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

FILED

Feb 20, 2024, 11:58 am

OFFICE OF FAIR HEARINGS

[redacted],

PETITIONER,

AHCA Case No.: 23-FH2713
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 January 9, 2024, at 1:03 p.m. Eastern Standard Time ("EST").

APPEARANCES

For the Petitioner: [redacted]
Petitioner's Authorized Representative

For the Respondent: Chantal Pierre
Clinical Appeals Coordinator
Sunshine State Health Plan, Inc.

STATEMENT OF ISSUE

The issue is whether Petitioner proved by a preponderance of the evidence that Respondent's decision to deny Petitioner's request for medical equipment and supplies (Cubby Bed) was incorrect.

PRELIMINARY STATEMENT

All parties appeared telephonically. Petitioner's Authorized Representative and [redacted], [redacted] ("[redacted]"), appeared for Fair Hearing to provide testimony on behalf of the Petitioner, and did not call any witnesses.

Chantal Pierre ("Ms. Pierre"), Clinical Appeals Coordinator for Sunshine State Health Plan, Inc. ("Sunshine") appeared for Fair Hearing as representative for Respondent. The following attended as witnesses for Respondent: Dr. Mai Phuong ("Dr. Phuong"), Medical Director for Sunshine; and Dr. Maria Sammerson ("Dr. Sammerson"), Medical Director for Sunshine.

Chrissie Simmons, Medical Health Care Program Analyst for the Agency for Health Care Administration ("Agency" or "AHCA") and Samara Jean-Louise, Therapy Advisor Occupational Therapist for Sunshine, appeared for the Fair Hearing as observers.

Petitioner did not introduce any exhibits at the hearing. Prior to the hearing, Respondent sent to the Office of Fair Hearings and Petitioner 339-page evidence packet. The evidence packet appears in the Office of Fair Hearings' document management system as file title "MFH packet [Petitioner].pdf." Absent an objection from the Petitioner, the undersigned admitted the 339-page packet into evidence as Respondent's Composite Exhibit 1 ("RCE 1").

FINDINGS OF FACT

1. Petitioner is an enrolled member of Sunshine Medicaid Managed Care ("MMA") plan. See RCE 1 at page 2. Sunshine is a managed care organization contracted by the Agency to provide services to eligible Medicaid recipients in Florida.

2. Petitioner is [redacted]. *Id.* at 15. Petitioner is diagnosed with the following: [redacted]; [redacted]; [redacted]; [redacted]; [redacted]; [redacted]; [redacted]; [redacted]; [redacted]

[redacted]; and [redacted]. *Id.* at 17. Petitioner [redacted], [redacted]

[redacted]. *Id.*

3. Petitioner requested durable medical equipment (Cubby Bed). Petitioner's request was denied in the Notice of Adverse Benefit Determination ("NABD") dated August 15, 2023. *Id.* at 5-10. The NABD explained the basis of the denial as follows:

> ✓ We determined that your requested services are **not medically necessary** because the services do not meet the reason(s) checked below: (See Rule 59G-1.010)
>
> . . .
>
> ✓ 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.
>
> . . .
>
> The facts that we used to make our decision are:
>
> Centene Clinical Policy on Durable Medical Equipment of Enclosed Beds, CP.MP.107 and Florida Medicaid Durable Medical Equipment and Medical Supply Services Coverage and Limitations Handbook. This decision was made with regards to EPSDT, (Early and Periodic Screening, Diagnostic and Treatment).
>
> Rationale: The request for safety bed and accessories is denied. It is denied for lack of support for medical need. There are not enough medical notes showing that less intensive options to improve your child's safety have been tried and ruled out. These include taking away all unsafe items and mattress on floor. These include bed alarms and baby monitors. These include devices to protect your child. These include child locks on doors, windows, or cabinets. These include furniture anchors, gates at steps and doors. These include medicine given to your child by a doctor to address how your child behaves and sleep. These include the use of safety helmet. These include changes to area around your child to help calm the way your child acts and sleeps. These include routines put in place for a long time to help provide needs for [redacted] senses. These routines also may include behavior modification to help improve naptime or nighttime behaviors and sleep. Behavior modification helps change or improve the way a child acts or reacts. Notes did not say why these could not meet your child's medical needs. It is not clear how enclosed safety bed will correct or improve the way your child acts that could hurt them. There was no home assessment. This would show your child's home will safely have room for the safety bed asked for. Restraint is not needed for [redacted] roaming at night. This should not be used as a punishment during times of high upset or aggression.

