

STATE OF FLORIDA
DEPARTMENT OF CHILDREN AND FAMILIES
OFFICE OF APPEAL HEARINGS

FILED
FEB 16 2015

OFFICE OF APPEAL HEARINGS
DEPT. OF CHILDREN & FAMILIES

APPEAL NO. 14F-09487


PETITIONER,

vs.


AGENCY FOR HEALTH CARE ADMINISTRATION
CIRCUIT: 17 BROWARD
UNIT: AHCA

RESPONDENT.

FINAL ORDER

Pursuant to notice and agreement, Hearing Officer Patricia Antonucci convened an administrative hearing in the above-referenced matter on December 10, 2014 at approximately 1:00 p.m. All parties and witnesses appeared via teleconference.

APPEARANCES

For Petitioner:  Petitioner's mother

For Respondent: Sharon Garrison, RN Specialist/Fair Hearings Coordinator,
Agency for Healthcare Administration

ISSUE

At issue is whether the Respondent, the Agency for Health Care Administration (AHCA or 'the Agency'), through its contracted Health Maintenance Organization, South Florida Community Care Network (SFCCN), properly reduced Petitioner's private duty nursing (PDN) service hours from 16 hours per day, 7 days per week, to 12 hours per day, Monday through Friday; and 14 hours per day, Saturday and Sunday.

PRELIMINARY STATEMENT

At hearing, Petitioner was represented by her mother, [REDACTED]

Respondent was represented by AHCA RN Specialist/Fair Hearings Coordinator, Sharon Garrison. Respondent presented the following witnesses from Children's Medical Services (CMS) and SFCCN:

- Catherine Starkey, Grievance and Appeals Coordinator
- [REDACTED] Nursing Director (Ft. Lauderdale)
- [REDACTED] Regional Nursing Director
- Patrice Miller, Government Operations Consultant 3
- Patricia Levin, CMS Manager
- Alexander Fabano, CMS Contract Manager for SFCCN
- [REDACTED] MD, Pediatric Medical Director
- [REDACTED] MD, Medical Director SFCCN
- [REDACTED] MD, Adult Medical Director

Carol King, AHCA RN Specialist, and Dr. Venereo, C.M.O. with SFCCN, appeared as observers. Petitioner had no objection to their observation of the proceedings.

Petitioner's Exhibit 1 and Respondent's Exhibits 1 through 11, inclusive, were accepted into evidence. Administrative notice was taken of Fla. Stat. § 409.971-973, 409.905, 409.9131, Fla. Admin. Code R. 59G-1.010 and 59G-4.130, and pertinent portions of the Florida Medicaid Home Health Services Coverage and Limitations Handbook (October 2014).

The record was held open to receive supplemental documentation referenced at hearing but not previously filed in the case, as well any response thereto. Respondent submitted additional information, which was accepted and entered into evidence as follows:

- Respondent's Exhibit 12: Notice dated December 10, 2014, authorizing reinstatement of Petitioner's PDN hours, pending the outcome of her appeal (one page).

- Respondent's Composite Exhibit 13: National Nursing Pool Parent/Guardian Checklist, dated July (father) and October (mother) 2013 (six pages).
- Respondent's Exhibit 14: Physician's note reflecting lifting restrictions for Petitioner's mother, dated June 14, 2014 (one page).

- Respondent's Exhibit 15: Parent or Legal Guardian Medical Limitations Form (mother), completed September 10, 2014 (one page).

- Respondent's Exhibit 16: CMS/SFCCN Multi-Disciplinary Review Committee Charter (Southeast Florida Region) (five pages, though last page is labeled "Page 5 of 6").

No further contact or documentation was received from Petitioner.

FINDINGS OF FACT

Based on the oral and documentary evidence presented at the final hearing and on the entire record of this proceeding, the following Findings of Fact are made:

1. Petitioner is an 8-year-old female, born [REDACTED]. She is a member of SFCCN, a managed care/HMO company, contracted with AHCA to provide services to eligible Medicaid recipients.

