



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

**FILED**

Nov 01, 2023, 1:36 pm

OFFICE OF FAIR HEARINGS

██████████,

**PETITIONER,**

**AHCA Case No.: 23-FH1500**

**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 9, 2023, at 10:02 a.m. and September 28, 2023, at 1:01 p.m. Eastern Standard Time ("EST").

**APPEARANCES**

For the Petitioner:

██████████

Petitioner's Authorized Representative

For the Respondent:

Lee Ann 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 prescribed pediatric extended care ("PPEC") services was correct.

**PRELIMINARY STATEMENT**

All parties and witnesses appeared telephonically. Petitioner's Authorized Representative and [REDACTED] [REDACTED] (" [REDACTED]"), appeared for Fair Hearing on behalf of Petitioner, and did not call any witnesses.

Lee Ann Williams, Medical/Health Care Program Analyst and Fair Hearing Liaison for the Agency for Health Care Administration ("Agency" or "AHCA"), appeared for the Fair Hearing held on September 28, 2023, as representative for Respondent. Marielisa Amador, Medical/Health Care Program Analyst for the Agency, appeared for the Fair Hearing held on August 31, 2023, as representative for Respondent. Diana Hearod, Medical/Health Care Program Analyst for the Agency, appeared for the Fair Hearing held on August 9, 2023, as representative for Respondent. Rakesh Mittal, M.D. ("Dr. Mittal"), Physician Consultant for eQHealth Solutions Florida ("eQHealth") and Kepro, appeared for all Fair Hearing dates as a witness for Respondent.

Petitioner did not introduce any exhibits at the hearing. Prior to the hearing, Respondent sent to the Office of Fair Hearings and Petitioner a two hundred and eighty (280)-page evidence packet and a forty-seven (47)-page evidence packet. The two hundred and eighty (280)-page packet appears in the Office of Fair Hearings document management system as the file titles "[REDACTED] FH 08.09.2023 1-270.pdf" and "[REDACTED] FH 08.09.2023 271-280.pdf." The forty-seven (47)-page evidence packet appears in the Office of Fair Hearings document management system as the file title "23-FH1500\_PPEC\_AHCA EVIDENCE \_47 Pages\_[Petitioner].pdf." Absent an objection from the Petitioner, the undersigned admitted the two hundred and eighty (280)-page evidence packet into evidence as Respondent's Composite Exhibit 1 ("RCE 1") and the forty-seven (47)-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 RCE 2 at page 2.

2. Petitioner is [REDACTED] ([REDACTED]-[REDACTED]) old. See RCE 1 at page 16. Petitioner's medical history include

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED] *Id.*

at 16, 17, 42, 230, 242. Petitioner weighs approximately [REDACTED] and is below the [REDACTED]

[REDACTED]. *Id.* at 17, 256. Petitioner attends [REDACTED]

PPEC five (5) days per week before/after school, breaks, and summer. *Id.* at 17, 48, 230. Petitioner

receives [REDACTED] ("[REDACTED]"), [REDACTED] ("[REDACTED]"), and [REDACTED] ("[REDACTED]") at the

PPEC center. *Id.*

3. Petitioner is prescribed the following medications: [REDACTED], as needed,

via [REDACTED]; [REDACTED], as

needed; [REDACTED]; [REDACTED], daily; [REDACTED], daily; [REDACTED], daily;

and [REDACTED]. *Id.* at 20, 44, 242, 255. Petitioner's Medication Administration Record

("MAR") indicates that, in the period between [REDACTED] and [REDACTED], Petitioner's

prescription medications were administered regularly. *Id.* at 19, 249-251. The PPEC center

administers [REDACTED] for [REDACTED] and [REDACTED] at [REDACTED] to

enhance Petitioner's [REDACTED]. *Id.* at 20, 249-251. Petitioner has not had [REDACTED]

[REDACTED]. *Id.* at 20, 46.

4. Petitioner requested continuation of PPEC services for the certification period of June 5, 2023, to December 1, 2023, specifically, 520 units of code T1026 (partial day services) and 130 units of code T1025 (full day services). In a Notice of Outcome (“NOO”), dated June 12, 2023, Respondent terminated all units. *Id.* at 25-39. 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.

The NOO further provided:

Submitted information does not support the medical necessity for requested services.

Clinical Rationale for Decision: Request is for PPEC for this [REDACTED] old with [REDACTED] [REDACTED]. Child attends school; [REDACTED]; no scheduled meds at PPEC; is [REDACTED]. No need for skilled nursing. Deny this request.

