



FILED

Oct 30, 2023, 8:58 am
OFFICE OF FAIR HEARINGS

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

[REDACTED]

PETITIONER,

AHCA Case No.: 23-FH1958

Plan ID No.: [REDACTED]

vs.

HUMANA MEDICAL PLAN, INC.,

RESPONDENT.

_____ /

FINAL ORDER

Pursuant to notice, the Office of Fair Hearings convened a telephonic Medicaid Fair Hearing in the above styled case on September 21, 2023, at 9:04 a.m. Eastern Standard Time (“EST”).

APPEARANCES

For the Petitioner:

[REDACTED]
Petitioner

For the Respondent:

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

STATEMENT OF ISSUE

The issue is whether Petitioner proved by a preponderance of the evidence that Respondent’s decision to deny Petitioner’s request for an additional three (3) hours per week of personal care Participant Direction Option (“PDO”) service hours was incorrect.

PRELIMINARY STATEMENT

All parties appeared telephonically. [REDACTED] appeared at the Fair Hearing on [REDACTED] own behalf.

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

Sandra Durden, Medical Healthcare Program Analyst for the Agency for Health Care Administration (“Agency” or “AHCA”), appeared as an observer.

Petitioner did not introduce any exhibits at the Fair Hearing.

Prior to the Fair Hearing, Respondent sent to the Office of Fair Hearings and Petitioner a two hundred and seventy-three (273)-page evidence packet. The evidence appears in the Office of Fair Hearings’ document management system as “Evidence Packet 23-FH1958_Part1.pdf”, and “Evidence Packet 23-FH1958_Part2.pdf”. Absent an objection from Petitioner, the undersigned admitted the two hundred and seventy-three (273)-page evidence packet into evidence as Respondent’s Composite Exhibit 1 (“RCE 1”).

FINDINGS OF FACT

1. Petitioner is an enrolled member of Humana. *See* RCE 1 at page 1. Humana is a managed care organization contracted by the Agency to provide services to eligible Medicaid recipients in Florida.

2. As of the date of the Fair Hearing, Petitioner is [REDACTED]. *Id.* Petitioner lives in [REDACTED] who is also [REDACTED] caregiver. *Id.* at 28, 41. Petitioner has [REDACTED]. *Id.* at 33 – 34.

3. Petitioner submitted a signed letter, stating [REDACTED] has the following medical conditions: [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED] *Id.* at 8.

4. Petitioner provided the answers to the Florida Department of Elder Affairs 701B Comprehensive Assessment, dated August 2, 2023, (“701B Assessment”). *Id.* at 28. As provided in the 701B Assessment, Petitioner needs the following assistance with activities of daily living (“ADLs”): needs assistance (but not total help) with [REDACTED]
[REDACTED]
[REDACTED]. *Id.* at 31. Petitioner has assistance most of the time with all of [REDACTED] ADLs. *Id.*

5. As provided in the 701B Assessment, Petitioner needs the following assistance with instrumental activities of daily living (“IADLs”): needs total assistance (cannot do at all) with [REDACTED]
[REDACTED]; needs assistance (but not total help) with [REDACTED]; and needs no assistance with [REDACTED]
[REDACTED] *Id.* at 32. Petitioner has assistance most of the time with all of [REDACTED] IADLs. *Id.*

6. The notes and summary of the 701B Assessment observe:
...
Members [REDACTED] is reported to assist in ensuring all of members needs are met daily in turn not allowing [REDACTED] to make a living.
...
Members [REDACTED] currently assist with [REDACTED] with member able to take commands as needed as well as assisting with [REDACTED]

Member is able to eat on [redacted] own but is a risk [redacted] leading to the need for supervision from [redacted]. Due to members [redacted] [redacted] member requires assistance with [redacted] [redacted] Member ensures to use cane at all times but also requires an extra hand at times. Members [redacted] reports caring for the member takes 24 hours daily but reports [redacted] will continue to ensure all needs are met daily.

...

The home was observed clean, organized, and no clutter

...

