

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



FILED

Jul 24, 2023, 1:11 pm
OFFICE OF FAIR HEARINGS

[REDACTED]

PETITIONER,

AHCA Case No.: 23-FH0961

vs.

[REDACTED]

FLORIDA COMMUNITY CARE, LLC,

RESPONDENT.

_____ /

FINAL ORDER

Pursuant to notice, the undersigned convened a telephonic Fair Hearing on the instant case on June 7, 2023, at 10:02 a.m. EST.

APPEARANCES

For the Petitioner:

[REDACTED]

Petitioner's Authorized Representative

For the Respondent:

Jill Bennett, Esq.
Florida Community Care, LLC

STATEMENT OF ISSUE

The parties agreed on the record that the issue in this matter is whether Petitioner proved by a preponderance of the evidence that Respondent's decision to deny Petitioner's request for an additional ten (10) hours per week of personal care services was incorrect.¹

¹ On February 24, 2023, the Petitioner requested an additional twenty-eight (28) hours of personal care services per week. On February 27, 2023, the Respondent approved an additional eleven (11) additional personal care hours per week of the originally requested twenty-eight (28) additional hours and denied the remaining seventeen (17) hours. On May 26, 2023, the Respondent approved an additional seven (7) hours of personal care services per week of the originally requested twenty-eight (28) hours per week of personal care services. The remaining ten (10) hours of the originally requested twenty-eight (28) hours per week is the subject matter of this proceeding.

PRELIMINARY STATEMENT

All parties appeared telephonically. [REDACTED] the Petitioner's Authorized Representative appeared and testified on Petitioner's behalf.

Jill Bennett, Esq., ("Ms. Bennett") appeared on behalf of the Respondent. Frank Astor, M.D., Interim Chief Medical Officer, testified on behalf of the Respondent. Sally Ingeno, ("Ms. Ingeno") Clinical Appeals Specialist attended the Fair Hearing for the Respondent solely as an observer.

Sandra Durden ("Ms. Durden") Medical Healthcare Program Analyst & Fair Hearing Liaison for the Agency for Health Care Administration ("Agency" or "AHCA"), appeared as an observer.

Prior to the hearing and as part of the Petitioner's hearing request, the Petitioner submitted a two (2) page document consisting of a one (1) page request for a Fair hearing and a one (1) page letter from Rosabel Bencomo, M.D., that were admitted into evidence without objection, is identified as "Petitioner's Composite Exhibit 1", and appears in the Office of Fair Hearings case management system as "Fair Hearing request [Petitioner].pdf".

Prior to the Fair hearing, Respondent sent to the Office of Fair Hearings and Petitioner a two hundred and one (201) page evidence packet that was admitted into evidence without objection, is identified as "Respondent's Composite Exhibit 1", and appears in the Office of Fair Hearings' case management system as "23-FH0961 [Petitioner] EVIDENCE PACKAGE.pdf".

FINDINGS OF FACT

1. Petitioner is an enrolled member of Florida Community Care, LLC ("Community Care" or "Respondent"). See Respondent's Composite Exhibit 1, page 20. Community Care is a managed

care organization contracted by the Agency to provide services to eligible Medicaid recipients in Florida.

2. As of the date of the Fair Hearing, the Petitioner was [REDACTED] and lives alone in a private residence. See Respondent's Composite Exhibit 1, page 177. The Petitioner's [REDACTED] is the Petitioner's primary caregiver, lives close-by, spends [REDACTED] at [REDACTED] home to provide care services, and serves as the Authorized Representative in this matter. *Id.* In addition, the Petitioner has two (2) other adult children that live close-by, visit often, but work full time. See Respondent's Composite Exhibit 1, page 177, and testimony by the Authorized Representative.

3. The Petitioner's [REDACTED] that serves as a primary caregiver is [REDACTED], retired, and is also experiencing health issues. See Respondent's Composite Exhibit 1, page 192 and Petitioner's Composite Exhibit 1, page 2. The Petitioner's [REDACTED] [REDACTED] *Id.* and testimony of the Authorized Representative.

4. In February 2021, the Petitioner was hospitalized [REDACTED] [REDACTED] See Respondent's Composite Exhibit 1, page 129. The Petitioner was [REDACTED] [REDACTED]. *Id.* For four (4) days after [REDACTED] discharge, the Petitioner was completely [REDACTED] See Respondent's Composite Exhibit 1, page 17. [REDACTED]

[REDACTED]. See Respondent's Composite Exhibit 1, page 18 and 126. The Petitioner [REDACTED] [REDACTED] Activities of Daily Living ("ADLs"), in part because [REDACTED] home health aide

and does not want another aide to come to [REDACTED] home. See Respondent's Composite Exhibit 1, page 17 and testimony of the Authorized Representative.

