



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

**FILED**

Aug 17, 2020, 11:17 am

OFFICE OF FAIR HEARINGS

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PETITIONER,

AHCA Case No.: 20-FH █

Plan ID No.: █

vs.

UNITEDHEALTHCARE OF FLORIDA, INC.,

RESPONDENT.

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PETITIONER,

AHCA Case No.: 20-FH █

Plan ID No.: █

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**UNITEDHEALTHCARE OF FLORIDA, INC.,**

**RESPONDENT.**

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**FINAL ORDER**

Pursuant to notice, the undersigned convened a telephonic Fair Hearing on the instant case on July 17, 2020, at [REDACTED]

**APPEARANCES**

For the Petitioner: [REDACTED]  
Counsel for Petitioner

For the Respondent: Seann M. Frazier  
Counsel for Respondent

**STATEMENT OF ISSUE**

The first issue is whether Petitioner proved by a preponderance of the evidence that Respondent's decision to deny Petitioner's request for personal care services was incorrect. The second issue is whether Petitioner proved by a preponderance of the evidence that Respondent's decision to deny Petitioner's request for adult companion care services was incorrect. The third issue is whether Petitioner proved by a preponderance of the evidence that Respondent's decision to deny Petitioner's request for homemaker services was incorrect.

**PRELIMINARY STATEMENT**

All parties appeared telephonically. Petitioner's Counsel and son, [REDACTED] [REDACTED] [REDACTED] appeared on behalf of the Petitioner. Petitioner's son, [REDACTED] appeared as a witness for Petitioner.

Seann Frazier and Kristin Bond, Counsel for Respondent, appeared on behalf of UnitedHealth Care Plan, Inc. ("United"). Dr. Sloan Karver ("Dr. Karver"), Long Term Care Medical

Director for United appeared as witness for Respondent. Elizabeth Kremenak, General Counsel for United, attended as an observer.

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

Prior to the hearing, Petitioner sent to the Office of Fair Hearings and Respondent a one hundred and forty-one (141)-page evidence packet. The evidence packet included: An e-mail from ██████████ dated June 22, 2020; a letter from ██████████ dated February 17, 2020; a letter from ██████████, dated February 12, 2020; an e-mail from ██████████ dated July 9, 2020; a copy of *Olmstead v. L.C.*, 527 U.S. 581 (1999); the Florida Medicaid Definitions Policy (August 2017) (“Definitions Policy”); the Florida Medicaid Statewide Medicaid Managed Long-term Care Program Coverage Policy (March 2017) (“LTC Policy”); a fax cover sheet, dated February 10, 2020; a fax from Granette Thompson; a Notice of Adverse Benefit Determination (“NABD”), dated January 30, 2020; a Notice of Plan Appeal Resolution (“NPAR”), dated February 18, 2020; Appeal Review, dated February 19, 2020; an e-mail from Laquinta Valentine, dated February 18, 2020; a Department of Elder Affairs 701B Comprehensive Assessment (“701B”), dated August 22, 2019. Absent an objection from the Respondent, the undersigned admitted the one hundred and forty-one (141)-page packet into evidence as Petitioner’s Composite Exhibit 1.

Prior to the hearing, Respondent sent to the Office of Fair Hearings and Petitioner a two hundred and fifty-six (256)-page evidence packet. The evidence packet included: a summary of the instant case; an NABD, dated January 30, 2020; CSP – General Request Form, dated February 7, 2020; a letter from Respondent, dated February 10, 2020; an e-mail from Laquinta Valentine, dated February 18, 2020; a fax cover sheet; an Authorized Representative form; a letter from ██████████

