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

FILED
May 17, 2023, 8:46 am
OFFICE OF FAIR HEARINGS

[redacted],

PETITIONER, **AHCA Case No.: 23-FH0173**

vs.

AGENCY FOR HEALTH CARE ADMINISTRATION,

RESPONDENT.
_____/

FINAL ORDER

Pursuant to notice, the undersigned Hearing Officer convened a telephonic Fair Hearing on the instant case on March 23, 2023, at 8:38 a.m. EST.

APPEARANCES

For the Petitioner: [redacted]
Petitioner's Authorized Representative

For the Respondent: Stephanie Lang
Program Operations Administrator
Agency for Health Care Administration

STATEMENT OF ISSUE

The issue is whether Respondent proved by a preponderance of the evidence that Respondent's decision to terminate Petitioner's behavior analysis ("BA") services was correct.

PRELIMINARY STATEMENT

All parties and witnesses appeared telephonically. Petitioner's Authorized Representative and [redacted] ("[redacted]"), appeared on behalf of the Petitioner. Office manager for [redacted], Ms. Gurra, and Petitioner's Lead Analyst, Maria Merayo ("Ms. Merayo") of [redacted], appeared as witnesses for Petitioner.

Stephanie Lang, Program Operations Manager for the Agency for Health Care Administration ("Agency" or "AHCA"), appeared on behalf of Respondent. Dr. David Bicard ("Dr. Bicard"), BCBA at the Doctoral Level ("BCBA-D") and Director of Clinical Operations for eQHealth Solutions, Inc. ("eQHealth"), attended as a witness for Respondent.

Interpreter George, ID No. 31578792 with Global Interpreting Network, provided translation services for Petitioner.

Petitioner did not introduce any exhibits at the Fair Hearing.

Prior to the hearing, Respondent sent to the Office of Fair Hearings and Petitioner a two hundred and fourteen (214)-page evidence packet. The packet appears in the Office of Fair Hearings' case management system as "[redacted] FH 03.23.2003 1-124.pdf" and "[redacted] FH 03.23.2003 124-214.pdf." Absent an objection from the Petitioner, the undersigned admitted the evidence packet into evidence as Respondent's Composite Exhibit 1.

Prior to the hearing, Respondent sent to the Office of Fair Hearings and Petitioner a forty-nine (49)-page evidence packet. The packet appears in the Office of Fair Hearings' case management system as "23-FH0173_Behavior Analysis_AHCA Evidence.pdf." Absent an objection from the Petitioner, the undersigned admitted the evidence packet into evidence as Respondent's Composite Exhibit 2.

FINDINGS OF FACT

1. Petitioner receives Medicaid services on a fee-for-service basis from the Agency. eQHealth is a Quality Improvement Organization contracted by the Agency to review prior authorization requests for services. *See* Respondent's Composite Exhibit 2 at page 2.

2. Petitioner is [redacted] ([redacted]-years old and diagnosed with [redacted]. *See* Respondent's Composite Exhibit 1 at page 16, 164. Dr. Bicard established that Petitioner has participated in BA services with the current BA provider since [redacted]. *Id*. at 17-18. The Behavior Analyst Re-Assessment, dated [redacted] ("Treatment Plan"), at issue in this case identified the following maladaptive behaviors: [redacted] *Id*. at 165, 167-168.

3. Petitioner requested continuation of the following BA services: 2,600 units of code 97153, 160 units of code 97156 HN, 256 units of code 97155 HN, and 48 units of code 97155 for the certification period of January 9, 2023, through July 7, 2023. *Id*. at 18-19, 212. On January 5, 2023, Respondent sent Petitioner's provider a Request for Additional Information letter requesting additional information and clarification of the request for continued BA services. *Id.* at 45-46. Specifically, the letter requested evidence that the frequency of maladaptive behaviors had decreased or that a procedural modification was implemented to address Petitioner's lack of progress. *Id*

4. Petitioner's Individualized Education Plan ("IEP") with [redacted] Public Schools, dated [redacted], states that Petitioner participates in a general education class, and the IEP provides as follows, in pertinent part:

> Petitioner is a friendly, loving and energetic [redacted] who [redacted] with [redacted] family and friends. [redacted] can [redacted].

