FILED
Apr 27, 2023, 10:49 am
OFFICE OF FAIR HEARINGS

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

[redacted],

PETITIONER, **AHCA Case No.: 23-FH0253**

vs.

AGENCY FOR HEALTH CARE ADMINISTRATION,

RESPONDENT.
_____/

FINAL ORDER

Pursuant to notice, the undersigned convened a telephonic Fair Hearing on the instant case on March 29, 2023, at 9:00 a.m. Eastern Standard Time ("EST").

APPEARANCES

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

For the Respondent: Lee Ann Williams
Medical/Health Care Program Analyst
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" or "ABA") services was correct.

PRELIMINARY STATEMENT

All parties and witnesses appeared telephonically. Petitioner's Authorized Representative and [redacted] ("[redacted]"), appeared on behalf of Petitioner. Hector Gonzalez

("Mr. Gonzalez") and Miller Masson ("Mr. Masson"), both Board Certified Behavioral Analysts ("BCBA") at [redacted], appeared as witnesses on behalf of the Petitioner. Language interpreter George, with identification number 31578792, provided his services at the hearing interpreting testimony of the witnesses from English to Spanish, and Spanish to English.

Lee Ann Williams, Medical/Health Care Program Analyst 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 and Director of Clinical Operations for eQHealth Solutions Inc. ("eQHealth") appeared as a witness for Respondent.

The 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 one hundred and ninety (190)-page evidence packet and a forty-nine (49)-page evidence packet. The one hundred and ninety (190)-page evidence packet appears in the Office of Fair Hearings' document management system as the file title "[redacted] FH 03.29.2023 1-127.pdf" and "[redacted] FH 03.29.2023 128-190.pdf". The forty-nine (49)-page evidence packet appears in the Office of Fair Hearings' document management system as the file title "23-FH0253 AHCA Evidence 49 pages.pdf". Absent an objection from the Petitioner, the undersigned admitted the one hundred and ninety (190)-page evidence packet into evidence as Respondent's Composite Exhibit 1 ("RCE 1") and the forty-nine (49)-page evidence packet into evidence as Respondent's Composite Exhibit 2 ("RCE 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* page 2 of RCE 2.

2. Petitioner is [redacted] old. *See* page 21 of RCE 1. Petitioner is diagnosed with [redacted]. *Id*. at 98.

3. As provided in the Behavior Analysis Reassessment ("treatment plan"), Petitioner engages in the following maladaptive behaviors: [redacted]. *Id.* at 52.

4. The treatment plan shows the following: for [redacted], Petitioner's incidents were highly variable, and increased from the baseline; for [redacted], Petitioner's incidents were highly variable, and increased from the baseline; for [redacted], Petitioner's incidents were highly variable, and decreased from the baseline; for [redacted], Petitioner's incidents were highly variable, and increased from the baseline; for [redacted], Petitioner's incidents were highly variable, and increased from the baseline; for [redacted], Petitioner's incidents were highly variable, and increased from the baseline; for [redacted], Petitioner's incidents were highly variable, and remained around the same amount as the baseline; and for [redacted], Petitioner's incidents decreased from the baseline. *Id.* at 58 – 65.

5. On December 6, 2022, Petitioner requested a continuation in BA services at the previous level; specifically, for 2,600 units of code 97153; 312 units of code 97155; and 104 units of code 97156. *Id*. at 27.

6. On December 14, 2022, Respondent submitted a Request for Additional Information to the Provider in order to be able to process the pre-authorization request, requiring the Provider

to submit the additional information within two (2) workdays of the notice. *Id*. at 49. As testified to by Dr. Bicard, little or no additional information was provided to the Respondent.

