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

FILED

Apr 03, 2024, 9:22 am

OFFICE OF FAIR HEARINGS

,

PETITIONER, AHCA Case No.: 23-FH3214

vs.

AGENCY FOR HEALTH CARE ADMINISTRATION,

RESPONDENT.
_______________________________/

FINAL ORDER

Pursuant to notice, the undersigned convened a telephonic Fair Hearing on the instant case on February 2, 2024, at 10:03 a.m. Eastern Standard Time ("EST").

APPEARANCES

For the Petitioner:
Petitioner's Authorized Representative

For the Respondent: Doris Rivera
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 Petitioner's request for behavior analysis ("BA" or "ABA") services was incorrect.

PRELIMINARY STATEMENT

All parties and witnesses appeared telephonically. (""), Petitioner's Authorized Representative and , appeared for the Fair Hearing to offer

testimony on behalf of Petitioner. [redacted] ("[redacted]"), Board Certified Behavior Analyst ("BCBA") for [redacted]., appeared for the Fair Hearing as a witness for Petitioner.

Doris Rivera, Medical/Health Care Program Analyst for the Agency for Health Care Administration ("Agency" or "AHCA"), appeared for the Fair Hearing as representative for Respondent. Dr. Joseph Darling ("Dr. Darling"), BCBA and Second Level Reviewer for eQHealth Solutions Florida ("eQHealth"), appeared for the Fair Hearing as a witness for Respondent.

Petitioner did not introduce any exhibits at the hearing.

Prior to the hearing, the Office of Fair Hearings received a two hundred and forty-seven (247)-page evidence packet and a fifty (50)-page evidence packet from Respondent. The two hundred and forty-seven (247)-page packet appears in the Office of Fair Hearings document management system as the file titles "[redacted] FH 02.02.2024 1-133.pdf" and "[redacted] FH 02.02.2024 134-247.pdf." The fifty (50)-page evidence packet appears in the Office of Fair Hearings document management system as the file title "23-FH3214 - AHCA Evidence BA 50 pgs .pdf." Absent an objection from the Petitioner, the undersigned admitted the two hundred and forty-seven (247)-page evidence packet into evidence as Respondent's Composite Exhibit 1 ("RCE 1") and the fifty (50)-page evidence packet into evidence as Respondent's Composite Exhibit 2 ("RCE 2").

The undersigned Hearing Officer held the record open until February 9, 2024, for Petitioner to submit documentation. As of the date of this Final Order, Petitioner did not file any additional documentation.

FINDINGS OF FACT

1. Petitioner receives Medicaid services on a fee-for-service basis from the Agency. eQHealth is a Quality Improvement Organization ("QIO") contracted by the Agency to review authorization requests for services. *See* RCE 2 at page 2.

2. Petitioner is . *See* RCE 1 at page 16. Petitioner is diagnosed with . *Id.*

3. As provided in the Behavior Analysis Services Plan Initial Assessment ("Treatment Plan") submitted by The Blue Journey, Petitioner is engaging in the following maladaptive behaviors: , , , , ("") I, , , , , and *Id*. at 195, 201-207.

4. Petitioner requested ABA services for the certification period of December 01, 2023, to May 28, 2024; specifically, 3,120 units of code 97153; 312 units of code 97155; and 208 units of code 97156. *Id*. at 20, 24. In a Notice of Outcome ("NOO"), dated December 12, 2023, Respondent denied Petitioner's requested ABA services. *Id.* at 24-33. The NOO explained the basis for the denial 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:

> Submitted information does not support the medical necessity for requested frequency and\or duration.
>
> PR Clinical Rationale - Denial: All submitted records were reviewed.

> continues to be referenced on page 28 of the Plan despite the previous pend for removal.
>
> are not an empirically supported procedures within the conceptual system of behavior analysis for treating the functions of maladaptive behavior. According to Behavior Analysis Services Coverage Policy (page 2, 1.1), treatment that does not meet generally accepted standards of care within the field of applied behavior analysis are not covered under the behavior analysis service coverage policy. The request is denied.

Id. at 31-32.