[redacted] loves [redacted]

. . .

[Petitioner] needs accommodations/supports in both the classroom as well as during assessments

[Petitioner] requires assistance for the majority of learning activities

. . .

SOCIAL OR EMOTIONAL BEHAVIOR

. . .

[Petitioner] has shown much improvement in this area, however, [redacted] works best when [redacted] behavioral therapist is present to assist with any difficulties [redacted] may be having and reassures [redacted] that [redacted] is doing okay.

. . .

INDEPENDENT FUNCTIONING

. . .

[Petitioner] lacks attention to task [redacted] requires redirection during lessons. [redacted] demonstrates difficulty completing tasks. [redacted] requires assistance in order to complete tasks.

[redacted] will benefit from strategies to address those issues.

Id. at 146-149.

5. On January 17, 2023, Respondent issued a Notice of Outcome ("NOO"), terminating Petitioner's BA services. *Id.* at 22-24. The NOO explained the basis for the termination as follows:

> [T]he requested services are not medically necessary under the following standard(s):
>
> Consistent with generally accepted professional medical standards as determined by the Medicaid program, and not experimental or investigational.
>
> . . .

The NOO further provided:

> Requested services are denied because documentation is neither showing [i]mprovement nor support for maintenance.
>
> PR Clinical Rationale – Denial: The supporting documentation does not meet generally accepted practices within the field of applied behavior analysis and standards set forth in the Florida Behavior Analysis Services Coverage Policy (Pages 6-7). Specifically, the provider has failed to write an intervention plan that upholds the standards of care of applied behavior analysis. The data show no progress for maladaptive behavior and replacement skill goals. Current behavior

> reduction and skill acquisition goals have been in treatment since [redacted] with no mastery, and regression displayed in the last review period. According to the Florida Medicaid State Plan (Appendix 9.3.b), the data provided must show evidence that the frequency of the maladaptive behavior(s) has decreased since the last review and, if not, that there is a modification of the behavior plan. The provider submitted an updated BASP with modifications to address lack of progress and increasing trends in maladaptive behavior. However, the modifications include a punishment procedure (pg 11 response cost); and has not exhausted reinforcement-based strategies. There is no procedural safeguard for facing plan for the use of punishment procedures. The punishment plan is not empirically valid. The request for services is denied.

Id. at 22-23.

6. Petitioner requested reconsideration of the Respondent's decision. On January 27, 2023, Respondent issued a Notice of Reconsideration Determination ("NRD") upholding its decision. *Id.* at 34-35. The NRD states, in pertinent part as follows:

> Specifically the services must be:
>
> Consistent with generally accepted professional medical standards as determined by the Medicaid program, and not experimental or investigational.
>
> . . .
>
> At reconsideration all documents were carefully reviewed. According to the Florida Medicaid State Plan (Appendix 9.3.b), the data provided must show evidence that the frequency of the maladaptive behavior(s) has decreased since the last review and, if not, that there is a modification of the behavior plan. The recommendations for procedural modifications include: additions/changes to treatment plan to impact behaviors targeted for reduction. Procedural modifications should include one or more of the following: antecedent manipulation modifications, modifications of prompting procedures used in acquisition, modifications in consequence-based strategies – ones that either reduce maladaptive behavior or reinforce replacement behavior (e.g., manipulation or reinforcement schedules, switch to a different decelerative procedure), or if lack or progress was due to therapist error (e.g., poor data collection or poor training on intervention methods), how the provider will address human error. The recommendations are insufficient to support continued care. This reconsideration request has been reviewed, reconsidered and the denial is upheld.

Id. at 35.