5. Petitioner health conditions consists of the following: [REDACTED]
[REDACTED]
[REDACTED]

Respondent's Composite Exhibit 1, page 182.

6. As provided in the most recent Florida Department of Elder Affairs 701B Comprehensive Assessment, dated May 22, 2023, ("701B Assessment") the Petitioner needs assistance with all [REDACTED] Activities of Daily Living ("ADLs"), which more specifically are as follows: the Petitioner needs total assistance (cannot do at all) to [REDACTED]. See Respondent's Composite Exhibit 1, page 180. The Petitioner needs some assistance (but not total help) [REDACTED]. [REDACTED] *Id.* The Petitioner uses assistance devices for transferring and the Petitioner always has assistance with all of [REDACTED] ADLs. *Id.*

7. As provided in the most recent Florida Department of Elder Affairs May 22, 2023, 701B Assessment, the Petitioner requires total assistance with [REDACTED]. [REDACTED]. Respondent's Composite Exhibit 1, page 181. The Petitioner's aides and children assist with the IADLs, including the Petitioner's primary caregiver [REDACTED] who [REDACTED]. [REDACTED] *Id.* The Petitioner's primary caregiver daughter also assists the Petitioner with the shopping. *Id.* The Petitioner uses assistance devices for transportation and the Petitioner always has assistance with all [REDACTED] IADLs. *Id.*

8. Immediately before the request for additional hours of personal care services per week, the Petitioner was approved for and receiving thirty-three (33) hours per week of personal care services, nine (9) hours per week of homemaker services and, was provided a personal emergency response system (“PERS”). See Respondent’s Composite Exhibit 1, page 129.

9. On February 24, 2023, the Petitioner requested an additional twenty-eight (28) hours per week of personal care services. See Respondent’s Composite Exhibit 1 page 56. In the February 27, 2023, the Respondent issued their Notice of Adverse Benefit Determination (“NABD”), wherein they approved eleven (11) of the additional requested twenty-eight (28) additional hours of personal care services per week. See Respondent’s Composite Exhibit 1, pages 56-64.

The NABD explained the basis of the decision as follows:

- We determined that your requested services are not medically necessary because the services do not meet either of the reason(s) checked below: (See Rule)
- Meet all of the criteria as defined in Rule 59G-1.010(166), F.A.C., for all nursing facility services and mixed services; OR
- Meet all of the following criteria for all extended state plan services used for the purposes of maintenance therapy and all other home and community-based services:
 1. 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;
 2. 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; and
 3. Be furnished in a manner not primarily intended for the convenience of the recipient, the recipient’s caretaker, or the provider;

and one of the following:

1. Enable the enrollee to maintain or regain functional capacity; or

2. Enable an enrollee receiving long-term services and supports to have access to the benefits of community living, to achieve person-centered goals, and live and work in the setting of their choice.

- The requested service is not a covered benefit.
- Other authority <<explain and cite authority>> The facts that we used to make our decision are:

Partial Approval- Personal Care

This request for Personal Care, CPT Code: T1019 (Personal Care), Frequency: 7 Days/Week –61 hours a week is partially approved and partially denied. After a complete review of your plan of care and all documents in our possession justifying personal care service hours, I find that you do not require as many personal care services as requested. There is no medical necessity to attribute to 61 hours of personal care service at this time.

We can approve 44 hours a week of Personal Care hours based on a calculation of need. Therefore 44 hours are approved and 17 hours are denied, based on medical necessity requirements.

Please work with your case manager to best distribute these hours through the days and week to meet your needs.

Id. at 62-63.

10. On March 3, 2023, the Petitioner requested a plan appeal and received a Notice of Plan Appeal Resolution (“NPAR”), dated April 7, 2023, upholding the denial of additional personal care services. See Respondent’s Composite Exhibit 1, pages 82-86. The NAPR states, in pertinent part:

On 03/03/2023 we received your timely plan appeal request regarding Florida Community Care’s Notice of Adverse Benefit Determination dated 2/27/2023, NABD Number ACME-16-000156, PARTIALLY DENYING the Personal Care: Total hours per week: 61 requested for [Petitioner]. 44 hours per week were approved and 17 hours per week were denied.

On 04/07/2023, after consideration of the information you provided to Florida Community Care in support of your plan appeal, Florida Community Care hereby UPHELD your plan appeal. As a result, [Petitioner] will not receive Personal Care: Total hours per week: 61, effective 02/24/2023. [REDACTED] will continue to receive the 44 hours per week of personal care approved on 2/24/2023.

