



STATE OF FLORIDA
AGENCY FOR HEALTH CARE ADMINISTRATION
OFFICE OF FAIR HEARINGS

FILED

Jan 07, 2021, 11:46 am
OFFICE OF FAIR HEARINGS

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PETITIONER,

AHCA Case No.: 20-FH █
Plan ID No.: █

vs.

HUMANA MEDICAL PLAN, INC.,

RESPONDENT.

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PETITIONER,

AHCA Case No.: 20-FH █
Plan ID No.: █

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HUMANA MEDICAL PLAN, INC.,

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_____ /

FINAL ORDER

Pursuant to notice, the undersigned convened a telephonic Fair Hearing on the instant case on December 9, 2020, at █.

APPEARANCES

For the Petitioner:

■
Petitioner

For the Respondent:

Michael Moens
Grievance and Appeals Fair Hearing Specialist
Humana Medical Plan, Inc.

STATEMENT OF ISSUE

The first issue is whether Petitioner proved by a preponderance of the evidence that Respondent's decision to deny Petitioner's request for adult companion care was incorrect.

The second issue is whether Petitioner proved by a preponderance of the evidence that Respondent's decision to deny Petitioner's request for personal care services was incorrect.

The third issue is whether Respondent's decision to deny Petitioner's request for homemaker services was incorrect.

PRELIMINARY STATEMENT

All parties appeared telephonically. Petitioner appeared on his own behalf.

Michael Moens, Grievance and Appeals Fair Hearing Specialist for Humana Medical Plan, Inc. ("Humana") appeared on behalf of Respondent. Dr. Clinton Jules ("Dr. Jules"), Long Term Care Medical Director for Humana, attended as a witness for Respondent.

Doris Rivera, Medical/Health Care Program Analyst for the Agency for Health Care Administration ("Agency" or "AHCA"), appeared as an observer. James Earl, Hearing Officer for the Agency, appeared as an observer.

Petitioner did not introduce any exhibits at the hearing. Prior to the hearing, Respondent sent to the Office of Fair Hearings and Petitioner a three hundred and twelve (312)-page evidence packet. The evidence packet included: a summary of the instant case; a Notice of Adverse of

Benefit Determination (“NABD”), with the Plan ID number [REDACTED], dated June 30, 2020; an NABD, with the Plan ID Number [REDACTED], dated June 30, 2020; an NABD, with the Plan ID Number [REDACTED], dated June 30, 2020; a fax cover sheet, dated July 20, 2020; Resolution Metadata Cover Sheet; Case Details; a Notice of Plan Appeal Resolution (“NPAR”), with the Plan ID Number [REDACTED], dated August 12, 2020; an NPAR, with the Plan ID Number [REDACTED], dated August 12, 2020; an NPAR, with the Plan ID Number [REDACTED], dated November 12, 2020; an Authorization Details screen print for Plan ID Number [REDACTED]; an Authorization Details screen print for Plan ID Number [REDACTED]; an Authorization Details screen print for Plan ID Number [REDACTED]; Clinical Notes, dated January 7, 2020; Clinical Notes, dated [REDACTED], 2020; Clinical Notes, dated [REDACTED], 2020; Petitioner medical record, dated [REDACTED], 2020; Case View Assessment; a Florida Department of Elder Affairs 701B Comprehensive Assessment (“701B”); Summary of Services, dated November 10, 2020; Plan of Care, dated November 10, 2020; the Florida Medicaid Statewide Medicaid Managed Long-term Care Program Coverage Policy (March 2017) (“LTC Policy”); and Humana’s Florida Medicaid Member Handbook. Absent an objection from the Petitioner undersigned admitted the three hundred and twelve (312)-page packet into evidence as Respondent’s Composite Exhibit 1.

FINDINGS OF FACT

1. Petitioner is an enrolled member of Humana. Humana is a managed care organization contracted by the Agency to provide services to eligible Medicaid recipients in Florida.
2. Petitioner is [REDACTED] years old. See page 88 of Respondent’s Composite Exhibit 1. Petitioner lives alone. *Id.* at 89.

