



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

**FILED**

Mar 04, 2024, 11:19 am

OFFICE OF FAIR HEARINGS

[REDACTED],

PETITIONER,

AHCA Case No.: 23-FH3047

Plan ID No.: [REDACTED]

vs.

CHILDREN'S MEDICAL SERVICES,

RESPONDENT.

\_\_\_\_\_ /

**FINAL ORDER**

Pursuant to notice, Hearing Officer Debbie Winicki convened a telephonic Fair Hearing in the instant case on January 25, 2024, at 1:00 p.m., Eastern Standard Time (EST).

**APPEARANCES**

For the Petitioner:

[REDACTED]

Petitioner's Authorized Representative

For the Respondent:

Chantal Pierre

Clinical Appeals Coordinator

Children's Medical Services

**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 home health services was incorrect.

**PRELIMINARY STATEMENT**

All parties appeared telephonically. [REDACTED] (" [REDACTED]"), Petitioner's Authorized Representative and [REDACTED], appeared on behalf of Petitioner.

Chantal Pierre, Clinical Appeals Coordinator for Sunshine Health/Children's Medical Services ("CMS" or "Respondent"), appeared for the Fair Hearing as a representative for Respondent. The following persons appeared at the Fair Hearing as a witness for Respondent: Dr. Andrew Metinko ("Dr. Metinko"), Medical Director for CMS. The following persons attended the Fair Hearing as witnesses for Respondent: Michelle Marshall, Supervisor of Case Management for CMS; and Marisol Collazo, Health Care Manager for CMS.

Diana Hearod, a Medical Health Care Analyst and Fair Hearing Liaison for the Agency for Health Care Administration ("Agency" or "ACHA"), attended as an observer for the Agency. Theresa Sawyer, Senior Attorney with the Department of Health Executive Director, attended as an observer.

Spanish Interpreter Gwendolyn, Certification Number 355599, provided interpretation services during the hearing for the parties and their witnesses.

Prior to the hearing, Respondent sent to the Office of Fair Hearings and Petitioner a ninety-one (91)-page evidence packet, that appears in the Office of Fair Hearings' document management system as file title "MFH packet [Petitioner].pdf." Absent an objection from the Petitioner, the Hearing Officer admitted the ninety-one (91)-page evidence packet as Respondent's Composite Exhibit 1 ("RCE 1").

Prior to the hearing, Petitioner sent to the Office of Fair Hearings and Respondent a forty (40)-page evidence packet, that appears in the Office of Fair Hearings' document management system as file title "23-FH3047 Mailed Evidence.pdf." Absent an objection from the Respondent, the Hearing Officer admitted the forty (40)-page evidence packet as Petitioner's Composite Exhibit 1 ("PCE 1").

**FINDINGS OF FACT**

1. As of December 1, 2020, Petitioner is an enrolled member of Sunshine Health’s Medicaid CMS program. See Respondent’s Composite Exhibit 1, page 2. Sunshine Health is a Medicaid Managed Care organization contracted by the Agency to provide services to eligible Medicaid recipients in the State of Florida.

2. Petitioner is [REDACTED]. *Id.* at 60. Petitioner lives with [REDACTED]  
[REDACTED]

[REDACTED]. *Id.* at 32 – 34. [REDACTED] works outside the home from 7:00 a.m. to 4:00 p.m. or works a variable work schedule as a self-employed mechanic. *Id.* at 31; *see* pages 8 and 37 of PCE 1. Petitioner attends daycare to 4:30 p.m., where [REDACTED] receives applied behavior analysis, speech therapy and occupational therapy. *Id.* at 67; PCE 1 at 17. Petitioner receives six (6) hours of applied behavior analysis services each weekday. *Id.* at 48.

3. [REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

[REDACTED] *Id.* at 25.

4. On June 28, 2023, Petitioner’s provider, [REDACTED], executed a Personal Care Services Plan of Care (“POC”) for Petitioner to receive a total of fifty-one (51) hours per week of home health aide (“HHA” or “personal care”) services, including eight (8) hours each on Saturday and Sunday, and seven (7) hours each Monday through Friday. *Id.* at 26. The POC was re-certified by the provider on August 3, 2023. *Id.* at 27 - 30.

5. According to the POC, Petitioner needs assistance with [REDACTED] activities of daily living (“ADLs”) and instrumental activities of daily living (“IADLs”) including, [REDACTED]  
[REDACTED]  
[REDACTED]. *Id.* at 26 – 27.

6. On November 7, 2023, Respondent issued a Notice of Adverse Benefit Determination (“NABD”) denying Petitioner’s request for home health services (“personal care services”). *Id.* at 4 – 8. Respondent made its decision based on medical necessity, as follows:

We determined that your requested services are not medically necessary because the services do not meet either of the reasons checked below: (See Rule 59G-1.010).

Must be needed to protect your child’s life, prevent significant illness or disability to your child, or to alleviate your child’s severe pain.