Id.

11. On April 24, 2023, Petitioner requested a Fair Hearing to challenge the denial of additional personal care services. On May 17, 2023, the Hearing Officer issued an Order Scheduling Fair Hearing by Telephone and Prehearing Instructions, setting the hearing for June 7, 2023, at 10:00 a.m. EST.

12. At the Fair hearing, the Petitioner's Authorized Representative testified that [REDACTED] asked for the additional personal care hours because [REDACTED] condition continues to deteriorate. The Authorized Representative testified that [REDACTED] is frustrated with the process of getting help to care for [REDACTED] wants the additional hours "so [REDACTED] can get some rest".

13. Frank Astor, M.D., the Interim Chief Medical Officer for Sunshine testified on behalf of the Respondent and stated the fifty-one (51) hours per week of personal care services plus the approved nine (9) hours of homemaker services are individualized, specific, and consistent with symptoms or confirmed diagnosis of the Petitioner's illness and are not in excess of the patient's needs. Dr. Astor further testified the approved hours are reflective of the level of service that can be safely furnished and that the additional hours would be primarily for the Petitioner's caregiver. Finally, the HCBS Assessment Tool utilized by the Respondent is based on the Petitioner's 701B assessments and accounts for the existence of natural support systems to help calculate the appropriate number of personal care hours to help perform ADLs. See Respondent's Composite Exhibit 1, pages 171-174, and 198-1999. Dr. Astor testified the updated Assessment Tool is based on the most recent May 23, 2023, 701B assessment, takes into account the Petitioner is no longer completely bedbound since February 2023 hospital discharge, and reflects the approved personal care service hours are appropriate under the Petitioner's

circumstances. *Id.* See also 5/24/23 Case Summary, Respondent’s Composite Exhibit 1, pages 17-19.

14. On March 10, 2023, Dr. Elizabeth Martinez, the Petitioner’s physician submitted a letter stating the Petitioner [REDACTED]. See Respondent’s Composite Exhibit 1, page 67. An additional physician letter dated April 19, 2023, from Rosabel Bencomo, M.D., confirms the Petitioner’s primary care giver is [REDACTED] patient and “... is in need of more help with [REDACTED].” Petitioner’s Composite Exhibit 1, page 2.

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 Florida Administrative Code Rule (“Fla. Admin. Code R.”) 59G-1.100(17)(b).

17. Because Petitioner is requesting new services, Fla. Admin. Code R. 59G-1.100(17)(g) assigns the burden of proof to Petitioner. 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. The Statewide Medicaid Managed Care Long-term Care Program Coverage Policy (March 2017) (“LTC Policy”), incorporated by reference in Fla. Admin. Code R. 59G-4.192, governs Long-Term Care services available under Florida Medicaid. The LTC Policy provides the following with respect to personal care and homemakers:

1. Description and Program Goal

Under the Statewide Medicaid Managed Care Long-Term Care (LTC) program, managed care plans (LTC plans) are required to provide an array of home and community-based services that enable enrollees to live in the community and to avoid institutionalization.

...

1.3.1 Activities of Daily Living (ADLs)

ADLs include:

- Bathing
- Dressing
- Eating (oral feedings and fluid intake)
- Maintaining continence (examples include taking care of a catheter or colostomy bag or changing a disposable incontinence product when the recipient is unable to control bowel or bladder functions)
- Toileting
- Transferring

...

1.3.9 Instrumental Activities of Daily Living (IADLs)

When necessary for the recipient to function independently, including:

- Grocery shopping
- Laundry
- Light housework
- Meal preparation
- Money Management
- Personal hygiene
- Transportation
- Using the telephone to take care of essential tasks (examples include paying bills and setting up medical appointments)

...

4.1 General Criteria

Florida Medicaid LTC plans cover services that meet all of the following:

- Are determined medically necessary, as defined in this rule
- Do not duplicate another service
- Meet the criteria as specified in this policy

...

4.2.1.1 Adult Companion Care

The provision of non-medical care, supervision when necessary to protect the health, safety, and well-being of the enrollee, or social enrichment of a functionally impaired enrollee. This includes assistance or supervision with meal preparation, laundry, and light housekeeping tasks incidental to the care and supervision of the enrollee.

...

4.2.2.6 Personal Care

In accordance with Rule 59G-4.215, F.A.C., for enrollees under the age of 21 years. To provide assistance with ADLs and IADLs, including assistance with preparation of meals, and housekeeping chores which are incidental to the care furnished or are essential to the health and welfare of the enrollee. The scope and nature of these services do not otherwise differ from personal care services furnished to persons under the age of 21 years.