2. The Petitioner is diagnosed with cerebral palsy, chronic respiratory disease, asthma, mixed developmental disorders, and epilepsy. She is also blind, and suffers from GERD. The Petitioner has a VP shunt in place, and is fed through a gastrostomy tube. She does not take any food by mouth. Petitioner requires breathing treatments, including oxygen, use of a "cough vest," and every four hours, she receives a nebulizer treatment. She utilizes a CPAP machine to relieve sleep apnea, and must be monitored

for seizures as she sleeps. She takes multiple medications and cannot complete her own activities of daily living (ADLs).

3. This year, Petitioner attends school Monday through Friday, leaving her home at 6:00 a.m. and returning at 1:30 p.m. In addition to PDN services, she receives physical, speech, occupational, and respiratory therapy.

4. The Petitioner lives in the family home with her mother and her baby brother, born in [REDACTED] 2014. Petitioner's father is no longer involved in her care. The Petitioner's mother recently began to experience seizures of her own, one of which exacerbated a previous injury to her shoulder. As a result of this injury, the mother's physicians placed her on a lifting restriction of 20 pounds (June 14, 2014), which was later decreased to 10 pounds (September 10, 2014), following her September 2014 hospitalization. The mother reports that since the onset of seizures, she has been experiencing memory problems, noting that she "can barely remember" to take her seizure medications, each day.

5. Prior to the action at issue, Petitioner was authorized to receive PDN services of 16 hours per day, seven days per week. At the time these hours were authorized, Petitioner's mother was employed. Due to her health issues, combined with the need to take care of her infant son, the mother is currently unable to work. The mother notes that she does the best she can with her son, but that his father (non-mutual to Petitioner) provides a good deal of the baby's care, as the mother cannot be relied upon to safely lift, hold, or carry the infant.

6. Per SFCCN's Multi-Disciplinary Review Committee Charter, Southeast Florida Region ("SFCCN Charter"), a member's service array is reviewed every six months to determine whether services are still required/medically necessary.

7. The SFCCN Multi-Disciplinary Review Committee (MDRC) met on or about August 25, 2014. Contained within the MDRC's "Exception to Benefit Request Form," the committee noted, in part:

Dx: CP, Sleep Apnea, G/T placed 6/17/13.... attendsn [sic] school M-F new school schedule is pending. Mother works 5d/wk Feeding sched per POC: Boost Kids Essential 1 box twice dly and Boost Kids Essent 46ml/hr continuous x 12h at night. According to nsg poc- also eats by mouth? ER visit @PGH 5/18/14 for swelling of limb/no other info available. Last documented admission – BHMC 3/7/14-3/11/14 in resp distress.dx:Asthma. 2/27/14: Per cong RN, mom reported, no PO meds.

Justification for exception: We need eval. Of feeding by nutritionist – Pt is over wt.

8. A MDRC Staffing Summary dated August 27, 2014 reflects the committee's decision to reduce Petitioner's PDN hours "Effective 09/11/14." Under a section labeled "Task List/Referrals," the Summary notes: "Contact PCP to set up a meeting to address child's medical needs."

9. By letter dated August 29, 2014, SFCCN notified Petitioner:

We have limited coverage of the following medical services or items that you or your doctor requested: Skilled nursing 16 hours/day 7 days/week

We have limited this because: After review by the CMS Multidisciplinary Committee on August 27, 2014, medical necessity for Skilled Nursing Service was not met. National evidence based utilization review guidelines were used for this determination. Therefore, effective 9/15/14 the skilled Private Duty Nursing service will be reduced to 12 hours/day Monday-Friday and 14 hours/day Sat & Sun.

...

If you do not agree with our decision, you can appeal by calling or writing to:

CMSN Broward/NORTH

Attention: Customer Service/Appeal Coordinator

P.O. Box 460512

Ft. Lauderdale, FL 33345-0512

Telephone #: 1-800-988-5640, prompt #1

...

While we decide about your appeal you will still get services. If your appeal is denied, you may have to pay for the cost of the service(s).

10. Per SFCCN/CMS records, on September 3, 2014, Petitioner contacted SFCCN by telephone to request reconsideration of the service reduction. On or about September 12, 2014, Petitioner's mother notified SFCCN that she was hospitalized, and requested additional PDN hours to provide care for the Petitioner during her hospital stay. On September 22, 2014, via e-mail to SFCCN, Petitioner's mother confirmed her previous request for reconsideration of the PDN reduction.