Id. at 4-5.

4. On August 25, 2023, Petitioner requested a plan appeal. *Id.* at 15. Petitioner included an ADDENDUM to Letter of Medical Necessity for Cubby Bed, which provides as follows:

> Subjective: [Petitioner] is [redacted] Family has tried alternative methods to keep [redacted] [safe], but [Petitioner] is able to evade all Attempts.
> . . .
> Additional information requested by Sunshine Health:
> 1. *"Insufficient clinical information noting that less intensive alternatives to improve patient safety have been tried and ruled out (including removal of all safety hazards, mattress on floor, bed alarms, video audio monitors, child protection devices such a child locks on doors, windows , cabinets, furniture anchors, gates of steps and doors, physician directed medication to assist with improved nap time or night time behaviors and sleep)"* – see below for DETAILED explanations [for] each of these suggested alternatives as provided in the original LMN
> 2. *"It is unclear how the requested enclosed safety bed will correct or ameliorate the members* [redacted] *and* [redacted]*."*
> The safety bed is not designed to correct or ameliorate [Petitioner's] behaviors. This is not possible. The purpose of the bed is to keep [Petitioner] and [redacted] caregivers as safe as possible DESPITE [redacted] and [redacted]. The objective is to keep [Petitioner] alive and uninjured. See previously stated statistics below about the horrific outcomes for children with [redacted] who are unable to be safely contained within their homes.
>
> 3. *"Confinement is not medically necessary for a child's roaming behavior at night and should not be used as a discipline measure or as a restraint during times of high agitation or aggression"* The recommended Cubby bed is not designed for confinement or discipline, it is designed for **SAFETY**. The goal is to <u>prevent</u> death and injury not to discipline the child and the recommended safety bed is far more humane than the suggested door/window locks and mattress on the floor. No human being should be locked in a room and expected to sleep on the floor. [Petitioner] cannot control [redacted] behaviors. [redacted] does not need to be disciplined, [redacted] needs to be kept **safe**. The bed is, in fact, medically necessary for roaming as the alternative of allowing [Petitioner] to roam would certainly result in severe injury and possibly death based on the behaviors outlined in this (and the previously submitted) letter of medical necessity.
> . . .
> Justification:
> [redacted]

[Petitioner] will [redacted]. Due to [redacted], [Petitioner] does not recognize that this behavior is harmful and [redacted] will repeat it despite getting hurt.

[redacted]

[Petitioner] is a known [redacted]. [Petitioner] [redacted]

. . .

[redacted]

[redacted]

. . .

Id. at 17 – 23.

5. Petitioner received a Notice of Plan Appeal Resolution ("NPAR") dated October 5, 2023, upholding the denial. *Id.* at 92-93. The NPAR explained as follows:

> The reason for our decision was recommend denial of the request for E1399 x 1 (Cubby safety bed and accessories) as not medically necessary for this member. Submitted clinical documentation list less intensive intensive [sic] alternatives to improve member's safety, but is unclear if all alternative listed have been tried and failed to meet member's medical needs or simply ruled out due to the possibility of not being effective. Additionally, there is no mention of environmental modifications to encourage calming behaviors and sleep; established routines addressing sensory needs to assist with improved night time sleep. Other environmental safety modifications - including removal of all hazardous materials in room to prevent climbing and falls; use of Child protection devices including locks. There is also no medical statement that the recipient is confined to bed and will be in the enclosed bed for at least 18 hours a day; and Supporting medical documentation that states the recipient would be institutionalized without the enclosed bed. Confinement is not medically necessary for a child's roaming behavior at night. should not be used as a discipline measure or as a restraint during times of high agitation or aggression. The technology hub accessories requested are not medical in nature as they are not specific to member's needs and can be furnished commercially. Clinical Judgement; FLORIDA MEDICAID DURABLE MEDICAL EQUIPMENT AND MEDICAL SUPPLY SERVICES COVERAGE AND LIMITATIONS HANDBOOK; Early and Periodic Screening, Diagnostic and Treatment Services; CP.MP. 107: Durable Medical Equipment and Orthotics and Prosthetics. This decision was made by a Medical Director who is Board Certified Physician in Pediatrics.

