

# **Florida Managed Medical Assistance Waivers**

Section 1115(a) Research and Demonstration

**Amendment Request:**

Family Home Health Aide Services Program

**Florida Agency for Health Care Administration**

**8-22-2025**



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## **Introduction and Demonstration Overview**

The Agency for Health Care Administration (Agency) submits to the Centers for Medicare & Medicaid Services (CMS) an amendment to the **Florida Managed Medical Assistance (MMA) Section 1115 Demonstration** (project numbers 11-W-00206/4 and 21-W-00069/4) to implement an income disregard and to expand the home health aide provider workforce by adding an additional eligible provider type. The intent of the amendment is to mitigate gaps in the health service needs of Medicaid-eligible, medically fragile children caused by general healthcare workforce challenges. The new proposed service component of the MMA demonstration will be called, the “**Family Home Health Aide (FHHA) Services Program**” also known as the “Home Health Aide for Medically Fragile Children Program.”

The MMA Section 1115 Demonstration allows the State of Florida to operate a statewide comprehensive Medicaid managed care program called the “MMA program.” Under the demonstration, most Medicaid-eligible recipients are required to enroll in one of the MMA managed care plans (MMA plans) contracted with the state. MMA plans are managed care organizations (MCOs) as defined in federal regulations at 42 CFR 438.2. The dental plans are Prepaid Ambulatory Health Plans (PAHPs) as defined in federal regulations at 42 CFR 438.2.

Most State Plan populations are required to enroll in the MMA demonstration program; however, several State Plan populations voluntarily enroll in the program. Medicaid applicants are given the opportunity to select an MMA plan prior to receiving a Florida Medicaid eligibility determination. If they do not choose an MMA plan, they are auto-assigned into a plan upon an affirmative eligibility determination and are subsequently provided with information about their choice of plans with the auto-assignment. MMA plans can provide customized benefits to their members that differ from, but are not less than, the Medicaid State Plan benefits. Additionally, participating Medicaid-eligible recipients have access to Healthy Behaviors Programs that provide incentives for healthy behaviors. The MMA demonstration also establishes a Low-Income Pool (LIP) to ensure continuing support for the safety net providers that furnish uncompensated care to uninsured populations.

The MMA program improves health outcomes for Florida Medicaid recipients while maintaining fiscal responsibility. This is achieved through care coordination, patient engagement in their own health care, enhancing fiscal predictability and financial management, improving access to coordinated care, and enhancing overall program performance.

## **Amendment Request Overview**

Healthcare workforce shortages are widespread nationally; however, the challenges that the State of Florida faces are exacerbated because it is one of the largest and fastest-growing states in the nation. The Florida legislature and the Agency are investing in proactive, innovative approaches to expand the workforce and keep up with the needs of Medicaid eligible beneficiaries. The United States is facing a persistent shortage of skilled nurses and home health aides, and this workforce gap negatively impacts both beneficiaries and their families. The American Association of Colleges of Nurses (AACN) reports that nursing school enrollment is not

increasing fast enough to meet demand,<sup>1</sup> and the Florida Hospital Association projected that by 2035, Florida will have a shortage of 59,100 nurses.<sup>2</sup> Similarly, the Home Care Association of America found that the need for direct care workers such as nurses, home health aides, and certified nursing assistants (CNAs) greatly exceeds the current workforce.<sup>3</sup> Moreover, a study found that 64% of CNA turnover occurs within the first year, further exacerbating the shortage. As a result, many home health agencies cannot accept new cases, leaving many Medicaid beneficiaries without the care they need.<sup>2</sup>

Over the years, Florida, like many states, has had to develop innovative solutions to address the workforce shortage and ensure Medicaid beneficiaries receive quality services. In 2023, the Florida legislature created the “Home Health Aide for Medically Fragile Children Program” through House Bill (HB) 391 to expand access to services for medically fragile children. In addition to combating the workforce shortage, HB 391 was created to decrease the hospitalization and institutionalization of medically fragile children, reduce state expenditures, and provide an opportunity for a family caregiver to receive training and gainful employment.<sup>4</sup> Family caregivers who receive the requisite training are empowered to provide specialized care for their medically fragile children and may receive compensation for their services through employment with a home health agency. Trained family caregivers are referred to as “family home health aides” (FHHA) under Florida Medicaid and are subject to specific state rules for billing and reimbursement. In summary, the Home Health Aide for Medically Fragile Children program allows home health agencies to receive Medicaid reimbursement for the provision of FHHA services to a medically fragile child.

Following the implementation of the FHHA service under the Home Health Aide for Medically Fragile Children Program, state lawmakers became aware of an unintended consequence: the earned income by a family home health aide has the potential to impact a child’s Medicaid eligibility. As a result, the program has had limited participation as families fear jeopardizing the essential healthcare coverage their child receives from Medicaid. To address this challenge, while also ensuring that the program continues to support low-income families within the state, the Florida legislature proposed Senate Bill (SB) 1156 in 2025 to amend several sections of Florida Statutes related to the Home Health Aide for Medically Fragile Children program. The bill<sup>5</sup> requires the Agency to seek federal approval from CMS through any necessary Medicaid waiver or State Plan Amendment to:

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<sup>1</sup> American Association of Colleges of Nursing. (2024). *Fact Sheet: Nursing Shortage*. American Association of Colleges of Nursing. <https://www.aacnnursing.org/Portals/0/PDFs/Fact-Sheets/Nursing-Shortage-Factsheet.pdf>

<sup>2</sup> FHA Collateral: Growing the Health Care Workforce. (2023). Fha.org. [https://fha.org/FHA/Health-Care/FHA-Collateral-Growing-the-Health-Care-Work-Force.aspx?\\_gl=1](https://fha.org/FHA/Health-Care/FHA-Collateral-Growing-the-Health-Care-Work-Force.aspx?_gl=1)

