



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

**FILED**

Feb 15, 2024, 8:47 am

OFFICE OF FAIR HEARINGS

AHCA Case No.: 23-FH2976

[REDACTED]

PETITIONER,

vs.

AGENCY FOR HEALTH CARE  
ADMINISTRATION,

RESPONDENT.

\_\_\_\_\_ /

**FINAL ORDER**

Pursuant to notice, the undersigned convened a telephonic Medicaid Fair Hearing in the above-styled case on January 22, 2024, at 9:32 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 Petitioner proved by a preponderance of the evidence that Respondent’s denial of Prescribed Pediatric Extended Care (“PPEC”) services was incorrect.

**PRELIMINARY STATEMENT**

All parties appeared telephonically. [REDACTED] (“[REDACTED]”), Petitioner’s Authorized Representative and [REDACTED], appeared on behalf of Petitioner. [REDACTED], Administrator for [REDACTED] (“provider”), appeared as a witness for Petitioner.

Sandra Durden, Medical Health Care Program Analyst for the Agency for Health Care Administration (“AHCA” or “Agency”), appeared on behalf of the Respondent. Dr. Rakesh Mittal, M.D. (“Dr. Mittal”), Physician Consultant for eQHealth Solutions, Inc. (“eQHealth” or “Kepro”), appeared as a witness for Respondent.

Petitioner did not introduce any exhibits at the Fair Hearing.

Prior to the Fair Hearing, Respondent sent to the Office of Fair Hearings and Petitioner a one hundred and eleven (111)-page evidence packet and a forty-six (46)-page evidence packet. The one hundred and eleven (111)-page packet appears in the Office of Fair Hearings’ document management system as the files titled “[REDACTED] FH 01.22.2024 1 - 89.pdf” and “[REDACTED] FH 01.22.2024 90 - 111.pdf”. The forty-six (46)-page packet appears in the Office of Fair Hearings’ document management system as the file titled “23-FH2976 PPEC AHCA EVIDENCE.update.pdf.” Absent any objections from Petitioner, the undersigned admitted the one hundred and eleven (111)-page evidence packet as Respondent’s Composite Exhibit 1 (“RCE 1”) and the forty-six (46)-page evidence packet 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 RCE 1 at page 16. eQHealth is a Quality Improvement Organization (“QIO”) contracted by the Agency to review prior authorization requests for services. See RCE 2 at page 2. The Agency, through contractual agreement, authorized eQHealth to make Medical Necessity determinations for services requiring prior authorizations. *Id.*
2. As of the date of the Fair Hearing, Petitioner is [REDACTED] year old. See RCE 1 at page 16. Petitioner’s diagnoses include [REDACTED]

[REDACTED]. *Id.*

3. The Florida Home Health Assessment Tool, dated November 21, 2023, reflects that Petitioner’s overall health status is stable with no heightened risk(s) for serious complications and death. *Id.* at 42 – 49. Petitioner is not ventilator dependent, does not require suctioning, nor does [REDACTED] use oxygen, a BiPap, a CPap or tracheotomy. *Id.* at 45 – 46. Petitioner does not have a gastrostomy tube (g-tube). *Id.* at 45. Petitioner does have a history of [REDACTED] but has not had a [REDACTED] in the past year. *Id.* at 46. Petitioner does not have wounds or stomas. *Id.* at 47. Petitioner’s ability to [REDACTED] is age appropriately. *Id.* at 48.

4. Petitioner requested PPEC services for the certification period of November 13, 2023, through May 10, 2024. *Id.* at 25. On November 22, 2023, eQHealth sent Petitioner a Notice of Outcome (“NOO”) denying PPEC services. *Id.* at 25 – 29. The NOO explained that the requested services were denied in whole or in part because they were not medically necessary and explained as follows:

The request for services is denied in whole or in part because they are not medically necessary as defined in 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.

The rationale for our decision is as follows:

PR Principal Reason - Denial:

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

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

Date of action is 11/22/20223.

RCE 1 at 25 – 26.

5. On November 27, 2023, [REDACTED] requested a Fair Hearing on behalf of Petitioner due to Respondent’s denial of PPEC services. On December 7, 2023, the undersigned scheduled the hearing for January 22, 2024, at 9:30 a.m., EST, and all parties were duly notified.

6. [REDACTED] testified as follows:

a. Petitioner was born with [REDACTED].

b. Petitioner is [REDACTED]  
[REDACTED]

c. Petitioner is on [REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED].

d. Petitioner’s current medications include [REDACTED]  
[REDACTED]. Petitioner’s medications are administered by [REDACTED]  
[REDACTED]. Petitioner does not receive any intravenous medications.

e. Petitioner receives physical therapy and occupational therapy every week, and feeding therapy every other week. These therapies are convened at [REDACTED]  
[REDACTED]. [REDACTED] has not been informed that these therapies can no longer take place at [REDACTED] and will keep the therapies at [REDACTED].

