



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

FILED

Jun 08, 2023, 11:42 am

OFFICE OF FAIR HEARINGS

[REDACTED]

PETITIONER,

AHCA Case No.: 23-FH0321

[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 24, 2023, at 2:02 p.m. Eastern Standard Time (“EST”).

APPEARANCES

For the Petitioner:

[REDACTED]

Petitioner’s Authorized Representative

For the Respondent:

Christian Pacheco
Senior Director of Quality Improvement
Sunshine State Health Plan, Inc.

STATEMENT OF ISSUE

The issue is whether Respondent proved by a preponderance of the evidence that Respondent’s decision to reduce Petitioner’s request for Homemaker services was correct.

PRELIMINARY STATEMENT

All parties appeared telephonically. Petitioner’s Authorized Representative and [REDACTED]

[REDACTED] appeared on behalf of the Petitioner.

Christian Pacheco, Senior Director of Quality Improvement for Sunshine State Health Plan, Inc. (“Sunshine”) appeared on behalf of Respondent. The following attended as witnesses for Respondent: Dr. John Carter (“Dr. Carter”), Long Term Care Medical Director; Ernest De Varona (“Mr. De Varona”), Long Term Care Coordinator; Andrea Hoffman (“Ms. Hoffman”), Long Term Care Coordinator; and Solange Luna (“Ms. Luna”), Long Term Care Supervisor.

Sandra Durden, Medical/Health Care Program Analyst for the Agency for Health Care Administration (“Agency” or “AHCA”), appeared as an observer.

Petitioner did not introduce any exhibits at the hearing.

Prior to the hearing, Respondent sent to the Office of Fair Hearings and Petitioner a one hundred and thirty-four (134)-page evidence packet. The one hundred and thirty-four (134)-page packet appears in the Office of Fair Hearings document management system as the file title “MFH Packet [Petitioner Name].pdf”. Absent an objection from the Petitioner, the undersigned admitted one hundred and thirty-four (134)-page evidence packet into evidence as Respondent’s Composite Exhibit 1 (“RCE 1”).

At the Fair Hearing, Petitioner requested that the record be held open to allow Petitioner to resubmit documents. On March 24, 2023, the Office of Fair Hearings timely received four hundred and seventy-four (474) pages of documents on behalf of Petitioner. The documents appear in the Office of Fair Hearings’ document management system as the file titles “Subsection One- Supportive Medical Records.pdf”, “Subsection Two-Supportive Staywell Service Plans and Notes 2020-21.pdf”, “Subsection Three- Previous Plan of Cares.pdf”, “Subsection Four- 701 B Assessments.pdf”, and “Subsection Five- Miscellaneous.pdf”. Absent an objection from the

Respondent, the undersigned admitted the four hundred and seventy-four (474) pages of documents into evidence as Petitioner’s Composite Exhibit 1 (“PCE 1”)

FINDINGS OF FACT

1. Petitioner is an enrolled member of Sunshine. See page 13 of RCE 1. Sunshine is a managed care organization contracted by the Agency to provide services to eligible Medicaid recipients in Florida. *Id.*

2. Petitioner is [REDACTED]. *Id.* Petitioner lives with [REDACTED]. *Id.* Petitioner is [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED] *Id.* at 69 – 72. Petitioner’s medical history includes

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED] *Id.* at 70. Petitioner is [REDACTED]

[REDACTED]

[REDACTED]. *Id.*

3. As provided in the Florida Department of Elder Affairs: 701B Comprehensive Assessment (“701B”) dated January 19, 2023, Petitioner’s needs for activities of daily living (“ADLs”) are as follows: [REDACTED]

[REDACTED]

[REDACTED]. *Id.* at 67. In regard to [REDACTED] instrumental

activities of daily living (“IADLs”), Petitioner needs total assistance (cannot do at all) for [REDACTED]

[REDACTED]. *Id.*

4. [REDACTED] *Id.* at 77. [REDACTED]

[REDACTED] does not currently have anyone to assist with providing care for Petitioner. *Id.* [REDACTED]

[REDACTED] has been providing care for Petitioner for two (2) years or more. *Id.* [REDACTED] works full-time outside of the home. *Id.*

