



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

FILED

Nov 30, 2023, 10:32 am
OFFICE OF FAIR HEARINGS

PETITIONER,

AHCA Case No.: 23-FH2014

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 26, 2023, at 9:59 a.m. Eastern Standard Time (“EST”).

APPEARANCES

For the Petitioner:

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 owner of _____, appeared

for the Fair Hearing on behalf of Petitioner. Skyler Young, Board Certified Behavior Analyst (“BCBA”) for [REDACTED], appeared for the Fair Hearing as a witness for Petitioner.

Suzanne Chillari, Medical/Health Care Program Analyst for the Agency for Health Care Administration (“Agency” or “AHCA”), appeared for the Fair Hearing as representative for Respondent. Dr. Alyssa Conway (“Dr. Conway”), BCBA and Second Level Reviewer for eQHealth Solutions Florida (“eQHealth”), appeared for the Fair Hearing as a witness for Respondent.

Prior to the hearing, the Office of Fair Hearings received a seventy-six (76)-page evidence packet from Petitioner. The seventy-six (76)-page packet appears in the Officer of Fair Hearings document management system as the file title “23-FH2014 Supporting Documents.pdf.” Absent an objection from Respondent, the undersigned admitted the seventy-six (76)-page evidence packet into evidence as Petitioner’s Composite Exhibit 1 (“PCE 1”).

Prior to the hearing, the Office of Fair Hearings received a two hundred and forty-six (246)-page evidence packet and a forty-nine (49)-page evidence packet from Respondent. The two hundred and forty-six (246)-page packet appears in the Office of Fair Hearings document management system as the file titles “[REDACTED] FH 09.26.2023 1-85.pdf,” “[REDACTED] FH 09.26.2023 86-146.pdf,” “[REDACTED] FH 09.26.2023 147-205.pdf,” and “[REDACTED] FH 09.26.2023 206-246.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-FH2014.pdf.” Absent an objection from the Petitioner, the undersigned admitted two hundred and forty-six (246)-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”).

5. In a Notice of Outcome (“NOO”), dated August 7, 2023, Respondent terminated Petitioner’s ABA services. *Id.* at 23-24. 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.
Individualized, specific, and consistent with symptoms or confirmed diagnosis of the illness 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 frequency and/or duration.

PR Clinical Rationale - Denial: [REDACTED] as outlined in the treatment plan not an empirically supported procedures within the conceptual system of behavior analysis for treating the functions of maladaptive behavior. According to Behavior Analysis Services Coverage Policy (page-6-7), treatment that does not meet generally accepted standards of care within the field of applied behavior analysis are not covered under the behavior analysis service coverage policy. Also, the justification submitted with this treatment is insufficient given the requested units and the recipient's maladaptive behaviors and skill deficits addressed in this treatment plan. This request for ABA services is denied.

Id.

6. Petitioner requested reconsideration of the Respondent’s decision. In a Notice of Reconsideration Determination (“NRD”), dated August 18, 2023, Respondent upheld its decision.

Id. at 34-35. The NRD explained the basis for the decision as follows:

PR Recon Determination: At reconsideration all documents were carefully reviewed. The goals and protocols described in this treatment plan includes [REDACTED], [REDACTED], [REDACTED] [REDACTED] are not an empirically supported procedures within the conceptual system of behavior analysis for treating the functions of maladaptive behavior of children with [REDACTED] and related disabilities.

According to Behavior Analysis Services Coverage Policy (page-6-7), treatment that does not meet generally accepted standards of care within the field of applied behavior analysis are not covered under the behavior analysis service coverage policy. This reconsideration request has been reviewed, reconsidered and the denial is upheld.

Id. at 35.

7. On August 17, 2023, Petitioner requested a Fair Hearing to challenge the termination of ABA services. On September 7, 2023, the undersigned issued an Order Scheduling Fair Hearing and Prehearing Instructions, setting the hearing for September 26, 2023, at 10:00 a.m. EST.