11. SFCCN did not properly record Petitioner's request(s) for reconsideration. As such, it implemented the PDN reduction in September of 2014. From that time until the date of hearing, Petitioner has been receiving only 12 PDN hours per day, Monday through Friday, and 14 PDN hours per day Saturday and Sunday.

12. Grievance Appeal Committee notes from October 23, 2014 note, in pertinent part:

[Petitioner] is a 8 y/o girl with history of seizures, chronic respiratory diseases, cerebral palsy, mental retardation and blindness, G-T placement 2013. Case was presented to the CMS Multidisciplinary Committee on 8/27/14. Based on documentation submitted for review it was determined that... Mother is skilled in all aspects of child's care. Child no longer receiving continuous GT feeds at night, feedings are boluses during the day.

13. Via letter dated October 28, 2014, SFCCN notified Petitioner that after reconsidering its determination in response to her appeal, SFCCN decided to uphold the reduction of Petitioner's PDN services.

14. On November 3, 2014, Petitioner requested an administrative hearing to challenge this reduction.

15. At hearing, SFCCN could not explain why it had improperly recorded Petitioner's timely appeal, such that the reduction was implemented. As such, SFCCN agreed to reinstate Petitioner's PDN to 16 hours/day, 7 days/week, effective immediately and pending the outcome of her fair hearing.

16. SFCCN noted that in conducting its evaluation, the MDRC reviewed Petitioner's Plan of Care, hospital discharge and physician visit notes, Parental Nursing Skills Checklists, mother's neurology reports/lifting restrictions, and an August 2014 request for g-tube change from Petitioner's gastroenterologist (Fax cover of the request shows send 08/19, 08/21 "second request," and 08/27 "3rd request").

17. The Petitioner's Plan of Care reflects that she requires Albuterol (by nebulizer) every 4 hours and Pulmicort (by nebulizer) every 12 hours. Her nutritional requirements show both twice daily and continuous g-tube feeds, and she is noted to be incontinent of bladder and bowel. She used a wheelchair to mobilize, requires transfers from bed to the wheelchair, and is noted to have limited range of motion "due to quadriplegia, and contractures." She is further noted to have "a complete self care deficit."

18. Petitioner's mother testified that since Petitioner's PDN hours were reduced, she (mother) has been performing PDN tasks from the time Petitioner returns home from school to the time the PDN provider arrives (i.e., 1:30 PM - 6:00 PM). Mother is

administering Petitioner's medications, cough vest treatment, and nebulizer, performing any necessary suctioning, as well as flushing her g-tube, completing one of Petitioner's two daily bolus feeds, and starting her continuous feed. Additionally, the mother has been giving Petitioner a bath, changing Petitioner's diapers, and attending to Petitioner's ADL needs -- including necessary transfers -- despite the fact that Petitioner weighs approximately 86 pounds (70+ pounds over mother's lift restrictions). The mother notes that Petitioner's feeding and medication schedules were designed by her physicians to work best with Petitioner's school attendance. She does not receive *anything* by mouth, and is still on continuous/drip feeds from 5:30 PM to 5:30 AM. In September of 2014, Petitioner received an "extension tube" for her gastrostomy, which now requires re-evaluation.

19. SFCCN testified that it utilizes Medicaid guidelines, in conjunction with its own SFCCN Charter in reviewing service requests. Many of the witnesses who appeared at hearing are noted within the Charter as members of the Multidisciplinary Committee.

Other pertinent portions of the SFCCN Charter reflect:

Roles and Responsibilities:

a) The Multi-Disciplinary Health Care Review Committee

- Applies the Medicaid definitions of "medical necessity" , "medically complex" and "medically fragile" in its determinations....
- Reviews assessments (by Mgmt and CMS) and recommendations in context of the family's circumstances and child's needs and priorities.
- Ensures that all relevant assessment information is presented before making recommendation....
- Seeks consultation from additional sources involved in the care and management of the individual with special needs, as needed.

...
e) SFCCN

- Conducts an internal reviews [*sic*] of medical necessity, medical condition of individual, including consultation with PCP, in advance of Committee review.

