



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

**FILED**

Aug 01, 2023, 9:31 am

OFFICE OF FAIR HEARINGS

[REDACTED]

PETITIONER,

AHCA Case No.: 23-FH1064

[REDACTED]

vs.

HUMANA MEDICAL PLAN, INC.,

RESPONDENT.

\_\_\_\_\_ /

**FINAL ORDER**

Pursuant to notice, the Office of Fair Hearings convened a telephonic Medicaid Fair Hearing in the above styled case on July 5, 2023, at 1:00 p.m. Eastern Standard Time ("EST").

**APPEARANCES**

For the Petitioner:

[REDACTED]

Petitioner's Authorized Representative

For the Respondent:

Michael Moens  
Grievance and Appeals Fair Hearing Specialist  
Humana Medical Plan, Inc.

**STATEMENT OF ISSUE**

The issue is whether Petitioner proved by a preponderance of the evidence that Respondent's decision to deny Petitioner's request for an additional twelve (12) hours per week of personal care services was incorrect.

**PRELIMINARY STATEMENT**

All parties appeared telephonically. [REDACTED] Petitioner's Authorized Representative and adult child, appeared on Petitioner's behalf.

Michael Moens, Grievance and Appeals Fair Hearing Specialist for Humana Medical Plan, Inc. (“Humana”) appeared on behalf of Respondent. Dr. Avra Carpousis-Bowers (“Dr. Bowers”), Medical Director for Humana, attended as a witness for Respondent.

Chrissie Simmons, Medical Healthcare Program Analyst and Fair Hearing Liaison for the Agency for Health Care Administration (“Agency” or “AHCA”) appeared as an observer.

Prior to the Fair Hearing, Petitioner sent to the Office of Fair Hearings and Respondent an eight (8)-page evidence packet. The evidence packet appears in the Office of Fair Hearings’ document management system as “23-FH0103 DAR & Supporting Documents.pdf.” Absent an objection from the Respondent, the undersigned admitted the eight (8)-page 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 two hundred and eighty-two (282)-page evidence packet. The evidence appears in the Office of Fair Hearings’ document management system as “Evidence Packet 23-FH1064\_Part1.pdf”, “Evidence Packet 23-FH1064\_Part2.pdf”, “Evidence Packet 23-FH0103\_FH1064.pdf”, and “Evidence Packet 23- FH1064\_Part4.pdf”. Petitioner’s Authorized Representative stated that Petitioner did not receive the evidence packet from Respondent. Petitioner’s Authorized Representative elected to proceed with the hearing without first having received and reviewed the evidence packet. Absent an objection from Petitioner, the undersigned admitted the two hundred and eighty-two (282)-page evidence packet into evidence as Respondent’s Composite Exhibit 1 (“RCE 1”).

**FINDINGS OF FACT**

1. Petitioner is an enrolled member of Humana. See RCE 1 at page 1. Humana 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, Petitioner is [REDACTED] *Id.* [REDACTED] lives alone in a private residence. *Id.* at 30. [REDACTED] reside out of state and visit when possible. *Id.* at 31. Petitioner has [REDACTED]  
[REDACTED] *Id.*  
at 4.

3. As provided in the Florida Department of Elder Affairs 701B Comprehensive Assessment, dated June 16, 2023, (“701B Assessment”) Petitioner needs the following assistance with [REDACTED] activities of daily living (“ADLs”): needs assistance (but not total help) with [REDACTED]  
[REDACTED] needs supervision or prompting with [REDACTED] and [REDACTED] *Id.* at 33. Petitioner has assistance most of the time with all of [REDACTED]. *Id.*

4. Petitioner’s assistance needs for instrumental activities of daily living (“IADLs”) are as follows: needs total assistance (cannot do at all) with for [REDACTED]  
[REDACTED]; needs supervision or prompting with [REDACTED]  
[REDACTED] *Id.* at 34. Petitioner has assistance most of the time with [REDACTED]; always has

assistance with [REDACTED]; and needs no assistance with using the telephone, managing medication, and managing money. *Id.*

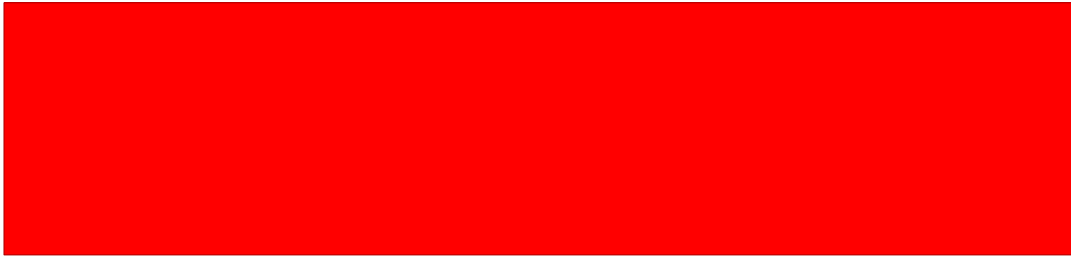
5. The notes and summary of the 701B Assessment observe:

