



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

FILED

Jul 12, 2024, 10:56 am
OFFICE OF FAIR HEARINGS

[Redacted]

PETITIONER,

AHCA Case No.: 24-FH0723

vs.

AGENCY FOR HEALTH CARE
ADMINISTRATION,

RESPONDENT.

_____ /

FINAL ORDER

Pursuant to notice, the undersigned Hearing Officer convened a telephonic Fair Hearing in the instant case on May 9, 2024, at 2:04 p.m., and due a technical difficulty with the Spanish translator, the hearing was reconvened on May 20, 2024, at 10:02 a.m. Eastern Standard Time (“EST”).

APPEARANCES

For the Petitioner:

[Redacted]

Designated Authorized Representative

For the Respondent:

Lee Ann Williams
Medical Healthcare 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 termination of the Petitioner’s Prescribed Pediatric Extended Care (“PPEC”) services was correct.

PRELIMINARY STATEMENT

All parties and witnesses appeared for the scheduled Fair Hearing telephonically. [Redacted]

██████████, (“██████████”), the Petitioner’s Authorized Representative appeared on behalf of Petitioner. In addition, ██████████, Director of Nursing at ██████████ (“██████████”) also testified on behalf of the Petitioner.

Lee Ann Williams, Medical Health Care Program Analyst for the Agency for Health Care Administration (“Agency” or “AHCA”), appeared for the Fair Hearing as representative for the Respondent. Dr. Rakesh Mittal, MD (“Dr. Mittal”), a Medical Director board certified in general pediatrics, and pediatric emergency medicine, with eQHealth Solutions, Inc. – Florida Division (“eQHealth”), appeared for the Fair Hearing as a witness for Respondent. David, Translator Identification Number 247892, from Language Line Solutions provided Spanish translation services in this matter at the reconvened May 20, 2024, Fair Hearing.

Prior to the Fair Hearing, the Petitioner filed with the Office of Fair Hearings, a twenty-nine (29)-page evidence package that was admitted into evidence without objection, is identified as “Petitioner’s Composite Exhibit 1”, and appears in the Office of Fair Hearings document management system as “24-FH0723 Faxed Evidence.pdf”. In addition, the Petitioner filed with the Office of Fair Hearings, a seventy-five (75)-page evidence package that was admitted into evidence without objection, is identified as “Petitioner’s Composite Exhibit 2”, and appears in the Office of Fair Hearings document management system as “24-FH0723 Faxed Evidence(2).pdf”.

Prior to the Fair Hearing, the Respondent filed with the Office of Fair Hearings and the Petitioner, three (3) separate packages of documents that were admitted into evidence without objection. The first package of documents is three hundred and sixty eight (368) pages, is identified herein as “Respondent’s Composite Exhibit 1”, and is maintained in the Office of Fair Hearings document management system as “ evidence package that was admitted into evidence without objection, is identified as “Petitioner’s Composite Exhibit 1”, and appears in the Office of Fair Hearings

document management system as “[REDACTED] FH 05.09.2024 1-103.pdf”; “[REDACTED] FH 05.09.2024 104-142.pdf”; “[REDACTED] FH 05.09.2024 143-180.pdf”; “[REDACTED] FH 05.09.2024 181-361.pdf”; and “[REDACTED] FH 05.09.2024 362-368.pdf”. The first forty-seven (47) page package of evidence consists of legal authorities for PPEC services, is identified herein as “Respondent’s Composite Exhibit 2, and is maintained in the Office of Fair Hearings document management system as “24-FH0723 AHCA Evidence PPEC.pdf”. The second forty-seven (47) page evidence package consists of legal authorities for behavioral health services, is identified herein as “Respondent’s Composite Exhibit 3”, and is maintained in the Office of Fair Hearings document management system as “24-FH0723 AHCA Evidence BA.pdf”.

FINDINGS OF FACT

1. Petitioner receives Medicaid services on a fee-for-service basis through the Agency. See Respondent’s Composite Exhibit 1, page 22. eQHealth is a Quality Improvement Organization (“QIO”) contracted by the agency to review prior authorization requests and terminations for services.