Member [redacted] reports [redacted] is capable of continuing to provide care to the member and states the services provided by LTC will help greatly. No adequacy concerns or gaps in care noted or reported.

RCE 1 at 27 – 44.

7. Petitioner requested an additional three (3) hours per week of personal care PDO services. *Id.* at 11. In the Notice of Adverse Benefit Determination (“NABD”), Respondent denied Petitioner’s request as of June 13, 2023. *Id.* at 11 – 18. The NABD explained the basis of the decision as follows:

We determined that your requested services are not medically necessary because the services do not meet either of the reasons checked below: (See Rule)

...

- Meet all of the following criteria for all extended state plan services used for the purposes of maintenance therapy and all other home and community-based services:
 1. Be individualized, specific, and consistent with symptoms or confirmed diagnosis of the illness or injury under treatment, and not in excess of the patient’s needs;
 2. Be reflective of the level of service that can be safely furnished, and for which no equally effective and more conservative or less costly treatment is available statewide; and
 3. Be furnished in a manner not primarily intended for the convenience of the recipient, the recipient’s caretaker, or the provider;

and one of the following:

1. Enable the enrollee to maintain or regain functional capacity; or
2. Enable an enrollee receiving long-term services and supports to have access to the benefits of community living, to achieve person-centered goals, and live and work in the setting of their choice.

...

- Other Authority

...

The facts that we used to make our decision are:

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

You have requested an additional 3 hours of direct service worker (DSW) personal care service each week.

You have several (multiple) medical problems. You do not have [REDACTED]. You do not [REDACTED].

You have not had any recent changes in your health. You have not recently been in the hospital.

You live with your spouse who helps care for you. You use a [REDACTED]. You need some help transferring (move from bed to chair). You need some [REDACTED]. You need supervision [REDACTED]. You need help with [REDACTED]. You need some help [REDACTED].

Your request for an additional 3 hours of direct service worker (DSW) personal care service each week is being denied as not medically necessary.

The hours you are receiving should be enough to meet your medical needs and can be divided into shifts to better meet your medical needs.

...

RCE 1 at 11 – 12.

8. Petitioner requested a plan appeal and received a Notice of Plan Appeal Resolution (“NPAR”), dated July 20, 2023, upholding the denial of additional personal care PDO services. *Id.*

at 23 – 25. The NAPR states, in pertinent part:

On June 22, 2023, we received your timely plan appeal request regarding Humana Healthy Horizons Long-Term Care Plan’s Notice of Adverse Benefit Determination dated June 13, 2023, 17460033, denying the request for 3 additional hours of Personal Care (Participant Direct Option), totally 17 hours weekly provided to you.

On July 19, 2023, after consideration of the information you provided to Humana Long-Term Care Plan in support of your plan appeal, was reviewed by a medical director who is an MD and board certified in Family Medicine hereby denies your plan appeal.

The reason for the decision was based on the information received. You are appealing the denial of the requested additional 3 hours of Direct Service Worker (DSW) Personal Care service each week. You currently receive 14 Personal Care PDO hours weekly and 14 Homemaker PDO hours weekly. You reside with your [REDACTED]/caregiver. You are alert and oriented. You have multiple medical problems. You are able to [REDACTED].

We have reviewed your documents and assessed your needs. The current 28 PDO hours should be sufficient for your needs. You do not have any recent changes in your overall needs. We are upholding the decision of the medical director and denying your appeal.

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

...

RCE 1 at 23.

9. On August 9, 2023, Petitioner requested a Fair Hearing to challenge the denial of additional personal care services. On August 21, 2023, the Hearing Officer issued an Order Scheduling Fair Hearing by Telephone and Prehearing Instructions, setting the hearing for September 21, 2023, at 9:00 a.m. EST.

