

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



FILED

Jun 20, 2023, 8:52 am

OFFICE OF FAIR HEARINGS

[REDACTED]

PETITIONER,

AHCA Case No.: 23-FH0802

[REDACTED]

vs.

UNITEDHEALTHCARE OF FLORIDA, INC.,

RESPONDENT.

_____ /

[REDACTED]

PETITIONER,

AHCA Case No.: 23-FH0803

[REDACTED]

vs.

UNITEDHEALTHCARE OF FLORIDA, INC.,

RESPONDENT.

_____ /

FINAL ORDER

Pursuant to notice, the undersigned convened a telephonic Fair Hearing on the instant case on May 1, 2023, at 1:00 p.m. EST.

APPEARANCES

For the Petitioner:

[REDACTED]

Petitioner's Authorized Representative

For the Respondent:

Deborah Havey-Levy
Program Integrity Manager
UnitedHealthcare of Florida, Inc.

STATEMENT OF ISSUE

The first issue (AHCA Case Number 23-FH0802) is whether Petitioner proved by a preponderance of the evidence that Respondent's denial of five (5) hours per week of adult companion care services was incorrect.

The second issue (AHCA Case Number 23-FH0803) is whether Petitioner proved by a preponderance of the evidence that Respondent's denial of an additional eleven (11) hours per week of personal care services was incorrect.

PRELIMINARY STATEMENT

All parties and witnesses appeared telephonically. [REDACTED] Petitioner's Authorized Representative and [REDACTED] appeared at the Fair Hearing and provided testimony on behalf of Petitioner.

Deborah Havey-Levy, Program Integrity Manager for UnitedHealthcare of Florida, Inc. ("United" or "Respondent"), represented Respondent at the hearing. Dr. Sloan ("Dr. Karver"), Long Term Care ("LTC") Medical Director for United, appeared as a witness for Respondent.

Diana Hearod, Medical Health Care Program Analyst for the Agency for Health Care Administration ("Agency" or "AHCA"), Stephanie Lang, Program Operations Administrator for the Agency, and Kameisha Presley, Hearing Officer at the Office of Fair Hearings, appeared for observational purposes.

Prior to the hearing, Respondent sent to the Office of Fair Hearings and Petitioner a one hundred and seventy (170)-page evidence packet. The packet appears in the Office of Fair Hearings' case management system as "23-FH080223-FH0803 Respondent's Statement of Matters_Part1 (Pgs. 1-49).pdf," and "23-FH080223-FH0803 Respondent's Statement of Matters_Part2 (Pgs. 50-170).pdf." The undersigned overruled Petitioner's objection and

admitted Respondent's one hundred and seventy (170)-page evidence packet into evidence as Respondent's Composite Exhibit 1.

FINDINGS OF FACT

1. Petitioner is an enrolled member of United's LTC plan. See Respondent's Composite Exhibit 1 at page 46. United is a managed care organization contracted by the Agency to provide services to eligible Medicaid recipients in Florida.

2. As of the date of the Fair Hearing, Petitioner is a [REDACTED] who lives with [REDACTED] in a private residence. *Id.* at 21, 22, 46. Petitioner's [REDACTED] lives nearby. *Id.* at 36. Petitioner has the following medical conditions: [REDACTED] [REDACTED]

[REDACTED]
[REDACTED] *Id.* at 27-28.

3. Regarding Activities of Daily Living ("ADLs"), the Florida Department of Elder Affairs 701B Comprehensive Assessment ("701B Assessment") states that Petitioner needs assistance (but not total help) with [REDACTED]. *Id.* at 26. Petitioner needs supervision or prompt with [REDACTED]. *Id.* Petitioner always has assistance with [REDACTED] ADLs. *Id.*

4. Regarding Instrumental Activities of Daily Living ("IADLs"), the 701B Assessment states that Petitioner needs total assistance (cannot do at all) with [REDACTED] [REDACTED]. *Id.* at 26. Petitioner needs assistance (but not total help) with [REDACTED]. *Id.* Petitioner needs supervision or prompt with [REDACTED]. *Id.* Petitioner always has assistance with [REDACTED] IADLs. *Id.* at 27.