...

*Id.* at 27-28.

5. On June 20, 2023, Petitioner requested a Fair Hearing to challenge the termination of PPEC services. On July 20, 2023, the undersigned issued an Order Scheduling Fair Hearing and Prehearing Instructions (“Scheduling Order”), setting the hearing for August 9, 2023, at 10:00 a.m. EST. By Petitioner’s request, the undersigned issued an Order Granting Continuance and Second Scheduling Order, setting the hearing for August 31, 2023, at 1:00 p.m. EST. Petitioner did not appear for the hearing. At Petitioner’s request, on September 8, 2023, the undersigned issued a Third Scheduling Order setting the hearing for September 28, 2023, at 1:00 p.m.

6. Dr. Mittal is the Physician Consultant for eQHealth. Dr. Mittal established the following at Fair Hearing:

- a. eQHealth uses nurses and physicians to review plans in accordance with the medical necessity guidelines established by AHCA. The reviewers considered Petitioner's multiple medical conditions, list of prescribed medications, and the PPEC provider's notes and determined that Petitioner did not meet the medical necessity requirements for daily skilled nursing services. *See* ¶ 2-4.
- b. Regarding Petitioner's medications, Dr. Mittal argues that [REDACTED] can be administered by a parent before and after PPEC, [REDACTED] can be given by any responsible adult, and [REDACTED] is prescribed as needed, not daily. Dr. Mittal contends that since Petitioner is able to [REDACTED] [REDACTED] and does not require the help of a skilled nurse. Dr. Mittal also asserted that Petitioner's daily medications can be administered before and after PPEC where they are prescribed on an as-needed basis only.
- c. The MAR log shows [REDACTED] and [REDACTED] have been administered at [REDACTED] at the PPEC. *See* ¶ 3. Dr. Mittal contends that the submitted medical records do not show Petitioner is prescribed [REDACTED] for this time. *Id.* at 18-19, 255-258, 269-272. As seen in Petitioner's medical visit by [REDACTED] advanced practice registered nurse on [REDACTED], [REDACTED] medication list does not include [REDACTED] *Id.* at 233. In a follow-up visit on [REDACTED], [REDACTED] is again not mentioned. *Id.* at 255, 269.

- d. Dr. Mittal explained that the PPEC can provide their own medications independently, or as authorized by the parent.
- e. Dr. Mittal argues that [REDACTED], [REDACTED], [REDACTED], and [REDACTED] can all be provided at any independent outpatient facility and attendance at PPEC is not a prerequisite to receive these therapies.
- f. Dr. Mittal contends that there is no indication of record by a pediatrician or pulmonologist for required [REDACTED] due to history with conditions such as [REDACTED].

7. [REDACTED] is Petitioner's [REDACTED] [REDACTED] testified to the following at Fair Hearing:

- a. Petitioner has [REDACTED] which stem from [REDACTED] [REDACTED] and [REDACTED] [REDACTED]. Although [REDACTED] is an over-the-counter medication, [REDACTED] argues that a skilled nurse should monitor Petitioner's [REDACTED] when [REDACTED]. Petitioner's medications [REDACTED] to ensure [REDACTED] gets an appropriate amount.
- b. [REDACTED] contends that [REDACTED] was originally administered by a [REDACTED] but since Petitioner was not thriving on the [REDACTED] [REDACTED] was given [REDACTED] [REDACTED] via [REDACTED] at [REDACTED] to correspond with [REDACTED] other [REDACTED] [REDACTED] [REDACTED] argues that [REDACTED] via [REDACTED] is supposed to be given daily at PPEC prior to any outside activities.
- c. [REDACTED] asserts that Petitioner's [REDACTED] is given at [REDACTED] [REDACTED] and help [REDACTED] to [REDACTED]



Florida Medicaid prescribed pediatric extended care (PPEC) services provide skilled nursing supervision and therapeutic interventions in a non-residential setting to medically dependent or technologically dependent recipients.

...

### **1.3.7 Medically Necessary/Medical Necessity**

As defined in Rule 59G-1.010, F.A.C.

...

## **2.0 Eligible Recipient**

...

### **2.2 Who Can Receive**

Florida Medicaid recipients under the age of 21 years requiring medically necessary PPEC services and who:

- Require continuous therapeutic interventions or skilled nursing supervision, as described in section 400.902, F.S., and in Rule 59A-13.007, F.A.C.
- Are determined stable by a physician and who are not a threat to self or others

...

