



**FILED**

Dec 15, 2023, 10:41 am

OFFICE OF FAIR HEARINGS

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

[Redacted]

**PETITIONER,**

**AHCA Case No.: 23-FH2086**

**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 29, 2023, at 10:05 a.m. Eastern Standard Time (“EST”).

**APPEARANCES**

For the Petitioner: [Redacted]  
Petitioner’s Authorized Representative

For the Respondent: Lee Ann Williams  
Medical/Health Care Program Analyst  
Agency for Health Care Administration

**STATEMENT OF ISSUE**

The issue is whether Respondent proved by a preponderance of the evidence that Respondent’s decision to terminate Petitioner’s prescribed pediatric extended care (“PPEC”) services was correct.

**PRELIMINARY STATEMENT**

All parties and witnesses appeared telephonically. [Redacted] (“[Redacted]”),  
Petitioner’s Authorized Representative and Director of Nursing at [Redacted]

(“[REDACTED]”), appeared for Fair Hearing on behalf of Petitioner. Marco Oriano (“Mr. Oriano”), Director of Operations at [REDACTED], appeared for Fair Hearing as a witness for Petitioner. Odrano Diaz (“Mr. Diaz”), Registered Nurse at [REDACTED], appeared for Fair Hearing as a witness for Petitioner.

Lee Ann Williams, Medical/Health Care Program Analyst and Fair Hearing Liaison for the Agency for Health Care Administration (“Agency” or “AHCA”), appeared for Fair Hearing on behalf of Respondent. Chris Kunis, M.D. (“Dr. Kunis”), Medical Director for eQHealth Solutions Florida (“eQHealth”) and Kepro, appeared for Fair Hearing as a witness for Respondent.

Prior to the hearing, Petitioner sent to the Office of Fair Hearings a thirty-two (32)-page evidence packet and a thirty-nine (39)-page evidence packet. The thirty-two (32)-page evidence packet appears in the Office of Fair Hearings document management system as the file title “23-FH2086 Faxed Evidence.pdf<sup>1</sup>.” The thirty-nine (39)-page evidence packet appears in the Office of Fair Hearings document management system as the file title “23-FH2086 Faxed Evidence (2).pdf<sup>2</sup>.” Absent an objection from the Respondent, the undersigned admitted the thirty-two (32)-page evidence packet into evidence as Petitioner’s Composite Exhibit 1 (“PCE 1”) and the thirty-nine (39)-page evidence packet into evidence as Petitioner’s Composite Exhibit 2 (“PCE 2”).

Prior to the hearing, Respondent sent to the Office of Fair Hearings and Petitioner a five hundred and two (502)-page evidence packet and a forty-six (46)-page evidence packet. The five hundred and two (502)-page packet appears in the Office of Fair Hearings document management system as the file titles “[REDACTED] FH 09.29.2023 1 -367.pdf” and “[REDACTED] FH

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<sup>1</sup> This file was received on September 27, 2023.

<sup>2</sup> This file was received on September 27, 2023.



was [REDACTED], for [REDACTED]. *Id.* at 18.

Petitioner’s Medication Administration Record (“MAR”) log was not submitted by the provider.

*Id.* at 17. A [REDACTED] Log was not submitted by the provider. *Id.* at 18. Petitioner attends [REDACTED]

[REDACTED] seven (7) days per week, and receives [REDACTED] ([REDACTED]), [REDACTED]

([REDACTED]), and [REDACTED] ([REDACTED]) at the PPEC center. *Id.* at 17, 303, 306-307.

4. Petitioner submitted a [REDACTED]

[REDACTED]. The [REDACTED]

summary provide as follows:

[REDACTED] Course  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

...

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

See PCE 1 at 4-6 and RCE 1 at 281-282.

5. Petitioner submitted notes from a follow up visit with Petitioner’s [REDACTED]

dated [REDACTED]. The notes provide as follows:

6/23/2023: [REDACTED]  
[REDACTED]  
[REDACTED]

[REDACTED]

[REDACTED]

See PCE 1 at 13 and RCE 1 at 290-291.