5. Petitioner is currently approved for ten (10) hours per week of personal care services and one (1) hour per week of homemaker services. *Id.* at 47, 59. Petitioner needs some level of supervision due to [REDACTED]. *Id.* at 32. Petitioner is forgetful or easily confused several days per month but does not get lost or wander off. *Id.* Petitioner talks to friends, relatives, or others once a day. *Id.* at 36. [REDACTED] spends time with someone who does not live with [REDACTED] once per week. *Id.*

6. On March 8, 2023, Respondent issued a Notice of Adverse Benefit Determination (“NABD”) denying Petitioner’s request for five (5) hours per week of adult companion care services and eleven (11) additional hours per week of personal care services. *Id.* at 5 – 9. The NABD stated the reason for the denial as follows:

We determined that your requested services are **not medically necessary** because the services do not meet either of the reason(s) checked 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;
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; 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: Your assessment tells us that you need some help with [REDACTED]

You asked for 11 more hours a week of personal care.

Your assessment tells so that you need someone with you at all times.

You asked for 5 hours a week of companion care.

You are getting 10 hours a week of personal care to help you.

You are getting 1 hour a week of homemaker services to help you. The aide can clean your bedroom and bathroom when doing your homemaking.

You can be social with the aides that visit your home. The aides can watch you.

You live with family that helps you, watches you and you can be social with.

In my clinical opinion, your personal care and companion needs can be met by the approved services and supports. These hours can be split to meet your needs during the day.

Id. at 6.

7. Petitioner requested a plan appeal and received a Notice of Plan Appeal Resolution (“NPAR”), dated March 31, 2023, upholding United’s decision to deny Petitioner’s request for adult companion care services and additional personal care services. The NPAR explained as follows:

On March 08, 2023 we received your timely plan appeal request regarding UnitedHealthcare Community Plan's Notice of Adverse Benefit Determination dated March 7, 2023, A189659322, denying the Personal Care 11 more hours a week and Adult Companion care 5 hours a week provided to [REDACTED].

On March 31, 2023, after consideration of the information you provided to UnitedHealthcare Community Plan in support of your plan appeal, UnitedHealthcare hereby denies your plan appeal.

As part of our review we look at information you or your provider gave us. We also look at your benefits. Based on our review of your appeal, we have determined that the service you requested will not be approved.

Fatima Hussain, MD, specializing in Family Medicine, reviewed the appeal. This doctor did not make the original decision. The decision was based on Florida Administrative Code 59G- 1.010(166).

Part 1 of 2 Your appeal was reviewed by a medical director. She is a medical doctor. She is board certified in family medicine. We looked at your records. We have decided that what you asked for cannot be approved. This does not meet Florida Medicaid rules. You asked for additional personal care. You would like 11 more hours a week. We cannot approve this because it is not medically needed. Based on my professional judgment, these extra hours are more than you need. We looked at your home assessment. This helps to show us how much help you need. The health plan is approving total of 10 hours a week. You have family who can help some. You can help yourself some. Also, you have another paid service for help. This is homemaker service 1 hours a week. This should meet your personal care needs. That is why we cannot approve what you asked for. Please talk about this with your doctor.

Part 2 of 2 Your appeal was reviewed by a medical director. He is a medical doctor. He is board certified in family medicine. We looked at your records. We have decided that what you asked for cannot be approved. This does not meet Florida Medicaid rules. You asked for companion care. You would like 5 hours a week. We cannot approve this because it is not medically needed. Based on my professional judgment, this service is more than you need. You have other help you can socialize with. You have approved personal care help 10 hours a week. You have approved homemaker service 1 hour a week. You can also talk and spend time with your family. That is why we cannot approve what you asked for. Please talk about this with your doctor.

Id. at 64-65.

