



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

FILED

Oct 16, 2020, 8:28 am

OFFICE OF FAIR HEARINGS

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PETITIONER,

AHCA Case No.: 20-FH █

Plan ID No.: █

vs.

SUNSHINE STATE HEALTH PLAN, INC.,

RESPONDENT.

_____ /

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PETITIONER,

AHCA Case No.: 20-FH █

Plan ID No.: █

vs.

SUNSHINE STATE HEALTH PLAN, INC.,

RESPONDENT.

_____ /

FINAL ORDER

Pursuant to notice, the undersigned Hearing Officer convened a telephonic Medicaid Fair Hearing in the above-styled case on September 16, 2020, at █

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APPEARANCES

For the Petitioner:

█
Petitioner

For the Respondent:

Maria Mojica
Compliance Specialist
Sunshine State Health Plan, Inc.

STATEMENT OF ISSUE

The first issue is whether Respondent proved by a preponderance of the evidence that Respondent's reduction of homemaker services from 10.5 hours per week to 7 hours per week was correct.

The second issue is whether Respondent proved by a preponderance of the evidence that Respondent's termination of 1 case per month of disposable underpads/chux was correct.

PRELIMINARY STATEMENT

All parties and witnesses appeared telephonically. Petitioner appeared at the Fair Hearing and provided testimony on her own behalf.

Maria Mojica ("Ms. Mojica"), Compliance Specialist for Sunshine State Health Plan, Inc. ("Sunshine" or "Respondent") represented Respondent at the hearing. The following individuals appeared on behalf of Respondent: Dr. John Carter ("Dr. Carter"), Long Term Care ("LTC") Medical Director for Sunshine; Lakisha Hughes, Care Coordinator Supervisor for Sunshine; Melissa Layne ("Ms. Layne"), Manager for Quality Improvement for Sunshine; Stephanie Mertens, Care Coordinator for Sunshine; and Mariana Benco-Thomas, Supervisor of Case Management for Sunshine.

Marielisa Amador, Medical Healthcare Program Analyst for the Agency for Health Care Administration ("Agency" or "AHCA"), appeared for observational purposes.

Prior to the hearing, Petitioner did not send an evidence packet to the Office of Fair Hearings and Respondent. Prior to the hearing, Respondent sent to the Office of Fair Hearings and Petitioner a 111-page evidence packet. The packet included the following documents: the Medicaid Fair Hearing Table of Content; a Medicaid Fair Hearing Summary, dated August 14,

2020; a Notice of Adverse Benefit Determination (“NABD”), dated June 15, 2020; Sunshine’s LTC Person-Centered Care Plan (“care plan”), signed June 12, 2020; the care plan, signed August 11, 2020; the Florida Department of Elder Affairs 701B Comprehensive Assessment (“701B”) with an assessment date of June 12, 2020 (the “6/12/20 701B”); the 701B with an assessment date of July 13, 2020 (the “7/13/20 701B”); Sunshine’s Standard Appeal Acknowledgment, dated July 7, 2020; a Notice of Plan Appeal Resolution (“NPAR”) dated, July 24, 2020; the Sunshine Health Policy and Procedure LT.UM.09; and Fla. Admin. Code R. 59G-1.010. Absent an objection from Petitioner, the undersigned admitted Respondent’s 111-page evidence packet into evidence as Respondent’s Composite Exhibit 1.

Prior to the hearing, Respondent sent to the Office of Fair Hearings and Petitioner a 104-page evidence packet. The packet included the following documents: the Medicaid Fair Hearing Table of Content; a Medicaid Fair Hearing Summary, dated August 14, 2020; a NABD, dated June 15, 2020; Sunshine’s care plan, signed June 12, 2020; the care plan, signed August 11, 2020; the 6/12/20 701B; the 7/13/20 701B; a 15-page facsimile transmission (“fax”) from Sunshine, dated April 29, 2020; Sunshine’s Standard Appeal Acknowledgment, dated July 7, 2020; an NPAR dated, July 28, 2020; the Sunshine Health Policy and Procedure LT.UM.10; and Fla. Admin. Code R. 59G-1.010. Absent an objection from Petitioner, the undersigned admitted Respondent’s 104-page evidence packet into evidence as Respondent’s Composite Exhibit 2.

