure to control inappropriate behavior for purposes of punishment.

"Injury of unknown" source is an injury that was not witnessed by any person and the source of the injury cannot be explained by the patient.

engaged in the admission, examination, care, or treatment of persons;
b. Health care professional or mental health professional other than a person listed in sub-subparagraph a.;
c. Practitioner who relies solely on spiritual means for healing;
d. School teacher or other school official or personnel;
e. Social worker, day care center worker, or other professional child care worker, foster care worker, residential worker, or institutional worker;
f. Law enforcement officer;
g. Judge; or
h. Animal control officer as defined in s. 828.27(1)(b) or agent appointed under s. 828.03.
(c) Central abuse hotline counselors shall advise persons under subparagraph (b)2. who are making a report to the central abuse hotline that, while their names must be entered into the record of the report, the names of reporters are held confidential and exempt as provided in s 39.202.

39.205 Penalties relating to reporting of child abuse, abandonment, or neglect.-(1) A person who knowingly and willfully fails to report to the central abuse hotline known or suspected child abuse, abandonment, or neglect, or who knowingly and willfully prevents another person from doing so, commits a felony of the third degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084

415.1034 Mandatory reporting of abuse, neglect, or exploitation of vulnerable adults; mandatory reports of death.-(1) MANDATORY REPORTING.-
(a) Any person, including, but not limited to, any:
1. Physician, osteopathic physician, medical examiner, chiropractic physician, nurse, paramedic, emergency medical technician, or hospital personnel engaged in the admission,

"Misappropriation of property" is theft or stealing of items from a patient's home. The HHA staff must investigate and take immediate action on any allegations of misappropriation of patient property by HHA staff and refer to authorities when appropriate.

Neglect means a failure to provide goods and/or services necessary to avoid physical harm, mental anguish or mental illness.

examination, care, or treatment of vulnerable adults;
2. Health professional or mental health professional other than one listed in subparagraph 1.;
3. Practitioner who relies solely on spiritual means for healing;
4. Nursing home staff; assisted living facility staff; adult day care center staff; adult family-care home staff; social worker; or other professional adult care, residential, or institutional staff;
5. State, county, or municipal criminal justice employee or law enforcement officer;
6. Employee of the Department of Business and Professional Regulation conducting inspections of public lodging establishments under s. 509.032;
7. Florida advocacy council or Disability Rights Florida member or a representative of the State Long-Term Care Ombudsman Program; or
8. Bank, savings and loan, or credit union officer, trustee, or employee; or
9. Dealer, investment adviser, or associated person under chapter 517,

who knows, or has reasonable cause to suspect, that a vulnerable adult has been or is being abused, neglected, or exploited must immediately report such knowledge or suspicion to the central abuse hotline.

415.111 Criminal penalties.-
(1) A person who knowingly and willfully fails to report a case of known or suspected abuse, neglect, or exploitation of a vulnerable adult, or who knowingly and willfully prevents another person from doing so, commits a misdemeanor of the second degree, punishable as provided in s. 775.082 or s. 775.083.

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ST - H0550 - Patient Rights; Communicate in own language

Title Patient Rights; Communicate in own language

Type Rule

59A-8.020(1) FAC

Regulation Definition	Interpretive Guideline
59A-8.020(1) When a home health agency accepts a patient or client for service, there shall be a reasonable expectation that the services can be provided ..... This includes being able to communicate with the patient, or with another person designated by the patient, either through a staff person or interpreter that speaks the same language, or through technology that translates so that the services can be provided.	Language assistance should be provided through the use of competent bilingual staff, staff interpreters, contracts or formal arrangements with local organizations providing interpretation, translation services, or technology and telephone interpretation services. All agency staff should be trained to identify patients with any language barriers which prevent effective communication.

ST - H0600 - Assessment; 48 hours

Title Assessment; 48 hours

Type Rule

400.487(1), F.S

Regulation Definition	Interpretive Guideline
400.487(1) A home health agency providing skilled care must make an assessment of the patient's needs within 48 hours after the start of services.	If skilled nursing is ordered, the initial assessment must be completed by an RN directly employed by the agency. Patient's receiving skilled therapy services only, the initial assessment may be made by the applicable rehabilitation skilled professional (therapist). Patient needs may include medication, mobility aids for safety, skilled treatments, and items to address fall and nutritional risks.

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ST - H0601 - Assessment; Direct employee assessments

Title Assessment; Direct employee assessments

Type Rule

400.487(5) F.S.;400.462 (9)

Regulation Definition	Interpretive Guideline
400.487(5) When nursing services are ordered, the home health agency to which a patient has been admitted for care must provide the initial admission visit, all service evaluation visits, and the discharge visit by a direct employee. 400.462 (9) "Direct employee" means an employee for whom one of the following entities pays withholding taxes: a home health agency; a management company that has a contract to manage the home health agency on a day-to-day basis; or an employee leasing company that has a contract with the home health agency to handle the payroll and payroll taxes for the home health agency.	Skilled home health agencies in which nursing services are ordered, must provide a direct staff RN to provide the initial admission visit, evaluation visits and discharge visit.

ST - H0700 - Discharge Plan; Plan for continued need

Title Discharge Plan; Plan for continued need

Type Rule

59A-8.020(4) FAC

Regulation Definition	Interpretive Guideline
59A-8.020(4) When the agency terminates services for a patient or client needing continuing home health care ... -as determined by the patient's physician, physician assistant, or advanced practice registered nurse, for patients receiving	Discharge Plan applies to Skilled and Non-skilled home health agencies. Discharge Plan does not apply to patients paying through personal funds or private insurance who default on their contract through non-payment. The discharge plan applies regardless of if the discharge was determined by a physician and/or the

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care under a physician, physician assistant, or advanced practice registered nurse's treatment order,
-or as determined by the client or caregiver, for clients receiving care without a physician, physician assistant, or advanced practice registered nurse's treatment order
a plan must be developed, and a referral made by home health agency staff to another home health agency or service provider prior to termination.
This requirement does not apply to patients paying through personal funds or private insurance who default on their contract through non-payment.
The home health agency should provide social work assistance to patients to help them determine their eligibility for assistance from government funded programs if their private funds have been depleted or will be depleted.
patient/client/caregiver.
If the home health agency cannot meet the patient's needs the agency should assist the patient in choosing an alternative entity in the patient's area that may be able to meet the patient's needs.
Once the patient chooses an alternate home health agency, nurse registry, ALF, skilled nursing facility or other service provider the home health agency must contact the service provider to facilitate a safe transfer and continuity of care.
The home health agency that discharges a patient for declining services, should have documentation of communication with the physician and education to the patient on the risks of refusing services, as well as measures to investigate the patient's refusal and interventions to obtain patient participation in care.
The home health agency may consider discharge of a patient if the refusal to participate in care compromises the agency's ability to deliver care safely and effectively.

ST - H0710 - Discharge Plan; transfer record

Title Discharge Plan; transfer record

Type Rule

59A-8.022(3) FAC

Regulation Definition

59A-8.022 (3) If the patient transfers to another home health agency, a copy of his record must be transferred at his request.

Interpretive Guideline

ST - H0730 - Discharge Plan; Discharge Notice

Title Discharge Plan; Discharge Notice

Type Rule

400.491(1); 59A-8.020(4), FAC

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Regulation Definition	Interpretive Guideline
400.491(1) When home health services are terminated, the record must show the date and reason for termination. ... 59A-8.020(4), FAC The patient or client must be notified in writing of: -the date of termination, the reason for termination, pursuant to section 400.491, F.S., -and the plan for continued services by the agency or service provider to which the patient or client has been referred, pursuant to section 400.497(8), F.S.	Discharge Notice applies to Skilled and Non-skilled home health agencies. The discharge notice applies regardless of if the discharge was determined by a physician and/or the patient/client/caregiver.

ST - H0800 - Care Plan & Accept Patient

Title Care Plan & Accept Patient

Type Rule

59A-8.020(1) FAC; 400.462 (2)

Regulation Definition	Interpretive Guideline
59A-8.020(1) When a home health agency accepts a patient or client for service, there shall be a reasonable expectation that the services can be provided safely to the patient or client in his place of residence. 400.462 (2) "Admission" means a decision by the home health agency, during or after an evaluation visit to the patient's home, that there is reasonable expectation that the patient's medical, nursing, and social needs for skilled care can be adequately met by the agency in the patient's place of residence. Admission includes completion of an agreement with the patient or the patient's legal representative to provide home health services as required in s. 400.487(1).	A reasonable expectation means prior to acceptance of a patient/client the home health agency should assess their ability to meet the patient/client's needs safely and effectively in his or her home in consideration of the patient's acuity level. Refer to 1101 for QA responsibilities for acceptance of patients.

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ST - H0801 - Coordination; Direct & Contract Staff

Title Coordination; Direct & Contract Staff

Type Rule

400.487 (5-6) FS

Regulation Definition	Interpretive Guideline
400.487(6) The skilled care services provided by a home health agency, directly or under contract, must be supervised and coordinated in accordance with the plan of care. 400.487(5); Services provided by others under contractual arrangements to a home health agency must be monitored and managed by the admitting home health agency. The admitting home health agency is fully responsible for ensuring that all care provided through its employees or contract staff is delivered in accordance with this part and applicable rule.	The home health agency retains overall responsibility for all services provided, whether provided directly or through contract. Any home health contracts for services, such as nursing or therapy, should specify how the agency will provide supervision of services provided by the contract employee. Refer to H1000 for DON responsibilities for coordination.

ST - H0820 - Care Plan & Coordination; Plan of Care

Title Care Plan & Coordination; Plan of Care

Type Rule

59A-8.0215(1) FAC; 59A-8.002(21) FAC

Regulation Definition	Interpretive Guideline
59A-8.0215(1) A plan of care shall be established in consultation with the physician, physician assistant, or advanced practice registered nurse, pursuant to section 400.487, F.S., and the home health agency staff who are involved in providing the care and services required to carry out the physician, physician assistant, or advanced practice registered nurse's treatment orders.	Non-skilled home health agencies are not required to have a Plan of Care. Home health agency staff should be working from the current plan of care which includes the initial plan of care and all patient care orders received since the original plan of care was developed. At recertification the plan of care should be updated with all new orders received during the previous certification period. The new plan of care should reflect the most current information including the patient assessment, services

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-The plan must be included in the clinical record and available for review by all staff involved in providing care to the patient.
-The plan of care shall contain a list of individualized specific goals for each skilled discipline that provides patient care,
-with implementation plans addressing the level of staff who will provide care,
-the frequency of home visits to provide direct care and case management.
59A-8.002(21) "Plan of Care" means a coordinated plan, which includes the treatment orders, prepared by the case manager in collaboration with each professional discipline providing service to the patient and caregiver provided, current medications and progress toward goals.

The recertification plan of care should not be a duplicate of the original plan of care but should be individualized with current care needs.

The physician should be notified of any changes in the patient's condition or failure to meet goals, which would possibly necessitate a change in the plan of care.

Refer to H1102 for QA responsibilities for plan of care.

ST - H0830 - Care Plan Documentation Requirements

Title Care Plan Documentation Requirements

Type Rule

400.491(1), F.S.;59A-8022(5)

Regulation Definition	Interpretive Guideline
400.491(1) The home health agency must maintain for each patient who receives skilled care a clinical record that includes pertinent past and current medical, nursing, social and other therapeutic information, the treatment orders, and other such information as is necessary for the safe and adequate care of the patient.	Non-skilled home health agencies are not required to maintain clinical records. The clinical record should provide a current description of treatment, including services provided for the HHA by arrangement or contract. The clinical record should facilitate effective and coordinated care.
59A-8022(5) Clinical records must contain the following: (a) Source of referral; (b) Physician, physician assistant, or advanced practice registered nurse's verbal orders initiated by the physician, physician assistant, or advanced practice registered nurse prior to start of care and signed by the physician, physician assistant, or advanced practice registered nurse as required in section 400.487(2), F.S.	The clinical record should reflect the on-going patient treatments and education as per the plan of care. The record should include a response to patient education and treatment in order to evaluate the progress toward goals.

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(c) Assessment of the patient's needs;
(d) Statement of patient or caregiver problems;
(e) Statement of patient's and caregiver's ability to provide interim services;
(f) Identification sheet for the patient with name, address, telephone number, date of birth, sex, agency case number, caregiver, next of kin or guardian;
(g) Plan of care or service provision plan and all subsequent updates and changes;
(h) Clinical and service notes, signed and dated by the staff member providing the service which shall include:
1. Initial assessments and progress notes with changes in the person's condition;
2. Services rendered;
3. Observations;
4. Instructions to the patient and caregiver or guardian, including administration of and adverse reactions to medications;
(i) Home visits to patients for supervision of staff providing services;
(j) Reports of case conferences;
(k) Reports to physicians, physician assistants, or advanced practice registered nurses;
(l) Termination summary including the date of first and last visit, the reason for termination of service, an evaluation of established goals at time of termination, the condition of the patient on discharge and the disposition of the patient.

ST - H0831 - Care Plan Fraudulent documentation

Title Care Plan Fraudulent documentation

Type Rule

400.474(2)(d), F.S.; 400.471(8)(c)

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Regulation Definition	Interpretive Guideline
400.474 (2) Any of the following actions by a home health agency or its employee is grounds for disciplinary action by the agency: (d) Preparing or maintaining fraudulent patient records, such as, but not limited to, -charting ahead, -recording vital signs or symptoms that were not personally obtained or observed by the home health agency's staff at the time indicated, -borrowing patients or patient records from other home health agencies to pass a survey or inspection, -or falsifying signatures. 400.471 (8) (c) Preparing or maintaining fraudulent patient records, such as, but not limited to, charting ahead, recording vital signs or symptoms which were not personally obtained or observed by the home health agency's staff at the time indicated, borrowing patients or patient records from other home health agencies to pass a survey or inspection, or falsifying signatures;	If fraudulent documentation is found during the survey process, this standard is cited and a recommendation for sanction (revocation or suspension and fine) is submitted by the Laboratory and In-home services Unit to the General Counsel.

ST - H0832 - Care Plan Non-skilled written agreement

Title Care Plan Non-skilled written agreement

Type Rule

59A-8.020(3) FAC; 400.491(2) FS

Regulation Definition	Interpretive Guideline
59A-8.020 (3) The written agreement, shall serve as the home health agency's service provision plan, pursuant to section 400.491(2), F.S., for clients	Non-skilled home health agencies may use the written agreement for services as the home health service provision plan. Refer to H0501 for more information on written agreements.

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-who receive homemaker and companion services or home health aide services
-which do not require a physician, physician assistant, or advanced practice registered nurse's treatment order.

400.491(2) The home health agency must maintain for each client who receives nonskilled care a service provision plan. Such records must be maintained by the home health agency for 3 years following termination of services.

ST - H0850 - Care Plan & Coordination: Advance Directive

Title Care Plan & Coordination: Advance Directive

Type Rule

59A-8.0245, F.A.C.

Regulation Definition

59A-8.0245
(1) Each home health agency shall have written policies and procedures, which delineate the agency's position with respect to the state law and rules relative to advance directives. The policies shall not condition treatment or admission upon whether or not the individual has executed or waived an advance directive. In the event of conflict between the agency's policies and procedures and the patient's advance directive, provision should be made in accordance with chapter 765, F.S.
(2) The home health agency's policy shall include:
(a) Providing each adult patient, in advance of receiving services, with a copy of "Health Care Advance Directives - The Patients' Right to Decide," as prepared by the Agency for Health Care Administration, revised April 2006, and available at http://www.floridahealthfinder.gov/reports-guides/reports-guides.aspx, which is hereby incorporated by reference (http://www.flrules.org/Gateway/reference.asp?No=Ref-03070),

Interpretive Guideline

Review the agency's policy and procedure regarding advance directives including inclusion of advance directive status on the plan of care.

or with a copy of a document drafted by a person or organization other than AHCA which is a written description of Florida's state law regarding advance directives;
(b) Providing each adult patient, in advance of receiving services, with written information concerning the home health agency's policies respecting advance directives; and,
(c) The requirement that documentation of whether or not the patient has executed an advance directive shall be contained in the patient's medical record and not kept solely at another location in the agency. If an advanced directive has been executed, a copy of that document shall be made a part of the patient's medical record. If the home health agency does not receive a copy of the advanced directive for a patient, the agency must document that it has requested a copy in the patient's record.
(d) A home health agency shall be subject to revocation of their license and a fine of not more than $500 per incident, or both, pursuant to section 400.474(1), F.S., if the home health agency, as a condition of treatment or admission, requires an individual to execute or waive an advance directive, pursuant to section 765.110, F.S.

ST - H0851 - Care Plan & Coordination; DNR

Title Care Plan & Coordination; DNR

Type Rule

400.487(7), F.S.; 59A-8.0245(3) FAC

Regulation Definition

400.487
(7) Home health agency personnel may withhold or withdraw cardiopulmonary resuscitation if presented with an order not to resuscitate executed pursuant to s. 401.45. .... Home health personnel and agencies shall not be subject to criminal prosecution or civil liability, nor be considered to have

Interpretive Guideline

Review the agency's policy and procedure regarding advance directives including a physician order for DNR and inclusion on the plan of care.

engaged in negligent or unprofessional conduct, for withholding or withdrawing cardiopulmonary resuscitation pursuant to such an order and rules adopted by the agency.

59A-8.0245
(3) Pursuant to section 400.487(7), F.S., a home health agency may honor a DNRO as follows:
Cardiopulmonary resuscitation may be withheld or withdrawn from a patient only if a valid Do Not Resuscitate Order (DNRO) is present, executed pursuant to section 401.45, F.S. The Department of Health has developed a DNRO form that is described and available to the public as stated in rule 64J-2.018, F.A.C.

ST - H0900 - Care Plan & Coordination; Verbal orders

Title Care Plan & Coordination; Verbal orders

Type Rule

59A-8.0215(2) FAC

Regulation Definition

59A-8.0215(2) Any verbal changes are put in writing and signed and dated with the date of receipt by the nurse or therapist who talked with the physician, physician assistant, or advanced practice registered nurse's office

Interpretive Guideline

All verbal orders are part of the plan of care. Home health staff should be working from the current plan which includes the initial plan of care and all patient care orders.

Routine monitoring of vital signs, including pulse oximetry, do not require a physician order.

Physician orders may be accepted from the physician or physician delegate, only by licensed nurses and therapists.

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ST - H0920 - Care Plan & Coordination; Follow orders

Title Care Plan & Coordination; Follow orders

Type Rule

59A-8.0215(2) FAC

Regulation Definition	Interpretive Guideline
59A-8.0215 (2) Home health agency staff must follow the physician, physician assistant, or advanced practice registered nurse's treatment orders that are contained in the plan of care. If the orders cannot be followed and must be altered in some way, the patient's physician, physician assistant, or advanced practice registered nurse must be notified and must approve of the change.	Refer to H501 for more information on missed visits. Physician orders for treatments and services are the basis of the plan of care. If the agency misses a visit/treatment/service as required in the orders/plan of care, then the agency should notify the physician. The physician decides whether additional intervention is required by the home health agency. The physician should not be contacted to reduce the frequency of services based solely on the availability of home health staff.

ST - H0930 - Care Plan Provider sign orders

Title Care Plan Provider sign orders

Type Rule

400.487(2), 400.462(32); 59A-8.022(6)(a)

Regulation Definition	Interpretive Guideline
400.487 (2) When required by the provisions of chapter 464; part I, part III, or part V of chapter 468; or chapter 486, the attending physician, physician assistant, or advanced practice registered nurse, acting within his or her respective scope of practice, shall establish treatment orders for a patient who is to receive skilled care. The treatment orders must be signed by the physician, physician assistant, or advanced practice registered nurse	The signature may be written or in electronic form. A method should be established to identify the signer. The orders should be reviewed frequently as the patient's condition indicates. Florida law requires that physician orders must be taken from a physician that is licensed in the state of Florida. If an agency uses the medical director to co-sign the orders received from out of state physicians, the agency should be able to demonstrate a collaboration with the out of state physician and agreement with the orders.

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before a claim for payment for the skilled services is submitted by the home health agency. If the claim is submitted to a managed care organization, the treatment orders must be signed within the time allowed under the provider agreement. The treatment orders shall be reviewed, as frequently as the patient's illness requires, by the physician, physician assistant, or advanced practice registered nurse in consultation with the home health agency.

400.462 (32) "Treatment orders" means written orders signed by a physician, physician assistant, or advanced practice registered nurse, acting within his or her respective scope of practice, which authorizes the provision of care or treatment to a patient in his place of residence by registered nurses, licensed practical nurses, physical therapists, occupational therapists, speech therapists, or dietitians/nutritionists.

59A-8.022(6), F.A.C. (6) (a)
a) Facsimile Signatures. The plan of care or written order may be transmitted by facsimile machine. The home health agency is not required to have the original signature on file. However, the home health agency is responsible for obtaining original signatures if an issue surfaces that would require certification of an original signature.

ST - H1000 - Care Plan & Coordination; DON Coordinate

Title Care Plan & Coordination; DON Coordinate

Type Rule

59A-8.0095(2)(c)(3), F.A.C.

Regulation Definition	Interpretive Guideline
59A-8.0095(2) Director of Nursing.	A non-skilled home health agency is not required to have a Director of Nursing.
(c) The director of nursing shall:	
3. Coordinate patient care services	Coordination includes the agency care team members, the patient, caregiver, and physician. The physician who

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initiated the plan of care is responsible for the ongoing plan of care, however many patients have multiple physicians involved in their care.
The home health agency is responsible for coordinating care with those physicians involved in the patient's home health skilled services.

This includes coordination of patient care services provided by contract staff. Refer to H0801.

ST - H1001 - Care Plan & Coordination; RN report changes

Title Care Plan & Coordination; RN report changes

Type Rule

59A-8.0095(3)(a)(3), F.A.C

Regulation Definition	**Interpretive Guideline**
59A-8.0095(3) Registered Nurse (a) A registered nurse shall be currently licensed in the state, pursuant to chapter 464, F.S., and: 3. Assure that progress reports are made to the physician, physician's assistant or advanced practice registered nurse for patients receiving nursing services when the patient's condition changes or there are deviations from the plan of care	

ST - H1002 - Care Plan & Coordination; LPN report to RN

Title Care Plan & Coordination; LPN report to RN

Type Rule

59A-8.0095(4)(b) (2), F.A.C.

Regulation Definition	**Interpretive Guideline**
59A-8.0095(4)(b) A licensed practical nurse shall: 2. Report any changes in the patient's condition to the registered nurse with the reports documented in the clinical record;	

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ST - H1003 - Care Plan & Coordination; ALF/AFCH

Title Care Plan & Coordination; ALF/AFCH

Type Rule

59A-8.008(5), F.A.C.

Regulation Definition	Interpretive Guideline
59A-8.008 (5) A home health agency which directly contracts with a resident of an assisted living facility or adult family care home to provide home health services -shall coordinate with the facility or home regarding the resident's condition -and the services being provided in accordance with the policy of the facility or home and if agreed to by the resident or the resident's representative. -The home health agency shall retain responsibility for the care and services it provides and -it shall avoid duplication of services by not providing care the assisted living facility is obligated, by resident contract, to provide to the patient.	The home health agency retains responsibility for the care and services it provides to a resident in an ALF. The home health agency is responsible for coordinating care with the ALF and avoid duplication of services provided. The home health agency should review a copy of the resident contract to ensure there is not a duplication of services. A surveyor may request to review a copy of the ALF contract to ensure there was not a duplication of services provided. An ALF is not allowed residents with a Stage 3 or 4 pressure sore. They may admit a patient with a Stage 2 provided the ALF is a licensed limited nursing services ALF or contracts with a home health agency to provide services. Refer to 59A-36.006 F.A.C. for requirements of ALF. The home health agency should report to AHCA an ALF that is providing services to a resident that are out of the scope of the ALF license. Refer to H1004, H2561 and H3105 for more information on ALFs.

ST - H1004 - Care Plan & Coordination; unlicensed ALF/AFCH

Title Care Plan & Coordination; unlicensed ALF/AFCH

Type Rule

400.474(2)(c) FS

Regulation Definition	Interpretive Guideline
400.474(2) Any of the following actions by a home health agency or its employee is grounds for disciplinary action by the agency:	If the HHA knowingly provided services without reporting the unlicensed facility within 72 hours, a Recommendation for Sanction to the General Counsel will be done by the Laboratory and In-home Services Unit to fine or revoke the license. Refer to H1003, H2561 and H3105 for more information on ALFs.

