



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

FILED

Aug 24, 2023, 11:14 am
OFFICE OF FAIR HEARINGS

[REDACTED]

PETITIONER,

AHCA Case No.: 23-FH1284

vs.

AGENCY FOR HEALTH CARE
ADMINISTRATION,

RESPONDENT.

_____ /

FINAL ORDER

Pursuant to notice, the undersigned Hearing Officer convened a telephonic Fair Hearing on the instant case on July 25, 2023, at 9:01 a.m. Eastern Standard Time ("EST").

APPEARANCES

For the Petitioner:

[REDACTED]

Petitioner's Authorized Representative

For the Respondent:

Marielisa Amador
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 Petitioner's behavior analysis ("ABA" or "BA") services was correct.

PRELIMINARY STATEMENT

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

Acosta Pimentel, Board-Certified Behavior Analyst (“BCBA”), appeared for the Fair Hearing as a witness for Petitioner.

Marielisa Amador, Medical Health Care Program Analyst for the Agency for Health Care Administration (“Agency” or “AHCA”), appeared for the Fair Hearing as a representative for Respondent. Dr. Joseph Darling (“Dr. Darling”), Board-Certified Behavior Analyst at the Doctoral Level (“BCBA-D”) and Second Level Reviewer for eQHealth Solutions, Inc. (“eQHealth”), appeared for the Fair Hearing as a witness for Respondent.

Prior to the Fair Hearing, Petitioner sent to the Office of Fair Hearings and Respondent a thirty-one (31)-page evidence packet and a one hundred and twenty-six (126)-page evidence packet. The thirty-one (31)-page packet appears in the Office of Fair Hearings’ document management system as the file titled “23-FH1284 Emailed Evidence.pdf”. The one hundred and twenty-six (126)-page packet appears in the Office of Fair Hearings’ document management system as the file titled “23-FH1284 Emailed Evidence (2).pdf”. Absent any objections from Respondent, the undersigned admitted the thirty-one (31)-page evidence packet as Petitioner’s Composite Exhibit 1 (“PCE 1”) and the one hundred and twenty-six (126)-page evidence packet as Petitioner’s Composite Exhibit 1 (“PCE 2”).

Prior to the Fair Hearing, Respondent sent to the Office of Fair Hearings and Petitioner a three hundred and eighty-six (386)-page evidence packet and a forty-nine (49)-page evidence packet. The three hundred and eighty-six (386)-page packet appears in the Office of Fair Hearings’ document management system as the files titled “[REDACTED] FH 07.03.2023 1 – 174.pdf”, “[REDACTED] FH 07.03.2023 175 – 221.pdf”, “[REDACTED] FH 07.03.2023 222 – 279.pdf”, “[REDACTED] FH 07.03.2023 280 – 322.pdf”, and “[REDACTED] FH 07.03.2023 323 – 386.pdf”. The

forty-nine (49)-page packet appears in the Office of Fair Hearings' document management system as the file titled "23-FH1284 AHCA Evidence packet 49 pages.pdf". Absent any objections from Petitioner, the undersigned admitted the three hundred and eighty-six (386)-page evidence packet as Respondent's Composite Exhibit 1 ("RCE 1") and the forty-nine (49)-page evidence 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 RCE 1 at page 21. eQHealth is a Quality Improvement Organization contracted by the Agency to review prior authorization requests for services. See RCE 2 at page 2.

2. Petitioner is [REDACTED]. See RCE 1 at page 21. Petitioner is diagnosed with [REDACTED] [REDACTED]. *Id*

3. As provided in the [REDACTED]. Agency Behavioral Assessment Reassessment ("Reassessment"), Petitioner is engaging in the following maladaptive behaviors: [REDACTED]

[REDACTED], [REDACTED], [REDACTED], [REDACTED]
[REDACTED], [REDACTED], [REDACTED], [REDACTED]
[REDACTED], [REDACTED], [REDACTED], [REDACTED], [REDACTED], [REDACTED]
[REDACTED], [REDACTED], [REDACTED], [REDACTED]
[REDACTED], and [REDACTED] *Id.* at 275. Petitioner is

learning the following replacement behaviors: [REDACTED]
[REDACTED], [REDACTED], [REDACTED], [REDACTED], [REDACTED]
[REDACTED], [REDACTED], [REDACTED], [REDACTED], [REDACTED]
[REDACTED], [REDACTED], [REDACTED], [REDACTED]

Total Units: Denied 2,912

Code: 097155 Intervention without protocol modification, per 15 minutes

From: 5/1/23

Thru: 10/27/23

Total Units: Denied 208

Code: 97156 Family training, per 15 minutes, Lead Analyst

From: 5/1/23

Thru: 10/27/23

Total Units: Denied 208

The NOO explained the basis for the termination 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. Specially, the requested services are not medically necessary under the following standard(s):

Individualized, specific, and consistent with symptoms or confirmed diagnosis of the illness under treatment, and not in excess of the patient's needs.