5. Petitioner requested to continue receiving seven (7) hours of homemaker services.

Petitioner’s request was reduced in the Notice of Adverse Benefit Determination (“NABD”) dated

February 1, 2023. *Id.* at 4 – 8. The NABD explained the basis of the reduction 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: We received your request to continue receiving 7 hours per week of homemaking services. This request was denied because the information provided does not support that it is required to manage your medical condition(s). You do not live alone; rather you live with family. Homemaking services are for your personal living areas. You receive personal care services; light housework can be addressed by the personal care benefit. Additionally, you also attend adult day care 3 days weekly where services are provided. Four (4) hours of homemaker services each week is appropriate to meet your needs. Your homemaking hours will decrease to 4 hours each week. This decision was made with Sunshine Health Policy LT.UM.09 Long Term Care Ancillary Service Criteria.

...

Id. at 5.

6. Petitioner requested a plan appeal and received a Notice of Plan Appeal (“NPAR”) dated February 13, 2023, upholding the reduction. *Id.* at 86 – 88. The NPAR explained as follows:

...

The reason for our decision was on appeal the request to continue 7 hours per week of homemaking services is denied as not medically needed. This request was denied because the information provided does not support that it is required to manage your medical condition(s). You do not live alone; rather you live with family. Homemaking services are for your personal living areas. You receive personal care services; light housework can be addressed by the personal care benefit. Additionally, you also attend adult day care 3 days weekly where services are provided. Four (4) hours of homemaker services each week is appropriate to meet your needs. Your homemaking hours will decrease to 4 hours each week. The prior decision is upheld. 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 a Board Certified Physician in Internal Medicine.

...

Id. at 85.

7. On February 15, 2023, Petitioner requested a Fair Hearing to challenge the reduction. On March 7, 2023, the undersigned issued an Order Scheduling Fair Hearing by Telephone and Prehearing Instructions, setting the hearing for March 24, 2023, at 2:00 p.m. EST.

8. Dr. Carter testified to the following:

- a. The member's original care plan includes three (3) days of adult day care per week, and twenty (20) hours of personal care services, seven (7) hours of homemaker services, and eleven (11) hours of adult companion care services, weekly, for a total of thirty-eight (38) hours of home health services. *Id.* at 24. The member suffers from multiple health problems and has not had an improvement or change in functional capacity.
- b. In February of 2023, a Sunshine medical director completed a periodic review of the appropriateness of the ongoing services. *Id.* at 4. The medical director determined all services were appropriate to continue as provided except homemaker services, which was considered in excess of Petitioner's needs, and thus proposed its reduction of seven (7) hours to four (4) hours. *Id.* Sunshine contends that the new care plan of 3 days of adult day care, plus the combined thirty-five (35) hours per week of home health services are sufficient to maintain and care for the Petitioner's needs in light of the fact that [REDACTED] lives with [REDACTED] [REDACTED] and has other approved services. *Id.* Each of the approved home health services are broad categories and can include household duties. *See infra* ¶ 14. The amount of time the home health aide provides certain services or activities can be directed by the member or the member's representative. *Id.*

9. [REDACTED] testified to the following:

- a. Petitioner has been on several medications for [REDACTED] [REDACTED] even prior to receiving long term care services. *See* pages 116 – 120 of PCE 1. Petitioner's health condition is not getting better. Petitioner has had two

falls in the last two-and-a-half weeks prior to the hearing. [REDACTED] called fire rescue a week prior to the hearing due to Petitioner's [REDACTED].

Petitioner [REDACTED]
[REDACTED]
[REDACTED]. [REDACTED]

contends the homemaker services are needed to cover Petitioner's three (3) meals a day while [REDACTED] is away from home and to support Petitioner's safety and medical needs.

b. [REDACTED] believes that the 701B form completed by the case manager dated January 19, 2023, was copy-and-pasted from the previous 701B form dated October 24, 2023. *Id.* at 455 – 470, 435 – 454. [REDACTED] believes this most recent assessment is inconclusive because it did not include new supporting evidence to use as a basis for medical necessity. *Id.* [REDACTED] also believes this assessment is implausible due to Petitioner's [REDACTED], making it unlikely that Petitioner [REDACTED] *Id.* at 462 – 463. [REDACTED] states [REDACTED] was not home during the January 2023 assessment or assisted in answering the questions.

