



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

FILED
Apr 20, 2021, 11:15 am
OFFICE OF FAIR HEARINGS

[REDACTED]

PETITIONER,

AHCA Case No.: 21-FH [REDACTED]
Plan ID No.: [REDACTED]

vs.

SUNSHINE STATE HEALTH PLAN, INC.,

RESPONDENT.

_____ /

[REDACTED],

PETITIONER,

AHCA Case No.: 21-FH [REDACTED]
Plan ID No.: [REDACTED]

vs.

SUNSHINE STATE HEALTH PLAN, INC.,

RESPONDENT.

_____ /

FINAL ORDER

Pursuant to notice, the undersigned convened a telephonic Fair Hearing on the instant case on March 23, 2021, at [REDACTED]

APPEARANCES

For the Petitioner:

[REDACTED] [REDACTED]

Petitioner's Authorized Representative

For the Respondent:

Maria Mojica
Compliance Specialist
Sunshine State Health 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 an additional twenty-eight (28) hours per week of homemaker services 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 an additional thirty-five (35) hours of adult companion services was incorrect.

PRELIMINARY STATEMENT

All parties appeared telephonically. Petitioner's Authorized Representative and daughter, [REDACTED] appeared on behalf of the Petitioner.

Maria Mojica, Compliance Specialist for Sunshine State Health Plan, Inc. ("Sunshine") appeared on behalf of Respondent. Jaclyn Alvarez, Supervisor for Sunshine; Solayns Perez, Case Coordinator for Sunshine; Melissa Layne, Senior Manager for Member Appeals for Sunshine; and Dr. John Carter ("Dr. Carter"), Long Term Medical Director for Sunshine, attended as witnesses for Respondent.

Suzanne Chillari, Medical Health Care Program Analyst for the Agency for Health Care Administration ("Agency" or "AHCA"), appeared as an observer.

Prior to the hearing, Respondent sent to the Office of Fair Hearings and Petitioner a one hundred and twenty-three (123)-page evidence packet. The evidence packet included: a table of contents; a Medicaid Fair Hearing Summary, dated March 5, 2021; a Notice of Adverse Benefit Determination ("NABD"), dated September 4, 2020; a Long Term Care Person-Centered Care Plan, signed August 31, 2020; a second Long Term Care Person-Centered Care Plan, signed

February 11, 2021; a Florida Department of Elder Affairs 701B Comprehensive Assessment (“701B”), dated August 31, 2020; second 701B, dated February 11, 2021; an Expedited Appeal Request Decision, dated October 17, 2020; a Standard Appeal Acknowledgment, dated October 17, 2020; a Notice of Plan Appeal Resolution (“NPAR”), dated November 12, 2020; Sunshine Health Policy and Procedure LT.UM.09, last revised November 2019; and Florida Administrative Code Rule (“Fla. Admin. Code R.”) 59G-1.010(166). Absent an objection from the Petitioner, the undersigned admitted the one hundred and twenty-three (123)-page evidence packet into evidence as Respondent’s Composite Exhibit 1.

Petitioner moved to admit the eight (8)-page Fair Hearing request, submitted to the Office of Fair Hearings and Respondent, as an exhibit. The eight (8)-page Fair Hearing request included the following: a marked version of the NPAR, dated November 12, 2020, and an undated Discharge Summary. Absent an objection from Respondent, the undersigned admitted the eight (8)-page Fair Hearing request as Petitioner’s Composite Exhibit 1.

FINDINGS OF FACT

1. Petitioner is an enrolled member of Sunshine State Health plan, Inc. (“Sunshine”). Respondent’s Composite Exhibit 1 at 2. Sunshine is a managed care organization contracted by the Agency to provide services to eligible Medicaid recipients in Florida. *See id.*
2. As of the date of the hearing, Petitioner was [REDACTED] years old. *Id.* at 54. Petitioner is diagnosed with high cholesterol, constant bowel and bladder incontinence, rheumatoid arthritis, and Alzheimer’s/dementia. *Id.* at 56 and 60. Petitioner is forgetful, easily confused

nearly every day, and requires bed bound care. *Id.* at 58 and 60. Petitioner lives in an apartment with his daughter. *Id.* at 55.