<sup>3</sup> *The Home Care Workforce Crisis AN INDUSTRY REPORT AND CALL TO ACTION*. (n.d.). [https://www.hcaoa.org/uploads/1/3/3/0/133041104/workforce\\_report\\_and\\_call\\_to\\_action\\_final\\_03272023.pdf](https://www.hcaoa.org/uploads/1/3/3/0/133041104/workforce_report_and_call_to_action_final_03272023.pdf)

<sup>4</sup> House Bill 391 (2023) - The Florida Senate. (n.d.). <https://www.flsenate.gov/Session/Bill/2023/391>

<sup>5</sup> Senate Bill 1156 (2025) - The Florida Senate. (2025). Flsenate.gov. <https://www.flsenate.gov/Session/Bill/2025/1156>

- Establish that the income earned under the Home Health Aide for Medically Fragile Children program by a FHHA must be excluded from the family's countable income for Medicaid eligibility determinations, and
- Allow home health agencies *and private duty nursing specialty providers*, licensed in accordance with Florida law, to be eligible to participate in and receive reimbursement for these services rendered under the program.

Accordingly, this amendment requests section 1115(a)(2) expenditure authority and related non-applicable authorities to add a new component to the MMA demonstration that authorizes the provision of family home health aide services overseen by private duty nursing specialty providers (these entities do not have to meet the Medicare Conditions of Participation per 42 CFR 440.70) and to disregard the newly earned income for participating Medicaid recipients when conducting Medicaid eligibility determinations, in alignment with Florida law.

### **Purpose and Objectives**

The purpose of the FHHA Services Program amendment is to mitigate the workforce shortages of trained home health aides by authorizing alternative licensing and provider requirements, thus expanding access to medically necessary services for medically fragile children enrolled in Medicaid.

Florida's health service provisions authorized under HB 391 (2023) and SB 1156 (2025) seek *to improve access to coordinated care and continuity of care* by expanding access to trained professionals as well as *promote fiscal sustainability* of the Medicaid program by helping to decrease the hospitalization and institutionalization of medically fragile children, thereby reducing program expenditures. This alternative solution to a known workforce shortage aligns with the overall objectives of the MMA demonstration because it is expected to *incentivize quality and efficiency* of services and *personal engagement* in the beneficiary's care. The MMA demonstration's overall key program objectives include:

- Improve outcomes through care coordination, patient engagement in their own health care, and maintaining fiscal responsibility.
- Improve access to coordinated care, continuity of care, and continuity of coverage of Medicaid enrollees.
- Improve integration of all services, increase care coordination effectiveness, increase individual involvement in their care, improve health outcomes, and reduce unnecessary or inefficient use of health care.
- Improve overall program performance, including improved scores on nationally recognized quality measures (such as Healthcare Effectiveness Data and Information Set [HEDIS] scores).

In alignment with these objectives, Florida's home health service provisions as enacted by SB 1156 promote individual involvement in a child's care by providing an opportunity for a family caregiver to receive training and gainful employment without the child being penalized for participating in the Home Health Aide for Medically Fragile Children program. Moreover, this

approach in expanding the workforce for home health aide services without the additional burden of certain licensing requirements provides an immediate and positive solution to low-income families with children that have complex needs. The state's approach also reduces the administrative burden of state-qualified providers seeking to provide care for the medically fragile child population.

### **Description of Proposed Amendment Changes**

As described, the Agency is seeking federal approval to amend the MMA Demonstration program to implement the FHHA Services Program. This amendment intends to ensure that earned income from providing FHHA services will not negatively impact the recipient's Medicaid eligibility determination. Additionally, this amendment intends to expand the pool of eligible providers by allowing private duty nursing specialty providers to participate in the Home Health Aide for Medically Fragile Children program in accordance with state law enacted through SB 1156. The details are as follows:

- Pursuant to Section 409.903, Florida Statutes, the income earned by providing FHHA Services must be disregarded when calculating eligibility for Medicaid. All other sources of earned income would remain subject to public assistance income limits and eligibility determination rules, including Medicaid, as determined by the Florida Department of Children and Families (DCF).
- Pursuant to Section 400.4765, Florida Statutes, home health agencies that are enrolled as private duty nursing specialty providers in accordance with 42 CFR 440.80 may employ FHHAs for the provision of services to medically fragile children.

### **Paid Family Home Health Aides**

As described above, the Home Health Aide for Medically Fragile Children program was established in response to the existing national health care provider shortage and the impact that the shortage has on medically fragile children and their families within the State of Florida. The Home Health Aide for Medically Fragile Children program allows a family caregiver to receive compensation by caring for their medically fragile child by being trained and employed by a home health agency enrolled as a Medicaid provider. The legislative intent of the Home Health Aide for Medically Fragile Children program is that services provided by a FHHA must reduce a child's private duty nursing service hours. As such, FHHA services may not be provided concurrently with any private duty nursing service.

### **Eligibility of Medically Fragile Child**

An eligible recipient must be enrolled in the Florida Medicaid program in accordance with the Florida State Plan. This demonstration amendment does not affect eligibility for the program. To be considered a "medically fragile child," one must be 21 years old or younger with an underlying physical, mental, or cognitive impairment that prevents him or her from living in the community without consistent clinical or technological interventions. The child must also be

receiving private duty nursing services under Florida Medicaid, be under the care of a physician, and have an order for FHHA services.

#### Eligibility of Family Caregivers of Medically Fragile Children

To qualify to provide FHHA services, the family home health aide must be at least 18 years old, demonstrate a minimum ability to read and write, and successfully pass background screening requirements. The family home health aide must also complete an approved training program in accordance with Section 400.4765, F.S. and be employed by a home health agency licensed in accordance with state law.

