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

FILED

Jul 22, 2024, 1:49 pm

OFFICE OF FAIR HEARINGS

[redacted],

PETITIONER,

AHCA Case No.: 24-FH0898
Plan ID No.: [redacted]

vs.

CHILDREN'S MEDICAL SERVICES,

RESPONDENT.
_____/

FINAL ORDER

Pursuant to notice, the undersigned convened a telephonic Fair Hearing on the instant case on May 9, 2024, at 10:01 a.m. Eastern Standard Time ("EST").

APPEARANCES

For the Petitioner: [redacted]
Petitioner's Authorized Representative

For the Respondent: Chantal Pierre
Clinical Appeals Coordinator
Sunshine State Health Plan, Inc.

STATEMENT OF ISSUE

The issue is whether Petitioner proved by a preponderance of the evidence that Respondent's decision to deny Petitioner's request for a Cubby Bed was incorrect.

PRELIMINARY STATEMENT

All parties appeared telephonically. Petitioner's Authorized Representative and [redacted], [redacted] ("[redacted]"), appeared for Fair Hearing to provide testimony on behalf of the Petitioner, and did not call any witnesses.

Chantal Pierre ("Ms. Pierre"), Clinical Appeals Coordinator for Sunshine State Health Plan, Inc. ("Sunshine") appeared for Fair Hearing as representative for Respondent. Dr. Andrew Metinko ("Dr. Metinko"), Medical Director for Sunshine, appeared for Fair Hearing as a witness for Respondent. Rachel Rosinski, Case Manager for Sunshine, appeared for Fair Hearing as a witness for Respondent. Christie Dudeck, Case Management Supervisor for Sunshine, appeared for Fair Hearing as a witness for Respondent. Samira Jean-Louis, Occupational Therapist and Therapy Advisor for Sunshine, appeared for Fair Hearing as a witness for Respondent. Nicholas Crosby, Physical Therapist and Therapy Advisor for Sunshine, appeared for Fair Hearing as a witness for Respondent.

The following individuals appeared for Fair Hearing as observers: Dr. Mansooreh Salari, Medical Director for Sunshine; Summer Sultan, Senior Attorney for Florida Department of Health; Anita Melton, Ombudsman for Florida Department of Health; and Doris Rivera, Medical Health Care Program Analyst for the Agency for Health Care Administration ("Agency" or "AHCA").

Prior to the hearing, Petitioner sent to the Office of Fair Hearings and Respondent a sixty-four (64)-page evidence packet. The evidence packet appears in the Office of Fair Hearings' document management system as file title "24-FH0898 Supporting Documents.pdf." Absent an objection from the Petitioner, the undersigned admitted the sixty-four (64)-page packet into evidence as Petitioner's Composite Exhibit 1 ("PCE 1").

Prior to the hearing, Respondent sent to the Office of Fair Hearings and Petitioner a two hundred and fifty-nine (259)-page evidence packet. The evidence packet appears in the Office of Fair Hearings' document management system as file title "MFH packet [Petitioner].pdf." Absent

an objection from the Petitioner, the undersigned admitted the two hundred and fifty-nine (259)-page packet into evidence as Respondent's Composite Exhibit 1 ("RCE 1").

FINDINGS OF FACT

1. Petitioner is an enrolled member of Sunshine Medicaid Managed Care ("MMA") plan. *See* RCE 1 at page 2. Sunshine is a managed care organization contracted by the Agency to provide services to eligible Medicaid recipients in Florida.

2. Petitioner is [redacted]. *Id*. at 14. Petitioner's medical history includes [redacted] *Id*. at 14, 25, 35-38. Petitioner is prescribed the following medications: [redacted] *Id*. at 36. Petitioner receives applied behavior analysis ("ABA") therapy, occupational therapy ("OT") and physical therapy ("OT"). *See* RCE 1 at 14, 35, 82 and PCE 1 at 6 and 54.