Id. at 92-93.

6. On October 23, 2023, Petitioner requested a Fair Hearing to challenge the denial of the durable medical equipment (Cubby Bed). On December 1, 2023, the undersigned issued an Order Scheduling Fair Hearing by Telephone and Prehearing Instructions, setting the hearing for January 9, 2024, at 9:00 a.m. EST.

7. [redacted] is Petitioner's [redacted]. [redacted] testified to the following:

   a. Petitioner has [redacted], [redacted], and the cubby bed was requested for [redacted] safety. Petitioner [redacted]. [redacted] spent [redacted].

   b. Petitioner [redacted]. [redacted] has tried using alarms and keyed entry. Now that Petitioner is older, [redacted] can search and find the key.

   c. Petitioner's mattress is on the floor now. [redacted] burrows under the mattress and boxspring, so [redacted] boxspring was removed.

   d. Petitioner is undergoing [redacted].

8. Dr. Sammerson a Medical Director for Sunshine. Dr. Sammerson testified to the following:

   a. The decision was made with the Florida Medicaid Durable Medical Equipment guidelines and Centene Guidelines.

   b. The information reviewed did not show that Petitioner would need bed confinement for the majority of the day. The electronic hub is not considered to be "medical equipment" rather it is commercially available.

   c. The [redacted] was not provided in any of the documentation sent in.

   d. Dr. Sammerson recommended removing any dangerous materials, safety locks, mattress on the floor.

9. The Centene Corporation Clinical Policy: Durable Medical Equipment and Orthotics and Prosthetics Guidelines (December 2021) ("CP.MP.107") provides as follows in regard to durable medical equipment and supplies:

> **Policy/Criteria**
> It is the policy of health plans affiliated with Centene Corporation® that durable medical equipment, orthotics, and prosthetics are **medically necessary** when the applicable criteria are met.
> . . .
> Enclosed Beds:
> Requests will be reviewed by a medical director and/or therapy advisor to determine medical necessity, based on all of the following:
>
> A. Standard bed or standard hospital bed must be unable to meet the positioning needs due to disability;
> B. Less intensive alternatives to improve the member's/enrollee's safety have been tried and ruled out (To include documentation of why they could not meet medical needs). Considerations include, but are not limited to:
> 1. Bed rails;
> 2. Mattress placed on the floor;
> 3. Removal of all safety hazards;
> 4. Bed alarms;
> 5. Video/audio monitors;
> 6. Child protection devices such as locks on doors, windows, cabinets, furniture anchors, gates at steps and doors;
> 7. Physician-directed medication to address seizures, behaviors and sleep;
> 8. Environmental modification to encourage calming behaviors and sleep;
> 9. Established routines addressing sensory needs and/or behavior modification to assist with improved naptime or night time behaviors and sleep;
> C. Medical diagnosis to include, but not limited to:
> 1. Cerebral palsy;
> 2. Developmental delay;
> 3. Genetic or neurological disorder that would cause vertigo, disorientation, or uncontrolled movement of the body or extremities;
> 4. Uncontrolled seizure disorder;
> 5. Severe behavior disorder
> D. Healthcare provider evaluation (typically from an occupational or physical therapist) to include:
> 1. Specific information on functional status;
> 2. Documentation of home evaluation;
> 3. Documentations of education provided to caregivers on proper use of

a bed enclosure, noting: they are to be used for medical support, improved safety transitioning in and out of bed, and improved safety while sleeping;

E. Name of and invoice for the bed or enclosure being requested.

. . .