10. Petitioner testified as follows:

- a. [REDACTED] is Petitioner's Direct Service Worker ("DSW") under the PDO Program. [REDACTED] does not work outside of the home.
- b. Petitioner referred to a letter [REDACTED] wrote regarding [REDACTED] medical conditions and needs. See RCE 1 at 8.
- c. Petitioner uses [REDACTED] because [REDACTED]. Petitioner can take ten (10) steps without [REDACTED] before [REDACTED] needs assistance.
- d. [REDACTED] drives Petitioner to Miami, Florida every six (6) weeks for medical appointments, which is approximately one hundred and twenty (120) miles from

home. also drives Petitioner to local medical appointments every thirty (30) or forty (40) days, which is approximately thirty (30) miles from home.

- e. Petitioner is never alone, other than when goes food shopping, which takes approximately twenty (20) minutes.

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

- a. Respondent based its decision on medical necessity. There is no medical necessity to approve Petitioner for the additional three (3) hours of personal care PDO services as requested.
- b. Dr. Sherman reviewed Petitioner's ADLs, noting that Petitioner needs some help (needs assistance but not total help), and that Petitioner's medical necessity was determined to be fourteen (14) hours per week of personal care PDO services.
- c. Personal care needs are based on a weekly basis, not every six (6) weeks as Petitioner is requesting.

CONCLUSIONS OF LAW

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

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

14. Because Petitioner is requesting a new service, Fla. Admin Code R. 59G-1.100(17)(g) assigns the burden of proof to Petitioner. The standard of proof in an administrative hearing is a

preponderance of the evidence. The preponderance of the evidence standard requires proof by “the greater weight of the evidence” (Black’s Law Dictionary at 1201, 7th Ed.)

15. The Statewide Medicaid Managed Care Long-term Care Program Coverage Policy (March 2017) (“LTC Policy”), incorporated by reference in Fla. Admin. Code R. 59G-4.192, governs Long-Term Care services available under Florida Medicaid. *See* RCE 1 at 83 – 104. The LTC Policy provides the following with respect to personal care services:

1.1 Description and Program Goal

Under the Statewide Medicaid Managed Care Long-Term Care (LTC) program, managed care plans (LTC plans) are required to provide an array of home and community-based services that enable enrollees to live in the community and to avoid institutionalization.

...

1.3.1 Activities of Daily Living (ADLs)

ADLs include:

- Bathing
- Dressing
- Eating (oral feedings and fluid intake)
- Maintaining continence (examples include taking care of a catheter or colostomy bag or changing a disposable incontinence product when the recipient is unable to control bowel or bladder functions)
- Toileting
- Transferring

...

1.3.9 Instrumental Activities of Daily Living (IADLs)

When necessary for the recipient to function independently, including:

- Grocery shopping
- Laundry
- Light housework
- Meal preparation
- Money Management
- Personal hygiene
- Transportation
- Using the telephone to take care of essential tasks (examples include paying bills and setting up medical appointments)

...

4.1 General Criteria

Florida Medicaid LTC plans cover services that meet all of the following:

- Are determined medically necessary, as defined in this rule
- Do not duplicate another service
- Meet the criteria as specified in this policy

...

4.2.2.6 Personal Care

In accordance with Rule 59G-4.215, F.A.C., for enrollees under the age of 21 years. To provide assistance with ADLs and IADLs, including assistance with preparation of meals, and housekeeping chores which are incidental to the care furnished or are essential to the health and welfare of the enrollee. The scope and nature of these services do not otherwise differ from personal care services furnished to persons under the age of 21 years.

...

6.2 Specific Criteria

In order to receive LTC services, services must be documented on an individual plan of care based upon a comprehensive needs assessment. The comprehensive assessment includes the completion of the 701-B Comprehensive Assessment and the LTC Supplemental Assessment. [emphasis supplied]

RCE 1, LTC Policy at pages 85, 88, and 91.

16. The LTC Policy also provides the following regarding medical necessity:

1.3.14 Medically Necessary or Medical Necessity

For the purposes of this policy, the service must meet either of the following criteria:

(a) Nursing facility services and mixed services must meet the medical necessity criteria defined in Rule 59G-1.010, F.A.C.