5. Petitioner requested reconsideration of the Respondent's decision. In a Notice of Reconsideration Determination ("NRD"), dated December 15, 2023, Respondent upheld its decision. *Id.* at 35-36. The NRD explained the basis for the decision as follows:

> PR Recon Determination: At reconsideration all documents were carefully reviewed. Calming/coping/relaxation strategies are not an empirically supported procedures within the conceptual system of behavior analysis for treating the functions of maladaptive behavior. According to Behavior Analysis Services Coverage Policy (page 2, 1.1), treatment that does not meet generally accepted standards of care within the field of applied behavior analysis are not covered under the behavior analysis service coverage policy. This denial is upheld.

Id. at 36.

6. On December 19, 2023, Petitioner requested a Fair Hearing to challenge the denial of ABA services. On January 16, 2024, the undersigned issued an Order Scheduling Fair Hearing and Prehearing Instructions, setting the hearing for February 2, 2024, at 10:00 a.m. EST.

7. is a BCBA for . testified to the following at Fair Hearing:

   a. argued that most of the procedures were specifically prescribed for Petitioner's maladaptive behaviors.

b. [redacted] argued that the provider appropriately corrected the errors in the Treatment Plan following the eQHealth reviewers' requests.

c. [redacted] contended that the [redacted] is misnamed as a coping strategy, but these are recognized procedures in field of ABA.

8. [redacted] testified to the following at Fair Hearing:

a. Petitioner engages in multiple maladaptive behaviors during school.

b. The conduct referrals will reflect that [redacted] has repetitive inability to [redacted]. *See* PCE 1.

c. [redacted] asserted that the [redacted] protocols were some techniques implemented at home, but were not intended to be part of the procedures in the revised Treatment Plan.

9. Dr. Darling is a BCBA and Second Level Reviewer for eQHealth. Dr. Darling established the following at Fair Hearing:

a. eQHealth is hired by AHCA to provide assurance of quality services to Medicaid recipients by following the five (5) "medically necessary" criteria. *See* RCE 2 at page 7. As Dr. Darling testified, eQHealth uses a two-level peer review process to determine if the requested ABA services meets the medically necessary criteria. *See* RCE 1 at 20-22.

b. Dr. Darling contended that Petitioner's provider submitted a Treatment Plan that did not meet generally accepted professional standards. *See* RCE 2 at 7, 28.

c. The Treatment Plan included "[redacted]" for [redacted] *See* RCE 1 at 168. Dr. Darling

opined that this intervention is not established as an effective intervention for [redacted] in the field of ABA and the provider referenced this intervention despite the PEND for removal. *Id*. at 20, 46, 168.

d. Dr. Darling argued that the Treatment Plan indicates an intervention for [redacted] as "BST" that is not defined and only includes a general concept of what it is. Dr. Darling explained that "BST," i.e. behavioral skills training, is a self-regulation strategy not proven as effective in ABA. *Id*. at 222.

e. Dr. Darling explained that "[redacted]" is a method to teach a new behavior, but is an inappropriate use of procedure for [redacted]. *Id*.

f. Dr. Darling opined that the provider's [redacted] intervention is described as [redacted], which is experimental and not an appropriate intervention for this behavior. *Id*. at 219.

g. Dr. Darling explained that [redacted] is not a self-stimulatory behavior as described by the provider, rather it is [redacted]. Dr. Darling argued that [redacted] is a very dangerous behavior but the Treatment Plan has inappropriate interventions to address this behavior. *Id*. at 217.

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 (2022). 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 Rule 59G-1.100(17)(b), Florida Administrative Code ("Fla. Admin. Code R.").

12. Because Petitioner requested new ABA services, Fla. Admin. Code R. 59G-1.100(17)(g) assigns the burden of proof to the 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.)

