



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

FILED
Feb 21, 2024, 12:42 pm
OFFICE OF FAIR HEARINGS

[REDACTED]

PETITIONER,

AHCA Case No.: 23-FH2950

vs.

**AGENCY FOR HEALTH CARE
ADMINISTRATION,**

RESPONDENT.

_____ /

FINAL ORDER

Pursuant to notice, the undersigned convened a telephonic Fair Hearing on the instant case on January 18, 2024, at 10:30 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 terminate Petitioner’s Behavior Analysis (“BA” or “ABA”) services was correct.

PRELIMINARY STATEMENT

All parties and witnesses appeared telephonically. Petitioner’s Authorized Representative [REDACTED] (“[REDACTED]”), Behavior Analyst with [REDACTED], appeared on behalf of Petitioner. [REDACTED] (“[REDACTED]”), [REDACTED] of Petitioner, appeared as a witness.

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. Alyssa Conway (“Dr. Conway”), Board Certified Behavior Analyst at the Doctoral level for eQHealth Solutions Inc. (“eQHealth”), appeared as a witness for Respondent.

Maria, Interpreter number 385841, from Language Line Solutions appeared to provide Spanish translation services for 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 one-hundred and seventy (170)-page evidence packet and a forty-nine (49)-page evidence packet. The one-hundred and seventy (170)-page evidence packet appears in the Office of Fair Hearings’ Document Management System as the file titles “[REDACTED] FH 1.18.2024 1-91.pdf”; “[REDACTED] FH 1.18.2024 92-146.pdf”; and “[REDACTED] FH 1.18.2024 147-170.pdf.” The forty-nine (49)-page evidence packet appears in the Office of Fair Hearings’ document management system as the file title “23-FH2950 AHCA EVIDENCE PKTS.pdf.” Absent an objection from the Petitioner, the undersigned admitted the one-hundred and seventy (170)-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.

2. Petitioner is [REDACTED]. See page 21 of RCE 1. Petitioner is diagnosed with [REDACTED] [REDACTED] *Id.* Petitioner has participated in BA services with the current provider, [REDACTED] [REDACTED], since [REDACTED]. *Id.* at 21.

3. The Behavioral Analysis Re-assessment (“treatment plan” or “behavior plan”) dated October 7, 2023, identified the following maladaptive behaviors: [REDACTED], [REDACTED], [REDACTED], [REDACTED] and [REDACTED]. *Id.* at 55.

4. 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 28. In a Notice of Outcome (“NOO”), dated November 3, 2023, Respondent terminated Petitioner’s ABA services. The NOO explained the basis for the termination as follows:

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

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

The NOO further provided:

PR Clinical Rationale – Denial: According to the Florida Medicaid State Plan (page 8, 6.2.3), 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 or the proposed changes have little chance at improving behavior. The information submitted does not meet standards of care within the field of behavior analysis. This request is denied.

...

Id. at 28-29.

5. Petitioner requested reconsideration of the Respondent's decision. In a Notice of Reconsideration Determination ("NRD"), dated November 20, 2023, Respondent upheld its decision. *Id.* at 40. 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 (page 8, 6.2.3), 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 or the proposed changes have little chance at improving behavior. The information submitted does not meet standards of care within the field of behavior analysis. The provider submitted additional documents including data in graphs that are not consistent with data that are typically reported in behavior analytic treatment. Many of the graphs for maladaptive behavior and skill acquisition show the same

general pattern, level, and trend in the data. These data do not appear to have been accurately reported or observed and measured according to standards of care within the field of behavior analysis. This denial is upheld.

Id. at 40-41.