FINDINGS OF FACT

1. Petitioner is an enrolled member of Sunshine’s LTC plan. See Respondent’s Composite Exhibit 1, page 2, and Respondent’s Composite Exhibit 2, page 2. Sunshine is a managed care organization contracted by AHCA to provide services to eligible Medicaid recipients in Florida.

2. Petitioner resides in a private residence, and goes to the food pantry to supplement her food stamps. See Respondent's Composite Exhibit 1, page 50, and Respondent's Composite Exhibit 2, page 50. Petitioner has the following health conditions: allergies; moderate anemia; arthritis of right knee, ankles, and right hand; high blood pressure; broken bones/fractures of the right foot/ankle (past); dehydration (past); frequent dizziness; congestive heart failure ("CHF"); frequent bladder incontinence; kidney problems and renal disease; partial paralysis; and upper gastrointestinal ulcers (past). See Respondent's Composite Exhibit 1, pages 55-56, and Respondent's Composite Exhibit 2, pages 55-56.

3. Petitioner is currently authorized to receive the following home and community-based services: 7 hours per week of homemaker services; 10.5 hours per week of personal care services; 3 cases per month of pull-ups; 7 home delivered meals per week; and personal emergency response services ("PERS") monthly. See Respondent's Composite Exhibit 1, pages 25-26, and Respondent's Composite Exhibit 2, pages 25-26.

4. The 7/13/20 701B, which is the most recent 701B included in Respondent's evidence packets, reflects the following regarding Petitioner's Activities of Daily Living ("ADLs"). Petitioner needs no assistance with dressing and eating. See Respondent's Composite Exhibit 1, page 53, and Respondent's Composite Exhibit 2, page 53. Petitioner uses assistive devices for bathing, using the bathroom, transferring, and walking/mobility. *Id.* Petitioner needs assistance (but not total help) with bathing. *Id.* Petitioner does not need total assistance (cannot do at all) with any ADLs. *Id.*

5. Regarding Petitioner's Instrumental Activities of Daily Living ("IADLs"), the 7/13/20 701B reflects that Petitioner needs no assistance with using the telephone, managing money, and using

transportation. See Respondent's Composite Exhibit 1, page 54, and Respondent's Composite Exhibit 2, page 54. Petitioner uses assistive devices for shopping and managing medication. *Id.* Petitioner needs assistance (but not total help) with light housekeeping and preparing meals. *Id.* Petitioner needs total assistance (cannot do at all) with heavy chores. *Id.*

6. On June 15, 2020, Respondent issued an NABD reducing Petitioner's homemaker services. See Respondent's Composite Exhibit 1, page 4. The NABD stated that "[b]ased on the assessment of the members care needs and household and caregiver status, Sunshine Health will reduce the Homemaker Services from 10.5 hours/week to 7 hours/week." See Respondent's Composite Exhibit 1, page 5.

7. On June 15, 2020, Respondent issued an NABD terminating 1 case per month of disposable underpads/chux. See Respondent's Composite Exhibit 2, page 4. The NABD stated that "[b]ased on the assessment of the member's care needs and household and caregiver status, Sunshine Health will terminate 1 case per month of Disposable Underpads." See Respondent's Composite Exhibit 2, page 5.

8. Petitioner requested an appeal of Respondent's reduction of homemaker services. See Respondent's Composite Exhibit 1, page 73. On July 24, 2020, Respondent sent Petitioner an NPAR, denying Petitioner's plan appeal. *Id.* The NPAR stated as follows:

On July 1, 2020, we received your timely plan appeal request about Sunshine Health's Notice of Adverse Benefit Determination dated June 26, 2020, Notice of Adverse Benefit Determination Number [REDACTED], REDUCING homemaker service (the person that cleans for you) 10.5 hours a week provided to [Petitioner].