3. Occupational Therapist, [redacted] ("[redacted]"), with [redacted] completed a Pediatric PT/OT Outpatient Evaluation Wheelchair and Equipment Clinic ("OT Evaluation") updated on December 11, 2023, recommending Petitioner to receive a Cubby Bed. The OT Evaluation states as follows:

> **Prior to Treatment:**
> Referral Diagnosis: [redacted]
> Provider NPI: [redacted]
> HPI for this Visit:: [Petitioner] [redacted]

[redacted]

PT Eval Completed On: [redacted]
Present during session: [redacted]
Patient/Caregiver Concerns: [redacted]

[redacted]

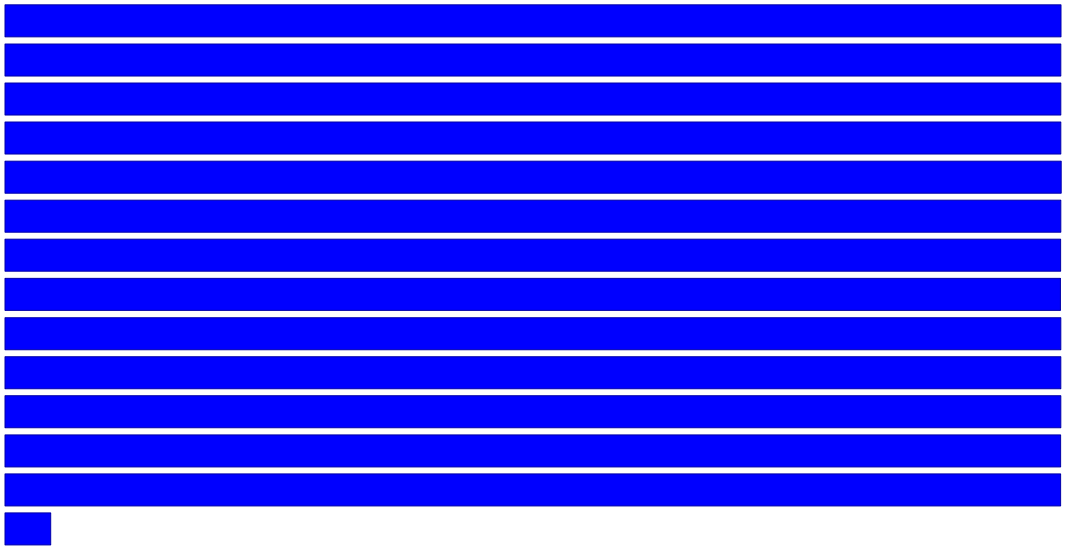
. . .

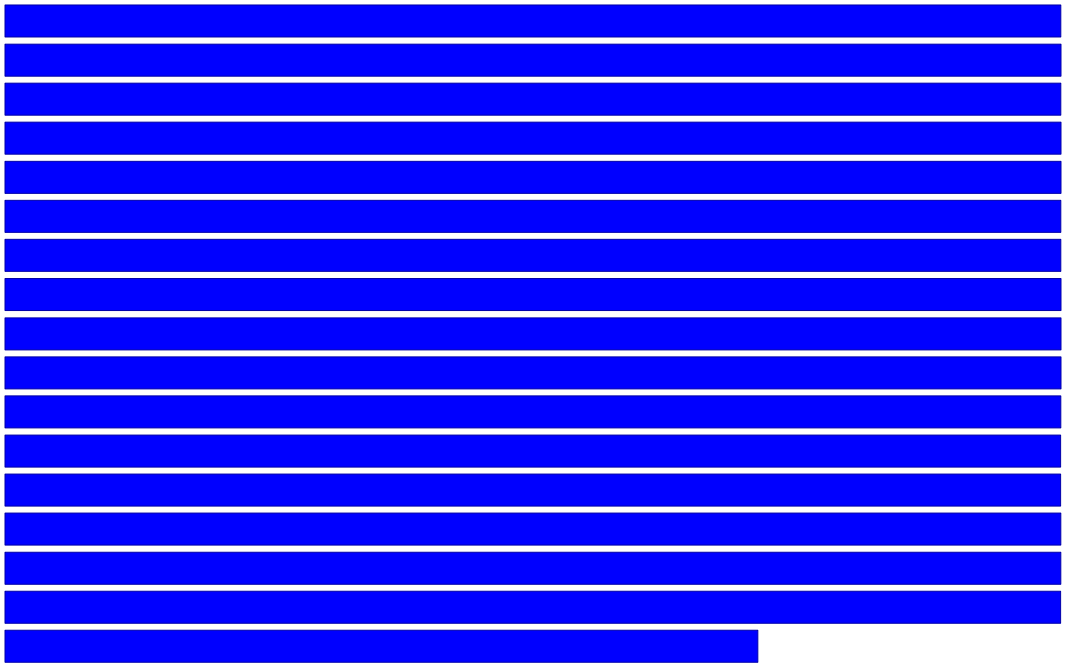
[redacted]