Background

DME items have the following characteristics:

- The equipment is prescribed by a physician;
- The equipment meets the definition of DME;
- The equipment is necessary and reasonable for the treatment of an illness or injury;
- The equipment is manufactured primarily for use in the home environment, but is not limited to use in the home.

. . .

Medical Equipment

Medical equipment is defined as equipment primarily and customarily used for medical purposes and is not generally useful in the absence of illness or injury. In most instances, no documentation will be needed to support whether a specific item of equipment is medical in nature. However, some cases will require documentation to determine whether the item constitutes medical equipment. This documentation would include the advice of local medical organizations and facilities and specialists in the field of physical medicine and rehabilitation. If the equipment is new on the market, it may be necessary, prior to seeking professional advice, to obtain information from the supplier or manufacturer explaining the design, purpose, effectiveness and method of using the equipment in the home as well as the results of any tests or clinical studies that have been conducted.

. . .

Id. at 118 – 130.

CONCLUSIONS OF LAW

10. 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).

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

12. Because Petitioner is requesting a new service, 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.)

13. Petitioner's request for a medical equipment and supplies is governed by the Florida Medicaid Durable Medical Equipment and Medical Supply Services Coverage and Limitations Handbook ("DME and Medical Supply Handbook"). The DME and Medical Supply Handbook provides the following:

> **Purpose**
>
> The purpose of the DME and Medical Supply Services Program is to promote, maintain, or restore health and minimize the effects of illness, disability, or a disabling condition:
>
> **Durable Medical Equipment (DME)**
>
> Durable medical equipment (DME) is defined as medically-necessary equipment that can withstand repeated use, serves a medical purpose, and is appropriate for use in the recipient's home as determined by the Agency for Health Care Administration (AHCA).
>
> . . .
>
> **Service Criteria**
>
> All DME, medical supplies, and orthotics and prosthetic devices must be:
>
> - Medically necessary, and
> - Functionally appropriate for the individual recipient, and
> - Adequate for the intended medical purpose, and
> - For conventional use, and
> - For the exclusive use of the recipient
>
> DME items requested or supplied must not duplicate or perform the same function as other DME equipment or medical supplies currently in the recipient's possession.
>
> . . .
>
> **Medical Necessity**
>
> Medicaid reimburses for services that do not duplicate another provider's service and are determined to be medically necessary. Per 59G-1.010,

F.A.C., to be medically necessary, services must meet the following conditions:

- Be necessary to protect life, to prevent significant illness or significant disability, or to alleviate severe 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; and
- 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.

. . .

See RCE 2 at 13, 14, 45, 49.

14. Further, the DME and Medical Supply Handbook provides as follows regarding enclosed beds:

Safety Enclosure Frame and Canopy Coverage and Billing

Medicaid may reimburse for a safety enclosure frame and canopy for recipients under 21 years of age when prescribed by the treating physician or the treating physician physician's ARNP or physician assistant as medically necessary for the recipient's self-protection.

The frame and canopy do not need prior authorization, but must be billed with a hospital bed procedure code listed on the DME and Medical Supply Services Provider Schedules.

Note: See the DEM and Medical Supply Services Provider Fee Schedules for the appropriate HCPCS procedure code and scheduled fee.

Safety Enclosure Frame and Canopy Documentation Requirements

> The following safety enclosure frame and canopy documentation, with the authorized prescriber's signature, must be included in the recipient record:
>
> - A medical statement that the recipient is confined to bed and will be in the enclosed bed for at least 18 hours a day; and
> - Proof of medical necessity for continued care in the home; and
> - Supporting medical documentation that states the recipient would be institutionalized without the enclosed bed; and
> - Supporting information that the enclosed bed will provide effective treatment or prevent self-harm or self-injury when the recipient bites or chews.
>
> . . .

Page 2-53 of DME and Medical Supply Handbook.