3. With regards Activities of Daily Living (“ADLs”), Petitioner requires total assistance with bathing, dressing, eating, using the bathroom, transferring, and mobility. *Id.* at 58. Petitioner always has assistance with his ADLs. *Id.* Petitioner utilizes a hooyer lift and wheelchair for mobility and transferring. *Id.* 64. Petitioner receives home health aide services under the Patient Directed Option (“PDO”) and lives with his daughter. *Id.* at 55 and 70. Petitioner’s daughter stays with Petitioner sixteen (16) hours per day. Hearing Record (“H.R.”) 3/23/21 at 17:20-17:40. Petitioner’s granddaughter provides a portion of Petitioner’s home health aides services as Petitioner’s direct services worker (“DSW”). *Id.* at 69-70.

4. With regards to Instrumental Activities of Daily Living (“IADLs”), Petitioner requires total assistance with heavy chores, light housekeeping, using the telephone, managing money, preparing meals, shopping, managing medication, and using transportation. Petitioner’s always has assistance with his IADLs. *Id.* at 59.

5. Petitioner requested an additional twenty-eight (28) hours per week of homemaker services and additional thirty-five (35) hours of adult companion services. Respondent denied Petitioner’s request. The NABD dated September 4, 2020, explained the basis of the termination 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.

The facts that we used to make our decision are: After careful review of the medical record, the request to increase in home health care service hours is partially approved. Request to increase personal care hours is approved for an increase from a 7 hours per week to 21 hours per week. Request to increase homemaker hours from 7 hours per week to 35 hours per week and to increase companion hours from 21 hours per week to 56 hours per week is denied. Finally, request for one case per month of disposable underpads is denied as not medically necessary. LTC (Long Term Care) Ancillary Service Criteria, LT.UM.09 and the member's current nursing assessment were referenced in making this decision.

Id. at 5.

6. The pertinent portion of Sunshine's Long Term Care Ancillary Criteria ("LT.UM.09")

provides as follows:

B. Medical Necessity Determination

To assist in determining the medical necessity of any ancillary services, the clinical criteria established in this policy will be applied. Any decision to deny, reduce, suspend, or terminate services must be made by a Sunshine Health Medical Director as outlined in the policy Medical Necessity Review FL.UM.02.01 and Use of Clinical Criteria FL.UM.02 Sunshine Health will respond to requests within the timelines as outlined in the policy Timeliness of UM Decisions FL UM 05.

C. Criteria for Type of Service:

Criteria for each of the benefits noted in the Policy section will be used when reviewing the medical necessity of any ancillary services. In addition, the Medical Necessity Review policy FL.UM.02.01 is considered when determining medical necessity of ancillary services. The Florida Coverage Policies and Limitations Handbooks are used to determine benefits, any benefit limitations, and additional criteria. The ancillary services of this policy are intended to augment and support the existing informal care and community services being provided to allow the member to remain safely in their home.

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 minimal 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 functional 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 incidental 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 four (4) 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

...

6. Homemaker Services

Homemaker provides assistance with essential shopping, light housework laundry, and meal preparation. These services are provided to members who exhibit a functional deficit that impairs their ability to complete these tasks and lack an available support system. Services are provided to support member's health, safety, and ensure basic standards are met. Services are provided by a trained homemaker when the individual regularly responsible for these services is

temporarily absent or unable to manage these activities.

Approval Criteria

Homemaker Service reviews include four (4) criteria:

a) Instrumental Activity of Daily Living (IADL) limitations

b) Living situation

c) Supervision needs

d) Available Supports

...

7. Personal Care Services

A service that provides assistance with eating, bathing, dressing and personal hygiene, and other activities of daily living. The service includes assistance with preparation of meals, but does not include the cost of meals. The service may also include housekeeping tasks such as bed making, dusting and vacuuming, which are incidental to the care furnished or are essential to the health and welfare of the member, rather than the member's family. Personal care services include the following:

a. Assistance to the member to complete personal hygiene (bathing, grooming, mouth care, etc.)

b. Assistance with bladder and bowel requirements that include assisting the member to and from the bathroom or with bedpan routines

c. Assisting the member in following through with physician orders

The Personal Care provider cannot not administer any medications, but may bring medications to the member and remind the member to take the medicine at specific times

d. Assisting with food, nutrition, and diet activities, including preparing meals, when required and other incidental services, (i.e. housekeeping chores) essential to the health and welfare of the member

e. Performing household services (changing bed linen or arranging furniture), when such services are essential to the member's health and comfort.