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(c) Knowingly providing home health services in an unlicensed assisted living facility or unlicensed adult family-care home, unless the home health agency or employee reports the unlicensed facility or home to the agency within 72 hours after providing the services.

ST - H1100 - QA; Program

Title QA; Program

Type Rule

59A-8.0095(2)(e) (7), 59A-8.002 (25)

Regulation Definition

59A-8.0095(2)(e) The director of nursing shall establish and conduct an ongoing quality assurance program.

The program shall include at least quarterly documentation of the review of the care and services of a sample of both active and closed clinical records by the director of nursing or his or her delegate.
The director of nursing assumes overall responsibility for the quality assurance program.

7. Findings of the quality assurance program are used to improve services.

59A-8.002 (25) "Quality assurance plan" means a plan which is developed and implemented by a home health agency to review and evaluate the effectiveness and appropriateness of service provision to patients and, upon identification of problems, requires specific action to correct the problems and deficiencies

Interpretive Guideline

A non-skilled home health agency is not required to have a Quality Assurance program.
The QA program should identify and track high risk, high volume, and problem prone areas. The analysis of these areas should be used to monitor the effectiveness, safety of services, and quality of care.
This includes tracking of adverse patient events and other aspects of care that enable the agency to assess the effectiveness and appropriateness of services.
The findings of the QA program should be used to identify opportunities for improvement.
High Risk areas could include pediatrics, wound care, administration of intravenous medications or tracheostomy care.
Adverse patient events are events that are negative and unexpected, impact a patient's plan of care, and have the potential to cause a decline in a patient's condition. These could include, falls, medication errors, and infections.
Refer to H2213 for requirements of medication errors inclusion in the QA program.

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ST - H1101 - QA; Acceptance of patients

Title QA; Acceptance of patients

Type Rule

59A-8.0095(2)(e) (1), F.A.C.

Regulation Definition	Interpretive Guideline
59A-8.0095(2)(e) The quality assurance program is to assure that: 1. The home health agency accepts patients whose home health service needs can be met by the home health agency;	Refer to H0800 for acceptance of patients.

ST - H1102 - QA; Case Assignment & POC

Title QA; Case Assignment & POC

Type Rule

59A-8.0095(2)(e) (2), F.A.C.

Regulation Definition	Interpretive Guideline
59A-8.0095(2)(e) The quality assurance program is to assure that: 2. Case assignment and management is appropriate, adequate, and consistent with the plan of care, medical regimen and patient needs. Plans of care are individualized based on the patient's needs, strengths, limitations and goals;	Refer to H0820 for plan of care.

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ST - H1103 - QA; care consistent with POC

Title QA; care consistent with POC

Type Rule

59A-8.0095(2)(e) (3), F.A.C.

Regulation Definition	Interpretive Guideline
59A-8.0095(2)(e) The quality assurance program is to assure that: 3. Nursing and other services provided to the patient are coordinated, appropriate, adequate, and consistent with plans of care;	

ST - H1104 - QA; Documentation of services

Title QA; Documentation of services

Type Rule

59A-8.0095(2)(e) (4), F.A.C.

Regulation Definition	Interpretive Guideline
59A-8.0095(2)(e) The quality assurance program is to assure that: 4. All services and outcomes are completely and legibly documented, dated and signed in the clinical service record;	

ST - H1105 - QA; Ensure P & P followed

Title QA; Ensure P & P followed

Type Rule

59A-8.0095(2)(e) (5), F.A.C.

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Regulation Definition	Interpretive Guideline
59A-8.0095(2)(e) The quality assurance program is to assure that: 5. The home health agency's policies and procedures are followed	

ST - H1106 - QA; confidentiality of data

Title QA; confidentiality of data

Type Rule

59A-8.0095(2)(e) (6), F.A.C.

Regulation Definition	Interpretive Guideline
59A-8.0095(2)(e) The quality assurance program is to assure that: 6. Confidentiality of patient data is maintained;	Refer to H0510 for confidential patient information.

ST - H1200 - Infection Prevention; Standards

Title Infection Prevention; Standards

Type Rule

59A-8.0095(2)(b-c), F.A.C.

Regulation Definition	Interpretive Guideline
59A-8.0095(2)(c) The director of nursing shall: 1. Establish policies and procedures that are consistent with recommended Centers for Disease Control (CDC) and Occupational Safety and Health Agency (OSHA) guidelines for: -safety -universal precautions -and infection control procedures;	Universal Precautions is an approach to infection control in which all human blood and certain body fluids are treated as if they are known infectious. Standard Precautions includes hand hygiene; the use of certain types of PPE based on anticipated exposure; safe injection practices; and safe management of contaminated equipment and other items in the patient environment. SP is applied to all patients even when they are not known or suspected to be infectious. To review OSHA guidelines: website https://www.osha.gov/bloodborne-pathogens/worker-protections#:~:text=Universal%20precautions%20(UP)%2C%20originally,of%20a%20patients'%20infection%20status.

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To review CDC guidelines for home health; website
https://www.cdc.gov/niosh/topics/healthcare/homehealthcare.html or
https://www.cdc.gov/infectioncontrol/basics/standard-precautions.html
The following are six (6) standard precautions, identified by the Center for Disease Control and Prevention (CDC) Healthcare Infection Control Practices Advisory Committee (HICPAC), which apply during any episode of patient care: 1. Hand Hygiene; 2. Environmental Cleaning and Disinfection; 3. Injection and Medication Safety; 4. Appropriate Use of Personal Protective Equipment; 5. Minimizing Potential Exposures; and 6. Reprocessing of reusable medical equipment between each patient and when soiled.
Environmental cleaning and disinfection present a unique challenge for HHA personnel. The HHA staff have little control over the home environment but must maintain clean equipment and supplies during the home visit, during transport of reusable patient care items in a carrying case in the staff vehicle, and for use in multiple patients' homes. Cleaning and disinfecting of reusable medical equipment is essential. Reusable medical equipment (e.g., blood glucose meters and other devices such as, blood pressure cuffs, oximeter probes) must be cleaned/disinfected prior to use on another patient and when soiled. The HHA must ensure that HHA staff are trained to: o (1) maintain separation between clean and soiled equipment to prevent cross contamination; and o (2) follow the manufacturer's instructions for use and current standards of practice for patient care equipment transport, storage, and cleaning/disinfecting.

ST - H1201 - Infection Prevention; Biomedical

Title Infection Prevention; Biomedical

Type Rule

59A-8.0095(2)(b), FAC

Regulation Definition

59A-8.0095(2)(b)
The director of nursing, the administrator, or alternate administrator shall establish policies and procedures on biomedical waste for home health agencies providing nursing and physical therapy services. The Department of Health website has information on biomedical waste handling and the requirements at
www.doh.state.fl.us/Environment/Community/biomedical.

Interpretive Guideline

Section 381.0098, Florida Statutes and Chapter 64E-16, of the Florida Administrative Code (FAC)(60kb PDF), provides guidance to facilities that generate biomedical waste to aid them in ensuring proper management of that waste.
The disposal of sharp containers in the home is a unique issue for home heath agencies. Agencies are required to provide disposal for sharps in which they administer . Many home health patients are insulin dependent diabetics and self-administer. Below is information on the proper disposal of insulin syringes in the home. The home health agency should be aware of the requirements for the disposal of home generated biomedical waste for their counties and provide the patient with education on proper disposal.
https://www.floridahealth.gov/environmental-health/biomedical-waste/home-management-of-sharps.html
To minimize risks from improper disposal of home-generated biomedical waste, e.g., needles, syringes with needles, diagnostic lancets, etc., many Florida counties have implemented programs that provide accessible and affordable

methods to dispose of this type of waste in a safe manner. These programs provide strategically located sites where residents can drop off a container filled with needles and at many sites receive a new container at minimal or no cost. If your county health department or local county government does not have this type of program, the United States Environmental Protection Agency (EPA) has several possible options for safe needle disposal. A United States Post Office list also provides approved biomedical waste mail-in services. Needles, syringes with needles, diagnostic lancets, etc., are placed into containers provided by these services and mailed to a facility for treatment.
As a last resort, if the options above are not feasible, the Florida Department of Health and the Florida Department of Environmental Protection recommend individuals follow the guidelines below.
Needle Disposal -If you use this last-resort option, make sure to check first with your local garbage company and your local landfill to make sure these disposal procedures are allowed in your county. If your county allows this last-resort option, place needles, syringes with needles, lancets, and other sharp objects into a hard-plastic or metal container with a screw-on top or other tightly fitting lid (i.e., an empty liquid-detergent bottle or paint can). Before the container is full all the way to the top, put on the top or lid and tape it on with heavy-duty tape. Put the container in the center of your trash when you throw it out. Do not put needles and other sharp objects in any container you plan to recycle. Do not use clear-plastic or glass containers. Do not throw loose or unprotected needles into your garbage. These guidelines are available in an English (219 KB pdf) brochure.
Other Medical Waste Disposal -Put soiled bandages, disposable sheets, medical gloves, and other contaminated non-sharp materials into a black or brown plastic bag. Securely tie or tape up the top of the bag. Place the bag in the center of your garbage when you throw it out.

ST - H1300 - Skilled Services; DON supervise

Title Skilled Services; DON supervise

Type Rule

59A-8.0095(2)(a)(1-2), F.A.C.

Regulation Definition

59A-8.0095(2) Director of Nursing.
(a) The director of nursing of the agency shall:
1. Meet the criteria as defined in Sections 400.462(10) and 400.476 (2), F.S.;
2. Supervise or manage, directly or through qualified subordinates, all personnel who provide direct patient care;

Interpretive Guideline

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ST - H1301 - Skilled Services; DON Professional Standards

Title Skilled Services; DON Professional Standards

Type Rule

59A-8.0095(2)(a) (3) F.A.C.

Regulation Definition	Interpretive Guideline
59A-8.0095(2) Director of Nursing. (a) The director of nursing of the agency shall: 3. Ensure that the professional standards of community nursing practice are maintained by all nurses providing care;	"Accepted standards of practice" include guidelines and recommendations issued by nationally recognized organizations with expertise in the relevant field. The Agency for Healthcare Research and Quality (AHRQ) maintains a National Guideline Clearinghouse as a public resource for summaries of evidence-based clinical practice guidelines.

ST - H1302 - Skilled Services; DON evaluate personnel

Title Skilled Services; DON evaluate personnel

Type Rule

59A-8.0095(2)(c)(2), F.A.C.

Regulation Definition	Interpretive Guideline
59A-8.0095(2) Director of Nursing. (c) The director of nursing shall: 2. Employ and evaluate nursing personnel;	

ST - H1303 - Skilled Services; DON Maintain P&P

Title Skilled Services; DON Maintain P&P

Type Rule

59A-8.0095(2)(a) (4), F.A.C.

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Regulation Definition	Interpretive Guideline
59A-8.0095 (2) Director of Nursing. (a) The director of nursing of the agency shall: 4. Maintain and adhere to agency procedure and patient care policy manuals.	

ST - H1304 - Skilled; DON P&P Delegation tasks

Title Skilled; DON P&P Delegation tasks

Type Rule

59A-8.0095(2)(a)(5), FAC

Regulation Definition	Interpretive Guideline
59A-8.0095(2) Director of Nursing. (a) The director of nursing of the agency shall: 5. Establish and adopt policies and procedures for the delegation process of nursing tasks and activities as specified in Chapter 64B9-14, F.A.C.	Refer to H1500-1506 for RN delegation of tasks to an aide. Refer to H2200-2214 for aide delegation of tasks from an RN.

ST - H1305 - Skilled; DON P&P admit assign,manage

Title Skilled; DON P&P admit assign,manage

Type Rule

59A-8.0095(2)(c)(4), F.A.C.

Regulation Definition	Interpretive Guideline
59A-8.0095 (2) Director of Nursing. (c) The director of nursing shall: 4. Set or adopt policies for, and keep records of criteria for admission to service, case assignments and case management	

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ST - H1306 - Skilled Services; DON Verify Services provide

Title Skilled Services; DON Verify Services provide

Type Rule

59A-8.0095(2)(d), F.A.C.

Regulation Definition

59A-8.0095(2) (d) Pursuant to Section 400.497(5)(a), F.S., the director of nursing shall establish a process to verify that skilled nursing and personal care services were provided. When requested by an AHCA employee, the director of nursing shall provide a certified report that lists the home health services provided by a specified direct service staff person or contracted staff person for a specified time period as permitted in Section 400.497(5)(b), F.S.
A certified report shall be in the form of a written or typed document or computer printout and signed by the director of nursing.
The report must be provided to the surveyor within two hours of the request, unless the time period requested is longer than one year, then the report must be provided within three hours of the request.

Interpretive Guideline

ST - H1400 - Skilled Services: RN scope of practice

Title Skilled Services: RN scope of practice

Type Rule

59A-8.0095(3)(a)(4), F.A.C

Regulation Definition

59A-8.0095 (3) Registered Nurse (a)
4. A registered nurse shall be currently licensed in the state,

Interpretive Guideline

Refer to the Nurse Practice Act, Chapter 464, Part 1 for RN scope of practice.
http://www.leg.state.fl.us/statutes/index.cfm?App_mode=Display_Statute&URL=0400-0499/0464/0464.html

pursuant to chapter 464, F.S., and:4. Provide nursing services within the scope of practice authorized by the license issued by the State of Florida for a registered nurse.

ST - H1401 - Skilled Services; RN Case Manager

Title Skilled Services; RN Case Manager

Type Rule

59A-8.0095(3)(a)(1), FAC; 59A-8.002 (5)

Regulation Definition	Interpretive Guideline
59A-8.0095 (3) Registered Nurse. (a) A registered nurse shall be currently licensed in the state, pursuant to chapter 464, F.S., and: 1. Be the case manager in all cases involving nursing or both nursing and therapy care; 59A-8.002 (5) "Case management" means the initial assessment of the patient and caregiver for appropriateness of and acceptance for home health services; establishment and periodic review of a plan of care; implementation of medical treatment when ordered; referral, follow-up, provision of, evaluation of and supervision of care; coordination of services given by other health care providers; and documentation of all activities and findings.	An LPN cannot be the case manager. If skilled nursing is ordered, then the RN must be the case manager.

ST - H1402 - Skilled: RN Responsible Medical Records

Title Skilled: RN Responsible Medical Records

Type Rule

59A-8.0095(3)(a)(2), FAC

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Regulation Definition	Interpretive Guideline
59A-8.0095(3) Registered Nurse (a) A registered nurse shall be currently licensed in the state, pursuant to chapter 464, F.S., and: 2. Be responsible for the clinical record for each patient receiving nursing care;	

ST - H1403 - Skilled Services; RN responsible tasks assign

Title Skilled Services; RN responsible tasks assign

Type Rule

59A-8.0095(3)(b)

Regulation Definition	Interpretive Guideline
59A-8.0095 (3) (b) Each home health agency that provides skilled care or non-skilled care may have an RN assign personal care tasks to licensed practical nurses, certified nursing assistants and home health aides. The registered nurse maintains full responsibility for personal care tasks assigned to home health aides or CNAs and must ensure the home health aide or CNA is qualified to carry out those assignments based on their training and experience.	The home health agency and RN are responsible for assuring the aide is trained and qualified for any tasks assigned. The assignment of a patient to a CNA/home health aide should take into consideration the skills of the aide, the availability of the aide for patient care continuity, patient preference, and other considerations as determined by the patient care needs. A non-skilled home health agency may conduct the RN review and patient assignment through virtual visits, record review, phone calls or other electronic means. The supervisory RN of a non-skilled home health agency may not perform hands on care of the patient, including assessment and vital signs, as this would be considered a skill and would require compliance with all regulations for skilled home health agencies.

ST - H1404 - Skilled Services: RN supervisor (on call)

Title Skilled Services: RN supervisor (on call)

Type Rule

59A-8.003(9)(d), F.A.C.

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Regulation Definition	Interpretive Guideline
59A-8.003(9)(d) The home health agency shall have written policies and procedures governing 24-hour availability to licensed professional nursing staff by active patients of the home health agency receiving skilled care. These procedures shall describe an on-call system whereby designated nursing staff will be available to directly communicate with the patient. A home health agency that does not provide skilled services shall have written policies and procedures which address the availability of a registered nurse supervisor during hours of patient service.	A Skilled home health agency must have a Registered Nurse available after hours 24 hours a day, 7 days a week (on-call nurse). A Non-Skilled home health agency must have a Registered Nurse available during hours of patient service.

ST - H1500 - Skilled: RN delegation of tasks

Title Skilled: RN delegation of tasks

Type Rule

59A-8.0216 (1)(a), FAC

Regulation Definition	Interpretive Guideline
59A-8.0216 (1) A registered nurse (RN) may delegate tasks to a home health aide or certified nursing assistant (CNA) in accordance with sections 400.489, 400.490, 464.0156 and 464.2035, F.S., provided the following criteria are met: (a) The home health agency is licensed to provide skilled care;	Refer to H1304 for Director of Nursing responsibility to establish a policy and procedure for the delegation of tasks by the RN to the aide.

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ST - H1501 - Skilled: RN Delegate train/validate

Title Skilled: RN Delegate train/validate

Type Rule

59A-8.0216 (1)(b); 59A-8.0095 (3)(e)

Regulation Definition	Interpretive Guideline
59A-8.0216 (1) A registered nurse (RN) may delegate tasks to a home health aide or certified nursing assistant (CNA) in accordance with sections 400.489, 400.490, 464.0156 and 464.2035, F.S., provided the following criteria are met: (b) The home health aide or CNA has met the training and validation pursuant to section 400.489 and 464.2035, F.S., and Rule 59A-8.0097, F.A.C.; 59A-8.0095 (3)(e) Delegation of tasks for which additional training and validation is required. If the home health agency provides skilled care, an RN may delegate tasks in addition to assigned personal care tasks, including medication administration, to a home health aide or CNA qualified to perform the task pursuant to Rules 59A-8.0097, 59A-8.0219 and 59A-8.0216, F.A.C.	

ST - H1502 - Skilled: RN Delegate documentation

Title Skilled: RN Delegate documentation

Type Rule

59A-8.0216(7)&(1)(c),400.490, 400.464(5)

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Regulation Definition	Interpretive Guideline
59A-8.0216 (7) The registered nurse delegating the task of medication administration must maintain documentation that the home health aide or CNA has completed a medication administration course and is currently validated in accordance with Rule 59A-8.0097, F.A.C.	
59A-8.0216 (1) A registered nurse (RN) may delegate tasks to a home health aide or certified nursing assistant (CNA) in accordance with sections 400.489, 400.490, 464.0156 and 464.2035, F.S., provided the following criteria are met: (c) The registered nurse delegating the task determines that the home health aide or CNA is competent to perform the task, 400.490 Nurse-delegated tasks. -A certified nursing assistant or home health aide may perform any task delegated by a registered nurse as authorized in this part and in chapter 464, including, but not limited to, medication administration.	
400.464 (5) If a licensed home health agency authorizes a registered nurse to delegate tasks, including medication administration, to a certified nursing assistant pursuant to chapter 464 or to a home health aide pursuant to s. 400.490, the licensed home health agency must ensure that such delegation meets the requirements of this chapter and chapter 464 and the rules adopted thereunder	

ST - H1503 - Skilled: RN delegate responsibilities

Title Skilled: RN delegate responsibilities

Type Rule

59A-8.0216 (5); 59A-8.0219 (1)

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Regulation Definition	Interpretive Guideline
59A-8.0216 (5) The registered nurse maintains accountability for the patient. 59A-8.0219 (1) (1) Medication Administration. The supervising or delegating nurse maintains responsibility for any medication administration task delegated to a home health aide or CNA pursuant to sections 464.0156, 464.2035, 400.489, and 400.490, F.	

ST - H1504 - Skilled: RN may NOT delegate

Title Skilled: RN may NOT delegate

Type Rule

59A-8.0216 (3)&(8), FAC

Regulation Definition	Interpretive Guideline
59A-8.0216 (3) A registered nurse shall follow the delegation process outlined in Rule 64B9-14.002, F.A.C. when delegating a task to a home health aide or CNA. (8) Pursuant to section 464.0156, F.S., a registered nurse may not delegate tasks that: (a) Are not within the delegating or supervising nurse's scope of practice. (b) Require the use of the nursing process including assessment, diagnosis, planning, implementation and evaluation. (c) Require the knowledge, judgment or skills of a licensed health care professional.	Department of Health, Board of Nursing 64B9-14.002 In the delegation process, the delegator must use nursing judgment to consider the suitability of the task or activity to be delegated. (1) Factors to weigh in selecting the task or activity include: (a) Potential for patient harm. (b) complexity of the task. (c) Predictability or unpredictability of outcome including the reasonable potential for a rapid change in the medical status of the patient. (d) Level of interaction required or communication available with the patient. (e) Resources both in equipment and personnel available in the patient setting. (2) Factors to weigh in selecting and delegating to a specific delegate include: (a) Normal assignments of the UAP. (b) Validation or verification of the education and training of the delegate. (3) The delegation process shall include communication to the UAP which identifies the task or activity, the expected or desired outcome, the limits of authority, the time frame for the delegation, the nature of the supervision required, verification of delegate's understanding of assignment, verification of monitoring and supervision.

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(4) Initial allocation of the task or activity to the delegate, periodic inspection of the accomplishment of such task or activity, and total nursing care responsibility remains with the qualified nurse delegating the tasks or assuming responsibility for supervision.

ST - H1505 - Skilled Services: RN delegation documentation

Title Skilled Services: RN delegation documentation

Type Rule

59A-8.0216 (4) (a-e) FAC

Regulation Definition	Interpretive Guideline
59A-8.0216 (4) A registered nurse delegating a task to a home health aide or CNA shall document the following: (a) Name of the patient and task being performed; (b) The expected or desired outcome; (c) The time frame for the delegation; (d) The nature of the supervision required; (e) Verification of the home health aide's or CNA's understanding of the task; and	

ST - H1506 - Skilled: RN Delegation Assessment Aide

Title Skilled: RN Delegation Assessment Aide

Type Rule

59A-8.0216(4)(f) FAC

Regulation Definition	Interpretive Guideline
59A-8.0216 (4) A registered nurse delegating a task to a home health aide or CNA shall document the following: (f) Periodic inspection and assessment of the home health aide or CNA's performance of the task in accordance with Rule 64B9-14, F.A.C	

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ST - H1550 - Skilled Services; IV services

Title Skilled Services; IV services

Type Rule

400.464 (3) FS; 59A-8.002 (13)

Regulation Definition	Interpretive Guideline
400.464 (3) A home infusion therapy provider must be licensed as a home health agency or nurse registry.	If it is determined an LPN is providing IV services including IV insertions and IV therapy, request evidence of the LPN's IV certification. An LPN is required to obtain additional training and certification to perform any IV related services.
59A-8.002 (13) "Home infusion therapy services" means teaching, assessment, evaluation and clinical services related to the administration of intravenous substances provided by a professional licensed under Chapter 464, 458 or 459, F.S.	Refer to H1603 for LPN scope of services.

ST - H1600 - Skilled Services: LPN supervision

Title Skilled Services: LPN supervision

Type Rule

59A-8.0095(4)(a), F.A.C.

Regulation Definition	Interpretive Guideline
59A-8.0095(4)(a), A licensed practical nurse shall be currently licensed in the state, pursuant to chapter 464, F.S., Provide nursing care assigned by and under the direction of a registered nurse who provides on-site supervision as needed, based upon the severity of patient's medical condition and the nurse's training and experience. Supervisory visits will be documented in patient files.	

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ST - H1601 - Skilled Services; LPN annual eval

Title Skilled Services; LPN annual eval

Type Rule

59A-8.0095(4)(a), F.A.C

Regulation Definition	Interpretive Guideline
59A-8.0095(4)(a), Provision shall be made in agency policies and procedures for annual evaluation of the LPN's performance of duties by the registered nurse.	

ST - H1602 - Skilled Services: LPN clinical notes

Title Skilled Services: LPN clinical notes

Type Rule

59A-8.0095(4)(b) (1), F.A.C.

Regulation Definition	Interpretive Guideline
59A-8.0095(4)(b) A licensed practical nurse shall: 1. Prepare and record clinical notes for the clinical record;	

ST - H1603 - Skilled Services: LPN scope of practice

Title Skilled Services: LPN scope of practice

Type Rule

59A-8.0095(4)(b)(3-4), F.A.C.