8. At the hearing, [REDACTED] testified that Petitioner was diagnosed with [REDACTED] [REDACTED] in 2021. [REDACTED] testified, as a lay person, that the condition effects Petitioner's nerves and muscles causing weakness and fatigue. Ms. Montes observed that that Petitioner experiences [REDACTED] Further, Petitioner has [REDACTED]. His medication is crushed and administered via [REDACTED] [REDACTED]s further testified that Petitioner has difficulty walking and has bruises from hitting the corners of furniture and items in the home. Petitioner ambulates using a walker and wheelchair. [REDACTED] testified that Petitioner suffers from [REDACTED]

█ is under the care of a psychiatrist. Petitioner has difficulty sleeping and wakes during the night. █ does not work outside the home.

9. █ asserted that the 701B Assessment is inaccurate as follows: Petitioner's overall health is "fair" rather than "poor"; compared to a year ago, Petitioner's health is "much worse" rather than "worse" due to mental issues; Petitioner limits activity out of fear of falling "all the time" rather than "occasionally"; Petitioner has fallen "5 times" rather than "1 time"; Petitioner needs total assistance (cannot do at all) with the IADLs "using the telephone" and "managing money;" Petitioner uses a PEG line for medication; and Petitioner is Incontinent several times per day page. *See Id.* at 24 and 26-27.

10. Dr. Karver testified that the requested services were denied based on medical necessity because the requested services are in excess of Petitioner's needs. She further testified █ █ can utilize respite care services which are available on a short-term basis to relieve █ on a planned or emergency basis.

CONCLUSIONS OF LAW

11. 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), Florida Statutes. This order is the final administrative decision of the Agency under section 409.285(2)(a).

12. This hearing was held as a *de novo* proceeding pursuant to Rule 59G-1.100(17)(b), Florida Administrative Code ("F.A.C.")

13. Because Petitioner is requesting additional or new services, Rule 59G-1.100(17)(g), F.A.C., 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.)

14. The Florida Medicaid Statewide Medicaid Managed Care Long-term Care Program Coverage Policy (“LTC Policy”), incorporated by reference in Rule 59G-4.192, F.A.C., governs Long-Term Care services available under Florida Medicaid. The LTC Policy provides the following, in pertinent part:

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

...

1.3.9 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)

...

1.3.14 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.

...

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.

...

4.2.1.9 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:

...

4.2.2.4 Intermittent Skilled Nursing

In accordance with Rule 59G-4.130, F.A.C. This service includes the provision of skilled nursing services at intervals of more than one hour apart, and for the length of time necessary to complete the service, for enrollees who do not require continuous nursing care (see attendant nursing care 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.

...

6.0 Documentation

...

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.

Id. at 110 - 117.

15. The Personal Care Services Coverage Policy (“PC Policy”), which is incorporated by

reference in Rule 59G-4.215, F.A.C., states as follows:

1.1 Description

Florida Medicaid personal care services provide medically necessary assistance, in the home or in the community, with activities of daily living (ADL) and age appropriate instrumental activities of daily living (IADL) to enable recipients to accomplish tasks they would normally be able to do for themselves if they did not have a medical condition or disability.

...

1.1.2 Statewide Medicaid Managed Care Plans

Florida Medicaid managed care plans must comply with the coverage requirements outlined in this policy, unless otherwise specified in the AHCA

contract with the Florida Medicaid managed care plan. The provision of services to recipients enrolled in a Florida Medicaid managed care plan must not be subject to more stringent coverage limits than specified in Florida Medicaid policies.

...

1.3 Definitions

The following definitions are applicable to this policy. For additional definitions that are applicable to all sections of Rule Division 59G, F.A.C., please refer to the Florida Medicaid definitions policy.

...

1.3.6 Home Health Services

Medically necessary services that can be safely provided to the recipient in their home or in the community that include home health visits (skilled nursing and home health aide services), private duty nursing, and personal care services.

...

