



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

FILED

Jul 10, 2023, 8:31 am
OFFICE OF FAIR HEARINGS

[REDACTED]

PETITIONER,

AHCA Case No.: 23-FH0858

vs.

AGENCY FOR HEALTH CARE
ADMINISTRATION,

RESPONDENT.

_____ /

FINAL ORDER

Pursuant to notice, the undersigned Hearing Officer convened a telephonic Fair Hearing in the instant case on May 30, 2023, at 1:02 p.m. Eastern Standard Time (“EST”), and again on June 14, 2023, at 1:03 p.m. EST.

APPEARANCES

For the Petitioner:

[REDACTED]

Authorized Representative

For the Respondent:

Sandra Durden
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 termination of Prescribed Pediatric Extended Care (PPEC) services was correct.

PRELIMINARY STATEMENT

All parties and witnesses appeared for the scheduled Fair Hearings telephonically. [REDACTED] ([REDACTED]), Petitioner's Authorized Representative and [REDACTED] appeared on behalf of Petitioner, provided testimony and did not call any witnesses to testify.

Sandra Durden, Medical/Health Care Program Analyst for the Agency for Health Care Administration ("Agency" or "AHCA"), appeared for the scheduled Fair Hearings as representative for Respondent. Dr. Chris Kunis, MD ("Dr. Kunis"), a Medical Director with eQHealth Solutions, Inc. – Florida Division ("eQHealth")/Kepro, appeared for the scheduled Fair Hearings as a witness for Respondent.

Prior to the Fair Hearing, Petitioner sent to the Office of Fair Hearings and Respondent a twenty-eight (28)-page evidence packet. The evidence packet appears in the Office of Fair Hearings' document management system as file title "23-FH0858 Supporting Documents-Evidence.pdf". Absent an objection from Respondent, the undersigned admitted the twenty-eight (28)-page evidence packet into evidence as Petitioner's Composite Exhibit 1 ("PCE 1").

Prior to the Fair Hearing, Respondent sent to the Office of Fair Hearings and Petitioner a 113-page evidence packet and a forty-six (46)-page evidence packet. The 113-page evidence packet appears in the Office of Fair Hearings' document management system as file title "[REDACTED] FH 05.30.2023.pdf" and the forty-six (46)-page evidence packet appears as "[REDACTED] Evidence pkt 23-FH0858.pdf". Absent an objection from Petitioner, the undersigned admitted the 113-page packet into evidence as Respondent's Composite Exhibit 1 ("RCE 1") and the forty-six (46)-page packet as Respondent's Composite Exhibit 2 ("RCE 2").

FINDINGS OF FACT

1. Petitioner receives Medicaid services on a fee-for-service basis through the Agency. See Respondent's Composite Exhibit 1, page 16. eQHealth is a Quality Improvement Organization ("QIO") contracted by the Respondent to review prior authorization requests for services. See Respondent's Composite Exhibit 2, page 2. Respondent, through contractual agreement, authorizes eQHealth to make medical necessity determinations for services requiring prior authorization, including the PPEC services in dispute at the Fair Hearing. *Id.*

2. As of the date of the Fair Hearing, Petitioner is [REDACTED] old and diagnosed with the following health conditions: [REDACTED]

[REDACTED] See Respondent's Composite Exhibit 1, pages 16-17, 19, 40-41. Petitioner's PPEC provider is [REDACTED]. *Id.*

at 16. Bonnye Albert DNP, APRN recommends a continuation of PPEC services to monitor [REDACTED] and receive therapies." See Petitioner's Composite Exhibit 1, page 2. Petitioner

submitted medical records, and therapy evaluations. *Id.* at 3-28. Petitioner is cleared from a

[REDACTED] to attend school, he is not [REDACTED], and is currently being treated for a

[REDACTED]. *Id.* at 5. Petitioner's [REDACTED] is a recent diagnosis. See Respondent's Composite

Exhibit 1, pages 16-17. Petitioner is prescribed [REDACTED]. *Id.* at 17-18.

