



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

FILED

Nov 13, 2023, 11:33 am

OFFICE OF FAIR HEARINGS

[REDACTED]

PETITIONER,

AHCA Case No.: 23-FH1989

vs.

AGENCY FOR HEALTH CARE
ADMINISTRATION,

RESPONDENT.

_____ /

FINAL ORDER

Pursuant to notice, the undersigned convened a telephonic Fair Hearing on the instant case on September 27, 2023, at 9:06 a.m. Eastern Standard Time ("EST").

APPEARANCES

For the Petitioner:

[REDACTED]

Petitioner's Authorized Representative

For the Respondent:

Suzanne Chillari
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" or "ABA") services was correct.

PRELIMINARY STATEMENT

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

attended as witnesses for Petitioner: Jessica Ramos Gonzalez (“Ms. Ramos Gonzalez”), Board Certified Behavior Analyst; and Ernesto Morejon-Sosa (“Mr. Morejon-Sosa”), Board Certified Behavior Analyst.

Suzanne Chillari (“Ms. Chillari”), 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 and Director of Clinical Operations for eQHealth Solutions Inc. (“eQHealth”), appeared as a witness for Respondent.

Miriam, interpreter number 365744, appeared to offer translation services for the Petitioner.

Prior to the hearing, Petitioner sent to the Office of Fair Hearings and Respondent a sixteen (16)-page evidence packet. The sixteen (16)-page evidence packet appears in the Office of Fair Hearings’ document management system as the file title “23-FH1989 Faxed Evidence.pdf”. Absent an objection from the Respondent, the undersigned admitted the sixteen (16)-page evidence packet into evidence as Petitioner’s Composite Exhibit 1 (“PCE 1”).

Prior to the hearing, Respondent sent to the Office of Fair Hearings and Petitioner a one-hundred and sixty-six (166)-page evidence packet and a forty-nine (49)-page evidence packet. The one-hundred and sixty-six (166)-page evidence packet appears in the Office of Fair Hearings’ document management system as the file title “[REDACTED] FH 09.27.2023.pdf”. The forty-nine (49)-page evidence packet appears in the Office of Fair Hearings’ document management system as the file title “Agency Evidence Legal Authorities 23-FH1989.pdf”. Absent an objection from the Petitioner, the undersigned admitted the one-hundred and sixty-six (166)-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 21 of RCE 1. Petitioner is diagnosed with [REDACTED].
Id.

3. Petitioner requested continuation of BA services; specifically, 2,600 units of code 97153; 416 units of code 97155; and 208 units of code 97156. *Id.* at 29. In a Notice of Outcome (“NOO”), dated August 7, 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):

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

The NOO further provided:

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 behavior(s) has decreased since the last review and, if not, that there is a modification of the behavior plan. The recommendations for procedural modifications include: additions/changes to treatment plan to impact behaviors targeted for reduction. Procedural modifications should include one or more of the following: antecedent manipulation modifications, modifications of prompting procedures used in acquisition, modifications in consequence-based strategies- - ones that either reduce maladaptive behavior or reinforce replacement behavior (e.g., manipulation of reinforcement schedules, switch to a different decelerative procedure), or 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 period 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. This request is denied.

...

Pages 29 – 30 of RCE 1.

4. Petitioner requested reconsideration of the Respondent’s decision. In a Notice of Reconsideration Determination (“NRD”), dated August 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 modifications should include one or more of the following: antecedent manipulation modifications, modifications of prompting procedures used in acquisition, modifications in consequence-based strategies- - ones that either reduce maladaptive behavior or reinforce replacement behavior (e.g., manipulation of reinforcement schedules, switch to a different decelerative procedure), or if 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 recommendations are insufficient to support continued care.

...

Pages 41 – 42 of RCE 1.