7. On December 22, 2022, Respondent terminated Petitioner's ABA services. *Id.* at 27. Respondent explained the basis of the termination, as follows:

> The request for services is denied in whole or in part because they are not medically necessary as defined in Rule59G-1.010, Florida Administrative Code. Specifically, the 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.
> >
> > . . . .
> >
> > PR Clinical Rationale - Denial: This recipient has received services since [redacted]. According to The Florida Behavior Analysis Services Coverage Policy (9.5.c), one of the criteria for discharge from behavior analysis services is that data provided shows the recipient has made no progress toward any goals in the last 12 consecutive months. A review of the treatment plans from the previous 12 months shows no progress. The current data show frequencies of maladaptive behavior at or above baseline levels from [redacted]. Maladaptive behavior STOs show minimal mastery in the last 12 months. Replacement skills have been in progress for over 12 months (some [redacted]) with minimal progress. Skill goals show mastery of zero or one STO in 12 months. The information submitted does not support the continuation of BA services. This request for BA services is denied. [redacted] Ph.D., BCBA-D, 12.22.22

Id. at 34 – 35.

8. Subsequently, with little or no additional information forthcoming by the provider, the treatment plan was reviewed by a second peer reviewer at the doctoral level. After a complete review of the all the records, the reviewer upheld the denial of BA services to continue at the previous level. In the Notice of Reconsideration Determination, dated January 20, 2023, Respondent explained the basis for the determination as follows:

> The request for services is denied in whole or in part because they are not medically necessary as defined in Rule 59G-1.010, Florida Administrative Code. Specifically, the 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.
> >
> > PR Recon Determination: 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 use in acquisition, modifications in consequence-based strategies-- ones that either reduce maladaptive behavior or reinforce replacement behavior (e.g., manipulation of reinforcement schedules, switch to a different decelerative procedure), or if lack of 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.

Pages 42 – 44 of RCE 1.

9. On February 6, 2023, Petitioner requested a Fair Hearing to challenge the denial of additional ABA services. On March 14, 2023, the undersigned issued an Order Scheduling Fair Hearing and Prehearing Instructions, setting the hearing for March 29, 2023, at 9:00 a.m. EST.

10. Dr. Bicard is a BCBA at the doctoral level. Dr. Bicard testified that more information was needed to determine whether the continued BA services at the previous level for the Petitioner was medically necessary. The determination to deny 2,600 units of code 97153 treatment (intervention without protocol modification, per 15 minutes, Lead Analyst, BCaBA, or RBT), 312 units of code 97155 treatment (intervention with protocol modification, per 15 minutes), and 104 units of code 97156 treatment (family training, per 15 minutes, Lead Analyst) was based on

what treatment has been done in the past twelve (12) months, and what was being proposed to be done for the next six (6) months. Dr. Bicard contends that Petitioner could be considered relatively high-functioning because [redacted], and [redacted], according to the provider. *Id*. at 55. Therefore, Petitioner is the type of child who responds extremely well to BA and moves through skills quickly.

11. Dr. Bicard explained that a review of the graphs in the treatment plan is the most effective and accepted way to determine Petitioner's progress throughout therapy, noting that Petitioner has been receiving treatment from the provider since [redacted] The most recently submitted treatment plan included graphs showing baseline data of Petitioner's maladaptive behaviors starting from [redacted]. For instance, the graph for [redacted] is recorded from [redacted] through [redacted] and it shows Petitioner's occurrences practically unchanged from [redacted] when treatment began. What should be seen in the graph, signifying effective treatment, would be the graph going in a downward direction. Instead, the graph is relatively flat. In the Comments/Procedure Changes section above the graph, it is indicated that "No additional changes or adjustments will be performed at this time, treatment will continue as outlined on the client's plan." Id. at 102. Dr. Bicard explained that this treatment does not, therefore, meet standards, and it is below standards. When a child in treatment does not respond to treatment, a BCBA must make changes in a timely manner. The graph presented in the treatment plan for the maladaptive behavior of [redacted] also has baseline data for [redacted] The recorded data in the graph is highly variable, going up and down, with most of the data above the baseline for [redacted] Dr. Bicard explained that this indicates the provider does not have good control over the behavior and it is indicative of ineffective behavior treatment. Again, in the

Comments/Procedure Changes section above the graph, no additional changes or adjustment are planned. *Id*. at 103. Similarly, the graphs presented for the maladaptive behaviors of [redacted], show variable data, up and down, with no progress since [redacted] Dr. Bicard testified that the lack of progress in over [redacted] in a highly functioning child such as Petitioner is extremely concerning. *Id*. at 105 – 109.

