AHCA USE ONLY:
File #: _____
Application #: _____

Application for Excellence in Home Health Award
Home Health Agencies

Refer to section 400.52, Florida Statutes and Rule 59A-8.0248, Florida Administrative Code, for regulations and application criteria for the award. Attach additional pages as necessary to supply requested information.

Please do not include confidential patient and/or protected health information (PHI) which may be subject to protection under the law, including the Health Insurance Portability and Accountability Act of 1996, (HIPAA).

1. Provider / Licensee Information

A. PROVIDER INFORMATION – Please complete the following for the home health agency name and location. Provider name, address and telephone number will be listed on https://quality.healthfinder.fl.gov/ ~~http://www.floridahealthfinder.gov/~~			
Date of Submission:	License Number		
Name of Home Health Agency (if operated under a fictitious name, enter as it appears in Florida Division of Corporations)			
Street Address			
City	County	State	Zip
Telephone Number	Provider Website		
Email address			

B. CONTACT PERSON - Please complete the following for the contact person for this application.	
Contact Person for this application	Title
Contact e-mail address or ☐ Do not have e-mail	Contact Telephone Number

C. LICENSEE INFORMATION – Please complete the following for the entity seeking the Excellence in Home Health Award.		
Licensee Name (This is the owner of the Home Health Agency)	Federal Employer Identification Number (EIN)	
Mailing Address or ☐ Same as above		
City	State	Zip
Telephone Number	E-mail Address or ☐ Same as above	

2. Award Application Type

Indicate the type of application with an "X." **For initial applications for the Excellence in Home Health Award, Review Period 1 requires initial applications be submitted by March 15 and Review Period 2 requires initial applications be submitted by September 15.** Application for renewal of the Excellence in Home Health Award must be submitted in conjunction with the home health agency's license renewal application and must be received at least 60 days but no more than 120 days before the expiration of the current award.

☐ **Initial Application for Excellence in Home Health Award** ☐ Review Period 1 ☐ Review Period 2

Was this entity previously licensed as a Home Health Agency in Florida? YES ☐ NO ☐

☐ **Renewal Application for Excellence in Home Health Award**

Current Award Effective Date: _____ Current Award Expiration Date: _____

3. Regulatory History

The following disclosures are required:

A. Pursuant to section 400.52(3)(b), F.S., the applicant has not had any of the following related to a licensure survey or complaint investigation conducted by the Agency or an approved accrediting organization through which the home health agency is accredited.

Has this home health agency had any licensure denials or revocation within the past 24 months? YES ☐ NO ☐

Has this home health agency had any Class I or Class II deficiencies within the past 24 months? YES ☐ NO ☐

Has this home health agency had any uncorrected Class III or IV deficiencies within the past 24 months? YES ☐ NO ☐

B. An accredited home health agency applying for the award must submit with the application the ~~most recent~~ accreditation survey reports from the past 40 months ~~report~~, including those conducted for the purpose of licensure or any complaint inspection, and any plans ~~plan~~ of correction and follow up survey reports as evidence of compliance history.

Are ~~Is an~~ accreditation survey reports ~~report~~ as described above included with this application? YES ☐ NO ☐

4. Award Criteria Required Supporting Documentation

The following documentation is required:

A. Service Excellence.

Skilled Care Home Health Agencies – Documentation of a quality assurance program ~~in accordance with section 400.497(5)(c), Florida Statutes and 59A-8.0248(3)(a), F.A.C.,~~ that includes, at a minimum:

☐ Evidence-based practices that address reduction of preventable, unplanned patient or client emergency care ~~for wound infections~~ resulting from, related to, or identified during the provision of home health services required by subparagraph ~~section~~ 59A-8.0248(4)(a)1, F.A.C. ~~59A-8.0248(3)(a)1.~~

☐ Evidence-based practices that address reduction of preventable, unplanned patient or client admission or readmission to an acute care hospital resulting from, related to, or identified during the provision of home health services required by subparagraph ~~section~~ 59A-8.0248(4)(a)2, F.A.C. ~~59A-8.0248(3)(a)2.~~

~~☐ Evidence-based practices that address patient improvement in the activities of daily living resulting from, related to, or identified during the provision of home health services required by section 59A-8.0248(3)(a)3.~~

☐ Evidence-based practices that address reduction of preventable adverse incidents ~~medication errors~~ resulting from, related to, or identified during the provision of home health services required by subparagraph ~~section~~ 59A-8.0248(4)(a)3, F.A.C. ~~59A-8.0248(3)(a)4.~~

☐ A written summary of adverse events for the past 12 months with evidence of a proactive, system-focused monitoring program which utilizes a clear investigation and action plan to decrease the number of adverse events and improve patient care. This summary shall include unplanned emergency department visits for care and unplanned hospitalizations required by subparagraph 59A-8.0248(4)(a)4.

Nonskilled Care Home Health Agencies – Documentation of a quality assurance program that includes, at a minimum:

☐ Evidence-based practices that address patient improvement in the activities of daily living resulting from, related to, or identified during the provision of home health services required by subparagraph 59A-8.0248(4)(b)1, F.A.C.

☐ Evidence-based practices that address improvement in the quality of personal care services provided by the home health agency required by subparagraph 59A-8.0248(4)(b)2, F.A.C.

☐ Evidence-based practices that address caregiver participation in maintaining patient or client emotional wellness through active listening, stress management, and social engagement required by subparagraph 59A-8.0248(4)(b)3, F.A.C.

☐ Evidence from the past 12 months of measures to demonstrate quality of care, daily living support, personal care quality, and overall client well-being.The home health agency shall provide documentation of a proactive, system-focused monitoring program that demonstrates data-driven monitoring and goals, internal audits of documentation and caregiver performance, and staff training on best practices.required by subparagraph 59A-8.0248(4)(b)4, F.A.C.

