



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

FILED

Aug 13, 2024, 2:58 pm

OFFICE OF FAIR HEARINGS

[REDACTED]

PETITIONER,

AHCA Case No.: 24-FH1166

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 28, 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
Children's Medical Services

STATEMENT OF ISSUE

The issue is whether Respondent proved by a preponderance of the evidence that Respondent's decision to reduce Petitioner's home health services (private duty nursing) was correct.

PRELIMINARY STATEMENT

All parties appeared telephonically. Petitioner's Authorized Representative and [REDACTED],

[REDACTED] ("[REDACTED]"), appeared for Fair Hearing to provide testimony on behalf of

Petitioner. [REDACTED] (“[REDACTED]”), Petitioner’s [REDACTED], appeared for Fair Hearing to provide testimony on behalf of Petitioner.

Chantal Pierre ("Ms. Pierre"), Clinical Appeals Coordinator for Children's Medical Services (“CMS”) appeared for Fair Hearing on behalf of Respondent. Andrew Metinko, M.D. (“Dr. Metinko”), Medical Director for CMS, appeared for Fair Hearing as a witness for Respondent. Nicole Martinez, Case Manager for CMS, appeared for Fair Hearing as a witness for Respondent. Lynn Garguilo, Supervisor for CMS, appeared for Fair Hearing as a witness for Respondent. Dawn Bielawski, Senior Manager for CMS, appeared for Fair Hearing as a witness for Respondent.

The following individuals appeared for Fair Hearing as observers: Elyssa Luke, Esq., Counsel for CMS at Florida Department of Health; Brandon Swan, Special Investigation Unit Manager for CMS at Florida Department of Health; and Chrissie Simmons, Medical Health Care Program Analyst and Fair Hearing Liaison for the Agency for Health Care Administration (“Agency” or “AHCA”).

Petitioner did not introduce any exhibits at the hearing.

Prior to the hearing, Respondent sent to the Office of Fair Hearings and Petitioner a one hundred and fifty (150)-page evidence packet. The one hundred and fifty (150)-page packet appears in the Office of Fair Hearings’ document management system as file titles “MFH packet [Petitioner].pdf.” Absent an objection from the Petitioner, the undersigned admitted the one hundred and fifty (150)-page packet into evidence as Respondent’s Composite Exhibit 1 (“RCE 1”).

FINDINGS OF FACT

1. Petitioner is an enrolled member of Children’s Medical Services (“CMS”) Managed Medical Assistance (“MMA”) program. See RCE 1 at page 2. CMS is a managed care organization contracted by the Agency to provide services to eligible Medicaid recipients in Florida. *Id.*

2. Petitioner is [REDACTED] *Id.* at 14. [REDACTED]

[REDACTED]. *Id.* at 11. Petitioner’s medical conditions include encounter for [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED] *Id.* at 98.

3. Petitioner is prescribed the following medications: [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED] *Id.* at 13-15, 60.

4. Petitioner requested recertification of private duty nursing services for the period of April 22, 2024, to June 20, 2024, specifically, 24 hours per day, 7 days per week. *Id.* at 14. In a Notice of Adverse Determination (“NABD”), dated February 13, 2024, Respondent reduced Petitioner’s services to 12 hours per day, 7 days per week. *Id.* at 4-8. The NABD explained the basis for the reduction 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, consistent with symptoms or diagnosis of illness or injury and not be in excess of the patient’s needs.

The facts that we used to make our decision are:
Sunshine Health Policy on Review of Private Duty Nursing Requests, FL.UM.26.00.
This decision was made with regards to EPSDT (Early and Periodic Screening Diagnostic and Treatment).