Petitioner is [REDACTED]. *Id.* at 18. Petitioner lives in the community with two

adults in the home; only one of the adults works outside of the home. *Id.* at 46. There are no

other children in the home. *Id.* [REDACTED] – Care Coordination

notes state the following, in pertinent part:

Assessment:

Medical Diagnosis(s): [REDACTED]

Nutritional Status: [REDACTED]
[REDACTED]
Functional Status: [REDACTED]
Other Services and Supports Being Provided: Care Coordination, [REDACTED] PPEC
Home Health Agency Name and Hours Authorized: Only PPEC Service in place
Private Duty Nursing Hours on Provider's Plan of Care: Only PPEC Service in place
Durable Medical Equipment: [REDACTED].
Therapy Authorized: [REDACTED]
[REDACTED]
[REDACTED], and
[REDACTED].
School Status: [REDACTED]. Will register for [REDACTED] when eligible.
Child Health Check-Up Date: [REDACTED]
Immunization Status: [REDACTED]
Dental Status: [REDACTED]
[REDACTED] (last 6 months):
[REDACTED].
[REDACTED] (last 6 months):
[REDACTED]

Respondent's Composite Exhibit 1, page 108.

3. On April 10, 2023, Respondent issued a Notice terminating Petitioner's PPEC services based on medical necessity. *Id.* at 26-28. The Notice states the following, in pertinent part:

Code: T1026 Partial day PPEC services
From: 4/5/23
Thru: 10/1/23
Total Units: Denied – 520

Code: T1025 Full day PPEC services
From: 4/5/23
Thru: 10/1/23
Total Units: Denied – 130

The request for services is denied in whole or in part because they are not medically necessary as defined in 59G-1.010, Florida Administrative Code[.] Specifically, the requested services are not medically necessary under the following standard(s):

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.

The rationale for our decision is as follows:

...

PR Principal Reason – Denial:

Submitted information does not support the medical necessity for requested services.

Clinical Rationale for Decision: **Request is for PPEC services for this [redacted] [old] with [redacted]. Child is [redacted]. These clinicals do not justify need for skilled nursing. Deny this request.**

...

Sincerely,

Medical Director
Chris Kunis, MD

Id. at 26-28. (Emphasis added).

4. On April 13, 2023, [redacted] requested a Fair Hearing on behalf Petitioner to dispute Respondent’s termination of PPEC services. *Id.* at 22. On May 10, 2023, the undersigned Hearing Officer issued a Scheduling Order to all parties of record scheduling the Fair Hearing to be conducted by telephone on May 30, 2023, at 1:00 p.m. EST. *Id.* at 8-14. On May 31, 2023, the undersigned Hearing Officer granted a continuance upon stipulation of all the parties of record and issued a Scheduling Order to all parties of record scheduling the Fair Hearing to be conducted by telephone on June 14, 2023, at 1:00 p.m. EST.

5. According to Dr. Kunis’ testimony presented at the Fair Hearing, Respondent terminated Petitioner’s PPEC services after reviewing the PPEC provider’s documentation located in Respondent’s Composite Exhibit 1 and Petitioner’s Composite Exhibit 1, and determining that the PPEC services are no longer medically necessary. Dr. Kunis reviewed Petitioner’s records in both

parties' evidence packets and concluded that the Petitioner is not receiving any skilled nursing services at the PPEC facility, and does not require skilled nursing services. Petitioner's therapies ([REDACTED]) can still be provided to the Petitioner through the same provider, but rather on an outpatient basis; Petitioner's receipt of therapy is not tied to Petitioner's enrollment into the PPEC facility. Petitioner did not submit any PPEC records for review indicating how often medication is administered at the PPEC facility. Petitioner no longer meets the [REDACTED] as the Petitioner currently [REDACTED]. *Id.* at 20. Petitioner was able to [REDACTED] and there was no evidence of [REDACTED] [REDACTED] *Id.* at 18. In rebuttal testimony, Dr. Kunis emphasized that it is unknown how often Petitioner is administered [REDACTED] at the PPEC facility as the PPEC provider failed to submit PPEC records for review; the records submitted are from Petitioner's specialists and therapists, not the PPEC provider. Based on the documentation in Petitioner's Composite Exhibit 1 and Respondent's Composite Exhibit 1, there is no evidence that Petitioner requires daily skilled nursing services.

6. According to [REDACTED] testimony presented at the Fair Hearing, [REDACTED] argued that PPEC services should be continued for monitoring of [REDACTED] health conditions and rendering [REDACTED] various therapies. [REDACTED] also stated that Petitioner may require a [REDACTED] (also referred to as [REDACTED]) in the future although it is not presently needed. [REDACTED] [REDACTED] is also concerned for Petitioner's [REDACTED] ([REDACTED] [REDACTED]). Petitioner is able and willing to administer Petitioner's medication. [REDACTED] argued that there is no [REDACTED] capable of caring for a child with [REDACTED] [REDACTED].