6. Petitioner requested continuation of PPEC services for the certification period of July 1, 2023, to August 29, 2023, specifically, 240 units of code T1026 (partial day services) and 60 units of code T1025 (full day services). In a Notice of Outcome (“NOO”), dated July 17, 2023, Respondent approved all units. *Id.* at 25-27.

7. Petitioner also requested continuation of PPEC services for the certification period of August 30, 2023, to December 27, 2023, specifically, 480 units of code T1026 (partial day services) and 120 units of code T1025 (full day services). In a NOO, dated July 17, 2023, Respondent terminated all units. *Id.* at 25-27. The NOO explained the basis for the termination as follows:

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

Individualized, specific, and consistent with symptoms or confirmed diagnosis of the illness or injury under treatment, and not in excess of the patient’s needs.

The NOO further provided:

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

Clinical Rationale for Decision: Request is for continuation of PPEC for this [REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]. No need for skilled nursing care. Deny this request.

*Id.* at 27.

8. Petitioner requested reconsideration of the Respondent’s decision. In a Notice of Reconsideration Determination (“NRD”), dated August 26, 2023, Respondent upheld its decision.

*Id.* at 40-42. The NRD explained the basis for the decision as follows:

PR Recon Determination: The patient is a [REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED].

After reconsidering the submitted information, the original decision has to be upheld. There is no need for skilled nursing services; therefore, PPEC has to be denied.

*Id.* at 41.

9. On August 22, 2023, Petitioner requested a Fair Hearing to challenge the termination of PPEC services. On September 8, 2023, the undersigned issued an Order Scheduling Fair Hearing and Prehearing Instructions, setting the hearing for September 29, 2023, at 10:00 a.m. EST.

10. Petitioner submitted test notes from [REDACTED] performed at [REDACTED] on [REDACTED]. The test notes provide as follows:

Description of Recording  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED].

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED].

**Impression**

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED].

See PCE 2 at 38-39.

11. Dr. Kunis is the Medical Director for eQHealth. Dr. Kunis established the following at Fair Hearing:

- a. eQHealth uses nurses and physicians to review plans in accordance with the medical necessity guidelines established by AHCA. The reviewers took into account Petitioner’s multiple medical conditions, PPEC plan of care, administration of medications, and [REDACTED] work up in [REDACTED]. See ¶ 2-4, 7.
- b. Dr. Kunis pointed out the [REDACTED] discharge summary related to an [REDACTED] [REDACTED] and described the [REDACTED] course as normal. See ¶ 4.
- c. Dr. Kunis asserted that the medications prescribed twice daily can be given at home, before and after school or PPEC, and the remaining are prescribed only when required. See ¶ 3. [REDACTED] but has not been in use. See RCE 1 at 496.
- d. Dr. Kunis argued that the notes for orders related to [REDACTED] [REDACTED], but the rationale is unclear to justify PPEC.

- e. Dr. Kunis argues that Petitioner’s additional therapies can be provided outside of PPEC, and supervision can be provided by any responsible adult. Petitioner is also attending school. *Id.* at 497-499.
- f. Dr. Kunis provides his medical opinion that [REDACTED] [REDACTED] could be consistent of other medical conditions. *See* ¶ 8. Further, Dr. Kunis points out that Petitioner was treated with [REDACTED] medication for the possibility of [REDACTED], and there is no order to [REDACTED]. *See* ¶ 10.

12. [REDACTED] testified to the following at Fair Hearing:

- a. Petitioner has other diagnoses like [REDACTED] and [REDACTED], in addition to [REDACTED] [REDACTED], and is on many medications. *See* ¶ 2-3. [REDACTED] iterated a PPEC goal to maintain Petitioner’s [REDACTED]
- b. [REDACTED] argued that the [REDACTED] [REDACTED]. [REDACTED] asserted that PPEC provides monitoring for these effects and nursing services.

