



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

**FILED**

Sep 09, 2024, 4:24 pm

OFFICE OF FAIR HEARINGS

[REDACTED]

PETITIONER,

AHCA Case No.: 24-FH2492

vs.

AGENCY FOR HEALTH CARE  
ADMINISTRATION,

RESPONDENT.

\_\_\_\_\_ /

**FINAL ORDER OF DISMISSAL**

The Fair Hearing request in this case was made by [REDACTED] (“Complainant”) on July 26, 2024. Complainant is a third party and not the purported Recipient, [REDACTED]

Rule 59G-1.100(7)(c)(1), Florida Administrative Code (“F.A.C.”), requires any person requesting a Fair Hearing on behalf of a Recipient or seeking to represent a Recipient in a Fair Hearing to provide and maintain with the Office a written authorization signed by the Recipient or by a person with legal authority to act on behalf of the Recipient. Failure to file a Designation of Authorized Representative (“DAR”) constitutes grounds for dismissal of a Fair Hearing request pursuant to Rule 59G-1.100(9)(b)(4), F.A.C.

The Office of Fair Hearings (“Office”) provided an Acknowledgement of Third Party Fair Hearing Request (“Acknowledgement”) to Complainant at their address of record on August 02, 2024. The Acknowledgment advised Complainant of the DAR requirement under Rule 59G-1.100(7)(c)(1), F.A.C. Also included with the Acknowledgement was a sample DAR form with instructions for completion and submittal. The Office did not receive a response.

On August 14, 2024, the undersigned issued an Order to Show Cause (“Order”) why the third party hearing request should not be dismissed for failure to comply with Rule 59G-1.100(7)(c)(1), F.A.C. Included with the Order was another copy of the sample DAR form with instructions. The Order notified Complainant that failure to comply with the rule requirement on or before August 26, 2024, would result in dismissal of the case. On August 20, 2024, a DAR form signed by [REDACTED] was received by the Office of Fair Hearings.

On August 21, 2024, the undersigned issued an Order to Show Cause (“Order”) why the third party hearing request should not be dismissed for failure to comply with Rule 59G-1.100(7)(c)(1), F.A.C. Included with the Order was another copy of the sample DAR form with instructions that evidence of legal authority to sign the DAR form on behalf of the Medicaid Recipient be filed with the Office of Fair Hearings. The Order notified Complainant that failure to comply with the rule requirement on or before September 3, 2024, would result in dismissal of the case. The Office of Fair Hearings did not receive a response to the August 21, 2024, Order.

Dismissal of this case is without prejudice to refile within applicable time limits.

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

The case is dismissed without prejudice, and is now closed.

**DONE AND ORDERED** this 9th day of September, 2024, in Tallahassee, Leon County, Florida.

Alan J. Leifer  
*Alan J. Leifer*  
24-FH2492  
2024.09.09  
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**ALAN LEIFER, 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:**

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████████████████████

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