7. On January 26, 2023, Petitioner requested a Fair Hearing. On February 23, 2023, the undersigned issued an Order Scheduling Fair Hearing by Telephone and Prehearing Instructions setting the hearing for March 23, 2023. *Id*. at 8. Petitioner received administrative approval for continuation of benefits pending the outcome of the Fair Hearing. *Id*. at 18.

8. Dr. Bicard established that eQHealth reviews behavior analysis cases to ensure that providers are giving quality care consistent with the standards enumerated in the BA Policy as well as professional medical standards of applied behavior analysis ("ABA"). eQHealth reviewed the Treatment Plan submitted in this case to determine whether all five (5) conditions of medical necessity are met. Dr. Bicard asserted that Petitioner's services were terminated because the Treatment Plan does not meet medical necessity criteria as it is not "consistent with generally accepted professional medical standards as determined by the Medicaid program."

9. Dr. Bicard established that a treatment plan is the cornerstone of the delivery of BA services. Respondent's Composite Exhibit 2 at page 45. An effective treatment plan is built around maladaptive behaviors (which decrease in frequency) and skills to be acquired (which increase in frequency) over the course of treatment. *Id.* at 46. The effectiveness of a treatment plan is determined by reference to data, which is visually depicted in graphs showing a recipient's progress through treatment. *Id*. Further, standards of care in ABA require an intervention or modification of the treatment plan if there is no progress. *Id*. Dr. Bicard established that an intervention is shown by a vertical line on the data graph marking its start point so that progress can be evaluated.

10. Dr. Bicard testified that the Treatment Plan at issue does not show that the frequency of Petitioner's maladaptive behaviors has decreased through treatment and does not show that

modifications or interventions were made to address Petitioner's lack of progress. He testified that the Treatment Plan does show two new maladaptive behaviors - [redacted] - have emerged after [redacted] of BA treatment. Respondent's Composite Exhibit 1 at page 168. According to Dr. Bicard, this occurrence is "highly unusual and indicative of unsuccessful treatment."

11. Dr. Bicard established the following with regard to the Treatment Plan data graphs for maladaptive behaviors: [redacted] does not show progress; [redacted] is getting much worse through treatment; [redacted] are occurring at the same level or have gotten worse; [redacted] shows no progress; [redacted] show no progress and got worse the last few weeks of authorization period; [redacted] shows no progress; [redacted] shows no improvement during the authorization period; [redacted] shows no improvement; [redacted] show variable data but no overall progress; [redacted] shows no progress; and [redacted] shows variable data but overall no progress. *Id*. at 179-190. Dr. Bicard pointed out that despite the lack of progress on maladaptive behaviors, the Treatment Plan does not propose modifications to address it. Above every data graph is a comment which states, "Comments/procedure changes[:] No additional changes or adjustments will be performed at this time, treatment will continue as outlined on the client's plan." *Id*. at 178-189. Dr. Bicard testified credibly that the lack of progress on maladaptive behaviors and absence of modifications to address the lack of progress does not meet standards of care of ABA and does not meet the BA Coverage policy.

12. In terms of the interventions proposed by the provider, Dr. Bicard asserted that the Treatment Plan contains a general listing of interventions that are not individualized for the

Petitioner, are inconsistent with each other, and do not meet BA standards of care. Specifically, Dr. Bicard argued that it would be impossible to use all of the proposed interventions at the same time. For example, the use of "[redacted]" is inconsistent with [redacted]" so they cannot effectively be used together in treatment. *Id*. at 173. With regard to "[redacted]" and "[redacted]," Dr. Bicard stated that the field of ABA does not recognize these procedures as a part of BA. The intervention of "[redacted]" does not include any protocols for its use.

