



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

**FILED**

Aug 06, 2024, 12:23 pm

OFFICE OF FAIR HEARINGS

[REDACTED],

PETITIONER,

AHCA Case No.: 24-FH1532

Plan ID No.: [REDACTED]

vs.

CHILDREN'S MEDICAL SERVICES,

RESPONDENT.

\_\_\_\_\_ /

**FINAL ORDER**

Pursuant to notice, the Office of Fair Hearings convened a telephonic Medicaid Fair Hearing in the above styled case on July 16, 2024, at 9:38 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 denial of fifty-three (53) hours per week of personal care services was incorrect.

**PRELIMINARY STATEMENT**

All parties appeared telephonically. Petitioner's Authorized Representative and [REDACTED],  
[REDACTED] (" [REDACTED] "), appeared at the Fair Hearing on behalf of Petitioner.

Chantal Pierre, Clinical Appeals Coordinator for Sunshine State Health Plan, Inc. (“Sunshine Health”), appeared on behalf of Respondent. Dr. Andrew Metinko (“Dr. Metinko”), Medical Director for Children’s Medical Services of Sunshine Health (“CMS”), appeared as a witness for Respondent and proffered testimony. The following employees of the Respondent attended as witnesses but did not testify at the Fair Hearing: Megan Buckner, CMS Manager; Auzrine Wells, Supervisor CMS; and Adrina Garcia, CMS Care Manager. The following individuals appeared at the Fair Hearing as observers for Respondent: Anthony Fernandes, CMS Department of Health Compliance; and Elyssa Luke, Counsel for CMS at Department of Health.

Lee Ann Williams, Medical Healthcare Program Analyst and Fair Hearing Liaison for the Agency for Health Care Administration (“Agency” or “AHCA”), appeared for observational purposes.

The following Spanish translator appeared at the Fair Hearing to provide translation services: Patricia, ID Number 702299; and Lesly, ID Number 401838.

Petitioner did not submit any documents prior to the hearing.

Prior to the Fair Hearing, Respondent sent to the Office of Fair Hearings and Petitioner a one hundred and thirty-three (133)-page evidence packet. The evidence appears in the Office of Fair Hearings’ document management system as “MFH packet [Petitioner’s surname].pdf.” Absent an objection from Petitioner, the undersigned admitted the one hundred and thirty-three (133)-page evidence packet into evidence as Respondent’s Composite Exhibit 1 (“RCE 1”).

#### **FINDINGS OF FACT**

1. Petitioner is an enrolled member of CMS operated by Sunshine Health. See RCE 1 at page 1. Sunshine Health is a managed care organization contracted by the Agency to provide services to eligible Medicaid recipients in Florida.

2. As of the date of the Fair Hearing, Petitioner is [REDACTED]. *Id.* at 4. Petitioner has the following medical conditions: [REDACTED]

[REDACTED]. *Id.* at 14.

3. On April 9, 2024, CMS issued a Notice of Adverse Benefit Determination (“NABD”) denying Petitioner’s request for fifty-three (53) hours per week of personal care services. *Id.* at 4 – 9.

The NABD explained the basis of the decision as follows:

We made our decision because:

*(Check all boxes that apply)*

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 needed to protect your child’s life, prevent significant illness or disability, or alleviate your child’s severe pain.

Must be individualized, specific, consistent with symptoms or diagnosis of illness or injury and not be in excess of your child’s needs.

Must meet accepted medical standards and not be experimental or investigational.

Must be able to be 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.

Must be furnished in a manner not primarily intended for convenience of the recipient, caretaker, or provider.

*(The convenience factor is not applied to the determination of the medically necessary level of private duty nursing (PDN) for children under the age of 21.)*

...

The facts that we used to make our decision are:

Sunshine Health Plan on Review for Personal Care Services Requests, FL.UM.25.00, Personal Care Services Coverage Policy, Agency for Health Care Administration, November 2016. This decision was also made with regards to Early and Periodic Screening, Diagnostic and Treatment (EPSDT).