c. [REDACTED] states [REDACTED] job in the non-profit sector does not follow regular observation of federal holidays. *Id.* at 473. On regular holidays that are not covered by adult day care services, Petitioner's Weekly Schedule outlines the days needed for the additional coverage. *See infra* ¶ 10. [REDACTED] work schedule is Monday through Friday from 8 a.m. until 4 p.m. [REDACTED] states she leaves

home at 7:30 a.m. and returns home between 5:30 p.m. and 6 p.m. In addition to the Petitioner, [REDACTED] also supports a minor child with health issues.

10. [REDACTED] provided documentation of Petitioner’s Weekly [Activity] [Schedule], Gild Adult Daycare, LLC holiday closure list, and Event Schedule Planner 2023 – 2024 (collectively as “Weekly Schedule”) which provides as follows:

- a. On Monday, Wednesday, and Friday, Petitioner's schedule includes Adult Day Care; home health services provided from 7 a.m. until 10 a.m.; another shift of home health services provided from 4 p.m. to 7 p.m.; and services provided by [REDACTED] from 7 p.m. to 7 a.m. On Tuesday, Thursday, and Saturday, Petitioner’s schedule includes [REDACTED] home health services provided from 7 a.m. until 1 p.m.; and services provided by Ms. Cervone from 7 p.m. to 7 a.m. On Sunday, [REDACTED] provides services for Petitioner for the entire day.
- b. Regular weekly activity hours of thirty-six (36) hours cover the activity schedule. 2 additional hours reflecting a total of 38 hours are to cover for STS transportation late pickups and day care closure days.

...
Id. at 472 - 474.

11. The Sunshine Health Long Term Care Ancillary Service Criteria (May 2014) (“FL.LT.UM.09”) provides as follows in regards homemaker services:

2. Ongoing assessment

The LTC Care Coordinator reassesses the member’s functional, cognitive, and social needs as well as the member’s informal supports and personal goals at every contact. This information is used to identify changes in the member’s status and if modifications to the type of service(s) and/or amount of service(s) in place should be considered and evaluated based on medical necessity of the service(s). When a significant change has occurred in member’s situation, the 701B and LTC

Supplemental Assessments are updated and saved into the member's care management record (chart) along with member's care plan of current services. LTC Care Coordinators possess the authority to approve a core level of services (see table in section A above). If care plan services are within this scope of services, then the LTC Care Coordinator refers the member's record to the Program Coordinator Authorization team where the authorizations are entered and established with providers. Service change requests beyond the threshold listed in the table above are referred to the Utilization Management department by the LTC Care Coordinator for review. The Utilization Management reviewers access the care plan including the services in place and the member's goal as well as the 701B and LTC Supplemental assessment to complete a full review to determine services. Services are determined based on medical necessity and are approved to support the success of member's goal. The UM team utilizes the Long-Term Care UM Non-Skilled Service Determination Tool which applies the criteria in the policy resulting in consistent determination. The criteria detailed in Section C of this Policy is utilized in making determinations for services. The services already in place at the time of the request remain in place, and if a determination is made to adjust the services, then the services are adjusted at the time of the decision.

...

6. Homemaker Services

Homemaker: 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. 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. Chore services, including heavy chore services and pest control may be included in this service. Services are provided by a trained homemaker when the individual regularly responsible for these services is temporarily absent or unable to manage these activities.

Covered Homemaker service may include:

- a) Light housekeeping includes mopping floors, vacuuming, dusting, cleaning counters and sinks, cleaning the stove and refrigerator, washing dishes, taking out the trash, changing and making the bed, and cleaning the tub/shower and toilet.