3. Petitioner is diagnosed with the following: arthritis, high blood pressure, high cholesterol, frequent dizziness, frequent bladder incontinence, and heart problems. *Id.* at 93. Petitioner's health is declining. *Id.* at 92. Petitioner has moderate difficulty recalling and memorizing information. *Id.* at 90. Petitioner has mild cognitive decline. *Id.* Petitioner needs supervision. *Id.* at 97. Petitioner has been hospitalized one (1) time, and visited the Emergency Room one (1) time in the past year. *Id.* at 91.

4. Petitioner talks to friends, relatives, or others every few months. *Id.* at 102. Petitioner spends time with someone who does not live with him once a week. *Id.* Petitioner participates in activities that interest him a few times a year. *Id.*

5. Petitioner's activities of daily living ("ADLs") are as follows: for bathing, dressing, and using the bathroom, Petitioner needs assistance (but not total help); for transferring and walking/mobility, Petitioner needs supervision or prompting. *Id.* at 92. Further,

[Petitioner] requires 1-person assistance bathing and dressing due to poor equilibrium, muscle weakness, frequent dizziness and decreased motivation to complete tasks on his own. He has to use the walker at all times to complete transfers and ambulate. He reported increased difficulty with mobility and constant fear of falling, which limits his daily activities and make [sic] him be confined to his home. He suffers from constant bladder incontinence and wears pull-ups daily. There are times in which he struggles to meet his toileting needs. [Petitioner] is independent for eating after set up. His HHA assists him daily meeting his needs.

Page 92 of Respondent's Composite Exhibit 1.

6. Petitioner's instrumental activities of daily living ("IADLs") are as follows: for heavy chores, light housekeeping, and using transportation, Petitioner needs total assistance (cannot do at all); for preparing meals, shopping, and managing medication, Petitioner needs assistance (but not total help). *Id.* at 93. Further,

[Petitioner] needs total assistance with heavy chores and housekeeping due to medical conditions which include low standing tolerance, unstable gait and muscle weakness. He is able to use the phone on his own and manages his personal and financial affairs but also has a POA who can assist as needed. He cannot distinguish among his pills and struggles to organize his medication. He has a nurse who assists him with medication management every two weeks. He is able to use the microwave but no longer prepare meals. He also needs assistance with grocery shopping and using transportation.

Page 93 of Respondent's Composite Exhibit 1.

7. As testified to by Dr. Jules, Petitioner formerly received fourteen (14) hours weekly of homemaker services. Petitioner requested an additional fourteen (14) hours of homemaker services, weekly. In an NABD, dated June 30, 2020, Respondent approved seven (7) hours of homemaker care services, but denied the remaining seven (7) hours of the request. *Id.* at 3 - 11.

The NABD explained the basis of the denial as follows:

We determined that your requested services are not medically necessary because the services do not meet either of the reasons checked below: (*See Rule*)

...

- Meet all of the following criteria for all extended state plan services used for the purposes of maintenance therapy and all other home and community-based services:
 1. Be individualized, specific, and consistent with symptoms or confirmed diagnosis of the illness or injury under treatment, and not in excess of the patient's needs;
 2. Be reflective of the level of service that can be safely furnished, and for which no equally effective and more conservative or less costly treatment is available statewide; and
 3. Be furnished in a manner not primarily intended for the convenience of the recipient, the recipient's caretaker, or the provider;

and one of the following:

1. Enable the enrollee to maintain or regain functional capacity; or
2. Enable an enrollee receiving long-term services and supports to have access to the benefits of community living, to achieve person-centered goals, and live and work in the setting of their choice.

...

Other Authority

The facts that we used to make our decision are:

This determination of the Medical Director has been made based on medical necessity (as defined by Florida law – specifically see checked box above) and reflects the application of the Plan’s approved review criteria and guidelines.

