



All parties and witnesses appeared for the Fair Hearing telephonically. [REDACTED] (“Petitioner’s Authorized Representative” or “[REDACTED]”) appeared for the Fair Hearing to provide testimony and did not call any witnesses.

Kizzy Alleyne, Senior Paralegal for Sunshine State Health Plan, Inc. (“Sunshine Health”), appeared as a representative for Respondent. The following persons appeared as witnesses for Respondent: Dr. Bonnie Koreff-Wolf (“Dr. Koreff-Wolf”), Medical Director for Sunshine Health; Shacondra Loumaine, LTC Coordinator for Sunshine Health; Stephanie Gunning, Case Management Supervisor for Sunshine Health; Alshanetha Williams, Case Manger Supervisor for Sunshine Health; and Louise Jeanty, Quality Improvement Supervisor for Sunshine Health.

Lisa Sanchez, Medical Health Care Program Analyst and Fair Hearing Liaison for the Agency for Health Care Administration (“Agency” or “AHCA”), appeared as an observer.

Petitioner’s Authorized Representative did not introduce any exhibits at the Fair Hearing. Respondent introduced an evidence packet containing one hundred and six (106) pages, which was admitted into evidence as Respondent’s Composite Exhibit 1. Respondent’s Composite Exhibit 1 included the following: Table of Contents; Medicaid Fair Hearing Summary (dated September 4, 2020); Notice of Adverse Benefit Determination (“NABD”) (dated July 8, 2020); Long Term Care Person-Centered Plan (“Previous Plan of Care”) (signed by Care Manager on July 2, 2020); Long Term Care Person-Centered Plan (“Current Plan of Care”) (signed by Care Manager on July 28, 2020); Florida Department of Elder Affairs: 701B Comprehensive Assessment (“701B Assessment”) (dated July 2, 2020); [REDACTED]’s email request for a plan appeal (dated July 22, 2020); Request for an Appeal or Grievance Form (dated July 16, 2020); Letter from [REDACTED] [REDACTED] (“[REDACTED]”) (dated [REDACTED], 2020); [REDACTED]’s letter (dated July 22, 2020); Expedited

Appeal Acknowledgment letter (dated July 22, 2020); Expedited Appeal Acknowledgment letter (dated September 4, 2020); Notice of Plan Appeal Resolution (“NPAR”) (dated July 23, 2020); Sunshine Health Policy and Procedure: LTC (Long Term Care) Ancillary Service Criteria (LT.UM.09) (“LTC Ancillary Service Criteria”); and Florida Administrative Code Rule (“Fla. Admin. Code R.”) 59G-1.010 (166).

### **FINDINGS OF FACT**

1. Petitioner is an enrolled member of Sunshine Health’s Long-Term Care (“LTC”) Program. See Respondent’s Composite Exhibit 1, page 2. Sunshine Health is a Medicaid Managed Care organization contracted by the Agency to provide services to eligible Medicaid recipients in the State of Florida.

2. Petitioner is an eighty-five (85) year old woman residing in the community alone. *Id.* at 31-32; *see also* as reiterated by Dr. Koreff-Wolf at the hearing. Petitioner has a decline in cognitive abilities. *Id.* at 33. Petitioner experiences the following physical health conditions: Osteoarthritis; frequent bladder incontinence; occasional bowel incontinence; and high blood pressure. *Id.* 37-38. Petitioner has a mental health diagnosis of Alzheimers and Dementia. *Id.* at 52. As testified to by [REDACTED], Petitioner is prescribed five medications to be taken daily.

3. Petitioner needs supervision or prompt with Activities of Daily Living (“ADLs”) such as dressing. *Id.* at 35; *see also* as reiterated by Dr. Koreff-Wolf at the hearing. Petitioner needs assistance (but not total help) with bathing. *Id.*; *see also* as reiterated by Dr. Koreff-Wolf at the hearing. Petitioner needs no assistance with eating. *Id.*; *see also* as reiterated by Dr. Koreff-Wolf at the hearing. Petitioner uses an assistive device for using the bathroom, transferring, and walking/mobility. *Id.*; *see also* as reiterated by Dr. Koreff-Wolf at the hearing. As testified to by

██████████, Petitioner relies upon ██████████ to manage Petitioner’s money and conduct the Petitioner’s shopping.

4. Petitioner needs total assistance with Instrumental Activities of Daily Living (“IADLs”) such as heavy chores and using transportation. *Id.* at 36. Petitioner needs assistance (but not total help) with light housekeeping, managing money, preparing meals, and shopping. *Id.* Petitioner needs no assistance with using the telephone and managing medication. *Id.*

5. Prior to the reduction at issue, Petitioner’s current Plan of Care included the following services:

- Homemaker services – 10 hours per week;
- Personal Care services – 34 hours per week;
- Adult Companion Care services – 9 hours per week;
- Pull-ups – 1 case per month; and
- PERS – monthly subscription.

