

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



FILED

Jul 24, 2023, 10:42 am

OFFICE OF FAIR HEARINGS

[REDACTED],
PETITIONER,

AHCA Case No.: 23-FH1750

Plan ID No.: [REDACTED]

vs.

SUNSHINE STATE HEALTH PLAN, INC.,

RESPONDENT.
_____ /

FINAL ORDER

Pursuant to notice, the undersigned Hearing Officer convened a telephonic Fair Hearing in the instant case on July 21, 2023, at 1:00 p.m. Eastern Standard Time ("EST").

APPEARANCES

For the Petitioner:

[REDACTED]
Petitioner's Authorized Representative

For the Respondent:

Kimberly Bouchette
Clinical Appeals Coordinator
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 Petitioner's homemaker services from twenty-eight (28) to twenty (20) hours per week was correct.

PRELIMINARY STATEMENT

All parties appeared for the scheduled Fair Hearing telephonically. [REDACTED]

[REDACTED] Petitioner's Authorized representative and [REDACTED], appeared for the Fair Hearing to provide testimony.

Kimberly Bouchette, Clinical Appeals Coordinator for Sunshine State Health Plan, Inc. ("Sunshine Health"), appeared for the Fair Hearing as representative for Respondent. Dr. John Carter ("Dr. Carter"), Medical Director for Sunshine health, appeared for the Fair Hearing as a witness for Respondent. The following appeared as witnesses for Respondent but did not testify: Andrea Hoffman, LTC Coordinator II for Sunshine Health; Alsheneetha Williams-Jamerson, case manager supervisor for Sunshine Health; Katherine Blanton, manager of Long Term Care for Sunshine Health; and Raeesha Wells, case manager for Sunshine Health.

Chrissie Simmons, Medical Health Care Program Analyst for the Agency for Health Care Administration ("AHCA" or "Agency"), appeared for the Fair Hearing as an observer.

Petitioner did not introduce any exhibits at the Fair Hearing. Prior to the Fair Hearing, Respondent sent to the Office of Fair Hearings and Petitioner a one hundred and twenty-eight (128)-page evidence packet. The evidence packet appears in the Office of Fair Hearings' case management system as "MFH packet [Petitioner].pdf." Absent an objection from Petitioner, the evidence packet was admitted into evidence a Respondent's Composite Exhibit 1.

FINDINGS OF FACT

1. Petitioner is an enrolled member of Sunshine Health Long Term Care ("LTC") and Managed Medical Assistance ("MMA") plans. See Respondent's Composite Exhibit 1 at page 1. Sunshine Health is a managed care organization contracted by the Agency to provide services to eligible Medicaid recipients in the state of Florida.

2. As of the date of the Fair Hearing, Petitioner is [REDACTED]. *Id.* at 63. Petitioner resides in the community with [REDACTED], who is also [REDACTED] primary caregiver. *Id.* at

64. Petitioner has the follow diagnoses: [REDACTED]
[REDACTED]. *Id.* at 69 - 70. Petitioner is also diagnosed with [REDACTED] *Id.* at 71.

3. With regard to Activities of Daily Living (“ADLs”), Petitioner’s most recent Florida Department of Elder Affairs: 701B Comprehensive Assessment (“701B Assessment”) states that Petitioner needs total assistance (cannot do at all) with [REDACTED]
[REDACTED] *Id.* at 67. Petitioner needs assistance (but not total help) with [REDACTED]. *Id.* Petitioner uses an assistive device from walking/mobility. *Id.* Petitioner always has assistance with ADLs. *Id.*

4. With regard to Instrumental Activities of Daily Living (“IADLs”), Petitioner needs total assistance (cannot do at all) with [REDACTED]
[REDACTED]. *Id.* at 68. Petitioner needs assistance (but not total help) with [REDACTED]. *Id.* Petitioner always has assistance with IADLs. *Id.*

5. The 701B Assessment indicates that Petitioner has [REDACTED], but [REDACTED] is alert and usually able to make [REDACTED] needs known. *Id.* at 65. [REDACTED] is forgetful or easily confused nearly every day. *Id.* at 72. Petitioner is easily [REDACTED] several days a month. *Id.* Petitioner requires supervision and is unable to be left alone safely. *Id.*

6. On June 19, 2023, Sunshine Health issued a Notice of Adverse Benefit Determination (“NABD”) reducing Petitioner’s homemaker services based on medical necessity. *Id.* at 4-8. The NABD explained the basis of the reduction as follows, in pertinent part:

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 criteria as defined in Rule 59G-1.010(166), F.A.C., for all nursing facility services and mixed services; OR
- 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 requested **service is not a covered benefit.**

Other authority

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 28 hours per week of Homemaker Services. Based on the assessment of the member’s care needs and household and caregiver status,

Sunshine Health will reduce the Homemaker Services from 28 hours per week to 20 hours per week. This decision was made with Sunshine Health Policy LT.UM.09 Long Term Care Ancillary Service Criteria.