Rationale: The request for continuation of private duty nursing is partly approved. It is partly denied. Private duty nursing is medical care by a licensed nurse in the home. The request is for 24 hours per day, 7 days per week. The medical director has reviewed the medical notes sent with this request. This is a doctor trained in this type of care. It has been determined the notes do not show the medical need of private duty nursing at this level of coverage. Your child is partly approved 24 hours daily 7 days per week for the first 30 days only. This is to allow for the needed medical notes to be sent for review. After this approved 30 days, if more medical notes are not sent to show this level of coverage, private duty nursing will be reduced. It will be reduced from 24 hours daily 7 days per week to 12 hours daily 7 days per week. There are no office visit notes from your child's doctor that gives us details about [REDACTED] medical condition. [REDACTED] does not have a tube to breathe. Your child is not on a ventilator. This is a machine that provides mechanical breathing support. [REDACTED] is not on extra oxygen continuously. Your child is not on monitors continuously. Your child is not on continuous feeds by [REDACTED]. There is no record of [REDACTED]. [REDACTED] Your child does not have seizures. This is a change in the way a person acts or moves that is not normal. This is due to a signal problem in

the brain. Your child is not on many complex medicines. There is no record if the nurse attends school with your child. Also, the plan of care sent is not signed by the doctor. A plan of care is the services and support to be given. It is not clear what the level of parental / caregiver aid in taking care of your child's medical condition should be expected. Please discuss this decision with your child's doctor and your Children's Medical Services care manager should you have any questions. A care manager is a person with training that helps set up services.

Id. at 4-5.

5. On February 19, 2024, Petitioner requested a plan appeal for the reduction of private duty nursing services. *Id.* at 69-71. In a Notice of Plan Appeal Resolution ("NPAR") dated March 12, 2024, Respondent upheld their decision. *Id.* at 75-77. The NPAR explained as follows:

...

The facts that we used to make our decision are: the previous decision to reduce private duty nursing services for your child is upheld based on a lack of medical necessity. The clinical information that we received does not indicate that your child needs advanced respiratory support. Your child does not need multiple medications administered in the veins. They do not need continuous feedings through a feeding tube. Please discuss other options with your child's care manager and/or primary care pediatrician. The reasons for this decision are based on a set of standards. This included Review of Private Duty Nursing Requests, POLICY ID: FL.UM.26.00. This decision was made with regards to EPSDT.

Id. at 75-76.

6. On April 8, 2024, Petitioner requested a Fair Hearing to challenge the reduction of private duty nursing services. On April 26, 2024, undersigned issued an Order Scheduling Fair Hearing and Prehearing Instructions ("Scheduling Order"), setting the hearing for May 28, 2024, at 10:00 a.m. EST.

7. Dr. Metinko is a Medical Director for CMS. Dr. Metinko testified to the following:

- a. Petitioner previously received twenty-four (24)-hour care under administrative approval since [REDACTED]. *Id.* at 87, 99.

- b. Three CMS Medical Directors conducted a review for medical necessity and agreed that Petitioner’s daily skilled nursing needs do not justify 24 hours per day of private duty nursing services. See ¶ 4-5.
- c. Petitioner’s plan of care does not show Petitioner requires skilled nursing care such as supplemental oxygen, intravenous (“IV”) administered medication or nutrition, emergency antiseizure medications, or complex medication regimen.
- d. Petitioner’s school schedule is Monday through Friday from 8 a.m. to 2 p.m. when [REDACTED] nurse attends school with [REDACTED].
- e. Petitioner’s [REDACTED], [REDACTED], attends school from 9 a.m. to 1 p.m. during the times Petitioner is at school.
- f. [REDACTED] works full-time at 40 hours per week. See RCE 1 at 16.
- g. CMS clinical reviewers agreed that there is some overlap on ADL tasks a parent is eventually expected to provide such as [REDACTED]. See ¶ 10.

8. [REDACTED] is Petitioner’s [REDACTED]. [REDACTED] testified to the following:

- a. [REDACTED]. See ¶ 2-3.
- b. [REDACTED]
[REDACTED].
- c. [REDACTED].
- d. [REDACTED]
[REDACTED].

9. [REDACTED] is Petitioner’s [REDACTED]. [REDACTED] testified to the following:

- a. [REDACTED] argued that Petitioner needs around the clock care due to [REDACTED] risk of [REDACTED].
- b. Petitioner’s medical specialists agree that [REDACTED] should remain with 24-hour care.
- c. [REDACTED]
[REDACTED]
- d. Parents are not certified or licensed healthcare professionals.
- e. [REDACTED] does not work.
- f. [REDACTED]
[REDACTED]
- g. [REDACTED]
[REDACTED]
- h. [REDACTED] testified that [REDACTED] has had to change [REDACTED] work schedule to only work mornings, in order to be home to assist with Petitioner’s care.
- i. Parents only take over in case of an emergency.
- j. [REDACTED]
[REDACTED]
[REDACTED]

10. The Sunshine Health Review of Private Duty Nursing Requests (June 2015) (“FL.UM.26.00”) provides as follows in regards private duty nursing services:

PURPOSE:

To establish clinical criteria on which to review requests for private duty nursing services to provide medically necessary, age-appropriate nursing care to eligible members with medical needs beyond a skilled care nursing visit. The services will assist in maintaining the member in their home and community environment, in a safe manner.

