



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

FILED

Jun 27, 2024, 4:12 pm
OFFICE OF FAIR HEARINGS

[REDACTED]

PETITIONER,

AHCA Case No.: 24-FH1050

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 June 12, 2024, at 9:13 a.m. Eastern Standard Time (“EST”).

APPEARANCES

For the Petitioner:

[REDACTED]

Petitioner’s Authorized Representative

For the Respondent:

Linda Latson
Registered Nurse Specialist
Fair Hearing Liaison
Agency for Health Care Administration

STATEMENT OF ISSUE

The issue is whether Petitioner proved by a preponderance of the evidence that Respondent’s decision to deny prescribed pediatric extended care (“PPEC”) services was incorrect.

PRELIMINARY STATEMENT

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

behalf of Petitioner. [REDACTED], (“[REDACTED]”) Petitioner’s [REDACTED] appeared on behalf of the Petitioner.

Linda Latson, (“Ms. Latson”), Registered Nurse Specialist and Fair Hearing Liaison for the Agency for Health Care Administration (“Agency” or “AHCA”), appeared as the representative for Respondent. Rakesh Mittal, MD (“Dr. Mittal”), with eQHealth Solutions of Florida, Inc. (“eQHealth”), attended as a witness for Respondent.

Jori #252660 appeared to provide Spanish translation services.

Daniela #385822 appeared to provide Spanish translation services.

Karen #377347 appeared to provide Spanish translation services.

Natalia #388579 appeared to provide Spanish translation services.

Petitioner did not present any documents for evidence at the Fair Hearing.

Prior to the hearing, Respondent sent to the Office of Fair Hearings and Petitioner a one hundred and sixteen (116)-page packet. The packet appears in the Office of Fair Hearings’ document management system as “[REDACTED] FH 06.12.2024 1-97.pdf,” and “[REDACTED] FH 06.12.2024 98-116.pdf.” Absent an objection from the Petitioner, the undersigned admitted the one hundred and sixteen (116)-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-FH1050 AHCA Evidence PPEC Svcs 47 Pages.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. Petitioner is [REDACTED]. See Respondent’s Composite Exhibit 1 at page 22.

Petitioner is diagnosed with [REDACTED] [REDACTED] *Id.* at 16. Petitioner has no reported use of a ventilator, BiPAP/CPAP, or oxygen, and has no continuous monitoring or suctioning needs. Petitioner does not use enteral feeds, has no reported seizures or spasms, and does not receive therapy, fluids or medications intravenously. Petitioner has no reported wounds or stomas.

3. Petitioner requested PPEC services for the certification period of March 5, 2024, through August 31, 2024. *Id.* at 28. In a Notice of Outcome (“NOO”), dated March 11, 2024, Respondent denied Petitioner’s PPEC services. *Id.* at 32-34. The NOO explained the basis of the denial 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.

Requested services are denied because this care can be provided by the parent or caregiver.

Clinical Rationale for Decision: The patient is a [REDACTED]
[REDACTED]
[REDACTED] There is no need for skilled nursing services. PPEC has to be denied.

Id. at 32-33.

4. A request for a Reconsideration Determination was made in this matter. In a Notice of Reconsideration Determination (NRD) dated March 14, 2024, the Respondent upheld the previous denial of Petitioner's PPEC services. *Id.* at 47-48. The NRD explained the reconsideration determination as follows:

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.

...

PR Recon Determination: Reconsideration request and the submitted clinicals were reviewed. [REDACTED]
[REDACTED] No need for skilled nursing. Uphold the initial denial of PPEC.

Id. at 47-48.

5. On March 29, 2024, Petitioner requested a Fair Hearing to challenge the denial of PPEC services. On May 6, 2024, the undersigned issued an Order Scheduling Fair Hearing by Telephone and Prehearing Instructions, setting the hearing for June 12, 2024, at 9:00 a.m. EST.