You asked for an additional 25 hours weekly personal care, homemaker 14 hours weekly and adult companion 16 hours weekly. We will approve 7 more homemaker hours, 7 more personal care hours and 7 companion hours more weekly. You are a 94 year old man and you live alone in your home. You state that you have increasing depression and anxiety. It has been suggested that you go to an assisted living facility but you do not want to leave your home. You are alert and oriented to person, place and time and can use a personal alarm for emergencies. The hours that we approve will help you to remain in your home. . The additional hours/ supplies were denied by the Medical Director because service is not medically necessary. You are already receiving services and/or consumable medical supplies that should meet your needs. This decision was based on the Florida Medicaid Statewide Medicaid Managed Care Long Term Care Program Coverage Policy.

Pages 3 – 4 of Respondent’s Composite Exhibit 1.

8. As testified to by Dr. Jules, Petitioner formerly received three (3) hours of personal care services, weekly. Petitioner requested an additional twenty-five (25) hours of personal care services, weekly. In an NABD, dated June 30, 2020, Respondent approved an additional seven (7) hours of personal care services, weekly, but denied the remaining eighteen (18) hours of Petitioner’s request. *Id.* at 12 - 20. The NABD explained the basis of the denial as follows:

We determined that your requested services are not medically necessary because the services do not meet either of the reasons checked below: (*See Rule*)

...

- Meet all of the following criteria for all extended state plan services used for the purposes of maintenance therapy and all other home and community-based services:
 1. Be individualized, specific, and consistent with symptoms or confirmed diagnosis of the illness or injury under treatment, and not in excess of the patient’s needs;

2. Be reflective of the level of service that can be safely furnished, and for which no equally effective and more conservative or less costly treatment is available statewide; and
3. Be furnished in a manner not primarily intended for the convenience of the recipient, the recipient's caretaker, or the provider;

and one of the following:

1. Enable the enrollee to maintain or regain functional capacity; or
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The facts that we used to make our decision are:

This determination of the Medical Director has been made based on medical necessity (as defined by Florida law – specifically see checked box above) and reflects the application of the Plan's approved review criteria and guidelines.

You asked for an additional 25 hours weekly personal care, homemaker 14 hours weekly and adult companion 16 hours weekly. We will approve 7 more homemaker hours, 7 more personal care hours and 7 companion hours more weekly. You are a 94 year old man and you live alone in your home. You state that you have increasing depression and anxiety. It has been suggested that you go to an assisted living facility but you do not want to leave your home. You are alert and oriented to person, place and time and can use a personal alarm for emergencies. The hours that we approve will help you to remain in your home. . The additional hours/ supplies were denied by the Medical Director because service is not medically necessary. You are already receiving services and/or consumable medical supplies that should meet your needs. This decision was based on the Florida Medicaid Statewide Medicaid Managed Care Long Term Care Program Coverage Policy.

Pages 12 – 13 of Respondent's Composite Exhibit 1.

9. Petitioner requested sixteen (16) hours of adult companion care services, weekly. In an NABD, dated June 30, 2020, Respondent approved an seven (7) hours of adult companion care services, weekly, but denied the remaining nine (9) hours of Petitioner's request. *Id.* at 21 - 29.

The NABD explained the basis of the denial as follows:

We determined that your requested services are not medically necessary because the services do not meet either of the reasons checked below: *(See Rule)*

...

- Meet all of the following criteria for all extended state plan services used for the purposes of maintenance therapy and all other home and community-based services:
 1. Be individualized, specific, and consistent with symptoms or confirmed diagnosis of the illness or injury under treatment, and not in excess of the patient's needs;
 2. Be reflective of the level of service that can be safely furnished, and for which no equally effective and more conservative or less costly treatment is available statewide; and
 3. Be furnished in a manner not primarily intended for the convenience of the recipient, the recipient's caretaker, or the provider;

and one of the following:

1. Enable the enrollee to maintain or regain functional capacity; or
2. Enable an enrollee receiving long-term services and supports to have access to the benefits of community living, to achieve person-centered goals, and live and work in the setting of their choice.