Consistent with generally accepted professional medical standards as determined by the Medicaid program, and not experimental or investigational.

The NOO further provided:

The rationale for our decision is as follows:

PR Principal Reason – Denial:

Submitted information does not support the medical necessity for requested frequency and/or duration.

PR Clinical Rationale – Denial: The supporting documentation does not meet generally accepted practices within the field of applied behavior analysis and standards set forth in the Florida Behavior Analysis Services Coverage Policy (Pages 6 – 7). The provider was approved to complete an assessment. The provider has not submitted all graphed data for skill acquisition goals and maladaptive behaviors that were to be completed during the assessment. The provider was requested to produce those graphed data to initiate behavior analysis services. The provider has submitted graphed data (pg 50) that do not reflect information in their treatment plan. This request for BA services is denied.

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Pages 28 – 29 of RCE 1.

6. In a Notice of Reconsideration Determination (“NRD”), dated May 27, 2023, Respondent upheld its decision. *Id.* at 39 – 42. The NRD explained the basis for the decision as follows:

PR Principal Reason – Denial

Submitted information does not support the medical necessity for requested frequency and/or duration.

PR Clinical Rational – Denial: 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 used 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 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.

...

Page 40 of RCE 1.

7. On May 26, 2023, Petitioner requested a Fair Hearing to challenge the termination BA services. On June 3, 2023, the Office of Fair Hearings issued an Order Scheduling Fair Hearing and Prehearing Instructions, setting the hearing for July 3, 2023, at 9:00 a.m. EST. The hearing was re-scheduled for July 25, 2023, at 9:00 a.m. EST.

8. Dr. Darling is a BCBA at the doctoral level and a Second Level Reviewer at eQHealth. Dr. Darling testified to the following:

- a. eQHealth has been hired by the Agency to provide assurance of quality services for Medicaid recipients. This is done by following the five (5) medically necessary

criteria as delineated in the Florida Medicaid Behavioral Analysis Services Coverage Policy. Dr. Darling read the five (5) medical necessity criteria into the record. Based on the treatment plans that were submitted for the review, the Petitioner's request was in excess of the patient's needs and not consistent with generally accepted professional medical standards as determined by the Medicaid program.

- b. Three BCBA's reviewed the treatment plans and, based on the standards of applied behavioral analysis, determined that the treatment plan was not effective and did not support continued services. *Id.* at 23 – 24. Petitioner needs behavioral analysis services, but the treatment plans did not meet the standards.
- c. The provider had an opportunity to submit additional data from the previously approved care period to demonstrate a need for continued care. The provider submitted additional information regarding the treatment plan and requested reconsideration. However, the treatment plan was denied based on the data submitted because it was determined that there was no indication in the treatment plan that it would be effective, primarily because it had not been effective in the previous six (6) months of implementation. Dr. Darling pointed out that the reviewer on reconsideration found that the procedural modifications that were included were "insufficient to support continued care" and that the denial was upheld. *Id.* at 24.
- d. Dr. Darling testified that the behavior plans that were submitted by the provider did not sufficiently comply with the practice guidelines for the field of Behavioral

Analysis services generally accepted professional medical standards. See RCE 2 at 28.

- e. There were three treatment plans submitted during this review process. The third BCBA looked at all three treatment plans and determined that the treatment plan was not showing effective treatment.
- f. Dr. Darling explained that maladaptive (problem) behaviors are the behaviors that are intended to be decreased and that replacement (adaptive) behaviors are intended to be increased. The efficacy of treatment is done primarily by the visual analysis of graphs. Here, the graphs of the replacement behaviors do not show any change during the course of treatment. *Id.* at 303. The data shows that the treatment is not effective and that there should be a change in procedure. There is no indication in any change in procedure and that is an indication that the treatment plan is not effective. When reviewing all of the maladaptive behavior graphs, there is a similar pattern that the behaviors are being monitored but there is no indication that there is any treatment going on to reduce the maladaptive behavior.
- g. As an example, Dr. Darling reviewed the short term objectives for Petitioner [REDACTED]. *Id.* at 326. The treatment plan is for a ten (10) percent improvement every month. *Id.* However, the research does not show that that is effective treatment. After a year of treatment, Petitioner has not even made it to [REDACTED]. *Id.* at 327.