██████ dated February 17, 2020; a letter from ██████, dated February 12, 2020; an e-mail from Laquinta Valentine, dated February 10, 2020; an e-mail from Laquinta Valentine, dated February 18, 2020; an e-mail from Linda Ross, dated February 18, 2020; an e-mail from Laquinta Valentine, dated February 18, 2020; Print HSC History; a 701B, dated August 22, 2019; Appeal Review, dated February 19, 2020; an NPAR, dated February 18, 2020; Exhibit 2 (References) Cover Page –Long Term Care; Florida Administrative Code Rule (“Fla. Admin. Code R.”) 59G-1 in its entirety; the Florida Medicaid Definitions Policy (August 2017); the LTC Policy; the Florida Medicaid Authorization Requirements Policy (June 2016); the Florida Medicaid Personal Care Services Coverage Policy (November 2016); the Florida Medicaid Private Duty Nursing Services Coverage Policy (November 2016); the Home Health Visit Fee Schedule (January 1, 2017); the Personal Care Services Fee Schedule (January 1, 2017); the Private Duty Nursing Services fee Schedule (January 1, 2017); the Participant Direction Option Manual; 42 C.F.R. § 441.480; the Florida Medicaid Hospice Services Coverage Policy (June 2016); 42 C.F.R. Part 418, Subpart C (Conditions of Participants: Patient Care); section 400.6105 of the Florida Statutes (2018); Fla. Stat. § 400.609; Fla. Stat. § 409.910; and Fla. Stat. § 400.462. Absent an objection from the Petitioner, the undersigned admitted the two hundred and fifty-six (256)-page packet into evidence as Respondent’s Composite Exhibit 1.

#### **FINDINGS OF FACT**

1. Petitioner is an enrolled member of United. United is a managed care organization contracted by the Agency to provide services to eligible Medicaid recipients in Florida.

2. Petitioner is eighty-seven (87)-years old. *See* page 41 of Respondent’s Composite Exhibit

1. Petitioner is diagnosed with the following: COPD; high blood pressure; osteoarthritis; osteoporosis; and scoliosis. *Id.* at 49 through 50.

3. In regards to her activities of daily living (“ADLs”), Petitioner needs assistance (but not total help) with the following: bathing, dressing, and eating. *Id.* at 46. Petitioner needs no assistance with using the bathroom and transferring. *Id.* Petitioner uses an assistive device with walking/mobility. *Id.* In regards to her instrumental activities of daily living (“IADLs”), Petitioner needs total assistance (cannot do at all) with the following: heavy chores, light housekeeping, preparing meals, and using transportation. *Id.* at 47. Petitioner needs assistance (but not total help) with shopping. *Id.* Petitioner needs no assistance with using the telephone, managing money, and managing medication. *Id.*

4. On January 8, 2020, Petitioner was admitted into the rehabilitation facility [REDACTED] [REDACTED] due to pneumonia. *Id.* at 27. As testified to by [REDACTED] Petitioner remains at [REDACTED], and is waiting for approval for twenty-four (24) hour care before discharging from the facility.

5. Petitioner’s current plan of care includes the following services: twenty-one (21) hours of personal care services, weekly; twenty-one (21) hours of homemaker services, weekly; twenty-one (21) hours of adult companion care services, weekly; and seven (7) home delivered meals, weekly. *Id.* at 38.

6. As testified to by [REDACTED] Petitioner has a daughter that lives near Petitioner. As testified to by [REDACTED] Petitioner’s daughter does not work full time, but provides homeschooling for her daughter.

7. Petitioner requested thirty-five (35) additional hours, weekly, of personal care, thirty-five (35) additional hours, weekly, of adult companion care, and thirty-five (35) additional hours, weekly, of homemaker services. Petitioner's request was denied in the NABD dated January 30, 2020. *Id.* at 4 through 11. 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 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:

You are in a Nursing facility skilled under Medicare.

You need help with all of your care.

You need help to transfer.

You need help with walking.

You are legally blind.

You cannot be left alone safely. You are getting 24-hour supervision at the facility.

In my clinical opinion, you are in the safest place to provide you with the care that meets your needs at this time.

*Id.* at 4 through 5.

8. Petitioner requested a plan appeal and received an NPAR dated February 18, 2020, upholding the denial. *Id.* at 76 through 81. The NPAR explained as follows:

Part 1 of 3: You asked for more personal care. You would like 35 more hours a week. You need help with daily activities. Based on my professional judgment, we are not approving these extra hours because they are in excess of your needs. You have 21 hours a week of personal care approved by the health plan. You have family who can help some. These should meet your personal care needs. You have other paid services to help some too. This is why we cannot approve what you asked for. For safety reasons, it appears you may be in the safest place to provide your care.

