

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



FILED

Jun 07, 2023, 11:53 am

OFFICE OF FAIR HEARINGS

[Redacted]

PETITIONER,

AHCA Case No.: 23-FH0512

[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 April 25, 2023, at 2:00 p.m. EST.

**APPEARANCES**

For the Petitioner:

[Redacted]

Petitioner's Authorized Representative

For the Respondent:

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

**STATEMENT OF ISSUES**

The first issue in this case is whether Petitioner proved by a preponderance of the evidence that the Respondent's denial of an additional 4 hours of homemaker service per week was incorrect.

The second issue is whether Petitioner proved by a preponderance of the evidence that Respondent's denial of 7 additional hours of adult companion care was incorrect.

### **PRELIMINARY STATEMENT**

All parties and witnesses appeared telephonically. [REDACTED], the Petitioner's Authorized Representative and [REDACTED] represented Petitioner at the Fair Hearing and provided testimony on Petitioner's behalf. The Petitioner also testified on her own behalf.

Christian Pacheco, Senior Director of Quality Improvement, for Sunshine State Health Plan, Inc. ("Sunshine" or "Respondent"), represented Respondent at the hearing. Dr. Vincent Jarvis ("Dr. Jarvis"), Long Term Care Medical Director for Sunshine, appeared as a witness for Respondent. The following also appeared for Respondent: Agaitha Durr, LTC Coordinator II for Sunshine; Cynthia Morisaki, Supervisor for Sunshine; Ramses Soto, Case Coordinator I for Sunshine; Talia Aguilar, Supervisor of Case Management for Sunshine.

Sandra Durden, Medical Healthcare Program Analyst & Fair Hearing Liaison for the Agency for Health Care Administration ("Agency" or "AHCA"), appeared for observational purposes.

Petitioner did not introduce any exhibits at the Fair Hearing. Prior to the hearing, Respondent sent to the Office of Fair Hearings and Petitioner a one hundred and sixty-two (162)-page evidence packet that was admitted into evidence without objection, shall be identified as "Respondent's Composite Exhibit 1", and appears in the Office of Fair Hearings' case management system as: "MFH packet [Petitioner].pdf".

### **FINDINGS OF FACT**

1. Petitioner is an enrolled member of Sunshine. See Respondent's Composite Exhibit 1 at page 116. Sunshine is a managed care organization contracted by the Agency to provide services to eligible Medicaid recipients in Florida.
2. As of the date of the Fair Hearing, Petitioner is [REDACTED] old and lives alone

in a private residence. *Id.* at 72 and 76. Petitioner has a [REDACTED], serves as the Petitioner’s primary caregiver, and lives approximately 30 minutes away from the Petitioner. See Respondent’s Composite Exhibit 1, page 76 and testimony of [REDACTED].

3. Petitioner suffers from [REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

[REDACTED] See Respondent’s Composite Exhibit 1, page 56.

4. The most recent Florida Department of Elder Affairs 701B Comprehensive Assessment (“701B”), is dated March 24, 2023, and reflects the following with regards to the Activities of Daily Living (“ADLs”);

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

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

See Respondent's Composite Exhibit 1, page 88. The March 24, 2023, 701B further states that the Petitioner is "[A]lert and oriented 3x. Member makes [REDACTED] own decisions and needs known."

See Respondent's Composite Exhibit 1, page 76.

5. The 701B Assessment states the following regarding Petitioner's Instrumental Activities of Daily Living ("IADLs"):

Member needs total assistance with [REDACTED]

Member no need assistance with using the telephone or managing money.

Member needs assistance but not total help doing the [REDACTED] Member has informal supports who provide a minimum moderate amount of the member's shopping 15 to 75 minutes/week.

Member needs assistance but no total during using transportation.

See Respondent's Composite Exhibit 1, page 77.