8. Dr. Conway established the following at Fair Hearing:

a. EQHealth reviews requests for services based on medical necessity criteria. See RCE 2 at 6-7. eQHealth reviews behavior analysis cases to ensure ABA services are consistent with the standards enumerated in the Behavior Analysis Coverage Policy as well as professional medical standards of behavior analysis.

b. Dr. Conway contends that the Treatment Plan did not conform to medical necessity criteria 3. For example, in the [REDACTED], submission of the Treatment Plan, the implementation of [REDACTED] was the reason for the PEND. See RCE 1 at 55. Dr. Conway explained that preventative strategies are typically related to the function of a behavior and its variables as to why it occurs. Thus, these strategies are used to prevent the behavior from occurring. *Id.* at 78-79. One such strategy identified in the PEND is [REDACTED]

[REDACTED]

[REDACTED] Dr. Conway argued that these [REDACTED]

██████████ are detailed further to confirm their utilization with an inclusion of a ██████████. *Id.* at 148, 164.

g. Dr. Conway argued that the Treatment Plan submitted at reconsideration still included practices outside of the standards of care in ABA such as ██████████ and related graphs, ██████████ or ██████████. *Id.* at 187, 210, 215-216, 230-231.

h. In the most recent submission of the Treatment Plan after the reconsideration determination, it included some new behaviors such as “██████████”. Dr. Conway argues that this behavior is concerning as Petitioner has significant ██████████ and the Treatment Plan contains no clear safeguards to ensure ██████████. See PCE 1 at 4-5. Dr. Conway asserts the main issues with the Treatment Plan are not the verbiage per se, but rather the implementation of strategies not generally accepted in the field of ABA such as use of ██████████, ██████████ ██████████, and continued use of ██████████. *Id.* at 34, 43.

9. Ms. Young testified to the following at Fair Hearing:

- a. Petitioner has participated with ██████████ for one prior 6-month authorization period.
- b. Ms. Young argues that most of Petitioner’s behaviors are ██████████, so the implementation of the de-escalation areas was to remove opportunities for ██████████ to ██████████. Ms. Young argues that it is a safer replacement strategy for ██████████ to ██████████ than continuing in ██████████ maladaptive behaviors.

- c. Ms. Young argues that the zones of regulation are not the procedures in place, but instead for Petitioner to regulate [REDACTED] behaviors independently.
 - d. Ms. Young asserts that the provider was working on collecting baseline data for other behaviors when services were stopped due to the termination. This included [REDACTED] and [REDACTED] which are high concerns because Petitioner does not grasp [REDACTED].
 - e. Petitioner exhibits [REDACTED] impeding [REDACTED] ability to focus in school and be compliant at home.
 - f. Ms. Young argues that Petitioner's behaviors have worsened since the termination of services.
10. [REDACTED] testified to the following at Fair Hearing:
- a. eQHealth returned the first Treatment Plan for correction on July 27, 2023, and the correction was subsequently made. See ¶ 5. [REDACTED] asserts that a final correction was made and submitted as the most recent version of the Treatment Plan. See PCE 1 at 1-76.

CONCLUSIONS OF LAW

11. The Agency's Office of Fair Hearings has jurisdiction over the subject matter of this proceeding and the parties pursuant to section 409.285(2), Florida Statutes (2022). This order is the final administrative decision of AHCA under section 409.285(2)(a).
12. This hearing was held as a *de novo* proceeding pursuant to Rule 59G-1.100(17)(b), Florida Administrative Code ("Fla. Admin. Code R.").

13. Because Respondent terminated a previously approved service, Fla. Admin. Code R. 59G-1.100(17)(g) assigns the burden of proof to the Respondent. The standard of proof in an administrative hearing is a preponderance of the evidence. The preponderance of the evidence standard requires proof by “the greater weight of the evidence” (Black’s Law Dictionary at 1201, 7th Ed.)

14. The Florida Medicaid Behavior Analysis Services Coverage Policy (October 2017) (“BA Policy”), incorporated by reference in Fla. Admin. Code. R. 59G-4.125, governs ABA 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.

...

See RCE 2 at 38-44.

15. Appendix 9.0 of the BA Policy provides Review Criteria for Behavior Analysis Services.

These Review Criteria state as follows:

Review Criteria for Behavior Analysis Services

Behavior analysis (BA) services are considered as either the treatment of choice or as an adjunct treatment modality for a variety of conditions and disorders where maladaptive behaviors are part of the recipient's clinical presentation, including behavioral manifestations of diagnoses such as Autism Spectrum Disorder and other behavioral health conditions.

Critical Elements Necessary for ANY Type of Behavior Analysis Service:

The following critical elements **MUST** be satisfied to qualify for BA services:

- a. Eligibility – The recipient must meet all criteria for BA services as outlined in the Behavior Analysis Services Coverage Policy, Rule 59G-4.125, F.A.C.
- b. Medical necessity – The recipient must meet medical necessity criteria as outlined in Rule 59G-1.010, F.A.C.
- c. The recipient currently engages in maladaptive behaviors
- d. These maladaptive behaviors interfere with the recipient's daily functioning

1. Criteria for Initial Behavior Analysis Assessment - BOTH of the following **MUST** be satisfied:

- a. **ALL** critical elements are met
- b. Provide submits a valid written physician's order as stipulated in the Behavior Analysis Services Coverage Policy, Rule 59G-4.125, F.A.C.

