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

FILED
Nov 17, 2023, 11:23 am
OFFICE OF FAIR HEARINGS

[redacted],

PETITIONER, **AHCA Case No.: 23-FH2135**

vs.

AGENCY FOR HEALTH CARE ADMINISTRATION,

RESPONDENT.
_____/

FINAL ORDER

Pursuant to notice, the undersigned Hearing Officer convened a telephonic Fair Hearing on the instant case on November 2, 2023, at 10:00 a.m. 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 the Petitioner has proved by a preponderance of the evidence that Respondent's decision to deny eight (8) hours per week of applied behavior analysis ("BA") treatment services (Code 97153) to the Petitioner was incorrect.

PRELIMINARY STATEMENT

All parties and witnesses appeared telephonically. Petitioner's Authorized Representative [redacted], Board Certified Behavior Analyst ("BCBA"), Psy.D, LMHC ("[redacted]"),

the Clinical Director at [redacted]., of [redacted], appeared on behalf of the Petitioner. Jose Machado, Assistant Board Certified Behavior Analyst ("BCaBA"), of [redacted]., and Angel Caraballa, Registered Behavior Technician of [redacted]., also appeared and testified on behalf of the Petitioner. [redacted], the Petitioner's [redacted] also appeared and testified on behalf of the Petitioner. Finally, Mirta Carbonelle, an administrator for [redacted]., also appeared at the Fair Hearing.

Lee Ann Williams, Medical Health Care Program Analyst for the Agency for Health Care Administration ("Agency" or "AHCA"), appeared on behalf of Respondent. Dr. Joseph Darling, BCBA at the Doctorate level and second level reviewer ("Dr. Darling"), for eQHealth Solutions appeared as a witness for Respondent.

Prior to the Hearing, the Petitioner sent to the Office of Fair Hearings and the Respondent a ninety-four (94)-page proposed evidence package and a one (1)-page October 13, 2023, letter as proposed evidence that were both admitted into evidence without objection. The Petitioner's ninety-four (94) page evidence package is identified as "Petitioner's Composite Exhibit 1" and is maintained in the Office of Fair Hearings' case management system as "23-FH2135 DAR and Evidence.pdf". The Petitioner's one (1)-page October 13, 2023, letter is identified as "Petitioner's Exhibit 2" and is maintained in the Office of Fair Hearings' case management system as "23-FH2135 Additional Evidence.pdf".

Prior to the Hearing, the Respondent sent the Office of Fair Hearings and Petitioner a one hundred and twenty-six (126)-page proposed evidence package and a forty-nine (49)-page evidence package that were admitted into evidence without objection. The one hundred and twenty-six (126)-page package is identified as "Respondent's Composite Exhibit 1" and is

maintained in the Office of Fair Hearings' case management system as "57998575 FH 11.02.2023.pdf". The forty-nine (49)-page exhibit is identified herein as "Respondent's Composite Exhibit 2" and appears in the Office of Fair Hearings' case management system as "Agency Evidence Legal Authorities 23-FH2135.pdf".

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 Behavioral Analysis ("ABA") services. *See* Respondent's Composite Exhibit 2, page 2.

2. The Petitioner is a [redacted] and has been diagnosed with [redacted] ("[redacted]") [redacted]. *See* Respondent's Composite Exhibit 1, page 16.

3. The Authorized Representative and [redacted]., submitted a proposed May 26, 2023, initial Functional Behavioral Assessment Report and Treatment Plan ("Treatment Plan") to provide initial BA services to the Petitioner. *See* Petitioner's Composite Exhibit 1, pages 2-80. In their initial BA Treatment Plan, the Petitioner requested the following BA services: 2,600 units of code 97153, 234 units of Code 97155HN, 52 units of code 97155, 78 units of code 97156HN, and 52 units of code 97156 for the certification period of June 8, 2023, through December 4, 2023. *See* Respondent's Composite Exhibit 1, page 23

4. On June 12, 2023, the Respondent issued a Notice of Outcome ("NOO"), approving 1,768 of the requested 2,600 requested units of code 97153, 234 units of Code 97155HN, 52 units of code 97155, 78 units of code 97156HN, and 52 units of code 97156 for the certification period of June 8, 2023, through December 4, 2023. *See* Respondent's Composite Exhibit 1, pages 23-27.

Both Dr. Darling and [redacted] testified that seventeen (17) hours per week of code 97153 of the requested twenty-five (25) hours were approved by the Respondent. *Testimony of Dr. Darling and* [redacted]. The NOO explained the basis for the denial as follows:

> The request for services is denied in whole or in part because they are not medically necessary as defined in Rule 59G-1.010, Florida Administrative Code. Specifically, the requested services are not medically necessary under the following standard(s):
>
> Individualized, specific, and consistent with symptoms or confirmed diagnosis of the illness under treatment, and not in excess of the patient's needs.