6. On February 1, 2023, the Petitioner requested an additional 9 hours per week of personal care services, an additional 6 hours of homemaker services per week, and 7 hours of adult companion care services per week. See Respondent's Composite Exhibit 1, pages 4-13. On February 6, 2023, the Respondent issued a Notice of Adverse Benefit Determination ("NABD") that partially approved Petitioner's request for an additional 9 hours of personal care services per

week and an additional 2 hours per week of homemaker services per week. *Id.* The NABD states, in pertinent part, as follows:

We determined that your requested services are **not medically necessary** because the services do not meet either of 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: The request for an extra 9 hours per week of Personal Care Services, an extra 6 hours per week of Homemaker Services, and the addition of 7 hours per week of Companion Care Services is partially approved. The member's present care plan includes 6 hours per week of Personal Care Services and 4 hours per week of Homemaker Services. Based on the assessment of the member's care needs and household and caregiver status, Sunshine Health will approve an extra 9 hours per week of Personal Care Services and an extra 2 hours per week of Homemaker Services and will deny the remaining requested 4 hours per week of Homemaker Services and the addition of 7 hours per week of Companion Care Services. Companion Care is provided to prevent social isolation. It is not hands on care. The member sees her family regularly and is at low risk of social isolation. The updated care plan approved by Sunshine Health will include 15 hours per week of Personal Care Services and 6 hours per

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

See Respondent's Composite Exhibit 1, pages 4 and 5.

7. Petitioner requested a plan appeal challenging the denial of an additional 4 hours of homemaker services per week and 7 hours of adult companion care services per week. See Respondent's Composite Exhibit 1, pages 112-115. On February 15, 2023, the Respondent issued a Notice of Plan Appeal Resolution ("NPAR") upholding the denial. *Id.* The NPAR explains as follows:

On 02/14/2023, after consideration of the information you provided to Sunshine Health in support of your plan appeal, Sunshine Health hereby denies your plan appeal. As a result, [Petitioner] will not receive the addition of 4 hours per week of Homemaker Services and the addition of 7 hours per week of Companion Care Services, effective 02/14/2023.

The reason for our decision was based on the assessment of the members care needs and household and caregiver status, the denial of the remaining requested 4 hours/week of Homemaker Services is upheld, the denial of the addition of 7 hours/week of Companion Care Services is upheld. The presently approved services are enough to meet the member's care needs. 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 112.

8. Petitioner is currently authorized to receive the following home and community-based services: fifteen (15) hours per week of personal care services; six (6) hours per week of homemaker services; and a Personal Emergency Response System ("PERS"). See Respondent's Composite Exhibit 1, page 41.

9. The Petitioner testified that [REDACTED] lives alone with [REDACTED] service cat and needs more in-home assistance to help [REDACTED] with the activities of daily living as those activities are becoming

progressively more difficult as both her age and conditions progress. The Petitioner did not testify as to the need of additional homemaker services.

16. Dr. Jarvis testified that the home-based services currently received by the Petitioner are adequate to keep [REDACTED] home, that the adult companion care services are to address social isolation and were denied because the [REDACTED] and primary caregiver spends time during the weekdays and weekends with the Petitioner.

### **CONCLUSIONS OF LAW**

17. The Agency's Office of Fair Hearings has jurisdiction over the subject matter of this proceeding and the parties pursuant to section 409.285(2), Florida Statutes (2019). This order is the final administrative decision of the Agency under section 409.285(2)(a).

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

19. Because Petitioner is requesting new 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.)

20. The Florida Medicaid Statewide Medicaid Managed Care Long-term Care Program Coverage Policy (March 2018) ("LTC Policy"), incorporated by reference in Fla. Admin. Code R. 59G-4.192, governs Long-Term Care services available under Florida Medicaid. The LTC Policy provides the following with respect to adult companion care, homemaker, and personal care services:

#### **1.1 Description and Program Goal**

Under the Statewide Medicaid Managed Care Long-Term Care (LTC) program,

managed care plans (LTC plans) are required to provide an array of home and community-based services that enable enrollees to live in the community and to avoid institutionalization.

...

### **1.3.1 Activities of Daily Living (ADLs)**

ADLs include:

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

...

- Toileting
- Transferring

### **1.3.9 Instrumental Activities of Daily Living (IADLs)**

When necessary for the recipient to function independently, including:

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

...

## **4.1 General Criteria**

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

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

...

### **4.2.1.1. Adult Companion Care**

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

meal preparation, laundry, and light housekeeping tasks incidental to the care and supervision of the enrollee.

...

#### **4.2.1.9 Homemaker Services**

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

...

#### **4.2.2 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:

...