...

6.2 Specific Criteria

In order to receive LTC services, services must be documented on an individual plan of care based upon a comprehensive needs assessment. The comprehensive assessment includes the completion of the 701-B Comprehensive Assessment and the LTC Supplemental Assessment. [emphasis supplied]

LTC Policy at pages 1 – 8. The Personal Care Services Policy also provides general guidelines as to timeframes for the rendition of personal care services and states in-parts as follows:

Personal Care Task	General Time Allowances
Bathing	
Full-body Bath: Tub, shower or sponge/bed bath.	Up to 30 minutes. May rotate with partial bath based on recipient’s needs
Partial Bath: A sponge bath includes, at a minimum, bathing of the face, hands, and perineum.	15–20 minutes per partial bath
Dressing	
Laying out clothing, handing and retrieving clothing, putting clothes on and taking them off, including handling fasteners, zippers, and buttons.	15 minutes
Application of prosthetic devices or application of therapeutic stockings.	May add 15 minutes for applying hose and/or Prosthesis
Grooming and Skin Care	
Brushing teeth, denture care, shaving, washing and drying face and hands. Applying lotion to non-broken skin.	15–30 minutes

Shampoo and comb hair, basic hair care, basic nail care.	15 minutes
Positioning	
Moving recipient to and from a lying position, turning side to side, and positioning recipient in bed.	10 minutes/every 2 hours when medically indicated
Transfers	
Moving recipient into and out of a bed, chair, or wheelchair. May include the use of assistive devices.	15 minutes/every 2 hours when medically indicated
Toileting and Maintaining Continence	
Includes transfer on or off the toilet, bedside commode, urinal, or bedpan. Includes cleaning the perineum and cleaning after an incontinent episode. Includes taking care of a catheter or colostomy bag or changing a disposable incontinence product.	15–45 minutes
Eating	
Taking in food by any method. Extra time may be allowed for preparing a special diet.	30 minutes per meal
Delegated Medical Monitoring and Activities	
Non-skilled medical tasks that are delegated to the aide by the RN, in accordance with Florida laws and practice acts. The tasks include, but are not limited to, assisting recipient with pre-poured medications, monitoring vital signs, and measurement of intake/output.	15–30 minutes day for all monitoring tasks performed

PC Policy, pages 3 – 8, and 10.

19. The LTC Policy also provides the following regarding medical necessity:

1.3.14 Medically Necessary or Medical Necessity

For the purposes of this policy, the service must meet either of the following criteria:

- (a) Nursing facility services and mixed services must meet the medical necessity criteria defined in Rule 59G-1.010, F.A.C.

(b) All other LTC supportive services must meet all of the following:

- 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 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

And, one of the following:

- Enable the enrollee to maintain or regain functional capacity; or
- Enable the enrollee to have access to the benefits of community living, to achieve person-centered goals, and to live and work in the setting of his or her choice.

LTC Policy at pages 2 – 3.

20. The Florida Medicaid Definitions Policy (August 2017) ("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.

Definitions Policy at page 7.

21. Petitioner requested an additional twenty-eight (28) hours per week of personal care services. *See supra* ¶ 9. The additional personal care services were denied based on medical necessity. *See supra* ¶ 9 and 10. Specifically, Respondent determined that the services do not meet the criteria “for all extended plan services used for the purpose of maintenance therapy and all other home and community bases services.” *See supra* ¶ ¶ 9, 10, 18 and 19.

22. Section 4.1 of the LTC Policy provides that Florida Medicaid LTC plans cover services that: (a) are determined medically necessary, as defined in the LTC Policy; (b) do not duplicate another service; and (c) meet the criteria as specified in the LTC Policy. *See supra* ¶ 18. Further, in order to receive LTC services, services must be documented on an individual plan of care based upon a comprehensive needs assessment. The comprehensive assessment includes the completion of the 701-B Comprehensive Assessment and the LTC Supplemental Assessment. *Id.*

23. The evidence presented reflects that Respondent’s denial of an additional twenty-eight (28) hours per week of personal care services is warranted under the circumstances of this case. As provided in the LTC Policy, personal care is to provide “assistance with ADLs and IADLs, including assistance with preparation of meals, and housekeeping chores which are incidental to the care furnished or are essential to the health and welfare of the enrollee.” *See supra* ¶ ¶ 18 and 19. The record reflects that Petitioner lives alone, [REDACTED] principal caregiver lives close by, and [REDACTED] evenings at [REDACTED] house to provide care services. *See supra* ¶ 2. With

regard to ADLs, the Petitioner needs total assistance (cannot do at all) to [REDACTED]
[REDACTED]. See supra ¶ 6. The Petitioner needs some assistance (but not total help) to [REDACTED]
[REDACTED]. *Id.* The Petitioner uses assistance devices for transferring and the 701B Assessment states the Petitioner “always has assistance” with all of [REDACTED] ADLs. *Id.*

