



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

FILED

May 09, 2023, 8:38 am
OFFICE OF FAIR HEARINGS

[REDACTED]

PETITIONER,

AHCA Case No.: 23-FH0864

vs.

**AGENCY FOR HEALTH CARE
ADMINISTRATION,**

RESPONDENT.

_____ /

FINAL ORDER OF DISMISSAL

The Fair Hearing request in this case was made by [REDACTED] (“Complainant”) on April 14, 2023. Complainant is a third party and not the purported Recipient, [REDACTED]

Rule 59G-1.100(7)(c)(1), Florida Administrative Code (“F.A.C.”), requires any person requesting a Fair Hearing on behalf of a Recipient or seeking to represent a Recipient in a Fair Hearing to provide and maintain with the Office a written authorization signed by the Recipient or by a person with legal authority to act on behalf of the Recipient. Failure to file a Designation of Authorized Representative (“DAR”) constitutes grounds for dismissal of a Fair Hearing request pursuant to Rule 59G-1.100(9)(b)(4), F.A.C.

The Office of Fair Hearings (“Office”) provided an Acknowledgement of Third Party Fair Hearing Request (“Acknowledgement”) to Complainant at their address of record on April 19, 2023. The Acknowledgment advised Complainant of the DAR requirement under Rule 59G-1.100(7)(c)(1), F.A.C. Also included with the Acknowledgement was a sample DAR form with instructions for completion and submittal. The Office did not receive a response.

On April 26, 2023, the undersigned issued an Order to Show Cause (“Order”) why the third party hearing request should not be dismissed for failure to comply with Rule 59G-1.100(7)(c)(1), F.A.C. Included with the Order was another copy of the sample DAR form with instructions. The Order notified Complainant that failure to comply with the rule requirement on or before May 8, 2023, would result in dismissal of the case. On April 26, 2023, the Office of Fair Hearings received a Designation for Authorized Representative for Selection of Managed Care Plan form signed by Petitioner. However, the form solely designates an authorized representative for the purpose of selecting a managed care plan with the Agency for Health Care Administration. The Office of Fair Hearings requires a Designation of Authorized Representative for the purposes of filing and participating in a Medicaid Fair Hearing on behalf of Petitioner.

On April 27, 2023, the undersigned issued a Second Order to Show Cause why the third party hearing request should not be dismissed for failure to comply with Rule 59G-1.100(7)(c)(1), F.A.C. Included with the Order was another copy of the sample DAR form with instructions. The Order notified Complainant that failure to comply with the rule requirement on or before May 8, 2023, would result in dismissal of the case. The Office did not receive a response.

Dismissal of this case is without prejudice to refile within applicable time limits.

IT IS HEREBY ORDERED AND ADJUDGED THAT:

The case is dismissed without prejudice, and is now closed.

DONE AND ORDERED this 9th day of May, 2023, in Tallahassee, Leon County, Florida.

 Alani Day
23-FH0864
2023.05.09 07:14:07 -04'00'

ALANI DAY, 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]
[REDACTED]

**AHCA Medicaid Hearing Unit
MedicaidHearingUnit@ahca.myflorida.com**