Regulation Definition	Interpretive Guideline
59A-8.0095 (4)(b) A licensed practical nurse shall:	Refer to the Nurse Practice Act for LPNs, Chapter 464, Part 1. http://www.leg.state.fl.us/statutes/index.cfm?App_mode=Display_Statute&URL=0400-0499/0464/0464.html

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3. Provide care to the patient including the administration of treatments and medications within the scope of practice authorized by the license issued by the State of Florida for a licensed practical nurse; and, 4. Perform other duties assigned by the registered nurse.	If it is determined an LPN is providing IV services including IV insertions and IV therapy, request evidence of the LPN's IV certification. An LPN is required to obtain additional training and certification to perform any IV related services.

ST - H1700 - Skilled: PT scope & duties

Title Skilled: PT scope & duties

Type Rule

59A-8.0095(6)(a-b)

Regulation Definition	Interpretive Guideline
59A-8.0095(6) (a) The physical therapist shall be currently licensed in the state, pursuant to chapter 486, F.S. The physical therapist assistant shall be currently licensed in the state, pursuant to chapter 486, F.S. 1. Services provided by the physical therapist shall be performed within the scope of practice authorized by the license issued by the State of Florida for the practice of physical therapist. (b) The responsibilities of the physical therapist are: 1. To provide physical therapy services as prescribed by a physician, physician assistant, or advanced practice registered nurse, acting within their scope of practice, which can be safely provided in the home and assisting the physician, physician assistant, or advanced practice registered nurse in evaluating patients by applying diagnostic and prognostic muscle, nerve, joint and functional abilities test; 2. To observe and record activities and findings in the clinical record and report to the physician, physician assistant, or advanced practice registered nurse the patient's reaction to treatment and any changes in patient's condition, or when there are deviations from the plan of care;	Scope of Practice is found in the Physical Therapy Practice Act, Chapter 486, F.S. Physical Therapist is responsible for assessing the patient, identifying the level of acuity, planning the patient's treatment program, and implementing and directing the program. Florida Department of Health provides minimum standards of practice at 64B17-6, F.A.C.

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3. To instruct the patient and caregiver in care and use of physical therapy devices;
4. To instruct other health team personnel including, when appropriate, home health aides and caregivers in certain phases of physical therapy with which they may work with the patient; and,
5. To instruct the caregiver on the patient's total physical therapy program.

ST - H1701 - Skilled: PT Case Manage

Title Skilled: PT Case Manage

Type Rule

59A-8.008(2), F.A.C.

Regulation Definition	Interpretive Guideline
59A-8.008 (2) In cases of patients receiving only physical, speech, respiratory or occupational therapy services, or in cases of patients receiving only one or more of these therapy services and home health aide services, case management shall be provided by the licensed therapist, who is a direct employee of the agency or a contractor.	

ST - H1750 - Skilled Services; Physical Therapy Assistant

Title Skilled Services; Physical Therapy Assistant

Type Rule

59A-8.002 (23); 59A-8.0095(6) (a) (2)

Regulation Definition	Interpretive Guideline
59A-8.002 (23) "Physical therapy assistant" means a person licensed to assist in the practice of physical therapy pursuant to Chapter 486, F.S.	See also state rule 64B17-6, FAC, for Minimum Standards of Practice for Physical Therapy Assistants. The Physical Therapist Assistant may not initiate or change treatment without the prior assessment and approval of the physical therapist.

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59A-8.0095(6) (a) (2)
2. Services provided by the physical therapist assistant will be provided under the general supervision of a licensed physical therapist and shall not exceed any of the duties authorized by the license issued by the State of Florida for the practice of physical therapist assistant.
General supervision means the supervision of a physical therapist assistant shall not require on-site supervision by the physical therapist.
The physical therapists shall be accessible at all times by two-way communication, which enable the physical therapist to be readily available for consultation during the delivery of care.

The Physical Therapy Assistant must report all untoward patient responses or changes in medical status to the Physical Therapist.

ST - H1800 - Skilled: OT scope & duties

Title Skilled: OT scope & duties

Type Rule

59A-8.0095(8)(a-b), F.A.C.

Regulation Definition

59A-8.0095(8)
(a) The occupational therapist shall be currently licensed in the state, pursuant to chapter 468, F.S.,
(b) The duties of the occupational therapist are:
1. To provide occupational therapy services as prescribed by a physician, physician assistant, or advanced practice registered nurse, acting within their scope of practice, which can be safely provided in the home and to assist the physician, physician assistant, or advanced practice registered nurse in evaluating the patient's level of function by applying diagnostic and therapeutic procedures;
2. To guide the patient in the use of therapeutic, creative and self-care activities for the purpose of improving function;

Interpretive Guideline

Occupational Therapy Practice Act, Chapter 468, F.S.:

See also state rule 64B11-4, FAC, for Standards of Practice for occupational therapy.

Use of an electrical stimulation device or ultrasound requires a prescription and additional training the therapist.

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3. To observe and record activities and findings in the clinical record and to report to the physician, physician assistant, or advanced practice registered nurse the patient's reaction to treatment and any changes in the patient's condition, or when there are deviations from the plan of care; and,
4. To instruct the patient, caregivers and other health team personnel, when appropriate, in therapeutic procedures of occupational therapy.

ST - H1850 - Skilled Services: OTA

Title Skilled Services: OTA

Type Rule

59A-8.0095(8)(a), F.A.C.

Regulation Definition	Interpretive Guideline
59A-8.0095 (8) (a) ...the occupational therapist assistant shall be currently licensed in the state, pursuant to chapter 468, F.S. Duties of the occupational therapist assistant shall be directed by the licensed occupational therapist and shall be within the scope of practice authorized by the license issued by the State of Florida for the practice of occupational therapist assistant.	Occupational Therapy Practice Act, Chapter 468, F.S.: See also state rule 64B11-4, FAC, for Standards of Practice for occupational therapy:

ST - H1900 - Skilled Services: Speech Language Pathologist

Title Skilled Services: Speech Language Pathologist

Type Rule

59A-8.0095(7), F.A.C.

Regulation Definition	Interpretive Guideline
59A-8.0095 (7) Speech Pathologist. The speech pathologist shall be	"Practice of speech-language pathology" means the application of principles, methods, and procedures for the prevention, identification, evaluation, treatment, consultation, habilitation, rehabilitation, instruction, and research,

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currently licensed in the state, pursuant to chapter 468, F.S., and shall:
(a) Assist the physician, physician assistant, or advanced practice registered nurse in evaluating the patient to determine the type of speech or language disorder and the appropriate corrective therapy;
(b) Provide rehabilitative services for speech and language disorders;
(c) Record activities and findings in the clinical record and to report to the physician, physician assistant, or advanced practice registered nurse the patient's reaction to treatment and any changes in the patient's condition, or when there are deviations from the plan of care; and,
(d) Instruct other health team personnel and caregivers in methods of assisting the patient to improve and correct speech disabilities.

relative to the development and disorders of human communication; to related oral and pharyngeal competencies; and to behavior related to disorders of human communication.

"Disorders" are defined to include any and all conditions, whether of organic or nonorganic origin, that impede the normal process of human communication, including, but not limited to, disorders and related disorders of speech, phonology, articulation, fluency, voice, accent, verbal and written language and related nonoral/nonverbal forms of language, cognitive communication, auditory and visual processing, memory and comprehension, interactive communication, mastication, deglutition, and other oral, pharyngeal, and laryngeal sensorimotor competencies.

According to 468.1125 a Speech language pathologist may Determine the need for personal alternatives or augmentative systems, and recommend and train for the utilization of such systems.

ST - H1950 - Skilled Services; Social Worker

Title Skilled Services; Social Worker

Type Rule

59A-8.002 (28); 59A-8.0095(10)(a), F.A.C

Regulation Definition

59A-89.002(28) "Social Worker" means a person who has a degree in social work and who works with patients and families to help them adjust to the social and emotional factors related to the patient's health problems
59A-8.0095 (10) Social Worker.
(a) The social worker shall be a graduate of an accredited school of social work with one year of experience in social services and shall:
1. Assist the physician, physician assistant, or advanced practice registered nurse and other members of the health team in understanding significant social and emotional factors

Interpretive Guideline

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related to the patient's health problems;
2. Assess the social and emotional factors in order to estimate the patient's capacity and potential to cope with problems of daily living;
3. Help the patient and caregiver to understand, accept and follow medical recommendations and provide services planned to restore the patient to optimum social and health adjustment;
4. Assist patients and caregivers with personal and environmental difficulties which predispose toward illness or interfere with obtaining maximum benefits from medical care; and,
5. Identify resources, such as caregivers and community agencies, to assist the patient to resume life in the community, including discharge planning, or to learn to live within his disability.

ST - H1951 - Skilled Services: Social Worker Licensed

Title Skilled Services: Social Worker Licensed

Type Rule

59A-8.0095(10)(b), F.A.C.

Regulation Definition

59A-8.0095(10)(b) The social worker shall not provide clinical counseling to patients or caregivers unless licensed pursuant to chapter 491, F.S.

Interpretive Guideline

ST - H1970 - Skilled Services; Respiratory Therapist

Title Skilled Services; Respiratory Therapist

Type Rule

59A-8.0095(9), F.A.C

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Regulation Definition

59A-8.0095
(9) Respiratory Therapist.
(a) The respiratory therapist shall be currently licensed by the state pursuant to Chapter 468, F.S., and have at least one year of experience in respiratory therapy.
(b) The responsibilities of the respiratory therapist are:
1. To provide respiratory therapy services, prescribed by a physician, physician assistant, or advanced practice registered nurse, acting within their scope of practice, which can be safely provided in the home and to assist the physician, physician assistant, or advanced practice registered nurse in evaluating patients through the use of diagnostic testing related to the cardiopulmonary system;
2. To observe and record activities and findings in the clinical record and report to the physician, physician assistant, or advanced practice registered nurse the patient's reaction to treatment and any changes in the patient's condition, or when there are deviations from the plan of care;
3. To instruct the patient and caregiver in care and use of respiratory therapy devices;
4. To instruct other health team personnel including, when appropriate, home health aides and caregivers in certain phases of respiratory therapy in which they may assist the patient; and,
5. To instruct the patient and caregiver on the patient's total respiratory therapy program.

Interpretive Guideline

ST - H1980 - Skilled Services: Dietician/Nutritionist

Title Skilled Services: Dietician/Nutritionist

Type Rule

59A-8.0095(11)(a-b);59A-8.002(6-7)

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Regulation Definition

59A-8.0095
(11) Dietitian/Nutritionist.
(a) The dietitian/nutritionist shall be currently licensed in this state, pursuant to Chapter 468, F.S., with at least 1 year of experience in dietetics and nutrition practice.
(b) The responsibilities of the dietitian/nutritionist are:
1. To evaluate the nutrition needs of individuals in the home, using appropriate data to determine nutrient needs or status, and to make nutrition recommendations to the patient to maximize the patient's health and well-being;
2. To provide dietetics and nutrition counseling in the home, as prescribed by a physician, physician assistant, or advanced practice registered nurse, acting within their scope of practice;
3. To observe and record activities and findings in the clinical record and report to the physician, physician assistant, or advanced practice registered nurse, the patient's reaction to treatment and any changes in a patient's condition;
4. To instruct the patient, caregiver(s), and other health team personnel in various phases of dietetic and nutrition treatment.

59A-8.002
(6) "Dietetics and nutrition practice" means assessing nutrition needs and status using appropriate data; recommending dietary regimens, nutrition support, and nutrient intake; improving the patient's health status through nutrition counseling and education.
(7) "Dietitian/Nutritionist" means a person licensed to engage in dietetics and nutrition practice pursuant to Chapter 468, F.S.

Interpretive Guideline

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ST - H1981 - Skilled Services: Dietician Case manage

Title Skilled Services: Dietician Case manage

Type Rule

59A.8.008(3), F.A.C.

Regulation Definition

59A.8.008 (3) In cases of patients receiving only dietetic and nutrition services, case management shall be provided by the licensed dietitian/nutritionist who is a direct employee of the agency or an independent contractor.

Interpretive Guideline

ST - H2000 - Aide; CNA

Title Aide; CNA

Type Rule

59A-8.0095(5)(b), F.A.C.

Regulation Definition

59A-8.0095 (5) Home Health Aide and Certified Nursing Assistant.
(b) Prior to a CNA providing services, the home health agency shall have documentation of the CNA's current State of Florida certification.

A CNA that is currently certified in another state may work as a home health aide in a home health agency in Florida if they present a copy of their current certificate as a nursing assistant from that state.

Interpretive Guideline

The CNA programs are provided by State-approved nursing assistant programs of 4-15 weeks duration. The aide must pass the CNA examination to obtain a Florida CNA license.

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ST - H2001 - Aide; Home Health Aide

Title Aide; Home Health Aide

Type Rule

59A-8.0095(5)(c)(1-14 &16) & (d-e,q)

Regulation Definition

59A-8.0095(5)(c)(1-14 & 16) F.A.C
(c) Prior to a home health aide providing services, a home health agency shall have on file documentation of the home health aide's successful completion of at least forty hours of training in the following subject areas or successful passage of the competency test as stated in section (i), pursuant to Section 400.497(1), F.S.

An individual may complete home health aide training through a home health agency licensed under Chapter 400, Part III, F.S., for the purpose of employment with the agency. Home health aides who are licensed, certified or trained in another state must provide documentation of course completion, such as transcripts or a certificate that includes the course curriculum, to the employing home health agency as evidence of required training.
1. Communication skills;
2. Observation, reporting and documentation of patient or client status and the care or services provided;
3. Reading and recording temperature, pulse and respiration;
4. Basic infection control procedures;
5. Basic elements of body functions that must be reported to the registered nurse supervisor;
6. Maintenance of a clean and safe environment;
7. Recognition of emergencies and applicable follow-up within the home health aide scope of performance;
8. Physical, emotional, and developmental characteristics of

Interpretive Guideline

Most CNA programs provide home health aide training as part of their curriculum. The home health agency should have documentation of the CNA completion of the home health training.
The aide may complete the 40 hours of training to become a home health aide, or they may complete and pass the AHCA competency test.
A person may become a home health aide without a CNA license. The home health aide may provide care for non-skilled providers. The home health aide is a State only training program.
A Medicare/Medicaid certified home health agency should refer to Federal guidelines for additional training requirements for aides.
A CNA prep course is not a substitute for the 40 hour home health aide training.

the populations served by the agency, including the need for respect for the patient or client, his privacy, and his property;
9. Appropriate and safe techniques in personal hygiene and grooming, including bed bath, sponge, tub, or shower bath; shampoo, sink, tub, or bed; nail and skin care; oral hygiene; care of dentures;
10. Safe transfer techniques, including use of appropriate equipment, and ambulation;
11. Normal range of motion and positioning;
12. Nutrition and fluid intake;
13. Cultural differences in families;
14. Food preparation and household chores;
16. Other topics pertinent to home health aide services.

59A-8.0095(5) (d)
(d) A home health aide seeking employment with a Medicare or Medicaid certified home health agency may be required to provide evidence of additional training incorporated within the Medicare Conditions for Participation, 42 C.F.R., Part 484, and available at https://ecfr.io/Title-42/Part-484.

59A-8.0095(5) (e)
(e) If a home health aide successfully completes training through a vocational school or a nonpublic post-secondary career school approved by Florida Department of Education, the individual must present to a home health agency a diploma or certificate issued by that institution. If the home health aide completes the training through a home health agency, and wishes to be employed at another agency, the individual must present to the other home health agency documentation of successful completion of training as listed in paragraph (5)(c).

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59A-8.0095(5)(q) FAC
(q) Individuals who have graduated from an accredited school of nursing, and are waiting to take their boards for licensure in Florida, may work as a home health aide.
RNs or LPNs who can show proof they are licensed in another state or in Florida, may work as a home health aide in Florida.

ST - H2002 - Aide; Home Health Aide, Trainer qualification

Title Aide; Home Health Aide, Trainer qualification

Type Rule

59A.0095 (5) (h)

Regulation Definition	Interpretive Guideline
59A.0095 (5) (h) Home health aide training must be performed by or under the general supervision of a registered nurse who possesses a minimum of two years nursing experience one of which must have been in the provision of home health care.	Refer H2202 for trainer qualifications for RN delegation of medication administration.

ST - H2003 - Aide; Agency teach home health course

Title Aide; Agency teach home health course

Type Rule

59A-8.0095(5)(f-g), F.A.C.

Regulation Definition	Interpretive Guideline
59A.0095 (5) (f) A home health agency that teaches the home health aide course to their employees pursuant to Section 400.497(1), F.S., but is classified as a nonpublic post-secondary career school by the Florida Department of Education, must issue the following documentation to individuals at the time of successful completion of the training course. The documentation must include the following: the	

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title "Home Health Aide Documentation;" the name, address, phone number, and license number of the home health agency; the student's name, address, phone number, and social security number; total number of clock hours completed in the training; the number of clock hours for each unit or topic of training; signature of the person who directed the training; and the date the training was completed. It must be stated on the documentation that Section 400.497(1), F.S., permits the home health agency conducting this training to provide such documentation.
(g) A home health agency that teaches the home health aide course but is not an approved nonpublic post-secondary career school, cannot charge a fee for the training and cannot issue a document of completion with the words "diploma," "certificate," "certification of completion," or "transcript." The home health agency cannot advertise that they are offering "training for home health aides." The agency can indicate they are hiring home health aides with the intention of providing training

ST - H2004 - Aide; home health aide, Competency test

Title Aide; home health aide, Competency test

Type Rule

59A-8.0095(5)(i) FAC

Regulation Definition

59A.0095 (5) (i) A licensed home health agency may choose to administer the Home Health Aide Competency Test, form number AHCA 3110-1007, February, 2001, incorporated by reference, in lieu of the forty hours of training required in paragraph 59A-8.0095(5)(d), F.A.C. This test is designed for home health agencies to determine competency of potential employees. Home health agencies may obtain the form by sending a request to

Interpretive Guideline

The agency may contact the Laboratory and In-home unit for a copy of the competency test.

HQAHOMEHEALTH@ahca.myflorida.com.
1. Home health agencies that choose to administer the test, must maintain documentation of the aide's successful passage of the competency test. However, if the home health aide does not pass the test, it is the decision of the home health agency giving the test as to whether the aide may take the test again. The home health agency may also provide training or arrange for training in the areas that were not passed on the test prior to the aide re-taking the test.
a. The Home Health Aide Competency Test, form number AHCA 3110-1007, February 2001, has two parts: a practical part in which competency is determined through observation of the performance of tasks and a written part with questions to answer. Successful passage of the test means the accurate performance of all 14 tasks on the practical part plus correctly answering 90 of the 104 questions on the written part.
b. Successful passage of the competency test alone does not permit a home health aide to assist with self-administration of medication as described in Section 400.488, F.S. Any home health aide that will assist patients with self-administration of medications must have completed two hours of training on assistance with self-administered medication as required in subparagraph 59A-8.0095(5)(d)15., F.A.C.
2. Any staff person of a home health agency may administer the written portion of the test, but the practical competency test must be administered and evaluated by a registered nurse or a licensed practical nurse under the supervision of a registered nurse. The staff person, registered nurse, or licensed practical nurse may also be responsible for grading the written test.
3. When a home health aide completes the competency test through the employing agency and wishes to be employed at another agency, the home health agency shall furnish documentation of successful passage of the test to the

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requesting agency pursuant to section 400.497(1), F.S. Documentation of successful passage may be provided in a format established by the home health agency, except as prohibited in sections (5) (f) and (g) that specifies limitations on the manner in which a home health agency may describe home health aide training. The documentation, at minimum, should include the home health aide's name, address, and social security number; the home health agency's name and address; date the test was passed; the signature of the person providing the documentation; and any other information necessary to document the aide's passage of the test.

ST - H2005 - Aide: Agency responsibility trained

Title Aide: Agency responsibility trained

Type Rule

400.476(3), F.S.

Regulation Definition	Interpretive Guideline
400.476(3) TRAINING. -A home health agency shall ensure that each certified nursing assistant employed by or under contract with the home health agency and each home health aide employed by or under contract with the home health agency is adequately trained to perform the tasks of a home health aide in the home setting.	The home health agency is responsible for assuring the aide is trained and qualified for any tasks assigned.

ST - H2006 - Aide; Assignment by RN & Supervision

Title Aide; Assignment by RN & Supervision

Type Rule

59A-8.0095(5)(a)&(3)(c-d); 400.487(3)

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Regulation Definition	Interpretive Guideline
59A-8.0095 (5) Home Health Aide and Certified Nursing Assistant. (a) A home health aide or a certified nursing assistant (CNA) shall provide personal care services assigned by and under the supervision of a registered nurse. When only physical, speech, or occupational therapy is furnished, in addition to home health aide or CNA services, supervision can be supplied by a licensed therapist directly employed by the home health agency or by an independently contracted employee. 59A-8.0095 (3) (c) Each home health agency that provides skilled care or non-skilled care must have an RN provide supervisory visits of unlicensed assistive personnel, as defined in subsection 64B9-14.001(1), F.A.C., who are employed by or under contract with the home health agency, in accordance with Section 400.487(3), F.S. The agency must obtain written consent from the patient, or the patient's guardian or legal representative, to send an RN into the home to conduct supervisory visits. (d) The RN must provide on-site supervision as needed, based upon the severity of patient's medical condition and the home health aide's or CNA's training and experience. Supervisory visits must be documented in patient files. 400.487(3), F.S. A home health agency shall arrange for supervisory visits by a registered nurse to the home of a patient receiving home health aide services in accordance with the patient's direction, approval, and agreement to pay the charge for the visits	A non-skilled home health agency may conduct RN supervisory reviews through virtual visits, record review, or phone calls when the patient does not wish to pay for an RN visit in the home. The supervisory RN of a non-skilled home health agency may not perform hands on care of the patient, including assessment and vitals signs, as this would be considered a skill and would require compliance with all regulations for skilled home health agencies. Aide supervision should include a review to ensure the aide is providing care in a safe and effective manner to include; following the written aide assignment; communication with the patient/client/caregiver and supervising RN; honoring patient rights; competency in assigned tasks; complying with infection prevention policies and procedures; reporting changes in the patient condition to the RN; reporting to RN any deviation from the written aide assignment to include an inability to provide all assign tasks due to patient/client refusal. A Medicare/Medicaid certified home health agency should refer to Federal guidelines for additional supervision requirements for aides.

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ST - H2007 - Aide; Written Assignment

Title Aide; Written Assignment

Type Rule

59A-8.0095(5)(l), F.A.C.

Regulation Definition

59A-8.0095(5)(l) Responsibilities of the home health aide and CNA shall include:
1. The performance of all personal care activities contained in a written assignment by a licensed health professional employee or contractor of the home health agency and which include:
- assisting the patient or client with personal hygiene,
- ambulation,
- eating,
- dressing,
- shaving,
- physical transfer,
- and other duties as assigned.

2. Maintenance of a clean, safe and healthy environment, which may include light cleaning and straightening of the bathroom, straightening the sleeping and living areas, washing the patient's or client's dishes or laundry, and such tasks to maintain cleanliness and safety for the patient or client.

Interpretive Guideline

Refer to H0401 for definitions of tasks such as ambulation, bathing, dressing, eating, personal hygiene, and assistance with physical transfer.
The assignment of a patient to a CNA/home health aide should take into consideration the skills of the aide, the availability of the aide for patient care continuity, patient preference, and other considerations as determined by the patient care needs.
When both nursing and therapy services are involved, the RN retains responsibility for the written aide assignment with input from the other skilled therapist.
When only therapy is ordered, the therapist retains responsibility for the written aide assignment.
Non-skilled home health agencies must have a supervising RN which prepares the individualized written care assignment.
The written assignment is often called a home health aide care plan with a list of individualized and specific tasks the aide may perform for the patient.
The aide may only perform tasks that are part of the written care assignment. For example, if the patient is to be provided a bed bath, the aide may not independently decide to provide the patient a shower.
Any deviation from the aide written care assignment should be reported to the RN.