#### Family Caregiver FHHA Training

The Agency, in consultation with the Board of Nursing, approves Home Health Aide for Medically Fragile Children training programs developed by home health agencies in accordance with federal regulations at 42 C.F.R. 483.151-483.154 and 484.80-484.82. Home health agencies with approved Home Health Aide for Medically Fragile Children training programs train family caregivers to provide trained nursing services as delegated by a registered nurse to eligible relatives. The training programs must consist of at least 76 hours of training, including, but not limited to, all of the following:

1. Successful completion of at least 40 hours of home health aide training pursuant to Florida rules establishing minimum standards relating to home health aide competency testing and home health aide training.
2. A minimum of 20 hours of skills training on basic nursing skills tailored to the child's individualized care needs as specified in the ordering provider's plan of care, which may include training on the following topics, as applicable:
  - 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. Oxygen use and safety and other respiratory procedures.
  - h. Tracheostomy care.
  - i. Enteral care and therapy.
  - j. Intravenous assistive activities and alternative feeding methods.
  - k. Urinary catheterization and care and ostomy care.
3. At least 16 hours of clinical training related to the specific needs of an eligible relative and provided under the direct supervision of a licensed registered nurse.
4. Training concerning HIV infections.
5. Cardiopulmonary resuscitation training, evidenced by obtaining and maintaining a current certificate in cardiopulmonary resuscitation.

### Services of FHHA Trained Family Caregivers

A FHHA performs home health aide tasks that are delegated to him or her by the registered nurse to care for their eligible medically fragile child. FHHAs are trained to provide care related to the medically fragile child that may include:

1. personal care;
2. maintaining mobility (safe lifting, positioning, and moving of patients);
3. nutrition and hydration;
4. toileting and elimination;
5. assistive devices;
6. safety and cleanliness;
7. data gathering;
8. reporting abnormal signs and symptoms;
9. postmortem care;
10. patient socialization and reality orientation;
11. end-of-life care;
12. cardiopulmonary resuscitation and emergency care;
13. residents' or patients' rights;
14. documentation of services performed;
15. infection control;
16. safety and emergency procedures;
17. hygiene/grooming/skin care;
18. pressure sore prevention and wound care;
19. oxygen use safety;
20. tracheostomy care;
21. enteral care and therapy;
22. intravenous assistive activities and alternative feeding methods; and
23. any other tasks delegated to the family home health aide in accordance with state law.

FHHAs are subject to a utilization cap of no more than 12 hours per day and 40 hours per week, per medically fragile child. The utilization cap of 40 hours per week, per recipient may be exceeded; however, justification must be provided as to why there is no other qualified provider available, and the request must be approved by the home health agency and the beneficiary's MMA plan.

### Specialty Home Health Agencies

Florida Medicaid has distinct provider types under which a home health agency may enroll into the program based on the specialty of home health services provided. For example, home health agencies that provide only private duty nursing specialty services may enroll under provider specialty type 221, which exempts the home health agency from the requirements of Medicare certification or its accreditation equivalent for participation in the Florida Medicaid program. To help the state mitigate the home health aide workforce shortage, the Agency requests to permit reimbursement for FHHA services to be provided by Medicaid home health service providers



that are private duty nursing specialty providers enrolled under provider specialty type 221, without additional certification or accreditation requirements.

The proposed amendment will strengthen Florida's Medicaid program by integrating FHHA services, ensuring medically fragile children receive consistent, high-quality care. By empowering trained family home health aides to provide essential health services, it addresses workforce shortages while incentivizing improvements in the quality of care for medically fragile children. This model will enhance accessibility, promote cost savings, and improve outcomes for vulnerable children.

### **Budget Neutrality**

The Agency proposes a “hypothetical” budget neutrality methodology for FHHA demonstration services. Per CMS’ budget neutrality policy, the projected costs for the Medicaid State Plan home health aide services provided by alternative providers may be deemed “hypothetical” if the state could otherwise have covered the service costs under a State Plan Amendment or a waiver under section 1915 of the Social Security Act. All home health services provided by trained home health aides are State Plan services. The FHHA Services Program will be a “separate group” tracked under the larger MMA budget neutrality model. The FHHA services group will become the sixth hypothetical group tracked under the approved MMA budget neutrality model. Total demonstration expenditures for the FHHA Services Program over the remaining MMA demonstration approval period is **\$8,959,854,767**. The estimated total expenditures (state and federal share) for each demonstration year are listed below.

Projected FHHA Services Costs				
DY20 (SFY 25-26)	DY21 (SFY 26-27)	DY22 (SFY 27-28)	DY23 (SFY 28-29)	DY24 (SFY 29-30)
\$1,384,202,754	\$1,563,359,171	\$1,765,703,900	\$1,994,237,816	\$2,252,351,127

### **Estimated Enrollment and Program Impact on Medicaid Recipients**

This demonstration amendment does not propose any changes to Medicaid eligibility. Standards for eligibility remain as set forth under the Medicaid State Plan after the earned income under this program is disregarded. All individuals will continue to derive their eligibility through the Medicaid State Plan criteria and are subject to all applicable Medicaid laws and regulations in accordance with the Medicaid State Plan. This demonstration amendment is, therefore, not expected to impact Medicaid program eligibility or enrollment trends.

Based on five-years of recent Florida Medicaid claims data for medically fragile children, the average estimated enrollment of eligible children for specialty FHHA services over the remaining MMA demonstration approval period are reflected in the table below.