Rationale: The request to authorize a home health aide for your child is denied due to lack of medical necessity. A home health aide is a trained worker who gives care in the home. The clinical notes sent do not show the medical need for a home health aide. The clinical notes we got do not note any major functional limitations (lack of ability). It is not clear if your child has daytime incontinence. This is loss of control of the bowels and / or bladder. Your child does not need major help with their activities of daily living. This is basic self-care. There is no note that they are non-verbal (not able to speak).

...

RCE 1 at 4 – 5.

4. Petitioner requested a plan appeal and on May 6, 2024, CMS issued a Notice of Plan Appeal Resolution (“NPAR”) denying Petitioner’s appeal. *Id.* at 83 – 86. The NPAR states, in pertinent part:

On 04/10/2024 we received your timely plan appeal request regarding Children's Medical Services Health Plan Notice of Adverse Benefit Determination dated 04/09/2024, NABD Number [REDACTED] the service to be provided to [Petitioner].

...

On 05/04/2024, after consideration of the information you provided to Children's Medical Services Health Plan in support of your plan appeal, Children's Medical Services Health Plan hereby denies your plan appeal. As a result, [Petitioner] will not receive Home Health services, effective 05/04/2024.

The facts that we used to make our decision are: the previous denial to authorize a home health aide (a trained health care worker to assist a person in the home with daily activities) for your child is upheld. The clinical notes that we received do not document any significant functional limitations. Your child is not incontinent. Your child does not need significant assistance with their activities of daily living. There is no note that they are non-verbal. In addition, we were not able to verify the information provided in the parent work schedule form. Parents/guardians are expected to provide care to the fullest extent possible. Please note that previous authorizations were administratively approved. The reasons for this decision are based on a set of standards. This included Sunshine Policy and Procedure Review for

Personal Care Services Requests FL.UM.25; Personal Care Services Coverage Policy, Agency for Health Care Administration, November 2016. This decision was made with regards to EPSDT.

...

RCE 1 at 83 – 84.

5. On May 9, 2024, Petitioner requested a Fair Hearing to challenge the denial of personal care services. On June 5, 2024, the Hearing Officer issued an Order Scheduling Fair Hearing by Telephone and Prehearing Instructions, setting the hearing for July 16, 2024, at 9:30 a.m. EST.

6. [REDACTED] testified to the following:

a. Petitioner has a [REDACTED]  
[REDACTED].

b. Petitioner requires supervision with [REDACTED].

c. [REDACTED].

d. [REDACTED]  
[REDACTED]

[REDACTED] See RCE 1 at 54.

e. Petitioner is never home alone.

7. Dr. Metinko testified to the following:

a. Petitioner requested home health services for seven (7) hours per day, Monday through Friday, and nine (9) hours per day, Saturday and Sunday.

b. Respondent did not receive confirmation that Petitioner is non-verbal or incontinent.

- c. It is a Medicaid requirement that parents or other care providers in the home must provide supervision and assistance with activities of daily living to the fullest extent possible.
- d. The minimum criteria for requiring a home health aide is for a child who is inappropriately non-verbal and/or inappropriately incontinent of bowel and bladder for their age. These criteria immediately meet the need for a home health aide because the child will require services beyond the skills of a normal, conventional babysitter or after school program.
- e. Petitioner's [REDACTED] but do not rise to the level of requiring a home health aide.
- f. Petitioner is functional for [REDACTED]  
[REDACTED]  
[REDACTED].
- g. Respondent's determination was based on Petitioner's functional limitations, not [REDACTED] diagnoses.
- h. Based on the available information, the requested services cannot be approved.

8. In making its determination, Respondent relied upon the Sunshine Health Policy and Procedure Review for Personal Care Services FT.UM.25, which states in pertinent part as follows:

**POLICY STATEMENT:**

Personal care services are covered for members who are under the age of 21. To be considered for approval, the member's treating physician must order the service.

**PURPOSE:**

To establish clinical criteria on which to review requests for Personal Care Services to provide medically necessary assistance with activities of daily living (ADL) and

age-appropriate instrumental activities of daily living (IADL) that enable a member to accomplish tasks that they would normally be able to do for themselves if they did not have a medical condition or disability. This service will assist in maintaining the member in their home and community environment, in a safe manner.