## **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 PPEC services provided in accordance with section 400.902, F.S., the applicable Florida Medicaid fee schedule, or as specified in this policy, on a full or partial day basis. Services must include the following at a minimum:

- Caregiver training
- Developmental therapies
- An appropriate escort for travel to and from the PPEC when Florida Medicaid non-emergency transportation is provided
- Medical services
- Nursing services
- Personal care services
- Psychosocial services
- Respiratory therapy services

The PPEC day begins when the recipient arrives at the PPEC or is picked up for escorted transportation to the PPEC.

The PPEC day ends when the recipient departs from the PPEC for the day or is returned home by escorted transportation from the PPEC.

...

#### **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.

...

#### **5.0 Exclusion**

##### **5.1 General Non-Covered Criteria**

Services related to this policy are not covered when any of the following apply:

- The service does not meet the medical necessity criteria listed in section 1.0
- The recipient does not meet the eligibility requirements listed in section 2.0
- The service unnecessarily duplicates another provider's service

##### **5.2 Specific Non-Covered Criteria**

Florida Medicaid does not cover the following as part of this service benefit:

- A full day and a partial day of PPEC services on the same date of service, for the same recipient
- Early intervention services when billed separately
- Food or formulas
- Supportive or contracted services as defined in section 400.902, F.S.
- Transportation services

...

See RCE 2 at pages 38 – 42.

12. Rule 59A-13.007(4)(a), F.A.C. states the following:

(4) Each child admitted for service to a PPEC center must meet at least the following criteria:

(a) Infants and children considered for admission to the PPEC center will be those who are medically or technologically dependent. . . .

...

Further, section 400.902, F.S described "medically dependent or technologically dependent child" as follows:

[A] child who because of a medical condition requires continuous therapeutic interventions or skilled nursing supervision which must be prescribed by a licensed physician and administered by, or under the direct supervision of, a licensed registered nurse.

13. Rule 59G-4.290, F.A.C. defines skilled nursing as follows:

(3) Skilled Services Criteria.

- a) To be classified as requiring skilled nursing or skilled rehabilitative services in the community or in a nursing facility, the recipient must require the type of medical, nursing or rehabilitative services specified in this subsection.
- b) Skilled Nursing. To be classified as skilled nursing service, the service must meet all of the following conditions:
  - 1. Ordered by and remain under the supervision of a physician;
  - 2. Sufficiently medically complex to require supervision, assessment, planning, or intervention by a registered nurse.
  - 3. Required to be performed by, or under the direct supervision of, a registered nurse or other health care professionals for safe and effective performance;
  - 4. **Required on a daily basis;**
  - 5. Reasonable and necessary to the treatment of a specified documented illness or injury; and,
  - 6. Consistent with the nature and severity of the individual's condition or the disease state or stage.
- c) Examples of services that qualify as skilled nursing services:
  - 1. Intravenous medication or fluids.
  - 2. Intramuscular or subcutaneous injection and hypodermoclysis when:
    - a. Administered by licensed nursing personnel at least 5 times weekly, excluding daily insulin administration; and,
    - b. Observation is necessary to assess the recipient's response to treatment or to identify adverse reactions.
  - 3. Management and monitoring medication regime on a daily basis:
    - a. For drugs whose dosage requirements may rapidly change;
    - b. For drugs prone to cause adverse reactions, severe side effects or unfavorable reactions; and,
    - c. For residents with unstable reactions.
  - 4. Levin tube and gastrostomy feedings; excluding feedings performed by residents, family members, or friends.
  - 5. Administration of medical gases, aerosolized medication or oxygen which is started, monitored and regulated by professional staff.

6. Naso-pharyngeal and tracheotomy aspiration, excluding tracheotomy care in self-care residents.
  7. Insertion, replacement, and sterile irrigation of catheters when:
    - a. Medically necessary or required for reasons other than to maintain satisfactory catheter functioning and dryness;
    - b. The medical need is documented by the physician;
    - c. Continuous irrigation, frequent insertion, special care or observation is required because of bleeding, infection, obstruction, or heavy sediment formations; and,
    - d. Care of a recently inserted supra-pubic catheter, inserted within 2-4 weeks, is required.
  8. Colostomy and ileostomy care:
    - a. When medically necessary and required during early postoperative period;
    - b. During the period of initial self-care training, or
    - c. when complications are present and documented in the medical record.
  9. Treatment of decubitus ulcers when:
    - a. Deep or wide without necrotic center;
    - b. Deep or wide with layers of necrotic tissue, or
    - c. Infected and draining.
  10. Treatment of widespread infected or draining skin disorders.
  11. Application of dressings involving prescription medication and aseptic techniques when documented as required on a daily basis. Excludes simple dressings involving non-infected cases, simple skin breaks, and healed postoperative incisions.
  12. Heat treatments prescribed by a physician as daily treatment for a specific condition.
  13. Rehabilitation nursing procedures required on a daily basis as necessary to restore functioning, including teaching and adaptive aspects of nursing.
14. 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.

