



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

FILED

Feb 01, 2021, 8:14 am
OFFICE OF FAIR HEARINGS

[REDACTED]

PETITIONER,

AHCA Case No.: 20-FH [REDACTED]
Plan ID No.: [REDACTED]

vs.

SUNSHINE STATE HEALTH PLAN, INC.,

RESPONDENT.

_____ /

FINAL ORDER

Pursuant to notice, the undersigned Hearing Officer convened a telephonic Medicaid Fair Hearing in the above styled case on January 4, 2021, at [REDACTED]

APPEARANCES

For the Petitioner: [REDACTED]
Petitioner’s Authorized Representative

For the Respondent: Kizzy Alleyne
Senior Manager of Compliance
Sunshine State Health Plan, Inc.

STATEMENT OF ISSUE

The issue is whether Respondent proved by a preponderance of the evidence that Respondent’s termination of 40 hours per week of adult companion services was correct.

PRELIMINARY STATEMENT

All parties and witnesses appeared telephonically. [REDACTED] (“[REDACTED]”), Petitioner’s Authorized Representative and daughter, appeared at the Fair Hearing and provided testimony on Petitioner’s behalf.

Kizzy Alleyne (“Ms. Alleyne”), Senior Manager of Compliance for Sunshine State Health Plan, Inc. (“Sunshine” or “Respondent”) represented Respondent at the hearing. The following individuals appeared on behalf of Respondent: Dr. John Carter (“Dr. Carter”), Long Term Care (“LTC”) Medical Director for Sunshine; Solange Luna (“Ms. Luna”), LTC Supervisor for Sunshine; Sandra Somarria, Care Coordinator for Sunshine; and Melissa Layne (“Ms. Layne”), Manager for Quality Improvement for Sunshine.

Suzanne Chillari, Medical Health Care Program Analyst for the Agency for Health Care Administration (“Agency” or “AHCA”), appeared for observational purposes.

Rachel, translator number 349439 with Cyracom International, provided translation services for Petitioner’s Authorized Representative. Brithney, translator number 355559, with Cyracom International, also provided translation services for Petitioner’s Authorized Representative.

Prior to the hearing, Petitioner sent a 53-page evidence packet to Respondent and the Office of Fair Hearings. The packet included the following documents: an email from [REDACTED] to the Office of Fair Hearings, dated December 15, 2020; a photograph of page 1 of the Notice of Adverse Benefit Determination, dated October 5, 2020; a photograph of page 1 of the Expedited Appeal Request Decision, dated October 7, 2020; a photograph of Sunshine’s Long Term Care Person-Centered Care Plan, signed November 9, 2020; a photograph of Sunshine’s instructions on how to ask for an appeal; a photograph of page 1 of the Final Order of Dismissal for AHCA Case Number 20-FH [REDACTED]; a photograph of Sunshine’s instructions on how to ask for services to continue; a photograph of Sunshine’s letter to Petitioner, dated November 9, 2020; a photograph of page 1 of the Order to Show Cause for AHCA Case Number 20-FH [REDACTED], filed May

13, 2020; a photograph of page 1 of Sunshine's Standard Appeal Acknowledgment, dated April 29, 2020; a photograph of Sunshine's Notice of Adverse Benefit Determination, dated March 28, 2020; photographs of unsigned pages of Sunshine's Long Term Care Person-Centered Care Plan; a photograph of Sunshine's letter to Petitioner, dated November 17, 2020; photographs of unsigned pages of Sunshine's Long Term Care Person-Centered Care Plan; a photograph of Sunshine's Notice of Adverse Benefit Determination, dated March 30, 2020, and April 1, 2020; a photograph of Sunshine's Notice of Plan Appeal Resolution, dated May 1, 2020; a photograph of Sunshine's Long Term Care Person-Centered Care Plan, signed November 3, 2020; a photograph of Sunshine's instructions on how to ask for an appeal; 2 photographs of unsigned pages of Sunshine's Long Term Care Person-Centered Care Plan; 6 photographs of undated pages of letters from Sunshine; 2 photographs of pages from Sunshine's Long Term Care Person-Centered Care Plan; 5 photographs of undated pages of letters from Sunshine; a photograph of a page of Sunshine's Long Term Care Person-Centered Care Plan, signed November 9, 2020; 5 photographs of undated pages of letters from Sunshine; and 2 photographs of pages from Sunshine's Long Term Care Person-Centered Care Plan. Absent an objection from Respondent, the undersigned admitted Petitioner's 53-page evidence packet into evidence as Petitioner's Composite Exhibit 1.

