



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

FILED

Feb 16, 2021, 8:05 am

OFFICE OF FAIR HEARINGS

█

PETITIONER,

AHCA Case No.: 20-FH-█

Plan ID No.: █

vs.

SUNSHINE STATE HEALTH PLAN, INC.,

RESPONDENT.

_____ /

FINAL ORDER

Pursuant to notice, the undersigned Hearing Officer convened a telephonic Fair Hearing in the above-styled case on January 19, 2021, at █

APPEARANCES

For the Petitioner:

█
Petitioner

For the Respondent:

Maria Mojica
Compliance Specialist
Sunshine State Health Plan, Inc.

STATEMENT OF ISSUE

The issue is whether Respondent proved by a preponderance of the evidence that Respondent's reduction of Adult Companion Care services from fourteen (14) hours per week to six (6) hours per week was correct.

PRELIMINARY STATEMENT

PRR0002163

All parties and witnesses appeared for the Fair Hearing telephonically. Petitioner appeared for the Fair Hearing to provide testimony and did not call any witnesses.

Maria Mojica, Compliance Specialist for Sunshine State Health Plan, Inc. (“Sunshine Health”), appeared for the Fair Hearing as a representative for Respondent. The following persons appeared for the Fair Hearing as witnesses for Respondent: Jacqueline Alvarez, Supervisor for Sunshine Health; Myesha Thomas, Care Coordinator for Sunshine Health; Melissa Layne, Senior Manager for Member Appeals for Sunshine Health; and Dr. John Carter (“Dr. Carter”), Medical Director for Sunshine Health.

Chrissy Simmons, Medical Health Care Program Analyst and Fair Hearing Liaison for the Agency for Health Care Administration (“Agency” or “AHCA”), appeared for the Fair Hearing as an observer.

Petitioner did not introduce any exhibits at the Fair Hearing. Respondent introduced an evidence packet containing one hundred and twelve (112) pages, which was admitted into evidence as Respondent’s Composite Exhibit 1. Respondent’s Composite Exhibit 1 includes the following: a Table of Contents; the Medicaid Fair Hearing Summary (dated December 23, 2020); a Notice of Adverse Benefit Determination (“NABD”) (dated October 6, 2020); a Long Term Care Person-Centered Plan (“Plan of Care”) (signed by Care Manager on August 20, 2020); a Plan of Care (signed by Care Manager on December 18, 2020); a Florida Department of Elder Affairs: 701B Comprehensive Assessment (“701B Comprehensive Assessment”) (dated August 20, 2020); a 701B Comprehensive Assessment (dated November 12, 2020); a Standard Appeal Acknowledgment letter (dated October 27, 2020); a Notice of Plan Appeal Resolution (“NPAR”) (dated November 19, 2020); Sunshine Health Policy and Procedure: Long Term Care (“LTC”)

Ancillary Service Criteria (LT.UM.09) (“LTC Ancillary Service Criteria”); and the Florida Administrative Code Rule (“Fla. Admin. Code R.”) 59G-1.010 (166).

FINDINGS OF FACT

1. As of [REDACTED] 2018, Petitioner is an enrolled member of Sunshine Health’s LTC Program. See Respondent’s Composite Exhibit 1, page 2. Sunshine Health is a Medicaid Managed Care organization contracted by the Agency to provide services to eligible Medicaid recipients in the State of Florida.

2. Petitioner is 55 years old and resides in the community alone. *Id.* at 49-50. Petitioner has no cognitive issues. *Id.* Petitioner uses a walker and a wheelchair. *Id.* at 53. Petitioner experiences the following health conditions: allergies; mild anemia; osteoarthritis; high blood pressure; diabetes; occasional dizziness; congestive heart failure; frequent bladder incontinence; osteoporosis; hypothyroid problems; blood clots in the right leg and left leg; asthma; and lymphedema. *Id.* at 55-56. Petitioner is diagnosed with major depression. *Id.* at 57. Petitioner is prescribed medication by [REDACTED] to be taken on a daily basis. *Id.* at 61. Petitioner does not have a primary caregiver. *Id.* at 63-64. As testified to by Petitioner, she now uses a wheelchair full-time.