5. On August 14, 2023, Petitioner requested a Fair Hearing to challenge the termination of ABA services. *Id.* at 8. On August 25, 2023, the undersigned issued an Order Scheduling Fair Hearing by Telephone and Prehearing Instructions, setting the hearing for September 27, 2023, at 9:00 a.m. EST. *Id.*

6. Dr. Bicard is a Board Certified Behavior Analyst and Director of Clinical Operations for eQHealth. Dr. Bicard testified to the following at the Fair Hearing:

- a. Petitioner has participated in Behavior Analysis services since [REDACTED], and has been with this provider since [REDACTED]. A review of the treatment plan, by one Behavior Analyst and two Behavior Analysts with doctoral degrees, determined that Petitioner was not making progress, as well as that the treatment plan did not meet medical necessity criteria. The treatment plan was not within standards of care. The provider was given multiple opportunities to amend the treatment plan but was unable to do so. The reviewers examined Petitioner's progress along with the provider's procedures, and determined that the services did not meet medical necessity criteria.
- b. To show improvement in maladaptive behaviors, the data should trend in a downward direction. The data in the final treatment plan submitted by the provider at the time of reconsideration do not show improvement. The data are going up and down in a random fashion, which suggests that the provider has not identified the important environmental events that are supporting the behavior.
- c. The graph for the behavior of [REDACTED] shows no improvement in the data. See page 133 of RCE 1. Dr. Bicard stated that [REDACTED] does not necessarily meet medical necessity criteria for Petitioner. The data for [REDACTED] show that Petitioner's behavior has not improved during the authorization period. *Id.* The graphs for [REDACTED] and [REDACTED] show data going up and down with no general direction, demonstrating no improvement. *Id.* at 134.

The behaviors of [REDACTED] and [REDACTED] also show no progress. *Id.* at 135. The behavior of [REDACTED] shows the data are going up and down, also exhibiting no improvement. *Id.* at 136.

- d. The provider's reporting of the replacement behaviors in the graphs does not meet standards of care within the field of behavior analysis. *Id.* at 146. In the field of behavior analysis, when the behavior is a percentage of opportunity, the graphs should be displayed from 0% to 100%. Only one graph complies with this standard.
- e. The replacement skills, as with the maladaptive behaviors, show data that are going up and down, showing no improvement. Petitioner has been working on some replacement behaviors for more than twelve (12)-months. In the field of behavior analysis, the lead analyst must make changes to the treatment plan in a timely manner when the recipient does not respond to treatment. The provider should make an intervention, which should be reflected on the graph. Intervention does not occur with any of Petitioner's replacement behaviors. All replacement behavior graphs display data well below fifty (50)-percent of opportunity, which shows that the provider has not identified the important environmental events surrounding the behavior. There is a lack of progress on all skill acquisition goals, which does not meet standards of care within the field of behavior analysis.
- f. The provider's procedures in the treatment plan appear to be a general listing of procedures within BA therapy, and are not individualized for Petitioner. *Id.* at 157. The provider has also listed several strategies that cannot be implemented at the same time. The issue in this case is not whether Petitioner requires BA services,

but rather is the quality of service being rendered by the provider. Petitioner may seek BA services from another provider.

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

- a. There has been progress regarding Petitioner's behaviors, but it has been slow.
- b. Petitioner has been through several changes, including a separation from [REDACTED] and a change to a larger school environment.
- c. [REDACTED] believes that Petitioner needs ABA services and without services, Petitioner will not improve.

8. Ms. Ramos Gonzalez is Petitioner's Behavior Analyst. Ms. Ramos Gonzalez testified to the following at the Fair Hearing:

- a. Ms. Ramos Gonzalez stated that the denial letter she received only asserted that the treatment plan did not meet medical necessity, and that the details Dr. Bicard described were not explained. Ms. Ramos Gonzalez stated that, if she had received those details, she would have made the necessary changes.
- b. The independent variables impacting Petitioner's behaviors, including household and school changes, are not within the control of the ABA team, nor the caregiver.
- c. Ms. Ramos Gonzalez stated that the procedures and prompts in the plan are described generally because there are two (2) therapists working in two (2) different environments who may not be able to employ the same procedures. Ms. Ramos Gonzalez stated she knows certain procedures cannot be administered at

the same time, and the procedures are described generally for the purpose of availability if they need to be utilized.