Part 2 of 3: You asked for more homemaker services 35 hours a week. You need help with light housekeeping. Based on my professional judgment, we are not approving these extra hours. They are in excess of your needs. Twenty-one hours a week of homemaker services can meet your needs and is approved by the health plan. You have other services approved that can help too. You also have family who can help some. This is why we cannot approve what you asked for. For safety reasons, it appears you may be in the safest place to provide your care.

Part 3 of 3: You asked for more adult companion care. You would like 35 more hours a week. We cannot approve this because it is not medically needed. Based on my professional judgment, these hours are in excess of your need. You have sixty-three hours a week of paid help that you can socialize with. You can also talk and spend time with family. You do not do any daily tasks that need additional supervision. This is why we cannot approve what you asked for.

*Id.* at 77.

9. In support of her plan appeal, Petitioner submitted a letter from [REDACTED] which states as follows:

It our recommendation that [Petitioner] receive an increased number of caregiver hours to provide support post discharge from [REDACTED]. My medical opinion would be for her to have 24/7 custodial support. She does not need skilled nursing assistance and this custodial support would avoid unnecessary institutionalism.

She was admitted into our facility on [REDACTED] 2020. She received a diagnosis of pneumonia while in the hospital and has COPD which resulted in increased weakness and a need for more assistance with activities of daily living. In addition, she is legally blind due to macular degeneration and cataracts – visual acuity is

20/200 in the right eye and 20/450 in the left eye. Visual fields are full Contrast sensitivity is likely very reduced due to macular degeneration and cataracts.

...

*Id.* at 27

10. As testified to by Dr. Karver, Dr. Karver is the Long Term Care Medical Director for United, and has held that position for eight (8) years. Dr. Karver has been a physician for thirty-seven (37) years, was the program director of the Moffitt Cancer Center, is a fellow of the American Academy of Family Physicians, and is Board Certified in Hospice in Palliative Medicine.

11. Dr. Karver testified that she does not have enough information to determine whether Petitioner should be in a nursing home. Dr. Karver testified that United has been unable to perform an assessment on Petitioner since August 2019. Dr. Karver testified that she has not examined Petitioner herself. Dr. Karver testified that Petitioner's case managers have made multiple phone calls to [REDACTED], but has not had return phone calls from the facility. Dr. Karver testified that typically case managers are not permitted to assess patients in facilities, so phone calls are the only method they have to assess enrollees. Dr. Karver testified that a new 701B would need to be done to assess whether Petitioner needs care twenty-four (24) hours a day, seven (7) days per week. Dr. Karver testified that the information in the NABD, dated January 30, 2020, was accurate. Dr. Karver testified that as Petitioner was in a facility at the time of the request, then she would need to be re-evaluated with a new 701B upon discharge. The requirement that Petitioner would need to be re-evaluated was not in the NABD. Dr. Karver explained that the requirement of a re-evaluation upon discharge was "common practice".

#### **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 Petitioner is requesting a new service, Fla. Admin Code R. 59-1.100(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.)

15. The 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 personal care, adult companion care, and homemaker 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.

...

#### **4.2.2.6 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.

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. The Florida Medicaid 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.

### **PERSONAL CARE SERVICES**

18. Petitioner requested thirty-five (35) hours of additional personal care services, weekly. Respondent denied Petitioner's request in the NABD, dated January 20, 2020. Respondent indicated on the NABD that Petitioner did not meet all of the criteria of medical necessity, but did not specify which medical necessary criteria was the basis for its decision. See page 4 and 5 of Respondent's Composite Exhibit 1. In the NPAR, dated, February 18, 2020, Respondent asserted that Petitioner's request for adult companion care is "in excess of [her needs]." *Id.* at 77. Respondent further explained that Petitioner has family that can provide assistance and other paid services. *Id.*

