

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



FILED

Oct 10, 2023, 12:16 pm
OFFICE OF FAIR HEARINGS

[REDACTED],

PETITIONER,

AHCA Case No.: 23-FH1619

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 September 7, 2023, at 9:00 a.m. EST.

APPEARANCES

For the Petitioner:

[REDACTED]

Petitioner's Authorized Representative

For the Respondent:

Sandra Durden
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 behavior analysis ("BA") services was correct.

PRELIMINARY STATEMENT

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

Sandra Durden, Medical Health Care Program Analyst for the Agency for Health Care Administration (“Agency” or “AHCA”), appeared on behalf of Respondent. Dr. Joseph Darling (“Dr. Darling”), Board Certified Behavior Analyst at the doctoral level and second level reviewer at eQHealth Solutions, Inc. (“eQHealth”), attended as a witness for Respondent.

Prior to the hearing, Respondent sent to the Office of Fair Hearings and Petitioner a one hundred and fifty-two (152)-page evidence packet. The packet appears in the Office of Fair Hearings’ case management system as “[REDACTED] FH 09.07.2023.pdf.” Absent an objection from the Petitioner, the undersigned admitted the evidence packet into evidence as Respondent’s Composite Exhibit 1.

Prior to the hearing, Respondent sent to the Office of Fair Hearings and Petitioner a forty-nine (49)-page evidence packet. The packet appears in the Office of Fair Hearings’ case management system as “23-FH1619 AHCA Evidence PKT.pdf.” Absent an objection from the Petitioner, the undersigned admitted the evidence packet into evidence as Respondent’s Composite Exhibit 2. Page number references for this exhibit refer to the sequential pages of the exhibit rather than to the page numbers marked on the bottom right.

FINDINGS OF FACT

1. Petitioner receives Medicaid services on a fee-for-service basis from the Agency. *See* Respondent’s Composite Exhibit 1 at page 16. eQHealth is a Quality Improvement Organization (QIO) contracted by the agency to review prior authorization requests for services.
2. Petitioner is [REDACTED] ([REDACTED] - [REDACTED] old and diagnosed with [REDACTED]. *Id.*

3. In the Behavior Analysis Service Plan (“Treatment Plan”), Petitioner’s BA provider, [REDACTED], requested the continuation of the following BA services:

1,664 units of code 97153, 520 units of code 97155, and 416 units of code 97156. *Id.* at 20.

4. On May 22, 2023, May 26, 2023, June 6, 2023, eQHealth issued Request for Additional Information letters to the BA provider. *Id.* at 48-51.

5. In a Notice of Outcome (“NOO”) dated June 19, 2023, Respondent terminated Petitioner’s BA services. *Id.* at 23-25. The NOA explained the basis for the denial as follows:

[T]he requested services are not medically necessary under the following standard(s):

Consistent with generally accepted professional medical standards as determined by the Medicaid program, and not experimental or investigational.
Individualized, specific, and consistent with symptoms or confirmed diagnosis of the illness under treatment, and not in excess of the patient's needs.

...

The NOA further provided:

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

Requested services are denied because documentation is neither showing Improvement nor support for maintenance.

Provider, **there are missing definitions for maladaptive behaviors and function-based interventions for these behaviors.** The definitions of behaviors under treatment must be written according to generally accepted practice within the field of ABA and according to AHCA standard of care (the Florida Behavior Analysis Services Coverage Policy, page 6, 9.2.i). The behavioral definitions must be clear, complete, objective, and free of unobservable intentional states. The behavioral definitions must be clear, complete, objective and free of unobservable intentional states. The behaviors should have clear boundaries definite on-sets and off-sets, should not overlap with other target behaviors definitions, and not be a listing of behaviors that the recipient is engaging in. **The behavior definitions in this treatment plan do not conform to generally accepted standards of care within the field of applied behavior analysis.** The provider was requested to review and amend the definitions and the provider did not respond to the request. 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 provider's treatment plan includes a general listing of treatment that is not tied to behavioral function.** The treatment plan is not individualized for the recipient and does not meet generally accepted standards of care within the field of behavior analysis.

Provider, the data for caregiver training is unclear. Baseline levels are not included and the parent has made limited to no progress across all goals with a very high request for units above medical necessity criteria based on the goals included. 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.

Id. at 24. (emphasis supplied)

6. Petitioner requested reconsideration of the Respondent's decision. In an Notice of Reconsideration Determination ("NRD"), dated July 6, 2023, the Respondent upheld its decision.

The NRD states as follows in pertinent part:

The reason for the denial is that the services are not medically necessary as defined in 59G-1.010, Florida Administrative Code. Specifically the 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.
Consistent with generally accepted professional medical standards as determined by the Medicaid program, and not experimental or investigational.

The rationale for our decision is 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 modifications should include one or more of the follows: 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 if lack of progress was due to therapist error (e.g., poor data collection or poor training on intervention methods), not the provider will address human error. **The recommendations are insufficient to support continued care.**

Id. at 35 - 37. (emphasis supplied).

