



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

FILED

Apr 12, 2024, 11:36 am  
OFFICE OF FAIR HEARINGS

[REDACTED]

PETITIONER,

AHCA Case No.: 24-FH0166

vs.

AGENCY FOR HEALTH CARE  
ADMINISTRATION,

RESPONDENT.

\_\_\_\_\_ /

**FINAL ORDER**

Pursuant to notice, a hearing officer convened a telephonic Fair Hearing on the instant case on March 6, 2024, at 9:06 a.m. Eastern Standard Time (“EST”).

**APPEARANCES**

For the Petitioner:

[REDACTED]

Petitioner’s Authorized Representative

For the Respondent:

Diana Hearod  
Medical Health Care Program Analyst  
Fair Hearing Liaison  
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 prescribed pediatric extended care (“PPEC”) services was correct.

**PRELIMINARY STATEMENT**

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

██████████ (“██████████”) ██████████ of the Petitioner, appeared as a witness for the Petitioner. ██████████ ██████████ (“██████████”), Registered Nurse and Location Director for ██████████ appeared as a witness for the Petitioner.

Diana Hearod, (“Ms. Hearod”), Medical Health Care Program Analyst for the Agency for Health Care Administration (“Agency” or “AHCA”), appeared as the representative for Respondent. Chris Kunis, MD (“Dr. Kunis”), Medical Director with eQHealth Solutions of Florida, Inc. (“eQHealth”), attended as a witness for Respondent.

Prior to the hearing, Petitioner sent to the Office of Fair Hearings and Respondent a twenty-seven page (27)-page packet. The packet appears in the Office of Fair Hearings’ document management system as “24-FH0166 Emailed Evidence.pdf.” Absent an objection from the Respondent, the undersigned admitted the twenty-seven (27)-page packet into evidence as Petitioner’s Composite Exhibit 1.

Prior to the hearing, Respondent sent to the Office of Fair Hearings and Petitioner a two hundred and nineteen (219)-page packet. The packet appears in the Office of Fair Hearings’ document management system as “██████████ FH 03.06.2024 1-89.pdf,” “██████████ FH 03.06.2024 90-132.pdf,” and “██████████ FH 03.06.2024 133-219.pdf.” Absent an objection from the Petitioner, the undersigned admitted the two hundred and nineteen (219)-page evidence packet into evidence as Respondent’s Composite Exhibit 1.

Prior to the hearing, Respondent sent to the Office of Fair Hearings and Petitioner a forty-seven (47)-page evidence packet. The forty-seven (47) page evidence packet appears in the Office of Fair Hearings’ case management system as “24-FH0166 PPEC AHCA Evidence 47 PG (recipient’s

name).pdf.” Absent an objection from the Petitioner, the undersigned admitted the forty-seven (47) page evidence packet into evidence as Respondent’s Composite Exhibit 2.

**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 prior authorization requests for services. See Respondent’s Composite Exhibit 2 at page 2.

2. As of the date of the Fair Hearing, Petitioner is [REDACTED]. See Respondent’s Composite Exhibit 1 at page 16. Petitioner is diagnosed with [REDACTED] [REDACTED] *Id.* at 17. Petitioner is not ventilator dependent, nor does [REDACTED] use a BiPap/CPAP, or oxygen. *Id.* at 47. Petitioner does not require wound care. *Id.* at 49. Petitioner does not require G-tube or J-Tube feeding. *Id.* at 48.

3. Petitioner requested continuation of PPEC services for the certification period of January 4, 2024, through July 1, 2024. *Id.* at 17. In a Notice of Outcome (“NOO”), dated January 8, 2024, Respondent terminated Petitioner’s PPEC services. *Id.* at 26-28. The NOO explained the basis of 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.  
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.

...  
The NOO further stated:

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

Clinical Rationale for Decision: [REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]. Nursing needs consist of monitoring and supervision.

Deny all PPEC units. The patient lacks sufficient skilled nursing needs to warrant PPEC care.

*Id.* at 26-27.

4. No request for a Reconsideration Determination was made in this matter.
5. On January 12, 2024, Petitioner requested a Fair Hearing to challenge the termination of PPEC services. On February 14, 2024, the undersigned issued an Order Scheduling Fair Hearing by Telephone and Prehearing Instructions, setting the hearing for March 6, 2024, at 9:00 a.m. EST.
6. Dr. Kunis testified that PPEC centers are intended for children who need highly skilled nursing services on a daily basis. Dr. Kunis stated that the PPEC center is not for the purpose of regular daycare. Dr. Kunis asserted that Petitioner did not need a skilled nurse to administer [REDACTED] medications. Dr. Kunis testified that the level of care at a PPEC center is above and beyond just supervision and monitoring. The Petitioner is not receiving any prescribed medications at the PPEC center that require skilled nursing services. Dr. Kunis testified that [REDACTED]  
[REDACTED]. There have been [REDACTED]  
[REDACTED]. *Id.* at 17. Dr. Kunis confirmed that the [REDACTED].  
Since that time there had been no adjustment or infections concerning [REDACTED]. *Id.* at 18. Dr.