13. Dr. Bicard testified that an effective treatment plan also contains acquisition skills or replacement behaviors which increase in frequency over the course of treatment. Further, data graphs for replacement skills should increase as the graph is read from left to right. Any data below 50% is considered "chance level" data, which means that the recipient could have scored at this level due to "chance" as opposed to treatment. Dr. Bicard noted that after [redacted] of BA treatment, the data graphs show that Petitioner is only able to [redacted] less than 50% of the time. *Id*. at 195. Similarly, Petitioner's ability to [redacted] is less than 50% and has gotten worse during authorization period. *Id*. at 196. Dr. Bicard opined this replacement behavior should not even continue to be a goal considering Petitioner's skills noter in the IEP. The data graphs for Petitioner's other replacement behaviors are at or below 50% and substandard. *Id*. at 197-199. Dr. Bicard pointed out that despite the lack of progress on replacement behaviors, the Treatment Plan does not propose any modifications to address the lack of progress. Above every data graph is a comment which states, "Comments/procedure changes[:] No additional changes or adjustments will be performed at this time, treatment will continue as outlined on the client's plan." *Id*. at 178-189. According to Dr. Bicard, the lack of

progress on replacement behaviors and absence of modifications to address the lack of progress does not meet standards of care of ABA and does not meet the BA Coverage policy. Based on the documentation provided, Dr. Bicard opined that Petitioner would not gain any additional benefit from continuing treatment under the Treatment Plan at issue.

14. Ms. Merayo agreed that Petitioner's replacement programs are all below 50%. She testified that not all of the interventions are being used at the same time. She stated that the Treatment Plan modifies two interventions – "[redacted]" and "[redacted]," so that they are individualized and more personalized for Petitioner. Ms. Gurra asserted that Petitioner requires assistance with [redacted] learning activities, works best when [redacted] BA therapist is present, and benefits from BA strategies. *Id*. at 148.

CONCLUSIONS OF LAW

15. The Agency's Office of Fair Hearings has jurisdiction over the subject matter of this proceeding and the parties pursuant to section 409.285(2), Florida Statutes (2019). This order is the final administrative decision of AHCA under section 409.285(2)(a).

16. This hearing was held as a *de novo* proceeding pursuant to Fla. Admin. Code R. 59G-1.100(17)(b).

17. Because Respondent terminated a previously approved service, Fla. Admin. Code R. 59-1.100(17)(g) assigns the burden of proof to the Respondent. 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.).

18. States must provide Early and Periodic Screening, Diagnostic, and Treatment ("EPSDT") services to Medicaid-eligible children under age 21 when requested under the Medicaid state plan. *See* 42 U.S.C. § 1396a(a)(43); 42 U.S.C. § 1396d(a)(4).

19. According to 42 U.S.C. § 1396d(r)(5), EPSDT services mean, in relevant part, the following items and services:

> Such other necessary health care, diagnostic services, treatment, and other measures described in subsection (a) of this section to correct or ameliorate defects and physical and mental illness and conditions discovered by the screen services, whether or not such services are covered under the state plan.

20. A state may place medical necessity limitations on EPSDT services. *See* 42 C.F.R. §§ 440.230(a), (b), (d).

21. Section 409.905(2), Florida Statutes, limits EPSDT services with a medical necessity standard:

> 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.

22. 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.

Respondent's Composite Exhibit 2 at page 23

23. The BA Policy, incorporated by reference in Fla. Admin. Code. R. 59G-4.125, governs BA services available under Florida Medicaid. The BA Policy provides as follows:

1.0 Introduction
Behavior analysis (BA) services are highly structured interventions, strategies, and approaches provided to decrease maladaptive behaviors and increase or reinforce appropriate behaviors.
. . .
4.0 Coverage Information
4.1 General Criteria
Florida Medicaid covers services that meet all of the following:
- Are determined medically necessary
- Do no duplicate another
- Meet the criteria as specified in this policy

Respondent's Composite Exhibit 2 at page 40, 42.

24. Appendix 9.0 of the BA Policy provides Review Criteria for Behavior Analysis Services. These Review Criteria state as follows:

Review Criteria for Behavior Analysis Services
Behavior analysis (BA) services are considered as either the treatment of choice or as an adjunct treatment modality for a variety of conditions and disorders where maladaptive behaviors are part of the recipient's clinical presentation, including behavioral manifestations of diagnoses such as Autism Spectrum Disorder and other behavioral health conditions.