*Id.* at 25; *see also* as reiterated by Dr. Koreff-Wolf at the hearing.

6. On July 2, 2020, Sunshine received Petitioner’s request for nine (9) hours per week of Adult Companion Care services. *See* Respondent’s Composite Exhibit 1, pages 4-5.

7. On July 8, 2020, Sunshine issued an NABD terminating Petitioner’s nine (9) hours per week of Adult Companion Care services. *Id.* The NABD stated as follows:

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 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: Sunshine Health looked at the member's present care needs and provided home services. The member's present care plan includes 9 hours/week of Companion Care Services. Based on the assessment of the member's care needs and household and caregiver status, Sunshine Health will terminate the 9 hours/week of Companion Care Services. This decision was made with Sunshine Health Policy LT.UM.09 Long Term Care Ancillary Service Criteria.

*Id.* at 5-6.

8. On [REDACTED], 2020, [REDACTED] recommended that Petitioner's nine (9) hours per week of Adult Companion Care services be reinstated due to Petitioner's declining health, risk of falls, and Petitioner's mental condition being disoriented and confused. *Id.* at 52. [REDACTED] also cited Petitioner's need for supervision, assistance with medications, and personal grooming throughout the day. *Id.*

9. On April 14, 2020, Sunshine issued an NPAR partially approving Petitioner's plan appeal.

*Id.* at 68. The NPAR stated as follows:

Health's Notice of Adverse Benefit Determination dated July 8, 2020, Notice of Adverse Benefit Determination Number [REDACTED], TERMINATING 9 hours per week of companion care (the person who helps and watches over you), provided to [Petitioner].

On July 23, 2020, after consideration of the information you provided to Sunshine Health in support of your expedited plan appeal, **Sunshine Health hereby PARTIALLY DENIES your plan appeal.** As a result, [Petitioner] will not receive 9

hours per week of companion care (the person who helps and watches over you), effective July 23, 2020.

The reason for our decision was: **The appeal to overturn the termination of 9 hours per week of Companion Care Services is partially approved for 5 hrs per week.** the remaining 4 hrs per week are terminated. This decision was based on the assessment of the member's care needs and household and caregiver status.

The updated care plan approved by Sunshine Health will include: 5 hours per week of Companion Care Services

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 Family Medicine.

*Id.*

10. On July 31, 2020, Petitioner's Authorized Representative timely requested a Fair Hearing to contest the reduction of Adult Companion Care services.

11. At the hearing and under oath, Dr. Koreff-Wolf testified that Sunshine Health used the 701-B Comprehensive Assessment to make a medical necessity determination that four (4) hours per week of Adult Companion Care services were in excess of Petitioner's needs. Dr. Koreff-Wolf also applied the LTC Ancillary Criteria to make a medical necessity determination. Dr. Koreff-Wolf also considered Petitioner's natural support of [REDACTED] who lives nearby and does not work outside of the home, and Petitioner's LTC services. Dr. Koreff-Wolf testified that [REDACTED] spends most of his nights at the Petitioner's home and [REDACTED] has installed video cameras in the home to monitor Petitioner. Dr. Koreff-Wolf argued that Adult Companion Care services do not provide hands-on care, but do provide supervision. Dr. Korreff-Wolf testified that a Adult Companion Care home health aide is not authorized to administer any form of medication.

12. [REDACTED] testified that he is a retired and disabled veteran. [REDACTED] testified that the hours at issue were previously used for cooking, washing clothes, and administering eye drop

medication. ██████ testified that he monitors the Petitioner via the video cameras at his home and will come to the home, if Petitioner urinates on herself or it appears that the Petitioner needs assistance. ██████ stated that he lives 20 minutes away from the Petitioner's home.

### 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 Florida Statutes ("Fla. Stat.") § 409.285(2) (2019). This order is the final administrative decision of AHCA under Fla. Stat. § 409.285(2)(a).

14. Pursuant to Fla. Admin. Code R. 59G-1.100(17)(b), this hearing was held as a *de novo* proceeding.

15. The burden of proof in this proceeding is governed by Fla. Admin. Code R. 59G-1.100(17)(g), which provides as follows:

The burden of proof is on the party asserting the affirmative of an issue, except as otherwise required by statute. **The burden of proof is on the Agency or plan, whichever is applicable, when the issue presented is the suspension, reduction, or termination of a previously authorized service.** The burden of proof is on the recipient or enrollee, when the issue presented is the denial or a limited authorization of a service. The party with the burden of proof shall establish its position to the satisfaction of the Hearing Officer by a preponderance of the evidence.

(Emphasis added).