**DEFINITIONS:**

Personal Care Services are services that assist a member with ADLs or IADLs. These services can be provided to members up to the age of 21. Personal care service assistance can be in the form of hands-on assistance (actually performing the task for the member) or cuing along, with supervision, to ensure the member performs the personal care task properly. The personal care services must be prescribed by a treating physician, provided by a home health aide or independent personal care provider, and supervised by a registered nurse if provided through a home health agency, or supervised by the parent or legal guardian if provided by a non-home health agency, or supervised by the member, if the services are provided by a non-home health agency and the member is a legal adult between the ages of 18 up to 21 with no legal guardian.

...

**PROCEDURE:**

**Personal Care Services Criteria:**

Personal care services are covered for members who are under the age of 21. In order to be considered for approval, the member's treating physician must order the service. The member must meet all of the following criteria:

- Member must have one of the functional impairments noted in the "Level of Functional Impairment" section below.
- Member has a documented medical condition or disability that substantially limits the member's ability to perform their Activities of Daily Living (ADL) and Instrumental Activities of Daily Living (IADL) or has a documented cognitive impairment such as Autism which prevents him/her from knowing when or how to carry out the personal care task.
- Member has a documented functional limitation and evidence is documented
- Member requires more individual and continuous care than can be provided through a home health aide visit
- Member does not have a parent or legal guardian able to provide ADL or IADL care
- Member would normally perform the age-appropriate personal care task without the medical condition or disability, and his/her parent or legal guardian is not able to provide ADL or IADL care

**Limitations and Exclusions**

...

- Personal care services can be covered outside the member's residence if the services are unavailable through other public or private resources, including

schools (with documentation of such) and the services are medically necessary while the member is outside his/her home.

- Personal care services can be provided to a member whose parent or legal guardian is not able to provide ADL or IADL care. Supporting documentation must be provided to substantiate a parent or legal guardian's inability to participate in the care of the member.
- Personal care services can be authorized to supplement care provided by parents and legal guardians. Parents and legal guardians must participate in providing care to the fullest extent possible. Where needed, the home health service provider must offer training to enable parents and legal guardians to provide care they can safely render without jeopardizing the health or safety of the recipient. The home health services provider must document the methods used to train a parent or legal guardian in the medical record.
- Personal care services do not include:
  - Social services
  - Transportation services (except when necessary to protect the health and safety of the recipient and no other transportation service is available or when provided as an IADL for recipients under the age of 21 years)
  - Escort services
  - Care, grooming, or feeding of pets and animals
  - Yard work, gardening, or home maintenance work
  - Day care or after school care
  - Assistance with homework
  - Companion sitting or leisure activities
  - Housekeeping (except light housekeeping), homemaker, and chore services, including any shopping except grocery shopping when provided as an IADL for recipients under the age of 21 years
  - Respite care
  - Services which can be effectively and efficiently obtained outside the recipient's place of residence without any medical contraindications
  - Baby-sitting

**Level of Functional Impairment:**

The information below must be provided by the treating provider to determine the level of functional impairment:

- Minimal functional impairment as evidenced by one (1) of the following indicators:
  - ADLs requiring at least minimum assistance
  - Ambulates with assist of person/device
  - Transfers requiring at least minimum assistance
- Moderate functional impairment as evidenced by two (2) the following indicators:
  - ADLs requiring at least minimum assistance

- Ambulates with assist of person/device
  - Transfers requiring at least minimum assistance
  - Maximum functional impairment as evidenced by all of the following indicators:
    - ADLs requiring total assistance
    - Non-ambulatory
    - Transfers requiring one (1) to two (2) persons assist
  - Maximum and persistent functional impairment without available parent or legal guardian support as evidenced by all of the following indicators:
    - ADLs requiring total assistance
    - Non-ambulatory
    - Transfers requiring one (1) to two (2) persons assist
    - Treating physician certified that all the above impairments are present
- ...