[redacted]

[redacted]

[redacted]





See RCE 1 at 14-20.

4. Petitioner requested a Cubby Bed. Petitioner's request was denied in the Notice of Adverse Benefit Determination ("NABD") dated December 21, 2023. *Id*. at 5-9. The NABD explained the basis of the denial as follows:

> ✓ We determined that your requested services are **not medically necessary** because the services do not meet the reason(s) checked below: (See Rule 59G-1.010)

. . .

- ✓ Must 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.

. . .

The facts that we used to make our decision are:

Centene Clinical Policy on Durable Medical Equipment and Enclosed Beds, CP.MP.107, Durable Medical Equipment and Orthotics and Prosthetics Guidelines, the Florida Medicaid Durable Medical Equipment and Medical Supply Services Coverage and Limitations Handbook, Agency for HealthCare Administration. These services have also been reviewed under EPSDT (Early and Periodic Screening, Diagnostic and Treatment).

The request for equipment billing code E1399 x 1 (Cubby Safety Bed and accessories) is denied due to lack of medical need. The requested item is not medical in nature. There is insufficient clinical information noting that less intensive alternatives to improve patient safety have been tried and ruled out (including removal of all safety hazards, home safety modifications, mattress on floor, bed alarms, video/audio monitors, child protection devices such as locks on doors, windows, cabinets, furniture anchors, physician directed medication to address behaviors and sleep, environmental modifications to encourage calming behaviors and sleep, or established routines addressing sensory needs and/or behavior modification to assist with improved naptime or night time behaviors and sleep), including why they could not meet the member's medical needs. Confinement is not medically necessary for a child's roaming behavior at night, and should not be used as a discipline measure or as a restraint during times of high agitation or aggression.

Id. at 5-6.

5. On January 10, 2024, Petitioner requested a plan appeal and received a Notice of Plan Appeal Resolution ("NPAR") dated January 31, 2024, upholding the denial. *Id*. at 65-67. The NPAR explained as follows:

The facts that we used to make our decision are: the previous denial to authorize equipment (Cubby Safety Bed) is upheld. There is not enough clinical information noting that less intensive alternatives to improve patient safety have been tried and failed. This includes: -removal of all safety hazards, -home safety modifications, -mattress on floor, -bed alarms, -child protection devices such as locks on doors, windows, cabinets, furniture anchors, -physician directed medication to address behaviors and sleep, -environmental modifications to

> encourage calming behaviors and sleep, or established routines addressing sensory needs, -behavior modification to assist with improved naptime or night time behaviors and sleep) The notes do not explain why the above measures could not meet the member's medical needs. Confinement is not medically necessary for a child's roaming behavior at night, and should not be used as a discipline measure or as a restraint during times of high agitation or aggression. The notes do not state that your child would need to be institutionalized without the equipment. Criteria: FLORIDA MEDICAID DURABLE MEDICAL EQUIPMENT AND MEDICAL SUPPLY SERVICES COVERAGE AND LIMITATIONS HANDBOOK; Early and Periodic Screening, Diagnostic and Treatment Services ; CP.MP. 107: Durable Medical Equipment and Orthotics and Prosthetics. The reasons for this decision are based on a set of standards. This included FLORIDA MEDICAID DURABLE MEDICAL EQUIPMENT AND MEDICAL SUPPLY SERVICES COVERAGE AND LIMITATIONS HANDBOOK; Early and Periodic Screening, Diagnostic and Treatment Services ; CP.MP. 107: Durable Medical Equipment and Orthotics and Prosthetics.