Critical Elements Necessary for ANY Type of Behavior Analysis Service:
The following critical elements **MUST** be satisfied to qualify for BA services:

a. Eligibility – The recipient must meet all criteria for BA services as outlined in the Behavior Analysis Services Coverage Policy, Rule 59G-4.125, F.A.C.
b. Medical necessity – The recipient must meet medical necessity criteria as outlined in Rule 59G-1.010, F.A.C.
c. The recipient currently engages in maladaptive behaviors
d. These maladaptive behaviors interfere with the recipient's daily functioning

. . .

2. Criteria for Behavior Analysis Services and Reassessments – ALL of the following **MUST** be satisfied:

a. **ALL** critical elements are met
b. An assessment or, if applicable, a reassessment, authored by a lead analyst, is provided. An assessment of the maladaptive behavior(s) is a necessary element of the process of identifying the frequency and magnitude of the behaviors as well as the variables associated with the occurrence of the maladaptive behavior(s). This helps in defining what are the functional consequences of the problem behavior(s) so than an adequate behavior plan can be implemented. This (re)assessment **MUST** include, at a minimum, **ALL** of the following:
c. A behavior plan authored or updated by a lead analyst. The behavior plan is the cornerstone of the delivery of behavior analysis services and it is based on the information obtained in the assessment. It proposes specific interventions to reduce or eliminate the maladaptive behavior. These interventions take into consideration the variables, both present before the behavior, as well as after the behavior, that influence the occurrence of the maladaptive behavior(s). This plan also includes replacement appropriate behaviors for the recipient to engage in instead of the maladaptive behaviors in order to obtain the same function. The plan must be detailed enough to warrant the requested services and include mechanisms to monitor its effectiveness. This **MUST** include, at a minimum, **ALL** of the following:
    i. Observable and measurable descriptions of the maladaptive behavior(s)
    ii. Identified function of the maladaptive behavior(s) behavior as a result of the assessment or reassessment conducted
    iii. Goals and strategies for changing the maladaptive behavior(s)
    iv. Written detailed description of when, where, and how often these goals will be addressed and proposed strategies will be implemented

v. System for monitoring and evaluating the effectiveness of the plan
vi. Safety and crisis plan, if applicable
vii. Summary and recommendations
viii. Discharge criteria
ix. Transition plan (if applicable)

NOTE: Although the assessment and behavior plan were addressed separately in section 2, both of them can be submitted as a single document.

3. Criteria for Continuation of Treatment at the Present Level and/or Using Current Methods: Providers must ensure that ALL of the following criteria are met to request continuation of treatment at the present level or using the current methods. If criteria for 3a is met, but criteria for 3b and/or 3c are not met, then a reduction of the treatment level and/or change of treatment methods may be warranted.

a. ALL criteria listed in 2a, 2b, and 2c regarding critical elements, assessment or reassessment, and behavior plan, are met.
b. The data provided must show evidence that the frequency of the maladaptive behavior(s) has decreased since the last review and, if not, that there is a modification of the behavior plan.
c. The level of functional impairment justifies continuation of BA services. The reviewer utilizes the information provided below as a guide as it relates to the level of functional impairment as expressed through the following behaviors:
    i. Safety - aggression, self-injury, property destruction, elopement
    ii. Communication - problems with expressive/receptive language, poor understanding or use of non-verbal communications, stereotyped, repetitive language Self-stimulating, abnormal, inflexible, or intense preoccupations Self-care - difficulty recognizing risks or danger, grooming, eating, or toileting
    iii. Other- behaviors not identified above

Respondent's Composite Exhibit 2 at pages 45-47.

