

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



FILED

Jan 17, 2023, 12:00 pm

OFFICE OF FAIR HEARINGS

[REDACTED],

PETITIONER,

AHCA Case No.: 22-FH2066

Plan ID No.: [REDACTED]

vs.

CHILDREN'S MEDICAL SERVICES,

RESPONDENT.

_____ /

AMENDED FINAL ORDER

(amended to include Respondent's E-mail Address for Service)

At all times relevant to this proceeding, Petitioner received Medicaid benefits on a fee-for-service basis. On November 7, 2022, [REDACTED] requested a Fair Hearing based on Respondent's denial of a Power Wheelchair with accessories. On December 1, 2022, [REDACTED] designated [REDACTED], PT DPT as the designated authorized representative for the Petitioner, [REDACTED].

A Hearing Officer may deny or dismiss a Fair Hearing request if the Recipient files a written withdrawal of the request. A Hearing Officer may also deny or dismiss a Fair Hearing request if the Recipient testifies on the record that he or she wishes to withdraw the request. See Rule 59G-1.100(9)(b)(5)(a), Florida Administrative Code.

On January 12, 2023, the hearing was held before the undersigned Hearing Officer, with the designated representative for the Petitioner and the Respondent in attendance. At that time

and on the record, Petitioner's designated authorized representative withdrew the request for Fair Hearing.¹

Based on the foregoing,

IT IS THEREFORE ORDERED AND ADJUDGED THAT:

Petitioner's Fair Hearing request is hereby deemed withdrawn, and this matter is now closed.

DONE AND ORDERED this 17th day of January, 2023, in Tallahassee, Leon County, Florida.



Digitally signed by
JaQuetta Johnson
Reason: 22-FH2066
Date: 2023.01.17
10:47:47 -05'00'

JAQUETTA JOHNSON, Hearing Officer
Agency for Health Care Administration
Office of Fair Hearings
2727 Mahan Drive, Mail Stop # 11
Tallahassee, FL 32308-5407
Office: (850) 412-3649
Fax: (850) 487-1423
E-mail: OfficeOfFairHearings@ahca.myflorida.com

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:

¹ On January 10, 2022, Respondent issued a Notice of Plan Appeal approving the Power Wheelchair and accessories at issue.

[Redacted]

[Redacted]

AHCA Medicaid Hearing Unit
MedicaidHearingUnit@ahca.myflorida.com

Children's Medical Services
CMSPlanContract@flhealth.gov