Id. at 65-66.

6. On March 15, 2024, Petitioner requested a Fair Hearing to challenge the denial of the Cubby Bed. On April 8, 2024, the undersigned issued an Order Scheduling Fair Hearing by Telephone and Prehearing Instructions, setting the hearing for May 9, 2024, at 10:00 a.m. EST.

7. [redacted] is Petitioner's [redacted]. [redacted] testified to the following:

   a. Petitioner has been on multiple medications for [redacted] medical conditions. After [redacted] home health aide ("HHA") assistance was discontinued, [redacted] medications were changed to include [redacted] *See* PCE 1 at 6, 42-44, 48-49.

   b. Petitioner was performing poorly academically and sleeping in school due to being up at night. *See* ¶ 3 and PCE 1 at 6, 40-41, 56.

   c. [redacted] argued that several alternatives have been tried over the years, including [redacted]

[redacted] argued that Petitioner still was not sleeping at night and found ways to get around these strategies and wander. *See* ¶ 3 and PCE 1 at 5-7, 24-25.

d. The [redacted]. *See* ¶ 3.

e. [redacted] explained that child protective services warned against [redacted] adding deadbolt locks on exit points such as on Petitioner's door.

f. [redacted] argued that after Petitioner tried [redacted] Cubby bed, [redacted] has improved [redacted] behavior.

8. Dr. Metinko is a Medical Director for Sunshine. Dr. Metinko testified to the following:

a. The request for the Cubby Bed was reviewed by Sunshine's Medical Directors and consulting occupational therapist. *See* ¶ 4-5.

b. Sunshine reviewers denied the request based on a lack of documentation to demonstrate that other safety measures have been exhausted and ineffective to meet the recipient's needs. *See* ¶ 4-5, 9.

c. Dr. Metinko opined that these beds can be a potential intervention when a child needs containment at night, with specific risk factors to include the child getting out of bed, is developmentally impaired or without normal boundaries, and endangers younger children.

d. Petitioner receives HHA assistance at night and aide can prevent [redacted] *See* PCE 1 at 6.

e. The neurology notes dated [redacted], state Petitioner "is sleeping well throughout the night, the patient sleeps from 8 p.m. to 7 a.m. on daily basis. *See* RCE 1 at 54. The [redacted], follow up states "the patient eats and sleeps well." *Id*. at 35.

9. The Centene Corporation Clinical Policy: Durable Medical Equipment and Orthotics and Prosthetics Guidelines (June 2022) ("CP.MP.107") provides as follows in regard to durable medical equipment and supplies:

> **Policy/Criteria**
> It is the policy of health plans affiliated with Centene Corporation® that durable medical equipment, orthotics, and prosthetics are **medically necessary** when the applicable criteria are met.
> . . .

OTHER EQUIPMENT	CRITERIA	HCPCS
Enclosed Beds[17,18,19,20,21,22]	Requests will be reviewed by a medical director and/or therapy advisor to determine medical necessity, based on all of the following: A. Standard bed or standard hospital bed must be unable to meet the positioning needs due to disability; B. Less intensive alternatives to improve the member's/enrollee's safety have been tried and ruled out (To include documentation of why they could not meet medical needs). Considerations include, but are not limited to: 1. Bed rails; 2. Mattress placed on the floor; 3. Removal of all safety hazards; 4. Bed alarms; 5. Video/audio monitors; 6. Child protection devices such as locks on doors, windows, cabinets, furniture anchors, gates at steps and doors; 7. Physician-directed medication to address seizures, behaviors and sleep; 8. Environmental modification to encourage calming behaviors and sleep; 9. Established routines addressing sensory needs and/or behavior modification to assist with improved naptime or night time behaviors and sleep;	E0316 E1399 E0328 or E0329 (when combined with E0316 or E1399)