(b) All other LTC supportive services must meet all of the following:

- Be individualized, specific, and consistent with symptoms or confirmed diagnosis of the illness or injury under treatment, and not in excess of the patient's needs
- Be reflective of the level of service that can be safely furnished, and for which no equally effective and more conservative or less costly treatment is available statewide
- Be furnished in a manner not primarily intended for the convenience of the recipient, the recipient's caretaker, or the provider

And, one of the following:

- Enable the enrollee to maintain or regain functional capacity; or

- Enable the enrollee to have access to the benefits of community living, to achieve person-centered goals, and to live and work in the setting of his or her choice.

Id. at 86 – 87.

17. The Florida Medicaid Definitions Policy (August 2017) (“Definitions Policy”), incorporated by reference in Fla. Admin. Code R. 59G-1.010, defines “Medically Necessary” or “Medical Necessity” as follows:

The medical or allied care, goods, or services furnished or ordered must meet the following conditions:

- Be necessary to protect life, to prevent significant illness or significant disability, or to alleviate pain
- Be individualized, specific, and consistent with symptoms or confirmed diagnosis of the illness or injury under treatment, and not in excess of the patient’s needs
- Be consistent with generally accepted professional medical standards as determined by the Medicaid program, and not experimental or investigational
- Be reflective of the level of service that can be safely furnished, and for which no equally effective and more conservative or less costly treatment is available statewide
- Be furnished in a manner not primarily intended for the convenience of the recipient, the recipient’s caretaker, or the provider

The fact that a provider has prescribed, recommended, or approved medical or allied care, goods, or services does not, in itself, make such care, goods or services medically necessary or a medical necessity or a covered service.

Definitions Policy at page 7.

18. The Personal Care Services Coverage Policy (“PCS Policy”), which is incorporated by reference in Rule 59G-4.215, F.A.C., states as follows:

1.1 Description

Florida Medicaid personal care services provide medically necessary assistance, in the home or in the community, with activities of daily living (ADL) and age appropriate instrumental activities of daily living (IADL) to enable recipients to

accomplish tasks they would normally be able to do for themselves if they did not have a medical condition or disability.

...

1.1.2 Statewide Medicaid Managed Care Plans

Florida Medicaid managed care plans must comply with the coverage requirements outlined in this policy, unless otherwise specified in the AHCA contract with the Florida Medicaid managed care plan. The provision of services to recipients enrolled in a Florida Medicaid managed care plan must not be subject to more stringent coverage limits than specified in Florida Medicaid policies.

...

1.3 Definitions

The following definitions are applicable to this policy. For additional definitions that are applicable to all sections of Rule Division 59G, F.A.C., please refer to the Florida Medicaid definitions policy.

...

1.3.6 Home Health Services

Medically necessary services that can be safely provided to the recipient in their home or in the community that include home health visits (skilled nursing and home health aide services), private duty nursing, and personal care services.

...

4.2 Specific Criteria

Florida Medicaid reimburses for up to 24 hours of personal care services per day, per recipient, in order to provide assistance with ADLs and age appropriate IADLs when the recipient meets the following criteria:

- Has a medical condition or disability that substantially limits their ability to perform ADLs or IADLs and do not have a parent or legal guardian able to provide the required care
- Is under the care of a physician and has a physician's order for personal care services
- Requires more extensive and continual care than can be provided through a home health visit
- Requires services that can be safely provided in their home or the community

5.1 General Non-Covered Criteria

Services related to this policy are not reimbursed 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 reimburse for the following:

- A skill level other than what is prescribed in the physician order and approved plan of care (POC)
- Assistance with homework
- Babysitting
- Care, grooming, or feeding of pets and animals
- Certification of the POC by a physician
- Companion sitting or leisure activities
- Escort services
- Housekeeping (except light housekeeping to make the environment safe), homemaker, and chore services
- Nursing assessments related to the POC
- Professional development training or supervision of home health staff or other home health personnel
- Respite care to facilitate the parent or legal guardian attending to personal matters
- Services funded under section 110 of the Rehabilitation Act of 1973 or under the provisions of the Individuals with Disabilities Educational Act
- Services furnished by relatives as defined in section 429.02(18), F.S., household members, or any person with custodial or legal responsibility for the recipient. (Except when a recipient is enrolled in the Consumer-Directed Care Plus program)
- Services provided in any of the following locations:
 - Hospitals
 - Intermediate care facility for individuals with intellectual disabilities – Nursing facilities
 - Prescribed pediatric extended care centers
 - Residential facilities or assisted living facilities when the services duplicate those provided by the facility
- Services rendered prior to the development and approval of the POC
- Travel time to or from the recipient’s place of residence
- Yard work, gardening, or home maintenance work

Florida Medicaid may reimburse for some services listed in this section through a different service benefit.

...

7.0 Authorization

7.1 General Criteria

The authorization information described below is applicable to the fee-for-service delivery system. For more information on general authorization requirements, please refer to Florida Medicaid’s General Policies on authorization requirements.

...

Personal Care Task	General Time Allowances
---------------------------	--------------------------------

Bathing	
Full-body Bath: Tub, shower or sponge/bed bath.	Up to 30 minutes. May rotate with partial bath based on recipient's needs
Partial Bath: A sponge bath includes, at a minimum, bathing of the face, hands, and perineum.	15–20 minutes per partial bath
Dressing	
Laying out clothing, handing and retrieving clothing, putting clothes on and taking them off, including handling fasteners, zippers, and buttons.	15 minutes
Application of prosthetic devices or application of therapeutic stockings.	May add 15 minutes for applying hose and/or Prosthesis
Grooming and Skin Care	
Brushing teeth, denture care, shaving, washing and drying face and hands. Applying lotion to non-broken skin.	15–30 minutes
Shampoo and comb hair, basic hair care, basic nail care.	15 minutes
Positioning	
Moving recipient to and from a lying position, turning side to side, and positioning recipient in bed.	10 minutes/every 2 hours when medically indicated
Transfers	
Moving recipient into and out of a bed, chair, or wheelchair. May include the use of assistive devices.	15 minutes/every 2 hours when medically indicated
Toileting and Maintaining Continence	

Includes transfer on or off the toilet, bedside commode, urinal, or bedpan. Includes cleaning the perineum and cleaning after an incontinent episode. Includes taking care of a catheter or colostomy bag or changing a disposable incontinence product.	15–45 minutes
Eating	
Taking in food by any method. Extra time may be allowed for preparing a special diet.	30 minutes per meal
Delegated Medical Monitoring and Activities	
Non-skilled medical tasks that are delegated to the aide by the RN, in accordance with Florida laws and practice acts. The tasks include, but are not limited to, assisting recipient with pre-poured medications, monitoring vital signs, and measurement of intake/output.	15–30 minutes day for all monitoring tasks performed

PC Policy at 1, 3 – 5

19. Petitioner requested an additional three (3) hours per week of personal care PDO services. *See supra* ¶ 7. The additional personal care PDO service hours were denied based on medical necessity. *See supra* ¶ 7, 8. Respondent explained that Petitioner’s request was not medically necessary based on the information provided but did not specify which of the five medical necessity criteria Petitioner’s request failed to meet. *Id.*

20. Section 4.1 of the LTC Policy provides that Florida Medicaid LTC plans cover services that: (a) are determined medically necessary, as defined in the LTC Policy; (b) do not duplicate another service; and (c) meet the criteria as specified in the LTC Policy. *See supra* ¶ 15. Further, in order to receive LTC services, services must be documented on an individual plan of care based upon a comprehensive needs assessment. *Id.* The comprehensive assessment includes the

completion of the 701-B Comprehensive Assessment and the LTC Supplemental Assessment.
Id.