#### **4.2.2.5 Medical Equipment and Supplies**

In accordance with Rule 59G-4.070, F.A.C. This service includes the provision of medical equipment and supplies specified in the plan of care, including: devices,

controls, or appliances that enable the enrollee to increase the ability to perform activities of daily living; devices, controls, or appliances that enable the enrollee to perceive, control, or communicate with the environment in which he or she lives; items necessary for life support or to address an enrollee's physical conditions, along with ancillary supplies and equipment necessary to the proper functioning of such items; such other durable and non-durable medical equipment not available under the State Plan that is necessary to address enrollee needs, including consumable medical supplies, such as adult diapers; and repair of such items or replacement parts.

...

#### **4.2.2.6 Personal Care**

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

...

## **6.2 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.

LTC Policy at pages 1 - 8.

21. 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.

LTC Policy at pages 2 – 3.

22. The Florida Medicaid Definitions Policy (August 2017) (“Definitions Policy”), incorporated by reference in Fla. Admin. Code R. 59G-1.010, defines “Medically Necessary” or “Medical Necessity” as follows:

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

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

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

23. As provided in the LTC Policy, the purpose of adult companion care services is to provide “non-medical care, supervision when necessary to protect the health, safety, and well-being of the enrollee, or social enrichment of a functionally impaired enrollee.” See supra ¶ 20. Companion care is designed to prevent social isolation or to provide supervision, and are not designed to address the performance of ADLs. See supra ¶ 20.

24. With regard to social isolation, Petitioner lives alone and currently receives fifteen (15) hours per week of personal care services and six (6) hours of homemaker services. See *supra* ¶¶ 2 and 8. Thus, Petitioner has opportunities to socialize with [REDACTED] aids and [REDACTED] daughter, and Petitioner is not at risk for social isolation.

25. Petitioner suffers from [REDACTED]  
[REDACTED]  
[REDACTED]

See supra ¶ 3. During the last echo-cardiogram date 03/29/2021 the level of function was 55%.

*Id.* The Petitioner is alert, orientated, and there is no diagnosis of cognitive impairment. See supra ¶ 3. Here, the Petitioner has the burden of proof to demonstrate the Respondent's decision to deny seven (7) hours per week of adult companion care and an additional four (4) hours of homemaker services is incorrect. The Petitioner testified that performing her ADLs are becoming increasingly difficult as [REDACTED] conditions progress. However, adult companion care services are intended to decrease social isolation and are in no way intended to assist in the performance of ADLs. The Petitioner did not demonstrate that Petitioner's need for adult companion care supervision cannot be met with the currently approved fifteen (15) hours per week of personal care and six (6) hours per week of homemaker services.

26. Based on the foregoing, the Petitioner is not at risk of social isolation. As such, the Petitioner failed to demonstrate that the requested seven (7) hours per week of adult companion care services are not in excess of the Petitioner's needs. See supra ¶ 21.

27. Therefore, upon consideration of both parties' testimony, Respondent's Composite Exhibit 1, and the LTC Policy, the undersigned finds that Petitioner failed to prove by a preponderance of the evidence that Respondent's denial of an additional seven (7) hours per week of adult companion care services was incorrect.

28. In the instant case, Respondent requested an additional six (6) hours per week of homemaker services, two (2) of which were approved by the Respondent. As established on the record by the evidence and testimony, Respondent denied Petitioner's request for additional homemaker services because the currently approved services are adequate to cover Petitioner's homemaker needs. See supra ¶ 6 and 7.

29. Section 4.1 of the LTC Policy provides that Florida Medicaid LTC plans cover services that:

(a) are determined medically necessary, as defined in the SMMC LTC Policy; (b) do not duplicate another service; and (c) meet the criteria as specified in the SMMC LTC Policy. *See supra* ¶ 20.

30. The testimony and evidence presented in this case reflect that Petitioner failed to show that the requested additional homemaker services are medically necessary. Specifically, Petitioner’s homemaker services failed to satisfy the medical necessity criteria, which requires that the requested services must “[b]e individualized, specific, and consistent with symptoms or confirmed diagnosis of the illness or injury under treatment, and not in excess of the patient’s needs.” *See supra* ¶ 21.

31. As stated in the LTC Policy, homemaker services provide for general household activities and routine household care by a trained homemaker, “when the individual regularly responsible for these activities is temporarily absent or unable to manage these activities.” *See supra* ¶ 20. Based on the NABD, the parties agree that Petitioner requires some level of homemaker services. *See supra* ¶ 6. The record reflects that Petitioner lives alone. *See supra* ¶ 2. The record reflects that Petitioner needs total assistance with [REDACTED]

[REDACTED]. *See supra* ¶ 5. Petitioner did not present any evidence of the time it takes to complete homemaker tasks and which tasks are either not completed now, or will no longer be completed if the requested homemaker services are not approved.

