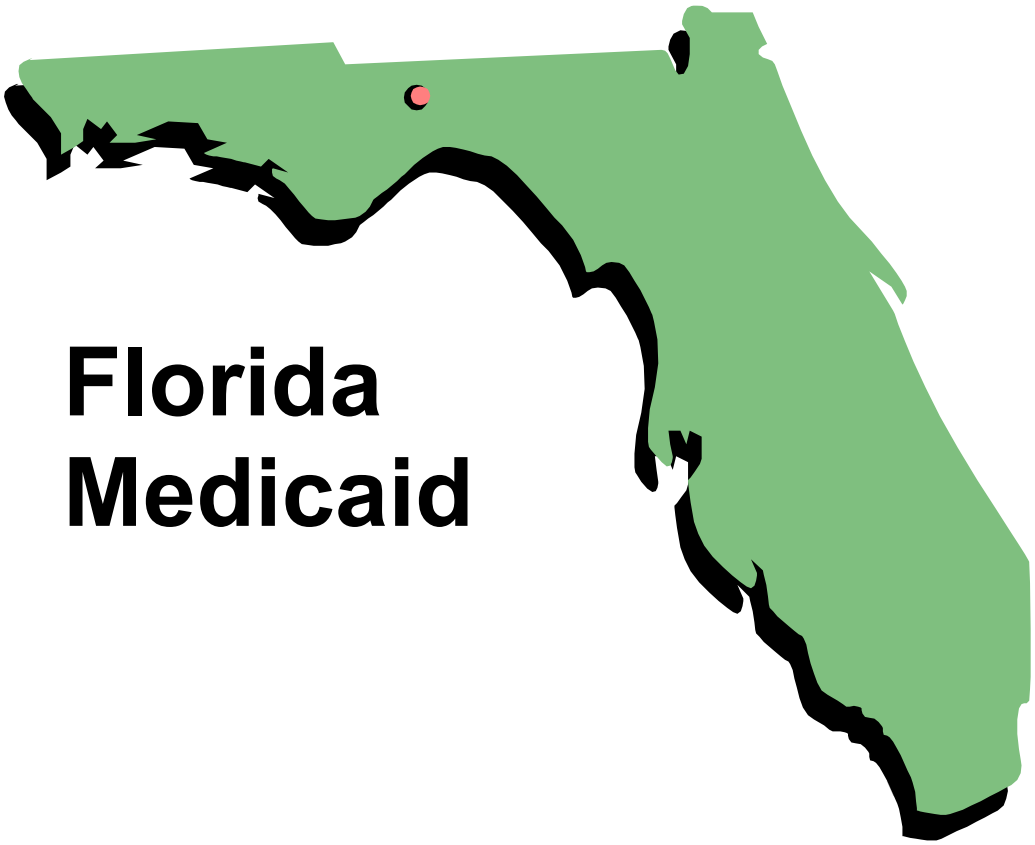


Florida Medicaid

Home Health Services Coverage Policy

Agency for Health Care Administration

September 2026

Incorporated by reference in Rule 59G-4.130, F.A.C.

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1.0 Introduction

Florida Medicaid home health services provide medically necessary skilled nursing, home health aide, and family home health aide services to recipients whose medical condition, illness, or injury requires the care to be delivered in their home or in the community.

1.1 Florida Medicaid Policies

This policy is intended for use by home health providers that render services to eligible Florida Medicaid recipients. It must be used in conjunction with Florida Medicaid's General Policies (as defined in section 1.4) and any applicable service-specific and claim reimbursement policies with which providers must comply.

Note: All Florida Medicaid policies are promulgated in Rule Division 59G, Florida Administrative Code (F.A.C.). Coverage policies are available on the Agency for Health Care Administration's (AHCA) website at https://ahca.myflorida.com/medicaid/rules.html.

1.2 Statewide Medicaid Managed Care Plans

Florida Medicaid managed care plans must comply with the coverage requirements outlined in this policy, unless otherwise specified in the AHCA contract with the Florida Medicaid managed care plan. The provision of services to recipients enrolled in a Florida Medicaid managed care plan must not be subject to more stringent coverage limits than specified in Florida Medicaid policies.