Id. The NOO further provided:

> The rationale for our decision is as follows:
>
> PR Principal Reason - Denial:
>
> Submitted information does not support the medical necessity for requested frequency and\or duration.
>
> PR Clinical Rationale - Denial: According to Behavior Analysis Services Coverage Policy requests for services must be based on the medical necessity of the recipient's maladaptive behaviors and skill deficits. The recipient is engaging in problem behaviors that threaten access to typical environments and negatively affects activities of daily living. However, the frequency, intensity, or severity of the recipient's maladaptive behaviors does not justify the requested units of services. The requested units of BA services are in excess of medical necessity.
> . . .

See Respondent's Composite Exhibit 1, pages 23-27.

5. The Petitioner requested a reconsideration of the Respondent's decision to deny 832 units of the requested 2,600 requested units of code 97153. On June 16, 2023, the Respondent issue its' Notice of Reconsideration Determination ("NRD") upholding the denial of 832 units of the requested 2,600 requested units of code 97153. *See* Respondent's Composite Exhibit , pages 35-39. The NRD explained the basis for the denial as follows:

> The reason for the denial is that the services are not medically necessary as defined in 59G-1.010, Florida Administrative Code. Specifically the services must be:
>
> Individualized, specific, and consistent with symptoms or confirmed diagnosis of the illness under treatment, and not in excess of the patient's needs.
>
> The rationale for our decision is as follows:
>
> PR Recon Determination: At reconsideration all documents were carefully reviewed. The provider did not submit any new documentation that supports the medical necessity of this request. According to The Behavior Analysis Services Coverage Policy, (page 6, 9.0.c-d) the recipient of ABA therapy services must engage in maladaptive behavior that interferes with the recipient's daily functioning. Although the recipient is engaging in topographies of maladaptive behaviors, the frequency and intensity of the maladaptive do not support the request for services. This reconsideration request has been reviewed, reconsidered and the partial denial is upheld.

Id.

6. The Treatment Plan identified the following maladaptive behaviors for the Petitioner: [redacted]; [redacted]; [redacted]; [redacted]; [redacted]; and [redacted]. *See* Petitioner's Composite Exhibit 1, page 5.

7. The replacement behaviors in the Treatment Plan, which are designed to reduce and/or replace the maladaptive behaviors include the following nineteen (19) behavior skills: [redacted]; [redacted]; [redacted]; [redacted]; [redacted]; [redacted]; [redacted]; [redacted]; [redacted]; [redacted]; [redacted]; [redacted]; [redacted]; [redacted]; [redacted]; [redacted]; [redacted]; [redacted]; [redacted]; and [redacted]. *See* Petitioner's Composite Exhibit 1, pages 33-62.

8. Dr. Darling testified that the treatment plan calling for twenty-five hours per week of one-on-one BA therapy for the Petitioner was not medically necessary in that it did not meet three (3) of the five (5) criteria of medical necessity and more specifically was not:

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

See Fla. Admin. Code R. 59G-1.010(166)(a), (c) at Respondent's Composite Exhibit 2, page 7.

9. Dr. Darling testified that the initial Treatment Plan for the Petitioner includes six (6) maladaptive behaviors and nineteen (19) replacement behaviors, some of which are not generally accepted professionally medically recognized standards for the treatment of the Petitioners' diagnosed [redacted] condition, citing the American Academy of Child and Adolescent Psychiatry, the American Medical Association, and the American Academy on Pediatrics as the relevant medical community that establishes standards for the treatment of [redacted]. Dr. Darling testified that the replacement behaviors including [redacted], [redacted], [redacted], [redacted], [redacted], and [redacted], are not recognized by the established Florida behavior analysis practice guidelines for the treatment [redacted], and are typically referred to as "[redacted]" applicable to those diagnosed with [redacted] or very young children diagnosed with [redacted], but not a [redacted] diagnosed with [redacted] like the Petitioner. *See Replacement Behaviors at* Petitioner's Composite Exhibit 1, pages 56-63. Dr. Darling testified these replacement behaviors

are good skills to have but that they are not recognized as generally accepted medical standard applicable for the treatment of [redacted] and can be taught by a less costly method from someone other than a behavior analyst.