OTHER EQUIPMENT	CRITERIA	HCPCS
	C. Medical diagnosis to include, but not limited to: 1. Cerebral palsy; 2. Developmental delay; 3. Genetic or neurological disorder that would cause vertigo, disorientation, or uncontrolled movement of the body or extremities; 4. Uncontrolled seizure disorder; 5. Severe behavior disorder; D. Healthcare provider evaluation (typically from an occupational or physical therapist) to include: 1. Specific information on functional status; 2. Documentation of home evaluation; 3. Documentation of education provided to caregivers on proper use of a bed enclosure, noting: they are to be used for medical support, improved safety transitioning in and out of the bed, and improved safety while sleeping; E. Name of and invoice for the bed or enclosure being requested. Note: Enclosed beds should not be used as a discipline measure or as a restraint during times of high agitation or aggression. To limit sensory deprivation, enclosed beds should be used at night for sleeping and only for short rests or naps during the day.	

Background

DME items have the following characteristics:

- The equipment is prescribed by a physician;
- The equipment meets the definition of DME;
- The equipment is necessary and reasonable for the treatment of an illness or injury;
- The equipment is manufactured primarily for use in the home environment, but is not limited to use in the home.

. . .

Medical Equipment

Medical equipment is defined as equipment primarily and customarily used for medical purposes and is not generally useful in the absence of illness or injury. In most instances, no documentation will be needed to support whether a specific item of equipment is medical in nature. However, some cases will require documentation to determine whether the item constitutes medical equipment. This documentation would include the advice of local medical organizations and facilities and specialists in the field of physical medicine and rehabilitation. If the equipment is new on the market, it may be necessary, prior to seeking professional advice, to obtain information from the supplier or manufacturer explaining the design, purpose, effectiveness and method of using the equipment

in the home as well as the results of any tests or clinical studies that have been conducted.

Id. at 236-242.

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 Rule ("Fla. Admin. Code R.").

12. Because Petitioner is requesting a new benefit, 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.)

13. Petitioner's request for a medical equipment and supplies is governed by the Florida Medicaid Durable Medical Equipment and Medical Supply Services Coverage and Limitations Handbook, July 2010 ("DME and Medical Supply Handbook"). The DME and Medical Supply Handbook provides the following:

> **Purpose**
>
> The purpose of the DME and Medical Supply Services Program is to promote, maintain, or restore health and minimize the effects of illness, disability, or a disabling condition:
>
> **Durable Medical Equipment (DME)**
>
> Durable medical equipment (DME) is defined as medically-necessary equipment that can withstand repeated use, serves a medical purpose, and is appropriate for use in the recipient's home as determined by the Agency for Health Care Administration (AHCA).
>
> . . .

Service Criteria

All DME, medical supplies, and orthotics and prosthetic devices must be:

- Medically necessary, and
- Functionally appropriate for the individual recipient, and
- Adequate for the intended medical purpose, and
- For conventional use, and
- For the exclusive use of the recipient

DME items requested or supplied must not duplicate or perform the same function as other DME equipment or medical supplies currently in the recipient's possession.

. . .

Medical Necessity

Medicaid reimburses for services that do not duplicate another provider's service and are determined to be medically necessary. Per 59G-1.010, F.A.C., to be medically necessary, services must meet the following conditions:

- Be necessary to protect life, to prevent significant illness or significant disability, or to alleviate severe 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; and
- 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 1 at 92-136.

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 this request. However, a state mayplace 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.

Definitions Policy at page 7.

17. Petitioner requested a Cubby Bed. *See* ¶ 4. In the NABD dated December 21, 2023, Respondent denied Petitioner's request citing the lack of medical necessity. *See* ¶ 4. Specifically, Respondent explained that the request "must 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." *See* ¶ 4. In the NPAR dated January 31, 2024, Respondent upheld its denial citing the same rationale. *See* ¶ 4-5. As Petitioner bears the burden of proof, Petitioner must show that Respondent's decision was incorrect. *See* ¶ 12.

18. As provided by the EPSDT requirements, the recipient must meet the medical necessity criteria as outlined in Fla. Admin. Code R. 59G-1.010 for Medicaid-covered benefits. *See* ¶ 14-15. The Definitions Policy requires that medically necessary services 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." *See* ¶ 16. According to the DME and Medical Supply Handbook, all DME must be medically necessary, functionally appropriate for the individual recipient, adequate for the intended medical purpose, for conventional use, and for the exclusive use of the recipient. *See* ¶ 13.