2. Criteria for Behavior Analysis Services and Reassessments – ALL of the following **MUST** be satisfied:

- a. **ALL** critical elements are met
- b. An assessment or, if applicable, a reassessment, authored by a lead analyst, is provided. An assessment of the maladaptive behavior(s) is a necessary element of the process of identifying the frequency and magnitude of the behaviors as well as the variables associated with the occurrence of the maladaptive behavior(s). This helps in defining what are the functional consequences of the problem behavior(s) so that an adequate behavior plan can be implemented. This (re)assessment **MUST** include, at a minimum, **ALL** of the following:
 - i. A clear operational description of the maladaptive behavior(s)
 - ...
- c. A behavior plan authored or updated by a lead analyst. The behavior plan is the cornerstone of the delivery of behavior analysis services and it is based on the information obtained in the assessment. It proposes specific interventions to reduce or eliminate the maladaptive behavior. These interventions take into consideration the variables, both present before the behavior, as well as after the behavior, that influence the occurrence of the maladaptive behavior(s). This plan also includes replacement appropriate behaviors for the recipient to engage in instead of the maladaptive behaviors in order to obtain the same function. The plan must be detailed enough to warrant the requested services and include mechanisms to monitor its effectiveness. This **MUST** include, at a minimum, **ALL** of the following:
 - i. Observable and measurable descriptions of the maladaptive behavior(s)
 - ii. Identified function of the maladaptive behavior(s) behavior as a result of the assessment or reassessment conducted
 - iii. Goals and strategies for changing the maladaptive behavior(s)
 - iv. Written detailed description of when, where, and how often these goals will be addressed and proposed strategies will be implemented
 - v. System for monitoring and evaluating the effectiveness of the plan
 - vi. Safety and crisis plan, if applicable
 - vii. Summary and recommendations
 - viii. Discharge criteria
 - ix. Transition plan (if applicable)

NOTE: Although the assessment and behavior plan were addressed separately in section 2, both of them can be submitted as a single document.

3. Criteria for Continuation of Treatment at the Present Level and/or Using Current Methods: Providers must ensure that ALL of the following criteria are met to request continuation of treatments at the present level or using the current methods. If criteria for 3a is met, but criteria for 3b and/or 3c are not met, then a reduction of the treatment level and/or change of treatment methods may be warranted.

- a. ALL criteria listed in 2a, 2b, and 2c regarding critical elements, assessment or reassessment, and behavior plan, are met.
- b. The data provided must show evidence that the frequency of the maladaptive behavior(s) has decreased since the last review and, if not, that there is a modification of the behavior plan.
- c. The level of functional impairment justifies continuation of BA services. The reviewer utilizes the information provided below as a guide as it relates to the level of functional impairment as expressed through the following behaviors:
 - i. Safety – aggression, self-injury, property destruction, elopement
 - ii. Communication – problems with expressive/receptive language, poor understanding or use of non-verbal communications, stereotyped, repetitive language
 - iii. Self-stimulating, abnormal, inflexible, or intense preoccupations
 - iv. Self-care – difficulty recognizing risks or danger, grooming, eating, or toileting
 - v. Other – behaviors not identified above

...

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

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

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

See RCE 2 at 45-47.

16. States must provide Early and Periodic Screening, Diagnostic, and Treatment (“EPSDT”) services to Medicaid-eligible children under age 21 when requested under the Medicaid state plan. See 42 U.S.C. § 1396a(a)(43); 42 U.S.C. § 1396d(a)(4). According to 42 U.S.C. § 1396d(r)(5), EPSDT services mean, in relevant part, the following items and services:

Such other necessary health care, diagnostic services, treatment, and other measures described in subsection (a) of this section to correct or ameliorate defects and physical and mental illness and conditions discovered by the screen services, whether or not such services are covered under the state plan.

17. Petitioner is under age 21, and therefore EPSDT applies to [REDACTED] request for services. However, a state may place medical necessity limitations on EPSDT services. See 42 C.F.R. §§ 440.230(a), (b), (d). Fla. Stat. § 409.905(2) limits EPSDT services with a medical necessity standard:

The [Agency] shall pay for early and periodic screening and diagnosis of a recipient under age 21 to ascertain physical and mental problems and conditions and all services determined by the agency to be medically necessary for the treatment, correction, or amelioration of these problems and conditions, including personal care, private duty nursing, durable medical equipment, physical therapy, occupational therapy, speech therapy, respiratory therapy, and immunizations.