21. The evidence presented reflects that Respondent's denial of an additional three (3) hours per week of personal care PDO services is warranted under the circumstances of this case. As provided in the LTC Policy, personal care is to provide "assistance with ADLs and IADLs, including assistance with preparation of meals, and housekeeping chores which are incidental to the care furnished or are essential to the health and welfare of the enrollee." See supra ¶ 15. The record reflects that Petitioner lives in a private residence with [REDACTED] who is also [REDACTED] caregiver and DSW under the PDO program. See supra ¶ 2, 6, 7, 8 and 10. Regarding ADLs, Petitioner needs assistance (but not total help) with [REDACTED] needs supervision or prompting with [REDACTED]; and uses [REDACTED] [REDACTED]. See supra ¶ 4. The 701B Assessment states that Petitioner currently has assistance most of the time with all of [REDACTED] ADLs. See supra ¶ 4. Regarding IADLs, Petitioner needs total assistance (cannot do at all) with [REDACTED] [REDACTED]; needs assistance (but not total help) with [REDACTED]; and needs no assistance with [REDACTED]. See supra ¶ 5. The 701B Assessment states that Petitioner has assistance most of the time with all of [REDACTED] IADLs. See supra ¶ 5. Petitioner's [REDACTED] and caregiver, [REDACTED], assists Petitioner with [REDACTED] ADLs and IADLs. See supra ¶ 6. Petitioner currently receives fourteen (14) hours of homemaker PDO services and fourteen (14) hours of personal care PDO services each week, for a total of twenty-eight (28) hours of care per week. See supra ¶ 8, 11.

22. The PCS Policy, which is incorporated by reference in Fla. Admin. Code R. 59G-4.215, provides general guidance concerning the time allotted for personal care tasks. See supra ¶ 18. As Dr. Sherman testified, Petitioner's medical necessity was determined to be fourteen (14) hours per week of personal care PDO services. Petitioner did not provide a schedule of ALDs/IADLs and/or any estimate of the time it takes to complete each ADL/IADL task. Allotting thirty (30) minutes of time for each of Petitioner's ADLs ([REDACTED]) and taking into account Petitioner's medical conditions, the current fourteen (14) hours of personal care PDO services appear to be reasonable. Petitioner also has fourteen (14) hours of homemaker services per week, which closely align with the documented IADL tasks that Petitioner needs assistance with. Dr. Sherman provided credible and persuasive testimony that the approved services are adequate to meet Petitioner's needs.


23. Petitioner testified that [REDACTED] needs the three (3) additional personal care PDO service hours because [REDACTED], [REDACTED], drives [REDACTED] to Miami, Florida every six (6) weeks for medical appointments. See supra ¶ 10. However, Dr. Sherman testified that personal care needs are assessed based on a weekly basis, not every six (6) weeks as Petitioner is requesting. See supra ¶ 11. Also, Petitioner testified that [REDACTED] needs assistance [REDACTED], see supra ¶ 10, and [REDACTED] answers on the 701B state that Petitioner needs assistance (but not total help) with [REDACTED] [REDACTED] for this ADL. See supra ¶ 4. However, Petitioner also testified that [REDACTED] is never alone, other than when [REDACTED] goes food shopping, which takes approximately twenty (20) minutes, and that [REDACTED] does not work outside of the home. See supra ¶ 10. Petitioner did not state which of [REDACTED] ADLs or IADLs were not being met weekly with [REDACTED] current approved service hours.

24. Therefore, upon consideration of the testimony provided, Respondent's Composite Exhibit 1, and the applicable laws and policies, the undersigned concludes that Petitioner did not prove by a preponderance of the evidence that Respondent's denial of an additional three (3) hours per week of personal care PDO services was incorrect.

DECISION

Respondent's denial of an additional three (3) hours per week of personal care PDO services is **AFFIRMED**. Petitioner's appeal based on Respondent's denial in this matter is **DENIED**.

DONE AND ORDERED this 30th day of October, 2023 in Tallahassee, Leon County, Florida.

 Kameisha Presley
23-FH1958
2023.10.30 08:37:50
-04'00'

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:



Humana Medical Plan, Inc.
GAMedicaidRightFax@humana.com

AHCA Medicaid Hearing Unit
MedicaidHearingUnit@ahca.myflorida.com