Significant visit conducted at mbr home. Mbr fell at home while home in April. Mbr reports [REDACTED] felt weak the next day and pressed PERS. Mbr was [REDACTED]  
[REDACTED]  
[REDACTED] Mbr resides alone. Mbr wants to live at home. Alert and oriented X 3. Mbr is a fall risk. Mbr utilizes assisted device. Mbr has Medicaid and Medicare and is able to have [REDACTED] needs met. Preferred language English. AD were discussed. CC advised that AD information can be located in the Mbr Handbook. Disaster Plan was discussed. Mbr wants to remain at home. Member declined shelter assistance.

Member appears to be alert and oriented X3. Member as able to answer the Memory questions. Member indicates [REDACTED] may forget this sometimes due to [REDACTED] age, but this is not a concern. Member indicates [REDACTED] mind is sharp for [REDACTED] age. Member indicates no one has expressed memory concern. Member indicates [REDACTED] Children and niece calls regularly to check on [REDACTED] reside out stated and visits when possible.

As a result of Member's health condition, Member [REDACTED]  
[REDACTED] in some ADL and functioning. [REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED] reside out of state and calls regularly. Member's children visit when possible. Mbr receives HHA services.

As a result of Member's health condition, Mbr has limited mobility which impairs member's ability to be independent in some AIDL and functioning. Member appears to require moderate to maximum assistance with AIDL. Member is [REDACTED]  
[REDACTED]



possible. Member receives HHA services.

Member denies feelings of sadness and suicidal ideations. Mbr reports [REDACTED] is worried about [REDACTED] health condition and falling. Member indicates [REDACTED] is Christian and grateful for life. Member reports [REDACTED] religious sermons, [REDACTED] has faith. No mental health diagnoses were reported. Member reports [REDACTED] with [REDACTED] and [REDACTED]. Member indicates [REDACTED]. Member reports [REDACTED] has a good relationship with [REDACTED]. Member reports [REDACTED] is spiritual and prays. CC inquired if Member is interested in Beacon Services. Member declined Beacon Services. Member reports [REDACTED] does not need a psychiatrist or counselor.

Fall prevention checklist was reviewed. Member resides in a 2 bedroom/2 bath Condo on the 3rd floor. Member's condo has an elevator which [REDACTED] utilizes. Member indicates this is not a concern as [REDACTED] uses the elevator. Member [REDACTED] only transfers with assistant from Aide. Member's patio has a little step as it is sunk in. This concern was addressed with Member and Member's family as [REDACTED]. Member enjoys sitting in the patio to look outside and the TV. Member reports [REDACTED] will go to patio when the Aide is at [REDACTED] home and Aide will assist [REDACTED]. Member indicates [REDACTED] has lived in this neighborhood for a while and feels safe. Member's bedrail rail has a loose pole on left side close. CC recommend a hospital bed. Mbr reports [REDACTED] will think about it. CC educated Mbr and Mbr rep on Medicare benefits. Mbr has a rug on side of bed. Kitchen throw rug. CC encouraged for it to be taped down. Member has a recliner chair bedroom and reports it will be removed. These concerns were addressed with Member's [REDACTED] and they will follow up. Mbr receives HHA services.

Member indicates [REDACTED] usually eats 3 meals daily. Member receives HHA service.

Member indicates [REDACTED] is able to administer [REDACTED] medications. Member indicates [REDACTED] takes [REDACTED] medication. Member indicates [REDACTED] Niece and Children call regularly to check on [REDACTED]. Member sees PCP for medication management. Member denies alcohol, drug, and tobacco use. Member was discharged from rehab will have follow up with PCP. Member participates with routine medical care. Member has apt for skill service scheduled for [REDACTED].

6. Petitioner requested an additional nine (9) hours per week of personal care services. In the Notice of Adverse Benefit Determination (“NABD”), Respondent denied Petitioner’s request as of February 7, 2023. *Id.* at 3 – 4. 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 reasons checked below: (See Rule)

...

- 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.

...

- Other Authority

...

