



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

FILED

Dec 22, 2023, 9:32 am

OFFICE OF FAIR HEARINGS

[REDACTED]

PETITIONER,

AHCA Case No.: 23-FH2445

vs.

AGENCY FOR HEALTH CARE
ADMINISTRATION,

RESPONDENT.

_____ /

FINAL ORDER

Pursuant to notice, the undersigned convened a telephonic Fair Hearing on the instant case on November 29, 2023, at 9:17 a.m. Eastern Standard Time (“EST”).

APPEARANCES

For the Petitioner:

[REDACTED]

Petitioner’s Authorized Representative

For the Respondent:

Sandra Durden
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 reduce Petitioner’s Behavior Analysis (“BA” or “ABA”) services of code 97153 by 1,040 units was correct.

PRELIMINARY STATEMENT

All parties and witnesses appeared telephonically. Petitioner’s Authorized Representative and [REDACTED], [REDACTED] (“[REDACTED]”), appeared on behalf of Petitioner.

Sandra Durden (“Ms. Durden”), 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 and Second Level Reviewer for eQHealth Solutions Inc. (“eQHealth”), appeared as a witness for Respondent.

Roscio, interpreter number 388959, Alan interpreter number 383828, and Omar, interpreter number 363258, from Language Line Solutions appeared to offer translation services for the Petitioner.

Petitioner did not introduce any exhibits at the hearing. Prior to the hearing, Respondent sent to the Office of Fair Hearings and Petitioner a three-hundred and twenty-six (326)-page evidence packet and a forty-nine (49)-page evidence packet. The three-hundred and twenty-six (326)-page evidence packet appears in the Office of Fair Hearings’ document management system as the file titles “[REDACTED] FH 11.29.2023 1-153.pdf”, “[REDACTED] FH 11.29.2023 154-314.pdf”, and “[REDACTED] FH 11.29.2023 315-326.pdf”. The forty-nine (49)-page evidence packet appears in the Office of Fair Hearings’ document management system as the file title “23-FH2445 AHCA Evidence Pkt.pdf”. Absent an objection from the Petitioner, the undersigned admitted the three-hundred and twenty-six (326)-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. See page 22 of RCE 1. eQHealth is a Quality Improvement Organization contracted by the Agency to review prior authorization requests for services. See page 2 of RCE 2.

2. Petitioner is [REDACTED]. See page 22 of RCE 1. Petitioner is diagnosed with the following: [REDACTED], [REDACTED], [REDACTED], [REDACTED], [REDACTED], and [REDACTED]. *Id.* According to the Behavior Analyst Reassessment, dated September 8, 2023, (“Treatment Plan”) Petitioner engages in the following maladaptive behaviors: [REDACTED], [REDACTED], [REDACTED], [REDACTED], [REDACTED], [REDACTED], [REDACTED], [REDACTED], [REDACTED], [REDACTED], [REDACTED]. *Id.* at 254-255.

3. Petitioner requested continuation of BA services; specifically, 3,120 units of code 97153; 208 units of code 97155; and 208 units of code 97156. *Id.* at 25-26. In a Notice of Outcome (“NOO”), dated September 22, 2023, Respondent terminated Petitioner’s ABA services. *Id.* at 29.

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 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.

The NOO further provided:

PR Clinical Rationale – Denial: According to (the Florida Behavior Analysis Services Coverage Policy, page 6, 9.2.i), the behavioral definitions must be clear, complete, objective and free of unobservable intentional states. The behaviors should have clear boundaries, definite on-sets and off-sets, should not overlap with other target behaviors definitions, and not be a listing of behaviors that the recipient does not engaging in. The behavior definitions in this treatment plan do not conform to generally accepted standards of care within the field of applied behavior analysis. Additionally, [t]he information submitted does not meet standards of care within the field of behavior analysis. According to the Florida Medicaid State Plan (Appendix 9.2.c), assessment results must be present in the plan. The provider has included baseline data and graphs for skill acquisition goals and maladaptive behaviors that were based on parent report(pg 8) , extrapolated

average and/or sourced from indirect interview; and were not directly observed or measured by the lead analyst as standards of care within the field of behavior analysis. Further, there are caregiver goals that are not clinically appropriate nor meet medical necessity. This request is denied.

...

Pages 29 – 30 of RCE 1.