- f. [REDACTED] would not feel comfortable having Petitioner at other places because of Petitioner's medical conditions.
7. [REDACTED] testified as follows:
- a. Petitioner has not yet been admitted to [REDACTED].
  - b. [REDACTED] met and observed Petitioner.
  - c. Petitioner is [REDACTED].
  - d. [REDACTED] is [REDACTED] and [REDACTED] thinks it is in the best interest of Petitioner to receive PPEC services.
8. Petitioner's primary care physician ("PCP"), [REDACTED] ("[REDACTED]") of the [REDACTED], completed a Physician Prescription for Services form, dated November 13, 2023, which requests PPEC services for Petitioner. *Id.* at 66.
9. Dr. Mittal is a Physician Consultant for eQHealth. Dr. Mittal testified:
- a. PPEC services are re-evaluated every six (6) months. PPEC services are not for monitoring purposes.
  - b. Petitioner is [REDACTED].
  - c. PPEC is not a daycare center. PPEC is for children who require skilled nursing care on a daily basis. Petitioner has significant medical issues. Dr. Mittal reviewed Petitioner's medical conditions. *See* RCE 1 at 16.
  - d. Respondent does not have any clinical notes from Petitioner's gastroenterologist or any documents from the PCP regarding [REDACTED], or any notes.

- e. Respondent can only consider PPEC services for Petitioner as of the date of the service request, and as of that date Petitioner did not have a g-tube.
- f. There are no [REDACTED] as of now.
- g. Petitioner's medication also includes [REDACTED]. See RCE 1 at 18. Dr. Mittal opined that there is no skilled nursing needed for any of Petitioner's medication.
- h. Dr. Mittal reviewed the Plan of Care (POC) from Petitioner's PCP. See RCE 1 at 67 – 68. [REDACTED]  
[REDACTED].
- i. Dr. Mittal reviewed the Nursing Flow Sheet from [REDACTED], dated November 2, 2023. See RCE 1 at 73 – 74. Petitioner did not have any abnormal vital signs. Nothing abnormal was acknowledged on the Flow Sheet.
- j. Dr. Mittal reviewed the Medical Nutrition therapy Notes, dated August 31, 2023. See RCE 1 at 76 – 80, noting there is no mention of [REDACTED] episodes.
- k. Dr. Mittal reviewed Progress Notes from the [REDACTED]  
[REDACTED] See RCE 1 at 105 – 108.
- l. Petitioner is not on any medications that need to be given by a nurse. Petitioner has [REDACTED] but a skilled nurse at a PPEC center cannot help with that.
- m. Attendance at a PPEC center is not necessary for a child to receive occupation therapy, physical therapy, or feeding therapy.
- n. There is no need for skilled nursing help.

- o. Dr. Mittal opined that he agrees Petitioner does not have any need for skilled nursing services on a daily basis and that PPEC services should be denied.

**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 Florida Administrative Code Rule (“Fla. Admin. Code R.”) 59G-1.100(17)(b).

12. 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.

13. Here, Petitioner requested a new service. As such, Fla. Admin. Code R. 59G-1.100(17)(g) assigns the burden of proof to Petitioner. 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.).

14. The Prescribed Pediatric Extended Care Services Coverage Policy (February 2018) (“PPEC Policy”) establishes the provision and coverage of PPEC services under Florida Medicaid. The PPEC Policy states as follows:

**1.1 Description**

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

...

## **2.2 Who Can Receive**

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

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

...

## **1.3 Definitions**

The following definitions are applicable to this policy. For additional definitions that are applicable to all sections of Rule Division 59G, F.A.C., please refer to the Florida Medicaid definitions policy.

...

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

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

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

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

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

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

#### **5.0 Exclusion**

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

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

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

RCE 2 at pages 40 - 42.

15. Fla. Admin. Code Rule 59A-13.007(4)(a) states the following:

(4) Each child admitted for service to a PPEC center must meet at least the following criteria:

(a) Infants and children considered for admission to the PPEC center will be those who are medically or technologically dependent. . . .

. . .

Further, section 400.902, Florida Statutes, describes "medically dependent or technologically dependent child" as follows:

[A] child who because of a medical condition requires continuous therapeutic interventions or skilled nursing supervision which must be prescribed by a licensed physician and administered by, or under the direct supervision of, a licensed registered nurse.

RCE 2 at 46.

16. Fla. Admin. Code R. 59G-4.290 defines skilled nursing as follows:

(3) Skilled Services Criteria.

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

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

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). 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.

RCE 2 at 4 – 5.

18. Petitioner is under age 21, and therefore eligible for EPSDT services. However, a state may place medical necessity limitations on EPSDT services. See 42 C.F.R. §§ 440.230(a), (b), (d). 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.

RCE 2 at 13.

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

**2.83 Medically Necessary or Medical Necessity**

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.