12. Dr. Bicard further testified that provider's treatment plan identifies protocols, but the plan merely lists general treatments that are not individualized for Petitioner, and that some of these treatments cannot be implemented simultaneously, such as [redacted] and [redacted]. *Id*. at 110 – 115.

13. In the replacement programs for skill acquisitions, Dr. Bicard referred to the treatment plan graphs with data on [redacted] These graphs show the data is flat, with no improvement and no intervention. Additionally, the skill acquisition tasks of [redacted] are discontinued due to slow progress shown. Id. at 116 – 131.

14. Petitioner's [redacted], appeared at the hearing. [redacted] testified that Petitioner had been improving [redacted] skills in place of maladaptive behaviors, and that the current treatment plan of ABA services would help [redacted] to continue to improve. [redacted] testified

that [redacted] Petitioner, was diagnosed with [redacted], that [redacted]. Id. at 98. Petitioner, who is a [redacted] with [redacted], [redacted]. These factors have compounded [redacted] and it is difficult to treat [redacted] and control [redacted] However, [redacted] believes that the [redacted] facility is best for [redacted], and [redacted] presented two (2) of its BCBA's as witnesses who testified that Petitioner continues to improve [redacted] behavior, and they will keep working with [redacted] The BCBA witnesses are willing to make changes to Petitioner's treatment plan. [redacted] asked Dr. Bicard on cross-examination what sort of treatment does [redacted] need? Dr. Bicard responded that [redacted] needs effective treatment, and that treatment could be sought from a different provider.

15. On Petitioner's newly developed internal symptoms of [redacted], possibly [redacted], Dr. Bicard noted that BA services are not appropriate for treatment.

CONCLUSIONS OF LAW

16. 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).

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

18. Because Respondent terminated services, Fla. Admin. Code R. 59G-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.)

19. 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.
> . . .
> **1.4.5 Medically Necessary/Medical Necessity**
> As defined in Rule 59G-1.010, F.A.C.
> . . .
> **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
>
> **4.2 Specific Criteria**
> Florida Medicaid covers the following BA services in accordance with the applicable Florida Medicaid fee schedule(s), or as specified in this policy:
> **4.2.1 Behavior Assessment**
> One per fiscal year, per recipient, when completed within 30 days of the start of the assessment.
> **4.2.2 Behavior Analysis**
> Up to 40 hours per week, per recipient, consisting of services identified on the recipient's behavior plan in order to reduce maladaptive behaviors and to restore the recipient to his or her best functional level. Services include:
> - Implementing behavior analysis interventions, and monitoring and assessing the recipient's progress towards goals in the behavior plan
> - Behavior analysis interventions, for example, discrete trial teaching, task analysis training, differential reinforcement, non-contingent reinforcement, conducting task analyses of complex responses, and teaching using chaining, prompting, fading, shaping, response cost, and extinction
> - Training the recipient's family, caregiver(s), and other involved persons on the implementation of the behavior plan and intervention strategies (the recipient must be present when clinically appropriate)
>
> **4.3 Early and Periodic Screening, Diagnosis, and Treatment**
> As required by federal law, Florida Medicaid provides services to be eligible recipients under the age of 21 years, if such services are medically necessary to correct or ameliorate a defect, a condition, or a physical or mental illness. Included are diagnostic services, treatment, equipment, supplies, and other measures described in sectioned 1905(a) of the Social Security Act, codified in Title 42 of the

United States Code 1396d(a). As such, services for recipients under the age of 21 year exceeding the coverage described within this policy or the associated fee schedule may be approved, if medically necessary. For more information, please refer to Florida Medicaid's General Policies on authorization requirements.

20. 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

1. Criteria for Initial Behavior Analysis Assessment - BOTH of the following **MUST** be satisfied:

a. **ALL** critical elements are met
b. Provider submits a valid written physician's order as stipulated in the Behavior Analysis Services Coverage Policy, Rule 59G-4.125, F.A.C.

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:

i. A clear operational description of the maladaptive behavior(s)

. . .

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
    iii. Self-stimulating, abnormal, inflexible, or intense preoccupations
    iv. Self-care – difficulty recognizing risks or danger, grooming, eating, or toileting
    v. Other – behaviors not identified above

21. 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). 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.