6. [REDACTED] testified on behalf of the Recipient. [REDACTED] felt that it was in the best interest of the recipient to be at a PPEC facility. [REDACTED]
[REDACTED] and that condition should

be monitored for a year to determine if any additional medical attention is needed. The recipient also has [REDACTED]. [REDACTED] testified that the recipient had recently been diagnosed with [REDACTED]. [REDACTED] also stated that the recipient was taking [REDACTED] and that the recipient had [REDACTED]

[REDACTED]
[REDACTED] [REDACTED]
[REDACTED]

7. [REDACTED] testified on behalf of [REDACTED]. [REDACTED]
[REDACTED] [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED] The PPEC facility has nursing services to care for [REDACTED]. [REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

8. Dr. Mittal testified that PPEC centers are intended for children who need highly skilled nursing services on a daily basis. Dr. Mittal stated that the PPEC center is not for the purpose of

regular daycare. The recipient does not have a medical need that requires the skilled nursing services of a PPEC facility. Dr. Mittal testified that the recipient did not have any [REDACTED]. RCE 1 at page 18. The recipient was gaining weight. [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED] *Id.* at 48. [REDACTED]

[REDACTED]

[REDACTED] Based on the documentation provided, Dr. Mittal opined that PPEC skilled nursing services are not 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 32-33 and 47-48.

9. Following a complete review of the materials available to Dr. Mittal, it is Dr. Mittal’s testimony that the recipient’s circumstances and conditions do not meet the requirements for PPEC services which provide highly skilled nursing services. The PPEC services exceed the needs of the recipient. The recipient does not meet the medical necessity criteria to receive PPEC services.

CONCLUSIONS OF LAW

10. The Agency’s Office of Fair Hearings has jurisdiction over the subject matter of this proceeding and the parties pursuant to section 409.285(2), Florida Statutes (2019). This order is the final administrative decision of AHCA under section 409.285(2)(a).

11. This hearing was held as a de novo proceeding pursuant to Florida Administrative Code Rule (“Fla. Admin. Code R.”) 59G-1.100(17)(b).

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

1.1 Description

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

...

2.2 Who Can Receive

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

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

...

1.3 Definitions

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

...

1.3.7 Medically Necessary/Medical Necessity

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

...

4.0 Coverage Information

4.1 General Criteria

Florida Medicaid covers services that meet all of the following:

- Are determined medically necessary

- Do not duplicate another service
- Meet the criteria as specified in this policy

...

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.

14. 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.

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

(3) Skilled Services Criteria.

- 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.
- Skilled Nursing. To be classified as skilled nursing service, the service must meet all of the following conditions:
 - Ordered by and remain under the supervision of a physician;
 - 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.

16. 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.

17. 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).

18. 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.

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

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.

20. In the NOO, dated March 11, 2024, and the NRD, dated March 14, 2024, Respondent denied Petitioner’s PPEC services. *See supra* ¶ 3-4. The NOO and NRD explained that the basis of the denial was that the request was not “individualized, specific, and consistent with symptoms or confirmed diagnosis of the illness under treatment 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* ¶ 3-4. Respondent explained that Petitioner does not require skilled nursing services based on the documentation provided. *See supra* ¶ 3-4.

21. PPEC services are intended for patients who “require continuous therapeutic interventions or skilled nursing supervision.” *See supra* ¶ 13. 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* ¶ 18. 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” and “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.” *See supra* ¶ 18. Dr. Mittal provided credible and persuasive testimony that Petitioner does not require daily skilled nursing services. *See supra* ¶ 8, 9. In all, there is no indication that Petitioner requires skilled nursing services. Furthermore, 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 supra* ¶ 19.

22. Upon consideration of the testimony provided, Respondent’s Composite Exhibit 1, Respondent’s Composite Exhibit 2, and the applicable policies, the undersigned concludes that Petitioner has failed to prove by a preponderance of the evidence that PPEC services are medically necessary for Petitioner. Looking at all the evidence relevant to the particular needs of Petitioner, Respondent has demonstrated that PPEC services are not necessary to correct or ameliorate a defect or a physical and mental illness or condition. Accordingly, Petitioner failed to

prove by a preponderance of the evidence that Respondent's denial of PPEC services was incorrect.

IT IS HEREBY ORDERED AND ADJUDGED THAT:

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

DONE and ORDERED this 27th day of June 2024, in Tallahassee, Leon County, Florida.



Laura Gallagher
for George Winslow 24-
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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]

AHCA Medicaid Hearing Unit
MedicaidHearingUnit@ahca.myflorida.com