...

Other Authority

The facts that we used to make our decision are:

This determination of the Medical Director has been made based on medical necessity (as defined by Florida law – specifically see checked box above) and reflects the application of the Plan's approved review criteria and guidelines.

You asked for an additional 25 hours weekly personal care, homemaker 14 hours weekly and adult companion 16 hours weekly. We will approve 7 more homemaker hours, 7 more personal care hours and 7 companion hours more weekly. You are a 94 year old man and you live alone in your home. You state that you have increasing depression and anxiety. It has been suggested that you go to an assisted living facility but you do not want to leave your home. You are alert and oriented to person, place and time and can use a personal alarm for emergencies. The hours that we approve will help you to remain in your home. . The additional hours/ supplies were denied by the Medical Director because service is not medically necessary. You are already receiving services and/or consumable medical supplies that should meet your needs. This decision was based on the Florida Medicaid Statewide Medicaid Managed Care Long Term Care Program Coverage Policy.

Pages 21 – 22 of Respondent’s Composite Exhibit 1.

10. Petitioner requested a plan appeal regarding the denial of adult companion care, personal care, and homemaker care services. In an NPAR, dated August 12, 2020, Respondent upheld the denial homemaker care services and personal care services. *Id.* at 38 – 51. In an NPAR, dated November 12, 2020, Respondent upheld the denial of adult companion care services. *Id.* at 52 – 57.

11. On November 10, 2020, Petitioner requested a Fair Hearing to challenge the denial of adult companion care, personal care, and homemaker services. On November 18, 2020, the undersigned issued an Order Scheduling Fair Hearing by Telephone and Prehearing Instructions, setting the hearing for December 9, 2020, at [REDACTED]

12. Petitioner’s current plan of care includes the following: a personal emergency response system (PERS); ten (10) hours of personal care services, weekly; twenty-one (21) hours of homemaker care services, weekly, seven (7) hours of adult companion care services, weekly; and medication management for one (1) hour, bi-weekly. *Id.* at 108. These services include the seven (7) hours, weekly, each of personal care, homemaker services, and adult companion care that were approved on June 30, 2020.

13. As testified to by Petitioner, Petitioner does not have an unmet need with assistance for his ADLs or IADLs with the service hours provided currently. Petitioner testified that his request was due to his risk for falls.

14. Dr. Jules is the Long Term Care Medical Director for Humana. Dr. Jules testified that a PERS is the standard of care for someone who is at risk for falls. Dr. Jules testified that the currently approved service hours are sufficient to meet Petitioner’s needs. Dr. Jules testified that

Petitioner can split up his service hours throughout the day to give greater coverage during the day.

CONCLUSIONS OF LAW

15. The Agency's Office of Fair Hearings has jurisdiction over the subject matter of this proceeding and the parties pursuant to Fla. Stat. § 409.285(2)(2019). This order is the final administrative decision of AHCA under Fla. Stat. § 409.285(2)(a).

16. This hearing was held as a *de novo* proceeding pursuant to Fla. Admin. Code R. 59G-1.100(17)(b).

17. Because Petitioner is requesting a new service, Fla. Admin Code R. 59-1.100(17)(g) assigns the burden of proof to Petitioner. The standard of proof in an administrative hearing is a preponderance of the evidence. The preponderance of the evidence standard requires proof by "the greater weight of the evidence" (Black's Law Dictionary at 1201, 7th Ed.)

18. The LTC Policy, incorporated by reference in Fla. Admin. Code R. 59G-4.192, governs Long-Term Care services available under Florida Medicaid. The LTC Policy provides the following with respect to adult companion care, personal care, and homemaker services:

1.1 Description and Program Goal

Under the Statewide Medicaid Managed Care Long-Term Care (LTC) program, managed care plans (LTC plans) are required to provide an array of home and community-based services that enable enrollees to live in the community and to avoid institutionalization.