1.3 Legal Authority

Home health services are authorized by the following:

- Section 1861(m) of the Social Security Act (SSA)
- Title 42, Code of Federal Regulations (CFR), sections 440.60 and 440.70
- Sections 400.4765 and 409.905, Florida Statutes (F.S.)

1.4 Definitions

The following definitions are applicable to this policy. For additional definitions that are applicable to all sections of Rule Division 59G, F.A.C., please refer to the Florida Medicaid Definitions Policy.

1.4.1 Activities of Daily Living (ADLs)

As defined in Rule 59G-1.010, F.A.C.

1.4.2 Babysitting

Custodial care, daycare, afterschool care, supervision, or similar childcare unrelated to the services that are documented to be medically necessary for the recipient.

1.4.3 Caretaker Relative

As defined in 42 CFR 435.4.

1.4.4 Claim Reimbursement Policy

A policy document found in Rule Division 59G, F.A.C., that provides instructions on how to bill for services.

1.4.5 Coverage and Limitations Handbook or Coverage Policy

A policy document found in Rule Division 59G, F.A.C., that contains coverage information about a Florida Medicaid service.

1.4.6 Dually Eligible Recipient

As defined in Rule 59G-1.010, F.A.C.

1.4.7 Family Home Health Aide or Home Health Aide for Medically Fragile Children

As defined in section 400.4765, F.S.

1.4.8 General Policies
A collective term for Florida Medicaid policy documents found in Rule Chapter 59G-1, F.A.C. containing information that applies to all providers (unless otherwise specified) rendering services to recipients.

1.4.9 Home Health Services
Medically necessary services that can be safely provided to the recipient in their home or in the community, including home health visits (skilled nursing and home health aide services), family home health aide services, private duty nursing, and personal care services.

1.4.10 Instrumental Activities of Daily Living (IADLs)
As defined in Rule 59G-1.010, F.A.C.

1.4.11 Intermittent Home Health Visits
Medically necessary skilled nursing and home health aide services that are provided at intervals for the length of time necessary to complete the service.

1.4.12 Medically Necessary/Medical Necessity
As defined in Rule 59G-1.010, F.A.C.

1.4.13 Private Duty Nursing
As defined in Rule 59G-4.261, F.A.C.

1.4.14 Provider
The term used to describe any entity, facility, person, or group enrolled with AHCA to furnish services under the Florida Medicaid program in accordance with the provider agreement.

1.4.15 Recipient
For the purpose of this coverage policy, the term used to describe an individual enrolled in Florida Medicaid (including managed care plan enrollees).

1.4.16 Related Provider
For the purpose of this coverage policy, the term means an individual who is the aunt, brother, brother-in-law, cousin, daughter, daughter-in-law, father, father-in-law, granddaughter, grandfather, grandmother, grandson, great-grandfather, great-grandmother, half-brother, half-sister, husband, mother, mother-in-law, nephew, niece, sister, sister-in-law, son, son-in-law, stepbrother, stepdaughter, stepfather, stepmother, stepsister, stepson, uncle, or wife of the recipient.

1.4.17 Short-term Nursing
Services provided for a time span that are limited by the nursing needs surrounding a specific acute medical event.

2.0 Eligible Recipient

2.1 General Criteria
An eligible recipient must be enrolled in the Florida Medicaid program on the date of service and meet the criteria provided in this policy.

Provider(s) must verify each recipient’s eligibility each time a service is rendered.

2.2 Who Can Receive
Florida Medicaid recipients requiring medically necessary home health services. Some services may be subject to additional coverage criteria as specified in section 4.0.

If a service is limited to recipients under the age of 21 years, it is specified in section 4.0. Otherwise, the service is covered for recipients of all ages.

Recipients who are under the care of a physician and have a written order as outlined in section 6.2 may receive skilled nursing, home health aide, or family home health aide services up to the coverage limits specified in this policy.

2.3 Coinsurance and Copayments

Recipients are responsible for a $2.00 copayment in accordance with section 409.9081, F.S., unless the recipient is exempt from copayment requirements or the copayment is waived by the Florida Medicaid managed care plan in which the recipient is enrolled. For more information on copayment and coinsurance requirements and exemptions, please refer to Florida Medicaid's Copayments and Coinsurance Policy.