...

DEFINITION:

Medically Complex: A member is medically complex if he/she has chronic debilitating diseases or conditions of one or more physiological or organ systems that make the person dependent upon 24-hour per day medical, nursing or health supervision or intervention.

Private Duty Nursing Services: are services that are medically necessary skilled nursing services that can be provided to members under the age of 21 in their home or other authorized settings to support the care required by their complex medical problems and require more extensive and continual care than can be provided through a home health nurse visit. Private duty nursing is furnished for the purposes of performing skilled interventions or monitoring the effects of prescribed treatment.

...

Limitations and Exclusions:

...

- Private duty nursing is not covered for respite care. Examples are parent or legal guardian recreation, socialization, and volunteer activities or periodic relief to attend to personal matters unrelated to the medical necessary care of the member.

...

- Private duty nursing services can be considered for the medically complex member at school if both of the following are met:
 - The member's primary care physician provides documentation that he/she considers going to school a viable option given the member's medical status, and
 - The school system is not currently providing the intensity of nursing care required by the child, and private duty nursing services would enable the member to attend school (with documentation of such).
- Private duty nursing services are not covered in the following locations:
 - Hospitals
 - Nursing facilities
 - Intermediate care facilities for individuals with intellectual disabilities
 - Physician offices
 - Clinics
 - Prescribed pediatric extended care centers
- There are times during the day when skilled interventions are not required for a member receiving private duty nursing services. In these cases, parents or legal guardians must provide assistance with activities of daily living (ADL) and instrumental activities of daily living (IADL) for the member, to the fullest extent possible. If parents or legal guardians need training to safely perform these ADL and IADL tasks, the home health provider must provide training and

document the methods used to train the parent or legal guardian in the member's medical record. If the parents or legal guardians are willing and capable of providing more ADL and IADL care, private duty nursing can be authorized to supplement the care provided by those parents or legal guardians.

- Private duty nursing services can be approved for a member whose parent or legal guardian is not available or able to provide ADL or IADL care. Documentation must be provided with a request for private duty nursing services in order to substantiate a parent or legal guardian's inability to participate in the care of the member (i.e., work or school schedules and medical documentation). If a parent or legal guardian is unable to provide a work schedule, a statement attesting to the work schedule must be presented to Sunshine Health when making the request.
- For MMA, CMS, SMI and Child Welfare members, a home health agency can allow payment for up to 40 hours per week of private duty nursing services provided by a parent or legal guardian if that parent or legal guardian has a valid license as a RN or LPN in the state of Florida and is employed by a contracted home health agency. Parents or legal guardians must participate in providing ADL and IADL care to the fullest extent possible and are expected to continue to provide non-reimbursed care as the primary parent or legal guardian.
- . . .
- Approval is not provided for additional private duty nursing hours for the member so that the member's parent or legal guardian who is providing private duty nursing for the member can also work outside the home or for respite. The parent or legal guardian is not eligible to participate in this program if the required care cannot be provided because of a medical condition or disability of the parent or legal guardian.
- The absence of an available care giver does not make the requested services skilled care, and therefore is not criteria used for determining medical necessity of private duty nursing.
- Services that can be provided safely and effectively by a non-clinically trained person are not considered skilled when a non-skilled caregiver is not available.

See RCE 1 at 103-106.

CONCLUSIONS OF LAW

11. 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).

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

13. Because Respondent reduced a previously approved service, 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.)

14. The Florida Medicaid Private Duty Nursing Services Coverage Policy (November 2016) (“PDN Policy”), incorporated by reference in Fla. Admin. Code R. 59G-4.261, governs private duty nursing services available under Florida Medicaid. The PDN Policy provides the following, in pertinent part:

1.1 Description

Florida Medicaid private duty nursing (PDN) services provide medically necessary skilled nursing to recipients whose medical condition, illness, or injury requires the care to be delivered in their home or in the community.