20. Physician reviewers from SFCCN testified that upon review of Petitioner's medical records, they were concerned as to her weight and nutritional status. However, while they noted the need for a nutritional evaluation and discussion with Petitioner's treating physician, there is no evidence that neither of these tasks was accomplished prior to the decision to reduce PDN.

21. It is SFCCN's position that nothing has changed with regard to Petitioner's medical status. SFCCN did not specify whether said status was determined to be "medically complex" and/or "medically fragile," nor did they provide any formula or calculation used to determine the number of PDN hours that are required to meet Petitioner's needs. However, because Petitioner's mother is no longer working, SFCCN determined that the mother could provide care, in lieu of a PDN provider. In reaching this conclusion, SFCCN noted that it did not consider the mother's lifting restrictions to be valid, and did not take into account the fact that an infant is now part of the household.

22. SFCCN further stated that the only "medically necessary" (as defined by statute and Early and Periodic Screening, Diagnosis, and Treatment Services) skilled intervention rendered by mother, which could not be adjusted to fit within the reduced PDN hours/schedule, is the Petitioner's tube feeding(s). While the physician reviewers testified that if the mother did not wish to provide feeding, it would *have to be covered*

by a PDN provider, SFCCN did not adjust its proposed reduction of service hours, accordingly.

CONCLUSIONS OF LAW

23. By agreement between AHCA and the Department of Children and Families, the Office of Appeal Hearings has jurisdiction to conduct this hearing pursuant to Florida Statutes Chapter 120.
24. Legal authority governing the Florida Medicaid Program is found in Florida Statutes, Chapter 409, and in Chapter 59G of the Florida Administrative Code. Respondent, AHCA, administers the Medicaid Program.
25. The October 2014 Florida Medicaid Home Health Services Coverage and Limitations Handbook (HHS Handbook) has been promulgated into rule by Fla. Admin. Code R. 59G-4.130. The HHS Handbook governs determinations of PDN services, as administered by Medicaid-contracted, managed care provider networks.
26. This is a Final Order, pursuant to § 120.569 and § 120.57, Fla. Stat.
27. This hearing was held as a *de novo* proceeding, in accordance with Fla. Admin. Code R. 65-2.056.
28. The burden of proof in the instant case is assigned to Respondent, who proposes a reduction of Petitioner's PDN services.
29. The standard of proof in an administrative hearing is preponderance of the evidence. (See Fla. Admin. Code R. 65-2.060(1).)
30. Florida Statutes §409.905 addresses mandatory Medicaid services under the State Medicaid Plan:

Mandatory Medicaid services.—The agency may make payments for the following services, which are required of the state by Title XIX of the Social Security Act, furnished by Medicaid providers to recipients who are determined to be eligible on the dates on which the services were provided. Any service under this section shall be provided only when medically necessary and in accordance with state and federal law....

(2) EARLY AND PERIODIC SCREENING, DIAGNOSIS, AND TREATMENT SERVICES.—The agency shall pay for early and periodic screening and diagnosis of a recipient under 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.

(emphasis added)

Nursing services are specifically mandated under managed care plans, via Fla. Stat. § 409.973 (1)(f and r).

31. Also with regard to managed care, per Fla. Stat. § 409.965:

All Medicaid recipients shall receive covered services through the statewide managed care program, except...The following Medicaid recipients are exempt from participation in the statewide managed care program:

- (1) Women who are eligible only for family planning services.
- (2) Women who are eligible only for breast and cervical cancer services.
- (3) Persons who are eligible for emergency Medicaid for aliens.

History.—s. 6, ch. 2011-134; s. 4, ch. 2014-57.

32. Fla. Stat. § 409.972 adds to the list of those exempt, noting:

(1) The following Medicaid-eligible persons are exempt from mandatory managed care enrollment required by s. 409.965, and may voluntarily choose to participate in the managed medical assistance program:

- (a) Medicaid recipients who have other creditable health care coverage, excluding Medicare.
- (b) Medicaid recipients residing in residential commitment facilities operated through the Department of Juvenile Justice or mental health treatment facilities as defined by s. 394.455(32).
- (c) Persons eligible for refugee assistance.
- (d) Medicaid recipients who are residents of a developmental disability center, including Sunland Center in Marianna and Tacachale in Gainesville.