6. On November 17, 2023, Petitioner requested a Fair Hearing to challenge the termination of ABA services. *Id.* at 8. On December 7, 2023, the undersigned issued an Order Scheduling Fair Hearing by Telephone and Prehearing Instructions, setting the hearing for January 18, 2024, at 10:30 a.m. EST. *Id.*

7. Dr. Conway is a Board-Certified Behavior Analyst at the doctoral level for eQHealth. Dr. Conway testified to the following at the Fair Hearing:

- a. eQHealth reviews behavior analysis cases to ensure that providers are giving quality care consistent with the standards enumerated in the BA Policy as well as professional medical standards of applied behavior analysis (“ABA”). eQHealth reviewed the Treatment Plan submitted in this case to determine whether all five (5) conditions of medical necessity are met.
- b. Petitioner’s services were terminated because the treatment plan is not consistent with generally accepted professional medical standards as determined by the Medicaid program.
- c. The treatment plan does not show evidence that the frequency of Petitioner’s maladaptive behaviors has decreased and does not show that there was a modification or intervention to address Petitioner’s lack of progress. The provider had an opportunity to provide the necessary information upon request of eQHealth and on reconsideration but failed to do so. Dr. Conway asserted that the

data graphs show that there has been no improvement for over [REDACTED] on maladaptive behaviors and replacement behaviors with no interventions to address the lack of progress. Therefore, according to Dr. Conway, the treatment plan does not meet standards of care in ABA and is not effective.

- d. An effective treatment plan is built around maladaptive behaviors (which decrease in frequency) and skills to be acquired (which increase in frequency) over the course of treatment. The effectiveness of a treatment plan is determined by reference to data, which is visually depicted in graphs showing a recipient's progress through treatment. Further, standards of care in ABA require an intervention or modification of the treatment plan if there is no progress after 3-6 weeks of treatment. An intervention is shown by a vertical line on the data graph marking its start point so that progress can be evaluated.
- e. Referring to the data graphs in Petitioner's most recently submitted treatment plan, Dr. Conway established that none of Petitioner's maladaptive behaviors have improved, and the provider has not implemented any interventions to address the lack of progress. Dr. Conway asserted that the data graphs for Petitioner's replacement behaviors show that every behavior targeted for improvement has remained the same or become worse, and no intervention was made to change Petitioner's trajectory. Dr. Conway testified that it is the responsibility of the provider to make modifications to the treatment plan to ensure that progress is made throughout the course of treatment.

- f. Regarding the data graphs, from [REDACTED] to October 2023, the behavior data is highly variable and appears to be logged daily rather than weekly. Despite these inconsistencies, October 2023 data is still at or above the [REDACTED] data level. The treatment plan data graphs for maladaptive behaviors vary in time and it is unclear for many of the graphs if the initial baseline measurement was a weekly or daily measurement.
- g. The graphs show the following regarding the progression of the treatment plan for the authorization period October 25, 2022, to October 26, 2023:
- i. Incidents of [REDACTED] were at baseline of [REDACTED] per week. The short-term objective of reducing these incidents to below [REDACTED] week has not been met as the incidents are still at or above baseline levels. *Id.* at 60.
 - ii. Incidents of [REDACTED] showed a baseline [REDACTED] and have increased or remained the same from approximately [REDACTED] times per day. *Id.* at 60-61.
 - iii. Incidents of [REDACTED] show a baseline [REDACTED] and have increased to [REDACTED] incidents per day. The behavior has increased or not improved throughout the authorization period. *Id.* at 62-63.
 - iv. For [REDACTED], the baseline is [REDACTED] per week. The data shows current level at [REDACTED] per day by the end of the authorization period with no change in levels since [REDACTED]. *Id.* at 63-64.