...

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.

1.3.6 Medically Necessary/Medical Necessity

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

Note: Subparagraph (a)(5) of the medical necessity definition shall not be applied when determining the medical necessity of private duty nursing services. All other medical necessity criteria apply and must be met in order to receive reimbursement from Florida Medicaid

...

4.0 Coverage Information

4.1 General Criteria

Florida Medicaid reimburses for services that meet all of the following:

- Are determined medically necessary

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

4.2 Specific Criteria

Florida Medicaid reimburses for up to 24 hours of PDN services per day, per recipient, when the recipient meets all of the following criteria:

- Is under the care of a physician and has a physician’s order for PDN services
- Requires more extensive and continual care than can be provided through a home health visit
- Requires services that can be safely provided in their home or the community

...

4.3 Early and Periodic Screening, Diagnostic, 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.

...

5.0 Exclusion

5.1 General Non-Covered Criteria

Services related to this policy are not reimbursed 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

5.2 Specific Non-Covered Criteria

Florida Medicaid does not reimburse for the following:

- A skill level other than what is prescribed in the physician order and approved POC
- Babysitting
- Certification of the POC by a physician
- Nursing assessments related to the POC
- Professional development training or supervision of home health staff or other home health personnel
- Respite care to facilitate the parent or legal guardian attending to personal matters

- Services funded under section 110 of the Rehabilitation Act of 1973 or under the provisions of the Individuals with Disabilities Educational Act
- Services furnished by relatives as defined in section 429.02(18), F.S., household members, or any person with custodial or legal responsibility for the recipient. (except as described in section 4.2.1)
- Services provided in any of the following locations:
 - Hospitals
 - Intermediate care facilities for individuals with intellectual disabilities
 - Nursing facilities
 - Prescribed pediatric extended care centers
 - Residential facilities or assisted living facilities when the services duplicate those provided by the facility
- Services rendered prior to the development and approval of the POC
- Travel time to or from the recipient’s place of residence

See PDN Policy at page 1-4.

15. 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.

16. Petitioner is under age 21, and therefore EPSDT applies to this 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.

17. 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:

2.83 Medically Necessary or Medical Necessity

The medical or allied care, goods, or services furnished or ordered must meet the following conditions:

- Be necessary to protect life, to prevent significant illness or significant disability, or to alleviate pain
- Be individualized, specific, and consistent with symptoms or confirmed diagnosis of the illness or injury under treatment, and not in excess of the patient’s needs
- Be consistent with generally accepted professional medical standards as determined by the Medicaid program, and not experimental or investigational
- Be reflective of the level of service that can be safely furnished, and for which no equally effective and more conservative or less costly treatment is available statewide
- Be furnished in a manner not primarily intended for the convenience of the recipient, the recipient’s caretaker, or the provider

The fact that a provider has prescribed, recommended, or approved medical or allied care, goods, or services does not, in itself, make such care, goods or services medically necessary or a medical necessity or a covered service.

See RCE 1 at 150.

18. In the instant case, Petitioner requested continuation of private duty nursing services at 24 hours per day, 7 days per week. *See ¶ 4.* In the NABD, dated February 13, 2024, Respondent reduced Petitioner’s services to 12 hours per day, 7 days per week. *See ¶ 4.* Respondent cited the lack of medical necessity as the basis for their decision, specifically that 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.” *See ¶ 4-5.* In the NPAR dated March 12, 2024, Respondent upheld their decision to reduce the private duty nursing services. *See ¶ 5.*

Respondent has the burden of proof to show by a preponderance of evidence that the Respondent's determination was correct. *See* ¶ 13.

19. The PDN Policy states that Florida Medicaid reimburses for services that meet all of the following: (1) are determined medically necessary; (2) do not duplicate another service; and (3) meet the criteria specified in the policy. *See* ¶ 14. The Definitions Policy requires that the services must "[b]e 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* ¶ 17.