Prior to the hearing, Petitioner sent a 26-page evidence packet to Respondent and the Office of Fair Hearings. The packet included the following documents: a photograph of Sunshine's Notice of Adverse Benefit Determination, dated October 5, 2020; a photograph of Sunshine's Expedited Appeal Request Decision, dated October 7, 2020; a photograph of a letter from Sunshine to Petitioner, dated November 17, 2020; a photograph of Sunshine's Long Term Care Person-Centered Care Plan, signed November 9, 2020; a photograph of Sunshine's Notice of

Adverse Benefit Determination, dated March 30, 2020; a photograph of Sunshine's Standard Appeal Acknowledgement, dated April 29, 2020; and a photograph of page 1 of a Final Order of Dismissal for AHCA Case Number 20-FH[REDACTED]. Absent an objection from Respondent, the undersigned admitted Petitioner's 26-page evidence packet into evidence as Petitioner's Composite Exhibit 2.

Prior to the hearing, Respondent sent to the Office of Fair Hearings and Petitioner a 116-page evidence packet. The packet included the following documents: the Medicaid Fair Hearing Table of Content; a Medicaid Fair Hearing Summary, dated December 14, 2020; the Notice of Adverse Benefit Determination ("NABD"), dated October 5, 2020 ("10/5/20 NABD"); Sunshine's Long Term Care Person-Centered Care Plan ("care plan"), signed September 3, 2020; Sunshine's care plan, signed November 30, 2020; the Florida Department of Elder Affairs 701B Comprehensive Assessment ("701B") with an assessment date of August 13, 2020 (the "8/13/20 701B"); the 701B with an assessment date of November 9, 2020 (the "11/9/20 701B"); Sunshine's Standard Appeal Acknowledgment, dated October 7, 2020; Sunshine's Expedited Appeal Request Decision, dated October 7, 2020; Sunshine's Notice of Plan Appeal Expedited Resolution ("NPAR"), dated November 2, 2020 ("11/2/20 NPAR"); the Sunshine Health Policy and Procedure LT.UM.09; and Fla. Admin. Code R. 59G-1.010. Absent an objection from Petitioner, the undersigned admitted Respondent's 116-page evidence into evidence as Respondent's Composite Exhibit 1.

FINDINGS OF FACT

1. Petitioner is an enrolled member of Sunshine's LTC plan. *See* Respondent's Composite Exhibit 1, page 2. Sunshine is a managed care organization contracted by AHCA to provide services to eligible Medicaid recipients in Florida.
2. Petitioner is an adult female who resides in a private residence. *See* Respondent's Composite Exhibit 1, page 49. Petitioner has primary diagnoses of dementia and advanced Alzheimer's disease. *Id.* at 51. Petitioner has frequent bladder incontinence. *Id.* at 55.
3. The 11/9/20 701B, which is the most recent 701B, reflects the following regarding Petitioner's Activities of Daily Living ("ADLs"). Petitioner needs supervision or prompting with eating, using the bathroom, transferring, and walking/mobility. *See* Respondent's Composite Exhibit 1, page 53. Petitioner needs assistance (but not total help) with bathing and dressing. *Id.*
4. Regarding Petitioner's Instrumental Activities of Daily Living ("IADLs"), the 11/9/20 701B reflects that Petitioner needs supervision or prompting with using the telephone. *See* Respondent's Composite Exhibit 1, page 54. Petitioner needs assistance (but not total help) with using transportation. Petitioner needs total assistance (cannot do at all) with heavy chores, light housekeeping, managing money, preparing meals, shopping, and managing medication. *Id.*
5. Petitioner is currently authorized to receive the following home and community-based services (not including the 40 hours per week of adult companion care services that are the subject of this case): 7 hours per week of personal care services; 5 hours per week of homemaker services; adult day care services for 5 days per week; and 1 case per month of pull-ups. *See* Respondent's Composite Exhibit 1, page 25. Petitioner's personal care services and homemaker services are provided under the Participant Directed Option ("PDO") model of Medicaid services.