16. Because Respondent reduced an existing service, the burden of proof is on the Respondent. *See* Fla. Admin. Code R. 59G-1.100(17)(g). The standard of proof in an administrative hearing is a preponderance of the evidence. *Id.* The preponderance of the evidence standard requires proof by "the greater weight of the evidence" (Black's Law Dictionary at 1201, 7th Ed.).

17. The Florida Medicaid Statewide Medicaid Managed Care Long-term Care Program Coverage Policy (“LTC Policy”) (March 2017), incorporated by reference in Fla. Admin. Code R. 59G-4.192, governs LTC services available to eligible Medicaid recipients in the State of Florida.

18. The 701B Comprehensive Assessment is, “an individualized, complete assessment of an individual’s medical, developmental, behavioral, social, financial, and environmental status. . . . to determine eligibility for the LTC program based on the need for a nursing facility level of care.” § 1.3.5 of the LTC Policy.

19. Natural Supports are, “[u]npaid supports that are provided voluntarily to the individual in lieu of home and community-based services and supports.” § 1.3.16 of the LTC Policy.

20. The LTC Coverage Policy defines ADLs and IADLs as follows:

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

When necessary for the recipient to function independently, including:

- 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)**

IADLs include:

- 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)

21. The LTC Policy states the following coverage criteria:

**4.1 General Criteria**

Florida Medicaid covers services that meet all of the following:

- Are determined medically necessary;
- Do not duplicate another service; and
- Meet the criteria as specified in the 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:

**4.2.1.1 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.

22. The LTC Policy defines "Medically Necessary" or "Medical Necessity" as follows:

#### **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.

23. The Florida Medicaid Definitions Policy (August 2017) ("Definitions Policy"), which is incorporated by reference in Fla. Admin. Code R. 59G-1.010, provides definitions of commonly

used terms that are applicable to all sections of Fla. Admin. Code R. 59G, unless specifically stated otherwise in a service-specific coverage policy or rule. The Definitions Policy defines Medically Necessary or Medical Necessity as:

### **2.83 Medically Necessary or Medical Necessity**

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 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
- 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.

24. Respondent relied upon the LTC Ancillary Service Criteria to make its Medical Necessity determination. See Respondent's Composite Exhibit 1, pages 75-105. The LTC Ancillary Service Criteria states as follows regarding Adult Companion Care services:

#### **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 ADL's 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 unctional 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 nonfamily 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

#### 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 services provide non-medical care, supervision, and socialization to a functionally impaired adult. 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 include Adult Companion Care to the care and supervision of the member. The provision of services is provided at the member's residence when supervision is necessary.

### Approval Criteria

To be considered for Adult Companion Care Services, a member must have a qualifying trigger diagnosis and meet the minimal criteria for the four (4) dimensions of determination as discussed here.

#### a) Trigger diagnosis include:

- Advanced Alzheimer's disease & dementia
- Mental Illness requiring supervision
- Parkinson's disease
- Multiple Sclerosis
- ALS
- Congestive Heart Failure
- COPD
- Cancer
- End Stage Renal disease
- TBI
- Other diagnosis as deemed medically necessary by Medical Director

#### b) Four (4) Dimensions of Determination

- Need for Supervision – safety risk if left without supervision
  - See Section C.1.c. for more details
- Informal Supports
  - None
  - Few friends/family in area
  - Family nearby

- Living Situation
  - Lives alone
  - Lives with others but is alone for extended periods of time due to the necessary absence of a caregiver
  - Lives with caregiver and others
- Services in Place
  - Sunshine Health provided and provided by other provider/insurance

Exclusions and Limitations for Adult Companion Care include but are not limited to:

1. Service must be provided at member's residence.
2. Member must reside in a non-facility based setting.
3. Member resides alone or resides with others and is left alone for long periods where member is at risk.
- 4. Member is at risk of social isolation.**
5. Member has cognitive impairment that prevents them from knowing when or how to carry out personal care tasks.
6. The member has memory deficits, which prevent him or her from managing care tasks.
- 7. Member requires hands on assistance to carry out ADL tasks.**
8. Member attends Adult day care or engages in community group or social events, unless service is needed for supervision. The provider must be awake during the provision of companion services, and the services shall not be provided overnight.
9. Adult Companion Care services provided by Sunshine Health may not duplicate services that are provided under by another provider.
10. Cognitive ability of member to engage in and comprehend conversation with others
11. Care, grooming, or feeding of pets and animals
12. Yard work, gardening, or home maintenance work
13. Escort Services

Respondent's Composite Exhibit 1, pages 75-105.