20. As demonstrated in the record, Petitioner has multiple medical conditions and functional limitations. *See* ¶ 2. [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]. *See* ¶ 2.

[REDACTED]. *See*

¶ 9. To facilitate school attendance, a nurse attends school with Petitioner to provide [REDACTED] skilled nursing needs, specifically [REDACTED]. *See* ¶ 7. At Fair Hearing, Dr. Metinko opined that

although Petitioner formerly received twenty-four (24) hours per day of private duty nursing services, three CMS Medical Directors agreed that Petitioner does not have enough skilled nursing needs to justify 24 hours per day as medically necessary. *See* ¶ 4-5, 7. For example, Dr.

Metinko contended that Petitioner's plan of care does not show Petitioner requires skilled nursing care such as supplemental oxygen, IV administered medication or nutrition, emergency antiseizure medications, or complex medication regimen. *See* ¶ 7. [REDACTED] and [REDACTED]

both argued that Petitioner has made good progress and [REDACTED]

See ¶ 8-9. Petitioner’s plan of care largely consists of monitoring and supervision. See ¶ 2-3, 7-9. Basic monitoring or supervision is not among the criteria under Rule 59G-4.261, F.A.C. for the purpose of requiring skilled nursing services. See ¶ 10, 14. Where Petitioner argued that the risk for aspiration is greater due to [REDACTED] medical conditions, it appears that Petitioner’s skilled nursing needs including the necessary post-feed monitoring can still be met with a reduced amount of private duty nursing services. See ¶ 7-9.

21. Regarding private duty nursing services, Respondent’s FL.UM.26 maintains that “parents or legal guardians must provide assistance with activities of daily living (ADL) and instrumental activities of daily living (IADL) for the member, to the fullest extent possible.” See ¶ 10. Petitioner lives at home with [REDACTED]. See ¶ 2. [REDACTED] attends school during the hours Petitioner is at school and does not work, whereas [REDACTED] works fulltime about forty (40) hours per week. See ¶ 7, 9. As discussed, Petitioner’s skilled nursing needs can be met with a reduced amount of private duty nursing services. See ¶ 20. Petitioner’s [REDACTED], [REDACTED], attends school from 9 a.m. to 1 p.m. during the times Petitioner is at school. See ¶ 7. [REDACTED] testified that [REDACTED] has had to change [REDACTED] work schedule to only work mornings in order to be home to assist with Petitioner’s care. See ¶ 9. The record does not indicate that Petitioner’s parents are not capable of providing ADL and IADL care to meet Petitioner’s needs or that their capacity to do so has diminished with the reduction of services. See ¶ 7-10. The availability of Petitioner’s parents appear to be adequate coverage to meet Petitioner’s other needs for assistance with ADLs in the absence of a skilled nurse. See ¶ 7-10, 14. Based on all aforementioned facts,


Respondent proved by a preponderance of the evidence that the continuation of private duty nursing services at 24 hours per day, 7 days per week are “in excess of [Petitioner]’s needs.”

22. Upon consideration of the testimony provided, evidence submitted, and applicable policies, the undersigned finds that Respondent proved by a preponderance of the evidence that the continuation of the previously approved level of home health (private duty nursing) services does not meet the medical necessity criteria. Looking at all the evidence relevant to the particular needs of this Petitioner, the Respondent demonstrated that the continuation of the previously approved home health (private duty nursing) services is not necessary to correct or ameliorate a defect or a physical and mental illness or condition. Accordingly, the undersigned finds that Respondent proved by a preponderance of the evidence that Respondent’s decision to reduce Petitioner’s home health (private duty nursing) services was correct.

IT IS THEREFORE ORDERED AND ADJUDGED THAT:

Respondent’s reduction of home health services (private duty nursing) is **AFFIRMED**.
Petitioner’s appeal based on Respondent’s reduction of home health services (private duty nursing) is **DENIED**.

DONE AND ORDERED this 13th day of August, 2024 in Tallahassee, Leon County, Florida.

 Kimberly Roche
24-FH1166
2024.08.13 10:28:23
-04'00'

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]
[REDACTED]

Children's Medical Services
CMSPlanContract@flhealth.gov

AHCA Medicaid Hearing Unit
MedicaidHearingUnit@ahca.myflorida.com