...

1.3.1 Activities of Daily Living (ADLs)

ADLs include:

- Bathing
- Dressing
- Eating (oral feedings and fluid intake)
- Maintaining continence (examples include taking care of a catheter or colostomy bag or changing a disposable incontinence product when the recipient is unable to control bowel or bladder functions)

- Toileting
- Transferring

...

1.3.9 Instrumental Activities of Daily Living (IADLs)

When necessary for the recipient to function independently, including:

- Grocery shopping
- Laundry
- Light housework
- Meal preparation
- Money Management
- Personal hygiene
- Transportation
- Using the telephone to take care of essential tasks (examples include paying bills and setting up medical appointments)

...

4.1 General Criteria

Florida Medicaid LTC plans cover services that meet all of the following:

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

...

4.2.1.1 Adult Companion Care

The provision of non-medical care, supervision when necessary to protect the health, safety, and well-being of the enrollee, or social enrichment of a functionally impaired enrollee. This includes assistance or supervision with meal preparation, laundry, and light housekeeping tasks incidental to the care and supervision of the enrollee.

...

4.2.1.9 Homemaker Services

The provision of general household activities (such as meal preparation) and routine household care (including laundry and pest control) by a trained homemaker, when the individual regularly responsible for these activities is temporarily absent or unable to manage these activities.

...

4.2.2.6 Personal Care

In accordance with Rule 59G-4.215, F.A.C., for enrollees under the age of 21 years. To provide assistance with ADLs and IADLs, including assistance with preparation of meals, and housekeeping chores which are incidental to the care furnished or are essential to the health and welfare of the enrollee. The scope and nature of these services do not otherwise differ from personal care services furnished to persons under the age of 21 years.

19. The LTC Policy also addresses medical necessity:

1.3.14 Medically Necessary or Medical Necessity

For the purposes of this policy, the service must meet either of the following criteria:

(a) Nursing facility services and mixed services must meet the medical necessity criteria defined in Rule 59G-1.010, F.A.C.

(b) All other LTC supportive services must meet all of the following:

- Be individualized, specific, and consistent with symptoms or confirmed diagnosis of the illness or injury under treatment, and not in excess of the patient's needs
- Be reflective of the level of service that can be safely furnished, and for which no equally effective and more conservative or less costly treatment is available statewide
- Be furnished in a manner not primarily intended for the convenience of the recipient, the recipient's caretaker, or the provider

And, one of the following:

- Enable the enrollee to maintain or regain functional capacity; or
- Enable the enrollee to have access to the benefits of community living, to achieve person-centered goals, and to live and work in the setting of his or her choice.

20. The Florida Medicaid Definitions Policy, incorporated by reference in Fla. Admin. Code R. 59G-1.010, defines "Medically Necessary" or "Medical Necessity" as follows:

The medical or allied care, goods, or services furnished or ordered must meet the following conditions:

- Be necessary to protect life, to prevent significant illness or significant disability, or to alleviate pain
- Be individualized, specific, and consistent with symptoms or confirmed diagnosis of the illness or injury under treatment, and not in excess of the patient's needs
- Be consistent with generally accepted professional medical standards as determined by the Medicaid program, and not experimental or investigational
- Be reflective of the level of service that can be safely furnished, and for which no equally effective and more conservative or less costly treatment is available statewide
- Be furnished in a manner not primarily intended for the convenience of the recipient, the recipient's caretaker, or the provider

The fact that a provider has prescribed, recommended, or approved medical or allied care, goods, or services does not, in itself, make such care, goods or services medically necessary or a medical necessity or a covered service.