19. As provided in section 4.2.2.6 of the LTC policy, personal care services are intended to provide assistance with ADLs and IADLs. The record shows that Petitioner needs assistance (but not total help) with the following ADLs: bathing, dressing, and eating. *Id.* at 46. Petitioner needs total assistance (cannot do at all) with the following IADLs: heavy chores, light housekeeping, preparing meals, and using transportation. *Id.* at 47. Furthermore, Petitioner needs assistance (but not total help) with shopping. *Id.* Petitioner receives twenty-one (21) hours of personal care services and twenty-one (21) hours of homemaker services to assist with her ADLs and IADLs. In support of her request for an additional thirty-five (35) hours of personal care services, Petitioner provided a letter from ██████████ recommending that Petitioner receive "24/7 custodial support." *Id.* at 27. Lastly, Respondent conceded in the NABD, dated January 30, 2020, that Petitioner "cannot be left alone safely." *Id.* at 4.

20. As provided in section 4.1 of the LTC policy, personal care services must be medically necessary. A component of medical necessity is that services 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.” Here, there was little evidence shown that Petitioner specifically needs thirty-five (35) additional hours of personal care, weekly, to address her ADLs or IADLs. For example, Petitioner did not establish how long each ADL and IADL takes to perform, nor show that the approved twenty-one (21) hours of personal care were insufficient to meet her needs. Here, the only evidence of additional care needed is [REDACTED]’s letter, which opines that “24/7 custodial support” is necessary and that Petitioner “does not need skilled nursing assistance and this custodial support would avoid unnecessary institutionalism.” *Id.* at 27. Further, the letter provided that Petitioner has “increased weakness and a need for more assistance with activities of daily living.” *Id.* Although this is evidence that Petitioner may need an increase in her personal care services to assist with her ADLs, it does not fully establish that she needs an increase of thirty-five (35) hours. Therefore, upon consideration of the testimony provided, evidence submitted, and applicable policies, the undersigned finds that Petitioner did not prove by a preponderance of the evidence that Respondent’s denial of an additional thirty-five (35) hours of personal care services was incorrect.

#### **ADULT COMPANION CARE SERVICES**

21. Petitioner requested thirty-five (35) hours of adult companion care services. Respondent denied Petitioner’s request in the NABD, dated January 20, 2020. Respondent indicated on the NABD that Petitioner did not meet all of the criteria of medical necessity, but did not specify which medical necessary criteria was the basis for its decision. *Id.* at 4 and 5. In the NPAR, dated,

February 18, 2020, Respondent asserted that Petitioner's request for adult companion care is "in excess of [her needs]." *Id.* at 77. Respondent explained that Petitioner has "sixty-three hours of paid help that you can socialize with" and that she can also "talk and spend time with family."

22. As provided in the LTC policy, adult companion care services are intended to provide "supervision when necessary to protect the health, safety, and well-being of the enrollee, or social enrichment of a functionally impaired enrollee". In support of her request, Petitioner's physician, [REDACTED], opined that Petitioner needed "24/7 custodial support". *Id.* at 27. Further, Respondent conceded, in the NABD, dated January 20, 2020, that Petitioner "cannot be left alone safely." *Id.* at 5.

23. Respondent denied Petitioner's request for adult companion care services because Petitioner has "sixty-three hours of paid help that you can socialize with" and that she can also "talk and spend time with family." *Id.* at 77. Respondent's assertion is reasonable in regards to whether Petitioner's socialization needs are met, but does not address the supervisory function that adult companion care also provides. Respondent conceded that Petitioner "cannot be left alone safely." *Id.* at 5. Furthermore, [REDACTED]'s opinion that Petitioner needs "24/7 custodial support" bolsters the necessity of Petitioner's request for additional adult companion care. Petitioner has a daughter that can assist with providing supervision, however, as testified to by [REDACTED] *supra* ¶ 6, Petitioner's daughter provides homeschooling for her daughter, and thus is unable to provide supervision for the sixteen (16) hours per day when other services are not in place.

