

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



FILED

May 06, 2021, 8:17 am

OFFICE OF FAIR HEARINGS

[REDACTED]

PETITIONER,

AHCA Case No.: 21-FH [REDACTED]

Plan ID No.: [REDACTED]

vs.

SUNSHINE STATE HEALTH PLAN, INC.,

RESPONDENT.

FINAL ORDER

Pursuant to notice, the undersigned convened a telephonic Fair Hearing on the instant case on March 15, 2021, at [REDACTED]

APPEARANCES

For the Petitioner:

[REDACTED]
Petitioner's Authorized Representative

For the Respondent:

Paige Comparato, Esq.
Attorney for Sunshine State Health Plan, Inc.

STATEMENT OF ISSUE

The issue is whether Petitioner proved by a preponderance of the evidence that Respondent's decision to deny Petitioner's request for homemaker services was correct.

PRELIMINARY STATEMENT

All parties appeared telephonically. Petitioner's Authorized Representative and daughter, [REDACTED] [REDACTED] appeared on behalf of Petitioner. Petitioner did not appear at the hearing.

PRR0002486

Paige Comparato, Esq., appeared on behalf of Sunshine State Health Plan, Inc. (“Sunshine”). Dr. Michael A. Silverman (“Dr. Silverman”), Medical Director for Florida Care Management Services Agency, Inc. (“FCMSA”), appeared as a witness for Respondent. Melisa Lane, Senior Manager for Member Appeals for Sunshine and Kenny Castaneda, Director of Case Management for FCMSA, appeared as a witnesses for Respondent, but did not provide any testimony. Linda Albe, President of FCMSA, and Sheila Broderick, Registered Nurse Specialist/Fair Hearings Liaison for the Agency for Healthcare Administration (“AHCA” or “Agency”) attended as observers.

Fernando, translator number 332636 with Cyacom, provided Spanish translation services during the hearing.

Petitioner did not introduce any exhibits during the hearing. Prior to the hearing, Respondent sent to the Office of Fair Hearings and Petitioner a ninety-six page (96)-page evidence packet. The evidence packet included: a Medicaid Fair Hearing Table of Content; a Medicaid Fair Hearing Summary dated March 1, 2021; a Notice of Adverse Benefit Determination (“NABD”) dated December 14, 2020; a Long Term Care Person-Center Care Plan (“POC”) effective December 1, 2020; a Florida Department of Elder Affairs 701B Comprehensive Assessment (“701B”), assessment dated December 2, 2020; an e-mail from ██████████ to Sunshine Appeals dated January 5, 2021; a photograph of a portion of what appears to be Sunshine Health Request for Appeal or Grievance Form for Petitioner; a photograph of completed Request for An Appeal or Grievance Form for Sunshine Health signed January 4, 2021; a Standard Appeal Acknowledgment letter dated January 11, 2021; A Notice of Plan Appeal Resolution (“NPAR”) dated February 4, 2021; FCMSA Policy & Procedure, Subject: Grievance & Appeals; Sunshine

Health Policy and Procedure, LTC (Long Term Care) Ancillary Service Criteria, LT.UM.09 (“LT.UM.09”); and Rule 59G-1.010, Florida Administrative Code. Absent an objection from the Petitioner, the undersigned admitted the page ninety-six page (96)-page evidence packet into evidence as Respondent’s Composite Exhibit 1.

FINDINGS OF FACT

1. Petitioner is an enrolled member of Sunshine. Respondent Composite Exhibit Number 1 at 2. Sunshine is a managed care organization contracted by the Agency to provide services to eligible Medicaid recipients in Florida.

2. The POC indicates that for the authorization period of December 1, 2020, to November 30, 2021, Petitioner is authorized to receive the following services: adult day care, , 5 days per week; brief or diaper, four(4) packs per month; wipes, two (2) packs per month; personal care products, one (1) tube per month; homemaker services, seven (7) hours per week; and personal care services twenty-one (21) hours per week. Respondent’s Composite *Id.* at 26.

3. On December 10, 2020, Petitioner requested an additional seven (7) hours of homemaker services and received an NABD dated December 14, 2020, denying his request. The NABD states, in pertinent part, as follows:

Sunshine Health has reviewed your request for an additional 7 hours weekly of Homemaker Services (the person who cleans for you), which we received on 12/10/2020.