6. On October 5, 2020, Respondent issued an NABD terminating 40 hours per week of adult companion services, explaining that the “requested services are **not medically necessary.**” See Respondent’s Composite Exhibit 1, page 4. (Emphasis added.) The NABD stated “[b]ased on the assessment, the member's currently approved services are adequate to meet the member’s care needs.” See Respondent’s Composite Exhibit 1, page 5.

7. Petitioner requested an appeal of Respondent’s termination of 40 hours per week of adult companion services. See Respondent’s Composite Exhibit 1, page 78. On November 2, 2020, Respondent sent Petitioner an NPAR, which stated as follows:

On October 7, 2020, we received your timely plan appeal request about Sunshine Health’s Notice of Adverse Benefit Determination dated October 5, 2020, Notice of Adverse Benefit Determination Number [REDACTED], denying the 40 hours per week of companion care services (the person who helps bathed and dress you), provided to [Petitioner].

On October 30, 2020, after consideration of the information you provided to Sunshine Health in support of your plan appeal, Sunshine Health hereby approves your plan appeal. As a result, [Petitioner] will receive the 40 hours per week of companion care effective October 30, 2020.

The reason for our decision was:

The request for 40 hours per week of Companion Care is approved through 11/30/2020.

Respondent’s Composite Exhibit 1, page 78.¹

8. Sunshine Health Policy LT.UM.09 provides the following:

Adult Companion Care

Adult Companion Care services provide non-medical care, supervision, and socialization to a functionally impaired adult. Companions supervise the member

¹ It should be noted that the 11/2/20 NPAR reflects that Sunshine approved Petitioner’s plan appeal, and that Petitioner will receive 40 hours of per week of adult companion care services, effective October 30, 2020. See supra ¶ 7. However, Petitioner is contesting the denial (which is a termination) of 40 hours of per week of adult companion care services for the period of October 1, 2020, through October 30, 2020. See supra ¶ 10. As such, Petitioner has a right to a Fair Hearing, as the approval set forth in the 11/2/20 NPAR does not cover the period of time that Petitioner is contesting.

with tasks such as meal preparation, laundry, and/or shopping, but do not perform these activities as discreet services. The provision of companion services does not entail hands-on nursing care. The service includes light housekeeping tasks incidental to the care and supervision of the member. The provision of services is provided at the member's residence when supervision is necessary.

Respondent's Composite Exhibit 1, page 91.

9. On November 9, 2020, Mr. Ortiz requested a Fair Hearing due to the termination of adult companion services. The undersigned scheduled the Fair Hearing for January 4, 2021, at [REDACTED], and all parties were duly notified.

10. [REDACTED] is Petitioner's daughter and primary caregiver. Petitioner resides in the home with [REDACTED], [REDACTED] husband, and Petitioner's husband. [REDACTED] does not work outside the home. [REDACTED] provides Petitioner's personal care services (7 hours per week) and homemaker services (5 hours per week) through the PDO program. Although Petitioner is authorized to receive adult day care services for 5 days per week, Petitioner does not attend due to the risk of contracting Covid-19. [REDACTED] explained that she is contesting the denial (which is a termination) of 40 hours of per week of adult companion care services for the period of October 1, 2020, through October 30, 2020.

11. Dr. Carter is the LTC Medical Director for Sunshine. Explaining the rationale for Respondent's determination in this matter, Dr. Carter explained that the 40 hours per week of adult companion care services are not needed, because Petitioner lives with other adult family members and an adult daughter who does not work outside the household.

12. Ms. Luna, the LTC Supervisor for Sunshine, testified that Petitioner was receiving 40 hours per week of adult companion care services at the time the 10/5/20 NABD was issued on October 5, 2020.

13. Ms. Alleyne, the Senior Manager of Compliance for Sunshine, explained that: the 10/5/20 NABD denied 40 hours per week of adult companion care services for 10/1/20 through 10/30/20; Petitioner was authorized to receive the adult companion care services for 9/1/20 through 9/30/20; and the 11/2/20 NPAR approved the 40 hours per week of adult companion care services for 10/29/20 through 11/30/20. Ms. Alleyne acknowledged that the timeframe at issue is the denial of 40 hours per week of adult companion care services for 10/1/20 through 10/30/20. Per Ms. Alleyne, the 40 hours per week of adult companion care services was requested on a month by month basis due to day care being closed for Covid-19. However, the 11/2/20 NPAR does not provide this information.

