



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

FILED

Jul 31, 2024, 2:54 pm

OFFICE OF FAIR HEARINGS

[REDACTED]

PETITIONER,

AHCA Case No.: 24-FH1632

Plan ID No.: [REDACTED]

vs.

CHILDREN'S MEDICAL SERVICES,

RESPONDENT.

_____ /

FINAL ORDER

At all times relevant to this proceeding, Petitioner received Medicaid benefits through Children's Medical Services. On May 16, 2024, [REDACTED] ("Petitioner's Authorized Representative") requested a Fair Hearing based on Respondent's termination of Home Health services.

Pursuant to notice e-mailed to the Petitioner's Authorized Representative's e-mail address of record on June 14, 2024, the undersigned Hearing Officer convened a telephonic hearing on July 15, 2024, at 1:00 p.m. Petitioner's Authorized Representative was not in attendance. After a fifteen-minute grace period, the undersigned took a roll call on the record of the persons in attendance and went off the record at 1:18 p.m.

Rule 59G-1.100(9)(b)(5)(b), Florida Administrative Code, authorizes a Hearing Officer to deny or dismiss a request for a Fair Hearing if the Recipient fails to appear at the scheduled Fair Hearing without good cause.

On July 16, 2024, the undersigned issued an Order to Show Cause (“Order”) why the instant case should not be dismissed for failure to appear at the scheduled Fair Hearing. The Order notified the Petitioner’s Authorized Representative that failure to show good cause on or before July 26, 2024, would result in dismissal of the case.

Rule 59G-1.00(2)(n) defines Good Cause as “[a]n incident or occurrence which is beyond the control of the movant and which prevents compliance.” Examples of good cause include a disabling accident, illness, or declared emergency; or other similar circumstances beyond the Recipient’s control. See Fla. Admin. Code R. 59G-1.100(14)(b). The record shows that the Order Scheduling Fair Hearing by Telephone and Prehearing Instructions (“Scheduling Order”), was issued June 14, 2024. On July 22, 2024, the Office of Fair Hearings received an email from Petitioner’s Authorized Representative in response to the Order that states as follows:

Please, be advised that I was not aware that I was supposed to be at the Fair hearing on July 16th because this is my first time going through this situation. I have [REDACTED], that some of your ABA companies do not have enough capacity to handle. Therefore, I need Medicaid to please STOP denying my children the help they're entitled to under the Statute Chapter 393 according to APD in which "[REDACTED]" is the first on the list of the developmental disabilities. My [REDACTED] [Petitioner] needs all the services and more in order to help [REDACTED]


Here, Petitioner’s Representative’s response does not show circumstances that would prevent [REDACTED] from calling into a telephonic hearing. Accordingly, Petitioner has failed to show good cause for [REDACTED] failure to appear at the hearing.

Based on the foregoing,

IT IS THEREFORE ORDERED AND ADJUDGED THAT:

Petitioner’s Fair Hearing request is hereby deemed abandoned, and this matter is now closed.

DONE AND ORDERED this 31st day of July, 2024, in Tallahassee, Leon County, Florida.

 Kimberly Roche
24-FH1632
2024.07.31 08:40:50
-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.

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Children's Medical Services
CMSPlanContract@flhealth.gov

AHCA Medicaid Hearing Unit
MedicaidHearingUnit@ahca.myflorida.com