



FLORIDA LEGAL SERVICES, INC.

NSCLC
National Senior Citizens Law Center

A Guide for Advocates

Appeals and Fair Hearings in Florida's Managed Long-Term Care

What Options Are Available to a Consumer Who Has a Dispute with a Managed Care Plan?

When a service is being refused, reduced, suspended or terminated by a plan, Florida's managed long-term care system provides the consumer with two options: an appeal to the plan and/or a Medicaid fair hearing. An appeal is handled by the plan; a fair hearing, on the other hand, is a state-administered process.

In addition, a plan must have a separate process for responding to complaints that are not related to a refusal, reduction, suspension, or termination of benefits.

How Can a Consumer Challenge a Plan's Action?

Whenever a plan is refusing, reducing, suspending, or terminating a service, the plan must give a written notice to the consumer. The consumer has 30 days to make an appeal with the plan, or 90 days to request a fair hearing. It is possible for the consumer to pursue an appeal with the plan and then, if the appeal is unsuccessful, to request a fair hearing with the state. In that case, the consumer must request the fair hearing within 90 days of receiving notice of the plan's resolution of the appeal.

The contact information for the state's fair hearings office is:

Office of Public Assistance Appeals Hearings
1317 Winewood Boulevard, Building 5, Room 203
Tallahassee, Florida 32399-0700
(850) 488-1429

Can Previously-Authorized Services Be Protected from Reduction Until a Review Is Completed?

Yes. When a service has been previously authorized, but now is threatened with reduction, suspension, or termination, a consumer, when challenging the threatened action, can request that the service be continued at the current level until the challenge is resolved. This is true whether the challenge is made through a fair hearing or an appeal. In either case, the challenge and the request for continuation of services must be made within 10 days after the plan sent notice of the threatened action, or within 10 days after the intended effective date of the threatened action, whichever is later.

If a threat of reduction, suspension, or termination falls upon a service that initially was authorized only for a particular span of time, it is likely that a challenge to the threatened action will continue existing services only to the end of the authorized span of time, even if a decision on the challenge is not issued until a later date. Advocates who encounter this situation should contact [Miriam Harmatz](#) or [Anne Swerlick](#) at Florida Legal Services, miriam@floridalegal.org or anne@floridalegal.org. Facts of individual situations may be helpful in supporting advocacy to change government policy so that services always are continued while a consumer awaits a ruling on a challenge to a proposed reduction, suspension, or termination.

How Can a Consumer Seek an Expedited Resolution of an Appeal?

A plan must have an expedited review process for appeals when the standard timeline could seriously jeopardize the consumer's life, health, or ability to attain, maintain or regain maximum function. In such situations, the plan must resolve an appeal within 72 hours.

When Is a Managed Care Plan Required to Communicate in a Language Other than English?

If a language other than English is spoken by at least five percent of a county's population, the plan must offer written material in that language.

Also, a plan must provide interpreter services for speaking with consumers who use a language other than English. Translation must be done in-person when practical, and otherwise over the phone.

How Can a Consumer Obtain Assistance with an Appeal or Fair Hearing?

Information on local legal aid or legal services offices is available at www.floridalawhelp.org. Also, phone numbers for legal aid and legal services offices can be obtained through directory assistance.

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