ST - H2008 - Aide; May NOT do

Title Aide; May NOT do

Type Rule

59A-8.0095(5)(p), F.A.C

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Regulation Definition	Interpretive Guideline
59A-8.0095(5)(p) Responsibilities of the home health aide and CNA shall not include: 1. The performance of any therapeutic service that requires licensure as a health care professional; 2. Changing sterile dressings; 3. Irrigating body cavities such as giving an enema; 4. Performing irrigation of any wounds (such as vascular ulcers, diabetic ulcers, pressure ulcers, surgical wounds) or apply agents used in the debridement of necrotic tissues in wounds of any type; 5. Performing a gastric irrigation or enteral feeding; 6. Catheterizing a patient; 7. Administering any controlled substance listed in Schedule II, Schedule III, or Schedule IV of s. 893.03 or 21 U.S.C. s. 812.; 8. Applying heat by any method; 9. Caring for a tracheotomy tube; 10. Providing any personal health service which has not been included in the plan of care; or 11. Filling and removing medications from a pill organizer or electronic medication dispenser	The CNA scope of practice is addressed in Chapter 464, Part II, Florida Statutes and Chapter 64B9-15.002, Florida Administrative Code. An aide may not fill or remove medications from a pillbox or other medication organization device. The medications must be in their previously dispensed and labeled container. A pre-filled pillbox contains medications that are not properly labeled. The aide would not be able to identify the medications and ensure the medication is prescribed to the patient.

ST - H2009 - Aide: Perform Tasks With Additional Training

Title Aide: Perform Tasks With Additional Training

Type Rule

59A-8.0095(5)(l)(3-5), FAC; 400.488(6)

Regulation Definition	Interpretive Guideline
59A-8.0095 (5)(l) Responsibilities of the home health aide and CNA shall include: 3. Other activities as taught by a licensed health professional	The RN and/or skilled therapist may train the CNA/home health aide additional tasks which are not part of their basic aide training. The tasks should be for a specific patient/client. The home health agency should have documentation of this additional training prior to the aide assignment and

employee or contractor of the home health agency for a specific patient or client and are restricted to the following:
a. Assisting with reinforcement of dressing.
b. Applying and removing anti-embolism stockings and hosiery prescribed for therapeutic treatment of the legs.
c. Assisting with tasks associated with elimination:
(I) Toileting.
(II) Assisting with the use of the bedpan and urinal.
(III) Providing catheter care including changing the urinary catheter bag.
(IV) Collecting specimens.
(V) Emptying ostomy bags, or changing bags that do not adhere to the skin.
(VI) Assisting with the placement and removal of colostomy bags, excluding the removal of the flange or manipulation of the stoma's site.
d. Assisting with the use of devices for aid to daily living, such as a wheelchair or walker;
e. Assisting with prescribed range of motion exercises;
f. Assisting with prescribed ice cap or collar;
g. Performing simple urine tests for sugar, acetone or albumin;
h. Assisting with the use of a glucometer to perform blood glucose testing;
i. Measuring and preparing special diets;
j. Measuring intake and output of fluids, and,
k. Measuring vital signs including temperature, pulse, respiration or blood pressure.
l. Assisting with oxygen nasal cannulas and continuous positive airway pressure (CPAP) devices, excluding the titration of the prescribed oxygen levels.
4. Keeping records of personal health care activities.
5. Observing appearance and gross behavioral changes in the patient or client, reporting to the registered nurse.

performance of the tasks.
The home health agency is responsible for ensuring the aide is properly trained prior to providing the tasks.
An aide may assist with the reinforcement of a wound dressing but may not provide wound care.

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400.488
(6) Assistance with other tasks includes:
(a) Assisting with the use of a glucometer to perform blood-glucose level checks.
(b) Assisting with putting on and taking off antiembolism stockings.
(c) Assisting with applying and removing an oxygen cannula but not with titrating the prescribed oxygen settings.
(d) Assisting with the use of a continuous positive airway pressure device but not with titrating the prescribed setting of the device.
(e) Assisting with measuring vital signs.
(f) Assisting with colostomy bags.

ST - H2010 - Aide; In-service/CPR training; AIDES NOT AMFC

Title Aide; In-service/CPR training; AIDES NOT AMFC

Type Rule

59A-8.0095(5)(k), F.A.C

Regulation Definition

59A-8.0095(5) (k) Home health aides and CNA's must receive in-service training each calendar year.
Medicare and Medicaid agencies should check federal regulations for additional in-service training requirements.

Home health aides and CNAs must also maintain current cardiopulmonary resuscitation (CPR) certification from an instructor or training provider approved to provide CPR by the American Red Cross, the American Heart Association, the National Safety Council, or an organization whose training is accredited by the Commission on Accreditation for Pre-Hospital Continuing Education.

Interpretive Guideline

The home health agency should determine the type and amount of in-service training to provide each year based on their assessment of the learning needs for their staff.
A Medicare/Medicaid certified home health agency should refer to Federal guidelines for additional in-service requirements for aides.

SURVEYOR SHOULD CITE H2255 FOR AIDE FOR MEDICALLY FRAGILE CHILDREN WHICH DO NOT HAVE REQUIRED TRAINING.

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ST - H2011 - Aide; Falsifying training records

Title Aide; Falsifying training records

Type Rule

400.474(3) FS

Regulation Definition	Interpretive Guideline
400.474 (3) The agency shall impose a fine of $1,000 against a home health agency that demonstrates a pattern of falsifying: (a) Documents of training for home health aides or certified nursing assistants; or (b) Health statements for staff providing direct care to patients. A pattern may be demonstrated by a showing of at least three fraudulent entries or documents. The fine shall be imposed for each fraudulent document or, if multiple staff members are included on one document, for each fraudulent entry on the document.	If a surveyor identifies falsification of aide training records, notify the FO supervisor for further instruction. In addition to fines, falsification of training records could result in a finding of immediate jeopardy for a home health agency.

ST - H2050 - Aide; Assist self-administered meds

Title Aide; Assist self-administered meds

Type Rule

400.488 (2-3&5); 59A-8.0095(5)(o)&(l)(6)

Regulation Definition	Interpretive Guideline
400.488 (2) Patients who are capable of self-administering their own medications and performing other tasks without assistance shall be encouraged and allowed to do so. However, an unlicensed person may, -consistent with a dispensed prescription's label	A non-skilled home health agency may allow a CNA and/or home health aide to assist the patient/client to self-administer their meds. The supervising RN is responsible for the aide assignment and supervision. Assistance with self-administration of meds means that the patient/client is able to manage all aspects of taking their medication, including safe storage, removing the correct dose of medication from the container, taking the medication at the correct time, and knowing how to contact the pharmacy for refills. The aide provides a passive role in the assistance with self-administration of medications.

-or the package directions of an over-the-counter medication,
-assist a patient whose condition is medically stable with the self-administration of routine,
-regularly scheduled medications that are intended to be self-administered.
(3) Assistance with self-administration of medication includes:
(a) Taking the medication, in its previously dispensed, properly labeled container, from where it is stored and bringing it to the patient.
For purposes of this paragraph, an insulin syringe that is prefilled with the proper dosage by a pharmacist and an insulin pen that is prefilled by the manufacturer are considered medications in previously dispensed, properly labeled containers.
(b) In the presence of the patient, confirming that the medication is intended for that patient, orally advising the patient of the medication name and purpose, opening the container, removing a prescribed amount of medication from the container, and closing the container.
(c) Placing an oral dosage in the patient's hand or placing the dosage in another container and helping the patient by lifting the container to his or her mouth.
(d) Applying topical medications.
(e) Returning the medication container to proper storage.
(f) Keeping a record of when a patient receives assistance with self-administration under this section.
(g) Assisting with the use of a nebulizer, including removing the cap of a nebulizer, opening the unit dose of nebulizer solutions, and pouring the prescribed premeasured dose of medication into the dispensing cup of the nebulizer.

(5) Assistance with the self-administration of medication by an unlicensed person as described in this section does not constitute administration as defined in s. 465.003.

Refer to H2200-2214 for RN delegation for Administration of medications by the aide.
If the surveyor identifies the patient/client does not meet the criteria for self-administration of medications and the aide is in fact administering medications, the agency should be cited.

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59A-8.0095
(5)(o) In providing assistance with self-administered medication, in addition to the requirements outlined in Section 400.488, F.S., a home health aide or CNA may:
1. Prepare necessary items such as juice, water, cups, or spoons to assist the patient in the self-administration of medication;
2. Open and close the medication container or tear the foil of prepackaged medications;
3. Assist the patient in the self-administration process. Examples of such assistance include the steadying of the arm, hand, or other parts of the patient's body so as to allow the self-administration of medication;

59A-8.0095
(5)(l)(6) Supervision of self-administered medication in the home is limited to the following:
a. Obtaining the medication container from the storage area for the patient or client;
b. Ensuring that the medication is prescribed for the patient or client;
c. Reminding the patient or client that it is time to take the medication as prescribed; and,
d. Observing the patient or client self-administering the medication.

ST - H2051 - Aide; Assist w/Self-Admin/Meds Does Not Incl:

Title Aide; Assist w/Self-Admin/Meds Does Not Incl:

Type Rule

400.488(4)

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Regulation Definition

400.488 (4) Assistance with self-administration of medication DOES NOT include:
(a) Mixing, compounding, converting, or calculating medication doses, except for measuring a prescribed amount of liquid medication or breaking a scored tablet or crushing a tablet as prescribed.
(b) The preparation of syringes for injection or the administration of medications by any injectable route.
(c) Administration of medications by way of a tube inserted in a cavity of the body.
(d) Administration of parenteral preparations.
(e) The use of irrigations or debriding agents used in the treatment of a skin condition.
(f) Assisting with rectal, urethral, or vaginal preparations.
(g) Assisting with medications ordered by the physician or health care professional with prescriptive authority to be given "as needed," unless the order is written with specific parameters that preclude independent judgment on the part of the unlicensed person, and at the request of a competent patient.
(h) Medications for which the time of administration, the amount, the strength of dosage, the method of administration, or the reason for administration requires judgment or discretion on the part of the unlicensed person.

Interpretive Guideline

Refer to 2210 for guidance on administration of PRN medications.
Refer to H2211 for guidance on administration of medications, tasks an aide may NOT do.
Refer to H2200-2214 for RN delegation of Administration of medications by the aide.
If the surveyor identifies the patient/client does not meet the criteria for self-administration of medications and the aide is in fact administering medications, the agency should be cited.

ST - H2052 - Aide; Assist self-administer, RN assess

Title Aide; Assist self-administer, RN assess

Type Rule

59A-8.0095(5)(m) FAC

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Regulation Definition	Interpretive Guideline
59A-8.0095(5) (m) In cases where a home health aide or a CNA will provide assistance with self-administered medications in accordance with section 400.488, F.S., a review must be conducted by a registered nurse to ensure the patient is medically stable with the self-administration of routine, regularly scheduled medications. The Registered Nurse must review and reconcile all currently prescribed and over-the-counter medications to ensure the home health aide or CNA can provide assistance in accordance with their training.	A Registered Nurse must determine the patient/client is medically stable and the aide is trained in self-administration of medications, prior to assignment of the aide to assist with self-administered medications. For non-skilled home health agencies, the Registered Nurse may utilize communication with the physician, the pharmacy, and/or review of the medical record to determine if the patient/client is medically stable. The medications must be routine and regularly scheduled medications.

ST - H2053 - Aide; Assist self-administered meds, consent

Title Aide; Assist self-administered meds, consent

Type Rule

400.488(1-2) FS; 59A-8.0095(5)(n) FAC

Regulation Definition	Interpretive Guideline
400.488 Assistance with self-administration of medication and with other tasks.- (1) For purposes of this section, the term: (a) "Informed consent" means advising the patient, or the patient's surrogate, guardian, or attorney in fact, that the patient may be receiving assistance with self-administration of medication or other tasks from an unlicensed person. (b) "Unlicensed person" means an individual not currently licensed to practice nursing or medicine who is employed by or under contract to a home health agency and who has received training with respect to assisting with the self-administration of medication or other tasks as provided by agency rule.	This tag applies to skilled and non-skilled home health agency's requirement to obtain the patient/client consent prior to the CNA and/or home health aide assisting with the self-administration of the patient's routine, regularly scheduled medications. Refer to Tag 2212 for guidance on the consent requirements for a skilled agency CNA and/or home health aide providing the delegated task of Administration of medications.

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(2) ... Assistance with self-administration of medication or such other tasks by an unlicensed person may occur only upon a documented request by, and the written informed consent of, a patient or the patient's surrogate, guardian, or attorney in fact. For purposes of this section, self-administered medications include both legend and over-the-counter oral dosage forms, topical dosage forms, transdermal patches, and topical ophthalmic, otic, and nasal dosage forms, including solutions, suspensions, sprays, inhalers, and nebulizer treatments.

59A-8.0095(5)(n) FAC
(n) A licensed health care professional shall inform the patient, or the patient's caregiver, that the patient may receive assistance with self-administered medication by an unlicensed person. The patient, or the patient's caregiver, must give written consent for this arrangement, pursuant to section 400.488(2), F.S.

ST - H2054 - Aide; Assist self-administered meds, Training

Title Aide; Assist self-administered meds, Training

Type Rule

59A-8.0095(5)(c)15

Regulation Definition

59A-8.0095(5)(c) 15. Assistance with self-administered medication. Home health aides and CNAs assisting with self-administered medication, pursuant to Section 400.488, F.S., must receive a minimum of 2 hours of training (which can be part of the 40-hour home health training) prior to assuming this responsibility.
Training must cover:
- state law and rule requirements with respect to the assistance with self-administration of medications in the home,

Interpretive Guideline

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- procedures for assisting the patient with self-administration of medication,
- common medications,
- recognition of side effects and adverse reactions
- and procedures to follow when patients appear to be experiencing side effects and adverse reactions.
- Training must include verification that each CNA and home health aide can read the prescription label and any instructions. Individuals who cannot read must not be permitted to assist with prescription medications.
- Other courses taken in fulfillment of this requirement must be documented and maintained in the home health aide's and the CNA's personnel file.

ST - H2200 - Aide; Delegation

Title Aide; Delegation

Type Rule

59A-8.0216 (2) FAC

Regulation Definition	Interpretive Guideline
59A-8.0216 (2) A home health aide or CNA should only accept a delegation that the aide is appropriately trained and educated to perform	Refer to H1304 for Director of Nursing responsibility to establish a policy and procedure for the delegation of tasks by the RN to the aide

ST - H2201 - Aide; Delegation med administration training

Title Aide; Delegation med administration training

Type Rule

59A-8.0097(3)(a);59A-8.0219(1)(b);400.48

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Regulation Definition	Interpretive Guideline
59A-8.0097 (3) Medication Training Course Curriculum. (a) Home health aides and CNAs administering medication pursuant to Sections 400.489, 400.490 and 464.2035, F.S. must complete an initial 6-hour basic medication administration training course prior to assuming this responsibility and a 2-hour training course annually thereafter.	Prior to the RN delegating the task of medication administration the aide must complete an initial 6-hour training course. The aide must complete a 2-hour training course annually thereafter. An aide may not administer medication to patients prior to training and validation by the RN of the aide's competency to administer medication by the ordered medication route. For example, the aide may not administer eye drops prior to training of administration of eye drops and validation by the RN of the aide's competency to administer the eye drops to the patient.
59A-8.0219 (1)(b) A home health aide or CNA may not administer medication to patients unless they have successfully completed a medication administration training course and obtained a current validation for the route by which the medication is administered in accordance with Rule 59A-8.0097, F.A.C.	The home health agency should have documentation of the aide training and validation for EACH route the aide is providing medication administration.
400.489 Administration of medication by a home health aide; staff training requirements.- (1) A home health aide may administer oral, transdermal, ophthalmic, otic, rectal, inhaled, enteral, or topical prescription medications if the home health aide has been delegated such task by a registered nurse licensed under chapter 464; has satisfactorily completed an initial 6-hour training course approved by the agency; and has been found competent to administer medication to a patient in a safe and sanitary manner. The training, determination of competency, and initial and annual validations required in this section shall be conducted by a registered nurse licensed under chapter 464 or a physician licensed under chapter 458 or chapter 459.	Only Skilled Home Health Agencies may participate in RN delegation of medication administration. A non-skilled home health agency may not provide RN delegation of medication administration. Surveyor should cite AMFC under H2270 for failure to complete the required training

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ST - H2202 - Aide; Delegate trainer qualification

Title Aide; Delegate trainer qualification

Type Rule

59A-8.0097(3)(b)

Regulation Definition	Interpretive Guideline
59A-8.0097 (3)(b) Basic medication administration training must be provided by an RN licensed under chapter 464, F.S. or a physician licensed under chapter 458 or chapter 459, F.S. who has been in practice for at least 2 years.	Refer to H2002 for trainer qualifications for tasks other than medication administration.

ST - H2203 - Aide; Delegate Med Course Curriculum

Title Aide; Delegate Med Course Curriculum

Type Rule

59A-8.0097(3)(c)

Regulation Definition	Interpretive Guideline
59A-8.0097 (3) Medication Training Course Curriculum. (c) The training curriculum must require the home health aide or CNA to demonstrate the following in person, which must include, at minimum the ability to: 1. Read and understand a prescription label; 2. Administer oral, transdermal, ophthalmic, otic, inhaled, and/or topical medication routes; 3. Measure liquid medications, break scored tablets, and crush tablets in accordance with prescription directions; 4. Recognize the need to obtain clarification of an "as needed" prescription order;	The medication administration training must be completed in person. Surveyor should cite AMFC under H2270 for failure to complete the required 6-hour initial training and 2-hour annual training.

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5. Recognize a medication order which requires the judgment or discretion of an RN, and to advise the patient and the supervising RN of the inability to assist in the administration of such orders;
6. Complete a medication administration record (MAR) and fulfill related record keeping requirements;
7. Recognize the general signs of adverse reactions to medications and report such reactions;
8. Promote safety, sanitation and hand hygiene while administering medication; and
9. Medication error prevention and error reporting.

ST - H2204 - Aide Delegate Validation

Title Aide Delegate Validation

Type Rule

59A-8.0097(4-5)

Regulation Definition

59A-8.0097
(4) Validation for Routes of Medication Administration.
(a) A home health aide or CNA must be assessed and validated as competent to administer medication by an RN after succsessfully completing required medication training.
(b) Successful validation requires the home health aide or CNA to demonstrate their capability to administer medication in a safe, sanitary and responsible manner in an on-site, patient-setting using the patient's prescribed medications.
(c) The home health aide or CNA must achieve a score of 100% proficiency in the validation prior to administering medication.
(d) Validation must take place within 90 days of completing required medication training.
(e) Validation for medication administration includes a demonstration of the following:
1. The ability to comprehend and follow medication

Interpretive Guideline

Validation of medication administration tasks must be completed in person.
Validation must take place within 90 days of the initial medication administration training.
The aide must be re-validated in the medication administration task annually.

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instructions on a prescription label, physician's order, and properly complete a medication administration record form;
2. The ability to administer medication by oral, transdermal, ophthalmic, otic, inhaled, or topical administration routes, including prefilled insulin syringes if applicable;
3. The ability to obtain pertinent medication information, including the purpose of the medication, its common side effects, and symptoms of adverse reactions to the medication, either from the package insert that comes from the pharmacy, or other professionally recognized medication resource, and to maintain this information for easy access and future reference;
4. The ability to fulfill medication record keeping requirements; and
5. The ability to effectively communicate in a manner that permits health care providers and emergency responders to adequately and quickly respond to emergencies.
(5) Validations expire 1 year from the effective date of the validation. A home health aide or CNA must be revalidated within 60 days of expiration of their validation to continue to administer medications as delegated by an RN.

ST - H2205 - Aide Delegate Training Documentation

Title Aide Delegate Training Documentation

Type Rule

59A-8.0097(6)

Regulation Definition

59A-8.0097(6) Documentation demonstrating completion of required training and validations by home health aides and CNAs must be kept on file by the home health agency.

Interpretive Guideline

The home health agency is responsible for maintaining documentation of the aide training and validation for medication administration.

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ST - H2206 - Aide Delegate Annual Training

Title Aide Delegate Annual Training

Type Rule

400.489(2); 59A-8.0097(1)

Regulation Definition

400.489
(2) A home health aide must annually and satisfactorily complete a 2-hour inservice training course approved by the agency in medication administration and medication error prevention. The inservice training course shall be in addition to the annual inservice training hours required by agency rules.

59A-8.0097
(1) Home health aides and Certified Nursing Assistants (CNA) must receive training prior to providing services and each calendar year thereafter as required. Home health aides and CNAs performing tasks delegated by a registered nurse (RN), including medication administration, may require additional training and validation to be qualified to perform the tasks in the home setting. Training may be provided as in-service training unless otherwise specified in statute. Medicare and Medicaid agencies should check federal regulations for additional in-service training requirements.

Interpretive Guideline

The annual 2-hour training must include training in medication administration and medication error prevention.

The aide may not administer medications if the annual training is not provided.

Surveyor should cite AMFC under H2270 for failure to complete the required 6-hour initial training and 2-hour annual training.

ST - H2207 - Aide Delegate RN Med Review

Title Aide Delegate RN Med Review

Type Rule

59A-8.0219 (1)(c) (1 &4)

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Regulation Definition	Interpretive Guideline
59A-8.0219 (1)(c) (1 &4) (c) In cases wherein a home health aide or a CNA is delegated to administer medications, an assessment of the medications for which administration is to be provided shall be conducted by the registered nurse (RN) who delegated the task prior to the home health aide or CNA performing the task and upon any change in the patient's medication regiment. The assessment shall be documented in the patient's medical record for patients receiving medication administration from a home health aide or CNA. 1. The delegating nurse must ensure the home health aide or CNA administers the medication in accordance with their training and competency, and with the medication prescription. 4. The supervising or delegating nurse is required to review the MAR every 60 days, or more frequently if needed, for each patient receiving medication administration from a home health aide or CNA	Only Skilled Home Health Agencies may participate in RN delegation of medication administration. Refer to H1500-H1506 for RN delegation of medication administration requirements. The RN must assess all patient medications which are to be delegated to the aide for medication administration prior to the aide performing the task. The RN is required to review the medications at least every 60 days. The home health agency must maintain documentation in the medical record of the RN assessments of medications.

ST - H2208 - Aide Delegation med administration

Title Aide Delegation med administration

Type Rule

59A-8.0219 (1) (a)&(1)(c)(2,3,5)

Regulation Definition	Interpretive Guideline
59A-8.0219 (1) (a) (a) Medication administration includes conducting any examination, including vital signs (temperature, blood pressure, heart rate, and/or respirations) for the proper administration of medication that the patient cannot perform	Only Skilled Home Health Agencies may participate in RN delegation of medication administration. Refer to H1500-H1506 for RN delegation requirements. The aide must report to the RN any change in the medication regime or change in the patient's condition.

personally and that can be performed by a licensed health care practitioner, or a home health aide or CNA as delegated by an RN.

59A-8.0219 (1) (c) (2,3,5)
2. Home health aides and CNAs who are validated to administer whole (not crushed) oral medication may give the medication in any dietary or nutritional food substance that facilitates swallowing, is tolerated by the patient and is not contrary to any prescribed diet, label warnings or known contraindications for the medication being given.
3. The home health aide or CNA must notify the supervising or delegating nurse of changes in the dosage, frequency or route of a medication. The nurse must verify the change and update the MAR.
5. The home health aide and/or CNA must communicate changes in a patient's condition to the supervising or delegating nurse. The nurse must assess for unusual reactions to the medication or a significant change in the patient's health or behavior that may be caused by the medication, and must document such in the patient's record to be reported immediately to the patient's health care provider. Contact with the health care provider must also be documented in the patient's medical record.

The RN must assess any medication changes prior to the aide providing medication administration.

An aide may not administer crushed medications but may mix medication in foods, such as applesauce (if allowed per patient's diet orders).
The home health agency must maintain documentation of the aide communications to the RN and interventions provided.

ST - H2209 - Aide Delegation; Med administration procedure

Title Aide Delegation; Med administration procedure

Type Rule

59A-8.0219(2)(a-h &j); 59A-8.0097(2)

Regulation Definition

59A-8.0219(2)(a-h)
(2) Medication Administration Procedures. Home health aides and CNAs must:

Interpretive Guideline

Prior to administering medications, the aide should review the patient's medical history and medications with the delegating RN.
Refer to H1200 for additional guidance on infection prevention procedures in the home.