13. Mr. Oriano is the Director of Operations at [REDACTED]. Mr. Oriano testified to the following at Fair Hearing:

- a. Mr. Oriano contended that the [REDACTED] [REDACTED]. Subsequently, Petitioner was prescribed new [REDACTED] medications.

14. Mr. Diaz is a registered nurse at [REDACTED]. Mr. Diaz testified to the following:

- a. The [REDACTED] conducted on [REDACTED], does not show any [REDACTED] but [REDACTED] shows [REDACTED], possibly [REDACTED].

- b. PPEC provides [REDACTED] due to Petitioner's [REDACTED] and also provides [REDACTED].
- c. Mr. Diaz argued that Petitioner arrives at PPEC at 7:15 a.m. then goes to school at 8 a.m. in order to help prevent [REDACTED] and [REDACTED].

**CONCLUSIONS OF LAW**

15. 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).

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

17. 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.)

18. The Florida Medicaid Prescribed Pediatric Extended Care Services Coverage Policy (February 2018) ("PPEC Policy"), incorporated by reference in Fla. Admin. Code. R. 59G-4.260, governs PPEC services available under Florida Medicaid. The PPEC Policy provides as follows:

**1.0 Introduction**

**1.1 Description**

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

...

**1.3.7 Medically Necessary/Medical Necessity**

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

...

## **2.0 Eligible Recipient**

...

### **2.2 Who Can Receive**

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

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

...

## **4.0 Coverage Information**

### **4.1 General Criteria**

Florida Medicaid covers services that meet all of the following:

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

### **4.2 Specific Criteria**

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

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

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

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

...

### **4.3 Early and Periodic Screening, Diagnosis, and Treatment**

As required by federal law, Florida Medicaid provides services to eligible recipients under the age of 21 years, if such services are medically necessary to correct or ameliorate a defect, a condition, or a physical or mental illness. Included are diagnostic services, treatment, equipment, supplies, and other measures described in sectioned 1905(a) of the Social Security Act, codified in Title 42 of the United States Code 1396d(a). As such, services for recipients under the age of 21 years exceeding the coverage described within this policy or the associated fee schedule may be approved, if medically necessary. For more information, please refer to Florida Medicaid's General Policies on authorization requirements.

...

## **5.0 Exclusion**

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

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

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

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

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

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

...

See RCE 2 at pages 38-43.

19. Rule 59A-13.007(4)(a), F.A.C. states the following:  
(4) Each child admitted for service to a PPEC center must meet at least the following criteria:  
(a) Infants and children considered for admission to the PPEC center will be those who are medically or technologically dependent. . . .

...

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

[A] child who because of a medical condition requires continuous therapeutic interventions or skilled nursing supervision which must be prescribed by a licensed

physician and administered by, or under the direct supervision of, a licensed registered nurse.

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

(3) Skilled Services Criteria.

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

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

21. 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.

22. Petitioner is under age 21, and therefore EPSDT applies to this 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.

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

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

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

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

See RCE 2 at 23.

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

**1.1 Description**

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

...

**3.0 Determination Process**

**3.1 Review Criteria**

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

**3.2 Review Process**

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

**3.2.1 Continued Authorization Requests**

The QIO shall not deny or reduce the amount, frequency, or duration of a service that is already being provided, unless:

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

See RCE 2 at 32-34.

25. In the NOO, dated July 17, 2023, Respondent terminated Petitioner’s PPEC services for the certification period of August 30, 2023, to December 27, 2023. See ¶ 7. The NOO explained that the basis of the termination was that the services were not “individualized, specific, and consistent with symptoms or confirmed diagnosis of the illness under treatment”, were “in



[REDACTED], [REDACTED], [REDACTED], and [REDACTED]. See ¶ 2. Petitioner's prescription medications include [REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]. See ¶ 3. Petitioner has not had [REDACTED]  
[REDACTED], but was [REDACTED], for [REDACTED]  
[REDACTED]. See ¶ 3, 4.