RCE 2 at 23.

20. The Florida Medicaid Authorization Requirements Policy (“Authorization Requirements 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 errors or omissions in prior certifications.
- There is a documented improvement in the recipient’s medical condition.
- There is a documented change in the recipient’s circumstances.
- The reviewing physician determines the recipient will not gain any additional benefit by continuing services at the current level.

RCE 2 at 34.

21. In the instant case, Petitioner requested PPEC services for the certification period of November 13, 2023, through May 10, 2024. *See supra* ¶ 4. As established on the record by the testimony and evidence, eQHealth denied Petitioner’s request because the services were not medically necessary. *See supra* ¶ 4. In the NOO, dated November 22, 2023, Respondent explained that the basis of the denial was that the request was not “individualized, specific, and consistent with symptoms or confirmed diagnosis of the illness under treatment”. *See supra* ¶ 4. Respondent explained that Petitioner does not require skilled nursing services based on the documentation provided. *See supra* ¶ 4, 9.

22. PPEC services are intended for patients who require “continuous therapeutic interventions or skilled nursing supervision.” *See supra* ¶ 14, 15. As provided by the EPSDT requirements, the recipient must meet the medical necessity criteria as outlined in Fla. Admin.

Code R. 59G-1.010. See supra ¶ 14, 19. 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.” See supra ¶ 19. Dr. Mittal provided credible and persuasive testimony that Petitioner does not require daily skilled nursing services. See supra ¶ 9. The record reflects that Petitioner is stable with no heightened risks for serious complications. See supra ¶ 3. Petitioner does not receive any prescription medications that require a skilled nurse to administer. See supra ¶ 3, 4, 6 – 9. Petitioner is not using a ventilator, BiPAP/CPAP, or oxygen. See supra ¶ 3. Petitioner does not have a g-tube, does not have wounds or stomas, and does have a history of [REDACTED] but has not had a [REDACTED] in the past year. See supra ¶ 3. In all, there is no indication that Petitioner continues to need daily require skilled nursing services. [REDACTED] testified that Petitioner’s PCP has discussed that Petitioner may need a g-tube in the future. See supra ¶ 6. However, Dr. Mittal testified that Respondent does not have any clinical notes from Petitioner’s gastroenterologist or any documents from the PCP regarding [REDACTED], and that Respondent can only consider PPEC services for Petitioner as of the date of the service request, and as of that date Petitioner did not have a g-tube. See supra ¶ 9. [REDACTED] and Dr. Mittal both testified to the medications Petitioner currently receives. See supra ¶ 6, 9. However, [REDACTED] testified that [REDACTED] currently administers Petitioner’s medications to [REDACTED]. See supra ¶ 6. The record reflects that Petitioner receives physical therapy and occupational therapy every week and feeding therapy every other week. See supra ¶ 6. However, [REDACTED] testified that Petitioner will continue to receive these therapies at [REDACTED], see supra ¶ 6, and Dr. Mittal established that attendance at a PPEC center is not necessary for a child to receive

occupation therapy, physical therapy, or feeding therapy. See supra ¶ 9. Based upon the aforementioned facts and evidence, the undersigned finds that Petitioner did not show that the request for PPEC services was not in excess of what Petitioner needs. Thus, Petitioner failed to establish that the requested PPEC services are medically necessary, as defined in Fla. Admin. Code R. 59G-1.010, and required by section 1.3.7 of the PPEC Policy.

23. [REDACTED] testified that [REDACTED] would not feel comfortable having Petitioner at other places besides a PPEC center because of Petitioner's medical conditions. However, services furnished must not be furnished in a manner primarily intended for the convenience of the recipient or recipient's caretaker. *Supra* ¶ 19.


24. Further, [REDACTED] testified that Petitioner's PCP has recommended that Petitioner receive PPEC services. However, 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. *Supra* ¶ 19.

25. Upon consideration of the testimony provided, Respondent's Composite Exhibit 1, Respondent's Composite Exhibit 2, the EPSDT policy, and all other applicable policies, the undersigned concludes that Petitioner did not prove by a preponderance of the evidence that PPEC services are medically necessary for Petitioner. Looking at all the evidence relevant to the particular needs of Petitioner, Petitioner failed to demonstrate that PPEC services are necessary to correct or ameliorate a defect or a physical and mental illness or condition. Accordingly, Petitioner failed to prove by a preponderance of the evidence that Respondent's denial of PPEC services was incorrect.

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

Respondent's denial of Petitioner's requested PPEC services for the certification period of November 13, 2023, through May 10, 2024, is **AFFIRMED**. Petitioner's request for PPEC services is hereby **DENIED**.

**DONE and ORDERED** this 15th day of February, 2024, in Tallahassee, Leon County, Florida.

 Kameisha Presley  
23-FH2976  
2024.02.15  
08:33:49 -05'00'

**KAMEISHA PRESLEY, 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**