On July 23, 2020, 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 homemaker service (the person that cleans for you) 10.5 hours a week, effective July 23, 2020.

The reason for our decision was The appeal to overturn the reduction in Home Maker Services from 10.5 hours/week to 7 hours/week is DENIED. This decision is Based on the assessment of the member's care needs and household and caregiver status.

The updated care plan approved by Sunshine Health will include:

- PC- 10.5 hours per week
- HMK- 7 hours per week
- HDM- 7 meals per week

This decision was made with Sunshine Health Policy LT.UM.09 Long Term Care Ancillary Service Criteria.

This decision was made by a Medical Director who is Board Certified Physician in Family Medicine.

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

Respondent's Composite Exhibit 1, page 73.

9. Petitioner requested an appeal of Respondent's termination of 1 case per month of disposable underpads/chux. See Respondent's Composite Exhibit 2, page 82. On July 28, 2020, Respondent sent Petitioner an NPAR, denying Petitioner's plan appeal. *Id.* at 88. The NPAR stated as follows:

On July 1, 2020 we received your timely plan appeal request about Sunshine Health's Notice of Adverse Benefit Determination dated June 26, 2020, Notice of Adverse Benefit Determination Number [REDACTED] terminating one case per month of disposable underpads/chux provided to [Petitioner].

On July 28, 2020 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 one case per month of disposable underpads/chux effective July 28, 2020.

The reason for our decision was: The appeal to overturn the termination of 1 case per month of disposable underpads/chux is denied for lack of medical necessity. Based on the assessment, the current supplies are adequate to meet the member's care needs. The member's current care plan includes 3 cases per month of Pull-Ups and 2 pads per month of Reusable Underpads.

Sunshine Health Policy LT.UM.10 LTC (Long Term Care) Durable Medical Equipment (DME)/Supplies/Orthotics & Prosthetics (O&P) Criteria was used in this decision[.]

This decision was made by a Medical Director who is Board Certified Physician Internal Medicine.

Respondent's Composite Exhibit 2, page 88.

10. On August 4, 2020, Petitioner requested a Fair Hearing due to the reduction of homemaker services and the termination of disposable underpads/chux. On August 11, 2020, the undersigned Hearing Officer scheduled the Fair Hearing for September 16, 2020, at [REDACTED], and all parties were duly notified.

11. Dr. Carter is the LTC Medical Director for Sunshine. During the Fair Hearing, Dr. Carter testified that he reviewed all documentation submitted to Respondent for this case, and it is his professional opinion that Respondent's determination to reduce homemaker services and terminate disposable underpads/chux was appropriate. Dr. Carter explained that in making its determinations in this case, Respondent considered that Petitioner lives in the home with others, uses assistive devices for mobility, receives pull-ups to meet her incontinence needs, and does not require total assist with any of her ADLs. Dr. Carter testified that once services are authorized, Petitioner can adjust the times the services are provided to meet her needs.

12. Petitioner resides in the home with 2 children, her adult son, and her son's adult girlfriend. Petitioner testified that she does not receive any help from her son or his girlfriend. Petitioner's son works outside the house, but she does not know his schedule. Petitioner's son's girlfriend works a part-time job outside of the home. Petitioner experiences paralysis of her left arm and leg, but she is still able to move both. Petitioner believes that she needs the underpads/chux, as

her physician increased her dosage of the diuretic, Lasix, and she believes it is causing her to have increased urination and incontinence.

CONCLUSIONS OF LAW

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

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

15. The burden of proof in this proceeding is governed by Fla. Admin Code R. 59G-1.100(17)(g), which provides as follows:

The burden of proof is on the party asserting the affirmative of an issue, except as otherwise required by statute. The burden of proof is on the Agency or plan, whichever is applicable, when the issue presented is the suspension, reduction, or termination of a previously authorized service. The burden of proof is on the recipient or enrollee, when the issue presented is the denial or a limited authorization of a service. The party with the burden of proof shall establish its position to the satisfaction of the Hearing Officer by a preponderance of the evidence.