We made our decision because:

(Check all boxes that apply)

We determined that your requested services are **not medically necessary** because the services do not meet either of the reason(s) check below: *(See Rule)*

...

Meet all of the following criteria for all extended state plan services used for the purposes of maintenance therapy and all other home and community-based services:

1. Be individualized, specific, and consistent with symptoms or confirmed diagnosis of the illness or injury under treatment, and not in excess of the patient's needs [sic];
2. Be reflective of the level of service that can be safely furnished, and for which no equally effective and more conservative or less costly treatment is available statewide [sic]; and
3. Be furnished in a manner not primarily intended for the convenience of the recipient, the recipient's caretaker, or the provider;

and one of the following:

1. Enable the enrollee to maintain or regain functional capacity; or
2. Enable an enrollee receiving long-term services and supports to have access to the benefits of community living, to achieve person-centered goals, and live and work in the setting of their choice.

...

The facts that we used to make our decision are: The request for extra hours (7 hours a week of Homemaker services) is denied. Based on the assessment of the member's care needs and household and caregiver status the current services meet the member's needs. Member's current assessment does not reflect a change in member's need for homemaker services. This decision was made with Florida Care Management Services Utilization Management Policy QA-013.

...

Id. 5 and 6.

4. Petitioner timely appealed the NABD and received an NPAR dated February 4, 2021, denying the appeal. The NPAR states, in pertinent part, as follows:

On January 5, 2021, we received your timely plan appeal request about Sunshine Health's Notice of Adverse Benefit Determination dated December 11, 2021, Notice of Adverse Benefit Determination Number [REDACTED], DENYING the request for an additional 7 hours weekly of Homemaker Services (the person who cleans for you) provided to [Petitioner].

On February 1, 2021, after consideration of the information you provided to Sunshine Health in support of your plan appeal, Sunshine Health hereby, DENIES your plan appeal. As a result, [Petitioner] will not receive an additional 7 hours weekly of Homemaker Services (the person who cleans for you), effective February 1, 2021.

The reason for our decision was based on the assessment of the member's care needs and household and caregiver status, the denial of an extra 7 hours/week of Homemaker Services is upheld. The presently approved services are enough to meet the member's care needs. This decision was made with Sunshine Health Policy LT.UM.09 Long Term Care Ancillary Service Criteria.

This decision was made by a Sunshine Health's Medical Director who is Board Certified in Internal Medicine, Geriatric Medicine, and Hospice & Palliative Care. *Id.* at 56.

5. Petitioner timely requested a Fair Hearing on February 9, 2021, and a full evidentiary hearing was held and completed on March 15, 2021.
6. Petitioner is [REDACTED] years old and lives with his daughter and son-in-law. *Id.* at 28 and 29.
7. Petitioner's medical conditions include arthritis, high blood pressure, heart problems, constant bladder incontinence, frequent bowel incontinence, Parkinson's disease, partial paralysis, past stroke, arrhythmia, cognitive impairment, and Alzheimer's disease. *Id.* at 34-35. Petitioner suffers from cognitive impairment requiring supervision at all times. *Id.* at 37.
8. The 701B states that Petitioner needs total assistance (cannot do at all) with the following Activities of Daily Living ("ADLs"): bathing, dressing, using the bathroom, transferring, and walking/mobility. *Id.* at 32. As to eating, Petitioner needs assistance (but not total help). *Id.*
9. The 701B states that Petitioner needs total assistance (cannot do at all) with all Instrumental Activities of Daily Living ("IADLs") which include heavy chores, light housekeeping, using the telephone, managing money, preparing meals, shopping, managing medication, using transportation. *Id.* at 33.
10. Petitioner always has assistance with his ADLs and IADLs. *Id.* at 32 and 33.

11. [REDACTED] is Petitioner's primary caregiver. [REDACTED] works outside the home part-time and has no one else assisting with Petitioner's care. *Id.* at 42.
12. The 701B indicates that [REDACTED] does need assistance with performing caregiver tasks and is very confident that she will have the ability to provide care. *Id.* at 43.
13. LT.UM.09 provides for the following regarding homemaker services:

6. Homemaker Services

Homemaker provides assistance with essential shopping, light housework, laundry, and meal preparation. These services are provided to members who exhibit a functional deficit that impairs their ability to complete these tasks and lack an available support system. Services are provided to support member's health, safety, and ensure basic standards are met. Services are provided by a trained homemaker when the individual regularly responsible for these services is temporarily absent or unable to manage these activities.

