



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

FILED

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OFFICE OF FAIR HEARINGS

[REDACTED]

PETITIONER,

AHCA Case No.: 23-FH1425

vs.

AGENCY FOR HEALTH CARE
ADMINISTRATION,

RESPONDENT.

_____ /

FINAL ORDER

Pursuant to notice, the undersigned convened a telephonic Fair Hearing on the instant case on August 23, 2023, at 9:00 a.m. Eastern Standard Time ("EST").

APPEARANCES

For the Petitioner:

[REDACTED]

Petitioner's Authorized Representative

For the Respondent:

LeeAnne Williams
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 decision to terminate Petitioner's Applied Behavior Analysis ("ABA" or "BA") services was correct.

PRELIMINARY STATEMENT

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

Lee Ann Williams (“Ms. Williams”), Medical/Health Care Program Analyst for the Agency for Health Care Administration (“Agency” or “AHCA”), appeared on behalf of Respondent. Dr. David Bicard (“Dr. Bicard”), Board Certified Behavior Analyst (“BCBA”) at the doctoral level and Director of Clinical Operations for eQHealth Solutions, Inc. (“eQHealth”), attended as a witness for Respondent.

The following appeared to provide translation services for Petitioner: Cynthia, translator number 362352, Sophie translator number 41748, and Tulasi translator number 417428, from Language Line Solutions.

Petitioner did not introduce any exhibits at the Fair Hearing. Prior to the hearing, the Respondent sent to the Office of Fair Hearings and Petitioner a two hundred and ninety-two (292)- page evidence packet and a forty-nine (49)-page evidence packet. The two hundred and ninety-two (292)-page evidence packet appears in the Office of Fair Hearings document management system as the file titled “[REDACTED] FH 08.23.2023 1-185.pdf” and “[REDACTED] FH 08.23.2023 186-292.pdf.” The forty-nine (49)- page evidence packet appears in the Office of Fair Hearings document management system as the file titled “23-FH1425 AHCA evidence packet 49 pgs.pdf”. Absent an objection from the Petitioner, the undersigned admitted the two hundred ninety-two (292)-page evidence packet into evidence as Respondent’s Composite Exhibit 1 (“RCE 1”) and the forty-nine (49)-page evidence packet into evidence as Respondent’s Composite Exhibit 2 (“RCE 2”).

FINDINGS OF FACT

1. Petitioner receives Medicaid services on a fee-for-service basis from the Agency. eQHealth is a Quality Improvement Organization contracted by the Agency to review prior authorization requests for services. See page 2 of RCE 2.

2. Petitioner is [REDACTED]. See page 16 of RCE 1. Petitioner is diagnosed with [REDACTED]. *Id.*

3. As provided in Petitioner’s Behavior Analysis Service Plan (“Treatment Plan”), Petitioner is engaging in the following maladaptive behaviors: [REDACTED], [REDACTED], [REDACTED], [REDACTED], [REDACTED], and [REDACTED]. *Id.* at 242.

4. For the period of October 13, 2022, through March 30, 2023, the Treatment Plan data graphs for maladaptive behaviors show the following: incidents of [REDACTED] increased from [REDACTED]; incidents of [REDACTED] increased from [REDACTED]; incidents of [REDACTED] increased from [REDACTED]; incidents of [REDACTED] increased from [REDACTED]; incidents of [REDACTED] increased from [REDACTED]; incidents of [REDACTED] increased from [REDACTED]; and incidents of [REDACTED] increased from [REDACTED]. *Id.* at 247 - 251.

5. According to the Treatment Plan of April 16, 2023, the following replacement behaviors were targeted to increase: [REDACTED], [REDACTED], [REDACTED], [REDACTED], [REDACTED], [REDACTED], [REDACTED], [REDACTED], [REDACTED], and [REDACTED]. *Id.* at 68. For the period of October 13, 2022, through March 30, 2023, the Treatment Plan data graphs for replacement behaviors show the following: [REDACTED] decreased from [REDACTED] [REDACTED] decreased from [REDACTED]

[REDACTED] decreased from [REDACTED] [REDACTED] increased from [REDACTED] [REDACTED]
[REDACTED] decreased from [REDACTED] [REDACTED] decreased from [REDACTED]
[REDACTED], [REDACTED] to from [REDACTED] [REDACTED] increased
from [REDACTED] increase [REDACTED] increased from [REDACTED] [REDACTED]
decreased from [REDACTED] [REDACTED] increased from [REDACTED] and [REDACTED]
[REDACTED] increased from [REDACTED]. *Id.* at 68 – 72.