- (e) Medicaid recipients enrolled in the home and community based services waiver pursuant to chapter 393, and Medicaid recipients waiting for waiver services.
- (f) Medicaid recipients residing in a group home facility licensed under chapter 393.
- (g) Children receiving services in a prescribed pediatric extended care center.
- (2) Persons eligible for Medicaid but exempt from mandatory participation who do not choose to enroll in managed care shall be served in the Medicaid fee-for-service program as provided under part III of this chapter.
- (3) The agency shall seek federal approval to require Medicaid recipients enrolled in managed care plans, as a condition of Medicaid eligibility, to pay the Medicaid program a share of the premium of \$10 per month.

33. No evidence was presented to demonstrate that Petitioner may opt-out of managed care for PDN needs.

34. Section 409.974(4), Florida Statutes, provides that the "Participation by the Children's Medical Services Network shall be pursuant to a single, statement contract with the agency... [and] must meet all other plan requirements for the managed medical assistance program," via the managed care model. In the instant case, CMS' managed care provider is SFCCN.

35. Per page 1-5 of the HHS Handbook, Private Duty Nursing services are defined as:

[M]edically necessary skilled nursing services that can be provided to recipients under the age of 21 in their home...to support the care required by their complex medical condition. Private duty nursing is furnished for the purposes of performing skilled interventions or monitoring the effects of prescribed treatment. (emphasis added)

36. Per HHS Handbook page 2-19, "Private Duty Nursing Services":

Parental Responsibility: There are times during the day when skilled interventions are not required for a recipient receiving private duty nursing services. In these cases, parents or legal guardians must provide assistance with activities of daily living (ADLs) and instrumental activities of daily living (IADLs) for their child, to the fullest extent possible....If the parents or legal

guardians are willing and capable of providing more than ADL and IADL care, private duty nursing can be authorized to supplement the care provided by those parents or legal guardians.

Medicaid can reimburse services rendered to a recipient whose parent or legal guardian is not available or able to provide ADL or IADL care. Supporting documentation must accompany the prior authorization request in order to substantiate a parent or legal guardian's inability to participate in the care of the recipient (i.e., work or school schedules and medical documentation).
(emphasis added)

37. Florida Administrative Code Rule 59G-1.010(166) defines medical necessity, as follows:

"Medically necessary" or "medical necessity" means that the medical or allied care, goods, or services furnished or ordered must:

(a) Meet the following conditions:

1. Be necessary to protect life, to prevent significant illness or significant disability, or to alleviate severe pain;
2. 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;
3. Be consistent with generally accepted professional medical standards as determined by the Medicaid program, and not experimental or investigational;
4. 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
5. Be furnished in a manner not primarily intended for the convenience of the recipient, the recipient's caretaker, or the provider. ...

(c) 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.

38. As the petitioner is under the age of 21, a broader definition of medically necessary applies, to include the Early and Periodic Screening, Diagnosis, and

Treatment Services (EPSDT) requirements. Both EPSDT and Medical Necessity requirements (both cited, above) have been considered in the development of this Order.

39. EPSDT augments the Medical Necessity definition contained in the Florida Administrative Code via the additional requirement that all services determined by the agency to be medically necessary for the *treatment, correction, or amelioration* of problems be addressed by the appropriate services.

40. The United States Court of Appeals for the Eleventh Circuit clarified the states' obligation for the provision of EPSDT services to Medicaid-eligible children in Moore v. Reese, 637 F.3d 1220, 1255 (11th Cir. 2011). The Court provided the following guiding principles in its opinion, (which involved a dispute over private duty nursing):

(1) [A state] is required to provide private duty nursing services to [a child Medicaid recipient] who meets the EPSDT eligibility requirements, when such services are medically necessary to correct or ameliorate [his or her] illness and condition.

(2) A state Medicaid plan must include "reasonable standards ... for determining eligibility for and the extent of medical assistance" ... and such standards must be "consistent with the objectives of" the Medicaid Act, specifically its EPSDT program.