4. Petitioner requested reconsideration of the Respondent's decision. In a Notice of Reconsideration Determination ("NRD"), dated September 29, 2023, Respondent reversed their decision with regard to codes 97155 and 97156 and modified its decision with regard to code 97153. *Id.* at 41 – 42. Petitioner requested continuation of BA services; specifically, 3,120 units of code 97153; 208 units of code 97155; and 208 units of code 97156. *Id.* Respondent approved 2,080 units of code 97153; 208 units of code 97155; and 208 units of 97156 but denied the remaining units of code 97153. *Id.* The NRD explained the basis for the decision 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 NRD further provided:

PR Recon Determination: At reconsideration, all documents were carefully reviewed. The provider submitted 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. The current request is in excess of medically necessary BA services, but BA services are approved at a lower level than requested.

...

Pages 41 – 42 of RCE 1.

5. On September 29, 2023, Petitioner requested a Fair Hearing to challenge the reduction of ABA services. *Id.* at 8. On October 10, 2023, the undersigned issued an Order Scheduling Fair Hearing by Telephone and Prehearing Instructions, setting the hearing for November 29, 2023, at 9:00 a.m. EST. *Id.*

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

- a. The Treatment Plan did not meet the medical necessity criteria that services be consistent with symptoms of the confirmed diagnosis under treatment and not in excess of the patient's needs. The Treatment Plan also did not meet the criteria that services be consistent with generally accepted professional medical standards. Three (3) experienced Board-Certified Behavior Analysts reviewed the plan to determine the number of hours required to effectively implement the submitted Treatment Plan. *Id.* at 24-25. Based on the years of therapy, Petitioner's diagnoses, and the research regarding effective therapy, the requested amount of thirty-four (34) hours per week is excessive and inconsistent with the symptoms of Petitioner's diagnosis.
- b. Furthermore, the Treatment Plan contained errors, did not clearly define or identify maladaptive behaviors to be reduced. The plan was sent back to the provider for revision to correct the behavioral definitions and to provide support for the excessive amount of treatment requested. The second Treatment Plan submitted was denied upon a second review by a Board-Certified Behavior Analyst at the doctoral level, as the plan still did not meet generally accepted standards of

ABA. The definitions for maladaptive behaviors were not appropriate and did not meet ABA standards. Further, data graphs for maladaptive behaviors and skill acquisition were based on parent reports, extrapolated average data, or sourced from indirect interviews rather than the direct observations or measurements of the lead analyst who authored the Treatment Plan. Additionally, there were clinically inappropriate caregiver goals that did not meet medical necessity standards. The provider submitted a third plan with revisions, and the third reviewing Behavior Analyst determined that the treatment could be effectively delivered with the reduced authorized hours.

- c. The reviewers of the plan looked to the standards from relevant medical communities and specialty associations to determine the hours needed to effectively implement this Treatment Plan. The decision is not based on opinion. ABA has fifty (50) years of scientific research and practice guidelines which have been developed based on scientific literature. Standards have been developed for effective ABA treatment plans. There are also practice guidelines for treating Petitioner's particular diagnoses set forth by The American Medical Association, The American Academy of Child and Adolescent Psychiatry, and The American Academy of Pediatrics. There are many other therapies that research indicates are equally effective as, more conservative than, or more effective than ABA for Petitioner.
- d. The Treatment Plan is designed to reduce eight (8) maladaptive behaviors. The tracking data in the Treatment Plan determines whether the plan is effective in

reducing maladaptive behaviors. After [REDACTED] years of ABA therapy, the weekly frequencies for these behaviors range from [REDACTED]. See page 262 of RCE 1. This indicates that ABA might not be the appropriate treatment modality for Petitioner. There are also eighteen (18) replacement behaviors identified in the plan. *Id.* at 306. A revised Treatment Plan was provided on reconsideration. The third reviewer considered the maladaptive and replacement behaviors to determine the hours of therapy needed to implement the plan.

- e. Research in ABA states that short term objectives should be reached in three (3) to five (5) sessions or days. The short-term objectives outlined in this Treatment Plan are designed to increase by [REDACTED] over three (3) months. *Id.* at 312. This is very slow progress. The approved twenty (20) hours are sufficient to implement the Treatment Plan as written, given the review by three (3) experienced Behavior Analysts and the ABA practice guidelines. Petitioner will not gain any additional benefit from the additional hours of therapy requested.