6. Petitioner requested continuation of BA services; specifically, 2,778 units of code 97153; 309 units of code 97155; and 104 units of code 97156. In a Notice of Outcome (“NOO”), dated May 16, 2023, Respondent terminated Petitioner’s ABA services. The NOO explained the basis for the termination as follows:

[T]he 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.

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

The NOO further provided:

PR Principal Reason-Denial: Submitted information does not support the medical necessity for requested frequency and/or duration.

PR Clinical Rationale – Denial: according to the Florida Medicaid State Plan Appendix (9.3 b), the data provided must show evidence that the frequency of the maladaptive behaviors 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 the treatment plan to impact behaviors targeted for reduction. Procedural modification should include one or more of the following: antecedent manipulation consequence 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 declarative procedure), or if lack of progress was due to therapist error (e.g. poor data collection or poor training on intervention methods), how you will address human error. The provider has not addressed the lack of progress during the last observation and did not amend the treatment plan in relation to the lack of progress. The information submitted does not meet standards of care within the field of behavior analysis. According to the Behavior Analysis Services Coverage Policy (9.2.b), treatment for behaviors must be tied to the function of maladaptive behavior. The treatment must be individualized, specific, and meet generally accepted standards of care within the field of behavior analysis. The providers treatment plan includes a general listing of treatment that is not tied to behavioral function. The interventions listed cannot be implemented simultaneously pyramid. The treatment plan is not individualized over the recipient and does not meet generally accepted standards of care within the field of behavior analysis. Additionally, there are target behaviors for which there is no operational definition. The justification submitted with this treatment is insufficient given the requested units and the recipients maladaptive behaviors and skilled deficits addressed in this treatment plan. This request is denied.

...

Id. at 29-30.

7. Petitioner requested reconsideration of the Respondent's decision. In a Notice of Reconsideration Determination ("NRD"), dated June 15, 2023, Respondent upheld its decision.

Id. at 41-42. The NRD explained the basis for the decision as follows:

PR Recon Determination: 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 modification 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 declarative procedure), or lack 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 provider has not addressed the lack of progress since the last during the last observation. And did not amend the treatment plan in relation to the lack of progress. The information submitted does not meet standards of care within the field of behavior analysis. According to the Behavior Analysis Services Coverage Policy (9.2.b) treatment for behaviors must be tied to the function of a

maladaptive native behavior. The treatment must be individualized, specific, and meet generally accepted standards of care within the field of behavior analysis. The provider's treatment plan includes a general listing of treatment that is not tied to behavioral function. The interventions listed cannot be implemented simultaneously. The treatment plan is not individualized for the recipient and does not meet generally accepted standards of care within the field of behavior analysis. Additionally, there are target behaviors for which there is no operational definition. The justification submitted with this treatment is insufficient given the requested units and the recipients maladaptive behaviors and skill deficits addressed in the treatment plan this denial is upheld.

...

Pages 41-42 of RCE 1.

8. On June 13, 2023, Petitioner requested a Fair Hearing to challenge the termination of ABA services. On July 20, 2023, the undersigned issued an Order Scheduling Fair Hearing and Prehearing Instructions, setting the hearing for August 23, 2023, at 10:30 a.m. EST.

9. Dr. David Bicard is a BCBA at the doctoral level and the Director of Clinical Operations for eQHealth in Florida. Dr. Bicard testified to the following:

- a. Petitioner is a [REDACTED].
- b. Petitioner has been receiving behavior analysis services since [REDACTED].
- c. In order for BA services to meet standards of care in the field of BA, the data provided must show that the frequency of the maladaptive behaviors has decreased since the last review and, if not that there is a modification of the treatment plan to address the lack of progress. Here, Petitioner is not making progress on maladaptive behaviors and there are no interventions to address the lack of progress.
- d. Due to the lack of progress and absence of interventions to address the lack of progress, the treatment that Petitioner has been receiving is not consistent with

generally accepted methods for behavior analysis. Therefore, the Treatment Plan does not meet the third criteria of medical necessity.