(3) A state may adopt a definition of medical necessity that places limits on a physician's discretion. A state may also limit required Medicaid services based upon its judgment of degree of medical necessity so long as such limitations do not discriminate on the basis of the kind of medical condition. Furthermore, "a state may establish standards for individual physicians to use in determining what services are appropriate in a particular case" and a treating physician is "required to operate within such reasonable limitations as the state may impose."

(4) The treating physician assumes "the primary responsibility of determining what treatment should be made available to his patients." Both the treating physician and the state have roles to play, however, and "[a] private physician's word on medical necessity is not dispositive."

(5) A state may establish the amount, duration, and scope of private duty nursing services provided under the required EPSDT benefit. The state is not required to provide medically unnecessary, albeit desirable, EPSDT services. However, a state's provision of a required EPSDT benefit, such as private duty nursing

services, "must be sufficient in amount, duration, and scope to reasonably achieve its purpose."

(6) A state "may place appropriate limits on a service based on such criteria as medical necessity." In so doing, a state "can review the medical necessity of treatment prescribed by a doctor on a case-by-case basis" and may present its own evidence of medical necessity in disputes between the state and Medicaid patients (citations omitted).

41. In the instant case, PDN services are requested to treat and ameliorate Petitioner's ongoing needs related to several debilitating illnesses, including Cerebral Palsy, quadriplegia, and a seizure disorder. As such, PDN is in keeping with Fla. Admin. Code R. 59G-1.010(166)(1), and because it is recognized Medicaid service, it is consistent with generally accepted medical standards, per Fla. Admin. Code R. 59G-1.010(166)(3).

42. More specifically, however, Fla. Admin. Code R. 59G-1.010(166) also requires that any authorized service not be in excess of a patient's needs, be furnished in a manner not intended for convenience, and be a service for which no equally effective and less-costly treatment is available. In order for PDN services to fulfill these criteria, the Petitioner must fulfill the requirements for PDN, as provided in the HHS Handbook.

43. The HHS Handbook specifies that PDN services are appropriate for "performing skilled interventions or monitoring the effects of prescribed treatment," and further provides that parents must only be required to provide ADL/IADL (*not* skilled nursing) care to their children, to the extent the parent is able. The Petitioner requires suctioning, flushing, respiratory treatments, and tube-feeding, as well as skilled monitoring for the effects of these and other tasks. Petitioner's mother has a documented, medical restriction, which limits her ability to assist Petitioner with ADL

needs. The totality of the evidence reflects that the requirements of Fla. Admin. Code R. 59G-1.010(166)(2, 4, and 5) are met.

44. SFCCN's own Charter requires that its review of services consider the family dynamic and incorporate discussions with providers and a member's physicians *prior* to determining that a service reduction is proper. SFCCN did not follow this procedure.

45. When jointly considering the requirements of both ESPDT and Medical Necessity, along with a review of the totality of the evidence and governing legal authority, the undersigned concludes that AHCA has not met its burden of proof to show that a reduction in Petitioner's PDN is proper, at this time.

DECISION

Based upon the foregoing Findings of Fact and Conclusions of Law, it is hereby ORDERED that Petitioner's appeal is GRANTED. Respondent is directed to continue providing Petitioner with 16 hours per day, 7 days per week of PDN services.

NOTICE OF RIGHT TO APPEAL

This decision is final and binding on the part of the agency. If the petitioner disagrees with this decision, the petitioner may seek a judicial review. To begin the judicial review, the petitioner must file one copy of a "Notice of Appeal" with the Agency Clerk, Agency for Health Care Administration, 2727 Mahan Drive, Tallahassee, FL 32308-5403. The petitioner must also file another copy of the "Notice of Appeal" with the appropriate District Court of Appeal. The Notices must be filed within thirty (30) days of the date stamped on the first page of the final order. The petitioner must either pay the court fees required by law or seek an order of indigency to waive those fees. The petitioner is responsible for any financial obligations incurred as the agency has no funds to assist in this review.

FINAL ORDER (Cont.)

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DONE and ORDERED this 16th day of February, 2015,

in Tallahassee, Florida.

Patricia C. Antonucci

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