3.0 Eligible Provider

3.1 General Criteria

Providers must meet the qualifications specified in this policy to be reimbursed for Florida Medicaid home health services.

3.2 Who Can Provide

Services must be rendered by providers meeting one of the following:

- Home health agencies licensed in accordance with sections 400.464 and 408.810, F.S., and Rule Chapters 59A-8 and 59A-35, F.A.C.
- Registered nurses (RN) licensed in accordance with Chapter 464, F.S. and working within the scope of their practice.
- Family home health aides who meet and maintain requirements to provide services in accordance with section 400.4765, F.S., and Rule 59A-8.0099, F.A.C., and who are employed by home health agencies licensed in accordance with sections 400.464 and 408.801, F.S., and Rule Chapters 59A-8 and 59A-35, F.A.C.

4.0 Coverage Information

4.1 General Criteria

Florida Medicaid covers services that meet all of the following:

- Are determined medically necessary
- Do not duplicate another service
- Meet the criteria as specified in this policy

4.2 Specific Criteria

Florida Medicaid covers the following in accordance with the applicable Florida Medicaid fee schedule, or as specified in this policy:

- Up to four intermittent home health visits, per day, for recipients under the age of 21 years and pregnant recipients age 21 years and older
- Up to three intermittent home health visits, per day, for non-pregnant recipients age 21 years and older

See the Florida Medicaid Personal Care Services and Private Duty Nursing Services Coverage Policies if the recipient is under the age of 21 years and requires more care than can be furnished through a home health visit.

4.2.1 Short-term Nursing in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID)

Florida Medicaid covers short-term skilled nursing visits provided by an RN or LPN in an ICF/IID when the services are medically necessary to avoid transferring the recipient to a nursing facility, in accordance with 42 CFR 440.70(c).

4.2.2 Home Health Aide Visits for Recipients Under the Age of 21 Years

Florida Medicaid covers home health aide visits for recipients under the age of 21 years who have a medical condition or disability that substantially limits their ability to perform ADLs or IADLs.

4.2.2.1 Parental Responsibility

Florida Medicaid covers home health aide services rendered to a recipient whose parent or legal guardian is not able to provide ADL or IADL care, and to supplement care provided by parents and legal guardians. Parents and legal guardians must participate in providing care to the fullest extent possible. Providers must offer training to enable parents and legal guardians to provide medically necessary care to the recipient when the care can be rendered without jeopardizing the health or safety of the recipient.

4.2.3 Services Provided by Independent RNs

Florida Medicaid covers skilled nursing services rendered by an independent RN in accordance with 42 CFR 440.70 (b)(1), when there is no home health agency provider available in the area to furnish the care. A physician must direct and monitor the services provided by an independent RN and must be available to consult on the recipient's medical condition.

4.2.4 Family Home Health Aide Services for Recipients Receiving PDN Services

Florida Medicaid covers Family Home Health Aide services in accordance with 400.4765, F.S.

Services must be overseen by a non-related provider, non-legal guardian, or non-caretaker relative RN who is employed by a home health agency and authorized to provide PDN services in accordance with Rule 59G-4.261, F.A.C.

The following condition of the definition of medical necessity is not applicable when determining coverage for Florida Medicaid family home health aide services:

- Be furnished in a manner not primarily intended for the convenience of the recipient, the recipient's caregiver, or the provider

4.3 Early and Periodic Screening, Diagnosis, and Treatment

As required by federal law, Florida Medicaid provides services to eligible recipients under the age of 21 years, if such services are medically necessary to correct or ameliorate a defect, a condition, or a physical or mental illness. Included are diagnostic services, treatment, equipment, supplies, and other measures described in section 1905(a) of the SSA, codified in Title 42 of the United States Code 1396d(a). As such, services for recipients under the age of 21 years exceeding the coverage described within this policy or the associated fee schedule may be approved, if medically necessary. For more information, please refer to Florida Medicaid's Authorization Requirements Policy.