Approval Criteria

Homemaker Service reviews include four (4) criteria:

- a) Instrumental Activity of Daily Living (IADL) limitations
- b) Living situation
- c) Supervision needs
- d) Available Supports

See Section C.1 for more details

Covered Homemaker service may include:

- a) Light housekeeping includes mopping floors, vacuuming, dusting, cleaning counters and sinks, cleaning the stove and refrigerator, washing dishes, taking out the trash, changing and making the bed, and cleaning the tub/shower and toilet.

Housekeeping Considerations:

- Includes cleaning tasks necessary to attain and maintain sanitary living conditions for the member and is incidental to care being provided to the member
- For members living alone, housekeeping may apply to the entire residence but is limited to areas the member uses, including bedroom, bathroom, kitchen, and sitting area.
- The entire size of the home may be considered if cleaning of specific areas not used by the member is needed to maintain sanitary living conditions.

- For members sharing a residence, housekeeping applies only to the areas used by the member. This area includes the member's bedroom and one bathroom.

b) Shopping for the recipient's food and essential household items, picking up prescriptions and needed medical supplies

Shopping Considerations:

- Member' ability to obtain groceries, household goods, and medications on own
- Member's ability to put away groceries, household goods, and medications on their own
- Member lives with family who does the shopping for the member and puts away groceries, household goods and medications
- Member has other supports who do the shopping for the member and puts away groceries, household goods and medications

c) Meal preparation includes menu planning, storing, preparing, cooking, and serving food (buttering bread and cutting food into bite size pieces, plating). Meal preparation does not include the cost of the food.

Meal Preparation considerations

- Number of meals per days eaten by member or number of meals the member should eat per day
- Number of daily meals prepared by a caregiver and left in a location that the member can access, heat if necessary, and get to the table to eat.
- Meal preparation tasks member is able to complete independently. Is member able to use the microwave stove or oven?
- Amount of assistance needed in the preparation and cleanup, such as:
 - o Meal planning
 - o Meal preparation
 - o Special diets
 - o Special food preparation
 - o Assembling food on plates
 - o Getting food to the table
- Will additional supports allow the member to eat more often or improve nutritional status

d) Laundry includes washing, drying, folding, and putting away the recipient's personal laundry. The recipient pays all Laundromat and/or cleaning fees.

Laundry Considerations:

Identify the amount of laundry to be done on a weekly basis, including washing, drying, folding and putting away member's clothes, bed linens and towels, including:

- Amount of clothing and other items to be laundered
- Identify if member soils their clothing or bedding due to incontinence, therefore more frequent laundry is needed, which results in more smaller loads
- Preparing clothes and other items to be washed
- Putting the clothes and other items in the washer and dryer
- Hanging clothes and other items to dry
- Other chores could be done while the member's clothes or other items are being washed, dried, folded, and put away.
- If laundry must be done in an apartment laundry room or a community laundry, additional time can be given for waiting for the laundry to be done.
- Routine changing of bed linens is considered part of bedroom housekeeping

Homemaker Service Determination Table

Support needed for housekeeping:	Support needed for shopping
<p>The following guide assists in determining the amount of support needed by the member:</p> <ul style="list-style-type: none"> • Lives alone and is able to provide own housekeeping: 0 minutes • Lives alone and needs minimum to maximum support of outside assistance for some housekeeping: 15-120 min/week • Lives with family who is able to provide all of member's housekeeping: 0 minutes • Lives with family who provide a minimum or moderate amount of the member's housekeeping: 15-90 minutes/week • Has informal supports who provide all of member's housekeeping: 0 minutes Has informal supports who provide a minimum or moderate amount of the member's housekeeping: 15-90 minutes/week 	<p>The following guide assists in determining the amount of support needed by the member:</p> <ul style="list-style-type: none"> • Lives alone and is able to provide own shopping: 0 minutes • Lives alone and needs minimum to maximum support of outside assistance for some shopping: 15-90 min/week • Lives with family who is able to provide all of member's shopping: 0 minutes • Lives with family who provide a minimum or moderate amount of the member's shopping: 15-75 minutes/week • Has informal supports who provide all of member's shopping: 0 minutes Has informal supports who provide a minimum or moderate amount of the member's shopping: 15-75 minutes/week • Member requires maximum support for shopping: up to 90 minutes/week