3. Petitioner needs assistance (but not total help) with activities of daily living (“ADLs”) such as bathing and dressing. *Id.* at 53. Petitioner uses an assistive device for using the bathroom, transferring, and walking/mobility. *Id.* Petitioner needs no assistance with eating. *Id.* Petitioner needs total assistance with instrumental activities of daily living (“IADLs”) such as heavy chores, light housekeeping, and shopping. *Id.* at 54. Petitioner needs assistance (but not total help) with

preparing meals and using transportation. *Id.* Petitioner needs no assistance with using the telephone, managing money, and managing medication. *Id.*

4. Prior to the instant action, Petitioner was authorized to receive the following LTC services:

- Personal Care – 9 hours per week;
- Homemaker – 5 hours per week;
- Home-Delivered Meals – 7 meals per week;
- Adult Companion Care – 14 hours per week;
- Liner/Shielf/Pads – 1 case per month; and

Respondent’s Composite Exhibit 1, pages 25, 29.

5. On October 6, 2020, Sunshine Health issued an NABD terminating Petitioner’s 14 hours per week of Adult Companion Care services. *Id.* at 4-8. The NABD states as follows:

We made our decision because:
(Check all boxes that apply)

- We determined that your requested services are **not medically necessary** because the services do not meet the reason(s) 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

...
The facts that we used to make our decision are: **Sunshine Health looked at the member's present care needs and provided home services. The member's present care plan includes 14 hours/week of Companion Care Services. Based on**

the assessment of the member's care needs and household and caregiver status, Sunshine Health will terminate the 14 hours/week of Companion Care Services. This decision was made with Sunshine Health Policy LT.UM.09 Long Term Care Ancillary Service Criteria.

...

Sincerely,
Dr. Carter
Medical Director

Respondent's Composite Exhibit 1, pages 4-8. (Emphasis added).

6. On November 19, 2020, Sunshine issued an NPAR partially approving Petitioner's plan appeal. *Id.* at 74-75. The NPAR states as follows:

On October 20, 2020, we received your timely plan appeal request about Sunshine Health's Notice of Adverse Benefit Determination dated October 6, 2020, Notice of Adverse Benefit Determination Number [REDACTED], terminating the request for 14 hours per week of companion care (the person who helps and watches over you), provided to [Petitioner].

On November 19, 2020, after consideration of the information you provided to Sunshine Health in support of your plan appeal, **Sunshine Health hereby partially approved your plan appeal. As a result, [Petitioner] will receive 6 hours per week of Companion Care Services (the person who helps and watches over you), effective November 19, 2020.**

The reason for our decision was: The appeal to overturn the termination of 14 hours per week of Companion Care Services (the person who helps and watches over you) is partially approved. **Based on the assessment of your care needs and household and caregiver status, Sunshine Health will approve the addition of 6 hours per week of Companion Care Services (the person who helps and watches over you) and will deny the remaining (left over) requested 8 hours per week of Companion Care Services (the person who helps and watches over you).** The updated care plan approved by Sunshine Health will include 6 hours per week of Companion Care Services (the person who helps and watches over you).

This decision was made with Sunshine Health Policy LT.UM.09 Long Term Care Ancillary Service Criteria.

This decision was made by a Medical Director who is Board Certified Physician in Internal Medicine.

...

Sincerely,
Bonnie Koreff-Wolf, MD [“Dr. Koreff-Wolf”]
Medical Director

Respondent’s Composite Exhibit 1, pages 74-76.(Emphasis added).

7. In making a medical necessity determination in the NABD and in the NPAR, Sunshine Health relied upon the LTC Ancillary Service Criteria. *Id.* at 81-111. The LTC Ancillary Service Criteria states as follows regarding Adult Companion Care services:

1. Determinants for Services

When considering the level of support the member requires and which of the ancillary services may support the member’s cognitive, functional, environmental, and social needs, several elements are to be considered. The review for the medical necessity of the ancillary services includes consideration of the member’s support needed due to ADL deficits, living situation, and supervision needs.

a) Activities of Daily Living (ADL’s)/Instrumental Activities of Daily Living (IADL’s)

- Independent where member is able to provide the task without support, with or without assistive devices
- Minimal functional impairment where the ADL’s require one of the following:
 - Supervision
 - At least minimum assistance
 - Member ambulates with assistance of a person or a device
 - Member transfers require at least minimum assistance
- Moderate functional impairment where two of the follow apply
 - Member has ADLs requiring at least minimal assistance
 - Member ambulates with assistance of a person or device
 - Member transfers require at least minimum assistance
- Maximum and persistent functional impairment without available caregiver support where all of the following exist:
 - Member has ADLs requiring total assistance
 - Member is non-ambulatory
 - Member transfers require one (1) to two (2) person assist
 - Member’s treating physician has certified that member meets Maximum unctional impairment.

b) Living situation consideration

- Lives alone.