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

Fair Hearing:

- a. [REDACTED] stated [REDACTED] was happy with the therapy.
- b. [REDACTED] believes therapy was improving Petitioner's behaviors.
- c. [REDACTED] believes the reduction in hours has affected Petitioner, and that twenty (20) hours is not enough.

CONCLUSIONS OF LAW

8. 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).

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

10. Because Respondent reduced 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.)

11. 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.

12. 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

13. 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.

14. 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.

15. 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.

16. 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.

17. In the instant case, Respondent reduced Petitioner’s ABA services. See ¶ 4. In the NRD dated September 29, 2023, Respondent explained that continuing services at the prior level was not medically necessary, specifically, that it did not meet the requirement that services must be “individualized, specific, and consistent with symptoms or confirmed diagnosis of the illness under treatment, and not in excess of the patient’s needs.” *Id.* Respondent further explained that “although the recipient is engaging in topographies of maladaptive behaviors, the frequency and intensity of the maladaptive do not support the request for services. The current request is in excess of medically necessary BA services, but BA services are approved at a lower level than requested.” *Id.*

18. As provided by the EPSDT requirements, the recipient must meet the medical necessity criteria as outlined in Fla. Admin. Code R. 59G-1.010. As provided in section 2.83 of the Definitions Policy, a component of medical necessity is that services must be “individualized, specific, and consistent with symptoms or confirmed diagnosis of the illness under treatment, and not in excess of the patient’s needs.” As shown by the record, the reviewers of the Treatment Plan

consulted the standards from relevant medical communities and specialty associations to determine the hours needed to effectively implement this Treatment Plan. *See* ¶ 6. Three (3) Board Certified Behavior Analysts reviewed the Treatment Plan, and based on the years of services, Petitioner’s diagnoses, and the research regarding effective therapy, the requested hours were deemed excessive. *Id.* In accordance with the standards of ABA and established literature, it was determined by the reviewers that the submitted Treatment Plan could be successfully implemented with the approved hours of service. *Id.* Furthermore, Dr. Darling asserted that there are therapies, established by the relevant medical communities, apart from ABA that may be more effective for treating Petitioner’s diagnoses, as the frequencies of Petitioner’s behaviors range from [REDACTED] weekly occurrences after [REDACTED] years of therapy. *Id.*

19. Dr. Darling also explained that the Treatment Plan is designed to facilitate very slow progress, contrary to standards of care in the field of ABA. *Id.* As the Treatment Plan’s schedule for progression does not align with these standards in the field of ABA, the Treatment Plan is not “consistent with generally accepted professional medical standards.” Furthermore, as experienced behavior analysts in the field of ABA determined that the Treatment Plan can be effectively implemented with twenty (20) hours of services per week, the requested units were “in excess of the patient’s needs.” As such, Respondent demonstrated that it was not medically necessary to continue services at the previous level. Therefore, the level of services requested are not “individualized, specific, and consistent with symptoms or confirmed diagnosis of the illness under treatment, and not in excess of the patient’s needs.” *See* ¶ 18.

20. As QIO for the Agency, eQHealth is authorized to reduce services when “the reviewing physician determines the recipient will not gain any additional benefit by continuing services at the current level.” See ¶ 16. The Treatment Plan was reviewed by three (3) experienced Board-Certified Behavior Analysts and compared with the standards of applied behavior analysis and the relevant medical communities, and it was determined that the Treatment Plan could be effectively administered with the reduced hours. See ¶ 18. Here, Petitioner will not gain any additional benefit from receiving a higher number of therapy hours per week, and the request was in excess of Petitioner’s needs.

21. Upon consideration of the testimony provided, evidence submitted, and applicable polices, the undersigned concludes that Respondent proved by a preponderance of the evidence that the reduction of ABA services was warranted. Looking at all the evidence relevant to the particular needs of Petitioner, Respondent has demonstrated that the previous level and amount of 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 reduction of ABA services was correct.

IT IS HEREBY ORDERED AND ADJUDGED THAT:

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

DONE and **ORDERED** this 22nd day of December, 2023, in Tallahassee, Leon County, Florida.

Lynne Ringers

Lynne Ringers

23-FH2445

2023.12.22

08:37:50 -05'00'

LYNNE RINGERS, 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