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 ABA 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.
>
> > . . .
> > **1.4.6 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 no 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 and Behavior Plan**
> > A behavior assessment must be conducted prior to the initiation of behavior analysis interventions. The assessment must identify behavioral deficits that interfere with a major life activity including the events and subsequent interactions that elicit and sustain targeted behavior.
> >
> > The initial assessment must include the administration, scoring, and reporting of two core standardized behavior instruments, as follows:
> >
> > - Vineland-3 Comprehensive Parent Interview Form Including Maladaptive Behavior Domain, for all recipients

- Behavior Assessment System for Children, Third Edition, Parenting Relationship Questionnaire (BASC-3 PRQ), for all recipients 2 years old and less than 19 years old

The complete scoring report, including outcome measure scores, must be submitted with service prior authorization requests. Additional assessment tools may be used at the Lead Analyst's discretion.

The behavior plan identifies intervention strategies that are likely to eliminate, mitigate or replace the behavior to produce change sufficient to reengage the recipient in the major life activity. The plan must include specific behavior goal(s), intervention strategies for each goal, anticipated timeframes that are of sufficient duration to address the targeted behavior, and how the ongoing progress of intervention strategies will be reported.

The behavior plan must reflect the requested authorization period (up to six months).

A reassessment and updated behavior plan to renew prior authorization for continued services must be completed at least every six months. The core instruments must be included with reassessments every 12 months.

More frequent assessments must be conducted when:

- New behavior emerges that interferes with a recipient's participation in a major life activity
- Additional BA services are medically necessary and are likely to address the emergent behavior

A full assessment may be requested if there is a change in provider; however, a change of a practitioner status (e.g., an RBT becoming certified as a BCaBA) is not grounds for conducting a reassessment or updating a behavior plan.

4.2.2 Behavior Analysis Interventions

Florida Medicaid covers up to 40 hours per week of BA intervention services as indicated in the recipient's prior-authorized behavior plan. These services must be delivered to reduce maladaptive behaviors and assist the recipient reach the best possible functional level for that individual. The recipient's parent or guardian should participate in treatment when possible and clinically appropriate. The provider must make every effort to accommodate parental participation and must document those efforts in treatment plan updates. If parent or guardian participation is not possible, the treatment plan and session notes must document the reasons for nonparticipation. Documentation should also explain potential impacts of nonparticipation and how potential impacts are being mitigated.

Services include:

- Adaptive behavior treatment by protocol – behavior analysis services provided according to the authorized treatment protocol
    - Services may be provided by Lead Analyst, BCaBA, or RBT

- Adaptive behavior treatment with protocol modification – behavior analysis services provided with modifications to the authorized treatment protocol to address behavior and/or response changes or progress
    - Services may be provided by Lead Analyst or BCaBA

- Group adaptive behavior treatment by protocol – behavior analysis services provided in a group setting according to the authorized treatment protocol
    - Maximum group size is six recipients
    - Services may be provided by Lead Analyst, BCaBA, or RBT

- Group adaptive behavior treatment with protocol modification – behavior analysis services provided in a group setting with modifications to the authorized treatment protocol to address behavior and/or response changes or progress
    - Maximum group size is six recipients
    - Services may be provided by Lead Analyst or BCaBA

- Family adaptive behavior treatment guidance – parent, guardian, and/or caregiver training on the implementation of the behavior plan and intervention strategies
    - The recipient may or may not be present depending upon clinical appropriateness
    - Services may be provided by Lead Analyst or BCaBA
    - The Lead Analyst may provide up to two hours per week of training to parents or guardians via telemedicine in accordance with Rule 59G-1.057, Florida Administrative Code (F.A.C.)

4.2.3 Supervision

Florida Medicaid requires supervision of BCaBAs and RBTs in accordance with certification board requirements and specified in the supervision plan of the approved behavior plan.

4.2.4 Discharge

Recipients receiving Florida Medicaid BA services who meet one or more of the following will be considered for discharge from services:

- The recipient is no longer eligible for BA services as outlined in the Florida Medicaid Behavior Analysis Services Coverage Policy, incorporated by reference in Rule 59G-4.125, F.A.C.

- The recipient no longer meets medical necessity criteria as defined in Rule 59G- 1.010, F.A.C.
- The recipient no longer engages in maladaptive behaviors.
- Data indicates the frequency and severity of maladaptive behavior(s) or level of functional impairment no longer poses a barrier to the recipient's ability to function in his/her environment.
- The level of functional impairment as expressed through behaviors no longer justifies continued BA services.
- Parent or guardian withdraws consent for treatment

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 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 Authorization Requirements Policy.