- Lives with family (with consideration of the number of days and hours that family members are not available to assist the member). Lives with non-family (with consideration of the number of days and hours that nonfamily members are not available to assist the member).

c) Supervision needs, including:

- Wandering risk: Member has already been found to leave their home unsafely and/or is unable to find their way back.
- Confused/disoriented and at risk to themselves: Member is confused and/or disoriented to the point that they are unable to perform functional activities, and if they do are at risk of harm to themselves.
- Member has a cognitive impairment that prevents them from knowing when or how to carry out personal care tasks and caregivers are not able to provide the services. The member is incapable of learning despite efforts to train in the care tasks. The member has memory deficits, which prevent them from managing care tasks.
- Member is unable to call for help, even with a personal emergency response unit. Member's medical status will not permit the member to all for help, even with assistance of a personal emergency response unit.

d) Available Supports

- No assistance needed or Always has assistance
- Has assistance most of the time
- Rarely has assistance
- Never has assistance

Services in Place

- Provided by Sunshine Health
- Provided by other Provider insurance

The criteria for each ancillary service is described below:

2. Adult Companion Care

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. The provision of companion services does not entail hands-on nursing care. The service includes light housekeeping tasks include Adult Companion Care to the care and supervision of the member. The provision of services is provided at the member's residence when supervision is necessary.

Approval Criteria

To be considered for Adult Companion Care Services, a member must have a qualifying trigger diagnosis and meet the minimal criteria for the sixteen (16) dimensions of determination as discussed here.

a) Trigger diagnosis include:

- Advanced Alzheimer's disease & dementia
- Mental Illness requiring supervision
- Parkinson's disease
- Multiple Sclerosis
- ALS
- Congestive Heart Failure
- COPD
- Cancer
- End Stage Renal disease
- TBI
- Other diagnosis as deemed medically necessary by Medical Director

b) Four (4) Dimensions of Determination

- Need for Supervision – safety risk if left without supervision
 - See Section C.1.c. for more details
- Informal Supports
 - None
 - Few friends/family in area
 - Family nearby
- Living Situation
 - Lives alone
 - Lives with others but is alone for extended periods of time due to the necessary absence of a caregiver
 - Lives with caregiver and others
- Services in Place
 - Sunshine Health provided and provided by other provider/insurance

Exclusions and Limitations for Adult Companion Care include but are not limited to:

1. Service must be provided at member's residence.
2. Member must reside in a non-facility based setting.
3. Member resides alone or resides with others and is left alone for long periods where member is at risk.
4. Member is at risk of social isolation.
5. Member has cognitive impairment that prevents them from knowing when or how to carry out personal care tasks.

6. The member has memory deficits, which prevent him or her from managing care tasks.
7. Member requires hands on assistance to carry out ADL tasks.
8. Member attends Adult day care or engages in community group or social events, unless service is needed for supervision. The provider must be awake during the provision of companion services, and the services shall not be provided overnight.
9. Adult Companion Care services provided by Sunshine Health may not duplicate services that are provided under by another provider.
10. Cognitive ability of member to engage in and comprehend conversation with others
11. Care, grooming, or feeding of pets and animals
12. Yard work, gardening, or home maintenance work
13. Escort Services

Respondent's Composite Exhibit 1, pages 81-111.

8. On December 14, 2020, Petitioner timely requested a Fair Hearing to contest Respondent's reduction of Adult Companion Care services. On December 23, 2020, the undersigned scheduled the Fair Hearing to be conducted by telephone on January 19, 2021, at [REDACTED].

9. At the hearing and under oath, Dr. Carter testified that Respondent reduced Petitioner's Adult Companion Care services from 14 hours per week to 6 hours per week based on the information contained in the most recent 701-B Comprehensive Assessment. Specifically, in the most recent 701-B Comprehensive Assessment, Respondent relied upon the ADL section, information that Petitioner's family lives locally, and information that Petitioner is "alert and oriented."