Personal Care workers must be supervised by a registered nurse, licensed to practice nursing in Florida and who conducts a supervisory home visit every 60 days to observe the personal care worker. The services may be provided in the member's home or other location.

Approval Criteria

Personal Care Services reviews include four (4) criteria:

- a) Activity of Daily Living (ADL) limitations
- b) Living situation
- c) Supervision needs
- d) Available Supports

Id. at 96-99, 103, and 109-110.

7. Respondent issued an NPAR dated November 12, 2021, upholding the denial of Petitioner's request for additional homemaker services and additional adult companion care services. *Id.* at 85. The NPAR explained as follows:

On October 16, 2020 we received your timely plan appeal request about Sunshine Health's Notice of Adverse Benefit Determination dated September 4, 2020, Notice of Adverse Benefit Determination Number [REDACTED] PARTIALLY DENYING, an additional 28 hours per week of Personal care (the person who helps bathe and dress you), an additional 28 hours per week of Homemaker service (the person who cleans for you), an additional 35 hours per week of Companion care (the person who helps and watches over you), and the addition of 1 case per month of disposable underpads (pad for the bed or chair that can be thrown away after use), provided to [REDACTED]

On November 12, 2020, after consideration of the information you provided to Sunshine Health in support of your plan appeal, Sunshine Health hereby PARTIALLY APPROVES your plan appeal. As a result, [REDACTED] will receive the increased Personal care hours to 35 hours per week. The one case per month of disposable underpads, the increased Homemaker hours from 7 hours per week to 35 hours per week, and the increased Companion hours from 21 hours per week to 56 hours per week is DENIED, effective November 12, 2020.

The reason for our decision was: The reconsideration request for an increase in home health care service hours is partially approved. Request to increase Personal care hours to 35 hours per week is approved. The request to increase Homemaker

hours from 7 hours per week to 35 hours per week and to increase Companion hours from 21 hours per week to 56 hours per week is denied. Finally, request for one case per month of disposable underpads is denied as not medically necessary. LTC (Long Term Care) Ancillary Service Criteria, LT.UM.09 and the member's current nursing assessment were referenced in making this decision.

Id. at 85.

8. ██████████ requested a Fair Hearing on behalf of Petitioner on February 17, 2021. On March 5, 2021, the undersigned issued an Order Consolidating and Scheduling Fair Hearing by Telephone and Prehearing Instructions, setting the hearing for March 23, 2021, at ██████████ ██████████.

9. During the hearing, ██████████ asserted that Petitioner is not safe to be left home alone and his current services in place are not sufficient to meet his needs. H.R. at 17:40-18:00.

10. Dr. Carter is a physician specializing geriatric and internal medicine. H.R. at 26:00-26:22. Dr. Carter opined that the combined services in place amounting to forty-nine (49) hours per week are sufficient to meet Petitioner's needs along with assistance available with family that Petitioner lives with. H.R. at 29:00-29:20.

CONCLUSIONS OF LAW

11. 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). This order is the final administrative decision of AHCA under 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 Petitioner is requesting additional services, Fla. Admin Code R. 59G-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.

14. The LTC Policy, incorporated by reference in Fla. Admin. Code R. 59G-4.192, establishes and regulates Long-Term Care services available under Florida Medicaid. The LTC Policy provides the following:

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)

...

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 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.

15. 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.

Denial of Homemaker Services

16. Respondent denied Petitioner's request for an additional twenty-eight (28) hours of homemaker services. *Supra* ¶ 5. On the NABD, Respondent indicated that the homemaker services were not medically necessary but did not identify which component of medical necessity the denial was based on. *Id.*

17. The 701B dated February 11, 2021, shows that Petitioner lives with his daughter and always has assistance with his IADLs and ADLs. *Supra* ¶¶ 2-4. As reflected in the 701B, Petitioner always has assistance with tasks relating to household activities including meal preparation, light housekeeping, and heavy chores. *Supra* ¶ 4. ██████████ argued at the hearing that the services in place were not adequate to meet Petitioner's needs. *Supra* ¶ 9. Dr. Carter provided his opinion that Petitioner's request for additional homemaker services are not medically necessary in light of Petitioner's supports at home and current services in place. *Supra* ¶ 10.