A. Adult Companion Care Services

21. Petitioner requested sixteen (16) hours per week of adult companion care services. In the NABD, dated June 30, 2020, Respondent approved seven (7) hours of adult companion care services, weekly, but denied the remaining nine (9) hours. *See* pages 21 – 29 of Respondent’s Composite Exhibit 1. The seven (7) hours of adult companion care are the only adult companion care hours Petitioner is currently approved to receive. Respondent indicated on the NABD that Petitioner did not meet all of the criteria of medical necessity, but did not specify which prong of the medical necessary criteria was the basis for its decision. *Id.* at 21 - 22.

22. As provided in the LTC Policy, adult companion care is to provide “non-medical care, supervision when necessary to protect the health, safety, and well-being of the enrollee, or social enrichment of a functionally impaired enrollee.” As shown by the record, Petitioner lives alone, speaks with someone who does not live with him once per week, and participates in activities that interest him only a few times per year. *Id.* at 89 and 102. However, Petitioner also receives thirty-eight (38) hours of combined services each week, which provides him with opportunities to socialize with his caregivers. As such, the record shows that Petitioner has sufficient opportunities to socialize. Additionally, the record shows that Petitioner needs supervision. As testified to by Petitioner, Petitioner requested adult companion care services because of his concern for falling. However, as discussed above, Petitioner has thirty-eight (38) hours of services that can provide supervision. Further, Petitioner is also approved for a PERS, which Dr. Jules testified, *supra* ¶ 14, is the standard of care for those at risk for falls. Moreover, Petitioner was

approved to receive twenty-one (21) hours of combined services, which is greater than the sixteen (16) hours of adult companion care that he requested. Thus, Petitioner's request is not "individualized, specific, and consistent with symptoms or confirmed diagnosis of the illness or injury under treatment" and is "in excess of the [his] needs."

23. Therefore, upon consideration of the testimony provided, evidence submitted, and applicable policies, the undersigned finds that Petitioner did not prove by a preponderance of the evidence that Respondent's denial of nine (9) hours of adult companion care services was incorrect.

B. Personal Care Services

24. Petitioner requested twenty-five (25) hours per week of additional personal care services. In the NABD, dated June 30, 2020, Respondent approved seven (7) hours of personal care services, weekly, but denied the remaining eighteen (18) hours of Petitioner's request. *Id.* at 12-20. With the addition of the seven (7) hours of personal care services, Petitioner is currently approved to receive ten (10) hours of personal care services, weekly. Respondent indicated on the NABD that Petitioner did not meet all of the criteria of medical necessity, but did not specify which prong of the medical necessary criteria was the basis for its decision. *Id.* at 12 - 13.

25. As provided in the LTC policy, personal care services are to provide assistance with ADLs and IADLs. As provided in the record, for bathing, dressing, and using the bathroom, Petitioner needs assistance (but not total help) and for transferring and walking/mobility, Petitioner needs supervision or prompting. *Id.* at 92. In regards to his IADLs, for heavy chores, light housekeeping, and using transportation, Petitioner needs total assistance (cannot do at all) and for preparing meals, shopping, and managing medication, Petitioner needs assistance (but not total help). *Id.*

at 93. Further, Petitioner receives ten (10) hours of personal care services, weekly, twenty-one (21) hours of homemaker services, weekly, and one (1) hour of medication management, bi-weekly. *Id.* at 108. As testified to by Petitioner, *supra* ¶13, Petitioner does not have an unmet need for assistance for his ADLs or IADLs. Rather, Petitioner requested additional hours for supervision because he is at a risk for falls. Thus, as personal care services are intended to provide assistance with ADLs and IADLs, Petitioner did not show that his request for additional personal care services was “individualized, specific, and consistent with symptoms or confirmed diagnosis of the illness or injury under treatment, and not in excess of the patient’s needs.”

26. Therefore, upon consideration of the testimony provided, evidence submitted, and applicable policies, the undersigned finds that Petitioner did not prove by a preponderance of the evidence that Respondent’s denial of an additional eighteen (18) hours of personal care services was incorrect.