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(a) Only administer medication as prescribed or ordered by the patient's health care practitioner and which are properly labeled and dispensed in accordance with chapters 465 and 499, F.S.;
(b) Comply with new or changed orders for a specific medication, which override the previous orders for that medication. No order to discontinue the previous order is necessary;
(c) Comply with the time limit as provided for in time-limited orders (i.e. those that are ordered for a specific number of doses or days). Such orders do not require an order to discontinue at the completion of the time allotted in the time-limit;
(d) Before administering medication, review the patient's medical history and medication background with the delegating RN.
(e) Perform appropriate hand hygiene measures consistent with current guidence from the Centers for Disease Control and Prevention (CDC) before administering medication to the patient.
(f) Immediately report torn, damaged, illegible, or mislabeled prescription labels to the dispensing pharmacist and, if a patient is residing in a residential facility, notify the facility supervisor;
(g) Check the directions and expiration date of each medication to ensure that expired medications (those which are no longer current) or those no longer prescribed are not administered;
(h) Administer medication as prescribed and via the route instructed by the patient's prescribing health care professional. Each time medication is administered:
1. Verify the correct medication is administered to the correct patient, at the correct time, dosage, route, and for the correct reason, as prescribed by the health care practitioner.
2. Observe complete ingestion of oral medication before

leaving the patient and before recording or documenting the administration of the medication on the MAR
59A-8.0219 (2)(j)
(j) Ensure that the prescription for a medication is promptly refilled so that a patient does not miss a prescribed dosage of medication. If the home health aide or CNA is not responsible for routine refills of a medication, they must notify the individual responsible for refilling the patient's prescriptions and document this notification;

59A8.0097(2) Definitions
(a) A medication administration route is the path through which medication is delivered to a patient. For the proposes this rule, routes of administration are defined as follows:
1. "Buccal" means medication is placed in the mouth between the cheek and gum.
2. "Enteral" means medication is delivered by oral route, sublingual or buccal route, or rectal route.
3. "Inhaled" means medication is administered as nose drops or nose spray, or medication is inhaled by mouth, such as with an inhaler or nebulizer.
4. "Ophthalmic" means solution or ointment medication is instilled into the eye or applied on or around the eyelid.
5. "Oral" means medication including, but not limited to, tablet, capsule, liquid, or powder form is introduced into the gastrointestinal tract by mouth.
6. "Otic" means solutions or ointment medication is placed in the outer ear canal or applied around the outer ear.
7. "Parenteral" means medication is injected into the body through some route other than the digestive tract, such as subcutaneous, intra-dermal, intra-muscular, or intravenous administration.
8. "Rectal" means any medication including, but not limited to, capsule, enema, gel, or suppository administered via the

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rectum.
9. "Sublingual" means medication is placed in the mouth under the tongue.
10. "Topical" means medication including, but not limited to, salve, lotion, ointment, cream, spray, shampoo, or solution applied locally to a body part.
11. "Transdermal" means a patch containing a pre-measured or measured amount of topical medication that is absorbed into the body via the epidermis (outer layer of skin).
12. "Vaginal" means any medication including, but not limited to, capsule, cream, or ointment that is administered via the internal vagina. This route does not include medications applied to the epidermis external to the vagina.

ST - H2210 - Aide Delegation; Med administration; PRN meds

Title Aide Delegation; Med administration; PRN meds

Type Rule

59A-8.0219 (2)(i)

Regulation Definition

59A-8.0219 (2) (i)
(i) PRN medications. The supervising or delegating nurse maintains responsibility for the appropriate administration of PRN medications based on the patient's health condition and prescribing health care practitioner orders.
1. Prior to the administration of an "as needed" or "PRN" medication to a patient, the home health aide or CNA must consult with the supervising or delegating nurse to determine the appropriateness of administration of the PRN medication.
2. Administration of medications which require nursing judgement or assessment to evaluate the effectiveness of the medication shall not be delegated, including medications for pain and psychotropic medications. PRN medications must include specific written instructions with specific parameters

Interpretive Guideline

Refer to H2051 for guidance on PRN medications for assistance with self-administration of medications.
PRN or "as needed" medications require nursing judgement. The aide should contact the RN prior to administration of a PRN medication. The RN retains responsibility for the appropriateness of the PRN medication.
Contact with the RN may be via telephone or other electronic communications.
For example, a patient requests a prn non-narcotic medication for arthritis pain. The aide would contact the RN and review the patient request and physician order for the medication. The RN would determine the appropriateness of the aide to administer the medication.
An aide is not allowed to administer any controlled substance listed in Schedule II, Schedule III, or Schedule IV of s. 893.03 or 21 U.S.C. s. 812.; (Refer to H2008)

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for administration as prescribed by the patient's health care practitioner.
3. Administration of PRN medication must be documented on the MAR with the reason for the administration of the PRN medication, monitoring of the patient, and outcome of the medication.

ST - H2211 - Aide Delegation; Aide NOT do

Title Aide Delegation; Aide NOT do

Type Rule

59A-8.0219(3-5)

Regulation Definition

59A-8.0219(3) In the administration of medications, a home health aide or CNA must not:
(a) Administer medications, including PRN and OTC medications or medication samples without a written order and instructions for preparation and use from the patient's physician, PA, or APRN.
(b) Administer medications for which the health care provider's prescription or order does not specify the medication schedule, medication amount, dosage, route of administration, purpose for the medication, or with medication that would require professional medical judgment by the home health aide or CNA.
(c) Crush, dilute, or mix crushed medications without written instructions from the delegating RN as prescribed by the patient's health care provider.
(d) Administer medications via a medication route for which the home health aide or CNA has not been validated.
(e) Prepare syringes for a patient's use during the self-administration of medication via a parenteral, subcutaneous, intra-dermal, intra-muscular or intravenous route.

Interpretive Guideline

Refer to H2008 for tasks an aide must not do.

An aide may not prepare a syringe with medication but may administer a prefilled insulin syringe. An insulin syringe that is prefilled with the proper dosage by a pharmacist and an insulin pen that is prefilled by the manufacturer are considered medications in previously dispensed, properly labeled containers.

Refer to H2050 for more information on insulin administration.

An aide may not fill or remove medications from a pillbox or other medication organization device.
The medications must be in their previously dispensed and labeled container. A pre-filled pillbox contains medications that are not properly labeled. The aide would not be able to identify the medications and ensure the medication is prescribed to the patient.

(f) Administer medications by injection via a parenteral, subcutaneous, intra-dermal, intra-muscular or intravenous route, with the exception of an epi-pen administered in an emergency situation. This prohibition does not include the administration of prefilled insulin syringes.
(g) Administer medication that is inserted vaginally, or administered via a tracheostomy.
(h) Administer medications for which the health care provider's prescription or order does not specify the medication schedule, medication amount, dosage, route of administration, purpose for the medication, or with medication that would require professional medical judgment by the home health aide or CNA.

(4) Home health aides and CNAs must not:
(a) Continue to provide services as a home health aide or CNA if they fail to maintain required validation.
(b) Provide services as a home health aide or CNA while not currently authorized to do so by the State of Florida.
(c) Provide services as a home health aide or CNA after the home health agency has determined the home health aide or CNA must not continue to provide assistance with medication administration or administer medication as delegated by an RN.

(5) If a home health aide or CNA violates any provision of sections 400.489, 400.490, 464.0156 or 464.2035, F.S., or this rule, the home health agency must:
(a) Prohibit the home health aide or CNA from providing medication administration services to patients of the agency;
(b) Require the home health aide or CNA to:
1. Successfully complete the Basic Medication Administration Course and corresponding validation;
2. Participate in and successfully complete a corrective action plan; and
3. Comply with remediation requests.

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ST - H2212 - Aide Delegation; Med administration; Consent

Title Aide Delegation; Med administration; Consent

Type Rule

59A-8.0216(6)

Regulation Definition	Interpretive Guideline
59A-8.0216(6) The home health agency must obtain written, dated consent of the patient, or the patient's guardian, legal representative, or designated health care surrogate, to accept performance of delegated tasks, including medication administration, by a home health aide or CNA, prior to services being provided. The consent must be maintained in the patient's medical record and must contain the following: (a) Name of the patient; (b) The task(s) being performed; (c) The time frame for the delegation of the task(s); (d) The nature of the supervision required; and (e) Signature of the patient, or the patient's guardian, legal representative, or designated health care surrogate	Refer to H2053 for consent requirements for assistance with self-administered medications.

ST - H2213 - Aide Delegation; Med Errors

Title Aide Delegation; Med Errors

Type Rule

59A-8.0219(6)

Regulation Definition	Interpretive Guideline
59A-8.0219(6) Medication Errors. (a) The RN must document medication errors and all interventions in the patient's medical record. (b) The home health agency must incorporate documented	Refer to H1100 QA program.

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medication errors into their Quality Assurance program for systemic analysis in order to prevent a future occurrence and improve provision of services to patients

ST - H2214 - Aide Delegation; Storage & Disposal

Title Aide Delegation; Storage & Disposal

Type Rule

59A-8.0219 (7)

Regulation Definition

59A-8.0219(7) Medication Storage and Disposal.
(a) Home health aides and CNAs must:
1. Maintain medications in their original containers labeled by the dispensing health care practitioner or pharmacy with the patient's name, the practitioner's name, and the directions for administering the medication;
2. Maintain OTC medications in their original containers;
3. Ensure medications in a patient's residence are organized and returned to the patient's preferred location for storage and retrieval following administration.
(b) A home health aide or CNA may not transport medications away from the patient's residence or dispose of the patient's medications.
(c) Disposal of medications must be conducted by licensed health care professional and consistent with applicable federal, state, and local regulations.

Interpretive Guideline

The RN will determine the proper means of disposal of medications. The medications are the possession of the patient and require their consent for disposal. The agency staff may not transport medications for disposal.

The home health agency should have policy and procedures for disposal of medications in the home, which follows the federal, state, and local guidelines for disposal.

Refer to the Department of Health website for proper disposal of medications.
https://www.floridahealth.gov/newsroom/2013/12/121013-drug-disposal.html

For a current list of drop-off disposal sites in Florida, please visit:
http://www.dep.state.fl.us/waste/categories/medications/pages/disposal.htm

For more information on the proper ways to dispose of your medications, please visit the following links:
- Disposal of Unused Medicines: What You Should Know (U.S. Food and Drug Administration)
- How to Dispose of Unused Medicines (U.S. Food and Drug Administration)
- How to Dispose of Unwanted Medications (Department of Environmental Protection)

The chemicals found in these medications can pose a threat to our aquatic environment because our water treatment systems are not designed to remove the compounds found in these medicines. It's also possible these might leak into our own surface or ground water. The Florida Department of Environmental Protection advises that you follow these seven easy steps to ensure your medications are properly disposed of:
1. Keep the medicines in the original container. This will help identify the contents if they are accidentally ingested.
2. Mark out your name and prescription number for safety.
3. For pills: add some water or soda to start dissolving them.

For liquids: add something inedible like cat litter, dirt or cayenne pepper.
1. Close the lid and secure with duct or packing tape.
2. Place the bottle(s) inside an opaque (non see-through) container like a coffee can or plastic laundry bottle.
3. Tape that container closed.
4. Hide the container in the trash.
DO NOT:
- Give drugs to anyone else.
- Flush drugs down the toilet.
- Put drugs in the trash without disguising them-human or animal scavengers may find them and misuse them.
- Put container in the recycle bin.
Remember, it is illegal for your doctor, pharmacy or hospital to take back drugs that have already been prescribed. Instead, when possible, take advantage of community drug take-back programs that allow the public to bring unused drugs to a central location for proper disposal. Call your city or county government to see if a take-back program is available in your area.

Many pharmacy retailers have medicine disposal kiosks. Walgreens and CVS websites provide information on locations of medication disposal kiosks. In Orange County there are prescription drug disposal locations to drop off unwanted medications.

If you don't have a drug, take back location near you, check the FDA's flush list to see if your medicine is on the list. Medicines on the flush list are those (1) sought-after for their misuse and/or abuse potential and (2) that can result in death from one dose if inappropriately taken. Fentanyl patches should not be thrown in the trash. The patch should be folded in half with sticky sides together and flushed down the toilet.

Nitroglycerin patches and testosterone should be thrown away instead of flushed.

ST - H2250 - AMFC; ELIGIBILITY

Title AMFC; ELIGIBILITY

Type Rule

400.4765(2); 59A-8.0099(1)(2)

Regulation Definition	Interpretive Guideline
400.4765(2) F.S. A home health agency may employ as a home health aide for medically fragile children any person AFMC 18	The aide for medically fragile children is an employee of the home health agency and subject to all required personnel requirements including background screening.

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years or older who meets all the following requirements: A person must:
a) Be a family caregiver of an eligible relative.
b) Demonstrate a minimum competency to read and write.
c) Complete an approved training program as set forth in section or have graduated from an accredited prelicensure nursing education program and is waiting to take the state licensing exam.
d) Successfully pass the required background screening ....

59A-8.0099
(1) A licensed home health agency that provides skilled care and accepts Medicaid may train and employ any person 18 years of age or older as a home health aide for medically fragile children as defined in section 400.462, F.S., hereafter referred to as an "AMFC," that meets the eligibility requirements of section 400.4765, F.S., and has successfully completed required training.
(2) Home Health Agency Personnel. An AMFC is considered an employee of the home health agency pursuant to section 400.4765, F.S. An AMFC may only provide services to an eligible relative as defined in section 400.462, F.S., as assigned or delegated by, and under the supervision of, a registered nurse (RN).

400.462(19) defines "immediate family member" as a husband or wife; a birth or adoptive parent, child, or sibling; a stepparent, stepchild, stepbrother, or stepsister; a father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, or sister-in-law; a grandparent or grandchild; or a spouse of a grandparent or grandchild.

ST - H2252 - AMFC; CURRICULUM DOCUMENTATION

Title AMFC; CURRICULUM DOCUMENTATION

Type Rule

59A-8.0099(2)(d)

Regulation Definition

(2)(d) Home health agencies that offer training in accordance with the minimum requirements outlined by this rule must document their course curriculum to be made available for

Interpretive Guideline

Surveyors should request a copy of the training curriculum for review of required elements of training.

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review as requested by the Agency

ST - H2254 - AMFC; LAPSE 24-MONTHS

Title AMFC; LAPSE 24-MONTHS

Type Rule

400.4765(3)(b); 59A-8.0099(5)

Regulation Definition	Interpretive Guideline
400.4765 (3)(b) If a home health aide for medically fragile children allows 24 consecutive months to pass without providing any personal care related services for an eligible relative, the family caregiver must complete an approved training program before providing personal care related services as a home health aide for medically fragile children. 59A-8.0099 (5) Pursuant to section 400.4765, F.S., an AMFC that allows 24 consecutive months to pass without providing services to an eligible relative must complete an approved training program as outlined by this rule to resume providing services.	

ST - H2255 - AMFC; HIV/AIDS & CPR TRAINING

Title AMFC; HIV/AIDS & CPR TRAINING

Type Rule

400.4765(3)(4)

Regulation Definition	Interpretive Guideline
(3)(4) - Training concerning HIV infections and Aids and is required to obtain and maintain a current certificate in cardiopulmonary resuscitation.	This training may count toward the required 12 hours of training annually. Surveyors should cite Aide for medically fragile children at tag 2255 instead of H2010 and H2670.

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ST - H2256 - AMFC; 12 HOUR INSERVICE TRAINING

Title AMFC; 12 HOUR INSERVICE TRAINING

Type Rule

400.4765(4)

Regulation Definition	Interpretive Guideline
(4) A home health agency that employs a home health aide for medically fragile children must ensure that the home health aide for medically fragile children completes 12 hours of inservice training during each 12-month period as a condition of employment. The training concerning HIV infections and AIDS and the cardiopulmonary training may count toward meeting the 12 hours of inservice training. The home health agency shall maintain documentation demonstrating compliance.	

ST - H2260 - AMFC; TRAINING FORMATS

Title AMFC; TRAINING FORMATS

Type Rule

400.4765(3)(a)(1); 59A-8.0099(3)

Regulation Definition	Interpretive Guideline
400.4765 (3)(a)(1) Training- Such instruction must be offered in various formats, and any interactive instruction must be provided during various times of the day. 59A-8.0099 (3) Training must be provided in a manner that accommodates non-English speakers who are otherwise eligible under section	

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400.4765, F.S., and this rule to care for an eligible relative.

ST - H2261 - AMFC; COMPETENCY TEST

Title AMFC; COMPETENCY TEST

Type Rule

59A-8.0099(3)

Regulation Definition	Interpretive Guideline
(3) The Home Health Aide Competency Test shall not be administered in lieu of, nor shall prior passage substitute for, any portion of the training program outlined by this rule.	The AHCA competency test, form number AHCA 3110-1007, February 2001, may not be used in lieu of any portion of the training for the aide for medically fragile children.

ST - H2263 - AMFC: TRAINING CURRICULM

Title AMFC: TRAINING CURRICULM

Type Rule

400.4765(3)(a)(1); 59A-8.0099(2)(3)

Regulation Definition	Interpretive Guideline
59A-8.0099(2) (a) Prior to an AMFC providing services, the home health agency shall have on file documentation of the aide's successful completion of an approved training program as outlined by this rule. (b) An AMFC shall provide services within the scope of their training as outlined by this rule and sections 400.4765 and 400.489, F.S., and may provide other services as taught by a licensed health professional employee or contractor of the home health agency for an eligible relative. A home health aide may be trained to become an AMFC provided they meet the requirements of sections 400.462 and 400.4765, F.S., and complete an approved training program as outlined by this	A minimum of 40 hours of theoretical training by a RN with a minimum of 2 years nursing experience, with at least one year in pediatric nursing. Surveyor should review the training curriculum to ensure the inclusion of the required training. The 86-hour training is in lieu of the 40-hours home health aide training as defined in 59A-8.0095(5)(c) F.A.C.

rule.
59A-8.0099(3) Approved AMFC Training Curriculum: Minimum Curriculum Requirements. The training curriculum must total at least 86 hours according to sections (a), (b), and (c) below

59A-0099(3)(a) A minimum of forty (40) hours of theoretical instruction and training in nursing. This section of training must be conducted by a qualified RN with a minimum of two years nursing experience, with at least one year in pediatric nursing. This section of training must include the following:
1. Pediatric patients diagnosed with complex or chronic medical conditions including:
a. Premature infants with complications that compromise their health.
b. Respiratory conditions including ventilators, tracheostomies, bronchopulmonary dysplasia, or complications from traumatic brain injuries.
c. Cardiac conditions including congenital heart defects and congenital anomalies.
d. Neurological conditions including seizure disorders, cerebral palsy, and related conditions.
e. Gastronomy needs.
f. Developmental disabilities including intellectual disability, Down's syndrome, autism, spina bifida, brain damage, substance abuse during pregnancy, and how these disabilities affect growth and development.
g. Congenital defects.
2. Assisting with reinforcement of dressing.
3. Applying and removing anti-embolism stockings and hosiery prescribed for therapeutic treatment of the legs.
4. Assisting with tasks associated with elimination:
a. Toileting.
b. Assisting with the use of a bedpan and urinal.

c. Providing catheter care including changing the urinary catheter bag.
d. Collecting specimens.
e. Emptying ostomy bags or changing bags that do not adhere to the skin.
f. Assisting with the placement and removal of colostomy bags, excluding the removal of the flange or manipulation of the stoma's site.
5. Assisting with the use of devices to aid daily living, such as a wheelchair or walker.
6. Assisting with a prescribed ice cap or collar.
7. Performing simple urine tests for sugar, acetone, or albumin.
8. Assisting with the use of a glucometer to perform blood glucose testing.
9. Keeping records of personal health care activities.
10. Observing appearance and gross behavioral changes in the patient or client and reporting to the registered nurse.
11. Recognition of emergencies and emergency procedures, including dialing 911.
12. Basic restorative care and rehabilitation including the application of AFOs (ankle foot orthosis) and other orthopedic braces.
13. Relevant legal and ethical issues, including patient rights and confidentiality of medical records.
14. Mental health and social service needs of children.
15. Other topics pertinent to home health services.

400.4765(3)(a)
a. Person-centered care.
b. Communication and interpersonal skills.
c. Infection control.
d. Safety and emergency procedures.
e. Assistance with activities of daily living.
f. Mental health and social service needs.

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g. Care of cognitively impaired individuals.
h. Basic restorative care and rehabilitation.
i. Patient rights and confidentiality of personal information and medical records.
j. Relevant legal and ethical issues.

59A-8.0099(3)(b) A minimum of thirty (30) hours of skills training in nursing specific to the care of medically fragile pediatric patients. This section of training must be conducted in person by a qualified RN with a minimum of two years nursing experience, with at least one year in pediatric nursing. This section of training must include the following:
1. An overview of seizure disorders, epilepsy, seizure emergencies, and related first aid and rescue therapies.
2. Tracheostomy care including suctioning, regular cleaning or replacement of inner cannula, trach site care, dressing change, and trach change.
3. Respiratory management including emergency management of desaturation, mucus plugging and dislodgement of trach tube.
4. Enteral care and therapy. Instruction must cover different enteral feeding tubes including nasogastric, nasoduodenal, nasojejunal, gastrostomy, jejunostomy, and gastrojejunal tubes, and gastronomy buttons. Instruction must also cover related equipment, potential complications, and feeding methods to include:
a. Administering enteral feedings: bolus intermittent, cyclic intermittent, intermittent drip, and constant infusion.
b. Equipment including syringes, feeding bags, and feeding pumps.
c. Formula types and preparation.
d. Complications including tube-related mechanical, infectious, gastrointestinal, aspiration pneumonia, and metabolic complications, and complications associated with PEG

placement.
5. Assisting with prescribed medical equipment, supplies and devices including oxygen, walkers, wheelchairs, hospital beds, ventilator, C-Pap and BiPap machines, peak flow meters, nebulizers, CPT vests, and apnea monitoring equipment, excluding the titration of the prescribed oxygen levels.
6. Skin care including pressure sore prevention and wound care.
7. Ostomies including ileostomies, colostomies and urostomies, maintaining a healthy stoma and emptying and changing the ostomy pouch or bag.
8. Urinary catheter care including catheter position, hydration, hygiene, complications, changing the catheter bag, removing and inserting a foley catheter.
9. End-of-life care and postmortem care.
10. Peripheral intravenous assistive care activities including care and maintenance of the device and signs and symptoms of complications.
11. Measuring and preparing special diets, excluding IV/TPN services.
12. Measuring intake and output of fluids.
13. Measuring vital signs including temperature, pulse, respiration, and blood pressure.

400.4765(3)(a)(2);
a. Hygiene, grooming, and toileting.
b. Skin care and pressure sore prevention.
c. Nutrition and hydration.
d. Measuring vital signs, height, and weight.
e. Safe lifting, positioning, and moving of patients.
f. Wound care.
g. Portable oxygen use and safety and other respiratory procedures.
h. Tracheostomy care.

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i. Enteral care and therapy.
j. Peripheral intravenous assistive activities and alternative feeding methods.
k. Urinary catheterization and ostomy care.

ST - H2265 - AMFC; VALIDATION OF SKILLS

Title AMFC; VALIDATION OF SKILLS

Type Rule

59A-400.4765(3)(a)(3); 59A-8.0099(3)(c)(

Regulation Definition

400.4765(3)(a)(3); At least 16 hours of clinical training under direct supervision of a licensed registered nurse.

59A-8.0099(3)(c) A minimum of sixteen (16) hours of clinical competency training and validation. Validation of medication routes pursuant to Rule 59A-8.0097, F.A.C., does not count toward the 16 hours required by this section. Validation must be conducted on site with an actual patient and supervised by a qualified RN with a minimum of two years nursing experience, with one year in pediatric nursing. A pseudo-patient may be used for training procedures related to conditions that the relative needing care may not exhibit. Successful validation requires the AMFC to demonstrate, in person, the skills outlined in section (3)(b) to include procedures for the following:
1. Skin care, pressure sore prevention, and wound care.
2. Tracheostomy care.
3. Enteral care and therapy.
4. Peripheral intravenous assistive care activities.
5. Urinary catheter care and foley catheterization.
6. Ostomy care and maintenance.
7. Appropriate use of prescribed medical equipment supplies and devices.

Interpretive Guideline

The 16 hours of validation are part of the 86 hours of training.

Required 16 hours of in-person, on-site, training with a qualified RN. The RN will validate the aide for medically fragile children's competency to perform the required skills.

A pseudo patient may be used for those skills that the relative does not require at the time of the validation.

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8. Measuring of vital signs and intake and output of fluids.