15. 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.

16. 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.

...

See RCE 2 at 23.

17. The Florida Medicaid Authorization Requirements Policy (June 2016) (“Authorization Policy”), incorporated by reference in Fla. Admin. Code R. 59G-1.053, provides as follows:

**1.1 Description**

This policy contains general requirements for providers to obtain authorization to render Florida Medicaid services, when applicable.

...

**3.0 Determination Process**

**3.1 Review Criteria**

The QIO may use a national standardized set of criteria, or other set of criteria, approved by AHCA, as a guide for authorizations performed at the first review level. If services cannot be approved at the first level review, the QIO’s physician peer reviewer will determine medical necessity using his or her clinical judgment, acceptable standards of care, state and federal laws, and AHCA’s medical necessity definition.

**3.2 Review Process**

The QIO will review each authorization request and will approve, deny, or request additional information. The QIO may deny a portion of the requested units of service if it cannot substantiate medical necessity based upon the information submitted.

**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.

...

See RCE 2 at 32-34.

18. In the NOO, dated June 12, 2023, Respondent terminated Petitioner’s PPEC services. See

¶ 4. Respondent’s reviewers considered Petitioner’s multiple medical conditions, list of prescribed medications, and the PPEC provider’s notes and determined that Petitioner did not

meet the medical necessity requirements for daily skilled nursing services. See ¶ 2-4. The NOO explained that the basis of the termination was that the services were not “individualized, specific, and consistent with symptoms or confirmed diagnosis of the illness under treatment” and were “in excess of the patient’s needs.” See ¶ 4. Respondent has burden of proof to show by a preponderance of evidence that the Respondent’s determination was correct. See ¶ 10.

19. The role of PPEC services is to provide patients “who because of a medical condition requires continuous therapeutic interventions or skilled nursing supervision.” See ¶ 11. According to Rule 59G-4.290, F.A.C., skilled nursing requires that the service be, *inter alia*, sufficiently medically complex to require supervision, assessment, planning, or intervention by a registered nurse; required to be performed by, or under the direct supervision of, a registered nurse or other health care professionals for safe and effective performance; **required on a daily basis**; and consistent with the nature and severity of the individual’s condition. See ¶ 13 (emphasis added). As provided by the EPSDT requirements, the recipient must meet the medical necessity criteria as outlined in Fla. Admin. Code R. 59G-1.010. See ¶ 14-15. The Definitions Policy maintains a component of medical necessity that services must be “[i]ndividualized, specific, and consistent with symptoms or confirmed diagnosis of the illness under treatment, and not in excess of the patient’s needs.” See ¶ 16.

20. In the instant case, Dr. Mittal established at Fair Hearing that Petitioner does not require the duties of specialized treatment or skilled nursing services on a daily basis. Petitioner’s medical history includes [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED] See ¶ 2. Petitioner weighs approximately [REDACTED] and is [REDACTED]. See ¶ 2. Petitioner is prescribed [REDACTED] [REDACTED], as needed, via [REDACTED] [REDACTED] as needed; [REDACTED] [REDACTED]; [REDACTED] daily; [REDACTED] daily; [REDACTED] daily; and [REDACTED]. See ¶ 3. The record does not indicate a [REDACTED] [REDACTED]. See ¶ 3.

21. As argued by Dr. Mittal, Petitioner's prescribed medications ([REDACTED] [REDACTED]) are either not required on a daily basis or can be administered by any responsible adult before and after PPEC. See ¶ 6. The PPEC provider's Physician Plan of Care indicates [REDACTED] administration at [REDACTED]. See ¶ 6. The provider's MAR log indicates that, in the period between [REDACTED] and [REDACTED] Petitioner's prescription medications were administered regularly, including [REDACTED] and [REDACTED] at [REDACTED] and [REDACTED]. See ¶ 3, 6. The record does not make clear the purpose for a scheduled administration of [REDACTED] at [REDACTED]. Dr. Mittal emphasized that in neither of Petitioner's pediatrician visit summaries was [REDACTED] mentioned on the medications list. See ¶ 6. [REDACTED] argued that [REDACTED] is administered at [REDACTED] to help [REDACTED]