22. Petitioner is under age 21, and therefore EPSDT applies to [redacted] request for services. However, a state may place medical necessity limitations on EPSDT services. *See* 42 C.F.R. §§ 440.230(a), (b), (d). Fla. Stat. § 409.905(2) 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.

23. The 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.

24. The Florida Medicaid Authorization Requirements Policy ("Authorization Policy"), incorporated by reference in Fla. Admin. Code R. 59G-1.053, provides as follows:

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 error 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.

25. In the instant case, Respondent denied Petitioner's request for continued ABA services under the current treatment plan. *See* supra ¶ 7. In the Notice of Reconsideration Determination, dated January 20, 2023, Respondent explained that continuing services at the prior level was not medically necessary, specifically, that it did not meet the requirement that services must be "consistent with generally accepted professional medical standards as determined by the

Medicaid program, and not experimental or investigational." *Id*. Respondent further explained "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 [by the provider] for procedural modifications are insufficient to support continued care." *Id*.

26. As provided by the EPSDT requirements, the recipient must meet the medical necessity criteria as outlined in Fla. Admin. Code R. 59G-1.010. As provided in section 2.83 of the Definitions Policy, a component of medical necessity is that services must be "consistent with generally accepted professional medical standards as determined by the Medicaid program, and not experimental or investigational." As shown by the record Petitioner has not made much progress. *See* ¶ 4. Petitioner has been receiving treatment from the provider since [redacted] The most recently submitted treatment plan included graphs showing baseline data of Petitioner's maladaptive behaviors starting from [redacted]. The graph for [redacted] is recorded from [redacted] and it shows Petitioner's occurrences practically unchanged from [redacted] when treatment began. The graph presented in the treatment plan for the maladaptive behavior of [redacted] also has baseline data for [redacted] The recorded data in the graph is highly variable, going up and down, with most of the data above the baseline for [redacted] Similarly, the graphs presented for the maladaptive behaviors of [redacted], show variable data, up and down, with no progress since [redacted] In the Comments/Procedure Changes section above the graphs, the provider indicates that no additional changes or adjustment are planned. *See* supra ¶ 11. Provider's treatment plan identifies protocols, but the plan merely lists general

treatments that are not individualized for Petitioner, and that some of these treatments cannot be implemented simultaneously, such as [redacted] and [redacted]. *See* supra ¶ 12. In the replacement programs for skill acquisitions, the treatment plan graphs with data on [redacted], show the data is flat, with no improvement and no intervention. Additionally, the skill acquisition tasks of [redacted] are discontinued due to slow progress shown. *See* supra ¶ 13. Dr. Bicard provided credible testimony that the graphs should show a downward trend, which was not present here. *See* supra ¶ 11. Dr. Bicard explained that because there has been no progress and no changes to the treatment plan, the provider is not providing services "consistent with generally accepted medical standards". *Id.* As such, Respondent demonstrated that this prong of medical necessity was not met. As QIO for the Agency, eQHealth is authorized to deny services that are already being provided unless there is a documented improvement in the recipient's medical condition." *See* supra ¶ 23. Here, based on the lack of progress, it was shown that Petitioner would not receive additional benefit by continuing services at the previous level.

27. Upon consideration of the testimony provided, evidence submitted, and applicable polices, the undersigned concludes that Respondent proved by a preponderance of the evidence that the termination of BA services at the previous level was necessary. Looking at all the

evidence relevant to the particular needs of Petitioner, Respondent has demonstrated that the previously authorized services, based on the treatment plan at issue in this case, are not necessary to correct or ameliorate a defect or a physical and mental illness or condition. Accordingly, Respondent proved by a preponderance of the evidence that Respondent's termination of BA services was correct.

IT IS HEREBY ORDERED AND ADJUDGED THAT:

Respondent's termination of Petitioner's behavioral analysis services is **AFFIRMED**. Petitioner's appeal based on Respondent's termination of services is **DENIED**.

DONE and **ORDERED** this 27th day of April, 2023, in Tallahassee, Leon County, Florida.

Debbie K. Winicki
23-FH0253
2023.04.27 08:27:42
-04'00'

DEBBIE K. WINICKI, 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]

[redacted]

[redacted]

AHCA Medicaid Hearing Unit
MedicaidHearingUnit@ahca.myflorida.com