



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

FILED

Jan 25, 2024, 8:36 am

OFFICE OF FAIR HEARINGS
AHCA Case No.: 23-FH2440

[REDACTED]

PETITIONER,

vs.

AGENCY FOR HEALTH CARE
ADMINISTRATION,

RESPONDENT.

_____ /

FINAL ORDER

Pursuant to notice, the undersigned convened a telephonic Fair Hearing on the instant case on December 5, 2023, at 9:06 a.m. Eastern Standard Time (“EST”).

APPEARANCES

For the Petitioner:

[REDACTED]

Petitioner’s Authorized Representative

For the Respondent:

Marielisa Amador
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 Applied Behavior Analysis (“ABA” or “BA”) services was correct.

PRELIMINARY STATEMENT

All parties and witnesses appeared telephonically. Petitioner’s Authorized Representative and Board-Certified Behavior Analyst (“BCBA”), [REDACTED] (“[REDACTED]”), appeared on behalf of

Petitioner. [REDACTED] (“[REDACTED]”), [REDACTED] of Petitioner, attended as a witness for Petitioner.

Marielisa Amador (“Ms. Amador”), Medical/Health Care Program Analyst for the Agency for Health Care Administration (“Agency” or “AHCA”), appeared on behalf of Respondent. Dr. Joseph Darling (“Dr. Darling”), Board-Certified Behavior Analyst at the doctoral level (“BCBA-D”) and Second Level Reviewer for eQHealth Solutions Inc. (“eQHealth”), appeared as a witness for Respondent.

Petitioner did not introduce any exhibits at the hearing. Prior to the hearing, Respondent sent to the Office of Fair Hearings and Petitioner a one-hundred and ninety-four (194)-page evidence packet and a forty-nine (49)-page evidence packet. The one-hundred and ninety-four (194)-page evidence packet appears in the Office of Fair Hearings’ document management system as the file titles “[REDACTED] FH 12.05.2023 1-98.pdf”, “[REDACTED] FH 12.05.2023 99-164.pdf”, and “[REDACTED] FH 12.05.2023 165-194.pdf”. The forty-nine (49)-page evidence packet appears in the Office of Fair Hearings’ document management system as the file title “23-FH2440 AHCA Evidence.pdf”. Absent an objection from the Petitioner, the undersigned admitted the one-hundred and ninety-four (194)-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.

are not covered under the behavior analysis service coverage policy. 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 25 – 26 of RCE 1.

5. Petitioner requested reconsideration of the Respondent’s decision. In a Notice of Reconsideration Determination (“NRD”), dated September 28, 2023, Respondent upheld its decision. *Id.* at 37. 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 37 – 38 of RCE 1.

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

7. Dr. Darling is a Board Certified Behavior Analyst at the doctoral level. Dr. Darling testified to the following at the Fair Hearing:

- a. Three (3) experienced Board Certified Behavior Analysts reviewed the treatment plan. The pend response information submitted at reconsideration addressed most of the issues mentioned by the first [REDACTED] analysts, and these issues were not considered during reconsideration and did not contribute to the denial. The third reviewer did not see sufficient progress regarding the decrease of maladaptive behaviors, nor sufficient procedural modification during the authorization to significantly reduce maladaptive behaviors. Petitioner has participated in behavior analysis therapy for [REDACTED] years. The treatment plan was denied primarily due to a lack of progress regarding the maladaptive behaviors and the lack of sufficient procedural modification after [REDACTED] years of treatment.
- b. The Behavior Analysis Certification Board and the Association for Professional Behavior Analysts developed the ABA practice guidelines for effective treatment plans. The reviewers used reliable scientific evidence published in literature, ABA practice guidelines, and the medical necessity criteria to determine whether the treatment plan met standards of care.

- c. In ABA, visual analysis of graphed behavior is the standard for determining effective treatment. At baseline, [REDACTED] occurred about [REDACTED] times per day. *Id.* at 150. The behavior occurs between [REDACTED] times per day, indicating a lack of control over the behavior after [REDACTED] years of treatment. *Id.* The behavior is not trending downwards, indicating ineffective treatment, as the behavior appears to have increased toward the end of the authorization. *Id.* The behavior of [REDACTED] occurs between [REDACTED] times per day, with no clear direction or decrease in the behavior. *Id.* [REDACTED] exhibits the same pattern. *Id.* For each of these behaviors over [REDACTED] months, there is no decreasing pattern, nor are there changes in procedures noted in the graph to help Petitioner decrease the maladaptive behaviors. *Id.* These behaviors should not be placed on the same graph. *Id.* The targeted behaviors are occurring at a variable rate, with very little difference from baseline. *Id.* at 151. Some behaviors are occurring more than they did at the onset of treatment. *Id.* at 152. [REDACTED] behavior does not show much change over the course of treatment. *Id.* at 153. The behavior of [REDACTED] is labeled as baseline, meaning there has been no treatment. *Id.* at 154.
- d. [REDACTED] is in baseline from [REDACTED], and it is unclear why the behavior remained in baseline for so long given the variability of the behavior. *Id.* at 155. Treatment was not introduced until [REDACTED]. *Id.* at 155-157. All replacement behaviors appear to have been in baseline for [REDACTED] months according to the graphs. *Id.* The length of time spent monitoring behaviors in

baseline without administering treatment does not represent effective treatment, based on standards of care within ABA. *Id.* at 155-157. The replacement behaviors show slow progress. *Id.* The three (3) reviewers of the plan did not see progress, nor critical intervention or changes to treatment from the provider that would indicate effective treatment.