2. The Petitioner is a [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED] The Florida Home Health Assessment Tool, dated June 20, 2023, described Petitioner as “stable with no heightened risk(s) for serious complications and death (beyond those typical of the recipient’s age).” See Respondent’s Composite Exhibit 1, page 67. Petitioner has no trouble [REDACTED],

no wounds or stomas, has age-appropriate [REDACTED], and does not require intravenous infusions, parenteral nutrition, catheters, pain medications or schedule IV drugs, and doesn't require a ventilator, biPAP/CPAP, oxygen, or suction. See Respondent's Composite Exhibit 1, pages 67 - 69, 71 and 85.

3. On May 15, 2023, Respondent issued a Notice of Outcome ("NOO" or "Notice") terminating Petitioner's PPEC services based on medical necessity. Respondent's Composite Exhibit 1, pages 31-35. The Notice denied 588 units of Code T1026 (partial day PPEC services) and 147 units of Code T1025 (full day PPEC services) for the certification period beginning October 23, 2023, through March 17, 2024, and specifically states the following, in pertinent part:

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:

Requested services are denied because the clinical information does not support the medical necessity.

Clinical Rationale for Decision: Request is for continuation of PPEC for this [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED] Deny this request .

Id.

4. The Petitioner requested a reconsideration of the Respondent's decision to deny the requested PPEC services. On October 24, 2023, Respondent issued a Notice of Reconsideration Decision ("NRD") affirming the termination of Petitioner's PPEC services based on medical necessity.

Respondent's Composite Exhibit 1, pages 46-50. The NRD specifically states the following, in pertinent part:

The reason for the denial is that the services are not medically necessary as defined in 59G-1.010 , Florida Administrative Code. Specifically the services must be:

Individualized, specific, and consistent with symptoms or confirmed diagnosis of the illness under treatment, and not in excess of the patient's needs.

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 medical basis for the reconsideration decision is as follows:

PR Recon Determination: [REDACTED]

Uphold previous denial. The submitted documentation was reviewed. The patient lacks sufficient skilled nursing needs to warrant PPEC care. Safe use of an AIRVO 2 unit requires trained medical/respiratory personnel not available at a PPEC center.

Id.

5. On March 6, 2024, [REDACTED] requested a Fair Hearing on behalf of the Petitioner to dispute Respondent's termination of PPEC services. On March 28, 2024, the undersigned Hearing Officer issued a Scheduling Order to all parties of record scheduling the Fair Hearing to be conducted by telephone on May 9, 2024, at 2:00 p.m. EST. The Fair Hearing was convened on May 9, 2024, but due to technical difficulties, the Spanish translator was dropped from the call and another translator was unavailable. The May 9, 2024, Fair Hearing was continued and pursuant to a May 10, 2024, Order Rescheduling Fair Hearing, the Fair Hearing was reconvened on May 20, 2024, at 10:00 a.m. EST.

6. Dr. Mittal acknowledged the Petitioner has significant medical issues and testified that the question for this case is whether the child needs daily skilled nursing services, and that the answer to that is “no”. Dr. Mittal testified that the Petitioner [REDACTED], and that the parents can receive [REDACTED] occupational therapy, physical therapy, and speech therapy in a setting other than a PPEC facility. Dr. Mittal testified the Petitioner did have [REDACTED]

[REDACTED]

Finally, Dr. Mittal stated that the doctor prescribed [REDACTED]

7. [REDACTED], the Director of Nursing for [REDACTED] (“[REDACTED]”), the Petitioner’s PPEC, testified on behalf of the Petitioner and stated the Petitioner uses an [REDACTED]. [REDACTED] has received formal training and instruction from the manufacturer of the [REDACTED] in its operation, use, and maintenance. See Petitioner’s Composite Exhibit 2, pages 18-22. [REDACTED] also testified that the Petitioner is at a [REDACTED] that cannot be addressed by regular daycare providers. [REDACTED] further testified that the Petitioner requires close monitoring for [REDACTED]. Finally, [REDACTED] testified that the Petitioner requires skilled nursing care because [REDACTED].

8. The Petitioner's [REDACTED] testified that [REDACTED] needs nursing help because of [REDACTED]. [REDACTED] testified that [REDACTED] needs help in caring for [REDACTED] and that [REDACTED] and PPEC are the help [REDACTED] needs.