CONCLUSIONS OF LAW

7. The Agency's Office has jurisdiction over the subject matter of this proceeding and the parties pursuant to section 409.285(2) of the Florida Statutes ("Fla. Stat." or "F.S") (2022). This order is the final administrative decision of AHCA under Fla. Stat. § 409.285(2)(a).
8. This hearing was held as a *de novo* proceeding pursuant to Florida Administrative Code Rule ("Fla. Admin. Code R.") 59G-1.100(17)(b).
9. Because Respondent is terminating an existing service, Fla. Admin. Code R. 59G-1.100(17)(g) assigns the burden of proof to 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.).
10. The Florida Medicaid PPEC Policy, incorporated by reference within Fla. Admin. Code R. 59G-4.260, establishes the coverage and provision for PPEC services available under the Florida Medicaid program. See Respondent's Composite Exhibit 2, pages 38-43. The Florida Medicaid PPEC Policy states the following, in pertinent part:

1.1 Description

Florida Medicaid prescribed pediatric extended care (PPEC) services provide skilled nursing supervision and therapeutic interventions in a non-residential setting to medically dependent or technologically dependent recipients.

1.1.1 Florida Medicaid Policies

This policy is intended for use by PPEC providers that render services to eligible Florida Medicaid recipients. It must be used in conjunction with Florida Medicaid's General Policies (as defined in section 1.3) and any applicable service-specific and claim reimbursement policies with which providers must comply.

Note: All Florida Medicaid policies are promulgated in Rule Division 59G, Florida Administrative Code (F.A.C.). Coverage policies are available on the Agency for

Health Care Administration's (AHCA) Web site at <http://ahca.myflorida.com/Medicaid/review/index.shtml>.

...

1.3 Definitions

The following definitions are applicable to this policy. For additional definitions that are applicable to all sections of Rule Division 59G, F.A.C., please refer to the Florida Medicaid definitions policy.

1.3.4 Full Day

Five to twelve hours of PPEC services rendered in one day.

1.3.7 Medically Necessary/Medical Necessity

As defined in Rule 59G-1.010, F.A.C.

1.3.8 Partial Day

Four hours or less of PPEC services rendered in one day.

...

2.2 Who Can Receive

Florida Medicaid recipients under the age of 21 years requiring medically necessary PPEC services and who:

- **Require continuous therapeutic interventions or skilled nursing supervision, as described in section 400.902, F.S. and in Rule 59A- 13.007, F.A.C.**
- Are determined medically stable by a physician and who are not a threat to self or others Some services may be subject to additional coverage criteria as specified in section 4.0.

...

4.1 General Criteria

Florida Medicaid covers services that meet all of the following:

- Are determined medically necessary;
- Do not duplicate another service; and
- Meet the criteria as specified in the policy.

4.2 Specific Criteria

Florida Medicaid covers PPEC services provided in accordance with section 400.902, F.S., the applicable Florida Medicaid fee schedule, or as specified in this policy, on a full or partial day basis. Services must include the following at a minimum:

- Caregiver training
- Developmental therapies
- An appropriate escort for travel to and from the PPEC when Florida Medicaid nonemergency transportation is provided
- Medical services

- Nursing services
- Personal care services
- Psychosocial services
- Respiratory therapy services

The PPEC day begins when the recipient arrives at the PPEC or is picked up for escorted transportation to the PPEC.

The PPEC day ends when the recipient departs from the PPEC for the day or is returned home by escorted transportation from the PPEC.

4.3 Early and Periodic Screening, Diagnosis, and Treatment

As required by federal law, Florida Medicaid provides services to 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 section 1905(a) of the SSA, codified in Title 42 of the United States Code 1396d(a). As such, services for recipients under the age of 21 years 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.

Respondent’s Composite Exhibit 2, pages 38-43.

11. Florida law defines a “Medically Dependent or Technologically Dependent Child” as:

A child who because of a medical condition requires continuous therapeutic interventions or skilled nursing supervision which must be prescribed by a licensed physician and administered by, or under the direct supervision of, a licensed registered nurse.