10. At the hearing and under oath, Petitioner speculated that her medical conditions will continue to deteriorate her health, and she does not anticipate an improvement in her health. Petitioner testified that she previously used a wheelchair some of the time, but her health has deteriorated over time to the extent that she now uses a wheelchair fulltime now due to the pain

and difficulty experienced in walking/mobility. Petitioner argued that the services at issue should be reinstated because she did not request a reduction of services and her health conditions have not improved. Petitioner testified that she needs someone with her when she travels because she is wheelchair bound and needs someone to help her “move around and get around.”

CONCLUSIONS OF LAW

11. Pursuant to Florida Statute (“Fla. Stat.”) § 409.285(2) (2019), the Agency’s Office has jurisdiction over the subject matter of this proceeding and the parties. This Final Order is the final administrative decision of AHCA. *See* Fla. Stat. § 409.285(2)(a).

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

13. Because Respondent reduced an existing service, the burden of proof is on the Respondent. *See* Fla. Admin. Code R. 59G-1.100(17)(g). The standard of proof in an administrative hearing is a preponderance of the evidence. *Id.* The preponderance of the evidence standard requires proof by “the greater weight of the evidence” (Black’s Law Dictionary at 1201, 7th Ed.).

14. Pursuant to Fla. Admin Code R. 59G-1.100(17)(g), the burden of proof is 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.

(Emphasis added).

15. The Florida Medicaid Statewide Medicaid Managed Care Long-term Care Program Coverage Policy (“LTC Policy”) (March 2017), incorporated by reference in Fla. Admin. Code R.

59G-4.192, establishes the provision and coverage for LTC services available under the Florida Medicaid program. The 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.

...

4.1 General Criteria

Florida Medicaid covers services that meet all of the following:

- Are determined medically necessary;
- Do not duplicate another service; and
- Meet the criteria as specified in the 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 restrictive setting

...

4.2.1 Home and Community-Based Supportive Services

The LTC program benefit includes coverage of the following home and community-based supportive services:

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.

4.2.1.8 Home Delivered Meals

The provision of nutritionally sound meals delivered to an enrollee's home when an enrollee has difficulty shopping for, or preparing food, without assistance. All meals must provide a minimum of 33 1/3% of the current Dietary Reference Intake. The meals must meet the current Dietary Guidelines for Americans, the United States Department of Agriculture My Pyramid Food Intake Pattern and reflect the predominant statewide demographic.

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 Mixed Services

Mixed services may exceed State Plan limits on those services in accordance with this policy. The Long-term Care benefit includes coverage of the following mixed services:

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.

16. Based on the NABD and the NPAR, Respondent terminated Petitioner's 14 hours per week of Adult Companion Care services, and reinstated 6 hours per week of Adult Companion Care services, based on medical necessity. *See supra* ¶ 5-6. Thus, Respondent ultimately determined

that 8 hours per week of Adult Companion Care services are no longer medically necessary. *See supra* ¶ 9. Specifically, Respondent based their decision on “the assessment of the member's care needs and household and caregiver status.” *See supra* ¶ 5-6.

17. Both the NABD and the NPAR disclosed that the adverse action taken against Petitioner’s Adult Companion Care services were made with the LTC Ancillary Service Criteria. *See supra* ¶ 5-6. As for the LTC Ancillary Service Criteria criteria at issue, Dr. Carter provided no testimony regarding whether Petitioner met this criteria with respect to the Adult Companion Care services at issue. The LTC Ancillary Service Criteria for Adult Companion Care services weighs two factors: Trigger diagnosis; and Four (4) Dimensions of Determination (Need for supervision; Informal supports; Living Situation; and Services in place). *See supra* ¶ 7. Petitioner is diagnosed with a trigger diagnosis (Congestive Heart Failure) as well as being wheelchair bound and being diagnosed with major depression. *See supra* ¶ 2. Petitioner lives alone. *See supra* ¶ 2. Dr. Carter testified that Petitioner’s family lives locally but did not provide testimony related to the family members’ ability to provide support, willingness to provide support, and how much support is being provided. Also, Petitioner receives LTC services in the form of Personal Care services, Homemaker services, and Adult Companion Care services. *See supra* ¶ 4. The undersigned considered Petitioner’s testimony with respect to Sunshine’s internal criteria, the Definitions Policy criteria for Medical necessity, and the LTC Policy criteria for Medical Necessity with respect to Adult Companion Care services.