18. The 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.

19. The Florida Medicaid Authorization Requirements Policy (June 2016) ("Authorization Policy"), incorporated by reference in Fla. Admin. Code R. 59G-1.053, provides general requirements for providers to obtain authorization to render Florida Medicaid services. See RCE 2 at 30-36. The Authorization Policy states as follows:

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 error or omissions in prior certifications.
- There is a documented improvement in the recipient’s medical condition.
- There is a documented change in the recipient’s circumstances.
- The reviewing physician determines the recipient will not gain any additional benefit by continuing services at the current level.

Id. at 34.

20. In the instant case, Petitioner is under 21 years of age and is diagnosed with [REDACTED], [REDACTED], [REDACTED], and [REDACTED].

See ¶ 2. Petitioner requested continuation of ABA services. *See* ¶ 4. In a NOO, dated August 7, 2023, Respondent terminated the services. *See* ¶ 5. Respondent cited to the medical necessity criteria as the basis for their decision, specifically that the requested ABA services be consistent with generally accepted professional medical standards as determined by the Medicaid program, and not experimental or investigational. *See* ¶ 5-6. Respondent has burden of proof to show by a preponderance of evidence that the Respondent’s determination was correct. *See* ¶ 13.

21. 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* ¶ 16-17. In 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.” *See* ¶ 18.

included similar strategies in multiple procedures throughout the Treatment Plan. *See* ¶ 8. Dr. Conway used as an example intervention “B” that states [REDACTED]

[REDACTED] *See* ¶ 8.

Dr. Conway argued that these [REDACTED] [REDACTED] are further explained where Red Level Zones fall under zones of regulation that are typically used in an occupational therapy model but not as approved standards of care in the field of ABA. *See* ¶ 8. Ms. Young argued that the zones of regulation are not the procedures in place, but instead for Petitioner to regulate [REDACTED] behaviors independently since, as Ms. Young explained, are [REDACTED]. *See* ¶ 9. Dr. Conway’s testified that although these techniques may be needed for Petitioner, they are not approved standards of care in the field of ABA. *See* ¶ 8.

24. Further, Dr. Conway asserted that the [REDACTED] [REDACTED] in procedure “A” for [REDACTED] are [REDACTED] emerging in evidence but are not currently accepted standards of care in the field of ABA. *See* ¶ 8. Even after the request for revision and at reconsideration, the Treatment Plan still included the [REDACTED] with an inclusion of a [REDACTED] [REDACTED]. *See* ¶ 8. Lastly, the most recent submission of the Treatment Plan after the reconsideration determination, included some new behaviors such as “[REDACTED]” that Dr. Conway argued is concerning because Petitioner has significant [REDACTED], and the Treatment Plan contains no clear safeguards to ensure the [REDACTED]. *See* ¶ 8. The undersigned finds Dr. Conway’s testimony as persuasive and consistent with the evidence to demonstrate that the Treatment Plan was not consistent with generally accepted professional medical standards within the field of behavior analysis.

25. According to Ms. Young's testimony, the provider was working on collecting baseline data for other behaviors when services were stopped due to the termination and [REDACTED] behaviors have worsened. See ¶ 9. As previously discussed, even the most recent Treatment Plan contained the same procedures and strategies that were previously requested for removal as not approved standards within the field of ABA. See ¶ 23-24. Therefore, Petitioner's provider failed to include the proposed changes to the Treatment Plan that conformed to standards of care within the field of behavior analysis. See ¶ 23-24. In the totality of the circumstances, Petitioner did not demonstrate that the requested ABA services are "consistent with generally accepted professional medical standards as determined by the Medicaid program, and not experimental or investigational." See ¶ 13, 18.

26. 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 ABA services was not medically necessary for Petitioner. Looking at all the evidence relevant to the particular needs of Petitioner, Respondent has demonstrated that the requested 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 BA services is **AFFIRMED**. Petitioner's appeal based on Respondent's termination is **DENIED**.

DONE and ORDERED this 30th day of November, 2023 in Tallahassee, Leon County,
Florida.

Laura Gallagher
for Kimberly Roche
23-FH2014
2023.11.30 10:15:41
-05'00'



KIMBERLY ROCHE, 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:

[REDACTED]

AHCA Medicaid Hearing Unit
MedicaidHearingUnit@ahca.myflorida.com

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Civil Rights Compliance Coordinator
2727 Mahan Drive, Mail Stop #3
Tallahassee, FL 32308
Voice: (850) 412-3661
TTY: (800) 955-8771



Spanish ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-(888) 419-3456 (TTY: 1-800-955-8771).

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