The facts that we used to make our decision are:

This determination of the Medical Director has been made based on medical necessity (as defined by Florida law – specifically see checked box above) and reflects the application of the Plan’s approved review criteria and guidelines.

You currently have 7 hours of homemaker service each week; 14 hours of personal care service each week; 7 home delivered meals weekly; and 4 hours of Adult Companion Care each week. You have requested an additional 9 hours of personal care service each week. You have [REDACTED]

[REDACTED] You do not have trouble making your needs known. You do not have

trouble thinking clearly or remembering things. You do not leave your home [REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

[REDACTED]. You have 25 hours of home health aide services to meet your needs. Your request for 9 hours of personal Care each week is being denied as not medically necessary. The hours you are receiving should be enough to meet your needs and can be divided into shifts to better meet your needs.

7. Petitioner requested a plan appeal and received a Notice of Plan Appeal Resolution (“NPAR”), dated April 11, 2023, upholding the denial of additional personal care services. *Id.* at 18 – 20. The NAPR states, in pertinent part:

On March 16, 2023, we received your timely plan appeal request regarding Humana Healthy Horizons Long-Term Care Plan’s Notice of Adverse Benefit Determination dated February 7, 2023, 168206163, denying the personal care service provided to [Petitioner].

On April 10, 2023, after consideration of the information you provided to Humana Long-Term Care Plan in support of your plan appeal, was reviewed by a medical director who is an MD and board certified in Family Medicine, hereby denies your plan appeal.

The reason for the decision was based on the information received. You are appealing the denial of the requested additional 9 hours of personal care (PC) services per week. [Petitioner] currently receives 7 hours of homemaker (HMK), 4 hours of adult companion care (ACC), and 14 hours of personal care (PC) services each week [REDACTED] also receives 7 home delivered meals per week. [REDACTED] lives alone and is alert and oriented to person, place, and time. [Petitioner] has [REDACTED]  
[REDACTED]

We have reviewed [Petitioner’s] documents and assessed [REDACTED] needs. [REDACTED] currently receives 25 hours of home health aide per week, which should be sufficient for [REDACTED] needs. [Petitioner] does not have any significant change in [REDACTED] overall needs. We are upholding the decision of the medical director and denying your appeal.

This determination of the Medical Director has been made based on medical necessity (as defined by Florida law) and reflects the application of the Plan’s approved review criteria and guidelines, defined in Chapter 59G-1.010 (2.83) Florida Administrative Code.

8. On May 8, 2023, Petitioner requested a Fair Hearing to challenge the denial of additional personal care services. On June 13, 2023, the Hearing Officer issued an Order Scheduling Fair Hearing by Telephone and Prehearing Instructions, setting the hearing for July 5, 2023, at 1:00 p.m. EST.

9. Petitioner's authorized representative and [REDACTED], testified as follows:

- a. [REDACTED] lives in [REDACTED] with [REDACTED] who is [REDACTED].
- b. [REDACTED] last visited [REDACTED] in August of 2022. The visit before this one was November of 2021.
- c. Petitioner lives alone because [REDACTED] picks up any type of flu symptoms, needs a kidney transplant, and cannot take medication, and because Petitioner feels better when [REDACTED] home.
- d. Petitioner has [REDACTED].
- e. Petitioner requested the additional nine (9) hours based on what the medical facilities and medical directors have said and because Petitioner feels better when someone is [REDACTED].
- f. Most of Petitioner's family that live in Florida are elderly folks with health problems. One of petitioner's [REDACTED] live in Florida visits every now and then. Petitioner's [REDACTED] ho lives [REDACTED] comes back and forth and may visit [REDACTED].
- g. Petitioner has [REDACTED].
- h. [REDACTED] does not know what medication Petitioner is currently taking.

10. [REDACTED] referred to a letter from Petitioner's physician stating:

[Petitioner] is a patient actively under my care. [REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED] Documentation was provided and the agency will send help 3 hrs in am and 3 hrs in the pm but this is not adequate. We are requesting an additional 9 hrs per day to assist with [REDACTED] ADL's.

PCE 1 at 6.

11. Dr. Bowers is a Medical Director for Humana. Dr. Bowers testified as follows:

- a. Respondent's decisions are based on the medical necessity of the members.
- b. Petitioner currently receives seven (7) home delivered meals, fourteen (14) hours of homemaker services, seven (7) hours of adult companion care services, and fourteen (14) hours of personal care services which comes to thirty-five (35) hours of care per week.
- c. There was an updated 701B from the care coach on June 16, 2023.
- d. Petitioner does [REDACTED].
- e. There are some family members who live nearby.
- f. Petitioner does not have a memory problem and is able to operate a personal response system.
- g. Member mainly uses a walker to move around her home.
- h. Regarding Petitioner's ADLs, she would only need twelve (12) hours of personal care services but Respondent approved fourteen (14) hours for Petitioner.