19. In the instant case, Petitioner is [redacted]. *See* ¶ 2. Petitioner's medical history includes [redacted]. *See* ¶ 2. Petitioner receives ABA therapy, OT, PT, and takes prescribed medication. *See* ¶ 2, 3. The request for the Cubby Bed was reviewed

by Respondent's Medical Directors as well as a therapist consultant, but was denied due to the lack of documentation to demonstrate medical necessity could be met. *See* ¶ 4-5, 8.

20. At Fair Hearing, [redacted] contended that several alternatives were tried, including [redacted] *See* ¶ 7. [redacted] argued that Petitioner still was not sleeping at night and found ways to get around these strategies and wander. *See* ¶ 7. According to [redacted], child protective services warned against [redacted] adding deadbolt locks on exit points such as on Petitioner's door. *See* ¶ 7. [redacted] expressed concern that Petitioner was performing poorly academically and sleeping in school due to being up at night. *See* ¶ 7. [redacted] argued that Petitioner trialed [redacted] Cubby bed and has improved in [redacted] behavior. *See* ¶ 7. Overall, Petitioner's argument is that the Cubby Bed would provide a safe environment for sleep. *See* ¶ 7. Dr. Metinko argued that a Cubby Bed can be a potential intervention when a child needs containment at night, with specific risk factors to include the child getting out of bed, is developmentally impaired or without normal boundaries, and endangers younger children. *See* ¶ 8.

21. It appears that Petitioner marginally meets the qualifications for a Cubby Bed as a potential intervention in light of [redacted] diagnoses and reported events in the home. *See* ¶ 2-3, 7, 9. However, the record points to some conflicting clinical information that refutes approval of the Cubby Bed. The Petitioner's neurology notes dated [redacted], state Petitioner "is sleeping well throughout the night, the patient sleeps from 8 p.m. to 7 a.m. on daily basis." *See* ¶ 8. The [redacted], neurology follow-up report states "the patient eats and sleeps well."

See ¶ 8. This report further states "[t]he [redacted] denies any difficulties initiating and maintaining sleep throughout the night. [redacted] has been healthy, without [redacted]." *See* RCE 1 at 35. The November 2023 report was completed in proximate time of Petitioner's initial request for the Cubby Bed but does not parallel the clinical judgment within the OT Evaluation completed in December 2023. *See* ¶ 3-4, 8. In addition, the record indicates that Petitioner's HHA was previously discontinued, however, there is little evidence regarding the ineffectiveness of the aide to ameliorate Petitioner's sleep concerns or nighttime routine. *See* ¶ 3, 7. The record does not demonstrate a lack of progress with Petitioner's therapies, specifically OT and ABA therapy, to encourage calming behaviors and/or sleep. *See* ¶ 2-3, 7. Overall, the request for the Cubby Bed is largely speculative as to the expected efficacy with Petitioner's sleep concerns as less intensive alternatives to improve Petitioner's safety have not all been demonstrably exhausted and failed. *See* ¶ 3, 7, 9, 13. Accordingly, Petitioner has not presented sufficient justification of how the Cubby Bed is "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." *See* ¶ 9, 12, 16.

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 requested Cubby Bed is medically necessary. Looking at all the evidence relevant to the particular needs of Petitioner, Petitioner has not shown that the requested service is necessary to correct or ameliorate a defect or a physical and mental illness or condition. Accordingly, the undersigned finds that Petitioner has not proved by a preponderance of the evidence that Respondent's denial of the Cubby Bed was incorrect.

IT IS THEREFORE ORDERED AND ADJUDGED THAT:

Respondent's denial of a Cubby Bed is **AFFIRMED**. Petitioner's appeal based on Respondent's denial of a Cubby Bed is **DENIED**.

DONE AND ORDERED this 22nd day of July, 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:

[redacted]

[redacted]

Children's Medical Services
CMSPlanContract@flhealth.gov

AHCA Medicaid Hearing Unit
MedicaidHearingUnit@ahca.myflorida.com