59A-8.0099(4) An AMFC must be assessed and validated as competent to provide services by an RN after successfully completing required training.
(a) An AMFC must achieve a score of 100% proficiency in validation of skills prior to providing services.
(b) Validation must take place within 90 days of completing required training.
(c) Validations expire 1 year from the effective date of the validation. An AMFC must be revalidated no more than within 60 days prior to the expiration of their validation to continue providing services.

ST - H2270 - AMFC; DELEGATION OF MEDICATION ADMINISTRATION

Title AMFC; DELEGATION OF MEDICATION ADMINISTRATION

Type Rule

400.489(1)(2); 59A-8.0099(6

Regulation Definition

400.489(1)(2); 59A-8.0099(6)
400.489(1) A home health aide or home health aide for medically fragile children may administer oral, transdermal, ophthalmic, otic, rectal, inhaled, enteral, or topical prescription medications if the home health aide or home health aide for medically fragile children has been delegated such task by a registered nurse licensed under chapter 464, has satisfactorily completed an initial 6-hour training course approved by the agency, and has been found competent to administer medication to a patient in a safe and sanitary manner. The training, determination of competency, and initial and annual validations required in this section shall be conducted by a registered nurse licensed under chapter 464 or a physician licensed under chapter 458 or chapter 459.

Interpretive Guideline

The aide for medically fragile children must meet all the requirements for delegation of medication administration as per 59A-8.0095, 59A-8.0097, 59A-8.0216, 59A-8.0219. Tags H1500-H1506 and H2200-H2214.

Surveyor should cite the failure to complete the required 6-hour initial training and 2-hour initial training under H2270, instead of H2201 and H2206. The AMFC must meet all other requirements under the delegation of administration.

The training for delegation of medication administration does not count as part of the total 86 hours of training.

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400.489(2) A home health aide or home health aide for medically fragile children must annually and satisfactorily complete a 2-hour inservice training course approved by the agency in medication administration and medication error prevention. The inservice training course shall be in addition to the annual inservice training hours required by agency rules.

59A-8.0099(6) Pursuant to section 400.489, F.S., medication administration training may be provided in addition to the 86-hour curriculum outlined in section (3). An AMFC may administer medication as delegated by an RN if they complete the basic medication administration training pursuant to Rule 59A-8.0097 and the requirements of Rules 59A-8.0219 and 59A-8.0216, F.A.C, are met.

ST - H2272 - AMFC; ADDITIONAL ROUTES MEDICATION TRAINING

Title AMFC; ADDITIONAL ROUTES MEDICATION TRAINING

Type Rule

59A-8.0099(6)(a)

Regulation Definition

59A-8.0099(6)(a) To meet the needs of medically fragile pediatric patients, an AMFC may administer medications via additional routes with written instructions from the delegating RN as prescribed by the patient's health care provider. The following routes require the AMFC to complete additional medication training specified in section (3)(b):
1. Oral medications to be crushed, diluted, or mixed with foods or liquid.
2. Medications in a liquid form or pills crushed into a powder form via enteral feeding tube.
3. Medications by injection via subcutaneous, intra-dermal, or intra-muscular route.

Interpretive Guideline

The aide for medically fragile children may administer medications which are not allowed under the delegation for medication administration under 59A-8.0095, 59A-8.0097, 59A-8.0216, and 59A-8.0219.

The aide for medically fragile children must complete an additional 4 hours of training to administer medications via additional routes.

4. Medication that is inserted rectally, including medications to treat or control seizures.
5. Inhaled medications administered via a tracheostomy tube with a metered-dose inhaler or nebulizer.
(b) Medication Training for Additional Routes of Administration. In addition to the initial 6 hours of training required by Rule 59A-8.0097, F.A.C., the AMFC must complete an additional 4 hours of training to administer medications via the routes described in section (3)(a). The additional training must be provided by an RN with at least two years of experience and must cover the following:
1. Administration of medications utilizing standardized measuring devices for children including oral syringes, special medication dosing spoons, or medication cups.
2. Measuring liquid medication, including conversions of teaspoon/tablespoon to milliliter or cubic centimeter (cc).
3. Indications and procedures for oral medications to be diluted or mixed with foods or liquid.
4. Indications and contraindications to crushing oral medications.
5. Procedure to crush oral medications and mix with foods or liquid.
6. Procedures for medications administered via enteral feeding tubes.
7. Procedures for medications inserted rectally.
8. Procedure for the administration of inhaled medications via a tracheostomy tube utilizing a metered-dose inhaler or nebulizer.
9. Recognition of serious adverse reactions and how to handle the event.
10. Medication errors and reporting to the RN, including when the child does not take all of medication mixed with food or liquids.
11. Infection control measures for administration of medication to pediatric patients

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ST - H2273 - AMFC; VALIDATION ADDITIONAL MED ROUTES

Title AMFC; VALIDATION ADDITIONAL MED ROUTES

Type Rule

59A-8.0099(6)(c)

Regulation Definition	Interpretive Guideline
59A-8.0099(6)(c) An AMFC that completes the training outlined in section (3)(b) must be validated in accordance with Rule 59A-8.0097, F.A.C. prior to administering medication via additional routes.	The aide for medically fragile children must be validated prior to administering these medications via additional routes.

ST - H2274 - AMFC; SUPERVISORY VISITS

Title AMFC; SUPERVISORY VISITS

Type Rule

59-A.0099(2)(c)

Regulation Definition	Interpretive Guideline
59-A.0099(2)(c) An RN employed or contracted with the home health agency must conduct supervisory visits of the AMFC at least every 60 days. The home health agency must maintain documentation of such visits.	The supervisory visit is an in-person, on-site visit to review the care provided is per the plan of care.

ST - H2300 - Homemaker

Title Homemaker

Type Rule

400.462 (18) FS; 59A-8.0095(12)(a), FAC

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Regulation Definition	Interpretive Guideline
400.462 (18)"Homemaker" means a person who performs household chores that include housekeeping, meal planning and preparation, shopping assistance, and routine household activities for an elderly, handicapped, or convalescent individual. A homemaker may not provide hands-on personal care to a client 59A-8.0095 (12) Homemakers and Companions. (a) The homemaker shall: 1. Maintain the home in an optimum state of cleanliness and safety depending upon the client's and the caregiver's resources; 2. Perform the functions generally undertaken by the customary homemaker, including such duties as preparation of meals, laundry, shopping, household chores, and care of children; 3. Perform casual, cosmetic assistance, such as brushing the client's hair and assisting with make-up, filing and polishing nails but not clipping nails; 4. Stabilize the client when walking, as needed, by holding the client's arm or hand; 5. Report to the appropriate supervisor any incidents or problems related to his work or to the caregiver; 6. Report any unusual incidents or changes in the client's behavior to the case manager; and, 7. Maintain appropriate work records. 8. If requested by the client or his responsible party, the homemaker may verbally remind the client that it is time to for the client to take his or her medicine.	

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ST - H2350 - Companions

Title Companions

Type Rule

400.462 (7) FS; 59A-8.0095(12)(b), F.A.C

Regulation Definition

400.462 (7) "Companion" or "sitter" means a person who spends time with or cares for an elderly, handicapped, or convalescent individual and accompanies such individual on trips and outings and may prepare and serve meals to such individual. A companion may not provide hands-on personal care to a client.

59A-8.0095(12) (b) The companion shall:
1. Provide companionship for the client;
2. Accompanying the client to doctors appointments, recreational outings, or shopping;
3. Provide light housekeeping tasks such as preparation of a meal or laundering the client's personal garments;
4. Perform casual, cosmetic assistance, such as brushing the client's hair and assisting with make-up, filing and polishing nails but not clipping nails;
5. Stabilize the client when walking, as needed, by holding the client's arm or hand;
6. Maintain a chronological written record of services; and,
7. Report any unusual incidents or changes in the patient's behavior to the case manager.
8. If requested by the client or his responsible party, the companion may verbally remind the client that it is time for the client to take his or her medicine.

Interpretive Guideline

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ST - H2400 - Licensure; hours of operation

Title Licensure; hours of operation

Type Rule

59A-8.003(9)(a-b)

Regulation Definition	Interpretive Guideline
59A-8.003 (9) A home health agency has the following responsibility in terms of hours of operation: (a) The home health agency administrator and director of nursing, or their alternates, must be available to the public for any eight consecutive hours between 7:00 a.m. and 6:00 p.m., Monday through Friday of each week, excluding legal and religious holidays. Available to the public means being readily available on the premises or by telecommunications. (b) When the administrator and the director of nursing are not on the premises during designated business hours, a staff person must be available to answer the phone and the door and must be able to contact the administrator and the director of nursing by telecommunications. This individual can be a clerical staff person	Facility hours of operation should be designated in the policy and procedure manual. Telecommunications means telephone, cell-phone or web-based communications. If the administrator and the director of nursing are not on the premises, ask an agency staff person to contact them to let them know that AHCA is at the facility and the survey process has started, obtain information from office personnel, and interview other professional staff present to complete as many items as possible. If (a), (b) is not met, submit Recommendation for Sanction (RFS) for $500 fine to General Counsel's office. Second time is grounds for denial or revocation of license. Contact the Laboratory and In-home Unit as to whether an RFS should be done - if renewal application is pending, the Unit can do the denial. Refer to Core Tag Z824 and Z871 for rights of inspection. Initial applications for licensing are denied if the provider is not available when the inspection is attempted. The Laboratory and In-home Unit will issue the Notice of Intent to Deny to the applicant. A home health agency may not operate out of a private residence.

ST - H2401 - Licensure; Rights of Inspection

Title Licensure; Rights of Inspection

Type Rule

59A-8.003(9)(c,e); 408.806(7)(a,d)

Regulation Definition	Interpretive Guideline
59A-8.003(9) (c) If an AHCA surveyor arrives on the premises to conduct an	Refer to Core Tag Z824 and Z871 for rights of inspection.

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unannounced survey and the administrator, the director of nursing, or a person authorized to give access to patient records, are not available on the premises they, or the designated alternate, must be available on the premises within an hour of the arrival of the surveyor. A list of current patients must be provided to the surveyor within two hours of arrival if requested.
(e) Failure to be available or to respond during a survey or inspection will be grounds for denial or revocation of the agency license in accordance with Section 408.806(7), F.S.

408.806(7)
(7)(a) An applicant must demonstrate compliance with the requirements in this part, authorizing statutes, and applicable rules during an inspection pursuant to s. 408.811, as required by authorizing statutes.
(d) If a provider is not available when an inspection is attempted, the application shall be denied.

If (c) is not met, submit Recommendation for Sanction (RFS) for $500 fine to General Counsel's office.
Second time is grounds for denial or revocation of license. Contact the Laboratory and In-home Unit as to whether an RFS should be done - if renewal application is pending, the Unit can do the denial.

ST - H2402 - Licensure: Counties served

Title Licensure: Counties served

Type Rule

59A-8.007(1-2);400.471(7);400.464(2)

Regulation Definition

59A-8.007
(1) An applicant for initial licensure, change of ownership, or the addition of skilled care services must apply for one or more counties within a geographic service area in which the main office is located on the Health Care Licensing Application, Home Health Agency, AHCA Form 3110-1011, April 2019, incorporated by reference in subsection 59A-8.003(1), F.A.C., pursuant to Sections 408.032(5) and 400.497(9), F.S.
(2) In any request for expansion of the geographic service

Interpretive Guideline

The license must be displayed in a conspicuous place readily visible to clients who enter the home health agency. The surveyor may review the license for the counties in which the agency is licensed.
Refer to Core Tag Z803 for license requirements and display.
When reviewing the sample of patient clinical records, review the patient's home address to determine if the address is located within the geographic area shown on the HHA license.
A home health agency can expand its' geographical service area to include additional counties, as long as the counties are within the health service planning district that the agency is licensed to serve.
There are 11 health service planning districts, composed of designated counties, which are defined in s. 408.032(5), F.S.

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area, the home health agency's previous history of survey results and administrative actions including fines, suspensions, revocations or injunctions will be reviewed to establish the home health agency's ability to provide quality services within the requested area. In addition, the application for an expanded geographic service area must include a plan for:
(a) Coverage of the professional staff which takes into account the projected number of clients in the requested geographic service area; and,
(b) Supervision of the staff in the requested geographic service area.

400.471
(7) A licensed home health agency that seeks to relocate to a different geographic service area not listed on its license must submit an initial application for a home health agency license for the new location.

400.464
(2) If the licensed home health agency operates related offices, each related office outside the health service planning district where the main office is located must be separately licensed. The counties where the related offices are operating within the health service planning district must be specified on the license in the main office.

District 1.-Escambia, Santa Rosa, Okaloosa, and Walton Counties.
District 2.-Holmes, Washington, Bay, Jackson, Franklin, Gulf, Gadsden, Liberty, Calhoun, Leon, Wakulla, Jefferson, Madison, and Taylor Counties.
District 3.-Hamilton, Suwannee, Lafayette, Dixie, Columbia, Gilchrist, Levy, Union, Bradford, Putnam, Alachua, Marion, Citrus, Hernando, Sumter, and Lake Counties.
District 4.-Baker, Nassau, Duval, Clay, St. Johns, Flagler, and Volusia Counties.
District 5.-Pasco and Pinellas Counties.
District 6.-Hillsborough, Manatee, Polk, Hardee, and Highlands Counties.
District 7.-Seminole, Orange, Osceola, and Brevard Counties.
District 8.-Sarasota, DeSoto, Charlotte, Lee, Glades, Hendry, and Collier Counties.
District 9.-Indian River, Okeechobee, St. Lucie, Martin, and Palm Beach Counties.
District 10.-Broward County.
District 11.-Miami-Dade and Monroe Counties.

A "geographic service area" is defined in 59A-8.002(12) F.A.C. as one or more counties within a health service planning district.
If a home health agency wishes to expand its' service area to include counties in a different health service planning district than it is currently licensed to serve, then a separate license would be required.

ST - H2403 - Licensure: Refusal to serve

Title Licensure: Refusal to serve

Type Rule

59A-8.007(3), F.A.C.

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Regulation Definition	Interpretive Guideline
59A-8.007 (3) The counties listed on the home health agency license should reflect counties in which the home health agency expects to provide services. If an agency refuses to serve patients or clients residing in a specific county and that county is listed on the agency's license, AHCA shall remove that county from the agency's license. Refusal to provide services to a patient or client solely based on their residence in a specific county must be verified by AHCA prior to removing the county from the license. A home health agency shall not provide services to patients or clients residing in a county that is not listed on the agency's license.	If you find an agency has refused to provide services within a certain county (or counties) cite this tag and inform AHCA Laboratory and In-Home Services which county (or counties) should be removed from the agency's license.

ST - H2404 - Licensure; Provide direct service

Title Licensure; Provide direct service

Type Rule

59A-8.008(4);400.471(8)(d);400.474(2)(e)

Regulation Definition	Interpretive Guideline
59A-8.008 (4)The agency's application for licensure shall state explicitly what services will be provided directly by agency employees or by contracted personnel if services are provided by contract. The home health agency shall provide at least one service directly to patients.	The Home Health Agency must provide one service by direct employees. Employees in which no taxes are withheld and are given an IRS 1099 tax form, are considered "contract employee" and are NOT direct employees. When the HHA is only staffing with contract employees and/or is not providing any services with directly employed staff then a citation should be issued.
400.471 (8) The agency may not issue a renewal license for a home health agency in any county having at least one licensed home health agency and that has more than one home health agency per 5,000 persons, as indicated by the most recent	400.462 (9) "Direct employee" means an employee for whom one of the following entities pays withholding taxes: a home health agency; a management company that has a contract to manage the home health agency on a day-to-day basis; or an employee leasing company that has a contract with the home health agency to handle the payroll and payroll taxes for the home health agency.

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population estimates published by the Legislature's Office of Economic and Demographic Research, if the applicant or any controlling interest has been administratively sanctioned by the agency during the 2 years prior to the submission of the licensure renewal application for one or more of the following acts:
(d) Failing to provide at least one service directly to a patient for a period of 60 days;

400.474
(2) Any of the following actions by a home health agency or its employee is grounds for disciplinary action by the agency:
(e) Failing to provide at least one service directly to a patient for a period of 60 days.

ST - H2450 - Licensure; Accreditation

Title Licensure; Accreditation

Type Rule

400.471(2)(g) F.S. 59A-8.002 (1)

Regulation Definition

400.471(2)(g) In the case of an application for initial licensure, an application for a change of ownership, or an application for the addition of skilled care services, documentation of accreditation, or an application for accreditation, from an accrediting organization that is recognized by the agency as having standards comparable to those required by this part and part II of chapter 408. A home health agency that does not provide skilled care is exempt from this paragraph. Notwithstanding s. 408.806, the applicant must provide proof of accreditation that is not conditional or provisional and a survey demonstrating compliance with the requirements of this part, part II of chapter 408, and applicable rules from an accrediting organization that is recognized by the agency as

Interpretive Guideline

Home Health Agencies providing SKILLED care are required to obtain an initial STATE Licensure survey through an accreditation organization.
Home Health Agencies providing NON-SKILLED care are exempt from the accreditation requirement.
A NON-SKILLED agency may utilize an accreditation organization or AHCA to perform the initial STATE LICENSURE survey.
An accredited Home Health Agency would be exempt from an AHCA survey for initial State Licensure and State Re-Licensure.
Prior to the initial survey, AHCA Laboratory and In-home unit will verify the agency requests a survey from AHCA and not an accreditation agency.
If the surveyor determines the Home Health Agency is accredited contact the Field Office supervisor for further direction.
Note that AHCA completes ALL complaint surveys on accredited agencies, regardless of deemed status.

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having standards comparable to those required by this part and part II of chapter 408 within 120 days after the date of the agency's receipt of the application for licensure. Such accreditation must be continuously maintained by the home health agency to maintain licensure. The agency shall accept, in lieu of its own periodic licensure survey, the submission of the survey of an accrediting organization that is recognized by the agency if the accreditation of the licensed home health agency is not provisional and if the licensed home health agency authorizes release of, and the agency receives the report of, the accrediting organization.

59A-8.002 (1) "Accrediting organization" means the Community Health Accreditation Partner, The Joint Commission, or Accreditation Commission for Health Care.

ST - H2500 - Licensure; Unlicensed Activity

Title Licensure; Unlicensed Activity

Type Rule

400.464 (4)(b-f) FS

Regulation Definition

400.464
(4)(b) The operation or maintenance of an unlicensed home health agency or the performance of any home health services in violation of this part is declared a nuisance, inimical to the public health, welfare, and safety. The agency or any state attorney may, in addition to other remedies provided in this part, bring an action for an injunction to restrain such violation, or to enjoin the future operation or maintenance of the home health agency or the provision of home health services in violation of this part or part II of chapter 408, until compliance with this part or the rules adopted under this part has been demonstrated to the satisfaction of the agency.

Interpretive Guideline

408.812 F.S. defines unlicensed activity as a person or entity that offers or advertises services without the required licensure. Unlicensed activity constitutes harm that materially affects the health, safety, and welfare of clients.
If the surveyor identifies unlicensed activity, refer to AHCA Unlicensed Activity Survey Protocol for further instructions.
Refer to CORE Tag Z827 for additional regulations related to unlicensed activity.
400.474 (8)(b) requires any home health agency found to be operating without a license and has received any government reimbursement for services, the agency shall make a fraud referral. The surveyor should contact their FO supervisor for further guidance on referrals for fraud.

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(c) A person who violates paragraph (a) is subject to an injunctive proceeding under s. 408.816. A violation of paragraph (a) or s. 408.812 is a deceptive and unfair trade practice and constitutes a violation of the Florida Deceptive and Unfair Trade Practices Act under part II of chapter 501.
(d) A person who violates the provisions of paragraph (a) commits a misdemeanor of the second degree, punishable as provided in s. 775.082 or s. 775.083. Any person who commits a second or subsequent violation commits a misdemeanor of the first degree, punishable as provided in s. 775.082 or s. 775.083. Each day of continuing violation constitutes a separate offense.
(e) Any person who owns, operates, or maintains an unlicensed home health agency and who, after receiving notification from the agency, fails to cease operation and apply for a license under this part commits a misdemeanor of the second degree, punishable as provided in s. 775.082 or s. 775.083. Each day of continued operation is a separate offense.
(f) A home health agency that fails to cease operation after agency notification may be fined in accordance with s. 408.812.

ST - H2550 - Licensure; Satellite Office

Title Licensure; Satellite Office

Type Rule

400.462(27);59A-8.002 (27)&.003(5,6,8)

Regulation Definition

400.462 (27) "Satellite office" means a secondary office of a nurse registry established pursuant to s. 400.506(1) in the same health service planning district as a licensed nurse registry operational site.
59A-8.002 (27) "Satellite office" means a related office established in the same geographic service area as the main office, pursuant to subsection 59A-8.003(5), F.A.C.

Interpretive Guideline

The location of the satellite office should appear on the home health agency's license and should be reported on the renewal or initial application form. A satellite office means a secondary office established in the same geographical area as the main office and operating under the auspices of the main office [59A-8.002(27)]. Contact the AHCA Home Care Unit if there are questions about the satellite location.

If the agency license copy does not have the satellite office or a correct address for the satellite location, the surveyor should cite the agency under this tag.

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59A-8.003 (5) A licensed home health agency may operate a satellite office. A satellite office must be located in the same geographic service area as the agency's main office and share administration, fiscal management, supervision, and service provision with the main office; it is not separately licensed. Supplies and records can be stored at a satellite office and phone business can be conducted the same as in the main office. The administrator at the main office is responsible for the staffing, patients, and operation of any satellite office. Signs and advertisements can notify the public of the satellite office location. If the agency wants to open an office outside of the geographic service area where the main office is located, the office must be separately licensed.

59A-8.003(6) A home health agency that operates a satellite office must:
(a) Ensure coverage of the professional staff which takes into account the projected number of clients to be served at the satellite office;
(b) Coordinate care and services by staff;
(c) Ensure supervision of the staff and provision of services in the event of staff absenteeism;
(d) Maintain a system of communication and integration of services between the main office and the satellite office;
(e) Provide access to patient records at the satellite office;
(f) Monitor the daily activities (clinical and administrative) and the management of services, as well as personnel and administrative issues at the satellite office;
(g) Ensure periodic onsite visits to each satellite office by the home health agency's administrator;
(h) Make the satellite office's hours of operation available to the public if different than the hours of operation maintained by the main office.

Refer to Core Tag Z806 for change of address guidance.

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59A-8.003(8) If a change of address is to occur, or if a home health agency intends to change the counties served within the geographic service area, or open or close a satellite office or drop-off site, the home health agency must complete and submit the Health Care Licensing Application, Home Health Agency, AHCA Form 3110-1011, April 2019 or the Health Care Licensing Online Application, Home Health Agency, AHCA Form 3110-1011OL, April 2019, incorporated by reference in subsection (1), above, within the timeframe prescribed in paragraph 59A-35.040(2)(b), F.A.C. For an address change of the main office or satellite office, the home health agency must submit to the AHCA evidence that the location is zoned for a home health agency business for the new address and evidence of legal right to occupy the property in accordance with Section 408.810(6), F.S.

ST - H2560 - Licensure; Drop off Site

Title Licensure; Drop off Site

Type Rule

59A-8.003(7), F.A.C.

Regulation Definition

59A-8.003(7) A licensed home health agency may operate a drop-off site in any county within the geographic service area specified on the license. A drop-off site may be used for pick-up or drop-off of supplies or records, for agency staff to use to complete paperwork or to communicate with the main office, existing or prospective agency staff, or the agency's existing patients or clients. Prospective patients or clients cannot be contacted and billing cannot be done from this location. The drop-off site is not a home health agency office, but merely a work station for direct care staff in large areas where the distance is too great for staff to drive back frequently to the home health agency office. Training of home

Interpretive Guideline

The location of the drop-off site should be reported on the license application. When a drop-off site is found operating as a HHA office, this is unlicensed activity and a notice of unlicensed activity should be given to the HHA. Also cite H 105 unlicensed activity.

A Drop-off site is not an operational office. This information is obtained in the Entrance Conference Interview with the Administrator. No survey visit to this site is made unless surveyor suspects it is actually an operating office.

Note: Drop sites are to be used when distances are too great for staff to drive back frequently to the home health agency. A drop site close to the HHA office does not meet the requirement in this rule.

health agency staff can be done at a drop-off site. A drop-off site shall not require a license. No other business shall be conducted at these locations, including housing of records. The agency name cannot appear at the location, unless required by law or by the rental contract, nor can the location appear on agency letterhead or in advertising.