Criteria to consider for Housekeeping may include but are not limited to:

- Includes cleaning tasks necessary to attain and maintain sanitary living conditions for the member and is incidental to care being provided to the member

- For members living alone, housekeeping may apply to the entire residence but is limited to areas the member uses, including bedroom, bathroom, kitchen, and sitting area.
- The entire size of the home may be considered if cleaning of specific areas not used by the member is needed to maintain sanitary living conditions.
- For members sharing a residence, housekeeping applies only to the areas used by the member.

b) Shopping for the recipient's food and essential household items, picking up prescriptions and needed medical supplies

Criteria to consider for Shopping may include but are not limited to:

- Member's ability to obtain and put away groceries, household goods, and medications on their own
- Member lives with family or has other supports who do the shopping for the member and puts away groceries, household goods and medications

c) Meal preparation includes menu planning, storing, preparing, cooking, and serving food (buttering bread and cutting food into bite size pieces, plating). Meal preparation does not include the cost of the food.

Criteria to include for Meal Preparation may include but are not limited to:

- Number of meals per days eaten by member or number of meals the member should eat per day
- Number of daily meals prepared by a caregiver and left in a location that the member can access, heat if necessary, and get to the table to eat.
- Meal preparation tasks member is able to complete independently. Is member able to use the microwave stove or oven?
- Amount of assistance needed in the preparation and cleanup, such as:
 - Meal planning
 - Meal preparation
 - Special diets
 - Special food preparation
 - Assembling food on plates
 - Getting food to the table

d) Laundry includes washing, drying, folding, and putting away the recipient's personal laundry. The recipient pays all laundromat and/or cleaning fees.

Criteria to include for Laundry Considerations may include but are not limited to:

- Identify the amount of laundry to be done on a weekly basis, including washing, drying, folding and putting away member's clothes, bed linens and towels
- Identify if member soils their clothing or bedding due to incontinence, therefore more frequent laundry is needed, which results in more smaller loads
- Preparing clothes and other items to be washed
- Putting the clothes and other items in the washer and dryer
- Hanging clothes and other items to dry
- Other chores could be done while the member's clothes or other items are being washed, dried, folded, and put away.
- If laundry must be done in an apartment laundry room or a community laundry, additional time may be given for waiting for the laundry to be done.
- Routine changing of bed linens is considered part of bedroom housekeeping

...

See supra RCE1 at 114 - 122.

CONCLUSIONS OF LAW

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

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

14. Because Respondent is reducing a previously approved service, Fla. Admin Code R. 59-1.100(17)(g) assigns the burden of proof to 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.)

15. The Florida Medicaid Statewide Managed Care Long-term Care Program Coverage Policy (March 2017) (“LTC Policy”), incorporated by reference in Fla. Admin. Code R. 59G-4.192, governs Long-Term Care services available under Florida Medicaid. *Id.* at 92 – 113. The LTC Policy provides the following with respect to home health services:

1.1 Description and Program Goal

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

...

1.3.1 Activities of Daily Living (ADLs)

ADLs include:

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

...

1.3.9 Instrumental Activities of Daily Living (IADLs)

When necessary for the recipient to function independently, including:

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

...

4.1 General Criteria

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

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

...

4.2 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

...

4.2.1.1 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.

...

4.2.1.2 Adult Day Health Care

The provision of social and health related therapeutic services and activities, self-care training, nutritional services, and respite, in accordance with Chapter 420, Part III, F.S. Nutritional meals are included as part of this service when the enrollee is at the adult day health care center during meal times. This service includes medical screening emphasizing prevention and continuity of care, including routine blood pressure checks and diabetic maintenance checks. Physical, occupational, and speech therapies indicated in the enrollee’s plan of care are furnished as components of this service. Nursing services, which include periodic evaluation, medical supervision of self-care services directed toward activities of daily living, and personal hygiene are also a component of this service.

...

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.

...

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.

...

16. 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.

17. In the NABD, dated February 1, 2023, Respondent reduced Petitioner's homemaker services from seven (7) hours to four (4) hours, weekly. See ¶ 4. Respondent cited the lack of medical necessity as the basis for its decision. See ¶ 4. However, Respondent did not specify which prong of medical necessity it used to make its decision. See ¶ 4. Respondent has burden of proof to show by a preponderance of evidence that the Respondent's determination was correct. See ¶ 14.