Projected Medically Fragile Children Eligible for “FHHA Services”				
DY20 (SFY 25-26)	DY21 (SFY 26-27)	DY22 (SFY 27-28)	DY23 (SFY 28-29)	DY24 (SFY 29-30)
3,144	3,332	3,531	3,743	3,967

### **Evaluation Design Changes**

The evaluation of the demonstration is an ongoing process conducted by an independent contracted evaluator over the life of the MMA Demonstration. The purpose of evaluating demonstration components is to ensure that all of the programs authorized under the demonstration are operating successfully in alignment with the approved objectives of the program. The table below outlines the proposed revisions to the CMS-approved MMA Demonstration evaluation design.

Amendment Change	Impact on Evaluation Design
Alternative Family Home Health Aide Providers <ul style="list-style-type: none"> <li>paid family caregivers</li> <li>specialty home health agencies</li> </ul>	This is not expected to impact the evaluation design. This component tests the quality and efficiency of care, as well as cost of care.

### **Federal Waiver and Expenditure Authorities**

The Agency is requesting section 1115(a)(2) expenditure authority to authorize Family Home Health Aide (FHHA) Services to be provided by paid family home health aides overseen by home health private duty nursing specialty providers in accordance with Florida law enacted through SB 1156. Related to this expenditure authority, the Agency also requests the following “non-applicable” for the provision of FHHA services described in this amendment:

- Non-applicable of section 1902(a)(10)(B) of the Social Security Act to the extent necessary to enable the state to limit the amount, duration and scope of FHHA services to only those services described in state law and restrict FHHA services to only those individuals who meet the definition of a medically fragile child in accordance with Florida Statutes.

The Agency is not requesting any new waiver authorities for the MMA demonstration. The full list of MMA demonstration authorities are available for review on the Agency’s Federal Authorities webpage here:

[https://ahca.myflorida.com/content/download/26309/file/FL%20MMA%20STCs\\_January%202025%20Amendment%20Technical%20Correction.pdf](https://ahca.myflorida.com/content/download/26309/file/FL%20MMA%20STCs_January%202025%20Amendment%20Technical%20Correction.pdf).

## **Public Notice and Public Comment Process**

In accordance with federal public notice requirements listed at 42 CFR 431.408, Florida completed its state public notice and comment period as follows:

Public notice was published on July 18, 2025 on the Agency for Health Care Administration's website, AHCA.myflorida.com. Notice for tribal consultation was sent on July 18, 2025. As outlined in these public notices, the Agency provided a 30-day public comment period from July 18, 2025 through August 16, 2025. The draft section 1115 demonstration application and related public notice materials were posted for the minimum 30-day public comment period starting July 18, 2025, on the Agency's Medicaid Federal Authorities home page:

<https://ahca.myflorida.com/medicaid/medicaid-policy-quality-and-operations/medicaid-policy-and-quality/medicaid-policy/federal-authorities/federal-waivers/federal-authorities-mma-cms-approval-and-reports-2021-2030>.

Florida held two in-person hearings in geographically distinct areas of the State, the first in Tallahassee and the second in Orlando. The public hearings were held as follows:

- **Public Hearing 1** was held in Tallahassee, Florida on July 28<sup>th</sup>, 1:00 – 2:00 pm during the Medical Care Advisory Committee (MCAC) meeting. The meeting was held at the Agency for Health Care Administration located at 2727 Mahan Drive, Tallahassee, FL 32308.
- **Public Hearing 2** was held in Orlando, Florida on July 29<sup>th</sup>, 1:00 - 2:00 pm at the Orlando Hurston Complex located at 400 W Robinson Street, North Tower N109, Orlando, FL 32801.

The comments shared at these public hearings are summarized under the Public Comment Summary Report section immediately following.

## **Public Comment Summary Report**

The Agency received comments from five stakeholders, submitted as written comments to the Agency or commented in-person during the public meetings. Three comments were from nurse provider organizations (e.g., Avianna Health Care, Angels of Care and Atlantic Care Services) and the remaining comments were from an unaffiliated patient advocate and a representative from the Florida Association of Health Plans. The one unaffiliated advocate opposed the amendment citing concerns about drawing financial resources away from other existing programs.

The Agency carefully considered all public comments received on the proposed demonstration and a summary of the public comments is included below in the “report of issues” as required by 431.412(a)(1)(viii).

Summary of Comments Florida Health Care Workforce Sustainability Section 1115 Demonstration	
Total Number of Comments	6
Theme	Count
Theme 1: Overall support for the demonstration	4 of 6
Theme 2: Opposition for the amendment due to concerns of reduction in funding for other programs	1 of 6
Theme 3: Question relating to potential number of family members that participate in the program as paid caregiver	1 of 6

### Summary Overview of Public Comments:

#### Theme 1: Overall support for the demonstration

Two providers, one Occupational Therapist and a Clinical Nurse Specialist made comments in the public meeting in Orlando. They both expect the amendment would encourage enrollment. Two of the nursing service providers expressed support for the amendment. A few positive themes from commentors are as follows:

- One commentor stated that the proposal would significantly support services to medically fragile children and promote overall improvement to the quality of care.
- Both representatives of nursing providers stated that the proposal would improve program sustainability by investing in family caregivers, that are uniquely motivated, trained and emotionally attuned to the needs of their child.
- Two nursing commentors mentioned that disallowing the income earned and not reducing eligibility for Medicaid coverage would significantly increase workforce retention, which helps address workforce burnout throughout the nursing industry.
- Multiple commentors mentioned that disallowing the income earned and not reducing eligibility for Medicaid coverage would increase enrollment.
- The other nursing entity commentor suggested that the program amendment will immediately address the significant nursing shortage in Florida.
- Lastly, that commentor stated that this demonstration amendment improves the quality of services provided to medically fragile children. This will increase quality and efficiency, further increasing the program's sustainability.