- v. For [REDACTED], the baseline is [REDACTED] per week. There was no improvement as levels are still at or above the [REDACTED] data levels. *Id.* at 64-65.
- h. Overall, the maladaptive behaviors graphs reflect either an increase or no change.
- i. The treatment plan data graphs for replacement behaviors show highly variable progress.
 - i. The data graphs for “[REDACTED]” show that the child does not perform at a [REDACTED] level. *Id.* at 65-66.
 - ii. For [REDACTED], the baseline is [REDACTED]. There is no performance higher than [REDACTED] and the data reflects [REDACTED] performance with assistance in [REDACTED]. *Id.* at 66-67.
 - iii. For [REDACTED], the graphs are identical to [REDACTED]. *Id.* at 67-68.
 - iv. For [REDACTED], the data reflects [REDACTED] performance as of [REDACTED]. This is similar to the graph for [REDACTED]. *Id.*
 - v. For [REDACTED], the child has [REDACTED] performance after targeting that behavior for over [REDACTED]. *Id.* at 70-71.
- j. Regarding [REDACTED], the treatment plan does not specify the skills that were targeted. Modifications do not appear to have occurred during the authorization period. The authorization included protocol modification which should occur weekly and not after a denial of authorization is issued.

k. Based on the documentation provided, Dr. Conway opined that Petitioner may be eligible for behavioral analysis services but would not benefit from treatment services from the current provider. Medical necessity has not been met with this provider however the child likely qualifies for behavior analysis services.

8. [REDACTED] is a Behavior Analyst at [REDACTED]. [REDACTED]

[REDACTED] testified to the following:

a. [REDACTED] does not disagree that the treatment plan shows a lack of progress.

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

Hearing:

a. [REDACTED] believes [REDACTED] child needs services as [REDACTED] social behavior is poor, [REDACTED] daily skills such as [REDACTED] are not at the level of other children [REDACTED] age.

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 [REDACTED] request for services. However, a state may place medical necessity limitations on EPSDT services. *See* 42 C.F.R. §§ 440.230(a), (b), (d). Fla. Stat. § 409.905(2) limits EPSDT services with a medical necessity standard:

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

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 this case, Respondent terminated Petitioner’s BA services. See ¶ 4. The NOO and NRD explained that Petitioner’s request for continuation of services did not meet medical necessity as

the treatment plan was not “[c]onsistent with generally accepted professional medical standards as determined by the Medicaid program, and not experimental or investigational.” See ¶ 4.

20. 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. A component of medical necessity is that services must be “consistent with generally accepted professional medical standards.” As outlined above, Dr. Conway provided credible and persuasive testimony identifying several instances where the revised Treatment Plan did not follow generally accepted standards of BA. For example, the Treatment Plan does not show evidence that the frequency of Petitioner’s maladaptive behaviors has decreased and does not show that there was a modification or intervention to address Petitioner’s lack of progress. See ¶ 7.

21. As shown by the record, Petitioner’s behaviors exhibit variable trends. See ¶ 7. Dr. Conway testified to the data’s variability, with Dr. Conway asserting that the maladaptive behaviors do not demonstrate a decreasing pattern over the authorization period. See ¶ 7. Dr. Conway also stated the plan lacks changes in procedures noted on the graphs in response to the lack of progress. *Id.* Dr. Conway 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 “ consistent with generally accepted professional medical standards.” See ¶ 4. As such, the treatment plan does not meet medical necessity criteria.

22. 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. Petitioner has not made sufficient progress in reducing 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.


23. Accordingly, Respondent met their burden of proof to show that the requested BA services are no longer medically necessary. Looking at all the evidence relevant to the particular needs of Petitioner, the BA services at issue are not necessary to correct or ameliorate a defect or a physical and mental illness or condition.

24. Upon consideration of the testimony provided, Respondent’s Composite Exhibit 1, Respondent’s Composite Exhibit 2, and the applicable law and policies, the undersigned finds that Respondent proved by a preponderance of the evidence that Respondent’s termination of BA 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 21st day of February, 2024, in Tallahassee, Leon County, Florida.

 Lynne Ringers
23-FH2950
2024.02.21 12:40:30
-05'00'

LYNNE RINGERS, Hearing Officer
Agency for Health Care Administration
Office of Fair Hearings
2727 Mahan Drive, Mail Stop # 11

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]

AHCA Medicaid Hearing Unit
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