9. The Petitioner's physician [REDACTED], MD, provided the Petitioner with a prescription for PPEC services for up to twelve (12) hours per day, seven (7) days per week. See Respondent's Composite Exhibit 1, page 218. [REDACTED] also states in [REDACTED] Physicians Plan of Care that the Petitioner requires skilled nursing to monitor for [REDACTED]. See Respondent's Composite Exhibit 1, pages 219-221.

10. [REDACTED], MD, is a physician that is treating the Petitioner's [REDACTED]. [REDACTED]. See Petitioner's Composite Exhibit 1, pages 16-17.

11. [REDACTED], a [REDACTED] Florida health system states that the Petitioner is a [REDACTED] and "PPEC services are essential for monitoring and addressing ..." the Petitioner's medical conditions. See Petitioner's Composite Exhibit 1, pages 23-34.

CONCLUSIONS OF LAW

12. 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. This order is the final administrative decision of AHCA under section 409.285(2)(a).

13. This hearing was held as a *de novo* proceeding pursuant to Florida Administrative Code Rule ("Fla. Admin. Code R.") 59G-1.100(17)(b), which states "[e]ach fair hearing shall be a *de novo*, evidentiary proceeding, and shall be conducted in a manner that meets the requirements of this rule."

14. 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.

(Emphasis added).

15. In the instant case, Respondent terminated an already-approved service. As such, 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.).

16. The Florida Medicaid PPEC Policy, incorporated by reference within Fla. Admin. Code R. 59G-4.260, establishes the coverage and provision for PPEC services available under the Florida Medicaid program. The Florida Medicaid PPEC Policy states the following, in pertinent part:

16.1 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.

16.1.1 Florida Medicaid Policies

This policy is intended for use by PPEC providers that render services to eligible Florida Medicaid recipients. It must be used in conjunction with Florida Medicaid’s General Policies (as defined in section 1.3) and any applicable service-specific and claim reimbursement policies with which providers must comply.

Note: All Florida Medicaid policies are promulgated in Rule Division 59G, Florida Administrative Code (F.A.C.). Coverage policies are available on the Agency for Health Care Administration’s (AHCA) Web site at <http://ahca.myflorida.com/Medicaid/review/index.shtml>.

...

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.

1.3.4 Full Day

Five to twelve hours of PPEC services rendered in one day.

1.3.7 Medically Necessary/Medical Necessity

As defined in Rule 59G-1.010, F.A.C.

1.3.8 Partial Day

Four hours or less of PPEC services rendered in one day.

...

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 medically stable by a physician and who are not a threat to self or others Some services may be subject to additional coverage criteria as specified in section 4.0.

...

4.1 General Criteria

Florida Medicaid covers services that meet all of the following:

- Are determined medically necessary;
- Do not duplicate another service; and
- Meet the criteria as specified in the 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.

17. Florida Statutes defines a "Medically Dependent or Technologically Dependent Child" as:

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.

Fla. Stat. § 400.902.

18. 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.

19. The Petitioner is under the age of 21 years, 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.

20. The Definitions Policy, incorporated by reference in Fla. Admin. Code R. 59G-1.010, provides definitions of commonly used terms that are applicable to all sections of Rule Division 59G, Florida Administrative Code (F.A.C.), unless specifically stated otherwise in a service-specific coverage policy or rule. See Respondent's Composite Exhibit 2, pages 16-27. The Definitions Policy 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.

(Emphasis added.)

21. The Authorization Requirements Policy, incorporated by Fla. Admin. Code R. 59G-1.053, provides general requirements for providers to obtain authorization to render Florida Medicaid services. See Respondent's Composite Exhibit 2, pages 30-37. The Authorization Requirements Policy

states the following:

1.2 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.

...

1.3.1 Authorization

The process of obtaining approval for reimbursement of a service based on medical necessity.

...

1.3.6 Provider

The term used to describe any entity, facility, person, or group that has been approved for enrollment or registered with Florida Medicaid.

1.3.7 Quality Improvement Organization

Entity designated to perform utilization review, quality assurance, and quality improvement activities for Florida Medicaid-covered services rendered by fee-for-service providers (also known as the QIO).

...

2.0 Authorization Requirements

...

2.4.2 Requests for Additional Information

The QIO may request additional information, as necessary, to determine medical necessity.

...

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 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.

(Emphasis added).