18. Petitioner’s current care plan includes three (3) days of adult day care per week, and twenty (20) hours of personal care services, four (4) hours of homemaker services, and eleven (11) hours of adult companion care services, weekly. See ¶ 8. According to the LTC Policy, homemaker services are a “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”. See ¶ 15. In the instant case, Petitioner’s needs for ADLs are as follows: [REDACTED]

[REDACTED]

Petitioner needs [REDACTED]

[REDACTED]

[REDACTED]

19. According to Dr. Carter’s testimony, Petitioner’s original care plan included seven (7) hours of homemaker services. See ¶ 8. The purpose of Sunshine’s review of Petitioner’s service hours was to determine the medical necessity of the ongoing services. See ¶ 8. According to Sunshine’s FL.LT.UM.09 criteria, an assessment of the member’s functional, cognitive, and social needs is “used to identify changes in the member’s status and if modifications to the type of service(s) and/or amount of service(s) in place should be considered and evaluated based on medical necessity of the service(s)”. See ¶ 11. The record is clear that the [REDACTED]

[REDACTED]. See ¶¶ 2, 8, 9.

The record does not reflect a change in Petitioner’s limitations in [REDACTED] ADLs and IADLs between the October 2022 701B form and the January 2023 701B form. See ¶ 3, 9. Respondent has not

pointed to the specific medical necessity criteria that warrant the reduction of homemaker service hours except for the fact that Petitioner resides with family and has other approved services. See ¶¶ 5, 6. The record does not show any lack of availability by the adult day care center and/or by [REDACTED]. See ¶ 8. The 701B form indicates that Petitioner needs to be supervised at all times. See ¶ 2. The Weekly Schedule reflects that thirty-six (36) hours cover Petitioner's regular weekly activities, with two (2) additional hours to cover for transportation, late pickups, and day care closure days, totaling thirty-eight (38) hours per week. See ¶ 10. The undersigned finds this Weekly Schedule as a credible demonstration of Petitioner's distribution of total services covering her specific medical needs. For these reasons, the undersigned finds that the original thirty-eight (38) hours in Petitioner's original care plan were individualized, specific, and consistent with Petitioner's dementia, dialysis treatment needs, and the other aforementioned medical conditions.

20. Moreover, Petitioner's original care plan totaled thirty-eight (38) hours per week of home health services. See ¶ 8. Since the Weekly Schedule illustrates a total allocation of thirty-eight (38) hours for the approved services, it appears that these hours are not in excess of Petitioner's needs and used to maintain Petitioner's functional capacity. Additionally, the continuation of service hours must not be primarily intended for the convenience of the caregiver, recipient, or the provider. See ¶ 16. According to [REDACTED] testimony, [REDACTED] works full-time outside of the home and does not have regular days off when the Petitioner's day care center is closed. See ¶ 9. [REDACTED] does not currently have anyone else to assist with providing care for Petitioner. See ¶ 4. Thus, the undersigned finds the continuation of service hours does not reflect a means primarily intended for the convenience of [REDACTED] or the provider. All in all, it appears


therefore that the decision to reduce the service hours lacks sufficient factual basis. As such, the record does not support a reduction in homemaker services as medically necessary and the undersigned cannot find that Respondent has met its burden.

21. Therefore, upon consideration of the testimony provided, evidence submitted, and applicable policies, the undersigned finds that Respondent did not prove by a preponderance of the evidence that Respondent's reduction of homemaker services from seven (7) hours to four (4) hours weekly was medically necessary. In light of all the evidence relevant to the particular needs of Petitioner, Respondent has not shown that the requested services are in excess of the Petitioner's needs. Accordingly, the undersigned finds that Respondent's reduction of homemaker services was incorrect.

IT IS THEREFORE ORDERED AND ADJUDGED THAT:

Respondent's reduction of homemaker services is **REVERSED**. Petitioner's appeal based on Respondent's reduction is **GRANTED**.

DONE AND ORDERED this 8th day of June, 2023 in Tallahassee, Leon County, Florida.

 Kimberly Roche
23-FH0321
2023.06.08
09:35:31 -04'00'

KIMBERLY ROCHE, Hearing Officer
Agency for Health Care Administration
Office of Fair Hearings
2727 Mahan Drive, Mail Stop # 11
Tallahassee, FL 32308-5407

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:

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

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

AHCA Medicaid Hearing Unit
MedicaidHearingUnit@ahca.myflorida.com