#### Theme 2: Opposition for the amendment due to concerns of reduction in funding for other programs

One commentor expressed opposition to the waiver amendment. The commentor stated agreement that medically fragile children deserve consistent and compassionate care but did not believe the proposal would have a positive result by adding a "new program". The advocate voiced support for investment in existing programs that require additional funding.

#### Theme 3: Question relating to potential number of family members that participate in the program as paid caregivers

This final commentor questioned if the Agency had an estimation of the number of family members that may seize the opportunity to undergo required training and meet all eligibility requirements for serving as the home health aide for their chronically ill family members.

**The Agency's Response:**

The Agency has carefully considered the public feedback in addressing this unique challenge of adequate staff for medically fragile children while also ensuring that the program continues to support low-income families within the state. The Florida legislature proposed Senate Bill 1156 in 2025 to amend several sections of Florida Statutes related to the Home Health Aide for Medically Fragile Children program. This proposal is the result of the passage of that bill.

Nursing and hospital associations project that by 2035, Florida will have a shortage of 59,100 nurses. The Home Care Association of America found that the need for direct care workers such as nurses, home health aides, and certified nursing assistants (CNAs) greatly exceeds the current workforce. Making the situation more dire, a study found that 64% of CNA turnover occurs within the first year, further exacerbating the shortage. As a result, many home health agencies cannot accept new cases, leaving many Medicaid beneficiaries without the care they need.

Trained family caregivers are referred to as “family home health aides” (FHHA) under Florida Medicaid and are subject to specific state rules for billing and reimbursement. In summary, this amendment to the Home Health Aide for Medically Fragile Children program allows a family member to serve as a caregiver, under supervision of a home health agency, to receive Medicaid reimbursement for the provision of FHHA services to a medically fragile child. This specific amendment provides income for the family, ensures quality care from a motivated family care giver and provides immediate care for the medically fragile child.

### **Attachments**

- Attachment I – Tribal Notification
- Attachment II – Florida Issued Public Notices (i.e., the Florida administrative register notice serving as the full public notice)
- Attachment III – Abbreviated Public Notice
- Supplemental Document – MMA Amendment Budget Neutrality Workbook with historical and projected FHHA service expenditures. See excel document titled, “MMA Amendment FHHA Services Budget Neutrality Worksheet Final”.

## **Attachment I – Tribal Notification**

July 18, 2025

Dear Tribal Leader:

The Agency for Health Care Administration (Agency) submits to the Centers for Medicare & Medicaid Services (CMS) an amendment to the Florida Managed Medical Assistance (MMA) Section 1115 Demonstration (project numbers 11-W-00206/4 and 21-W-00069/4) to implement an income disregard and to expand the home health aide provider workforce by adding an additional eligible provider type. The intent of the amendment is to mitigate gaps in the health service needs of Medicaid-eligible, medically fragile children caused by general healthcare workforce challenges. The new proposed component of the MMA demonstration will be called, the “Family Home Health Aide (FHHA) Services Program” also known as the “Home Health Aide for Medically Fragile Children Program.”

Pursuant to CMS requirements for section 1115 demonstration programs, the Agency is providing this notice in alignment with federal public notice rules at 42 CFR 431.408 to describe the key components of the proposed demonstration.

### **MMA Demonstration Program and Amendment Overview**

#### **Overview of MMA Demonstration Program**

The purpose of the FHHA Services Program amendment is to mitigate the workforce shortages of trained home health aides by authorizing alternative licensing and provider requirements, thus expanding access to medically necessary services for medically fragile children enrolled in Medicaid.

Florida’s health service provisions authorized under House Bill (HB) 391 (2023) and Senate Bill (SB) 1156 (2025) seek to improve access to coordinated care and continuity of care by expanding access to trained professionals as well as promote fiscal sustainability of the Medicaid program by helping to decrease the hospitalization and institutionalization of medically fragile children, thereby reducing program expenditures. This alternative solution to a known workforce shortage aligns with the overall objectives of the MMA demonstration because it is expected to incentivize quality and efficiency of services and personal engagement in the beneficiary’s care. The MMA demonstration’s overall key program objectives include:

- Improve outcomes through care coordination, patient engagement in their own health care, and maintaining fiscal responsibility.
- Improve access to coordinated care, continuity of care, and continuity of coverage of Medicaid enrollees.
- Improve integration of all services, increase care coordination effectiveness, increase individual involvement in their care, improve health outcomes, and reduce unnecessary or inefficient use of health care.

- Improve overall program performance, including improved scores on nationally recognized quality measures (such as Healthcare Effectiveness Data and Information Set [HEDIS] scores).

### **Proposed Demonstration Program Changes**

As described, the Agency is seeking federal approval to amend the MMA Demonstration program to implement the FHHA Services Program. This amendment intends to ensure that earned income from providing FHHA services will not negatively impact a child's Medicaid eligibility determinations. Additionally, this amendment intends to expand the pool of eligible providers by allowing private duty nursing specialty providers to participate in the Home Health Aide for Medically Fragile Children program in accordance with state law enacted through SB 1156. The details are as follows:

- Pursuant to Section 409.903, Florida Statutes, the income earned by providing FHHA Services must be disregarded from the family's countable income when calculating eligibility for Medicaid. All other sources of earned income would remain subject to public assistance income limits and eligibility determination rules, including Medicaid, as determined by the Florida Department of Children and Families (DCF).
- Pursuant to Section 400.4765, Florida Statutes, home health agencies that are enrolled as private duty nursing specialty providers in accordance with 42 CFR 440.80 may employ FHHAs for the provision of services to medically fragile children.