18. As provided in the LTC Policy, homemaker services are intended to provide assistance with general household activities (such as meal preparation) and routine household care (including laundry and pest control). *Supra* ¶ 14. The homemaker services requested by Petitioner must 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." *Supra* ¶ 15. Here, the 701B shows that Petitioner always has assistance with general household

activities such as meal preparation or other household routine household tasks such as light housekeeping or heavy chores. While Petitioner argued that the current services are not enough Petitioner offered no evidence to contradict the responses contained in the 701B or to explain where the current services fail to meet Petitioner's needs. Thus, Petitioner has not shown that the homemaker services requested are "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."

Denial of Adult Companion Care Services

19. Respondent denied Petitioner's request for an additional thirty-five (35) hours of adult companion services. *Supra* ¶ 5. In the NABD, Respondent indicated that the adult companion care services were not medically necessary but did not identify which component of medical necessity the denial was based on. *Id.* The 701B also shows that Petitioner is diagnosed with Alzheimer's disease and requires bed bound care. *Supra* ¶ 2. At testified to by [REDACTED] she is in the home with Petitioner sixteen (16) hours per day. *Supra* ¶ 3. The NPAR and testimony from Dr. Carter show that Petitioner currently has forty-nine (49) hours of combined care services in place. *See supra* ¶ 7 and ¶ 10. As discussed *supra* ¶ 17, Petitioner always has assistance with IADLs and ADLs.

20. As provided in the LTC Policy, adult companion care services consist of non-medical care, supervision which are utilized if necessary to protect the health, safety, and well-being of the enrollee, or social enrichment of a functionally impaired enrollee. *Supra* ¶ 14. At issue here is whether the adult companion services at issue are "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" under the facts of this case. Here, Petitioner lives with his daughter who is in the home sixteen (16) hours per day and has a home health aide present for an average of seven (7) hours per day. Given that Petitioner has someone in the home with him on average twenty-three (23) hours per day Petitioner appears to not be lacking opportunities for social enrichment. Petitioner always has assistance with his IADLs and ADLs which appears to indicate that Petitioner does not require additional supervision to protect his health or safety. The fact that Petitioner requires bed bound assistance indicates that Petitioner does not require supervision to avoid wandering. Petitioner argued that the services in place were not sufficient but only asserted that Petitioner was not safe to leave alone for any period of time. As such, Petitioner has not shown that the adult companion care services are "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."

Conclusion

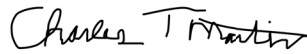
21. Upon consideration of the testimony provided, evidence submitted, and applicable policies, the undersigned concludes the following: Petitioner has not proved by a preponderance of the evidence that that Respondent's decision to deny Petitioner's request for an additional twenty-eight (28) hours per week of homemaker services was incorrect. Petitioner has not proved by a preponderance of the evidence that Respondent's decision to deny Petitioner's request for an additional thirty-five (35) hours of adult companion care services was incorrect.

IT IS THEREFORE ORDERED AND ADJUDGED THAT:

Respondent's denial of an additional twenty-eight (28) hours of homemaker services per week is **AFFIRMED**. Petitioner's appeal based on the denial of an additional twenty-eight (28)

hours of homemaker services per week is **DENIED**. Respondent's denial of an additional thirty-five (35) hours of adult companion services per week is **AFFIRMED**. Petitioner's appeal based on the denial of an additional thirty-five (35) hours of adult companion services per week is **DENIED**.

DONE and **ORDERED** this 20th day of April, 2021, in Tallahassee, Leon County, Florida.



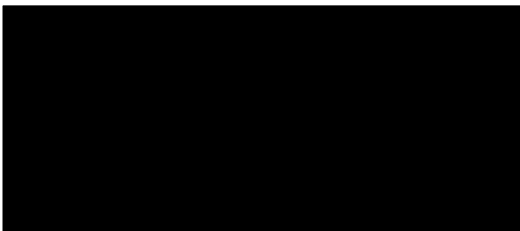
Charles Martin
21-FH[REDACTED] & 21-FH[REDACTED]
2021.04.20 11:12:26 -04'00'

CHARLES MARTIN, Hearing Officer
Agency for Health Care Administration
Office of Fair Hearings
2727 Mahan Drive, Mail Stop # 11
Tallahassee, FL 32308-5407
Office: (850) 412-3649
Fax: (850) 487-1423
Email: OfficeOfFairHearings@ahca.myflorida.com

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:



Sunshine State Health Plan, Inc.
SunshineHealth_MFH@centene.com

AHCA Medicaid Hearing Unit
MedicaidHearingUnit@ahca.myflorida.com