. . .

6.2.2 Behavior Assessment and Behavior Plan

The behavior assessment and behavior plan must be signed by the Lead Analyst and the recipient's parent or guardian. Each behavior assessment and behavior plan must include:

- Patient information
- Reason for referral
- Medical and developmental history, including medications prescribed to ameliorate behaviors
- Relevant family history
- Clinical interview
- Review of recent assessments/reports (file review)
- Assessment procedures and results
- Behavior plan
  - Treatment setting(s)
  - Proposed treatment targets, goals, and objectives related to medically necessary behavioral interventions
  - For each:
    - Definition in observable, measurable terms
    - Direct observation and measurement procedures
    - Current level (baseline)
    - Behavior reduction or acquisition procedures

        - Condition(s) under which behavior is to be demonstrated and mastery criteria
        - Date of introduction
        - Estimated date of mastery
        - Plan for generalization
        - Timely reporting of progress, including statements as to whether goal or objective is met; not met; or, modified (with explanation)
- Parent/guardian/caregiver training
    - Proposed targets, goals, and objectives (as above)
    - Training procedures
    - Date of introduction
    - Estimated date of mastery
- Number of units requested
    - Number of units for each billing code
    - Medical necessity for units requested
- Supervision plan, including name(s) of authorized supervisor(s)
- Care coordination with parents/caregivers, schools, state disability programs, and others as applicable
- Transition (fading) plan
- Crisis management plan
- Discharge plan

See RCE 2 at 41, 43-47.

14. 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.

15. 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). 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.

16. The Florida Medicaid Definitions Policy (August 2017) ("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.

See RCE 2 at page 23.

17. The Florida Medicaid Authorization Requirements Policy (June 2016) ("Authorization Policy"), incorporated by reference in Fla. Admin. Code R. 59G-1.053, provides general

requirements for providers to obtain authorization to render Florida Medicaid services. *See* RCE 2 at 30-36. The Authorization Policy states as follows:

> **3.0 Determination Process**
> **3.1 Review Criteria**
> The QIO may use a national standardized set of criteria, or other set of criteria, approved by AHCA, as a guide for authorizations performed at the first review level. If services cannot be approved at the first level review, the QIO's physician peer reviewer will determine medical necessity using his or her clinical judgment, acceptable standards of care, state and federal laws, and AHCA's medical necessity definition.
>
> **3.2 Review Process**
> The QIO will review each authorization request and will approve, deny, or request additional information. The QIO may deny a portion of the requested units of service if it cannot substantiate medical necessity based upon the information submitted.
>
> > **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.

Id. at 34.

18. In the instant case, Petitioner is under 21 years of age and is diagnosed with [redacted]. *See* ¶ 2. Petitioner requested ABA services. *See* ¶ 4. In a NOO, dated December 12, 2023, Respondent denied the services. *See* ¶ 4. Respondent cited the lack of medical necessity as the basis for their decision, specifically that the requested ABA services must be "consistent with generally accepted professional medical standards as determined by the Medicaid program, and not experimental or investigational." *See* ¶ 4, 16. The Definitions Policy defines a component of

medical necessity as “consistent with generally accepted professional medical standards as determined by the Medicaid program, and not experimental or investigational.” *See* ¶ 16. 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* ¶ 14-15. Petitioner has the burden of proof to show by a preponderance of evidence that the Respondent’s determination was incorrect. *See* ¶ 12.

19. The record shows that Petitioner engages in maladaptive behaviors that qualify for ABA services. *See* ¶ 3, 8. The Petitioner’s maladaptive behaviors as indicated in the Treatment Plan include , , , , (“ ”) I, , , , , , and *See* ¶ 3. As testified by Petitioner’s , , Petitioner engages in maladaptive behaviors at home and in the school classroom as reflected in the submitted conduct referrals. *See* ¶ 8. , a BCBA for ., also testified that the procedures in the Treatment Plan were prescribed specific to Petitioner’s maladaptive behaviors and the Treatment Plan appropriately corrected the errors therein. *See* ¶ 7.