<ul style="list-style-type: none"> Member requires maximum support for housekeeping: up to 120 minutes/week 	
<p>Support needed per meal: The following guide assists in determining the amount of support needed by the member:</p> <ul style="list-style-type: none"> Breakfast by self –1-15 min/day Breakfast with others –1-5 min/day Lunch by self –1-20 min/day. Lunch with others –1-5 min/day Dinner by self –1-30 min/day. Dinner with others –1-5 min/day ☑ Additional Meal –1-10 min per meal. 	<p>Support needed for laundry: The following guide assists in determining the amount of support needed by the member:</p> <ul style="list-style-type: none"> Lives alone and is able to provide own laundry: 0 minutes Lives alone and needs minimum to maximum support of outside assistance for laundry : 15-120 min/week Lives with family who is able to do all of member’s laundry: 0 minutes Lives with family who provide a minimum or moderate amount for the member’s laundry: 15-90 minutes/week Has informal supports who do all of member’s laundry: 0 minutes Has informal supports who do a minimum or moderate amount of the member’s laundry: 15-90 minutes/week Member requires maximum support for laundry: up to 120 minutes/week

<p>Authorization Calculation</p> <ul style="list-style-type: none"> Calculate the total number of minutes of support needed for housekeeping or chores. Convert the total number of minutes to units. <ul style="list-style-type: none"> One (1) unit equals 15 minutes <p>If the total number of minutes is less than 15, that will equal one (1) unit.</p>

Exclusions and Limitations for Homemaker include but are not limited to:

1. Service must be provided at member’s residence.
2. Member must reside in a non-facility based setting.
3. For members sharing a residence, housekeeping applies only to the areas used by the member. This area includes the member’s bedroom and one bathroom.
4. Homemaker services shall not be provided overnight.
5. Homemaker services provided by Sunshine Health may not duplicate services that are provided under by another provider.

6. Member/member's representative must be able to provide direction to aid when aid is in the home.
7. Care, grooming, or feeding of pets and animals
8. Yard work, gardening, or home maintenance work
9. Escort Services
10. Day care or afterschool care
11. Assistance with homework
12. Meal preparation does not include the cost of meals

Id. at 76 to 80.

14. The following was established by ██████'s testimony during the hearing. ██████ testified that from March 20, 2020, to October 20, 2020, Petitioner was not able to attend daycare due to the pandemic. ██████ feels that Petitioner deteriorated mentally and physically during this time. ██████ described Petitioner's current condition as being unable to eat by himself and barely able to take a few steps. ██████ further added that all of Petitioner's food needs to be blended because he cannot swallow very well. ██████ testified she loses sleep because she has to wake up early when Petitioner wants to get out of bed, in order to deal with Petitioner's incontinence, and because Petitioner is requiring a lot more attention. ██████ indicated that she has not seen in detail the LT.UM.09, Homemaker Service Determination Table found at page 78 of Respondent's Composite Exhibit No. 1.

15. The following was established based on Dr. Silverman's testimony during the hearing. Dr. Silverman, referring to the Supplement Assessment: List of Caregiver/Informal Support section of the POC at page 20 of Respondent's Composite Exhibit No. 1, concluded that it reflects the caregiver's ability to perform caregiver tasks with no limitations for forty-two hours a week. Dr. Silverman also testified that assisting with bladder and bowel incontinence and feeding falls beyond the scope of homemaker services. Dr. Silverman clarified that Petitioner is currently

receiving seven (7) hours of adult day care five (5) days a week. Dr. Silverman opined that Petitioner's current services are adequate to provide for his care.

CONCLUSIONS OF LAW

16. The Agency's Office of Fair Hearings has jurisdiction over the subject matter of this proceeding and the parties pursuant to section 409.285(2) of the Florida Statutes (2020). This order is the final administrative decision of AHCA under Fla. Stat. § 409.285(2)(a).