- e. With regard to skill deficits and maladaptive behaviors, the provider has not developed an effective treatment for Petitioner.
- f. On pages 248 to 252 of RCE1, the data and graphs for maladaptive behaviors for the last 12 months show no improvement and no interventions to address the lack of improvement. These are the data and graphs presented for final review by the provider.
- g. New interventions must be developed as the data for maladaptive behaviors is not trending in a downward direction.
- h. On page 253 of RCE1 with regard to the replacement behaviors graphs, some graphs show that Petitioner has mastered a replacement behavior; however the provider does not identify another replacement behavior or skill acquisition for Petitioner to work on.
- i. Where Petitioner is not making progress on skill acquisition, there should be interventions to address the lack of progress. Dr. Bicard recommends that Petitioner seek a different provider as Petitioner would not benefit from continuing to be treated under an ineffective Treatment Plan.
- j. Replacement skills have been added to the Treatment Plan, but they do not meet standards of care because they are not functionally related to Petitioner's maladaptive behaviors and not likely to impact maladaptive behaviors.

k. The Treatment Plan does not meet medical necessity criteria because it does not meet standards of care within the field of behavior analysis.

l. Multiple opportunities were given for the provider to revise the Treatment Plan.

Id. at 46 - 48.

10. [REDACTED] is the [REDACTED] of Petitioner. [REDACTED] testified to the following.

a. [REDACTED] does not understand why BA services have been denied.

b. [REDACTED] child has an [REDACTED].

c. [REDACTED] child needs a lot of attention.

d. There is a deficit of attention with [REDACTED] child.

e. [REDACTED] believes [REDACTED] child has an [REDACTED].

f. [REDACTED] believes [REDACTED] child has a [REDACTED].

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)(g) 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 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 sectioned 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.

RCE2 at 40-41

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

5. Criteria for Discharge from Behavior Analysis Services - ONE or MORE of the following **MUST be satisfied:**

- a. The critical elements are no longer met.
- b. The data provided shows that the frequency and severity of maladaptive behavior(s) has declined to the point that they no longer pose a barrier to the child’s ability to function in his/her environment.
- c. The data provided shows the recipient has made no progress toward any goals in the last 12 consecutive months.
- d. The level of functional impairment as expressed through behaviors no longer justifies continued BA services.
- e. Parent/guardian withdraws consent for treatment.

Id. at 45-47.

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.

Id. at 16

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

Id. at 33.

20. In the NOO, dated May 16, 2023, Respondent terminated Petitioner’s ABA services. Respondent explained that Petitioner’s BA services with the current provider are not “consistent with generally accepted professional medical standards as determined by the Medicaid program, and not experimental or investigational” and was not “individualized, specific, and consistent with symptoms or confirmed diagnosis of the illness under treatment.” See ¶ 6.

21. As provided by the EPSDT requirements and the BA Policy, 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.” In the instant case, Petitioner has received BA services since 2018. See supra ¶ 9. The most recent assessment was conducted on April 16, 2023. See supra ¶ 5. This Treatment Plan at issue showed no improvement on maladaptive behaviors and no interventions to address the lack of progress in many areas of therapy over a period of 8-12 months. See supra ¶ 3-5, 9. After review of the April 16, 2023, assessment, eQHealth terminated further services due to a lack of medical necessity and failure

to meet criteria for continuation of treatment. *See supra* ¶ 8. Moreover, as testified to by Dr. Bicard, *supra* ¶ 9, the provider's failure to make timely interventions when no progress was shown is not consistent with the standards of ABA. Accordingly, Respondent demonstrated that the treatment did not meet medical necessity criteria because the Treatment Plan was not consistent with professional medical standards. As such, Petitioner met the criteria for discharge from treatment because a critical element was no longer met. *See supra* ¶ 3-7, 9, 15.

22. 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 BA services at issue no longer met medical necessity criteria. Looking at all the evidence relevant to the particular needs of Petitioner, Respondent has demonstrated that the previously authorized services, based on the Treatment Plan 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 22nd day of September, 2023, in Tallahassee, Leon County, Florida.

 Lynne Ringers
23-FH1425
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LYNNE RINGERS, Hearing Officer

**Agency for Health Care Administration
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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]

**AHCA Medicaid Hearing Unit
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