ST - H2561 - Licensure; Agency located in ALF

Title Licensure; Agency located in ALF

Type Rule

59A-8.008(6), F.A.C.

Regulation Definition	Interpretive Guideline
59A-8.008(6) If a home health agency occupies space within a licensed assisted living facility, and this space is not licensed as a home health agency, the home health agency must notify AHCA, in writing, whether the space is a satellite office or a drop-off site, as defined in Rule 59A-8.002, F.A.C.	HHA can lease space from an ALF. Determine if the space meets the definition of an office. Was the space declared as a satellite, a drop-off site, or is it separately licensed as a HHA? Use of such space would have to meet one of these definitions. If the space is designated as a drop-off site, make sure there is no active patient records stored and there is no business being conducted from this location, such as advertising or patients dropping in. Refer to H1003, H1004 and H3105 for more information on ALFs.

ST - H2570 - Licensure; Retirement community

Title Licensure; Retirement community

Type Rule

400.497(2), F.S.

Regulation Definition	Interpretive Guideline
400.497(2) Shared staffing. The agency shall allow shared staffing if the home health agency is part of a retirement community that provides multiple levels of care, is located on	The home health agency and the retirement community are located on the same campus. Refer to 2800, and 2900 for additional requirements for retirement communities.

one campus, is licensed under this chapter or chapter 429, and otherwise meets the requirements of law and rule.

ST - H2600 - Licensure; Advertising with license number

Title Licensure; Advertising with license number

Type Rule

400.464(4)(a), F.S.

Regulation Definition

400.464 (4)(a) A licensee or registrant that offers or advertises to the public any service for which licensure or registration is required under this part must include in the advertisement the license number or registration number issued to the licensee or registrant by the agency. The agency shall assess a fine of not less than $100 to any licensee or registrant that fails to include the license or registration number when submitting the advertisement for publication, broadcast, or printing. The fine for a second or subsequent offense is $500. The holder of a license or registration issued under this part may not advertise or indicate to the public that it holds a home health agency or nurse registry license or registration other than the one it has been issued.

Interpretive Guideline

As time permits as part of off-site preparation, review advertisements including website to determine if this criterion is met. On site during the survey, check advertising materials such as brochures at the agency. This needs to be cited if the license number is not in the advertising.

Note: This applies only when services are offered. The license number is not required on business cards or stationery where no services are listed. It also doesn't apply to job announcements.
Notify Laboratory and In-home Unit and provide copy of ad with no license number. The Unit will issue the notice of intent to impose to the fine.

ST - H2610 - Licensure; Advertising Alzheimer’s Care

Title Licensure; Advertising Alzheimer’s Care

Type Rule

400.4785(2), F.S.

Regulation Definition

(2) An agency licensed under this part which claims that it provides special care for persons who have Alzheimer's

Interpretive Guideline

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disease or other related disorders must disclose in its advertisements or in a separate document those services that distinguish the care as being especially applicable to, or suitable for, such persons. The agency must give a copy of all such advertisements or a copy of the document to each person who requests information about the agency and must maintain a copy of all such advertisements and documents in its records. The Agency for Health Care Administration shall examine all such advertisements and documents in the agency's records as part of the license renewal procedure.

ST - H2650 - Licensure; Excellence in HH Program

Title Licensure; Excellence in HH Program

Type Rule

400.52(5) FS

Regulation Definition

400.52 (5) A home health agency that is awarded under the program may use the designation in advertising and marketing. However, a home health agency may not use the award designation in any advertising or marketing if the home health agency:
(a) Has not been awarded the designation;
(b) Fails to renew the award upon expiration of the award designation;
(c) Has undergone a change in ownership that does not qualify for an exception under paragraph (3)(a); or
(d) Has been notified that it no longer meets the criteria for the award upon reapplication after expiration of the award designation.

Interpretive Guideline

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ST - H2670 - Licensure; HIV/AIDS training; AIDES NOT AMFC

Title Licensure; HIV/AIDS training; AIDES NOT AMFC

Type Rule

381.0035(1-2); 59A-8.0095 (5) (r)

Regulation Definition

381.0035(1-2),
(1) The Department of Health shall require all employees and clients of facilities licensed under chapter 393, chapter 394, or chapter 397 and employees of facilities licensed under chapter 395, part II, part III, or part IV of chapter 400, or part I of chapter 429 to complete a one-time educational course on the modes of transmission, infection control procedures, clinical management, and prevention of human immunodeficiency virus and acquired immune deficiency syndrome with an emphasis on appropriate behavior and attitude change. Such instruction shall include information on current Florida law and its impact on testing, confidentiality of test results, and treatment of patients and any protocols and procedures applicable to human immunodeficiency counseling and testing, reporting, the offering of HIV testing to pregnant women, and partner notification issues pursuant to ss. 381.004 and 384.25. An employee who has completed the educational course required in this subsection is not required to repeat the course upon changing employment to a different facility licensed under chapter 393, chapter 394, chapter 395, chapter 397, part II, part III, or part IV of chapter 400, or part I of chapter 429.
(2) Facilities licensed under chapter 393, chapter 394, chapter 395, or chapter 397, part II, part III, or part IV of chapter 400, or part I of chapter 429 shall maintain a record of employees and dates of attendance at human immunodeficiency virus and acquired immune deficiency syndrome educational courses.

Interpretive Guideline

381.0035(1-2) F.S. The Department of Health shall require all employees ... to complete a one-time educational course on the prevention of human immunodeficiency virus and acquired immune deficiency syndrome.
An employee who has completed the educational course required in this subsection is not required to repeat the course upon changing employment to a different facility licensed under chapter 393, chapter 394, chapter 395, chapter 397, part II, part III, or part IV of chapter 400, or part I of chapter 429.

SURVEYOR SHOULD CITE H2255 FOR AIDE FOR MEDICALLY FRAGILE CHILDREN WHICH DO NOT HAVE REQUIRED TRAINING.

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59A-8.0095 (5) (r)
(r) Pursuant to Section 381.0035, F.S., all home health agency employees, r) with the exception of employees subject to the requirements of Section 456.033, F.S., must complete a one-time education course on HIV and AIDS, within 30 days of employment.

ST - H2700 - Emergency Management; Special Needs

Title Emergency Management; Special Needs

Type Rule

59A-8.027(13-14);252.355(1)&(2)(b)

Regulation Definition

59A-8.027, FAC
(13) Each home health agency is required to collect registration information for special needs patients who will need continuing care or services during a disaster or emergency, pursuant to section 252.355, F.S. This registration information shall be submitted, when collected, to the county Emergency Management office, or on a periodic basis as determined by the home health agency's county Emergency Management office.
(14) Home health agency staff shall educate patients registered with the special needs registry that special needs shelters are an option of last resort and that services may not be equal to what they have received in their homes.

252.355, FS Registry of persons with special needs; notice; registration program.-
(1) In order to meet the special needs of persons who would need assistance during evacuations and sheltering because of physical, mental, cognitive impairment, or sensory disabilities, the division, in coordination with each local emergency

Interpretive Guideline

Ask for evidence that:
(1) the HHA has information on what each county EMA requires for registration and
(2) the HHA is submitting registration information - unless the county does not allow outside persons to submit and requires direct contact with special needs persons. In these instances, the HHA should have a copy of the county's instructions for special needs registration that says only the patient can submit. The HHA will still be expected to inform patients who need assistance in evacuation of the special needs registration process. Their procedures would be included in their emergency management plan.

Has the HHA included special needs registration in the emergency management plan format?

Refer to Core Tag CZ830 Emergency Management Planning.

management agency in the state, shall maintain a registry of persons with special needs located within the jurisdiction of the local agency. The registration shall identify those persons in need of assistance and plan for resource allocation to meet those identified needs.
(2)(b) To assist in identifying persons with special needs, home health agencies, hospices, nurse registries, home medical equipment providers, the Department of Children and Families, the Department of Health, the Agency for Health Care Administration, the Department of Education, the Agency for Persons with Disabilities, the Department of Elderly Affairs, and memory disorder clinics shall, and any physician licensed under chapter 458 or chapter 459 and any pharmacy licensed under chapter 465 may, annually provide registration information to all of their special needs clients or their caregivers. The division shall develop a brochure that provides information regarding special needs shelter registration procedures. The brochure must be easily accessible on the division's website. All appropriate agencies and community-based service providers, including aging and disability resource centers, memory disorder clinics, home health care providers, hospices, nurse registries, and home medical equipment providers, shall, and any physician licensed under chapter 458 or chapter 459 may, assist emergency management agencies by annually registering persons with special needs for special needs shelters, collecting registration information for persons with special needs as part of the program intake process, and establishing programs to educate clients about the registration process and disaster preparedness safety procedures. A client of a state-funded or federally funded service program who has a physical, mental, or cognitive impairment or sensory disability and who needs assistance in evacuating, or when in a shelter, must register as a person with special needs. The registration

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program shall give persons with special needs the option of preauthorizing emergency response personnel to enter their homes during search and rescue operations if necessary to ensure their safety and welfare following disasters.

ST - H2701 - Emergency Management; Plan

Title Emergency Management; Plan

Type Rule

400.492 FS; 59A-8.027(1-2) & (4) FAC

Regulation Definition

400.492, F.S., Provision of services during an emergency.-Each home health agency shall prepare and maintain a comprehensive emergency management plan that is consistent with the standards adopted by national or state accreditation organizations and consistent with the local special needs plan. The plan . . . shall provide for continuing home health services during an emergency that interrupts patient care or services in the patient's home. The plan shall include the means by which the home health agency will continue to provide staff to perform the same type and quantity of services to their patients who evacuate to special needs shelters that were being provided to those patients prior to evacuation. The plan shall describe how the home health agency establishes and maintains an effective response to emergencies and disasters, including: notifying staff when emergency response measures are initiated; providing for communication between staff members, county health departments, and local emergency management agencies, including a backup system; identifying resources necessary to continue essential care or services or referrals to other health care providers subject to written agreement; and prioritizing and contacting patients who need continued care or services.

Interpretive Guideline

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59A-8.027
(1) Pursuant to section 400.492, F.S., each home health agency shall prepare and maintain a written comprehensive emergency management plan, in accordance with criteria shown in the "Comprehensive Emergency Management Plan (CEMP)," AHCA Form 3110-1022, Revised March 2013, incorporated by reference (http://www.flrules.org/Gateway/reference.asp?No=Ref-02767). This document is available from the Agency for Health Care Administration at http://ahca.myflorida.com/MCHQ/Emergency_Activities/index.shtml and shall be used as the format for the home health agency's emergency management plan. The plan shall describe how the home health agency establishes and maintains an effective response to emergencies and disasters.

(2) The plan, once completed, will be forwarded electronically for approval to the contact designated by the Department of Health.

(4) Changes in the telephone numbers of those staff who are coordinating the agency's emergency response must be reported to the agency's county office of Emergency Management and to the local County Health Department. For agencies with multiple counties on their license, the changes must be reported to each County Health Department and each county Emergency Management office. The telephone numbers must include numbers where the coordinating staff can be contacted outside of the agency's regular office hours. All home health agencies must report these changes, whether their plan has been previously reviewed or not, as defined in subsection (2), above.

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ST - H2702 - Emergency Management; Patient evacuation plan

Title Emergency Management; Patient evacuation plan

Type Rule

400.492(1) FS; 59A-8.027(8)&(12)&(16)

Regulation Definition

400.492(1), F.S., Each patient record for patients who are listed in the registry established pursuant to s. 252.355 shall include a description of how care or services will be continued in the event of an emergency or disaster. The home health agency shall discuss the emergency provisions with the patient and the patient's caregivers, including where and how the patient is to evacuate, procedures for notifying the home health agency in the event that the patient evacuates to a location other than the shelter identified in the patient record, and a list of medications and equipment which must either accompany the patient or will be needed by the patient in the event of an evacuation.

59A-8.027
(8) On admission, each home health agency shall, pursuant to section 252.355, F.S., inform patients and patient caregivers of the special needs registry maintained by their county Emergency Management office. The home health agency must document in the patient's file if the patient plans to evacuate or remain at home; if during the emergency the patient's caregiver can take responsibility for services normally provided by the home health agency; or if the home health agency needs to continue services to the patient. If the patient is a resident of an assisted living facility or an adult family care home, the home health agency must contact the assisted living facility or adult family care home administrator or designated emergency management personnel and find out the plan for evacuation of

Interpretive Guideline

Do patient records include:
(1) whether the patient intends to evacuate or remain at home
(2) if there are family or other caregivers who can take responsibility for services normally provided by HHA or if the HHA needs to continue services
(3) if patient is listed or will be listed with the special needs registry -- if so, the list of medications & equipment should be included in the record
(4) if patient lives in an assisted living facility (ALF) or adult family care home (AFCH), was the facility contacted to find out where they will evacuate to
(5) if continuing services will be needed by the HHA, this should be noted in the record (this includes ALF and AFCH patients)
(6) If services cannot be continued, document why and the efforts that were made to continue services.

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the resident in order to document the resident's plans in the home health agency's file for the patient. If it is determined the home health agency needs to provide continued services, it will be the responsibility of the home health agency to provide the same type and quantity of care for the patient in the special needs shelter during and after the emergency, equal to the care received prior to the shelter assignment as specified in section 400.492, F.S., except in certain situations as specified in section 400.492(3), F.S.

(12) When a home health agency is unable to continue services to special needs patients registered under section 252.355, F.S., that patient's record must contain documentation of the efforts made by the home health agency to comply with their emergency management plan in accordance with section 400.492(3), F.S. Documentation includes, but is not limited to, contacts made to the patient's caregivers, if applicable; contacts made to the assisted living facility and adult family care home, if applicable; and contacts made to local emergency operation centers to obtain assistance in reaching patients and contacts made to other agencies which may be able to provide temporary services.

(16) The patient record for each person registered as a special needs patient shall include information as listed in section 400.492(1), F.S.

ST - H2703 - Emergency Management: Prioritized list

Title Emergency Management: Prioritized list

Type Rule

400.492(2), F.S.; 59A-8.027(15) FAC

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Regulation Definition	Interpretive Guideline
400.492(2) Each home health agency shall maintain a current prioritized list of patients who need continued services during an emergency. The list shall indicate how services shall be continued in the event of an emergency or disaster for each patient and if the patient is to be transported to a special needs shelter, and shall indicate if the patient is receiving skilled nursing services and the patient's medication and equipment needs. The list shall be furnished to county health departments and to local emergency management agencies, upon request. 59A-8.027 (15) The prioritized list of patients maintained by the home health agency shall be kept current and shall include information as defined in section 400.492(2), F.S. The prioritized list shall also include residents in assisted living facilities and adult family care homes who require nursing services. This list will assist home health agency staff during and immediately following an emergency which requires implementation of the emergency management plan. This list also shall be furnished to local County Health Departments and to the county Emergency Management office, upon request.	Does the agency maintain a current prioritized list of registered special needs patients? Has the agency included section II.C, 7 in the Emergency Management plan format? Ask to see the list and ask the administrator how the HHA keeps the list current. Does the prioritized list include: (1) indication of how services will be continued (2) if patient is registered with the special needs registry & is to be transported to the special needs shelter (3) if the patient is receiving skilled nursing (4) the patient's medication & equipment needs (5) ALF & AFCH patients who require nursing services

ST - H2704 - Emergency Management; Plan activation

Title Emergency Management; Plan activation

Type Rule

59A-8.027(6), F.A.C.; 400.492(3-4), FS

Regulation Definition	Interpretive Guideline
59A-8.027(6) In the event of an emergency the agency shall	If there should be an emergency, surveyors can check to see if this standard was complied with in the next survey or if

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implement the agency's emergency management plan in accordance with section 400.492, F.S. Also, the agency must meet the following requirements:
(a) All staff who are designated to be involved in emergency measures must be informed of their duties and be responsible for implementing the emergency management plan.
(b) If telephone service is not available during an emergency, the agency shall have a contingency plan to support communication, pursuant to section 400.492, F.S. A contingency plan may include cell phones, contact with a community based ham radio group, public announcements through radio or television stations, driving directly to the employee's or the patient's home, and, in medical emergency situations, contact with police or emergency rescue services.

400.492
(3), F.S. Home health agencies shall not be required to continue to provide care to patients in emergency situations that are beyond their control and that make it impossible to provide services, such as when roads are impassable or when patients do not go to the location specified in their patient records. Home health agencies may establish links to local emergency operations centers to determine a mechanism by which to approach specific areas within a disaster area in order for the agency to reach its clients. Home health agencies shall demonstrate a good faith effort to comply with the requirements of this subsection by documenting attempts of staff to follow procedures outlined in the home health agency's comprehensive emergency management plan, and by the patient's record, which support a finding that the provision of continuing care has been attempted for those patients who have been identified as needing care by the home health agency and registered under s. 252.355, in the event of an emergency or disaster under subsection (1).

there is a complaint.
Was the plan implemented? Was staff informed? Was there an alternative means of communication if phone service was down?

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(4) Notwithstanding the provisions of s. 400.464(2) or any other provision of law to the contrary, a home health agency may provide services in a special needs shelter located in any county.

ST - H2705 - Emergency Management; contact patients

Title Emergency Management; contact patients

Type Rule

59A-8.027 (9-11)

Regulation Definition

59A-8.027 F.A.C.

(9) Upon eminent threat of an emergency or disaster the home health agency must contact those patients needing ongoing services and confirm each patient's plan during and immediately following an emergency. The home health agency must also contact every assisted living facility and adult family care home where patients are served to confirm the plans during and immediately following the emergency.
(10) During emergency situations, when there is not a mandatory evacuation order issued by the local Emergency Management agency, some patients may decide not to evacuate and will stay in their homes. The home health agency must establish procedures, prior to the time of an emergency, which will delineate to what extent the agency will continue care during and immediately following an emergency. The agency shall also ascertain which patients remaining at home will need care from the home health agency and which patients have plans to receive care from their family or caregivers. The agency shall designate staff to continue the services specified in the treatment orders to residents in the assisted living facility or adult family care home during and following the emergency. If the assisted living facility or adult family care

Interpretive Guideline

Has there been an eminent threat of a hurricane, flood or other emergency? If so, did the HHA contact ALF & AFCHs to confirm plans?
If so, did the HHA designate staff to continue services in emergencies, including for ALF & AFCH patients & including at special needs shelters as required in the standard?
If there was an emergency since the last survey and the HHA was not able to respond, or a complaint was received on the response of the HHA, then check special needs shelter patient files to see if the HHA documented their efforts to continue services to the patient. If there is no documentation then cite the HHA.

home does relocate the residents to another assisted living facility or adult family care home within the geographic service area the home health agency is licensed to serve, the agency will continue to provide services to the residents, except in certain situations as specified in section 400.492(3), F.S. If the residents should go to a special needs shelter outside of the geographic service area the home health agency is licensed to serve, the home health agency may provide services to the residents at the shelter pursuant to section 400.492(4), F.S.
(11) If the agency at some point ceases operation, as defined in section 400.492(3), F.S., the agency must inform those patients whose services will be discontinued during the emergency. The agency must also notify assisted living facilities and adult family care homes where residents are served and make arrangements for nursing personnel to continue essential services, such as insulin and other injections, as ordered in treatment orders to residents. If the agency has assisted living facility, adult family care home or other patients in special needs shelters, then the agency will call the local emergency operation center as soon as possible after the disaster and report on the status of the agency's damage, if any, and the post-disaster availability to continue serving their patients in the special needs shelters and during discharge from the special needs shelters.

ST - H2706 - Emergency Management; Evacuate List Meds

Title Emergency Management; Evacuate List Meds

Type Rule

59A-8.027(17), F.A.C.

Regulation Definition

59A-8.027 F.A.C.
(17) The home health agency is required to maintain in the home of the special needs patient a list of patient-specific

Interpretive Guideline

If you conduct a home visit to a patient who is registered as a special needs patient, does the patient have a list of specific medications, supplies and equipment needed to accompany the patient or required in an evacuation?

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medications, supplies and equipment required for continuing care and service should the patient be evacuated. The list must include the names of all medications, their dose, frequency, route, time of day and any special considerations for administration. The list must also include any allergies; the name of the patient's physician and the physician's phone number(s); the name, phone number and address of the patient's pharmacy. If the patient permits, the list can also include the patient's diagnosis.

If the special needs patient only receives home health aide or C.N.A. services, the home health aide or C.N.A. may prepare the list of medications, supplies and equipment as required in this standard.

ST - H2800 - Administration; Administrator

Title Administration; Administrator

Type Rule

400.476(1)(a);59A-8.0095(1)(a);400.462(1

Regulation Definition

400.476
(1) ADMINISTRATOR.-
(a) An administrator may manage only one home health agency, except that an administrator may manage up to five home health agencies if all five home health agencies have identical controlling interests as defined in s. 408.803 and are located within one agency geographic service area or within an immediately contiguous county. If the home health agency is licensed under this chapter and is part of a retirement community that provides multiple levels of care, an employee of the retirement community may administer the home health agency and up to a maximum of four entities licensed under this chapter or chapter 429 which all have identical controlling interests as defined in s. 408.803.

59A-8.0095
(1) Administrator.
(a) The administrator of the agency shall:

Interpretive Guideline

Refer to H2570 and 2900 for additional requirements for retirement communities.

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1. Meet the criteria as defined in sections 400.462(1) and 400.476(1), F.S.

400.462
(1) "Administrator" means a direct employee, as defined in subsection (9), who is a licensed physician, physician assistant, or registered nurse licensed to practice in this state or an individual having at least 1 year of supervisory or administrative experience in home health care or in a facility licensed under chapter 395, under part II of this chapter, or under part I of chapter 429.

ST - H2801 - Administration; Alternate Administrator

Title Administration; Alternate Administrator

Type Rule

400.476(1)(a) FS; 59A-8.0095(1)(a)(2)

Regulation Definition

400.476
(1) (a) .... An administrator shall designate, in writing, for each licensed entity, a qualified alternate administrator to serve during the administrator's absence.

59A-8.0095
(1)(a)
2. Designate, in writing a direct employee or an individual covered under a management company contract to manage the home health agency or an employee leasing contract that provides the agency with full control over all operational duties and responsibilities to serve as an on-site alternate administrator during absences of the administrator. This person will be available during designated business hours, when the administrator is not available. Available during designated business hours means being readily available on

Interpretive Guideline

The Laboratory and In-home Unit checks the alternate administrator for compliance when processing licensure applications. Check for compliance only when there is a change in administrator that has not been reported to the Unit in the licensing application or by letter.

The alternate administrator needs to be designated in writing. This information may be obtained through the initial entrance interview with the agency administrator. On the survey, if there is a change, review the written designation.

The alternate administrator must meet the same qualifications as the administrator.

the premises or by telecommunications. During the absence of the administrator, the alternate administrator will have the responsibility and authority for the daily operation of the agency. The alternate administrator must meet the criteria as defined in Sections 400.462(1) and 400.476(1), F.S.

ST - H2802 - Administration; Administrator/Alt. Change

Title Administration; Administrator/Alt. Change

Type Rule

59A-8.0095(1)(b), F.A.C.

Regulation Definition	Interpretive Guideline
59A-8.0095(1)(b) If an agency changes administrator or alternate administrator, the agency shall notify AHCA as required in subsection 59A-35.110(1), F.A.C., by submitting the application forms referenced in subsection 59A-8.003(1), F.A.C. Level 2 background screening compliance is required pursuant to Section 408.809, F.S., and Rule 59A-35.090, F.A.C.	If a new administrator has been appointed since the last survey, ask for documentation that Laboratory and In-home Unit was notified of the change. Refer to the CORE Regulation CZ821 for reporting of change in Administrator.