Must 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;

Must meet accepted medical standards and not be experimental or investigational.

Must be able to be 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.

Must be furnished in a manner not primarily intended for the convenience of the recipient, the recipient’s caretaker, or the provider.

*(The convenience factor is not applied to the determination of the medically necessary level of private duty nursing (PDN) for children under the age of 21.)*

....

The facts that we used to make our decision are: Sunshine Health Plan Personal Care Services Policy & Procedure, Review for Personal Care Services Requests, FL.UM.25.00, Personal Care Services Coverage Policy, Agency for Health Care Administration, November 2016. This decision was also made with regards to EPSDT (Early and Periodic Screening, Diagnostic and Treatment).

Rationale: The request to approve a home health aide for your child is denied. It is denied due to lack of medical need. A home health aide is a trained health care worker who helps people with self-care needs in the home. The medical notes sent with this request do not prove the medical need for a home health aide. Your child seems to need an adult to watch over [REDACTED]. This does not require a home health aide. All young children need an adult to watch over them and help with their care.

Pages 4 - 5 of RCE 1.

7. Petitioner appealed the NABD, and on November 22, 2023, Respondent issued a Notice of Plan Appeal Resolution (“NPAR”), upholding the determination to deny Petitioner’s request for home health services. Respondent explained the denial, as follows:

The facts that we used to make our decision are: the previous denial to authorize a home health aide (certified person to help with care at home) for your child is upheld. The clinical information submitted with this request does not support the medical need for a home health aide. Your child appears to need adult supervision/childcare/babysitting services. Adult supervision does not require a home health aide. All young children need adult supervision and assistance with activities of daily living. The reasons for this decision are based on a set of standards. This included Sunshine Policy and Procedure Review for Personal Care Services Requests FL.UM.25; Personal Care Services Coverage Policy, Agency for Health Care Administration, November 2016. This decision was made with regards to EPSDT.

Pages 56 -57 of RCE 1.

8. On December 4, 2023, [REDACTED] requested a Fair Hearing on behalf of Petitioner due to Respondent’s denial home health services. On January 8, 2024, the Hearing Officer scheduled the hearing for January 25, 2024, at 1:00 p.m., EST. All parties were duly notified.

9. [REDACTED] testified that it is very important for Petitioner to receive home health care

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

10. During the Fair Hearing, Dr. Metinko's testimony established that [REDACTED] is the fourth reviewer of Petitioner's medical records and needs. Dr. Metinko testified that [REDACTED] agrees with the other reviewers that Petitioner's limitations of functioning do not qualify [REDACTED] for home health care. Dr. Metinko acknowledged that Petitioner has [REDACTED]

[REDACTED] Dr. Metinko further acknowledged that Petitioner needs assistance with [REDACTED] ADLs, but that Petitioner's functional limitations overlap with other children [REDACTED] age. Metinko noted that Petitioner is in daycare from the morning to 4:00 p.m., and there [REDACTED] receives applied behavior analysis treatment, and occupational and speech therapies. Dr. Metinko testified that Petitioner has special needs that the therapies [REDACTED] receives are addressing, but [REDACTED] also needs adult supervision, childcare and babysitting services, and help with [REDACTED] activities of daily living, that do not require a home health aide because all young children have those needs. Dr. Metinko acknowledged that [REDACTED] works outside the home, but

noted that under the rules and regulations of Florida Medicaid and the CMS plan, parents are expected to provide as much care and supervision for their children as possible.

11. In making is decision in this case, Respondent relied upon the Sunshine Health Policy and Procedure Review for Personal Care Services, FL.UM.25.00 (June 2015), (Sunshine Health PC Policy), which states in pertinent part, as follows:

**DEFINITIONS:**

**Personal Care Services** are services that assist a member with ADLs or IADLs. These services can be provided to members up to the age of 21. Personal care service assistance can be in the form of hands-on assistance (actually performing the task for the member) or cuing along, with supervision, to ensure the member performs the personal care task properly. The personal care services must be prescribed by a treating physician, provided by a home health aide or independent personal care provider, and supervised by a registered nurse if provided through a home health agency, or supervised by the parent or legal guardian if provided by a non-home health agency, or supervised by the member, if the services are provided by a non-home health agency and the member is a legal adult between the ages of 18 up to 21 with no legal guardian

...

**PROCEDURE:**

**Personal Care Services Criteria:**

Personal care services are covered for members who are under the age of 21. In order to be considered for approval, the member’s treating physician must order the service. The member must meet all of the following criteria:

- Member must have one of the functional impairments noted in the “Level of Functional Impairment” section below.
- Member has a documented medical condition or disability that substantially limits the member’s ability to perform their Activities of Daily Living (ADL) and Instrumental Activities of Daily Living (IADL) or has a documented cognitive impairment such as Autism which prevents him/her from knowing when or how to carry out the personal care task.
- Member has a documented functional limitation and evidence is documented
- Member requires more individual and continuous care than can be provided through a home health aide visit
- Member does not have a parent or legal guardian able to provide ADL or IADL care
- Member would normally perform the age-appropriate personal care task without the medical condition or disability, and his/her parent or legal guardian is not able to provide ADL or IADL care

RCE 1 at 77 – 78.