17. This hearing was held as a *de novo* proceeding pursuant to Fla. Admin. Code R. 59G-1.100(17)(b).

18. Because Petitioner is requesting additional services, Fla. Admin Code R. 59G-1.100(17)(g) assigns the burden of proof to Petitioner. The standard of proof in an administrative hearing is a preponderance of the evidence. The preponderance of the evidence standard requires proof by "the greater weight of the evidence" (Black's Law Dictionary at 1201, 7th Ed.)

19. The Statewide Medicaid Managed Care Long-Term Care Program Policy (March 2017) ("LTC Policy"), incorporated by reference in Fla. Admin. Code R. 59G-4.192, governs Long-Term Care services available under Florida Medicaid including homemaker services. The LTC Policy provides the following with respect to homemaker services:

1.1 Description and Program Goal

Under the Statewide Medicaid Managed Care Long-Term Care (LTC) program, managed care plans (LTC plans) are required to provide an array of home and community-based services that enable enrollees to live in the community and to avoid institutionalization.

...

1.3.1 Activities of Daily Living (ADLs)

ADLs include:

- Bathing
- Dressing
- Eating (oral feedings and fluid intake)

- Maintaining continence (examples include taking care of a catheter or colostomy bag or changing a disposable incontinence product when the recipient is unable to control bowel or bladder functions)
- Toileting
- Transferring

...

1.3.5 701-B Comprehensive Assessment

An individualized, complete assessment of an individual's medical, developmental, behavioral, social, financial, and environmental status. The assessment is conducted by a trained individual employed by the Department of Elder Affairs Comprehensive Assessment and Review for Long-Term Care Services (CARES) program or the LTC plan, to determine eligibility for the LTC program based on the need for a nursing facility level of care.

...

1.3.9 Instrumental Activities of Daily Living (IADLs)

When necessary for the recipient to function independently, including:

- Grocery shopping
- Laundry
- Light housework
- Meal preparation
- Money Management
- Personal hygiene
- Transportation
- Using the telephone to take care of essential tasks (examples include paying bills and setting up medical appointments)

...

1.3.16 Natural Supports

Unpaid supports that are provided voluntarily to the individual in lieu of home and community-based services and supports.

...

4.1 General Criteria

Florida Medicaid LTC plans cover services that meet all of the following:

- Are determined medically necessary, as defined in this rule
- Do not duplicate another service
- Meet the criteria as specified in this policy

...

4.2.1.1 Adult Companion Care

The provision of non-medical care, supervision when necessary to protect the health, safety, and well-being of the enrollee, or social enrichment of a functionally impaired enrollee. This includes assistance or supervision with meal preparation, laundry, and light housekeeping tasks incidental to the care and supervision of the enrollee.

4.2.1.2 Adult Day Health Care

The provision of social and health related therapeutic services and activities, self-care training, nutritional services, and respite, in accordance with Chapter 429, Part III, F.S. Nutritional meals are included as part of this service when the enrollee is at the adult day health care center during meal times. This service includes medical screening emphasizing prevention and continuity of care, including routine blood pressure checks and diabetic maintenance checks. Physical, occupational, and speech therapies indicated in the enrollee's plan of care are furnished as components of this service. Nursing services, which include periodic evaluation, medical supervision of self-care services directed toward activities of daily living, and personal hygiene are also a component of this service.

...

4.2.1.9 Homemaker Services

The provision of general household activities (such as meal preparation) and routine household care (including laundry and pest control) by a trained homemaker, when the individual regularly responsible for these activities is temporarily absent or unable to manage these activities.

4.2.2 Mixed Services

Mixed services may exceed State Plan limits on those services in accordance with this policy. The Long-term Care benefit includes coverage of the following mixed services

4.2.2.6 Personal Care

In accordance with Rule 59G-4.215, F.A.C., for enrollees under the age of 21 years. To provide assistance with ADLs and IADLs, including assistance with preparation of meals, and housekeeping chores which are incidental to the care furnished or are essential to the health and welfare of the enrollee. The scope and nature of these services do not otherwise differ from personal care services furnished to persons under the age of 21 years.

6.2 Specific Criteria

In order to receive LTC services, services must be documented on an individualized plan of care based upon a comprehensive needs assessment. The comprehensive assessment includes the completion of the 701-B Comprehensive Assessment and the LTC Supplemental Assessment.