7. On August 9, 2023, the undersigned scheduled the Fair Hearing for September 7, 2023, and all parties were duly notified. *Id.* at 8. Respondent granted administrative approval of Petitioner's BA services pending the outcome of the Fair Hearing. *Id.* at 19.

8. Dr. Darling is a Board-Certified Behavior Analyst at the doctoral level and second level reviewer at eQHealth. At the hearing, Dr. Darling testified that eQHealth reviews behavior analysis cases to determine whether providers are giving quality care consistent with the standards enumerated in the BA Policy as well as professional medical standards of behavior analysis. eQHealth reviewed the Treatment Plans and documentation submitted in this case to ensure that all five (5) conditions of medical necessity policy are met. Dr. Darling asserted that Petitioner's BA services were terminated because the Treatment Plan does not meet the following two medical necessity criteria: "[i]ndividualized, 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."

9. Dr. Darling established that, according to the BA Policy, in order to continue treatment at the current level or using current methods of treatment, the data provided must show evidence that the frequency of maladaptive behaviors has decreased since the last review and, if not, that there is a modification of the behavior plan to address the lack of progress. Further, based on the maladaptive behaviors to be reduced, an effective treatment plan also provides for replacement

behaviors that should increase over the course of treatment. As Dr. Darling testified, according to standard of care in the field of ABA, the efficacy of treatment is determined by the visual interpretation of data graphs for maladaptive behaviors and replacement behaviors.

10. Dr. Darling testified that the Treatment Plan at issue is deficient in three main areas: definitions, function-based interventions, and parent training. Dr. Darling agrees with the previous three reviewers at EQHealth, that the documentation provided did not support the continuation of BA services.

11. With regard to the definitions section, the Treatment Plan identified and defined a total of [REDACTED] ([REDACTED]) maladaptive behaviors for treatment: [REDACTED]
[REDACTED]. *Id.* at 66, 121. However, there are only data graphs tracking Petitioner's progress for [REDACTED] ([REDACTED]) maladaptive behaviors: [REDACTED]
[REDACTED]. *Id.* at 111-114. The Treatment contains an assessment for a new maladaptive behavior of "[REDACTED]." *Id.* at 53. However, there is no definition for [REDACTED] or a data graph tracking Petitioner progress for this maladaptive behavior. *Id.* at 66, 111-114, 121. Therefore, Dr. Darling asserted that the Treatment Plan does not adequately identify what maladaptive behaviors are targeted to decrease or provide evidence that the frequency of the identified maladaptive behaviors has decreased since the last review.

12. With regard to function-based interventions, Dr. Darling asserted that the Treatment Plan does not adequately identify and implement interventions to address Petitioner's maladaptive behaviors. Therefore, it is unclear what Petitioner is being taught and whether progress is occurring as a result of BA services. Referring to the chart on page 124-125 of Respondent's

Composite Exhibit 1, Dr. Darling pointed out that there is an intervention procedure for the maladaptive behavior of [REDACTED], but the behavior is not defined in the Treatment Plan and Petitioner's progress is not tracked on a data graph. Similarly, an intervention procedure is proposed for a new maladaptive behavior of [REDACTED], but the behavior is not defined in the Treatment Plan and Petitioner's progress is not tracked on a data graph. The Treatment Plan also contains Behavioral Language Assessment Form ("BLAF") charts, but Dr. Darling asserted that these charts provide global measures, do not clearly identify progress made on each goal, and do not show how Petitioner's skills were obtained. At page 128-129 of Respondent's Composite Exhibit 1, the Treatment Plan again identifies behavioral goals and objectives that are targeted for increase. However, Dr. Darling asserted that these are simply goal statements that do not address how the replacement behaviors will be taught, the procedures to be worked on, or provide data graphs that correlate to these goals and track progress.

13. Referring to parent training on page 129 of Respondent's Composite Exhibit 1, Dr. Darling asserted that five (5) parent training goals identified but there are not procedures describing how these goals will be accomplished. Further, the data graphs for parent training goals provide one data point per month. *Id.* at 136. Thus, the data graphs reflect averaged data or data taken once per month. The Treatment Plan does not contain procedures on how parent training will be conducted or describe what it will take to implement parent training. Dr. Darling asserted that the BA provider requested four (4) hours per week for parent training. Because the data graphs show only one data point per month and there are no procedures, eQHealth was unable to determine how many hours would be necessary to implement the Treatment Plan.

14. Finally, Dr. Darling testified that the Treatment Plan requests a [REDACTED] ratio of BA supervision (or lead analyst) services to direct therapy (or registered behavior technician (“RBT”) services. Dr. Darling asserted that a 20% ratio would be consistent with standards of care in the field of ABA, and there was no justification in the Treatment Plan to support a [REDACTED] level of oversight.