C. Homemaker Services

27. Petitioner requested fourteen (14) hours per week of additional personal care services. In the NABD, dated June 30, 2020, Respondent approved seven (7) hours of personal care services, weekly, but denied the remaining seven (7) hours of Petitioner’s request. *Id.* at 3-11. With the addition of the seven (7) hours of homemaker services, Petitioner now has twenty-one (21) hours of homemaker services, weekly. Respondent indicated on the NABD that Petitioner did not meet all of the criteria of medical necessity, but did not specify which prong of the medical necessary criteria was the basis for its decision. *Id.* at 3 - 4.

28. As provided in the LTC policy, homemaker services is the “provision of general household activities (such as meal preparation) and routine household care (including laundry and pest

control) by a trained homemaker, when the individual regularly responsible for these activities is temporarily absent or unable to manage these activities.” In regards to his IADLs, for heavy chores, light housekeeping, and using transportation, Petitioner needs total assistance (cannot do at all) and for preparing meals, shopping, and managing medication, Petitioner needs assistance (but not total help). *Id.* at 93. Further, Petitioner receives ten (10) hours of personal care services, weekly, twenty-one (21) hours of homemaker services, weekly, and one (1) hour of medication management, bi-weekly. *Id.* at 108. As testified to by Petitioner, *supra* ¶13, Petitioner does not have an unmet need for assistance, rather, Petitioner requested additional hours for supervision because he is at a risk for falls. Thus, as homemaker services are intended to provide assistance with general household activities, Petitioner did not show that his request for additional homemaker services was “individualized, specific, and consistent with symptoms or confirmed diagnosis of the illness or injury under treatment, and not in excess of the patient’s needs.”

29. Therefore, upon consideration of the testimony provided, evidence submitted, and applicable policies, the undersigned finds that Petitioner did not prove by a preponderance of the evidence that Respondent’s denial of an additional seven (7) hours of homemaker services was incorrect.

IT IS THEREFORE ORDERED AND ADJUDGED THAT:

Respondent’s denial of Petitioner’s request for adult companion care is **AFFIRMED**.
Petitioner’s appeal based on Respondent’s denial of adult companion care is **DENIED**.

Respondent’s denial of Petitioner’s request for personal care is **AFFIRMED**. Petitioner’s appeal based on Respondent’s denial of personal care is **DENIED**.

Respondent's denial of Petitioner's request for homemaker services is **AFFIRMED**.

Petitioner's appeal based on Respondent's denial of homemaker services is **DENIED**.

DONE AND ORDERED this 7th day of January, 2021, in Tallahassee, Leon County, Florida.



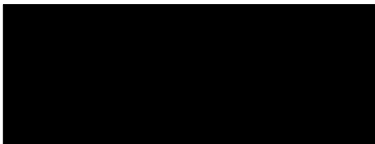
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JOSEPH MABRY, Hearing Officer
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NOTICE OF A RIGHT TO JUDICIAL REVIEW

A PARTY WHO IS ADVERSELY AFFECTED BY THIS FINAL ORDER IS ENTITLED TO JUDICIAL REVIEW, WHICH SHALL BE INSTITUTED BY FILING THE ORIGINAL NOTICE OF APPEAL WITH THE AGENCY CLERK OF AHCA, AND A COPY, ALONG WITH THE FILING FEE PRESCRIBED BY LAW, WITH THE DISTRICT COURT OF APPEAL IN THE APPELLATE DISTRICT WHERE THE AGENCY MAINTAINS ITS HEADQUARTERS OR WHERE A PARTY RESIDES. REVIEW PROCEEDINGS SHALL BE CONDUCTED IN ACCORDANCE WITH THE FLORIDA APPELLATE RULES. THE NOTICE OF APPEAL MUST BE FILED WITHIN 30 DAYS OF THE RENDITION OF THE ORDER TO BE REVIEWED.

Copies Furnished To:



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