- i. Regarding Petitioner’s IADLs, Petitioner was approved for fourteen (14) hours of homemaker services to help with preparing food and light housekeeping since [REDACTED] tremor may impact [REDACTED] ability to complete [REDACTED] IADLs.
- j. Because Petitioner lives alone, Respondent provided seven (7) hours of adult companion care services per week to ensure that Petitioner is not socially isolated.
- k. Dr. Bowers noted that although page 35 of the 701B indicated that Petitioner [REDACTED]  
[REDACTED]  
[REDACTED] but that it does not change Respondent’s decisions.

**CONCLUSIONS OF LAW**

12. The Agency’s Office of Fair Hearings has jurisdiction over the subject matter of this proceeding and the parties pursuant to Fla. Stat. § 409.285(2)(2019). This order is the final administrative decision of AHCA under Fla. Stat. § 409.285(2)(a).

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

14. Because Petitioner is requesting a new service, 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.)

15. 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]

RCE 1, LTC Policy at pages 93 – 100.

16. 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.

*Id.* at 94 – 95.

17. 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.

18. Petitioner requested an additional nine (9) hours per week of personal care services. *See supra* ¶ 6. The additional personal care services were denied based on medical necessity. *See supra* ¶ 6, 7. Respondent explained that Petitioner’s request was not medically necessary based on the information provided but did not specify which of the five medical necessity criteria Petitioner’s request failed to meet. *Id.*

19. 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* ¶ 15. 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.*

20. The evidence presented reflects that Respondent’s denial of an additional nine (9) 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 [REDACTED]

[REDACTED].” See supra ¶ 15. The record reflects that Petitioner lives [REDACTED]. See supra ¶ 2, 5, and 9. With regard to ADLs, Petitioner needs assistance (but not total help) [REDACTED]

[REDACTED]  
[REDACTED] e

supra ¶ 3. The 701B Assessment states that Petitioner currently has assistance most of the time with all of [REDACTED] ADLs. See supra ¶ 3. Regarding IADLs, Petitioner needs total assistance (cannot do at all) with [REDACTED]

[REDACTED]  
[REDACTED]

[REDACTED]. See supra ¶ 4. The 701B Assessment states that Petitioner has assistance most of the time with [REDACTED] as follows - [REDACTED]

[REDACTED]; and needs no assistance with using the telephone, managing medication, and managing money. See supra ¶ 4. Petitioner currently

receives seven (7) home delivered meals, fourteen (14) hours of homemaker services, seven (7) hours of adult companion care services, and fourteen (14) hours of personal care services each week for a total of thirty-five (35) hours of care. See supra ¶ 11.

21. 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. As Dr. Bowers testified, Petitioner has a tremor that may impact [REDACTED] ability to complete [REDACTED] IADLs. Neither Petitioner nor [REDACTED] provided a schedule of ADLs/IADLs and/or any estimate of the time it takes to complete each ADL/IADL task. Allotting thirty (30) minutes of time for each of Petitioner’s ADLs ([REDACTED] [REDACTED] and taking into account Petitioner’s medical conditions, the current fourteen (14) hours of personal care services appear to be reasonable. Petitioner also has fourteen (14) hours of homemaker services per week, which closely align with the documented IADL tasks that Petitioner needs assistance with. Dr. Bowers provided credible and persuasive testimony that the approved services are adequate to meet Petitioner’s needs.

22. [REDACTED] testified that Petitioner feels better when someone is with [REDACTED]. See supra ¶ 9. The request for additional personal care hours corresponds more with adult companion care services, which are defined as 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.” See supra ¶ 15.

23. [REDACTED] testified that he requested the additional hours of personal care services because Petitioner’s physician said that Petitioner required the additional hours. See supra ¶ 9.

However, the fact that a provider prescribed, recommended, or approved medical or allied care, goods, or services does not, itself, make such care, goods, or services medically necessary or a medical necessity or a covered service. See supra ¶ 17.

24. Therefore, upon consideration of the testimony provided, Petitioner's Composite Exhibit 1, Respondent's Composite 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 nine (9) hours per week of personal care services was incorrect.

### **DECISION**

Respondent's denial of an additional twelve (12) 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 1st day of August, 2023 in Tallahassee, Leon County, Florida.



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**KAMEISHA PRESLEY, 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:**



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