15. [REDACTED] testified that Petitioner has made significant progress in therapy. [REDACTED] asserted that Petitioner’s incidents of [REDACTED] has decreased significantly and that is why the Treatment Plan is not focused on the behavior. [REDACTED] testified that [REDACTED] was responsive to all of eQHealth’s requests for additional information and that it is not easy to determine what specific documentation or changes are being requested based on the language in the NOO, NRD and additional information letters.

CONCLUSIONS OF LAW

16. 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).

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

18. Because Respondent terminated a previously approved service, Fla. Admin. Code R. 59-1.100(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, 7th Ed.).

19. 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).

20. 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.

21. A state may place medical necessity limitations on EPSDT services. *See* 42 C.F.R. §§ 440.230(a), (b), (d).

22. Section 409.905(2), Florida Statutes, 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.

23. The Florida Medicaid 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

24. The 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.

...

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
- Meet the criteria as specified in this policy

Respondent’s Composite Exhibit 2 at page 40, 42.

25. 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

...

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:
 - 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 treatment 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 Self-stimulating, abnormal, inflexible, or intense preoccupations
Self-care - difficulty recognizing risks or danger, grooming, eating, or toileting
 - iii. 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.

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

Respondent's Composite Exhibit 2 at pages 45-47.

26. The Florida Medicaid Authorization Requirements Policy ("Authorization Requirements Policy") (June 2016), incorporated by reference in Fla. Admin. Code R. 59G-1.053, provides general requirements for providers to obtain authorization to render Florida Medicaid services.

The Authorization Requirements Policy states, in pertinent part:

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.

Respondent's Composite Exhibit 2 at pages 33-34.

27. In this case, Respondent terminated Petitioner's BA services. The NOO and NRD explained that Petitioner's request for continuation of services did not meet the following two medical necessity criteria: "[c]onsistent with generally accepted professional medical standards as determined by the Medicaid program, and not experimental or investigational;" and "individualized, specific, and consistent with symptoms or confirmed diagnosis of the illness under treatment, and not in excess of the patient's needs." See supra ¶ 5-6.

28. As provided in the BA policy (Appendix 9.0, section (a)), and the EPSDT requirements, the recipient must meet the meet the medical necessity criteria outlined in Fla. Admin. Code R. 59G-1.010. See supra ¶ 21-25. Two components of medical necessity is that services must be "consistent with generally accepted professional medical standards" and "individualized, specific, and consistent with symptoms or confirmed diagnosis of the illness under treatment, and not in excess of the patient's needs." See supra ¶ 23. As outlined above, Dr. Darling provided credible and persuasive testimony that the Treatment Plan does not follow generally accepted standards of BA in the definitions, function-based interventions, and parent training sections. See supra ¶ 10-14. The Treatment Plan does not adequately identify all maladaptive behaviors that are targeted to decrease or provide evidence, by reference to data graphs, that the frequency of the identified maladaptive behaviors has decreased since the last review. See supra ¶ 10-13. With regard to function-based interventions and goals, it is unclear what procedures Petitioner is being taught, and progress has not been shown due to a lack of specific data graphs. With regard to parent training, five (5) parent training goals are identified but there are no procedures describing how these goals will be accomplished and data graphs reflect averaged data that does not

support the number of units requested. *See supra* ¶ 10-13. Finally, the provider requested a [REDACTED] ratio between lead analyst and direct therapy services without providing any specific rationale for exceeding the 20% ratio, which is a standard in the field of BA services. *See supra* ¶ 14. Further, Dr. Darling provided credible and persuasive testimony that the treatment Plan was not individualized and specific to Petitioner as the Treatment Plan lacked definitions of maladaptive behaviors, procedures for implementing interventions and parent training goals, and data graphs showing Petitioner's progress over the course of treatment for each maladaptive behavior and function-based interventions. *See supra* ¶ 10-14. Thus, Respondent demonstrated that, based on the information in the record, the requested services do not meet medical necessity criteria. Accordingly, the undersigned concludes that Petitioner would not benefit from continuing under a Treatment Plan that does not meet medical necessity criteria.


29. In this case, Petitioner's provider recommended the continuation of BA services. However, 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 supra* ¶ 23.

30. Accordingly, Respondent met their burden of proof to show that the requested BA services are no longer medically necessary. Looking at all the evidence relevant to the particular needs of Petitioner, the BA services at issue are not necessary to correct or ameliorate a defect or a physical and mental illness or condition.

31. Therefore, upon consideration of the testimony provided, evidence submitted, and applicable policies, the undersigned finds that 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 Petitioner's BA services is **AFFIRMED**. Petitioner's appeal based on Respondent's termination is **DENIED**.

DONE and ORDERED this 10th day of October 2023, in Tallahassee, Leon County, Florida.

 Laura Gallagher
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LAURA GALLAGHER, 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:



AHCA Medicaid Hearing Unit
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