CONCLUSIONS OF LAW

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

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

16. The burden of proof in this proceeding is governed by Fla. Admin Code R. 59G-1.100(17)(g), which provides as follows:

The burden of proof is on the party asserting the affirmative of an issue, except as otherwise required by statute. The burden of proof is on the Agency or plan, whichever is applicable, when the issue presented is the suspension, reduction, or termination of a previously authorized service. The burden of proof is on the recipient or enrollee, when the issue presented is the denial or a limited authorization of a service. The party with the burden of proof shall establish its position to the satisfaction of the Hearing Officer by a preponderance of the evidence.

17. It should be noted that Petitioner was already authorized to receive the 40 hours per week of adult companion care services for 9/1/20 through 9/30/20. *See supra* ¶ 13. As such, the issue in this case is the termination of 40 hours per week of adult companion care services. Because Respondent is terminating existing services, Fla. Admin. Code R. 59G-1.100(17)(g) assigns the burden of proof to the Respondent. 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 Florida Medicaid policy that applies to the requested services is the Florida Medicaid Statewide Medicaid Managed Care Long-term Care Program Coverage Policy (March 2017) (“SMMC LTC Policy”). The Agency’s SMMC LTC Policy has been incorporated, by reference, into Florida Administrative Code Rule 59G-4.192. The SMMC LTC Policy provides as follows:

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 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.

1.3.1 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

...

1.3.5 701-B Comprehensive Assessment

An individualized, complete assessment of an individual's medical, developmental, behavioral, social, financial, and environmental status. The assessment is conducted by a trained individual employed by the Department of Elder Affairs Comprehensive Assessment and Review for Long-Term Care Services (CARES) program or the LTC plan, to determine eligibility for the LTC program based on the need for a nursing facility level of care.

...

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
- Medication management
- Money management
- Personal hygiene
- Transportation
- Using the telephone to take care of essential tasks (examples include paying bills and setting up medical appointments)

...

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.

...

1.3.16 Natural Supports Unpaid supports that are provided voluntarily to the individual in lieu of home and community-based services and supports.

...

2.2 Who Can Receive

Florida Medicaid recipients requiring medically necessary LTC services who are enrolled in a LTC plan and have a nursing facility level of care determined by the CARES program. Some services may be subject to additional coverage criteria as specified in section 4.0.

...

4.0 Coverage Information

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 Specific Criteria

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

- Consistent with the type, amount, duration, frequency, and scope of services specified in an enrollee's authorized plan of care
- Provided in accordance with a goal in the enrollee's plan of care
- Intended to enable the enrollee to reside in the most appropriate and least.

...

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.

...

4.2.2.5 Medical Equipment and Supplies

In accordance with Rule 59G-4.070, F.A.C. This service includes the provision of medical equipment and supplies specified in the plan of care, including: devices, controls, or appliances that enable the enrollee to increase the ability to perform activities of daily living; devices, controls, or appliances that enable the enrollee to perceive, control, or communicate with the environment in which he or she lives; items necessary for life support or to address an enrollee’s physical conditions, along with ancillary supplies and equipment necessary to the proper functioning of such items; such other durable and non-durable medical equipment not available under the State Plan that is necessary to address enrollee needs, including consumable medical supplies, such as adult diapers; and repair of such items or replacement parts.

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.

...

6.0 Documentation

...

6.2 Specific Criteria

In order to receive LTC services, services must be documented on an individualized plan of care based upon a comprehensive needs assessment. The comprehensive assessment includes the completion of the 701-B Comprehensive Assessment and the LTC Supplemental Assessment.

SMMC LTC Policy, pages 1-8.

19. The Florida Medicaid Definitions Policy (August 2017) (“Definitions Policy”), which is incorporated by reference in Fla. Admin. Code R. 59G-1.010, defines “medical necessity” as follows:

2.83 Medically Necessary or Medical Necessity

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 severe 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.

20. In the instant case, Respondent terminated 40 hours per week of adult companion services. *See supra* ¶ 6, 7 and 13. As established on the record by the evidence and testimony, Respondent terminated 40 hours per week of adult companion services, because the documentation submitted in support of Petitioner's request failed to establish that the requested services were medically necessary. *See supra* ¶ 6 and 7.

21. Section 4.1 of the SMMC LTC Policy provides that Florida Medicaid LTC plans cover services that: are medically necessary, as defined in the SMMC LTC Policy; do not duplicate another service; and meet the criteria as specified in the SMMC LTC Policy. *See supra* ¶ 18.