32. Based on the foregoing, Petitioner has not demonstrated an unmet need for additional homemaker services. The Petitioner testified that performing the activities of daily living are becoming more difficult as [REDACTED] conditions progress, but homemaker services are not designed or directed to performing ADLs. As such, Petitioner has not shown that the requested additional

four (4) hours per week of homemaker services are not in excess of Petitioner's needs.

33. Therefore, upon consideration of both parties' testimony, Respondent's Composite Exhibit 1, and the LTC Policy, the undersigned finds that Petitioner failed to prove by a preponderance of the evidence that Respondent's denial of four (4) additional homemaker services was incorrect.

**IT IS THEREFORE ORDERED AND ADJUDGED THAT:**

Respondent's denial of an additional four (4) hours of homemaker services per week and is **AFFIRMED**. Petitioner's appeal based on Respondent's denial is **DENIED**.

Respondent's denial of an additional seven (7) hours of adult companion care services is **AFFIRMED**. Petitioner's appeal based on Respondent's denial is **DENIED**.

**DONE and ORDERED** this 7th day of June 2023, in Tallahassee, Leon County, Florida.

Alan J. Leifer  
23-FH0512  
2023.06.07 11:36:13  
-04'00'

---

**ALAN LEIFER, 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**  
**E-mail: 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**

## Notice of Nondiscrimination Policy

The Agency for Health Care Administration (“AHCA”) is committed to providing all people with an equal opportunity to participate in its programs, services, and activities. AHCA complies with applicable Federal civil rights laws and does not exclude people or treat them differently in admission to, access to, or employment in its programs, services, or activities on the basis of race, color, national origin, age, disability, or sex. Communication aids and services, such as: qualified sign language interpreters, qualified foreign language interpreters, and written information in alternative formats (i.e.: Braille, large print, foreign language, etc.) are provided free of charge, in accordance with federal law, when necessary to ensure equal opportunity and effective communication.

This Notice is provided as required by Title II of the Americans with Disabilities Act of 1990, Section 504 of the Rehabilitation Act, and Section 1557 of the Affordable Care Act and implementing regulations. This Notice is available, upon request, in alternative formats. Individuals who require free communication aids and services to effectively participate in AHCA’s programs, services, and activities are invited to make their requests to the Civil Rights Compliance Coordinator at the contact information listed below. If you believe that AHCA has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex you can file a grievance in person, by mail, or by telephone with:

Civil Rights Compliance Coordinator  
2727 Mahan Drive, Mail Stop #3  
Tallahassee, FL 32308  
Voice: (850) 412-3661  
TTY: (800) 955-8771



**Spanish ATENCIÓN:** si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-(888) 419-3456 (TTY: 1-800-955-8771).

**French Creole Atansyon:** Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-(888) 419-3456 (TTY: 1-800-955-8771).

**Vietnamese CHÚ Ý:** Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-(888) 419-3456 (TTY: 1-800-955-8771).

**Portuguese ATENÇÃO:** Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-(888) 419-3456 (TTY: 1-800-955-8771).

**Chinese 注意 :** 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 1-(888) 419-3456 (TTY: 1-800-955-8771)

**French ATTENTION:** Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-(888) 419-3456 (ATS: 1-800-955-8771).

**Tagalog PAUNAWA:** Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-(888) 419-3456 (TTY: 1-800-955-8771).

**Russian ВНИМАНИЕ:** Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-(888) 419-3456 (телетайп: 1-800-955-8771).

#### **Arabic**

**ملحوظة:** إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية متاحة لك بالمجان. اتصل برقم 1-(888) 419-3456 (التحويلة: 1-800-955-8771)

**Italian ATTENZIONE:** In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-(888) 419-3456 (TTY: 1-800-955-8771).

**German ACHTUNG:** Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-(888) 419-3456 (TTY: 1-800-955-8771).

**Korean 주의:** 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-(888) 419-3456 (TTY: 1-800-955-8771) 번으로 전화해 주십시오.

**Polish UWAGA:** Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-(888) 419-3456 (TTY: 1-800-955-8771).

**Gujarati નોંધ:** જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-(888) 419-3456 (TTY: 1-800-955-8771).

**Thai เรียบน:** ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-(888) 419-3456 (TTY: 1-800-955-8771).