16. Because Respondent is reducing an existing service and terminating an existing service, Fla. Admin. Code R. 59G-1.100(17)(g) assigns the burden of proof to the Respondent. 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.).

17. The Florida Medicaid policy that applies to the requested services is the Florida Medicaid Statewide Medicaid Managed Care Long-term Care Program Coverage Policy (March 2017)

("SMMC LTC Policy"). The Agency's SMMC LTC Policy has been incorporated, by reference, into Florida Administrative Code Rule 59G-4.192. The SMMC LTC Policy provides as follows:

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 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.

1.3.1 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
- Medication management

- 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.

...

2.2 Who Can Receive

Florida Medicaid recipients requiring medically necessary LTC services who are enrolled in a LTC plan and have a nursing facility level of care determined by the CARES program. Some services may be subject to additional coverage criteria as specified in section 4.0.

...

4.0 Coverage Information

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 Specific Criteria

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

- Consistent with the type, amount, duration, frequency, and scope of services specified in an enrollee's authorized plan of care
- Provided in accordance with a goal in the enrollee's plan of care
- Intended to enable the enrollee to reside in the most appropriate and least.

...

4.2.1.8 Home Delivered Meals

The provision of nutritionally sound meals delivered to an enrollee's home when an enrollee has difficulty shopping for, or preparing food, without assistance. All meals must provide a minimum of 33 1/3% of the current Dietary Reference Intake. The meals must meet the current Dietary Guidelines for Americans, the United States Department of Agriculture My Pyramid Food Intake Pattern and reflect the predominant statewide demographic.

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:

...

4.2.2.5 Medical Equipment and Supplies

In accordance with Rule 59G-4.070, F.A.C. This service includes the provision of medical equipment and supplies specified in the plan of care, including: devices, controls, or appliances that enable the enrollee to increase the ability to perform activities of daily living; devices, controls, or appliances that enable the enrollee to perceive, control, or communicate with the environment in which he or she lives; items necessary for life support or to address an enrollee's physical conditions, along with ancillary supplies and equipment necessary to the proper functioning of such items; such other durable and non-durable medical equipment not available under the State Plan that is necessary to address enrollee needs, including consumable medical supplies, such as adult diapers; and repair of such items or replacement parts.

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.

See SMMC LTC Policy, pages 1-8.

18. The Florida Medicaid Definitions Policy (August 2017) (“Definitions Policy”), which is incorporated by reference in Fla. Admin. Code R. 59G-1.010, defines “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 severe 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.

19. In the instant case, Respondent reduced Petitioner’s homemaker services from 10.5 hours per week to 7 hours per week, and terminated 1 case per month of disposable

underpads/chux. *See supra* ¶ 6, 7, 8 and 9. As established on the record by the evidence and testimony, Respondent reduced Petitioner’s homemaker services and terminated Petitioner’s disposable underpads/chux, because the documentation submitted in support of Petitioner’s request failed to establish that the requested services were medically necessary. *Id.*

20. Section 4.1 of the SMMC LTC Policy provides that Florida Medicaid LTC plans cover services that: (a) are determined medically necessary, as defined in the SMMC LTC Policy; (b) do not duplicate another service; and (c) meet the criteria as specified in the SMMC LTC Policy. *See supra* ¶ 17.

21. Section 4.2.1.9 of the SMMC LTC Policy defines homemaker services as 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.” *See supra* ¶ 17.

22. Section 4.2.2.5 of the SMMC LTC Policy defines medical equipment and supplies as a service that “includes the provision of medical equipment and supplies specified in the plan of care, including: devices, controls, or appliances that enable the enrollee to increase the ability to perform activities of daily living; devices, controls, or appliances that enable the enrollee to perceive, control, or communicate with the environment in which he or she lives; items necessary for life support or to address an enrollee’s physical conditions, along with ancillary supplies and equipment necessary to the proper functioning of such items; such other durable and non-durable medical equipment not available under the State Plan that is necessary to address enrollee needs, including consumable medical supplies, such as adult diapers; and repair of such items or replacement parts.” *See supra* ¶ 17.