RCE 1 at 105 – 107.

### **CONCLUSIONS OF LAW**

9. The Agency’s Office of Fair Hearings has jurisdiction over the subject matter of this proceeding and the parties pursuant to Fla. Stat. § 409.285(2)(2019). This order is the final administrative decision of AHCA under Fla. Stat. § 409.285(2)(a).

10. This hearing was held as a *de novo* proceeding pursuant to Fla. Admin. Code R. 59G-1.100(17)(b).

11. Because Petitioner is requesting new services, Fla. Admin. Code R. 59G-1.100(17)(g) assigns the burden of proof to Petitioner regarding the personal care services. 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.).

12. 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.

13. Petitioner is under age 21, 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.

14. The Personal Care Services Coverage Policy (“PCS Policy”), which is incorporated by reference in Rule 59G-4.215, F.A.C., states as follows:

**1.1 Description**

Florida Medicaid personal care services provide medically necessary assistance, in the home or in the community, with activities of daily living (ADL) and age appropriate instrumental activities of daily living (IADL) to enable recipients to accomplish tasks they would normally be able to do for themselves if they did not have a medical condition or disability.

...

**1.1.2 Statewide Medicaid Managed Care Plans**

Florida Medicaid managed care plans must comply with the coverage requirements outlined in this policy, unless otherwise specified in the AHCA contract with the Florida Medicaid managed care plan. The provision of services to recipients enrolled in a Florida Medicaid managed care plan must not be subject to more stringent coverage limits than specified in Florida Medicaid policies.

...

**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 Home Health Services**

Medically necessary services that can be safely provided to the recipient in their home or in the community that include home health visits (skilled nursing and home health aide services), private duty nursing, and personal care services.

...

#### **4.2 Specific Criteria**

Florida Medicaid reimburses for up to 24 hours of personal care services per day, per recipient, in order to provide assistance with ADLs and age appropriate IADLs when the recipient meets the following criteria:

- Has a medical condition or disability that substantially limits their ability to perform ADLs or IADLs and do not have a parent or legal guardian able to provide the required care
- Is under the care of a physician and has a physician's order for personal care 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

#### **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 plan of care (POC)
- Assistance with homework
- Babysitting
- Care, grooming, or feeding of pets and animals
- Certification of the POC by a physician
- Companion sitting or leisure activities
- Escort services
- Housekeeping (except light housekeeping to make the environment safe), homemaker, and chore services
- 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 when a recipient is enrolled in the Consumer-Directed Care Plus program)
- Services provided in any of the following locations:
  - Hospitals
  - Intermediate care facility 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
- Yard work, gardening, or home maintenance work

Florida Medicaid may reimburse for some services listed in this section through a different service benefit.

...

## 7.0 Authorization

### 7.1 General Criteria

The authorization information described below is applicable to the fee-for-service delivery system. For more information on general authorization requirements, please refer to Florida Medicaid’s General Policies on authorization requirements.

...

Personal Care Task	General Time Allowances
<b>Bathing</b>	
<b>Full-body Bath:</b> Tub, shower or sponge/bed bath.	Up to 30 minutes. May rotate with partial bath based on recipient’s needs
<b>Partial Bath:</b> A sponge bath includes, at a minimum, bathing of the face, hands, and perineum.	15–20 minutes per partial bath

<b>Dressing</b>	
Laying out clothing, handing and retrieving clothing, putting clothes on and taking them off, including handling fasteners, zippers, and buttons.	15 minutes
Application of prosthetic devices or application of therapeutic stockings.	May add 15 minutes for applying hose and/or Prosthesis
<b>Grooming and Skin Care</b>	
Brushing teeth, denture care, shaving, washing and drying face and hands. Applying lotion to non-broken skin.	15–30 minutes
Shampoo and comb hair, basic hair care, basic nail care.	15 minutes
<b>Positioning</b>	
Moving recipient to and from a lying position, turning side to side, and positioning recipient in bed.	10 minutes/every 2 hours when medically indicated
<b>Transfers</b>	
Moving recipient into and out of a bed, chair, or wheelchair. May include the use of assistive devices.	15 minutes/every 2 hours when medically indicated
<b>Toileting and Maintaining Continence</b>	
Includes transfer on or off the toilet, bedside commode, urinal, or bedpan. Includes cleaning the perineum and cleaning after an incontinent episode. Includes taking care of a catheter or colostomy bag or changing a disposable incontinence product.	15–45 minutes
<b>Eating</b>	
Taking in food by any method. Extra time may be allowed for preparing a special diet.	30 minutes per meal
<b>Delegated Medical Monitoring and Activities</b>	
Non-skilled medical tasks that are delegated to the aide by the RN, in accordance with	15–30 minutes day for all monitoring tasks performed