24. As adult companion care services are to provide, among other things, supervision to protect the safety of the enrollee, the concession of the Respondent as well as the

recommendation of [REDACTED], shows that her request for adult companion care is “individualized specific, and consistent with symptoms or confirmed diagnosis of the illness or injury under treatment.” *Id.* at 123. As Petitioner needs supervision at all times, and Petitioner does not have sufficient family support to meet that need, Petitioner has shown that her request is not in excess of her needs and is not “intended for the convenience of the recipient, the recipient’s caretaker, or the provider.” *Id.* at 124. Further, Petitioner’s request may enable her to “live . . . in the setting of her choice.” *Id.* As such, Petitioner has shown that she has an unmet need for supervision. Therefore, upon consideration of the testimony provided, evidence submitted, and applicable policies, the undersigned finds that Petitioner proved by a preponderance of the evidence that Respondent’s denial of an additional thirty-five (35) hours of adult companion care services was incorrect.

#### **HOMEMAKER SERVICES**

25. Petitioner requested thirty-five (35) hours of additional homemaker services, weekly. As explained in the NPAR, dated February 18, 2020, Respondent denied Petitioner’s request because it was in excess of her needs. *Id.* at 77. Respondent further explained that Petitioner has family that can provide assistance and other paid services. *Id.*

26. As provided in section 4.2.1.9 of the LTC policy, homemaker services are intended to provide assistance with “general household activities . . . and routine household care.” The record shows that Petitioner needs total assistance (cannot do at all) with the following IADLs: heavy chores, light housekeeping, and preparing meals. *Id.* at 47. Furthermore, Petitioner needs assistance (but not total help) with shopping. *Id.* Petitioner receives twenty-one (21) hours of personal care services and twenty-one (21) hours of homemaker services to assist with her ADLs

and IADLs. In support of her request for an additional thirty-five (35) hours of homemaker services, Petitioner provided a letter from ██████ recommending that Petitioner receive “24/7 custodial support.” *Id.* at 27. Lastly, Respondent conceded in the NABD, dated January 30, 2020, that Petitioner “cannot be left alone safely.” *Id.* at 4.


27. As provided in section 4.1 of the LTC policy, homemaker services must be medically necessary. A component of medical necessity is that services 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.” Here, there was little evidence shown that Petitioner specifically needs thirty-five (35) additional hours of homemaker care, weekly, to address her needs. The Petitioner did not establish which areas of household care were not being met by the twenty-one (21) hours of homemaker services that are already provided by Respondent. As discussed *supra*, the only evidence of additional care needed was ██████’s letter, which only opined that “24/7 custodial support” was necessary, and did not specify that the increase in services were to assist with household care or other areas that homemaker services were intended to address. Therefore, upon consideration of the testimony provided, evidence submitted, and applicable policies, the undersigned finds that Petitioner did not prove by a preponderance of the evidence that Respondent’s denial of an additional thirty-five (35) hours of homemaker services was incorrect.

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

Respondent’s denial of Petitioner’s request for personal care services is **AFFIRMED**.  
Petitioner’s appeal based on Respondent’s denial of personal care services is **DENIED**.  
Respondent’s denial of Petitioner’s request for adult companion care services is **REVERSED**.

Petitioner's appeal based on Respondent's denial of adult companion care services is **GRANTED**. Respondent's denial of Petitioner's request for homemaker services is **AFFIRMED**. Petitioner's appeal based on Respondent's denial of homemaker services is **DENIED**.

**DONE AND ORDERED** this 17th day of August, 2020, in Tallahassee, Leon County, Florida.

 Joseph Mabry  
20-FH [REDACTED], 20-FH [REDACTED], 20-  
FH [REDACTED], 20-FH [REDACTED]  
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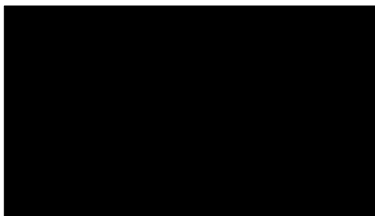
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**JOSEPH MABRY, Hearing Officer**  
**Agency for Health Care Administration**  
**Office of Fair Hearings**  
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**NOTICE OF A RIGHT TO JUDICIAL REVIEW**

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:**



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