10. Dr. Darling testified that recognized Florida practice guidelines provide a ratio of oversight of an assistant behavior analyst by a lead behavior analyst that for every ten (10) hours of one-on-one therapy by an assistant behavior analyst, there should be two (2) hours of oversight by a lead behavior analyst, for a ratio of twenty percent (20%). Dr. Darling stated the oversight ratio of the units requested in the Petitioner's Treatment Plan is approximately [redacted] and that when the replacement behaviors unrelated to [redacted] are removed from consideration, and the units of code 97153 are adjusted down by 832 units, the oversight ratio becomes closer to the twenty percent (20%) ratio of oversight.

11. [redacted], the Petitioner's [redacted], testified that the Petitioner is progressing well with the BA therapy and believes that reversing the denial of the eight (8) hours per week will extend [redacted] progress. [redacted] testified that the ultimate goal for [redacted] is to extend [redacted] progress to enable [redacted] to be integrated back into public school, versus the home schooling [redacted] is currently undergoing.

12. [redacted], testified that the severity of the Petitioner's [redacted] resulted in [redacted] removal from public school so [redacted] is now home schooled. [redacted] testified that the Petitioner has progressed well with the currently approved seventeen (17) hours of one-on-one BA therapy services (code 971550), and with the addition of the eight (8) hours that were previously denied, [redacted] will make even greater progress that will enable [redacted] to resume public school. [redacted] testified that the Petitioners of diagnosis of [redacted] is a preliminary diagnosis, is not precise, acknowledged that

some of the replacement behaviors included in the Treatment Plan are outside the recognized therapies for the treatment of [redacted]. [redacted] further testified [redacted] would like the opportunity to comprehensively diagnosis the Petitioner and that based on the on [redacted] training and experience as a BCBA and a psychologist, [redacted] believes the Petitioner's conditions extend beyond [redacted], justifying the rejected replacement behaviors and the eight (8) denied hours of on-on-one therapy. Finally, [redacted] testified that the Petitioner will benefit from BA therapy services that includes the replacement behaviors the Respondent claims are not recognized for the treatment of [redacted].

CONCLUSIONS OF LAW

13. 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).

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

15. The burden of proof in this proceeding is governed by Fla. Admin. Code R. 59G-1.100(17)(g), which provides as follows:

> The burden of proof is on the party asserting the affirmative of an issue, except as otherwise required by statute. The burden of proof is on the Agency or plan, whichever is applicable, when the issue presented is the suspension, reduction, or termination of a previously authorized service. The burden of proof is on the recipient or enrollee when the issue presented is the denial or a limited authorization of a service. The party with the burden of proof shall establish its position to the satisfaction of the Hearing Officer by a preponderance of the evidence.

16. Because the Respondent limited the authorization of a newly requested service, Fla. Admin. Code R. 59-1.100(17)(g) assigns the burden of proof to the Petitioner to establish by a

preponderance of the evidence that the decision by the Respondent to reduce the requested hours of BA therapy services under code 97153 in the initial Treatment Plan was incorrect. The preponderance of the evidence standard requires proof by "the greater weight of the evidence" (Black's Law Dictionary at 1201, 7th Ed.).

17. 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).

18. 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.

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

20. Section 409.905(2), Florida Statutes, limits EPSDT services with a medical necessity standard:

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

21. The Florida Medicaid Definitions Policy, incorporated by reference in Fla. Admin. Code R. 59G-1.010, defines "Medically Necessary" or "Medical Necessity" as follows:

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

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

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.

Respondent's Composite Exhibit 2 at page 23.

22. The BA Policy, incorporated by reference in Fla. Admin. Code. R. 59G-4.125, governs BA services available under Florida Medicaid. The BA Policy provides as follows:

1.0 Introduction
Behavior analysis (BA) services are highly structured interventions, strategies, and approaches provided to decrease maladaptive behaviors and increase or reinforce appropriate behaviors.
. . .
4.0 Coverage Information
4.1 General Criteria
Florida Medicaid covers services that meet all of the following:

- Are determined medically necessary
- Do no duplicate another
- Meet the criteria as specified in this policy

Respondent's Composite Exhibit 2 at page 40 and 42.