Florida laws and practice acts. The tasks include, but are not limited to, assisting recipient with pre-poured medications, monitoring vital signs, and measurement of intake/output.	
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RCE 1 at 118 – 125.

15. 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 8.

16. In this case, Petitioner requested fifty-three (53) hours per week of personal care services.

See supra ¶ 3. The additional personal care services were denied based on medical necessity.

See supra ¶ 3, 4. In the NABD, dated April 9, 2024, Respondent explained that medical necessity

was the basis of the denial, specifically that the services in question were not “individualized, specific, and consistent with symptoms or confirmed diagnosis of the illness or injury” and were “in excess of your child’s needs”. See supra ¶ 3.

17. As provided in the PCS Policy, the purpose of personal care services is to provide “medically necessary assistance, in the home or in the community, with activities of daily living (ADL) and age appropriate instrumental activities of daily living (IADL) to enable recipients to accomplish tasks they would normally be able to do for themselves if they did not have a medical condition or disability”. See supra ¶ 14. As Petitioner bears the burden of proof, Petitioner must show that the requested personal care services are medically necessary for Petitioner. See supra ¶ 11. A component of medical necessity is that services 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 supra ¶ 15. Petitioner’s ADLs and IADLs are affected by [REDACTED] age and medical conditions, including [REDACTED]

[REDACTED]. See supra ¶ 2.

However, Dr. Metinko provided clear and convincing testimony that Petitioner’s [REDACTED]

[REDACTED] but do not rise to the level of requiring a home health aide. See supra ¶

7. Further, Dr. Metinko testified that the minimum criteria for requiring a home health aide is for a child who is inappropriately non-verbal and/or inappropriately incontinent of bowel and bladder for their age. See supra ¶ 7. Regarding Petitioner specifically, Dr. Metinko testified that

Petitioner is functional for [REDACTED]

[REDACTED]; that Respondent’s


determination was based on Petitioner's functional limitations, not [REDACTED] diagnoses; and that Respondent did not receive confirmation that Petitioner is non-verbal or incontinent. See supra ¶ 7. [REDACTED] testified that Petitioner requires supervision with [REDACTED]. See supra ¶ 6. However, Dr. Metinko established that, based on the available information, Petitioner's requested services cannot be approved because they are in excess of the patient's needs. See supra ¶ 7.

18. In light of both parties' testimony, Respondent's Composite Exhibit 1, the PC Policy, and the Definitions Policy, the undersigned finds that Petitioner failed to prove that fifty-three (53) hours per week of personal care services are medically necessary. Accordingly, the undersigned concludes that Petitioner failed to prove by a preponderance of the evidence that Respondent's denial of additional personal care services was incorrect.

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

Respondent's denial of Petitioner's requested personal care services is **AFFIRMED**.  
Petitioner's appeal based on Respondent's denial of personal care services is **DENIED**.

**DONE AND ORDERED** this 6th day of August, 2024 in Tallahassee, Leon County, Florida.

 Kameisha Presley  
24-FH1532  
2024.08.06  
09:56:37 -04'00'

**KAMEISHA PRESLEY, 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](mailto:CMSPlanContract@flhealth.gov)**

**AHCA Medicaid Hearing Unit**  
**[MedicaidHearingUnit@ahca.myflorida.com](mailto:MedicaidHearingUnit@ahca.myflorida.com)**