- h. Dr. Darling rebutted that based on Ms. Pimentel's testimony, the treatment plan modifications should have been implemented months ago, not after the third denial.
- i. Dr. Darling concluded that the determination to deny continued services based on the treatment plans that were submitted was the correct decision because the treatment plans were not effective. Petitioner needs effective ABA services. The treatment plans demonstrate Petitioner has not been getting effective treatment for at least six (6) months, if at all.

9. [REDACTED], Petitioner's [REDACTED], provided the following information during [REDACTED] testimony at the hearing:

- a. Petitioner has [REDACTED], [REDACTED], [REDACTED], and [REDACTED].
- b. [REDACTED] likes Petitioner's therapists and does not want to change because Petitioner does not tolerate change.
- c. [REDACTED] sees change in Petitioner's behavior.
- d. [REDACTED] concluded that they are working on changes.

10. Ms. Pimentel, Petitioner's BCBA, provided the following information during her testimony at the hearing:

- a. In order to address medical necessity, Petitioner was evaluated by a [REDACTED]
[REDACTED].
- b. Petitioner is engaging in maladaptive behaviors in [REDACTED] new school.

- c. The changes that Petitioner have experienced this year ([REDACTED]) have caused an increase in Petitioner's maladaptive behaviors.
- d. In order to address the lack of progress, several modifications were made to the behavior treatment plan.
- e. When asked why changes were made one (1) month after the services were denied rather than during the previous year when the graphs indicated that there needed to be procedural modifications, Ms. Pimentel testified that there were interventions and modifications that were not effective. When asked to show on a graph where changes were made in any of the three reviewed treatment plans, Ms. Pimentel referred to the third treatment plan that was previously reviewed and denied.

CONCLUSIONS OF LAW

- 11. 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).
- 12. This hearing was held as a *de novo* proceeding pursuant to Fla. Admin. Code R. 59G-1.100(17)(b).
- 13. Because Respondent terminated a previously approved service, Fla. Admin. Code R. 59G-1.100(17)(b) 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.).

14. The Florida Medicaid Behavior Analysis Services Coverage Policy (October 2017) (“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 not duplicate another service
- 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 possible 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 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 Social Security Act, 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.

15. 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. Provide 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 that 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 treatments 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

...

Pages 6 – 8 of BA Policy.

16. 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.

17. 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.

18. 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.

19. The Florida Medicaid Authorization Requirements Policy (“Authorization Requirements 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 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.

20. In the instant case, Respondent terminated Petitioner's ABA services. See ¶ 5. The data did not show improvement in maladaptive behaviors. See ¶ 4, 8. In the NOO dated May 15, 2023, Respondent explained that continuing services with the current provider was not medically necessary, specifically, that it did not meet the requirements that 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 "consistent with generally accepted professional medical standards as determined by the Medicaid program, and not experimental or investigation." *Id.* Respondent further explained that "[t]he supporting documentation does not meet generally accepted practices within the field of applied behavior analysis" and that "[t]he provider has submitted graphed data that do not reflect information in their treatment plan." See ¶ 5.

21. 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's submitted treatment plan shows no improvement regarding the reduction of maladaptive behaviors and little improvement in increasing Petitioner's replacement behaviors. See ¶ 4, 8. Dr. Darling explained that the treatment plan was not effective and did not support continued services. See ¶ 8. Further, Dr. Darling explained that the behavior plans submitted by the provider did not sufficiently comply with the practice guidelines for the field of Behavioral Analysis services generally accepted

professional medical standards. *Id.* In all, based on Dr. Darling’s credible testimony and the lack of progress in the treatment, Respondent demonstrated that the provider’s treatment is not “consistent with generally accepted professional medical standards as determined by the Medicaid program”.

22. As QIO for the Agency, eQHealth is authorized to terminate services when “the reviewing physician determines the recipient will not gain any additional benefit by continuing services at the current level.” See ¶ 19. As discussed, supra ¶ 21, the current treatment plan is ineffective. Here, Petitioner’s lack of improvement is well documented.

23. 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 ABA services 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 plans 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 BA services is **AFFIRMED**. Petitioner’s appeal based on Respondent’s termination is **DENIED**.

DONE AND ORDERED this 24th day of August, 2023 in Tallahassee, Leon County, Florida.



Kameisha Presley
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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:

[REDACTED]
[REDACTED]

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