Fla. Stat. § 400.902 (2022).

12. 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.

13. Petitioner is under the age of 21 years, 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.

14. The Definitions Policy, incorporated by reference in Fla. Admin. Code R. 59G-1.010, provides definitions of commonly used terms that are applicable to all sections of Rule Division 59G, Florida Administrative Code (F.A.C.), unless specifically stated otherwise in a service-specific coverage policy or rule. See Respondent's Composite Exhibit 2, pages 16-27. The Definitions Policy 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, page 23. (Emphasis added).

15. The Authorization Requirements Policy, incorporated by Fla. Admin. Code R. 59G-1.053, provides general requirements for providers to obtain authorization to render Florida Medicaid services. See Respondent's Composite Exhibit 2, pages 30-37. The Authorization Requirements Policy states the following:

1.2 Definitions

The following definitions are applicable to this policy. For additional definitions that are applicable to all sections of Rule Division 59G, F.A.C., please refer to the Florida Medicaid definitions policy.

...

1.3.1 Authorization

The process of obtaining approval for reimbursement of a service based on medical necessity.

...

1.3.6 Provider

The term used to describe any entity, facility, person, or group that has been approved for enrollment or registered with Florida Medicaid.

1.3.7 Quality Improvement Organization

Entity designated to perform utilization review, quality assurance, and quality improvement activities for Florida Medicaid-covered services rendered by fee-for-service providers (also known as the QIO).

...

2.0 Authorization Requirements

...

2.4.2 Requests for Additional Information

The QIO may request additional information, as necessary, to determine medical necessity.

...

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, pages 30-36. (Emphasis added).

16. In the Notice, Petitioner's PPEC provider ([REDACTED] .) requested continuation of full and partial day PPEC services for the certification period from April 5, 2023, through October 1, 2023. See supra ¶ 3. Respondent terminated Petitioner's PPEC services on the basis that the services are no longer medically necessary because, "[t]he clinicals do not justify need[ed] for skilled nursing." See supra ¶ 3. Specifically, Respondent found that the PPEC services did not meet the following criterion: services must be individualized, specific, and consistent with symptoms or confirmed diagnosis of the illness under treatment, and not in excess of the patient's needs, and the submitted information does not support the medical necessity for requested services. See supra ¶ 3.

17. Florida Medicaid covers PPEC services that: are determined medically necessary; do not duplicate another service; and meet the criteria as specified in the Florida Medicaid PPEC Policy. See supra ¶ 10. PPEC services provide skilled nursing supervision and therapeutic interventions in a nonresidential setting to medically dependent or technologically dependent recipients. See

supra ¶ 10. In this case, there was no credible testimony or evidence demonstrating that Petitioner requires “skilled nursing supervision and therapeutic interventions” at the PPEC facility. See supra ¶ 5-6. Further, the documentation and testimony regarding Petitioner’s medical status, supra ¶ 2-6, reflects that Petitioner does not meet the definition of a “medically dependent or technologically dependent child” as Petitioner is not “a child who because of a medical condition requires continuous therapeutic interventions or skilled nursing supervision which must be prescribed by a licensed physician and administered by, or under the direct supervision of, a licensed registered nurse.” See supra ¶ 10-11. In addition, Petitioner’s PPEC provider failed to submit records reflecting Petitioner’s care during the previous certification period. Of the medical records and therapy records submitted, Dr. Kunis provided the following assessment of the Petitioner’s case: Petitioner no longer meets the [REDACTED]; it is unknown how often Petitioner is administered medication at the PPEC facility as the PPEC provider failed to submit PPEC records for review; Petitioner’s therapies ([REDACTED]) can still be provided to the Petitioner through the same provider, but rather on an outpatient basis; Petitioner is able to [REDACTED]; Petitioner currently consumes a [REDACTED]; and Petitioner is not receiving any skilled nursing services at the PPEC facility. See supra ¶ 2, 5. [REDACTED] argued that Petitioner does require daily skilled nursing services, supra ¶ 6, however, [REDACTED] failed to identify what skilled nursing services were being provided by the PPEC provider during the previous certification period. Also, [REDACTED] is not a medical or nursing professional and is not qualified to provide a recommendation that Petitioner receives daily nursing care. The undersigned Hearing Officer found Dr. Kunis’ testimony, based on the limited information provided, to be credible and

reliable. Based on the substantive testimony presented by Dr. Kunis, Petitioner does not have a medical condition that requires the daily supervision and care of a skilled nurse. *See supra* ¶ 5. There is insufficient PPEC documentation in the record to indicate that Petitioner continues to require a skilled nurse to provide nursing supervision.