### **Paid Family Home Health Aides**

As described above, the Home Health Aide for Medically Fragile Children program was established in response to the existing national health care provider shortage and the impact that the shortage has on medically fragile children and their families within the state of Florida. The Home Health Aide for Medically Fragile Children program allows a family caregiver to receive compensation by caring for their medically fragile child by being trained and employed by a home health agency enrolled as a Medicaid provider. The legislative intent of the Home Health Aide for Medically Fragile Children program is that services provided by a FHHA must reduce a child's private duty nursing service hours. As such, FHHA services may not be provided concurrently with any private duty nursing service.

### **Eligibility of Medically Fragile Child**

An eligible recipient must be enrolled in the Florida Medicaid program in accordance with the Florida State Plan. This demonstration amendment does not affect eligibility for the program. To be considered a "medically fragile child," one must be 21 years old or younger with an underlying physical, mental, or cognitive impairment that prevents him or her from living in the community without consistent clinical or technological interventions. The child must also be receiving private duty nursing services under Florida Medicaid, be under the care of a physician, and have an order for FHHA services.



### Eligibility of Family Caregivers of Medically Fragile Children

To qualify to provide FHHA services, the family home health aide must be at least 18 years old, demonstrate a minimum ability to read and write, and successfully pass background screening requirements. The family home health aide must also complete an approved training program in accordance with Section 400.4765, F.S. and be employed by a home health agency licensed in accordance with state law.

### **Family Caregiver FHHA Training**

The Agency, in consultation with the Board of Nursing, approves Home Health Aide for Medically Fragile Children training programs developed by home health agencies in accordance with federal regulations at 42 C.F.R. 483.151-483.154 and 484.80-484.82. Home health agencies with approved Home Health Aide for Medically Fragile Children training programs train family caregivers to provide trained nursing services as delegated by a registered nurse to eligible relatives. The training programs must consist of at least 76 hours of training, including, but not limited to, all of the following:

6. Successful completion of at least 40 hours of home health aide training pursuant to Florida rules establishing minimum standards relating to home health aide competency testing and home health aide training.
7. A minimum of 20 hours of skills training on basic nursing skills tailored to the child's individualized care needs as specified in the ordering provider's plan of care, which may include training on the following topics, as applicable:
  - 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. Oxygen use and safety and other respiratory procedures.
  - h. Tracheostomy care.
  - i. Enteral care and therapy.
  - j. Intravenous assistive activities and alternative feeding methods.
  - k. Urinary catheterization and care and ostomy care.
8. At least 16 hours of clinical training related to the specific needs of an eligible relative and provided under the direct supervision of a licensed registered nurse.
9. Training concerning HIV infections.
10. Cardiopulmonary resuscitation training, evidenced by obtaining and maintaining a current certificate in cardiopulmonary resuscitation.

### **Services of FHHA Trained Family Caregivers**

A FHHA performs home health aide tasks that are delegated to him or her by the registered nurse to care for their eligible medically fragile child. FHHAs are trained to provide care related to the medically fragile child that may include:

24. personal care;
25. maintaining mobility (safe lifting, positioning, and moving of patients);
26. nutrition and hydration;
27. toileting and elimination;
28. assistive devices;
29. safety and cleanliness;
30. data gathering;
31. reporting abnormal signs and symptoms;
32. postmortem care;
33. patient socialization and reality orientation;
34. end-of-life care;
35. cardiopulmonary resuscitation and emergency care;
36. residents' or patients' rights;
37. documentation of services performed;
38. infection control;
39. safety and emergency procedures;
40. hygiene/grooming/skin care;
41. pressure sore prevention and wound care;
42. oxygen use safety;
43. tracheostomy care;
44. enteral care and therapy;
45. intravenous assistive activities and alternative feeding methods; and
46. any other tasks delegated to the family home health aide in accordance with state law.

FHHAs are subject to a utilization cap of no more than 12 hours per day and 40 hours per week, per medically fragile child. The utilization cap of 40 hours per week, per recipient may be exceeded; however, justification must be provided as to why there is no other qualified provider available, and the request must be approved by the home health agency and the beneficiary's MMA plan.

### **Specialty Home Health Agencies**

Florida Medicaid has distinct provider types under which a home health agency may enroll into the program based on the specialty of home health services provided. For example, home health agencies that provide only private duty nursing specialty services may enroll under provider specialty type 221, which exempts the home health agency from the requirements of Medicare certification or its accreditation equivalent for participation in the Florida Medicaid program. To help the state mitigate the home health aide workforce shortage, the Agency requests to permit reimbursement for FHHA services to be provided by Medicaid home health service providers

that are private duty nursing specialty providers enrolled under provider specialty type 221, without additional certification or accreditation requirements.

The proposed amendment will strengthen Florida's Medicaid program by integrating FHHA services, ensuring medically fragile children receive consistent, high-quality care. By empowering trained family home health aides to provide essential health services, it addresses workforce shortages while incentivizing improvements in the quality of care for medically fragile children. This model will enhance accessibility, promote cost savings, and improve outcomes for vulnerable children.

To make comments or to request additional information on the proposed demonstration amendment, please contact Kimberly Quinn by phone at (850) 412-4277 or by email at [Kimberly.Quinn@ahca.myflorida.com](mailto:Kimberly.Quinn@ahca.myflorida.com). If we do not hear from you within 30 days from the receipt of this notice, we will assume that you have no comments.

## **Attachment II – Florida Issued Public Notices**

### **Florida Administrative Register Notice**

### **Notice of Meeting/Workshop Hearing**

#### **AGENCY FOR HEALTH CARE ADMINISTRATION**

#### **Medicaid**

The Agency for Health Care Administration (Agency) and the Florida Medicaid Medical Care Advisory Committee (MCAC) announce two in-person hearings to which all persons are invited. The first hearing will be in Tallahassee as an MCAC public meeting. The second hearing will be in Orlando.