4.2 Specific Criteria

Florida Medicaid reimburses for up to 24 hours of personal care services per day, per recipient, in order to provide assistance with ADLs and age appropriate IADLs when the recipient meets the following criteria:

- Has a medical condition or disability that substantially limits their ability to perform ADLs or IADLs and do not have a parent or legal guardian able to provide the required care
- Is under the care of a physician and has a physician's order for personal care services
- Requires more extensive and continual care than can be provided through a home health visit
- Requires services that can be safely provided in their home or the community

Id. at 132-134

16. The Florida Medicaid Definitions Policy (August 2017) ("Definitions Policy"), incorporated by reference in Rule 59G-1.010, F.A.C., defines "Medically Necessary" or "Medical Necessity" as follows:

2.83 Medically Necessary or Medical Necessity

The medical or allied care, goods, or services furnished or ordered must meet the following conditions:

- Be necessary to protect life, to prevent significant illness or significant disability, or to alleviate pain
- 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 consistent with generally accepted professional medical standards as determined by the Medicaid program, and not experimental or investigational
- 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

The fact that a provider has prescribed, recommended, or approved medical or allied care, goods, or services does not, in itself, make such care, goods or services medically necessary or a medical necessity or a covered service.

Id. at 103.

Adult Companion Care Services

17. As provided in the LTC Policy, the purpose of adult companion care services is to provide “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.” *See supra* ¶ 14. Companion care is designed to prevent social isolation or to provide supervision. *See supra* ¶ 14.

18. Petitioner resides with [REDACTED] wife and [REDACTED] lives nearby. *See supra* ¶ 2. [REDACTED] is currently approved for eleven (11) hours per week of personal care services and one (1) hour per week of homemaker services. *See supra* ¶ 6 and 7. Petitioner talks to friends, relatives, or others once a day. *Id.* at 36. [REDACTED] spends time with someone who does not live [REDACTED] once per week. *See supra* ¶ 5. Thus, Petitioner has the opportunity to socialize with [REDACTED] family and home aides, and Petitioner is not at risk for social isolation. *See supra* ¶ 5.

19. With regard to a medical need for companion care supervision, [REDACTED] testified that Petitioner needs supervision due to [REDACTED]. The record reflects that Petitioner is [REDACTED] but does not get lost or wander off. *Id.* at 32.

20. Despite [REDACTED]'s assertions at the Fair Hearing, Petitioner did not present any evidence specifying the amount of companion care supervision Petitioner requires, nor was it demonstrated that Petitioner is left alone for extended period of time. [REDACTED] did not provide evidence that [REDACTED] is physically unable to supervise Petitioner or has routine appointments or other obligations that cause [REDACTED] to be outside the home for extended periods of time. [REDACTED] does not work outside the home, and respite care services are available on a temporary basis. See supra ¶ 8, 10.

21. Based on the foregoing, the Petitioner is not at risk of social isolation because [REDACTED] lives [REDACTED] and is able to socialize with home aides, and Petitioner is not left alone for extended periods of time. As such, Petitioner failed to demonstrate that the requested adult companion care service hours are individualized, specific, and consistent with symptoms or confirmed diagnosis of the illness or injury under treatment and are not in excess of the Petitioner's needs. Accordingly, the record does not demonstrate that five (5) hours per week of adult companion care services are medically necessary.

22. Therefore, upon consideration of both parties' testimony, Respondent's Composite Exhibit 1, and the LTC Policy, the undersigned finds that Petitioner failed to prove by a preponderance of the evidence that Respondent's denial of adult companion care services was incorrect.

Personal Care Services

23. In the instant case, Petitioner is currently approved for ten (10) hours per week of personal care services, and he requested an additional eleven (11) hours per week of personal care services. See supra ¶ 6 and 7. As established on the record by the evidence and testimony,

Respondent denied Petitioner's request, because the documentation submitted in support of Petitioner's request failed to establish that the requested services were medically necessary. See supra ¶ 6 and 7.