18. Adult Companion Care services are covered if they are determined to be medically necessary. Because Adult Companion Care services are classified as a Home and Community-Based Supportive Service, the LTC Policy’s definition of medical necessity applies. *See supra* ¶ 15.

To be medically necessary, a service must meet the criteria set forth in the section 1.3.14(b) of the LTC Policy. Based on the record, *supra* ¶ 5-6, 9, Respondent reduced Petitioner's Adult Companion Care services for not meeting the following medical necessity standard: Services must be individualized, specific, consistent with symptoms or diagnosis of illness or injury and not be in excess of the patient's needs. This criterion is stated in section 1.3.14(b) of the LTC Policy. See *supra* ¶ 15.

19. The record indicates that Respondent did not prove by a preponderance of the evidence that 8 hours per week of Adult Companion Care services are in excess of the Petitioner's needs at this time. The record indicates that Petitioner resides with alone, is wheelchair bound, diagnosed with major depression and congestive heart failure, and does not have a primary caregiver. See *supra* ¶ 2. The record does not indicate that Petitioner receives any natural support. Although Dr. Carter testified that Petitioner has family that lives locally, Respondent provided insufficient evidence to quantify the family's support, if any, in terms of "hours per week." Also, Respondent failed to provide evidence with respect to the family's willingness and ability to provide natural support. Dr. Carter asserted that Petitioner's request was no longer medically necessary because of Petitioner's needs for assistance with ADLs. However, the LTC Policy does not contemplate "assistance with ADLs," in the definition of Adult Companion Care services. See *supra* ¶ 15. Further, Dr. Carter testified that the 8 hours per week of Adult Companion Care services are no longer medically necessary because the 701-B Comprehensive Assessment indicates that Petitioner is "alert and oriented." Although Petitioner's mental health condition may be a consideration for Adult Companion Care services, Respondent failed to present an evidentiary connection between Petitioner's mental health condition and a lack of

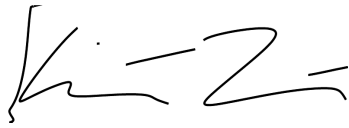
a need for 8 hours per week of “non-medical care, supervision when necessary to protect the health, safety, and well-being of the enrollee, or social enrichment of a functionally impaired enrollee.” In addition, the record indicates that Petitioner’s health is not improving. See supra ¶ 10. In fact, Petitioner now uses a wheelchair full-time for mobility, in addition to a walker. See supra ¶ 2. Respondent did not address how Petitioner’s needs could be met with less services in light of deteriorating health and increased need of assistance with walking/mobility. Here, Respondent failed to establish the the specific quantity of Adult Companion Care services, 8 hours per week, are no longer medically necessary. Based on the record, Respondent has not demonstrated that 8 hours per week of Adult Companion Care services were now in excess of Petitioner’s needs at this time. Thus, the Petitioner still meets criterion number two for medical necessity.

20. Accordingly, upon consideration of Respondent’s Composite Exhibit 1, the parties’ sworn testimony, and the aforementioned applicable laws and policies, the undersigned concludes that Respondent failed to prove that 8 hours per week of Adult Companion Care services, at issue, are no longer medically necessary. The undersigned finds that Respondent did not prove by a preponderance of the evidence that Respondent’s reduction of 8 hours per week of Adult Companion Care services was correct.

DECISION

Respondent’s reduction of Adult Companion Care services from fourteen (14) hours per week to six (6) hours per week is **REVERSED**. Petitioner’s request for relief is hereby is **GRANTED**.

DONE and ORDERED this 16th day of February, 2021, in Tallahassee, Leon County, Florida.



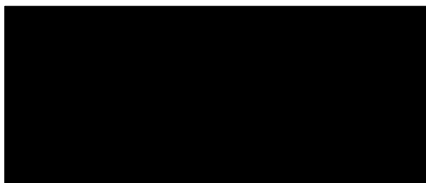
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Kristopher León
Reason: 20-FH [REDACTED]
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KRISTOPHER LEÓN, Hearing Officer
Agency for Health Care Administration
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NOTICE OF A RIGHT TO JUDICIAL 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.

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