~~☐ Evidence of a survey process to assess patient or client willingness to recommend the home health agency to family and friends required by section 59A-8.0248(3)(a)5.~~

~~☐ Evidence of a survey process to assess patient or client satisfaction with communication and interaction between the home health agency and the patient or client and/or their representative(s) required by section 59A-8.0248(3)(a)6.~~

~~☐ Evidence of targeted employee in-service training by the home health agency required by section 59A-8.0248(3)(c).~~

~~☐ Evidence of the employee satisfaction process which demonstrates that information is obtained from employees concerning satisfaction with the home health agency required by section 59A-8.0248(3)(d).~~

~~☐ Evidence of a stable workforce required by section 59A-8.0248(3)(e).~~

~~☐ Evidence of an effective recruitment and retention program required by section 59A-8.0248(3)(e)3.~~

B. Workforce Stability and Development – Documentation of employee satisfaction, retention rates, and training initiatives that includes, at a minimum: ~~Documentation of quantitative metric tools required by section 59A-8.0248(3)(a)7., F.A.C., must include, at a minimum, quality measures to calculate the required data for the most recent 12-month period ending on the last business day of the most recent calendar quarter prior to application for the award.~~

~~Data submitted must demonstrate the applicant ranks within the following ranges compared to the current state-wide average:~~

☐ Evidence of targeted employee in-service training by the home health agency required by paragraph 59A-8.0248(5)(a), F.A.C.

☐ Evidence of the employee satisfaction process, including a survey, which demonstrates that information is obtained from employees concerning satisfaction with the home health agency required by paragraph 59A-8.0248(5)(b), F.A.C.

☐ Evidence of a stable workforce required by section 59A-8.0248(5)(c).

☐ Evidence of an effective recruitment and retention program required by subparagraph 59A-8.0248(5)(c)3, F.A.C.

☐ ~~An average quality score which is at or above the top 95th percentile state-wide for prevention of, unplanned patient or client emergency care for wound infections resulting from, related to, or identified during the provision of home health services required by section 59A-8.0248(3)(b)1.~~

☐ ~~An average quality score which is at or above the top 95th percentile state-wide for prevention of, unplanned patient or client admission or readmission to an acute care hospital resulting from, related to, or identified during the provision of home health services required by section 59A-8.0248(3)(b)2.~~

☐ ~~An average quality score which is at or above the top 95th percentile state-wide for patient improvement in the activities of daily living resulting from, related to, or identified during the provision of home health services required by section 59A-8.0248(3)(b)3.~~

☐ ~~An average quality score which is at or above the top 98th percentile state-wide for prevention of medication errors resulting from, related to, or identified during the provision of home health services required by section 59A-8.0248(3)(b)4.~~

☐ ~~An average quality score which is at or above the top 90th percentile state-wide survey of patient or client willingness to recommend the home health agency to family and friends required by section 59A-8.0248(3)(b)5.~~

☐ ~~An average quality score which is at or above the top 95th percentile state-wide for survey of patient or client satisfaction with the communication and interaction between the home health agency and the patient or client and/or their representative(s) required by section 59A-8.0248(3)(b)6.~~

C. Patient or Client Satisfaction – Provide documentation that demonstrates the following:

☐ Evidence of a survey process to assess patient or client willingness to recommend the home health agency to family and friends required by paragraph 59A-8.0248(6)(a), F.A.C.

☐ Evidence of a survey process to assess and measure patient or client satisfaction with communication and interaction between the home health agency and the patient or client and/or their representative(s) required by paragraph 59A-8.0248(6)(b), F.A.C.

☐ Documentation that the home health agency demonstrates an average satisfaction rate at 80% or above for communication and willingness to recommend the agency required by paragraph 59A-8.0248(6)(c), F.A.C.

D. Innovation in Care Delivery – Provide documentation of innovative strategies developed and implemented within the past 12 months that demonstrates:

☐ Evidence of strategies to improve patient or client convenience and outcomes required by paragraph 59A-8.0248(7)(a), F.A.C.

☐ Evidence of strategies to reduce preventable, unplanned emergency care or hospitalizations resulting from, related to, or identified during the provision of home health services required by paragraph 59A-8.0248(7)(b), F.A.C.

☐ Evidence of strategies to tailor training and skills to improve services to the specific care needs of each patient or client required by paragraph 59A-8.0248(7)(c), F.A.C.

5. Attestation

I, _____, attest as follows:

(1) Pursuant to section 837.06, Florida Statutes, I have not knowingly made a false statement with the intent to mislead the Agency in the performance of its official duty.

(2) Pursuant to section 408.815, Florida Statutes, I acknowledge that false representation of a material fact in the award application or omission of any material fact from the award application by a controlling interest may be used by the Agency for denying and revoking a license.

_____	_____	_____
Signature of Licensee or Authorized Representative	Title	Date

RETURN THIS COMPLETED FORM WITH ATTACHED SUPPORTING DOCUMENTATION TO:

AGENCY FOR HEALTH CARE ADMINISTRATION
LABORATORY AND IN-HOME SERVICES UNIT
2727 MAHAN DR., MS 32
TALLAHASSEE FL 32308-5407

Questions? Visit the Agency's website : https://ahca.myflorida.com or contact the Laboratory and In-Home Services Unit at (850) 412-4500 or Email : hqahomehealth@ahca.myflorida.com

The Agency for Health Care Administration scans all documents for electronic storage. To facilitate this process, we ask that you please remember to:

- Do not submit carbon copies of documents
- Do not fold any of the documents being submitted
- No staples, paperclips, binder clips, folders, or notebooks
- Please ***do not bind any*** of the documents submitted to the Agency.