28. Mr. Oriano, [REDACTED], and Mr. Diaz all testified that Petitioner would benefit from continued PPEC services. See ¶ 8-10. Petitioner receives feeding therapy respiratory therapy, [REDACTED], [REDACTED], and [REDACTED] at the PPEC center. See ¶ 3, 12, 14. Mr. Diaz argued that Petitioner arrives at PPEC at 7:15 a.m. then goes to school at 8 a.m. in order to help prevent [REDACTED] and [REDACTED]. See ¶ 14. The record indicates that [REDACTED] [REDACTED]. See ¶ 3, 8, 9. A MAR log and a [REDACTED] Log were not submitted by the provider. See ¶ 3. Dr. Kunis argued that Petitioner's additional therapies can be provided outside of PPEC, and supervision can be provided by any responsible adult. See ¶ 11.

29. Petitioner's additional arguments rested on what appears as an abnormal recording of Petitioner's [REDACTED] exam performed at [REDACTED] [REDACTED] on [REDACTED]. See ¶ 10. Mr. Oriano and Mr. Diaz contended that although the [REDACTED] does not show any [REDACTED], it shows [REDACTED], possibly [REDACTED]. See ¶ 13-14. [REDACTED] asserted that PPEC provides monitoring for these effects and continues their goal to maintain Petitioner's [REDACTED]. See ¶ 12. Dr. Kunis argued that the notes for orders related to

[REDACTED], but the rationale is unclear to justify PPEC. See ¶ 11. Most notable of the exam notes provide “[t]his [REDACTED] demonstrates [REDACTED] [REDACTED].” See ¶ 10. In review of the exam notes, Dr. Kunis provided his medical opinion that [REDACTED] [REDACTED] could be consistent of other medical conditions. See ¶ 11. There is no record of Petitioner’s [REDACTED]. See ¶ 10, 11. There is no record that further testing or medications for Petitioner’s condition has been suggested, recommended, or prescribed. See ¶ 10, 11.


30. Accordingly, the record does not demonstrate any scheduled medications for Petitioner specifically during PPEC. See ¶ 3, 5, 7. [REDACTED], which is prescribed on an as-needed basis, has not been administered for any recorded [REDACTED] during PPEC. See ¶ 3, 11. Dr. Kunis asserted that the medications prescribed twice daily can be given at home, before and after school or PPEC, and the remaining are prescribed only when required. See ¶ 11. Basic monitoring and supervision are not among the criteria under Rule 59G-4.290, F.A.C. for the purpose of qualifying as requiring skilled nursing services. See ¶ 20. Additionally, the therapies Petitioner receives can be provided outside of PPEC. See ¶ 11. As previously discussed, the record does not clearly demonstrate that the nature and severity of Petitioner’s medical conditions warrant intervention by a registered nurse on a daily basis at this time. See ¶ 27-29. All in all, the undersigned finds that Respondent presented sufficient, credible evidence to demonstrate that Petitioner does not require the duties of specialized treatment or skilled nursing services on a daily basis, and thus, are in excess of Petitioner’s needs.

31. Upon consideration of the testimony provided, evidence submitted, and applicable policies, the undersigned concludes that Respondent proved by a preponderance of the evidence that continuing PPEC services was not medically necessary for Petitioner. Looking at all the evidence relevant to the particular needs of Petitioner, Respondent has demonstrated that the PPEC services are not medically necessary to correct or ameliorate a defect or a physical and mental illness or condition. Accordingly, Respondent proved by a preponderance of the evidence that Respondent's termination of PPEC services was correct.

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

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

**DONE and ORDERED** this 15th day of December, 2023 in Tallahassee, Leon County, Florida.

 Kimberly Roche  
23-FH2086  
2023.12.15 10:37:28  
-05'00'

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

**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]  
[REDACTED]  
[REDACTED]

**AHCA Medicaid Hearing Unit**  
**MedicaidHearingUnit@ahca.myflorida.com**

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



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#### **Arabic**

**ملحوظة:** إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية متاحة لك بالمجان. اتصل برقم 1-(888) 419-3456 (التحويلة: 1-800-955-8771)

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

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

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

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

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

**Thai** เรียน: ถ้าคุณ

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