- e. The standards of applied behavior analysis set forth by the relevant medical communities determine whether progress has been made. Progress cannot be seen in the submitted graphs. The graphs are incorrectly labeled, the reviewers must guess as to the timeframes, and what is labeled baseline is not truly baseline, according to Petitioner's testimony. As such, none of the information is accurate. There is no clear improvement in the reduction of maladaptive behaviors or the increase of adaptive behaviors. It is unclear whether the progression on the ABLLS assessment can be attributed to BA therapy, as the ABLLS skills are not addressed in the treatment plan. Progression may be attributed to teaching at home or school. The graphs do not meet the standards of applied behavior analysis, and the plan does not represent the progress effective ABA services can produce.
8. [REDACTED] is a Board Certified Behavior Analyst. [REDACTED] testified to the following at the Fair Hearing:
- a. [REDACTED] testified that no behavior procedures in the plan teach Petitioner calming and coping skills, such as breathing techniques. [REDACTED] testified that the behavior plan does not contain, and never has contained, any punishment procedures. [REDACTED] stated the baseline data were collected when Petitioner

The [REDACTED] data represent treatment, not half baseline data and half treatment data. *Id.* at 153. The behavior is decreasing in duration. *Id.* [REDACTED] has decreased. *Id.* [REDACTED] is variable, but the high frequency days are lower, indicating progress. *Id.* [REDACTED] is under treatment and does not represent baseline data. *Id.* at 154. There are three (3) consecutive days of [REDACTED] frequency. *Id.* [REDACTED] shows variability and an overall decrease. *Id.* at 155.

d. The [REDACTED] data represent treatment, not baseline. *Id.* at 155. This behavior shows progress from [REDACTED] *Id.* [REDACTED] began at [REDACTED] and Petitioner has achieved a data point of [REDACTED] *Id.* [REDACTED] is variable. *Id.* [REDACTED] shows an increasing trend. *Id.* The behaviors of [REDACTED], [REDACTED], [REDACTED], and [REDACTED] are not in baseline. *Id.* at 156. All behaviors are under treatment and show an increase. *Id.* [REDACTED] is variable. *Id.* The behavior of [REDACTED] shows an increase. *Id.* [REDACTED] is variable but has improved. *Id.* The behaviors of [REDACTED], [REDACTED], and [REDACTED] show increases. *Id.* at 157. Petitioner's response to name has increased. *Id.* Overall, all goals are progressing. *Id.* at 158. The plan contains several modifications. *Id.* at 165, 166. Petitioner is making great progress according to the data and the ABLLS assessment.

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

a. [REDACTED] stated [REDACTED] would like Petitioner to continue services.

CONCLUSIONS OF LAW

10. 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).

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

12. 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.)

13. 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.

14. 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

15. 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.

16. 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.

17. 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.

18. 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.

19. In the instant case, Respondent terminated Petitioner’s ABA services. *See* ¶ 3. In the NOO dated June 26, 2023, Respondent explained that continuing services at the prior level was not medically necessary, specifically, that it did not meet the requirements that 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,” as well as “consistent with generally accepted professional medical standards as determined by the Medicaid program, and not experimental or investigational.” *Id.* Respondent further explained that “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.” *Id.*

20. 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, two components of medical necessity are that 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,” as well as “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 behaviors exhibit variable trends. See ¶¶ 7, 8. Dr. Darling and [REDACTED] each testified to the data’s variability, with Dr. Darling asserting that several maladaptive behaviors do not demonstrate a decreasing pattern over the authorization’s [REDACTED] months of treatment. See ¶ 7. Dr. Darling also stated the plan lacks changes in procedures noted on the graphs in response to the lack of progress. *Id.* [REDACTED] testified that the behaviors do exhibit progress, as well as that [REDACTED] believes in staying true to procedure. See ¶ 8. However, the third experienced BCBA to review the treatment plan, in accordance with medical necessity criteria, literature within the field of ABA, and the standards of the field established by the relevant medical associations, determined that there had not been enough progress nor sufficient intervention after [REDACTED] years of treatment, according to these professional standards. See ¶ 7. Furthermore, the treatment plan’s graphs label as baseline data information that is not baseline data. See ¶¶ 7, 8. Visual interpretation of the graphs is the standard for determining effective treatment in ABA. See ¶ 7. Dr. Darling asserted that this falls below the standards of applied behavior analysis. *Id.* As the plan lacked sufficient procedural modification during the authorization to significantly reduce maladaptive behaviors, in accordance with professional standards of care within ABA, the treatment plan is not “individualized, specific, and consistent” with Petitioner’s treatment needs. Furthermore, as the lack of progress and the incorrect graphs do not meet the standards of applied behavior analysis, the treatment plan is

not “consistent with generally accepted professional medical standards.” As such, Respondent demonstrated that it was not medically necessary to continue services with the current provider.


21. 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 ¶ 18. As discussed, *supra* ¶ 20, Petitioner has not made sufficient progress in reducing her maladaptive behaviors, nor has the provider implemented sufficient intervention, in accordance with ABA standards. Here, the insufficiencies of the treatment plan and the below-standard progress are well documented.

22. 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 25th day of January 2024, 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
MedicaidHearingUnit@ahca.myflorida.com**