24. Regarding IADLs, the Petitioner requires total assistance with [REDACTED]
[REDACTED]. See supra ¶ 7. The Petitioner’s aides and children assist with the IADLs, including the Petitioner’s primary caregiver [REDACTED] assists the Petitioner with shopping and managing medications. *Id.* The Petitioner uses assistance devices for transportation and the Petitioner “always has assistance” with all [REDACTED] IADLs. *Id.*

25. Appendix 9.1 of the Florida Medicaid Personal Care Services Coverage Policy (November 2016) (“PCS Policy”), which is incorporated by reference in Fla. Admin. Code R. 59G-4.215, provides general guidance concerning the time allotted for personal care tasks. See supra ¶ 18. The time allotted for tasks applicable for Petitioner would be as follows: [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]. *Id.* As Dr. Astor testified, according to Petitioner’s documented needs in the 701B Assessment, Petitioner needs total assistance with [REDACTED] ADLs, with [REDACTED] assistance. See also supra ¶ 6 and 18. The Authorized Representative did not provide a schedule of ADLs and/or any estimate of the time it takes to complete each ADL task. Allotting thirty (30) minutes of time

for each of Petitioner’s ADLs (bathing, dressing, eating, using the bathroom, transferring, and walking/mobility) and taking into account Petitioner’s medical conditions, the current fifty-one (51) hours of personal care services appears to be reasonable. Petitioner also has nine (9) hours per week of homemaker services, which closely align with the documented IADL tasks that Petitioner needs assistance with. *See supra* ¶ 7 and 8. Dr. Astor provided credible and persuasive testimony that the approved services are adequate to meet Petitioner’s needs.

26. The April 24, 2023, letter from Dr. Rosabel Bencomo, MD, the Authorized Representative’s primary care physician states the Authorized Representative “is in need of more help” to care for [REDACTED]. *See supra* ¶ 14. However, Section 2.83 of the Definitions Policy mandates that “[t]he 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.” *See supra* ¶ 18. Therefore, the letter from Dr. Bencomo does prescribe anything other than more help for the Authorized Representative, does not address the Petitioner, [REDACTED] condition, does not identify any unmet needs of the Petitioner relating to ADLs and IADLs, and does not, *in itself*, make “help” for the Authorized Representative medically necessary. *See supra* ¶ ¶ 14, 18 and 20.

27. The March 10, 2023, letter from Elizabeth Martinez, MD, The Petitioner’s physician states the Petitioner “... needs more than 10 hours daily for HHA personal care help with the Activities of daily living.” *See supra* ¶ 14. However, Section 2.83 of the Definitions Policy mandates that “[t]he 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.” *See supra* ¶ 18.

28. The Authorized Representative testified [REDACTED] is having health issues and is having greater difficulty in caring for [REDACTED] is frustrated [REDACTED] is not receiving more help, that the denial of additional personal care hours is “not fair”, and that [REDACTED] wants the additional hours “so [REDACTED] can get some rest”. See supra ¶¶ 2, 3, and 4. The Florida Long Term Care Policy provides a myriad of services that are intended to address the frustration and exhaustion of care givers, such as respite services which the Petitioner can request. See supra ¶ 18. However, the Authorized Representative has not provided compelling evidence that the original thirty-three (33) hour of personal care service per week, plus the additional eighteen (18) hours of personal care services per week that were increased in response to the Petitioner’s original February 27, 2023, for a current total of fifty-one (51) hours of personal care services being received every week is insufficient to meet the Petitioner’s assistance with ADLs and IADLs.

29. Therefore, upon consideration of the testimony provided, Respondent’s Composite Exhibit 1, the Petitioner’s Exhibit 1, and the applicable laws and policies, the undersigned concludes that Petitioner did not prove by a preponderance of the evidence that Respondent’s denial of an additional ten (10) hours per week of personal care services was incorrect.

DECISION

Respondent’s denial of an additional ten (10) hours per week of personal care services is **AFFIRMED**. Petitioner’s appeal based on Respondent’s denial in this matter is **DENIED**.

DONE and **ORDERED** this 24th day of July, 2023, in Tallahassee, Leon County, Florida.

Alan J. Leifer
Alan J. Leifer
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ALAN LEIFER, 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]
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