5.0 Exclusion

5.1 General Non-Covered Criteria

Services related to this policy are not covered when any of the following apply:

- The service does not meet the medical necessity criteria listed in section 1.0
- The recipient does not meet the eligibility requirements listed in section 2.0
- The service unnecessarily duplicates another provider's service

5.2 Specific Non-Covered Criteria

Florida Medicaid does not cover the following:

- A skill level other than what is prescribed in the order for services and approved plan of care (POC)

- Assistance with homework
- Babysitting
- Care, grooming, or feeding pets and animals
- Certification of the POC by a physician
- Companion sitting or leisure activities
- Escort services
- Housekeeping (except light housekeeping to make the environment safe), homemaker, and chore services
- Intermittent home health visits rendered less than an hour apart
- Nursing assessments related to the POC
- Professional development training or supervision of home health staff or other home health personnel
- Respite care to facilitate the parent or legal guardian attending to personal matters
- Services funded under section 110 of the Rehabilitation Act of 1973 or under the provisions of the Individuals with Disabilities Educational Act
- Services furnished by caretaker relatives or related providers as defined in sections 1.4.3 and 1.4.16 of this policy, household members, or any person with custodial or legal responsibility for the recipient, with the exception of family home health aide services
- Services provided in any of the following locations:
  - Hospitals
  - Nursing facilities
  - Prescribed pediatric extended care centers
  - Residential facilities or assisted living facilities when the services duplicate those provided by the facility
- Services rendered prior to the development and approval of the POC
- Travel time to or from the recipient's place of residence
- Yard work, gardening, or home maintenance work

Florida Medicaid may cover some services listed in this section through a different service benefit.

6.0 Documentation

6.1 General Criteria

For information on general documentation requirements, please refer to Florida Medicaid's Recordkeeping and Documentation Requirements Policy.

6.2 Specific Criteria

Providers must maintain the following in the recipient's file in addition to any general documentation requirements:

- Assessments completed in accordance with 42 CFR 484.55 and 42 CFR 440.70(f)(3)-(4)
- Written orders completed in accordance with section 409.905(4), F.S.
- A POC developed in accordance with 42 CFR 484.60 and section 409.905, F.S.

Providers must include any home health services being furnished by another provider in the POC.

The initial assessment and all subsequent POC recertification assessments for family home health aide services must be completed by an RN who is employed by the home health agency provider and who is not a related provider, legal guardian, caretaker relative, or member of the recipient's household.

7.0 Authorization

7.1 General Criteria

The authorization information described below is applicable to the fee-for-service delivery system. For more information on general authorization requirements, please refer to Florida Medicaid's Authorization Requirements Policy.

7.2 Specific Criteria

7.2.1 Home Health Visit Services

Providers must obtain authorization from the Medicaid-contracted Quality Improvement Organization (QIO) every 60 days or when there is a change in the recipient's condition requiring an increase or decrease in authorized services.

Providers must include the following forms, incorporated by reference, and available on the AHCA website at https://ahca.myflorida.com/medicaid/rules.html, with the request for home health aide services for recipients under the age of 21 years, as applicable:

- Parent or Legal Guardian Medical Limitations, AHCA Form 5000-3501, November 2016
- Parent or Legal Guardian Work Schedule, AHCA Form 5000-3503, November 2016
- Parent or Legal Guardian Statement of Work Schedule, AHCA Form 5000-3504, November 2016
- Parent or Legal Guardian School Schedule, AHCA Form 5000-3505, November 2016

7.2.2 Family Home Health Aide Services

Providers must obtain authorization from the Medicaid-contracted Quality Improvement Organization (QIO) at least every 180 days or when there is a change in the recipient's condition requiring an increase or decrease in authorized services. When family home health aide services are authorized, providers must ensure and document the following:

- Cumulative hours for PDN and family home health aide services do not exceed 24 hours a day
- PDN and family home health aide services do not occur concurrently

The QIO care coordinator will maintain monthly contact with the recipient and the recipient's parent or legal guardian to stay informed of the recipient's condition.

8.0 Reimbursement

8.1 General Criteria

The reimbursement information below is applicable to the fee-for-service delivery system.