15. States must provide Early and Periodic Screening, Diagnostic, and Treatment ("EPSDT") services to Medicaid-eligible children under age 21 when requested under the Medicaid state plan. See 42 U.S.C. § 1396a(a)(43); 42 U.S.C. § 1396d(a)(4). According to 42 U.S.C. § 1396d(r)(5), EPSDT services mean, in relevant part, the following items and services:

> Such other necessary health care, diagnostic services, treatment, and other measures described in subsection (a) of this section to correct or ameliorate defects and physical and mental illness and conditions discovered by the screen services, whether or not such services are covered under the state plan.

16. Petitioner is under age 21, and therefore eligible for EPSDT services. However, a state may place medical necessity limitations on EPSDT services. See 42 C.F.R. §§ 440.230(a), (b), (d). Section 409.905(2), Florida Statutes, limits EPSDT services with a medical necessity standard:

> The [Agency] shall pay for early and periodic screening and diagnosis of a recipientunder age 21 to ascertain physical and mental problems and conditions and all services determined by the agency to be medically necessary for the treatment, correction, or amelioration of these problems and conditions, including personal care, private duty nursing, durable medical equipment, physical therapy, occupational therapy, speech therapy, respiratory therapy, and immunizations.

17. 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.

Definitions Policy at page 7.

18. Petitioner requested durable medical equipment (Cubby Bed). *See* ¶ 3. In the NABD dated August 15, 2023, Respondent denied Petitioner's request citing the lack of medical necessity. *Id.* Specifically, Respondent explained that the request did not meet the requirement that durable medical equipment "[m]ust 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." *Id.* In the NPAR dated October 5, 2023, Respondent upheld its denial. *See* ¶ 5.

19. As Petitioner bears the burden of proof, Petitioner must show that Respondent's decision was incorrect. *See* ¶ 12. As provided by the EPSDT requirements, the recipient must meet the

medical necessity criteria as outlined in Fla. Admin. Code R. 59G-1.010 for Medicaid-covered benefits. *See* ¶ 15 - 16. The Definitions Policy requires that medically necessary services 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". *See* ¶ 16. According to the DME and Medical Supply Handbook, all DME must be medically necessary, functionally appropriate for the individual recipient, adequate for the intended medical purpose, for conventional use, and for the exclusive use of the recipient. *See* ¶ 13.

20. In the instant case, Petitioner is [redacted]. *See* ¶ 2. Petitioner is diagnosed with [redacted], and [redacted]. *Id.* Petitioner is engages in [redacted]s. *Id.* At the Fair Hearing, [redacted] testified that the request for the Cubby bed was a safety measure, as Petitioner [redacted]. *See* ¶ 7. As shown by the record, Petitioner has attempted the use of alarms, keys, and has [redacted] mattress on the floor. *Id.* Petitioner is undergoing [redacted]. *Id.* Despite the therapies and other interventions, Petitioner was [redacted]. *Id.* Based on the symptoms demonstrated by Petitioner, a Cubby bed is "individualized and specific" for [redacted] diagnosis. Based on [redacted], a Cubby bed is not "in excess of the patient's needs". Moreover, as other methods have been attempted, it was not shown that there are other "equally effective and more conservative or less costly treatments" available.

21. Upon consideration of the testimony provided, evidence submitted, and applicable policies, the undersigned concludes that Petitioner did proved by a preponderance of the evidence that the requested medical equipment and supplies (Cubby Bed) is medically necessary.

Looking at all the evidence relevant to the particular needs of Petitioner, Petitioner has shown that the requested service is necessary to correct or ameliorate a defect or a physical and mental illness or condition. Accordingly, the undersigned finds that Petitioner has proved by a preponderance of the evidence that Respondent's denial of medical equipment and supplies (Cubby Bed) was incorrect.

IT IS THEREFORE ORDERED AND ADJUDGED THAT:

Respondent's denial of medical equipment and supplies (Cubby Bed) is **REVERSED**. Petitioner's appeal based on Respondent's denial of medical equipment and supplies (Cubby Bed) is **GRANTED**.

DONE and ORDERED this 20th day of February, 2024 in Tallahassee, Leon County, Florida.

_____

JOSEPH MABRY, 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]

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 เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-(888) 419-3456 (TTY: 1-800-955-8771).