The public hearings will be as follows:

**DATE AND TIME:** July 28, 2025, 1:00 – 2:00 pm

**PLACE:** Agency for Health Care Administration, MCAC, 2727 Mahan Drive, Building 3, Conference Rooms A, B, and C, Tallahassee, FL 32308

**DATE AND TIME:** July 29, 2025, 1:00 – 2:00 pm

**PLACE:** Zora Neal Hurston State Building, 400 W Robinson St, North Tower, Room N901, Orlando, FL 32801

**GENERAL SUBJECT MATTER TO BE CONSIDERED:** The Agency is seeking federal authority to amend its Managed Medical Assistance (MMA) Section 1115 Demonstration program (project numbers 11-W-00206/4 and 21-W-00069/4) to implement an income disregard and to expand the home health aide provider workforce by adding an additional eligible provider type. The intent of the amendment is to mitigate gaps in the health service needs of Medicaid-eligible, medically fragile children caused by general healthcare workforce challenges. The new proposed service component of the MMA demonstration will be called, the “Family Home Health Aide (FHHA) Services Program” also known as the “Home Health Aide for Medically Fragile Children Program.”

The Agency provides this notice in accordance with federal requirements to inform the public that we are providing a 30-day public comment period on the proposed new demonstration starting on July 18, 2025. The draft application proposal and more detailed information for submitting public comments will be available on that date at: <https://ahca.myflorida.com/medicaid/medicaid-policy-quality-and-operations/medicaid-policy-and-quality/medicaid-policy/federal-authorities/federal-waivers/federal-authorities-mma-cms-approval-and-reports-2021-2030>.

Hard copies of the application or a copy of the hearing agendas may be obtained by contacting Kimberly Quinn at 850-412-4277 or by email at [Kimberly.Quinn@ahca.myflorida.com](mailto:Kimberly.Quinn@ahca.myflorida.com).

Comments may be submitted via mail or email.

Mail comments and suggestions to:

Agency for Health Care Administration

Managed Medical Assistance Amendment

2727 Mahan Drive, MS #20

Tallahassee, Florida 32308

E-mail comments and suggestions to: [FLMedicaidWaivers@ahca.myflorida.com](mailto:FLMedicaidWaivers@ahca.myflorida.com) with “Managed Medical Assistance” referenced in the subject line.

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least five days before the workshop/meeting by contacting Kimberly Quinn at (850) 412-4277 or by email at [Kimberly.Quinn@ahca.myflorida.com](mailto:Kimberly.Quinn@ahca.myflorida.com). If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, 1 (800) 955-8771 (TDD) or 1 (800) 955-8770 (Voice). For more information, you may contact Kimberly Quinn at [Kimberly.Quinn@ahca.myflorida.com](mailto:Kimberly.Quinn@ahca.myflorida.com).

## **Attachment III – Florida Issued Public Notices**

### **Abbreviated Public Notice**

#### **Florida Agency for Health Care Administration Managed Medical Assistance (MMA) Section 1115 Demonstration Amendment**

The Agency for Health Care Administration (Agency) is seeking federal authority to amend its Managed Medical Assistance (MMA) Section 1115 Demonstration program (project numbers 11-W-00206/4 and 21-W-00069/4) to implement an income disregard and to expand the home health aide provider workforce by adding an additional eligible provider type. The intent of the amendment is to mitigate gaps in the health service needs of Medicaid-eligible, medically fragile children caused by general healthcare workforce challenges. The new proposed service component of the MMA demonstration will be called, the “Family Home Health Aide (FHHA) Services Program” also known as the “Home Health Aide for Medically Fragile Children Program.”

The Agency provides this notice in accordance with federal requirements to inform the public that we are providing a 30-day public comment period on the proposed new demonstration starting on July 18, 2025. The draft application proposal and more detailed information for submitting public comments will be available on that date at:

<https://ahca.myflorida.com/medicaid/medicaid-policy-quality-and-operations/medicaid-policy-and-quality/medicaid-policy/federal-authorities/federal-waivers/federal-authorities-mma-cms-approval-and-reports-2021-2030>.

Hard copies of the application may be obtained by contacting Kimberly Quinn at 850-412-4277 or by email at [Kimberly.Quinn@ahca.myflorida.com](mailto:Kimberly.Quinn@ahca.myflorida.com).

Florida will hold two in-person hearings in geographically distinct areas of the State, the first in Tallahassee and the second in Orlando. The public hearings will be as follows:

#### **Public Hearing 1:**

Tallahassee, Florida, during the Medicaid Medical Care Advisory Committee (MCAC) meeting