- d. Petitioner's primary diagnosis is [REDACTED], and Ms. Ramos Gonzalez stated that the treatment plan is consistent with Petitioner's diagnosis and symptoms and does not exceed [REDACTED] needs. Ms. Ramos Gonzalez stated that the treatment plan is within the scope and standards of behavior analysis, as well as that ABA has proven to be the most successful treatment for Petitioner. Ms. Ramos Gonzalez stated that Petitioner's maladaptive behaviors are not decreasing steadily, but that this does not mean the treatment plan is not working. Rather, Ms. Ramos Gonzalez stated that the external variables outside of the therapists' and [REDACTED]'s control are interfering with the behavior plan. Ms. Ramos Gonzalez stated the therapists are adjusting the plan, sometimes twice a month, and are introducing modifications to the best of their knowledge.

CONCLUSIONS OF LAW

9. 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).

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

11. 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.)

12. 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.

13. 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

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 his 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 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.

17. 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.

18. In the instant case, Respondent terminated Petitioner's ABA services. See ¶ 3. In the NOO dated August 7, 2023, Respondent explained that continuing services at the prior level was not medically necessary, specifically, that it did not meet the requirement that services must be "consistent with generally accepted professional medical standards as determined by the Medicaid program, and not experimental or investigational." *Id.* Respondent further explained that "the information submitted does not meet standards of care within the field of behavior analysis." *Id.*

19. As provided by the EPSDT requirements, the recipient must meet the medical necessity criteria as outlined in Fla. Admin. Code R. 59G-1.010. As provided in section 2.83 of the Definitions Policy, a component of medical necessity is that services must be "consistent with generally accepted professional medical standards as determined by the Medicaid program, and not experimental or investigational." As shown by the record, Petitioner's maladaptive behaviors and replacement behaviors do not show improvement. See ¶ 6. Dr. Bicard testified that the data in the treatment plan are moving up and down in a random fashion, which demonstrates no progress. *Id.* Dr. Bicard also stated that none of Petitioner's replacement behaviors is occurring at above fifty (50)-percent of opportunity. *Id.* Dr. Bicard identified several components of the treatment plan that do not meet standards of care within the field of behavior analysis, including the generalized listing of procedures that are not individualized and cannot be implemented simultaneously, the lack of progress concerning both maladaptive and replacement behaviors, the lack of intervention shown on the graphs to address the lack of progress, and the incorrect reporting of the graphs displaying the replacement behavior. *Id.* Dr. Bicard also stated that the provider was given the opportunity to amend the treatment plan, but did not do so. *Id.* As

Petitioner has not made substantial improvements, the record shows that Petitioner will not gain any additional benefit by continuing services with [REDACTED] current provider. In all, Respondent demonstrated that the services rendered by provider were not “consistent with generally accepted professional medical standards as determined by the Medicaid program”.

20. As QIO for the Agency, eQHealth is authorized to terminate services when “the reviewing physician determines the recipient will not gain any additional benefit by continuing services at the current level.” See ¶ 17. As discussed, *supra* ¶ 19, Petitioner has not made progress in reducing [REDACTED] maladaptive behaviors, nor in improving [REDACTED] replacement behaviors. Here, the insufficiencies of the treatment plan are well documented.

21. Upon consideration of the testimony provided, evidence submitted, and applicable polices, the undersigned concludes that Respondent proved by a preponderance of the evidence that the termination of ABA services was necessary. Looking at all the evidence relevant to the particular needs of Petitioner, Respondent has demonstrated that the previously authorized services, based on the treatment 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 ABA services was correct.

IT IS HEREBY ORDERED AND ADJUDGED THAT:

Respondent’s termination of ABA services is **AFFIRMED**. Petitioner’s appeal based on Respondent’s termination is **DENIED**.

DONE and **ORDERED** this 13th day of November, 2023, in Tallahassee, Leon County, Florida.



Joseph Mabry
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JOSEPH MABRY, 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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