22. Respondent terminated Petitioner’s PPEC services on the basis that the services are no longer medically necessary. *See supra* ¶¶ 3 and 4. Specifically, Respondent found that the PPEC services did not meet the following criterion: 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; 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. *Id.*

23. Florida Medicaid covers PPEC services that: are determined medically necessary; do not duplicate another service; and meet the criteria as specified in the Florida Medicaid PPEC Policy. *See supra* ¶ 16. PPEC services provide skilled nursing supervision and therapeutic interventions in a nonresidential setting to medically dependent or technologically dependent recipients. *See supra* ¶ 17.

24. In this case, there was not credible testimony and evidence demonstrating that Petitioner requires “skilled nursing supervision and therapeutic interventions” at the PPEC facility. *See supra* ¶¶ 7, 8, 9, 10, and 11. Further, the documentation and testimony regarding Petitioner’s medical status reflects that Petitioner does not meet the definition of a "medically dependent or technologically dependent child" as Petitioner is not "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." *See supra* ¶¶ 7, 9, 10, 11, and 17.

25. The record indicates that the Petitioner is a [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED] See supra ¶ 2. However, the record also reflects the Petitioner has no trouble [REDACTED], no wounds, has age-appropriate [REDACTED], and does not require intravenous infusions, parenteral nutrition, catheters, pain medications or schedule IV drugs, and doesn't require a ventilator, or suction. *Id.*

26. The Petitioner has been prescribed to use an [REDACTED], which Dr. Mittal testified is dangerous to use out of a hospital setting and requires trained staff to operate. See supra ¶ 7. [REDACTED], the Director of Nursing at the Petitioner's PPEC has obtained the training and education to administer [REDACTED] but there is insufficient evidence in the record as to the times, and amount of [REDACTED] when the Petitioner is not at the PPEC center versus when the Petitioner is at the PPEC Center. See supra ¶ 7.

27. Two (2) treating physicians and a [REDACTED] have all recommended that the Petitioner's PPEC services be continued but each of those recommendations call for the monitoring and supervision of the Petitioner and not the administration of medications, therapies, treatment, or care provided by a skilled nurse. See supra ¶¶ 9, 10, and 11. While the Florida Definition of Medical Necessity specifically states that a physician's recommendation a service is medically necessary does not in and of itself make the service or treatment medically necessary and the

Respondent did provide credible evidence that the PPEC services in this matter are not medically necessary. See supra ¶¶ 6 and 20. Based on the testimony presented by Dr. Mittal, the Respondent has demonstrated the Petitioner does not have a medical condition that requires the daily treatment by a skilled nurse. See supra ¶ 6. The undersigned Hearing Officer finds there is insufficient evidence to indicate that Petitioner requires a skilled nurse to provide anything other than supervision and monitoring.

27. Florida Medicaid permits Respondent to terminate an existing service when, “[t]here is a documented improvement in the recipient’s medical condition, or “[t]here is a documented change in the recipient’s circumstances.” See supra ¶ 21. The evidence and testimony presented above does support the determination by eQHealth that the PPEC services are not medically necessary and that any change in the Petitioner’s documented medication conditions does not justify the continuation of PPEC enrollment. See supra ¶¶ 2, 3, 4, and 6. Based on the above, Respondent has established that the requested PPEC services are not medically necessary, according to section 2.83 of the Florida Medicaid Definitions Policy and section 1.3.7 of the Florida Medicaid PPEC Policy. Looking at all the evidence relevant to the particular needs of this Petitioner, the Respondent has demonstrated that the continuation of the requested PPEC services is not necessary to correct or ameliorate a defect, a condition, or a physical or mental illness under EPSDT, and that the Petitioner is not medically dependent on skilled nursing.

28. Accordingly, upon consideration of the parties’ admitted evidence, the parties’ sworn testimony, and the applicable laws and policies, the undersigned Hearing Officer concludes that the Respondent has 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 from October 23, 2023 through March 17, 2024, is **AFFIRMED**. Petitioner's request for relief is **DENIED**.

DONE AND ORDERED this 12th day of July, 2024, in Tallahassee, Leon County, Florida.

Alan J. Leifer
Alan J. Leifer
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**ALAN J. LEIFER, 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]
[REDACTED]

**AHCA Medicaid Hearing Unit
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