22. Section 4.2.1.1 of the LTC Policy reflects that adult companion services are "[t]he 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." *See supra* ¶ 18.

23. The Sunshine Health Policy LT.UM.09 states that adult companion care services "provide non-medical care, supervision, and socialization to a functionally impaired adult. Companions supervise the member with tasks such as meal preparation, laundry, and/or shopping, but do

not perform these activities as discreet services.” See supra ¶ 8. Sunshine’s policy also states, “[t]he provision of companion services does not entail hands-on nursing care. The service includes light housekeeping tasks incidental to the care and supervision of the member. The provision of services is provided at the member’s residence when supervision is necessary.” *Id.*

24. The evidence presented in this case reflects that Respondent’s termination of 40 hours per week of adult companion services is warranted under the circumstances of this case. Specifically, regarding ADLs, Petitioner needs: supervision or prompting with using the telephone; and assistance (but not total help) with bathing and dressing. See supra ¶ 3. Regarding IADLs, Petitioner needs: assistance (but not total help) with using transportation; and total assistance (cannot do at all) with heavy chores, light housekeeping, managing money, preparing meals, shopping, and managing medication. See supra ¶ 4. Petitioner has dementia, advanced Alzheimer’s disease, and frequent bladder incontinence. See supra ¶ 2. However, Petitioner resides in the home with [REDACTED], [REDACTED] husband, and Petitioner’s husband. See supra ¶ 10. [REDACTED], who is Petitioner’s daughter and primary caregiver, does not work outside the home, and provides Petitioner’s personal care services (7 hours per week) and homemaker services (5 hours per week) through the PDO program. See supra ¶ 10. As Dr. Carter explained, the 40 hours per week of adult companion care services are not needed, because Petitioner lives with other adult family members and an adult daughter who does not work outside the household. See supra ¶ 11. Based upon the evidence presented by both parties, Respondent established that the termination of 40 hours per week of adult companion services is warranted in this case.

25. Additionally, section 1.3.14 of the SMMC LTC Policy requires that “LTC supportive

services must . . . [b]e 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.” See supra ¶ 18. Petitioner is currently authorized to receive the following home and community-based services (not including the 40 hours per week of adult companion care services that are the subject of this case): 7 hours per week of personal care services; 5 hours per week of homemaker services; adult day care services for 5 days per week; and 1 case per month of pull-ups. See supra ¶ 5. Although Petitioner does not attend the adult day care, supra ¶ 10, Petitioner still resides in the home with 3 other adults. See supra ¶ 10. Considering the LTC Policy’s definitions for adult companion services, homemaker services and personal care services, supra ¶ 18, Respondent demonstrated that Petitioner’s aforementioned needs, supra ¶ 2 – 4, are sufficiently met by her currently authorized services. Further, given that Respondent established that the requested adult companion services are not warranted in this matter, supra ¶ 24, the previously authorized amount of adult companion services are “in excess of [Petitioner’s] needs.” See supra ¶ 18.

26. Appurtenant to this matter, section 1.3.16 of the LTC Policy provides that natural supports are “[u]npaid supports that are provided voluntarily to the individual in lieu of home and community-based services and supports.” See supra ¶ 18. Petitioner resides in the home with 3 adults: [REDACTED], [REDACTED] husband, and Petitioner’s husband. See supra ¶ 10. Although [REDACTED] provides PDO homemaker services and personal care services to Petitioner, supra ¶ 10, the record does not indicate that the other adults in the home are incapable of assisting Petitioner when they are present in the home with Petitioner. Therefore, Petitioner also has natural supports available to assist with her care and needs.

27. In light of the evidence submitted, testimony provided, and applicable laws and policies, the undersigned Hearing Officer finds that Respondent demonstrated that Petitioner's previously authorized amount of adult companion services is not medically necessary.

28. Accordingly, the undersigned Hearing Officer finds that Respondent proved by a preponderance of the evidence that Respondent's termination of 40 hours per week of adult companion services was correct.

DECISION

Respondent's termination of 40 hours per week of adult companion services is **AFFIRMED**.

Petitioner's appeal based on Respondent's terminations in this matter is **DENIED**.

DONE AND ORDERED this 1st day of February, 2021, in Tallahassee, Leon County, Florida.

 Tracie Hardin
20-FH-[REDACTED]
2021.02.01
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TRACIE HARDIN, 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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