20. The LTC Policy also addresses medical necessity:

1.3.14 Medically Necessary or Medical Necessity

For the purposes of this policy, the service must meet either of the following criteria:

- (a) Nursing facility services and mixed services must meet the medical necessity criteria defined in Rule 59G-1.010, F.A.C.

(b) All other LTC supportive services must meet all of the following:

- Be individualized, specific, and consistent with symptoms or confirmed diagnosis of the illness or injury under treatment, and not in excess of the patient's needs
- Be reflective of the level of service that can be safely furnished, and for which no equally effective and more conservative or less costly treatment is available statewide
- Be furnished in a manner not primarily intended for the convenience of the recipient, the recipient's caretaker, or the provider

And, one of the following:

- Enable the enrollee to maintain or regain functional capacity; or
- Enable the enrollee to have access to the benefits of community living, to achieve person-centered goals, and to live and work in the setting of his or her choice.

21. In this case, Respondent rejected Petitioner's request for an additional seven (7) hours of homemaker services. As established on the record by the evidence and testimony, Respondent denied the request because Petitioner's current level of services are adequate to meet his care needs. *Supra* ¶ 3, 4 and 15.

22. Pursuant to LT.UM.09 the purpose of homemaker services is to provide assistance with essential shopping, light housework, laundry, and meal preparation. LT.UM.09 provides that the related approval criteria involve a review of IADL limitations; living situation; supervision needs and available supports. *Supra* ¶13. LT.UM.09 provides a detailed methodology for calculating the appropriate level of homemaker services based on various homemaker related activities. *Supra* ¶ 13. Petitioner did not explain how this methodology applied to Petitioner's unique medical condition. Furthermore, Dr. Silverman opined that many of the reasons Petitioner is requesting additional homemaker services are outside the intended scope of homemaker services and Petitioner's current services are adequate to provide for his care. *Supra* ¶ 15.

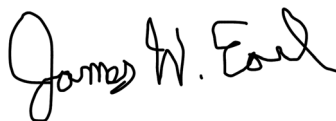
23. As provided in section 4.1 of the LTC Policy, care services must be medically necessary. *Supra* ¶ 19. In order to be medically necessary, Petitioner must prove that the additional requested homemaker services are not in excess of Petitioner's needs. *Supra* ¶¶ 20 and 21. As stated in the LTC Policy, homemaker services provide for general household activities and routine household care when the individual regularly responsible for these activities is temporarily absent or unable to manage these activities. *Supra* ¶ 19. Petitioner's 701B indicates that Petitioner currently always has assistance, when needed, with his ADLs and IADLs. See *supra* ¶ 10. Further, Petitioner lives with his caregiver and son-in-law and the caregiver does not work outside the home. See *supra* ¶ 6. ██████ asserted that Petitioner needs more supervision, assistance with eating, meal preparation, walking, incontinence and getting up at night. See *supra* ¶ 14. However, the needs identified by ██████ relate to other types of long term care services, such as companion care services or hands-on personal care services, *supra* ¶ 19, rather than homemaker services. Petitioner has not demonstrated that based Petitioner's unique medical conditions that his current care services are inadequate to meet his homemaker needs. Furthermore, Dr. Silverman opined that Petitioner's current care services are adequate. *Supra* ¶ 15 Based on the foregoing, the record demonstrates that Petitioner's requested level of homemaker services are in excess of the Petitioner's needs. Accordingly, Petitioner has not demonstrated that the additional requested homemaker services are medically necessary.


24. Therefore, upon consideration of the testimony provided, evidence submitted, and applicable policies, the undersigned finds that Petitioner did not prove by a preponderance of the evidence that Respondent's denial of homemaker services was incorrect.

IT IS THEREFORE ORDERED AND ADJUDGED THAT:

Respondent's denial of homemaker services is **UPHELD**. Petitioner's appeal based on Respondent's reduction of homemaker services is **DENIED**.

DONE AND ORDERED this 6th day of May, 2021, in Tallahassee, Leon County, Florida.



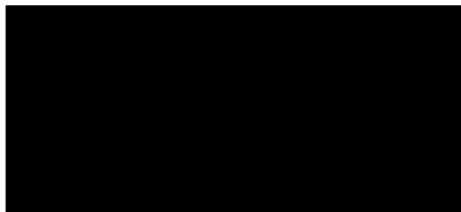
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NOTICE OF A RIGHT TO JUDICIAL REVIEW

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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