

Department of Children and Families
FY 2018/2019 Methadone Medication-Assisted Treatment Needs Assessment
Notice of Intended Award for Suwannee County
July 10, 2020

As described in rule 65D-30.014(3)(c)2.a., F.A.C., applications received for Suwannee County were evaluated and scored by a team of external evaluators. The Department is awarding the opportunity to proceed to licensure to Meridian Behavioral Health, Inc. for one (1) opioid treatment program based on the highest total score presented below.

Suwannee County Team 4 Evaluation Scores				
Applicant by County	Academic	Medical	Public Policy	Total
Meridian Behavioral Health, Inc.	196	193	208	597
Maric Healthcare, LLC	208	176	194	578
Treatment Centers of America	175	149	138	462
Psychological Addiction Services, LLC	131	125	113	369

Awarded applicants have the following responsibilities in rule 65D-30.014(3)(c)2.d., F.A.C.:

- Awarded applicants must submit a letter of intent to apply for licensure to the appropriate regional office within 30 calendar days after receipt of the award notice.
- If an applicant declines an award or fails to submit the letter of intent within the specified time, the Department shall rescind the award.
- After the Department rescinds the original award for that selected area of need, the applicant with the next highest score shall receive the award.
- Awarded applicants must receive at least a probationary license within two (2) years of the published needs assessment connected to their application. See rule 65D-30.0036, F.A.C., for licensure application requirements.

RIGHT TO ADMINISTRATIVE PROCEEDING

**IF YOU BELIEVE THIS DECISION IS IN ERROR, YOU MAY REQUEST AN
ADMINISTRATIVE HEARING IN ACCORDANCE WITH THE ENCLOSED
“NOTIFICATION OF RIGHTS UNDER CHAPTER 120, FLORIDA STATUTES”**

NOTIFICATION OF RIGHTS UNDER CHAPTER 120, FLORIDA STATUTES

IF YOU BELIEVE THE DEPARTMENT'S DECISION IS IN ERROR, YOU MAY REQUEST AN ADMINISTRATIVE HEARING UNDER SECTIONS 120.569 AND 120.57, FLORIDA STATUTES, TO CONTEST THE DECISION. YOUR REQUEST FOR AN ADMINISTRATIVE HEARING MUST BE RECEIVED BY THE DEPARTMENT BY 5:00, P.M., NO LATER THAN 21 CALENDAR DAYS AFTER YOU FIRST RECEIVED NOTICE OF THE DEPARTMENT'S DECISION.

You must submit your request for an administrative hearing to the following:

Agency Clerk
Department of Children and Families
1317 Winewood Boulevard, Building 2, Room 204
Tallahassee, Florida 32399-0700
agency.clerk@myflfamilies.com
Fax: (850) 922-3947

IF YOUR REQUEST FOR AN ADMINISTRATIVE HEARING IS NOT RECEIVED BY THE DEPARTMENT AT THE ABOVE ADDRESS OR EMAIL ADDRESS BY THE ABOVE DEADLINE, YOU WILL HAVE WAIVED YOUR RIGHTS TO A HEARING AND THE DEPARTMENT'S PROPOSED ACTION WILL BE FINAL. SUBMIT YOUR REQUEST USING ONLY ONE OF THE ABOVE METHODS.

If you disagree with the facts stated in the Department's decision, you may request a formal administrative hearing under section 120.57(1), Florida Statutes. At a formal hearing, you may present evidence and arguments on all issues involved, and question the witnesses called by the Department.

If you do not disagree with the facts stated in the notice, you may request an informal administrative hearing under section 120.57(2), Florida Statutes. At an informal hearing, you may present your argument or a written statement for consideration by the Department.

Your request for an administrative hearing must meet the requirements of Rule 28-106.201(2) or Rule 28-106.301(2), Florida Administrative Code, depending on whether you request a formal hearing or an informal hearing. In either event, your request for an administrative hearing must:

1. Include a copy of the decision received from the Department;
2. Be prepared legibly on 8½ by 11 inch white paper, and
3. Include all of the following items:

- (a) The Department's file or identification number, if known;
- (b) Your name, address, email address (if any) and telephone number and the name, address, email address (if any) and telephone number of your representative, if any;
- (c) An explanation of how your rights or interests will be affected by the action described in the notice of the Department's decision;
- (d) A statement of when and how you received notice of the Department's decision;
- (e) A statement of all facts in the notice of the Department's decision with which you disagree. If you do not disagree with any of the facts stated in the notice, you must say so;
- (f) A statement of the facts you believe justify a change in the Department's decision;
- (g) A statement of the specific rules or statutes you believe require reversal or modification of the Department's proposed action;
- (h) A statement explaining how the facts you have alleged above relate to the specific rules or statutes you have identified above; and
- (i) A statement of the relief you want, including precisely the action you want the Department to take.

Section 120.569, Florida Statutes, requires the Department to dismiss your request for hearing if it is not in substantial compliance with the requirements above.

Mediation as described in section 120.573, Florida Statutes, is not available. However, other forms of mediation or informal dispute resolution may be available after a timely request for an administrative hearing has been received, if agreed to by all parties, and on such terms as agreed to by all parties. The right to an administrative proceeding is not affected when mediation or informal dispute resolution does not result in a settlement.

You may file a written request an extension of time to submit your request for hearing pursuant to Rule 28-106.111(3), Florida Administrative Code, but the request must provide a statement of good cause for the extension and be received by the Department as provided above within the above deadline.