25. The Florida Medicaid Authorization Requirements Policy ("Authorization Requirements Policy") (June 2016), incorporated by reference in Fla. Admin. Code R. 59G-1.053, provides general requirements for providers to obtain authorization to render Florida Medicaid services. The Authorization Requirements Policy states, in pertinent part:

3.0 Determination Process

3.1 Review Criteria

The QIO may use a national standardized set of criteria, or other set of criteria, approved by AHCA, as a guide for authorizations performed at the first review level. If services cannot be approved at the first level review, the QIO's physician peer reviewer will determine medical necessity using his or her clinical judgment, acceptable standards of care, state and federal laws, and AHCA's medical necessity definition.

3.2 Review Process

The QIO will review each authorization request and will approve, deny, or request additional information. The QIO may deny a portion of the requested units of service if it cannot substantiate medical necessity based upon the information submitted.

3.2.1 Continued Authorization Requests

The QIO shall not deny or reduce the amount, frequency, or duration of a service that is already being provided, unless:

- The reduction is to correct for factual errors or omissions in prior certifications.
- There is a documented improvement in the recipient's medical condition.
- There is a documented change in the recipient's circumstances.
- The reviewing physician determines the recipient will not gain any additional benefit by continuing services at the current level.

Respondent's Composite Exhibit 2 at pages 32-34.

26. In this case, Respondent terminated Petitioner's BA services. The NOO and NRD explained that Petitioner's request for continuation of services did not meet medical necessity as the Treatment Plan was not "[c]onsistent with generally accepted professional medical standards as determined by the Medicaid program, and not experimental or investigational." *See* supra ¶ 5-6.

27. As provided in the BA policy (Appendix 9.0, section (a)), and the EPSDT requirements, the recipient must meet the meet the medical necessity criteria as outlined in Fla. Admin. Code R. 59G-1.010. A component of medical necessity is that services must be "consistent with generally accepted professional medical standards." As outlined above, Dr. Bicard provided credible and persuasive testimony identifying examples of where the Treatment Plan did not follow generally accepted standards of care for BA. For example, the Treatment Plan does not show evidence that

the frequency of Petitioner's maladaptive behaviors has decreased and does not show that there was a modification or effective intervention to address Petitioner's lack of progress. *See* supra ¶ 11,13. The interventions shown in the Treatment Plan are a simply listing of general interventions that are not individualized for the Petitioner, are inconsistent with each other, and do not meet BA standards of care. *See* supra ¶ 14. With regard to the data graphs for replacement behaviors, Dr. Bicard pointed out that Petitioner' replacement behaviors are at or below 50% and substandard, and despite the lack of progress, the Treatment Plan does not propose any modifications to address the lack of progress. *See* supra ¶ 14. Based on the foregoing, the record demonstrates that the BA services are not "consistent with generally accepted professional medical standards." Because the services are not consistent with generally accepted professional medical standards, the critical element of medical necessity is not met and, as Dr. Bicard testified, the recipient will not gain any additional benefit by continuing services at the current level. *See* supra ¶ 15.

28. In this case, Petitioner's provider recommended the continuation of BA services. However, 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. *See* supra ¶ 19.

29. Accordingly, Respondent met their burden of proof to show that the requested BA services are no longer medically necessary. Looking at all the evidence relevant to the particular needs of Petitioner, the BA services at issue are not necessary to correct or ameliorate a defect or a physical and mental illness or condition.

30. Upon consideration of the testimony provided, Respondent's Composite Exhibit 1, Respondent's Composite Exhibit 2, and the applicable law and policies, the undersigned finds that Respondent proved by a preponderance of the evidence that Respondent's termination of BA services was correct.

DECISION

Respondent's termination of Behavior Analysis services is **AFFIRMED**. Petitioner's appeal based on Respondent's termination of Behavior Analysis services is **DENIED**.

DONE and **ORDERED** this 17th day of May 2023, in Tallahassee, Leon County, Florida.

Laura Gallagher
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LAURA GALLAGHER, Hearing Officer
Agency for Health Care Administration
Office of Fair Hearings
2727 Mahan Drive, Mail Stop # 11
Tallahassee, FL 32308-5407

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:

[redacted]

AHCA Medicaid Hearing Unit
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