23. The evidence presented in this case reflects that Respondent's reduction of homemaker services and termination of disposable underpads/chux are warranted under the circumstances of this case. Specifically, regarding ADLs, Petitioner: needs no assistance with dressing and eating; uses assistive devices for using the bathroom, using the bathroom, transferring, and walking/mobility; and needs assistance (but not total help) with bathing. *See supra* ¶ 4. It should be noted that Petitioner does not need total assistance (cannot do at all) with any of her ADLs. *Id.* Regarding IADLs, Petitioner: needs no assistance with using the telephone, managing money, and using transportation; uses assistive devices for shopping and managing medication; needs assistance (but not total help) with light housekeeping and preparing meals; and needs total assistance (cannot do at all) with heavy chores. *Id.* *See supra* ¶ 5. However, Petitioner resides in the home with her adult son and her son's adult girlfriend. *See supra* ¶ 12. Petitioner experiences paralysis of her left arm and leg, but she is still able to move both. *Id.* Although Petitioner has increased urination and incontinence due to an increase in dosage of the diuretic, Lasix, *supra* ¶ 12, she receives 3 cases per month of pull-ups for her incontinence needs. *See supra* ¶ 3 and 11. The NPAR explains that the current supplies are adequate to meet the member's care needs. *See supra* ¶ 9. Further, Dr. Carter reviewed all documentation submitted to Respondent for this case, and it is his professional opinion that Respondent's determination was appropriate. *See supra* ¶ 11. Based upon the evidence presented by both parties, Respondent established that the reduction of homemaker services and termination of disposable underpads/chux are warranted in this case.

24. Additionally, section 1.3.14 of the LTC Policy requires that "LTC supportive services must . . . [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 ¶ 17. Petitioner is currently authorized to receive the following home and community-based services: 7 hours per week of homemaker services; 10.5 hours per week of personal care services; 3 cases per month of pull-ups; 7 home delivered meals per week; and PERS monthly. See supra ¶ 3. Once services are authorized, Petitioner can adjust the times the services are provided to meet her needs. See supra ¶ 11. Additionally, Petitioner goes to the food pantry to supplement her food stamps. See supra ¶ 2. Considering the LTC Policy's definitions for home delivered meals, homemaker services and personal care services, supra ¶ 17, Respondent demonstrated that Petitioner's aforementioned needs, supra ¶ 4, 5, 12, and 23, are sufficiently met by her currently authorized services. Given that Respondent established that the reduction of homemaker services and the termination of the disposable underpads/chux are warranted in this matter, supra ¶ 23, Petitioner's previously authorized amount of homemaker services and disposable underpads/chux are "in excess of [Petitioner's] needs." See supra ¶ 17.

25. In light of the both parties' testimony, Respondent's Composite Exhibit 1, Respondent's Composite Exhibit 2, the SMMC LTC Policy, and the Definitions Policy, the undersigned Hearing Officer finds that Respondent demonstrated that Petitioner's previously authorized amount of homemaker services and disposable underpads/chux are not medically necessary.

26. Accordingly, the undersigned Hearing Officer finds that Respondent proved by a preponderance of the evidence that Respondent's reduction of homemaker services and termination of disposable underpads/chux was correct.


DECISION

Respondent's reduction of homemaker services from 10.5 hours per week to 7 hours per week is **AFFIRMED**.

Respondent's termination of 1 case per month of disposable underpads/chux is **AFFIRMED**.

Petitioner's appeal based on Respondent's denial in this matter is **DENIED**.

DONE AND ORDERED this 16th day of October, 2020, in Tallahassee, Leon County, Florida.

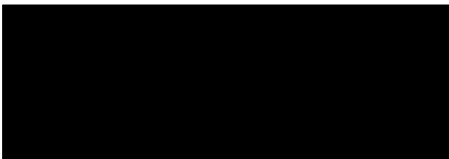
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NOTICE OF A RIGHT TO JUDICIAL REVIEW

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.

COPIES FURNISHED TO:



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