July 28, 2025, 1:00 – 2:00 pm

Agency for Health Care Administration

2727 Mahan Drive

Tallahassee, FL 32308

#### **Public Hearing 2:**

Orlando, Florida

July 29, 2025, 1:00 - 2:00 PM

Zora Neal Hurston Building

400 West Robison Street,

North Tower, Room N-109

Orlando, FL 32801

## Interim Section 1115 Demonstration Application Budget Neutrality Table Shell

	A	B	C	D	E	F	G
1	<b>5 YEARS OF HISTORIC DATA</b>						
2							
3	<b>SPECIFY TIME PERIOD AND ELIGIBILITY GROUP DEPICTED:</b>						
4							
5	<b>Florida Family Health Aid for Medically Fragile Children (HHAMFC) Program/FHHA Services</b>	<b>DY15 (SFY20/21)</b>	<b>DY16 (SFY21/22)</b>	<b>DY17 (SFY22/23)</b>	<b>DY18 (SFY23/24)</b>	<b>DY19 (SFY24/25)*</b>	<b>5-YEAR AVERAGES</b>
6	<b>TOTAL EXPENDITURES</b>	\$ 667,024,833.00	\$ 721,117,305.85	\$ 775,974,957.31	\$ 832,347,788.00	\$ 1,085,129,401.29	\$ 4,081,594,285
7	<b>ELIGIBLE MEMBER MONTHS</b>	26,612	26,521	26,978	29,660	33,580	143,351
8	<b>PMPM COST</b>	\$ 25,064.81	\$ 27,190.43	\$ 28,763.25	\$ 28,062.97	\$ 32,314.75	\$ 28,472.73
9	<b>TREND RATES</b>						<b>5-YEAR AVERAGE</b>
10				<b>ANNUAL CHANGE</b>			
11	TOTAL EXPENDITURE		8.11%	7.61%	7.26%	30.37%	12.94%
12	ELIGIBLE MEMBER MONTHS		-0.34%	1.72%	9.94%	13.22%	5.99%
13	PMPM COST		8.48%	5.78%	-2.43%	15.15%	6.56%
14							
15							
16	Source: AHCA Medicaid Claims Data (MDA <u>SQL</u> )						
17	Payments (DOP) for PDN capitation rate cells (110P9B, 111P9B, 112P9B) 7/2020 to 4/2025						
18	*May and June 2025 annualized from first 10 months of SFY24/25						
19	Created: 5/21/2025						



## HEALTH INSURANCE FLEXIBILITY AND ACCOUNTABILITY DEMONSTRATION COST DATA

	A	B	C	D	E	F	G	H	I	J
1	DEMONSTRATION WITHOUT WAIVER (WOW) BUDGET PROJECTION: COVERAGE COSTS FOR POPULATION(S)									
2										
3										
4	ELIGIBILITY GROUP	TREND RATE	MONTHS OF AGING	BASE YEAR	DEMONSTRATION YEARS (DY)					TOTAL WOW
5				DY 19 (SFY24/25)	DY20 (SFY 25/26)	DY21 (SFY 26/27)	DY22 (SFY 27/28)	DY23 (SFY 28/29)	DY24 (SFY 29/30)	
6										
7	Florida Family Health Aid for Medically Fragile Children (HHAMFC) Program/FHHA Services									
8	Pop Type:	Disabled/Children								
9	Eligible Member Months	6.0%	12	35,591	37,723	39,983	42,378	44,916	47,607	
10	PMPM Cost	6.6%	12	\$ 34,434.60	\$ 36,693.51	\$ 39,100.60	\$ 41,665.60	\$ 44,398.86	\$ 47,311.43	
11	Total Expenditure				\$ 1,384,202,754	\$ 1,563,359,171	\$ 1,765,703,900	\$ 1,994,237,816	\$ 2,252,351,127	\$ 8,959,854,767
12										

**DEMONSTRATION WITH WAIVER (WW) BUDGET PROJECTION: COVERAGE COSTS FOR POPULATION(S)**

As a hypothetical budget population, the WOW expenditure ceiling is automatically "passed through" to the WW expenditures. The state acknowledges that no savings realized can be used as future expenditure authority.

ELIGIBILITY GROUP		DEMO TREND RATE	DEMONSTRATION YEARS (DY)						TOTAL WW
DY 19			DY20 (SFY 25/26)	DY21 (SFY 26/27)	DY22 (SFY 27/28)	DY23 (SFY 28/29)	DY24 (SFY 29/30)		
Florida Family Health Aid for Medically Fragile Children (HHAMFC) Program/FHHA Services									
Pop Type: Medicaid									
Eligible Member									
Months	35,591	6.0%	37,723	39,983	42,378	44,916	47,607		
PMPM Cost	\$ 34,434.60	6.6%	\$ 36,693.51	\$ 39,100.60	\$ 41,665.60	\$ 44,398.86	\$ 47,311.43		
Total									
Expenditure			\$ 1,384,202,754	\$ 1,563,359,171	\$ 1,765,703,900	\$ 1,994,237,816	\$ 2,252,351,127	\$ 8,959,854,767	

**NOTES**

For a per capita budget neutrality model, the trend for member months is the same in the with-waiver projections as in the without-waiver projections. This is the default setting

Budget Neutrality Summary - HYPOTHETICALS ANALYSIS

Without-Waiver Total Expenditures

	DEMONSTRATION YEARS (DY)					TOTAL
	DY 01	DY 02	DY 03	DY 04	DY 05	
<u>Medicaid Population</u> Florida Family Health Aid for Medically Fragile Children (HHAMFC) Program/FHHA Services	\$ 1,384,202,754	\$ 1,563,359,171	\$ 1,765,703,900	\$ 1,994,237,816	\$ 2,252,351,127	\$ 8,959,854,767
<b>TOTAL</b>	<b>\$ 1,384,202,754</b>	<b>\$ 1,563,359,171</b>	<b>\$ 1,765,703,900</b>	<b>\$ 1,994,237,816</b>	<b>\$ 2,252,351,127</b>	<b>\$ 8,959,854,767</b>

With-Waiver Total Expenditures

	DEMONSTRATION YEARS (DY)					TOTAL
	DY 01	DY 02	DY 03	DY 04	DY 05	
<u>Medicaid Population</u> Florida Family Health Aid for Medically Fragile Children (HHAMFC) Program/FHHA Services	\$ 1,384,202,754	\$ 1,563,359,171	\$ 1,765,703,900	\$ 1,994,237,816	\$ 2,252,351,127	\$ 8,959,854,767
<b>TOTAL</b>	<b>\$ 1,384,202,754</b>	<b>\$ 1,563,359,171</b>	<b>\$ 1,765,703,900</b>	<b>\$ 1,994,237,816</b>	<b>\$ 2,252,351,127</b>	<b>\$ 8,959,854,767</b>
<b>VARIANCE</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>