ST - H2900 - Administration; Director of Nursing

Title Administration; Director of Nursing

Type Rule

400.476(2)(a)(1)&(2)(a-b);59A-8.0095(2)i

Regulation Definition	Interpretive Guideline
400.476 (2) DIRECTOR OF NURSING.- (a) A director of nursing may be the director of nursing for: 1. Up to two licensed home health agencies if the agencies have identical controlling interests as defined in s. 408.803 and are located within one agency geographic service area or	The Laboratory and In-home Unit checks the Director of Nursing and Alternate Director of Nursing qualifications when reviewing licensure applications. A Director of Nursing is not required for non-skilled home health agencies or provides therapy only services. A home health agency that provides home health aides services only but not nursing services is not required to have

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within an immediately contiguous county; or
2. Up to five licensed home health agencies if:
a. All of the home health agencies have identical controlling interests as defined in s. 408.803;
b. All of the home health agencies are located within one agency geographic service area or within an immediately contiguous county; and

If a home health agency licensed under this chapter is part of a retirement community that provides multiple levels of care, an employee of the retirement community may serve as the director of nursing of the home health agency and up to a maximum of four entities, other than home health agencies, licensed under this chapter or chapter 429 which all have identical controlling interests as defined in s. 408.803.

59A-8.0095
(2)(i) An agency that does not provide skilled care is not required to have a director of nursing.

400.462
(10) "Director of nursing" means a registered nurse who is a direct employee, as defined in subsection (9), of the agency and who is a graduate of an approved school of nursing and is licensed in this state; who has at least 1 year of supervisory experience as a registered nurse; and who is responsible for overseeing the professional nursing and home health aid delivery of services of the agency.

a Director of Nursing, but they are required to have a registered nurse available

If there is a change in the director of nursing since the license was last issued, the surveyor should check for compliance with the standard.

Documentation of qualification for this position should consist of current state registered nursing license, job description, resume and/or employment application that includes evidence of one year of supervision as an RN, and a W-4 or Florida W-2 form. If the DON does not meet the required qualifications, then the home health agency should be cited.
Refer to H2570 and 2800 for additional requirements for retirement communities.

ST - H2901 - Administration; Alternate Director of Nursing

Title Administration; Alternate Director of Nursing

Type Rule

400.476(2)(a)(2)(c);59A-8.0095(2) (g-h)

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Regulation Definition	Interpretive Guideline
400.476 (2)(a)(2) c. Each home health agency has a registered nurse who meets the qualifications of a director of nursing and who has a written delegation from the director of nursing to serve as the director of nursing for that home health agency when the director of nursing is not present.	
59A-8.0095 (2) (g) If the director of nursing serves as the director of nursing for more than two licensed home health agencies, then the director of nursing shall designate, in writing, an alternate director of nursing to serve during the director of nursing's absence. This person will be available during (2) designated business hours, when the director of nursing is not available. Available during designated business hours means being readily available on the premises or by telecommunications. The alternate director of nursing must meet the criteria as defined in Sections 400.462(10) and 400.476(2), F.S. (h) If an agency changes the director of nursing or alternate director of nursing, the agency shall notify AHCA as required in Section 400.476(2)(b), F.S., by submitting the application forms referenced in subsection 59A-8.003(1), F.A.C. Level 2 background screening compliance is required pursuant to Section 408.809, F.S., and Rule 59A-35.090, F.A.C.	

ST - H2902 - Administration: DON as Administrator

Title Administration: DON as Administrator

Type Rule

59A-8.0095(2)(f) FAC; 400.476(1)(b) FS

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Regulation Definition	Interpretive Guideline
59A-8.0095(2)(f), F.A.C. In an agency with less than a total of 10 full time equivalent employees and contracted personnel, the director of nursing may also be the administrator. 400.476(1)(b), F.S. An administrator of a home health agency who is a licensed physician, physician assistant, or registered nurse licensed to practice in this state may also be the director of nursing for a home health agency. An administrator may serve as a director of nursing for up to the number of entities authorized in subsection (2) only if there are 10 or fewer full time equivalent employees and contracted personnel in each home health agency	If the same person is the Director of Nursing and the Administrator, check to see that the agency does not employ more than 10 FTEs (A total of 37-40 hours per week of paid work per FTE, including direct and contract employees)

ST - H2903 - Administration; Director of Nursing Change

Title Administration; Director of Nursing Change

Type Rule

400.476(2) (b-c), F.S.

Regulation Definition	Interpretive Guideline
400.476(2), F.S. (b) A home health agency that provides skilled nursing care may not operate for more than 30 calendar days without a director of nursing. A home health agency that provides skilled nursing care and the director of nursing of a home health agency must notify the agency within 10 business days after termination of the services of the director of nursing for the home health agency. A home health agency that provides skilled nursing care must notify the agency of the identity and qualifications of the new director of nursing within 10 days after the new director is hired. If a home health agency that provides skilled nursing care operates for more than 30	Determine if the DON left 30 days ago. If so, cite this standard. Request a copy of any email or letter sent by the HHA to report the vacancy to the Home Care Unit. Verify that the vacancy was reported to the Home Care Unit. If there is a new DON, request a copy of any email or letter with the identity and resume or qualifications sent by the HHA to report the new DON to the Laboratory and In-home Unit. The Unit will do a Recommendation for Sanction to the General Counsel's office for a class II deficiency and additional fines/remedies

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calendar days without a director of nursing, the home health agency commits a class II deficiency. In addition to the fine for a class II deficiency, the agency may issue a moratorium in accordance with s. 408.814 or revoke the license. The agency shall fine a home health agency that fails to notify the agency as required in this paragraph $1,000 for the first violation and $2,000 for a repeat violation. The agency may not take administrative action against a home health agency if the director of nursing fails to notify the department upon termination of services as the director of nursing for the home health agency.
(c) A home health agency that provides skilled nursing care must have a director of nursing.

ST - H3000 - Clinical Records; Retention

Title Clinical Records; Retention

Type Rule

400.491(1), F.S.59A-8.022(4) FAC

Regulation Definition

400.491(1)... Such records are considered patient records under s. 400.494, and must be maintained by the home health agency for 6 years following termination of services. ...

59A-8.022(4) All clinical records must be retained by the home health agency as required in section 400.491, F.S. Retained records can be stored as hard paper copy, microfilm, computer disks or tapes and must be retrievable for use during unannounced surveys as required in section 408.811, F.S.

Interpretive Guideline

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ST - H3001 - Clinical Records; Electronic Signatures

Title Clinical Records; Electronic Signatures

Type Rule

59A-8.022(6)(b), FAC

Regulation Definition	Interpretive Guideline
59A-8.022 (6)The following applies to signatures in the clinical record: (b) Alternative Signatures. Home health agencies that maintain patient records by computer rather than hard copy may use electronic signatures. However, all such entries must be appropriately authenticated and dated. Authentication must include signatures, written initials, or computer secure entry by a unique identifier of a primary author who has reviewed and approved the entry. The home health agency must have safeguards to prevent unauthorized access to the records and a process for reconstruction of the records in the event of a system breakdown.	The agency policy and procedures should indicate the process for authentication of staff electronic signatures in the medical record. Refer to H0830 for contents of a clinical record. Refer to H0900 for verbal orders. Refer to H0930 for physician sign and review order. Refer to H1104 for QA responsibilities for clinical records. Refer to H1402 for RN responsibilities for clinical records. Refer to H1602 for LPN responsibilities for clinical records.

ST - H3100 - Fraudulent Billing

Title Fraudulent Billing

Type Rule

400.474(4)&(6)(k);400.471(8)(f)

Regulation Definition	Interpretive Guideline
400.474 (4) The agency shall impose a fine of $5,000 against a home health agency that demonstrates a pattern of billing any payor for services not provided. A pattern may be demonstrated by a	This applies to billing any payor for services not provided. Sample billing for services in records reviewed and for patients visited on survey. If an HHA is found to have billed for services not provided, the Home Care Unit would submit a Recommendation for Sanction.

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showing of at least three billings for services not provided within a 12-month period. The fine must be imposed for each incident that is falsely billed. The agency may also:
(a) Require payback of all funds;
(b) Revoke the license; or
(c) Issue a moratorium in accordance with s. 408.814.

400.471
(8)(f) Demonstrating a pattern of billing any payor for services not provided. A pattern may be demonstrated by a showing of at least three billings for services not provided within a 12-month period;

400.474
(6)(k) Demonstrates a pattern of billing the Medicaid program for services to Medicaid recipients which are medically unnecessary as determined by a final order. A pattern may be demonstrated by a showing of at least two such medically unnecessary services within one Medicaid program integrity audit period.

Nothing in paragraph (e) or paragraph (i) shall be interpreted as applying to or precluding any discount, compensation, waiver of payment, or payment practice permitted by 42 U.S.C. s. 1320a-7(b) or regulations adopted thereunder, including 42 C.F.R. s. 1001.952 or s. 1395nn or regulations adopted thereunder.

A pattern of at least 3 billings must be found in order to fine.

ST - H3102 - REMUNERATION; Physician

Title REMUNERATION; Physician

Type Rule

400.474(6)(h&j); 400.462(26)

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Regulation Definition	Interpretive Guideline
400.474 (6) The agency may deny, revoke, or suspend the license of a home health agency and shall impose a fine of $5,000 against a home health agency that: (h) Gives remuneration to a physician without a medical director contract being in effect. The contract must: 1. Be in writing and signed by both parties; 2. Provide for remuneration that is at fair market value for an hourly rate, which must be supported by invoices submitted by the medical director describing the work performed, the dates on which that work was performed, and the duration of that work; and 3. Be for a term of at least 1 year. The hourly rate specified in the contract may not be increased during the term of the contract. The home health agency may not execute a subsequent contract with that physician which has an increased hourly rate and covers any portion of the term that was in the original contract. (j) Fails to provide to the agency, upon request, copies of all contracts with a medical director which were executed within 5 years before the request. 400.462 (26) "Remuneration" means any payment or other benefit made directly or indirectly, overtly or covertly, in cash or in kind.	Cite, if the following are found: a. More than one medical director; b. No contract but paying a physician or medical director; c. Has contract but it does not contain required content; d. Contract rate was increased during time period of the contract; e. Contract was not for at least one year; f. Contract was not at fair market value for an hourly rate; g. Failure to provide copies of contracts to surveyor; h. Invoices for medical director payment do not describe work performed, dates or duration. The Home Care Unit is required to submit a recommendation for sanction to General Counsel's office for the required fine of $5,000 and may include denial, revocation or suspension of the license.

ST - H3103 - REMUNERATION; Discharge Planners

Title REMUNERATION; Discharge Planners

Type Rule

400.474(6)(e& i);400.471(8)(h)

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Regulation Definition	Interpretive Guideline
400.474 (6) The agency may deny, revoke, or suspend the license of a home health agency and shall impose a fine of $5,000 against a home health agency that: (e) Gives remuneration to a case manager, discharge planner, facility-based staff member, or third-party vendor who is involved in the discharge planning process of a facility licensed under chapter 395, chapter 429, or this chapter from whom the home health agency receives referrals. (i) Gives remuneration to: 1. A physician, and the home health agency is in violation of paragraph (g) or paragraph (h); 2. A member of the physician's office staff; or 3. An immediate family member of the physician, if the home health agency has received a patient referral in the preceding 12 months from that physician or physician's office staff	This applies to the following types of facilities from whom the HHA receives referrals: Facilities licensed under chapter 395: hospitals, ambulatory surgical centers, and mobile surgical facilities. Chapter 400: skilled nursing facilities, HHAs, nurse registries, hospices, intermediate care facilities, prescribed pediatric extended care centers, transitional living facilities, and health care services pools. Chapter 429: assisted living facilities, adult family care homes and adult day care centers. Any payment or other benefit provided by a HHA to a case manager, discharge planner or facility-based staff member or 3rd party vendor from whom the HHAs receives referrals, violates this unless the HHA can provide information to the surveyor that it does not. Upon the discovery of such a violation, the surveyor should document the remuneration with a focus on: to whom it was given, what was given, when it was given, how it was given and the number of times it was given. The surveyor should also document the referrals that the HHA received from the case manager, discharge planner, facility-based staff member, or third-party vendor who is involved in the discharge-planning process of a facility. The surveyor should then ask the HHA reason why it gave the remuneration to such persons. If the HHA takes the position that the remuneration is a discount, compensation, waiver of payment, or payment practice permitted by 42 U.S.C. s.1320a-7(b) or its regulations, including 42 C.F.R. s.1001.952, or 42 U.S.C. s. 1395nn or its regulations, (i.e., the payment or other benefit is permitted under federal law or regulation), the surveyor should document all information and obtain copies of any and all relevant documents supporting the HHA's position. The surveyor should return to the Field Office with the relevant documents and consult with the Field Office to determine whether an exception exists. If it is determined that the HHA is unable to demonstrate an exception to the remuneration prohibition, the Home Care Unit is required to submit a recommendation for sanction to General Counsel's office.
400.471 (8)(h) Giving remuneration to a case manager, discharge planner, facility-based staff member, or third-party vendor who is involved in the discharge planning process of a facility licensed under chapter 395, chapter 429, or this chapter from whom the home health agency receives referrals or gives remuneration as prohibited in s. 400.474(6)(a)	

ST - H3104 - REMUNERATION; Patient

Title REMUNERATION; Patient

Type Rule

400.474(6)(f), F.S.

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Regulation Definition	Interpretive Guideline
400.474 (6) The agency may deny, revoke, or suspend the license of a home health agency and shall impose a fine of $5,000 against a home health agency that: (f) Gives cash, or its equivalent, to a Medicare or Medicaid beneficiary.	Interview patients/review HHA records for cash, or its equivalent to the patient -- such as free services/products.

ST - H3105 - REMUNERATION; ALF staff for referrals

Title REMUNERATION; ALF staff for referrals

Type Rule

400.474(6)(b-d); 400.518(4) FS

Regulation Definition	Interpretive Guideline
400.474 (6) The agency may deny, revoke, or suspend the license of a home health agency and shall impose a fine of $5,000 against a home health agency that: (b) Provides services to residents in an assisted living facility for which the home health agency does not receive fair market value remuneration. (c) Provides staffing to an assisted living facility for which the home health agency does not receive fair market value remuneration. (d) Fails to provide the agency, upon request, with copies of all contracts with assisted living facilities which were executed within 5 years before the request. 400.518 Prohibited referrals to home health agencies.-- (4) The agency shall impose an administrative fine of $15,000 if a home health agency provides nurses, certified nursing assistants, home health aides, or other staff without charge to	Check contracts the HHA has with ALFs for staffing, referrals and/or space. Visit a HHA office or drop site in an ALF. Are HHA personnel providing services for specific patients in their rooms or do they staff the ALF and/or operate a resident drop-in office at the facility for blood-pressure, check symptoms, provide treatment for minor injury, etc.? Is this HHA the only HHA that sees its residents? If the HHA is renting space for an HHA office or drop site in such a facility, is the payment amount fair market? Since remuneration can be cash or in-kind (as defined in 400.462, F.S.). This could be free space or more or less than fair market rent. Refer to H1003, H1004 and H2561 for more information on ALFs.

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a facility licensed under chapter 429 in return for patient referrals from the facility. The proceeds of such fines shall be deposited into the Health Care Trust Fund.

ST - H3106 - REMUNERATION; hospital, ASC

Title REMUNERATION; hospital, ASC

Type Rule

400.518(1-3), F.S.

Regulation Definition

400.518 Prohibited referrals to home health agencies.-
(1) A physician licensed under chapter 458 or chapter 459 must comply with s. 456.053.
(2) A hospital or an ambulatory surgical center that has a financial interest in a home health agency is prohibited from requiring any physician on its staff to refer a patient to the home health agency.
(3)
(a) A violation of this section is punishable by an administrative fine not to exceed $15,000. The proceeds of such fines must be deposited into the Health Care Trust Fund.
(b) A physician who violates this section is subject to disciplinary action by the appropriate board under s. 458.331(2) or s. 459.015(2). A hospital or ambulatory surgical center that violates this section is subject to s. 395.0185(2).

Interpretive Guideline

If a physician that has an ownership in the home health agency and is making referrals to the home health agency, a Recommendation for Sanction should be submitted by the Home Care Unit to the General Counsel's office for the fine in s. 400.518(3)(a), F.S.
The Home Care should also refer the physician to the Board of Medicine in the Department of Health.
Information that a hospital or ambulatory surgical center is requiring referrals to its home health agency should be referred to the AHCA Complaint Administration Unit.

ST - H3107 - REMUNERATION; Prohibited referrals & payments

Title REMUNERATION; Prohibited referrals & payments

Type Rule

456.053(3)(p) & (5) FS; 817.505(1)

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Regulation Definition

456.053, F.S.
(3)(p) "Referral" means any referral of a patient by a health care provider for health care services, including, without limitation:
1. The forwarding of a patient by a health care provider to another health care provider or to an entity which provides or supplies designated health services or any other health care item or service; or
2. The request or establishment of a plan of care by a health care provider, which includes the provision of designated health services or other health care item or service.

456.053
(5) PROHIBITED REFERRALS AND CLAIMS FOR PAYMENT.-Except as provided in this section:
(a) A health care provider may not refer a patient for the provision of designated health services to an entity in which the health care provider is an investor or has an investment interest.
(b) A health care provider may not refer a patient for the provision of any other health care item or service to an entity in which the health care provider is an investor unless:
1. The provider's investment interest is in registered securities purchased on a national exchange or over-the-counter market and issued by a publicly held corporation:
a. Whose shares are traded on a national exchange or on the over-the-counter market; and
b. Whose total assets at the end of the corporation's most recent fiscal quarter exceeded $50 million; or
2. With respect to an entity other than a publicly held corporation described in subparagraph 1., and a referring provider's investment interest in such entity, each of the following requirements are met:
a. No more than 50 percent of the value of the investment

Interpretive Guideline

Cite when the surveyor finds the HHA gets its referrals from a business it also owns (within the limits of the law quoted in the statue) or when the surveyor finds a HHA is making financial arrangements for referrals and correction should be required. In addition, a health care professional would be referred to the appropriate licensing board if this is found. Medicare and Medicaid HHAs would be referred by field offices to Program Integrity offices for Medicare and Medicaid. Information on violations of 817.505, F.S. should also be provided to the Attorney General's Office of Economic Crimes for their action.

interests are held by investors who are in a position to make referrals to the entity.
b. The terms under which an investment interest is offered to an investor who is in a position to make referrals to the entity are no different from the terms offered to investors who are not in a position to make such referrals.
c. The terms under which an investment interest is offered to an investor who is in a position to make referrals to the entity are not related to the previous or expected volume of referrals from that investor to the entity.
d. There is no requirement that an investor make referrals or be in a position to make referrals to the entity as a condition for becoming or remaining an investor.
3. With respect to either such entity or publicly held corporation:
a. The entity or corporation does not loan funds to or guarantee a loan for an investor who is in a position to make referrals to the entity or corporation if the investor uses any part of such loan to obtain the investment interest.
b. The amount distributed to an investor representing a return on the investment interest is directly proportional to the amount of the capital investment, including the fair market value of any preoperational services rendered, invested in the entity or corporation by that investor.
4. Each board and, in the case of hospitals, the Agency for Health Care Administration, shall encourage the use by licensees of the declaratory statement procedure to determine the applicability of this section or any rule adopted pursuant to this section as it applies solely to the licensee. Boards shall submit to the Agency for Health Care Administration the name of any entity in which a provider investment interest has been approved pursuant to this section.
(c) No claim for payment may be presented by an entity to any individual, third-party payor, or other entity for a service

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furnished pursuant to a referral prohibited under this section.
(d) If an entity collects any amount that was billed in violation of this section, the entity shall refund such amount on a timely basis to the payor or individual, whichever is applicable.
(e) Any person that presents or causes to be presented a bill or a claim for service that such person knows or should know is for a service for which payment may not be made under paragraph (c), or for which a refund has not been made under paragraph (d), shall be subject to a civil penalty of not more than $15,000 for each such service to be imposed and collected by the appropriate board.
(f) Any health care provider or other entity that enters into an arrangement or scheme, such as a cross-referral arrangement, which the physician or entity knows or should know has a principal purpose of assuring referrals by the physician to a particular entity which, if the physician directly made referrals to such entity, would be in violation of this section, shall be subject to a civil penalty of not more than $100,000 for each such circumvention arrangement or scheme to be imposed and collected by the appropriate board.
(g) A violation of this section by a health care provider shall constitute grounds for disciplinary action to be taken by the applicable board pursuant to s. 458.331(2), s. 459.015(2), s. 460.413(2), s. 461.013(2), s. 463.016(2), or s. 466.028(2). Any hospital licensed under chapter 395 found in violation of this section shall be subject to s. 395.0185(2).
(h) Any hospital licensed under chapter 395 that discriminates against or otherwise penalizes a health care provider for compliance with this act.
(i) The provision of paragraph (a) shall not apply to referrals to the offices of radiation therapy centers managed by an entity or subsidiary or general partner thereof, which performed radiation therapy services at those same offices prior to April 1, 1991, and shall not apply also to referrals for radiation

therapy to be performed at no more than one additional office of any entity qualifying for the foregoing exception which, prior to February 1, 1992, had a binding purchase contract on and a nonrefundable deposit paid for a linear accelerator to be used at the additional office. The physical site of the radiation treatment centers affected by this provision may be relocated as a result of the following factors: acts of God; fire; strike; accident; war; eminent domain actions by any governmental body; or refusal by the lessor to renew a lease. A relocation for the foregoing reasons is limited to relocation of an existing facility to a replacement location within the county of the existing facility upon written notification to the Office of Licensure and Certification.
(j) A health care provider who meets the requirements of paragraphs (b) and (i) must disclose his or her investment interest to his or her patients as provided in s. 456.052.

817.505 Patient brokering prohibited; exceptions; penalties.--
(1) It is unlawful for any person, including any health care provider or health care facility, to:
(a) Offer or pay a commission, benefit, bonus, rebate, kickback, or bribe, directly or indirectly, in cash or in kind, or engage in any split-fee arrangement, in any form whatsoever, to induce the referral of a patient or patronage to or from a health care provider or health care facility;
(b) Solicit or receive a commission, benefit, bonus, rebate, kickback, or bribe, directly or indirectly, in cash or in kind, or engage in any split-fee arrangement, in any form whatsoever, in return for referring a patient or patronage to or from a health care provider or health care facility;
(c) Solicit or receive a commission, benefit, bonus, rebate, kickback, or bribe, directly or indirectly, in cash or in kind, or engage in any split-fee arrangement, in any form whatsoever, in return for the acceptance or acknowledgment of treatment

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from a health care provider or health care facility; or
(d) Aid, abet, advise, or otherwise participate in the conduct prohibited under paragraph (a), paragraph (b), or paragraph (c).

ST - H3108 - REMUNERATION; Staffing services

Title REMUNERATION; Staffing services

Type Rule

400.474(6)(a), F.S.

Regulation Definition

400.474(6) The agency may deny, revoke, or suspend the license of a home health agency and shall impose a fine of $5,000 against a home health agency that:
(a) Gives remuneration for staffing services to:
1. Another home health agency with which it has formal or informal patient-referral transactions or arrangements; or
2. A health services pool with which it has formal or informal patient-referral transactions or arrangements,
unless the home health agency has activated its comprehensive emergency management plan in accordance with s. 400.492. This paragraph does not apply to a Medicare-certified home health agency that provides fair market value remuneration for staffing services to a non-Medicare-certified home health agency that is part of a continuing care facility licensed under chapter 651 for providing services to its own residents if each resident receiving home health services pursuant to this arrangement attests in writing that he or she made a decision without influence from staff of the facility to select, from a list of Medicare-certified home health agencies provided by the facility, that Medicare-certified home health agency to provide the services.

Interpretive Guideline

This standard pertains to "formal or informal patient-referral transactions or arrangements" that a HHA may have with:

(1) another HHA -- such as a non-certified HHA that provides Medicare patient referrals to a certified HHA if the HHA will use the non-certified HHA's staff.

(2) a health care services pool - a HHA should not be getting patients from a health care services pool
Review contracts with other HHAs and health care services pools. Do the contracts agree to use the HHA or pool's staff in exchange for referrals?

This standard will not apply to a Medicare-certified HHA that provides fair market value remuneration for staffing services to a non-Medicare-certified HHA that is part of a continuing care facility licensed under Chapter 651, F.S. for providing services to its own residents -- if each resident receiving home health services attests in writing that he or she made a decision without influence from staff of the facility to select, from a list of Medicare-certified home health agencies provided by the facility, that Medicare-certified HHA to provide this service.

A continuing care facility licensed under Chapter 651, also known as a "continuing care retirement community," provides residence & nursing &/or personal care to residents under a continuing care contract. Such a facility or community generally contains all levels of care on the same campus- nursing home, assisted living, independent living.

Continuing care facilities can be verified at the Office of Insurance Regulation web site: - enter name and for "company type" pick "continuing care retirement community".