[REDACTED] See ¶ 7. Where [REDACTED] acknowledged that [REDACTED] may not require administration by a nurse, [REDACTED] testified that [REDACTED] believes it would be best for a skilled nurse to monitor administration for any [REDACTED]. See ¶ 7. Additionally, [REDACTED] testified that Petitioner is given [REDACTED] [REDACTED] between [REDACTED] to correspond with [REDACTED] other daily

dose. See ¶ 7. In his testimony, Dr. Mittal explained that the PPEC provider is able to independently administer medication aside from a prescription or by order of Petitioner's parent. See ¶ 6. The reason for administration of [REDACTED] for [REDACTED] at [REDACTED] at PPEC is unclear and does not appear to be supported by the record. The undersigned finds that administration of [REDACTED] and [REDACTED] specifically at [REDACTED], or by a skilled nurse is not supported by the submitted medical records, but perhaps, based on the record, a matter of feasibility while at PPEC. Further, the administration of medications and basic monitoring are not among the criteria under Rule 59G-4.290, F.A.C. for the purpose of requiring skilled nursing services. See ¶ 13.

22. Furthermore, [REDACTED] iterated that due to Petitioner's diagnosis with [REDACTED], [REDACTED] at PPEC to help [REDACTED] [REDACTED] See ¶ 7. [REDACTED] also argued that daily [REDACTED] tests are needed at PPEC due to Petitioner's [REDACTED]. See ¶ 7. Dr. Mittal testified that there is no indication in record by a pediatrician or pulmonologist for required daily O2 saturation checks due to history with conditions such as [REDACTED]. See ¶ 6. [REDACTED] and [REDACTED] are not examples of services required by skilled nurses. See ¶ 13.

23. Lastly, [REDACTED] testified that Petitioner receives [REDACTED] outside of PPEC as well as through PPEC. See ¶ 7. The undersigned agrees with Respondent in that attendance at PPEC is not a prerequisite to receive [REDACTED] and feeding therapies that can all be provided at any independent outpatient facility. See ¶ 6.

24. Overall, the record does not support a finding for daily skilled nursing duties individualized, specific, and consistent with Petitioner's aforementioned medical conditions and not in excess of Petitioner's needs. The undersigned finds that Dr. Mittal presented sufficient


credible and persuasive evidence to demonstrate that the nature and severity of Petitioner's medical conditions do not warrant intervention by a registered nurse on a daily basis, and therefore, are not medically necessary.

25. Upon consideration of the testimony provided, evidence submitted, and applicable policies, the undersigned concludes that Respondent proved by a preponderance of the evidence that continuing PPEC services was not medically necessary for Petitioner. Looking at all the evidence relevant to the particular needs of Petitioner, Respondent has demonstrated that the PPEC services are not medically 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 PPEC services was correct.

**IT IS HEREBY ORDERED AND ADJUDGED THAT:**

Respondent's termination of PPEC services is **AFFIRMED**. Petitioner's appeal based on Respondent's termination is **DENIED**.

**DONE and ORDERED** this 1st day of November 2023, in Tallahassee, Leon County, Florida.

  
Kimberly Roche  
23-FH1500  
2023.11.01  
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**KIMBERLY ROCHE, Hearing Officer**  
**Agency for Health Care Administration**  
**Office of Fair Hearings**  
**2727 Mahan Drive, Mail Stop #11**  
**Tallahassee, FL 32308-5407**

**ENCLOSURE:**  
**Notice of Nondiscrimination Policy**

**COPIES FURNISHED TO (w/ enclosure):**



AHCA Medicaid Hearing Unit  
MedicaidHearingUnit@ahca.myflorida.com

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Tallahassee, FL 32308  
Voice: (850) 412-3661  
TTY: (800) 955-8771



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#### **Arabic**

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**Italian ATTENZIONE:** In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-(888) 419-3456 (TTY: 1-800-955-8771).

**German ACHTUNG:** Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-(888) 419-3456 (TTY: 1-800-955-8771).

**Korean 주의:** 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-(888) 419-3456 (TTY: 1-800-955-8771) 번으로 전화해 주십시오.

**Polish UWAGA:** Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-(888) 419-3456 (TTY: 1-800-955-8771).

**Gujarati નોંધ:** જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-(888) 419-3456 (TTY: 1-800-955-8771).

**Thai** เรียน: ถ้าคุณ

บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-(888) 419-3456 (TTY: 1-800-955-8771).