Respondent's Composite Exhibit 1 at pages 4-5.

7. On June 29, 2023, Petitioner requested a plan appeal. *Id.* at 86. On June 30, 2023, Sunshine Health issued a Notice of Plan Appeal Resolution ("NPAR") upholding the reduction of homemaker services. *Id.* at 86-88. The NPAR states the following, in pertinent part:

On 06/29/2023, after consideration of the information you provided to Sunshine Health in support of your plan appeal, Sunshine Health hereby [d]enies your plan appeal. As a result, [Petitioner] *will not receive* additional requested services, effective 06/30/2023.

The reason for our decision was on appeal Sunshine Health looked at the member's present care needs and provided home services. The member's present care plan includes 28 hours per week of Homemaker Services. Based on the assessment of the members care needs and household and caregiver status, Sunshine Health will reduce the Homemaker Services from 28 hours per week to 20 hours per 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 Board Certified Physician in Internal Medicine.

Respondent's Composite Exhibit 1 at page 86.

8. Aside from the eight (8) hours per week of homemaker services at issue, Petitioner is authorized to receive the following Florida Medicaid LTC services: twenty (20) hours per week of homemaker services; twenty-six (26) hours per week of personal care services; fourteen (14) hours per week of adult companion care services; four hundred (400) hours annually of in-home respite care services; and 2 boxes per month of disposable gloves per month. *Id.* at 35.

9. On July 17, 2023, Petitioner requested an expedited Fair Hearing regarding the reduction of 8 hours per week of homemaker services. On July 20, 2023, the undersigned Hearing Officer

issued an order scheduling the Fair Hearing to be convened by telephone on July 21, 2023, at 1:00 p.m. EST. and all parties were duly notified.

10. Dr. Carter has a background in geriatric medicine, hospice & and palliative care, and internal medicine. Dr. Carter also works as a hospice and palliative care physician. Referring to Sunshine Health Policy and Procedure LT.UM.09, Dr. Carter testified that health plans are obligated by AHCA to periodically review a recipient's functional, cognitive, and social needs, as well as their informal supports and personal goals, and to evaluate the medical necessity of services received. *Id.* at 105. Sunshine Health's periodic review for Petitioner resulted in the 701B Assessment and a updated Plan of Care, dated July 3, 2023. Dr. Carter used his clinical judgement and the Sunshine Health Policy and Procedure LT.UM.09 criteria in making the determination that twenty-eight (28) hours per week of homemaker services are not medically necessary. Dr. Carter asserted that, based on his review of the documentation in this case, a total of sixty (60) hours per week of combined LTC services are sufficient to meet Petitioner's needs, and Petitioner can divide-up the hours to suit her care needs during the week.

11. [REDACTED] testified that [REDACTED] is Petitioner's primary caregiver and only source of natural support. [REDACTED] works full-time and travels for work. [REDACTED] indicated that Petitioner's home health aides sometimes do not show up for work, and [REDACTED] expressed concern that the home health aides will drop Petitioner if the homemaker services at issue are reduced.

12. In making its decision, Respondent relied upon Sunshine Health's Policy and Procedure: LTC Ancillary Service Criteria, LT.UM.09. *Id.* at 103-128. These criteria provide as follows, in pertinent part:

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 ADLs 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 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 non-family 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

e) 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 the provision of non-medical care, supervision, and socialization when necessary to protect the health, safety, and well-being of the member, 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 member. 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.

...

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. Service 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

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 member.

Respondent's Composite Exhibit 1 at pages 103-128.

CONCLUSIONS OF LAW

13. 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 (2022). This order is the final administrative decision of AHCA under section 409.285(2)(a).

14. This hearing was held as a *de novo* proceeding pursuant to Rule 59G-1.100(17)(b), Florida Administrative Code ("F.A.C.").

15. Because Respondent reduced previously approved services, Rule 59G-1.100(17)(g), F.A.C., 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.).

16. The provision of homemaker services is governed by the Florida Medicaid Statewide Medicaid Managed Care Long-term Care Program Coverage Policy (March 2017) (“LTC Policy”), which is incorporated by reference in Rule 59G-4.192, F.A.C. The LTC Policy provides the following, in pertinent part:

1.0 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.

...

4.0 Coverage Information

4.1 General Criteria

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

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

4.2 Specific Criteria

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

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

4.2.1.8 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.

...

4.2.1.15 Respite Care

The provision of services on a short-term basis due to the absence of, or need to relieve, the enrollee's natural supports on a planned or an emergency basis.

...

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.

LTC Policy at pages 1 - 7.