23. 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. Provider 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 than an adequate behavior plan can be implemented. This (re)assessment **MUST** include, at a minimum, **ALL** of the following:
c. A behavior plan authored or updated by a lead analyst. The behavior plan is the cornerstone of the delivery of behavior analysis services and it is based on the information obtained in the assessment. It proposes specific interventions to reduce or eliminate the maladaptive behavior. These interventions take into consideration the variables, both present before the behavior, as well as after the behavior, that influence the occurrence of the maladaptive behavior(s). This plan also includes replacement appropriate behaviors for the recipient to engage in

instead of the maladaptive behaviors in order to obtain the same function. The plan must be detailed enough to warrant the requested services and include mechanisms to monitor its effectiveness. This **MUST** include, at a minimum, **ALL** of the following:

i. Observable and measurable descriptions of the maladaptive behavior(s)
ii. Identified function of the maladaptive behavior(s) behavior as a result of the assessment or reassessment conducted
iii. Goals and strategies for changing the maladaptive behavior(s)
iv. Written detailed description of when, where, and how often these goals will be addressed and proposed strategies will be implemented
v. System for monitoring and evaluating the effectiveness of the plan
vi. Safety and crisis plan, if applicable
vii. Summary and recommendations
viii. Discharge criteria
ix. Transition plan (if applicable)

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

. . .

See Respondent's Composite Exhibit 2 at pages 45-46.

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

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

3.2 Review Process

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

Respondent's Composite Exhibit 2 at page 33.

25. In this case, Respondent denied 832 units of the 2,600 units of code 97153 that was requested by Petitioner. The NOO and NRD explained that Petitioner's request did not meet medical necessity as the treatment plan was not "[i]ndividualized, specific, and consistent with symptoms or confirmed diagnosis of the illness under treatment, and not in excess of the patient's needs." *See* supra ¶ ¶ 4 and 5. In addition, Dr. Darling testified that the Treatment Plan for BA services submitted on behalf of the Petitioner was not consistent with generally accepted professional medical standards as determined by the Medicaid program, and not reflective of the level of service that can be safely furnished, and for which no equally effective and more conservative or less costly treatment available statewide. *See* supra ¶ 8.

26. As provided in the BA policy (Appendix 9.0, section (a)), and the EPSDT requirements, the recipient must meet the meet the medical necessity criteria as outlined in Fla. Admin. Code R. 59G-1.010. Three of the five components of medical necessity are that the services must "be individualized, specific, and consistent with symptoms or confirmed diagnosis of the illness under treatment, and not in excess of the patient's needs.", "be consistent with generally accepted professional medical standards as determined by the Medicaid program …" and "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". *See* supra ¶ ¶ 20, 21, and 22. As outlined above, Dr. Darling provided credible and persuasive testimony identifying several instances where the Treatment Plan did not follow generally accepted medical standards of BA,

is not individualized, specific, and consistent with symptoms or confirmed diagnosis, and 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. More specifically, those aspects of the Petitioner's Treatment Plan that are related to "[redacted]" and the replacement behaviors of [redacted], [redacted], [redacted], [redacted], [redacted], and [redacted], are not recognized by the established Florida practice guidelines for the treatment [redacted], and can be taught by someone other than a BA analyst at less cost. *See* supra ¶ ¶ 20, 21, and 22.

27. Thus, Respondent demonstrated that, based on the information in the record, the requested BA services are not "consistent with generally accepted professional medical standards as determined by the Medicaid program", not "individualized, specific, and consistent with symptoms or confirmed diagnosis of the illness under treatment", and not "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". *See* supra ¶ 9.

28. Accordingly, the Petitioner has not demonstrated by a preponderance of the evidence that 832 units of the requested 2,600 units of BA services under code 97153 included in the initial Treatment Plan by [redacted]., are consistent with generally accepted professional medical standards as determined by the Medicaid program for the treatment of [redacted] in a [redacted], are individualized, specific, and consistent with symptoms or confirmed diagnosis of the illness under treatment, and are 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.

29. Upon consideration of the testimony provided, evidence submitted, and applicable policies, the undersigned concludes that Petitioner has not proved by a preponderance of the evidence that the denied that 832 units of the requested 2,600 units of BA services under code 97153 included in the initial Treatment Plan by [redacted]., are medically necessary. Looking at all the evidence relevant to the particular needs of Petitioner, Respondent has demonstrated that the 832 units of the requested 2,600 units of BA services under code 97153 included in the initial Treatment Plan by [redacted]., are not necessary to correct or ameliorate the Petitioner's defect or a physical and mental illness or condition, namely the diagnosed [redacted]. Accordingly, Petitioner did not prove by a preponderance of the evidence that Respondent's denial of ABA services was incorrect.

DECISION

Respondent's denial of the 832 units of the requested 2,600 units of BA services under code 97153 included in the initial Treatment Plan by [redacted]., is **AFFIRMED**. Petitioner's appeal based on Respondent's denial of 832 units of the requested 2,600 units of BA services under code 97153 included in the initial Treatment Plan by [redacted]., is **DENIED**.

DONE and **ORDERED** this 17th day of November 2023, in Tallahassee, Leon County, Florida.

ALAN LEIFER, 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