

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



**FILED**

Jul 24, 2024, 1:05 pm  
OFFICE OF FAIR HEARINGS

[REDACTED]

PETITIONER,

AHCA Case No.: 24-FH1955

vs.

AGENCY FOR HEALTH CARE  
ADMINISTRATION,

RESPONDENT.

\_\_\_\_\_ /

**FINAL ORDER**

At all times relevant to this proceeding, Petitioner received Medicaid benefits on a fee-for-service basis. On June 13, 2024, [REDACTED] (“Complainant”) requested a Fair Hearing based on Respondent’s behavior analysis services.

A Hearing Officer may deny or dismiss a Fair Hearing request if the Recipient files a written withdrawal of the request. A Hearing Officer may also deny or dismiss a Fair Hearing request if the Recipient testifies on the record that he or she wishes to withdraw the request. See Rule 59G-1.100(9)(b)(5)(a), Florida Administrative Code.

On July 19, 2024, Complainant sent to Office of Fair Hearings a letter withdrawing the request for a Fair Hearing. **If applicable:** [Recipient of writing] filed a copy of the [writing] with the Hearing Officer. [OR, alternatively, if applicable: On [Hearing Date], the hearing was held before the undersigned Hearing Officer, with the [Petitioner or Fair Hearing Complainant], and the Respondent in attendance. At that time and on the record, Petitioner/Complainant withdrew the request for Fair Hearing.]

Based on the foregoing,

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

Petitioner's Fair Hearing request is hereby deemed withdrawn, and this matter is now closed.

**DONE AND ORDERED** this 24th day of July, 2024, in Tallahassee, Leon County, Florida.



Digitally signed by Laura  
Gallagher  
Reason: 24-FH1955  
Date: 2024.07.24  
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**LAURA GALLAGHER, 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:**



**AHCA Medicaid Hearing Unit**  
**MedicaidHearingUnit@ahca.myflorida.com**