19. Based on the record, Respondent reduced Petitioner's homemaker services by 8 hours per week after a routine review. *See supra* ¶ 6-7, 10. Respondent determined that the previously approved homemaker services were not medically necessary because they were in excess of Petitioner's needs. *See supra* ¶ 6-7, 10.

25. Florida Medicaid LTC plans cover services that meet all of the following: are determined medically necessary; do not duplicate another service; and meet the criteria as specified in the LTC Policy. *See supra* ¶ 18. Section 4.2.1.9 of the LTC Policy defines homemaker services as 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.**" *See supra* ¶ 21 (emphasis added).

17. The evidence presented in this case reflects that Respondent's reduction of homemaker services is warranted under the circumstances of this case. Specifically, the undersigned found Dr. Carter's testimony to be credible and persuasive that Petitioner's needs can be met with the currently authorized level of services. *See supra* ¶ 10. Aside from the eight (8) hours per week of homemaker services at issue in this case, Petitioner is authorized for a total of sixty (60) hours per week of home and community-based services as follows: twenty (20) hours per week of homemaker services, twenty-six (26) hours per week of personal care services, and fourteen (14) hours per week of adult companion care services. *See supra* ¶ 8, 10. Petitioner is also approved for four hundred (400) hours annually of in-home respite care services, which are available when

Petitioner's natural support ([REDACTED]) is unavailable on a planned or an emergency basis. See supra ¶ 8, 18.

18. Petitioner is [REDACTED] and resides with [REDACTED] primary caregiver, [REDACTED]. See supra ¶ 2. Accordingly, there is an "individual regularly responsible for these [homemaker] activities." See supra ¶ 18. At issue is whether there are enough homemaker services in place when [REDACTED] "is temporarily absent or unable to manage these activities." See supra ¶ 18. With regard to ADLs, Petitioner needs total assistance (cannot do at all) with [REDACTED] [REDACTED] and assistance (but not total help) with [REDACTED]. *Id.* With regard to IADLs, which most closely align with the definition of homemaker services, *supra* ¶ 12 and 18, Petitioner needs total assistance (cannot do at all) with [REDACTED] [REDACTED], and Petitioner needs assistance (but not total help) with using the [REDACTED]. See supra ¶ 4. Petitioner always has assistance with [REDACTED] ADLs and IADLs. See supra ¶ 3, 4.

19. Section 1.3.14 of the LTC Policy requires that "LTC supportive services must . . . [b]e individualized, specific, and consistent with symptoms or confirmed diagnosis of the illness or injury under treatment, and not in excess of the patient's needs." See supra ¶ 18. In addition to the homemaker services at issue in this case, the record reflects that Petitioner has other LTC services that cover homemaker tasks. Specifically, Petitioner is currently authorized to receive twenty-six (26) hours per week of personal care services and fourteen (14) hours per week of adult companion care services. See supra ¶ 8. Personal care services are "[t]o 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.” See supra ¶ 18. Likewise, adult companion care services include “assistance or supervision with meal preparation, laundry, and light housekeeping tasks incidental to the care and supervision of the enrollee.” See supra ¶ 18.

20. The undersigned found Dr. Carter’s testimony credible that the currently authorized combined services are adequate to meet Petitioner’s needs. See supra ¶ 10. [REDACTED] testified that [REDACTED] is absent from the home when [REDACTED] works full time and travels with [REDACTED] work; however, [REDACTED] did not rebut Dr. Carter’s testimony or explain how a total of sixty (60) hours per week of combined services, when divided-up to meet Petitioner’s needs when [REDACTED] is away from home, are not sufficient. Nor did [REDACTED] address the availability of respite care services.

21. Based on Petitioner’s living arrangements, medical condition, and current level of need for assistance with ADLs and IADLs, the record demonstrates that Petitioner’s aforementioned homemaker needs are met with the reduced level of homemaker services. Thus, Respondent established by a preponderance of the evidence that Petitioner’s previously authorized homemaker services are “in excess of [Petitioner’s] needs.” See supra ¶ 18.

22. Upon consideration of the testimony, Respondent’s Composite Exhibit 1, and the applicable laws and Florida Medicaid policies, the undersigned Hearing Officer concludes that Respondent established that the homemaker services at issue are not medically necessary. Therefore, Respondent has proven by a preponderance of the evidence that Respondent’s reduction of Petitioner’s homemaker services was correct.

IT IS THEREFORE ORDERED AND ADJUDGED:

Respondent's reduction of Petitioner's homemaker services from twenty-eight (28) to twenty (20) hours per week is hereby **AFFIRMED**. Petitioner's appeal based on Respondent's reduction of Petitioner's homemaker services is hereby **DENIED**.

DONE and ORDERED this 24th day of July 2023, in Tallahassee, Leon County, Florida.

Laura Gallagher

23-FH1750

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LAURA GALLAGHER, 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]

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AHCA Medicaid Hearing Unit
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