

STATE OF FLORIDA  
DEPARTMENT OF CHILDREN AND FAMILIES  
OFFICE OF APPEAL HEARINGS

FILED

OCT 21 2009

OFFICE OF APPEAL HEARINGS  
DEPT. OF CHILDREN & FAMILIES

APPEAL NO. 09F-05410

PETITIONER,

Vs.

AGENCY FOR HEALTH CARE ADMINISTRATION  
CIRCUIT: 06 Pinellas  
UNIT: AHCA

RESPONDENT.

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**FINAL ORDER**

Pursuant to notice, an administrative hearing was scheduled before the undersigned hearing officer on October 2, 2009, at 8:15 a.m. in St. Petersburg, Florida. The respondent represented by Stephanie Lang, AHCA registered nurse specialist and Robert Buzzeo, M.D., physician reviewer witness for the respondent from Keystone Peer Review Organization (KePRO) were present. Prior to the commencement of the hearing, the respondent notified the hearing officer that all request hours were approved.

The petitioner was appealing the notices of August 4 and 13, 2009 for the respondent's action to deny 960 hours of private duty nursing for the period of August 6, 2009 through February 2010. The respondent submitted a PDN/PC Recipient Reconsideration-Denial Overturned dated October 1, 2009. The notice indicated that respondent approved 960 hours of private duty nursing for August 6, 2009 through February 2010

**CONCLUSIONS OF LAW**

The rules for home health services are set forth in the Florida Administrative Code at 59G-4.130 and the Home Health Services and Limitations Handbook in Chapter 2. The evidence demonstrates that the matter under appeal has been resolved. As the matter has been resolved, the appeal is dismissed.

**DECISION**

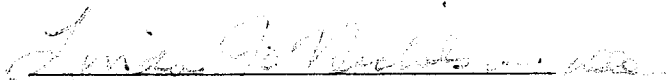
This appeal is dismissed.

**NOTICE OF RIGHT TO APPEAL**

This decision is final and binding on the part of the agency. If the petitioner disagrees with this decision, the petitioner may seek a judicial review. To begin the judicial review, the petitioner must file one copy of a "Notice of Appeal" with the Agency Clerk, Agency for Health Care Administration, 2727 Mahan Drive, Tallahassee, FL 32308-5403. The petitioner must also file another copy of the "Notice of Appeal" with the appropriate District Court of Appeal. The Notices must be filed within thirty (30) days of the date stamped on the first page of the final order. The petitioner must either pay the court fees required by law or seek an order of indigency to waive those fees. The agency has no funds to assist in this review, and any financial obligations incurred will be the petitioner's responsibility.

DONE and ORDERED this 21<sup>st</sup> day of October, 2009,

in Tallahassee, Florida.



Linda Jo Nicholson  
Hearing Officer  
Building 5, Room 255  
1317 Winewood Boulevard  
Tallahassee, FL 32399-0700  
950 498 1120

## PDN/PC RECIPIENT RECONSIDERATION - DENIAL OVERTURNED

October 1, 2009

CONFIDENTIAL

RE. . . . . Medicaid ID.  
 Physician: . . . . . Agency  
 Denied Hours: 0  
 Total Approved Hours: 970  
 - 08/06/2009 - 02/01/2010

Dear Parent/Legal Guardian of

Keystone Peer Review Organization (KePRO) is the Peer Review Organization (PRO) contracted by the Agency for Healthcare Administration (AHCA) to perform medical review for the Private Duty Nursing and Personal Care Prior Authorization Program for Medicaid beneficiaries in the State of Florida. Our review program is only for determining medical necessity under the terms of the Florida Medicaid Program. We do not verify eligibility for coverage or payment of claims. Authorization of Private Duty Nursing and Personal Care services is conditional pending a determination of eligibility for Prescribed Pediatric Extended Care (PPEC) services according to 59G-4.130 F.A.C.. The recipient or recipient's legal guardian will be notified in advance of any substitutions in services.

The home health agency was notified that the above request for services was denied and they requested a reconsideration.

A KePRO physician consultant has conducted a reconsideration of the case for the above listed dates of service. Based on the information provided to us by your home health agency, it has been determined that the medical care as described to us appears to be medically necessary and the denial has been overturned for the above dates of service/hours of service. For the denied dates/hours of service indicated above the following applies:

- **If you disagree with this decision, you may request a fair hearing by contacting the Area Medicaid Office in the county in which you reside.** A list of Area Medicaid Offices is attached for your use. A written request is required and you can obtain assistance with the hearing process when you contact the Area Medicaid Office. The request for a hearing must be made within 90 calendar days of the date of this letter.
- **If a request for hearing is made withing ten (10) days from the date of this letter, current services will continue pending the hearing decision.**
- If the State Hearing Officer's decision upholds the Agency action, the Agency may institute recovery proceedings against you to recoup the cost of any services furnished prior to the State Hearing Officer's decision.

Sincerely,



Karen M. Eaton



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