Kunis reviewed the session notes that indicated that the Petitioner had [REDACTED]. The Petitioner does have regular medical appointments and follow-up appointments. Based on the documentation provided, Dr. Kunis opined that PPEC skilled nursing services are no longer medically necessary. Petitioner's circumstances do not demonstrate a need for skilled nursing services and that such services are in excess of the Petitioner's needs. *Id.* at 26-27.

7. [REDACTED], Registered Nurse and Location Director of [REDACTED] PPEC center testified on behalf of the Petitioner. [REDACTED] testified that [REDACTED] provided assessments and preventive care for the Petitioner. Also, the PPEC center provided teaching and assistance with ADLs (activities of daily living). [REDACTED] stated that [REDACTED] medications had been administered at the PPEC center.

8. [REDACTED] testified on behalf of [REDACTED]. [REDACTED] stated that the Petitioner was medically very complex and that PPEC services were necessary. [REDACTED] stated that the odds of an individual having the diagnosis that the Petitioner has is one out of 558 million individuals.

9. [REDACTED] testified on behalf of [REDACTED]. [REDACTED] outlined the progress that the Petitioner had made through the PPEC program. [REDACTED] stated that the ratio between children and adults at [REDACTED] was about 3 children to one adult. [REDACTED] testified that the type of seizures the Petitioner experiences normally involves a [REDACTED]. [REDACTED] indicated that unless you had seen [REDACTED]. [REDACTED] acknowledged that no seizures have occurred in at least the last six months. [REDACTED] does not believe that the Petitioner will receive proper medical attention at a regular daycare center. Ms.



### **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

...

### **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

Respondent's Composite Exhibit 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.

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.

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).

19. 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.

20. 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:

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.

Respondent's Composite Exhibit 2 at page 23.

21. In the NOO, dated January 8, 2024, Respondent terminated Petitioner's PPEC services. See supra ¶ 3. The NOO explained that the basis of the termination was that the request was not "individualized, specific, and consistent with symptoms or confirmed diagnosis of the illness under treatment and not in excess of the patient's needs and 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." See supra ¶ 3. Respondent explained that Petitioner does not require skilled nursing services based on the documentation provided. See supra ¶ 3.

22. PPEC services are intended for patients who "require continuous therapeutic interventions or skilled nursing supervision." See supra ¶ 14. 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 ¶ 19. As provided in the Definitions Policy, a component of medical necessity is that services must be "[i]ndividualized, specific, and consistent with symptoms or confirmed diagnosis of the illness under treatment, and not in excess of the patient's needs." See supra ¶ 20. Dr. Kunis provided credible and persuasive testimony that Petitioner does not require daily skilled nursing services. See supra ¶ 6. Petitioner does not receive any prescription

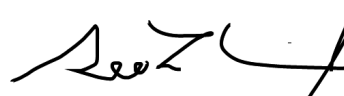
medications that require a skilled nurse to administer. See supra ¶ 6. In all, there is no indication that Petitioner continues to require skilled nursing services.

23. Upon consideration of the testimony provided, Petitioner's Composite Exhibit 1, Respondent's Composite Exhibit 1, Respondent's Composite Exhibit 2, and the applicable polices, the undersigned concludes that Respondent proved by a preponderance of the evidence that PPEC services are no longer medically necessary for Petitioner. Looking at all the evidence relevant to the particular needs of Petitioner, Respondent has demonstrated that PPEC services are not necessary to correct or ameliorate a defect or a physical and mental illness or condition. Accordingly, Respondent proved by a preponderance of the evidence that Respondent's termination of PPEC services was correct.

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

Respondent's termination of Petitioner's PPEC services is **AFFIRMED**. Petitioner's appeal based on Respondent's termination is **DENIED**.

**DONE and ORDERED** this 12<sup>th</sup> day of April 2024, in Tallahassee, Leon County, Florida.

  
George L. Winslow, Jr.  
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**GEORGE WINSLOW, 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:**

[REDACTED]  
[REDACTED]

**AHCA Medicaid Hearing Unit**  
**MedicaidHearingUnit@ahca.myflorida.com**