25. Petitioner is an eighty-five (85) year old woman residing in the community alone. See supra ¶ 2. Petitioner has been diagnosed with Alzheimer's and Dementia. See supra ¶ 2. [REDACTED] recommended that Petitioner's nine (9) hours per week of Adult Companion Care services be reinstated due to Petitioner's need for supervision, assistance with medications, and personal grooming throughout the day. See supra ¶ 8. Petitioner currently receives the following LTC

services: Homemaker services – 10 hours per week; Personal Care services – 34 hours per week; Adult Companion Care services – 5 hours per week; Pull-ups – 1 case per month; and PERS – monthly subscription. *See supra* ¶ 5. Respondent argued that the Adult Companion Care services, at issue, were no longer medically necessary based on the 701-B Comprehensive Assessment, Petitioner’s natural support of ██████████, Petitioner’s LTC services, and the LTC Ancillary Criteria. *See supra* ¶ 11.

26. As for the LTC Ancillary Service Criteria criteria at issue, Dr. Korref-Wolf argued that Petitioner is not at-risk for social isolation. *See supra* ¶ 11. The LTC Ancillary Service Criteria for Adult Companion Care services weighs two factors: Trigger diagnosis; and Four (4) Dimensions of Determination (Need for supervision; Informal supports; Living Situation; and Services in place). *See supra* ¶ 24. Petitioner is diagnosed with a trigger diagnosis (Alzheimer’s disease & dementia). However, the record does not indicate that Petitioner is a safety risk if left without supervision. Although Petitioner lives alone, ██████████ (Petitioner’s informal support) lives nearby, he visits the Petitioner on a daily basis, and he also monitors Petitioner through video cameras installed in the home. Also, Petitioner receives a combined forty-nine (49) hours per week of LTC services. The undersigned considered Petitioner’s Authorized Representative’s testimony with respect to Sunshine’s internal criteria, the Definitions Policy criteria for Medical necessity, and the LTC Policy criteria for Medical Necessity with respect to Adult Companion Care services.

27. Adult Companion Care services are covered if they are determined to be medically necessary. Because Adult Companion Care services are classified as a Home and Community-Based Supportive Service, section 1.3.14(b) of the LTC Policy applies to the request for services. To be medically necessary, a service must meet the criteria set forth under section 1.3.14(b).

Based on the record, Respondent reduced Petitioner's Adult Companion Care services for not meeting the following medical necessity standard: must be individualized, specific, consistent with symptoms or diagnosis of illness or injury and not be in excess of the patient's needs. See supra ¶ 7, 9, and 11.

28. The record indicates that the four (4) hours per week of Adult Companion Care services at issue in the instant case are in excess of the Petitioner's needs. Dr. Koreff-Wolf asserted that Petitioner's son, ██████████, does not work outside of the home and lives nearby to the Petitioner. See supra ¶ 11. In addition, Dr. Koreff-Wolf asserted that ██████████ installed video cameras into the Petitioner's home to monitor her safety and ██████████ also spends most nights at the Petitioner's home. ██████████ did not dispute that he is not employed outside of the home or that he monitors Petitioner's safety through video cameras. ██████████ testified that Petitioner needs the four (4) hours per week of Adult Companion Care services for cooking, washing clothes, and administering eye drop medication. See supra ¶ 10. However, the LTC Policy labels such tasks under Personal Care services and Homemaker services, not Adult Companion Care services. The undersigned considered Petitioner's provider recommendation in determining whether Respondent's reduction of Adult Companion Care services was correct. However, based on the record, Respondent demonstrated that Adult Companion Care services at issue (four (4) hours per week) were in excess of Petitioner's needs at this time. Thus, the Petitioner no longer meets criterion number one for medical necessity under section 1.3.14(b) of the LTC Policy

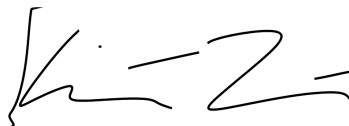
29. Accordingly, upon consideration of Respondent's Composite Exhibit 1, the parties' sworn testimony, the LTC Policy, and the Definitions Policy, and Sunshine's LTC Ancillary Service Criteria,

the undersigned concludes that Respondent has shown by a preponderance of the evidence that Respondent's reduction of Adult Companion Care services was correct.

**DECISION**

Respondent's reduction of Adult Companion Care services is **AFFIRMED**. Petitioner's request for relief is hereby is **DENIED**.

**DONE and ORDERED** this 30th day of October, 2020, in Tallahassee, Leon County, Florida.



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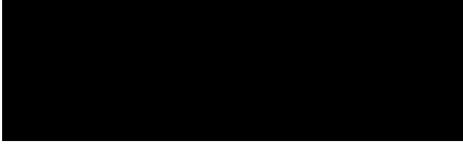
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**KRISTOPHER LEÓN, Hearing Officer**  
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**NOTICE OF A RIGHT TO JUDICIAL REVIEW**

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.

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