8.2 Claim Type

Professional (837P/CMS-1500)

8.3 Billing Code, Modifier, and Billing Unit

Providers must report the most current and appropriate billing code(s), modifier(s), and billing unit(s) for the service rendered, incorporated by reference in Rule 59G-4.002, F.A.C.

8.3.1 Modifiers

Providers must include the following on the claim form as appropriate:

- GY Services rendered to dually eligible recipients
- TD Home health aide visits rendered with a skilled nursing service for dually eligible recipients

- TT Services rendered to multiple recipients in the same setting
- UF Services provided by more than one provider in the same setting

8.4 Diagnosis Code
Providers must report the most current and appropriate diagnosis code to the highest level of specificity that supports medical necessity, as appropriate for this service.

8.5 Rate
For a schedule of rates, incorporated by reference in Rule 59G-4.002, F.A.C., visit the AHCA website at https://ahca.myflorida.com/medicaid/rules.html.

8.5.1 Rate Adjustment for Multiple Recipients
Florida Medicaid reimburses providers for services rendered during the same time period by one nurse, aide, or family home health aide to two or more recipients who share a dwelling space as follows:

- One hundred percent of the Florida Medicaid rate for the first recipient
- Fifty percent of the Florida Medicaid rate for the second recipient
- Twenty-five percent of the Florida Medicaid rate for the third and subsequent recipients

9.0 Appendices

9.1 Parent or Legal Guardian Medical Limitations Form

9.2 Parent or Legal Guardian Work Schedule Form

9.3 Parent or Legal Guardian Statement of Work Schedule Form

9.4 Parent or Legal Guardian School Schedule Form

PARENT OR LEGAL GUARDIAN MEDICAL LIMITATIONS

This form must be completed by the parent or legal guardian's physician.

Date: _____

Patient's Name: _____

Physician's Name: _____

Physician's Address: _____

_____

Physician's Telephone Number: ( ) _____

Please describe any medical limitation or disability that the above named individual may have that would limit their ability to participate in the care of a patient with complex medical needs (e.g. lifting restrictions, developmental disorder, bed rest for pregnancy, etc.):

_____

_____

_____

_____

_____

_____

_____

If limitation/disability is temporary, please document the expected timeframe for resolution.

_____

Signature of Physician: _____

National Provider Identifier: _____

By my signature, I am allowing release of this information to be used for the purpose of determining authorization for my child.

Signature of Parent/Legal Guardian: _____

PARENT OR LEGAL GUARDIAN WORK SCHEDULE

This form must be completed by a supervisor at the place of employment.

Parent/Legal Guardian's Name: _____

Name of Employer: _____

Address: _____

_____

Work Schedule:
(Include work hours for each day)

Monday: _____

Tuesday: _____

Wednesday: _____

Thursday: _____

Friday: _____

Saturday: _____

Sunday: _____

If employee works a variable work schedule, please indicate the average number of hours per week, this employee works: _____

Supervisor Name: _____

Title: _____

Telephone Number: ( ) _____

Signature: _____

Date: _____

PARENT OR LEGAL GUARDIAN STATEMENT OF WORK SCHEDULE

This form must be completed by the parent or legal guardian.

Parent/Legal Guardian's Name: _____

Statement of Work Schedule

Name of Employer: _____

Address: _____

_____

Work Schedule:
(Include work hours for each day)

Monday: _____

Tuesday: _____

Wednesday: _____

Thursday: _____

Friday: _____

Saturday: _____

Sunday: _____

Parent/Legal Guardian Signature: _____

Date: _____ Telephone Number: (____) _____

PARENT OR LEGAL GUARDIAN SCHOOL SCHEDULE

This form must be completed by a school advisor or representative.

Parent/Legal Guardian's Name: _____

Name of School: _____

Address: _____

_____

Current School Term: ☐ Fall ☐ Spring ☐ Summer Year: _____

Term Start Date: _____ Term End Date: _____

School Schedule:
(Include school hours for each day)

Monday: _____

Tuesday: _____

Wednesday: _____

Thursday: _____

Friday: _____

Saturday: _____

Sunday: _____

Name of School Representative: _____

Title: _____

Telephone Number: ( ) _____

Signature: _____

Date: _____