20. The BA Policy maintains that the “behavior plan identifies intervention strategies that are likely to eliminate, mitigate or replace the behavior to produce change sufficient to reengage the recipient in the major life activity.” *See* ¶ 13. The criteria for behavior analysis services require that the “plan must include specific behavior goal(s), intervention strategies for each goal, anticipated timeframes that are of sufficient duration to address the targeted behavior, and how the ongoing progress of intervention strategies will be reported.” *See* ¶ 13.

21. During testimony, Dr. Darling contended that Petitioner's provider submitted a Treatment Plan that did not meet generally accepted professional standards. *See* ¶ 9. Dr. Darling described the Treatment Plan as using intervention strategies that are inappropriate for treating maladaptive behaviors and not demonstrated as effective treatments in the field of ABA. *See* ¶ 9. For example, Dr. Darling pointed to several issues with the intervention for the behavior of [redacted]. *See* ¶ 9. The Treatment Plan included "[redacted]" for [redacted] despite the PEND for its removal. *See* ¶ 9. [redacted] contended that the [redacted] is misnamed as a coping strategy, but these are recognized procedures in field of ABA. *See* ¶ 7. The record shows the final Treatment Plan no longer contains this intervention for [redacted]. *See* RCE 1 at 222. Dr. Darling pointed out that the Treatment Plan indicates an intervention for [redacted] as "BST" that is not defined and only includes a general concept of what it is as a self-regulation strategy. *See* ¶ 9. Dr. Darling argued that a self-regulation strategy is not proven as effective in the field of ABA. *See* ¶ 9. Moreover, Dr. Darling explained that the provider's method of "[redacted]" is designed to teach a new behavior, but is an inappropriate use of procedure for the [redacted] behavior. *See* ¶ 9. Furthermore, Dr. Darling explained that the provider inappropriately described [redacted] as a self-stimulatory behavior and the Treatment Plan has inappropriate interventions to address this behavior. *See* ¶ 9. Lastly, the provider's [redacted] intervention is described as [redacted], which is experimental and not an appropriate intervention for this behavior under ABA services. *See* ¶ 9. According to Dr. Darling's testimony, these interventions are not typical of standards of care in the field of ABA. *See* ¶ 9. The undersigned finds Dr. Darling's testimony persuasive and consistent with the evidence of record to demonstrate that the Treatment Plan was not consistent with generally accepted

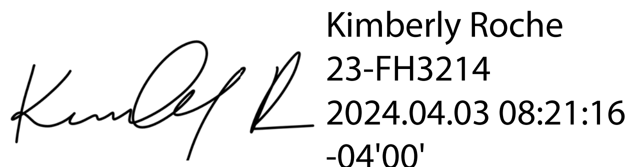
professional medical standards within the field of behavior analysis. *See* ¶ 9, 16. The Authorization Policy maintains that "the QIO may deny a portion of the requested units of service if it cannot substantiate medical necessity based upon the information submitted." *See* ¶ 17. Based on these discrepancies, the undersigned finds that the submitted Treatment Plan does not appear to justify the requested services to implement ABA therapy effectively. *See* ¶ 4-5, 9, 17.

22. Upon consideration of the testimony provided, evidence submitted, and applicable policies, the undersigned concludes that Petitioner did not prove by a preponderance of the evidence that the ABA services at issue are medically necessary. Looking at all the evidence relevant to the particular needs of Petitioner, Petitioner has not demonstrated that the requested services, based on the Treatment Plan at issue in this case, are necessary to correct or ameliorate a defect or a physical and mental illness or condition. Accordingly, Petitioner did not prove by a preponderance of the evidence that Respondent's denial of ABA services was incorrect.

IT IS HEREBY ORDERED AND ADJUDGED THAT:

Respondent's denial of ABA services is **AFFIRMED**. Petitioner's appeal based on Respondent's denial is **DENIED**.

DONE AND ORDERED this 3rd day of April, 2024 in Tallahassee, Leon County, Florida.



KIMBERLY ROCHE, 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