18. Subsequently, ██████ relied upon the recommendation of an Advance Practice Registered Nurse (APRN) (Bonnye Albert) as evidence that the continuation of PPEC services is medically necessary. *See supra* ¶ 2. According to Florida law, the fact that a provider has recommended services does not, in itself, make such services medically necessary. *See supra* ¶ 14. Simply, just because Petitioner's APRN recommended PPEC services does not mean that services are automatically approved without third-party review for whether the services meet the criteria for approval. Petitioner and their provider are responsible for showing evidence supporting the recommendation. Here, the provider recommended a continuation of PPEC services to (1) continue receiving therapies, and (2) continue monitoring Petitioner's ██████
█████ *See supra* ¶ 2. Dr. Kunis countered these arguments stating that Petitioner can still receive their various therapies on an outpatient basis as the approval of ██████ therapy is not tied to whether the Petitioner is enrolled into the PPEC facility. *See supra* ¶ 5. Next, Dr. Kunis pointed out that there is no PPEC records submitted indicating how much of a concern Petitioner's ██████ (█████) was at the PPEC facility and that ██████ (a layperson) is capable of administering Petitioner's ██████ ██████ should an ██████ event occur. *See supra* ¶ 5-6. ██████ argued that there is no daycare that is capable of caring for a child with ██████ *See supra* ¶ 6. The undersigned Hearing Officer found this argument to be mere speculation and not supported. Based on this

information, the recommendation of Petitioner's providers is not supported by the evidence and the undersigned Hearing Officer did not apply significant weight to the recommendation.

19. Although the Petitioner is diagnosed with multiple medical conditions that requires medical specialists ([REDACTED]), is prescribed [REDACTED] that can be administered by a layperson, and may require medical equipment (e.g., [REDACTED]) in the future, it does not appear that the Petitioner needs the daily services of a skilled nurse at the present time. There is insufficient evidence to show that Petitioner possesses a "medical condition requires continuous therapeutic interventions or skilled nursing supervision." Further, the approval of PPEC services cannot be based on unsubstantiated speculation that the recipient may regain their [REDACTED] [REDACTED]' diagnosis due to [REDACTED] or requiring the [REDACTED] to assist with [REDACTED]. Here, the approval of PPEC services is based on current need, and Respondent has shown that Petitioner does not have a current need for PPEC services.

20. Florida Medicaid permits Respondent to terminate an existing service when, "[t]here is a documented improvement in the recipient's medical condition, or "[t]here is a documented change in the recipient's circumstances. *See supra* ¶ 15. The evidence and testimony presented above supports a determination by eQHealth that the Petitioner's documented improvement (e.g., no longer meets the definition of Medically Dependent or Technologically Dependent Child; no longer requires continuous therapeutic interventions or skilled nursing supervision) in their medication conditions justify the termination of PPEC enrollment. *See supra* ¶ 2-6. Based on the above, Respondent established that the requested PPEC services are not medically necessary, according to section 2.83 of the Florida Medicaid Definitions Policy and section 1.3.7 of the Florida Medicaid PPEC Policy. Looking at all the evidence relevant to the particular needs of this


Petitioner, the Respondent demonstrated that the continuation of the requested PPEC services is not necessary to correct or ameliorate a defect, a condition, or a physical or mental illness.

21. Accordingly, upon consideration of the parties' admitted evidence, the parties' sworn testimony, and the aforementioned applicable laws and policies, the undersigned Hearing Officer concludes that the Respondent has proved by a preponderance of the evidence that Respondent's termination of PPEC services April 5, 2023, through October 1, 2023, was correct.

IT IS HEREBY ORDERED AND ADJUDGED THAT:

Respondent's termination of Petitioner's PPEC services is hereby **AFFIRMED**. Petitioner's request for relief is hereby **DENIED**.

DONE AND ORDERED this 10th day of July, 2023, in Tallahassee, Leon County, Florida.

Joseph Mabry
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JOSEPH MABRY, 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.

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MedicaidHearingUnit@ahca.myflorida.com.**