24. Section 4.1 of the LTC Policy provides that Florida Medicaid LTC plans cover services that: (a) are determined medically necessary, as defined in the LTC Policy; (b) do not duplicate another service; and (c) meet the criteria as specified in the LTC Policy. See supra ¶ 14.

25. Section 4.2.2.6 of the LTC Policy reflects that personal care services are "[t]o 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." See supra ¶ 13.

26. The evidence presented in this case reflects that an additional eleven (11) hours per week of personal care services are warranted. Specifically, Rule 1.010, F.A.C., requires that a service "[b]e 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." See supra ¶ 15, 16.

27. In this case, the 701B Assessment reflects that Petitioner requires: assistance (but not total help) with [REDACTED] [REDACTED] y. Petitioner always has assistance with [REDACTED] ADLs. Regarding ADLs, Petitioner needs total assistance (cannot do at all) with [REDACTED] [REDACTED] See supra ¶ 3. Petitioner needs assistance (but not total help) with [REDACTED] See supra ¶ 3. Petitioner needs supervision or prompt with [REDACTED]. *Id.* With regard to IADLs, Petitioner needs total assistance (cannot do at all) with [REDACTED],

[REDACTED]. See supra ¶ 4. Petitioner needs assistance (but not total help) with [REDACTED]. See supra ¶ 4. Petitioner needs supervision or prompt with [REDACTED]. See supra ¶ 4.

28. [REDACTED] provided credible and persuasive testimony that Petitioner's condition is now worse than what is stated in the 710B Assessment due to [REDACTED]. Unrebutted testimony established that this condition affects Petitioner's nerves and muscles [REDACTED]. See supra ¶ 8-9. With regard to Petitioner's ADLs, based on [REDACTED] credible testimony, Petitioner requires additional time for ADLs and the assistance of two persons for [REDACTED]. See supra ¶ 8-9. Further, [REDACTED] established that Petitioner has difficulty [REDACTED] medication is crushed and administered via PEG tube. See supra ¶ 8-9. [REDACTED] further established that Petitioner has difficulty walking and is incontinent several times per day. See supra ¶ 8-9. Finally, [REDACTED] established that Petitioner needs total assistance (cannot do at all) with the IADLs [REDACTED]. See supra ¶ 8-9. Based on the 701B Assessment and [REDACTED]'s credible testimony, the undersigned finds that Petitioner requires total assistance with all ADLs and IADLs.

29. Considering Petitioner's currently authorized services, along with the LTC Policy definition for personal care services, Petitioner demonstrated that [REDACTED] aforementioned needs are not sufficiently met by [REDACTED] currently authorized services. Consistent with the guidelines in Appendix 9.1 of the PC Policy, Petitioner established that the requested eleven (11) additional hours per week of personal care services are warranted in this matter based on Petitioner's [REDACTED] [REDACTED] and that the requested additional personal care services are individualized,

specific, and consistent with symptoms or confirmed diagnosis of the illness or injury under treatment, and are not in excess of ■ needs.


30. In light of the both parties' testimony, Respondent's Composite Exhibit 1, the LTC Policy, the PC Policy, the Definitions Policy, the undersigned Hearing Officer finds that Petitioner met ■ burden of proving that an additional eleven (11) hours per week of personal care services are medically necessary. Accordingly, the undersigned Hearing Officer finds that Petitioner proved by a preponderance of the evidence that Respondent's denial of the requested additional personal care services was incorrect.

IT IS THEREFORE ORDERED AND ADJUDGED THAT:

Respondent's denial of five (5) hours per week of adult companion care services is **AFFIRMED**. Petitioner's appeal based on Respondent's denial is **DENIED**.

Respondent's denial of eleven (11) additional hours of personal care services per week is **REVERSED**. Petitioner's appeal based on Respondent's denial is **GRANTED**.

DONE and ORDERED this 20th day of June 2023, in Tallahassee, Leon County, Florida.

 Laura Gallagher
22-FH0802 22-FH0803
2023.06.20 08:42:58
-04'00'

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:



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