### **CONCLUSIONS OF LAW**

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

13. This hearing was held as a *de novo* proceeding pursuant to Fla. Admin. Code R. 59G-1.100(17)(b), which states "[e]ach fair hearing shall be a de novo, evidentiary proceeding, and shall be conducted in a manner that meets the requirements of this rule."

14. 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.

15. Petitioner has requested new services. As such, 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.).

16. The Florida Medicaid Personal Care Services Coverage Policy (November 2016) ("PC Policy") which is incorporated by reference in Fla. Admin. Code R. 59G-4.215, establishes the

coverage and provision of personal care services available under the Florida Medicaid program.

The PC Policy states as follows, in pertinent part:

**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

...

**4.2.1 Parental Responsibility**

Florida Medicaid reimburses for personal care services rendered to a recipient whose parent or legal guardian is not able to provide ADL or IADL care, and to

supplement care provided by parents and legal guardians. Parents and legal guardians must participate in providing care to the fullest extent possible. Providers must offer training to enable parents and legal guardians to provide care they can safely render without jeopardizing the health or safety of the recipient when needed.

#### **4.2.2 Services Provided by Independent Personal Care Providers**

Personal care services provided by independent personal care providers must be:

- Supervised by the parent or legal guardian if provided by a non-home health agency when the recipient is under the age of 18 years.
- Supervised by the recipient, or their authorized representative, if the services are provided by a non-home health agency when the recipient is between the age of 18 and 21 years with no legal guardian.

### **Early and Periodic Screening, Diagnosis, and Treatment**

As required by federal law, Florida Medicaid provides services to eligible recipients under the age of 21 years, if such services are medically necessary to correct or ameliorate a defect, a condition, or a physical or mental illness. Included are diagnostic services, treatment, equipment, supplies, and other measures described in section 1905(a) of the SSA, codified in Title 42 of the United States Code 1396d(a). As such, services for recipients under the age of 21 years exceeding the coverage described within this policy or the associated fee schedule, if medically necessary. For more information, please refer to Florida Medicaid's General Policies on authorization requirements.

## **5.0 Exclusion**

### **5.1 General Non-Covered Criteria**

Services related to this policy are not reimbursed when any of the following apply:

- The service does not meet the medical necessity criteria listed in section 1.0.
- The recipient does not meet the eligibility requirements listed in section 2.0.
- The service unnecessarily duplicates another provider's service.

### **5.2 Specific Non-Covered Criteria**

Florida Medicaid does not reimburse for the following:

- A skill level other than what is prescribed in the physician order and approved plan of care (POC)
- Assistance with homework
- Babysitting
- . . .
- Companion sitting or leisure activities
- Escort services
- Housekeeping (except light housekeeping to make the environment safe), homemaker, and chore services
- . . .

- Respite care to facilitate the parent or legal guardian attending to personal matters
- Services funded under section 110 of the Rehabilitation Act of 1973 or under the provisions of the Individuals with Disabilities Educational Act
- Services furnished by relatives as defined in section 429.02(18), F.S., household members, or any person with custodial or legal responsibility for the recipient. (Except when a recipient is enrolled in the Consumer-Directed Care Plus program)

...

PC Policy at pages 1 – 4.

17. States must provide Early and Periodic Screening, Diagnostic, and Treatment (“EPSDT”) services to Medicaid-eligible children under age 21 when requested under the Medicaid state plan. *See* 42 U.S.C. § 1396a(a)(43); 42 U.S.C. § 1396d(a)(4). According to 42 U.S.C. § 1396d(r)(5), EPSDT services mean, in relevant part, the following items and services:

Such other necessary health care, diagnostic services, treatment, and other measures described in subsection (a) of this section to correct or ameliorate defects and physical and mental illness and conditions discovered by the screen services, whether or not such services are covered under the state plan.

18. A state may place medical necessity limitations on EPSDT services. *See* 42 C.F.R. §§ 440.230(a), (b), (d). Pursuant to section 409.905(2), Florida Statutes:

The [Agency] shall pay for early and periodic screening and diagnosis of a recipient under age 21 to ascertain physical and mental problems and conditions and all services determined by the agency to be medically necessary for the treatment, correction, or amelioration of these problems and conditions, including personal care, private duty nursing, durable medical equipment, physical therapy, occupational therapy, speech therapy, respiratory therapy, and immunizations.

19. Once it is determined that EPSDT applies to a request for a service, the Florida Medicaid program determines the amount or necessity for that service based on the State of Florida’s published definition of medical necessity. The Florida Medicaid Definitions Policy (August 2017)

("Definitions Policy"), incorporated by reference in Fla. Admin. Code R. 59G-1.010, 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 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.

Definitions Policy at page 7.

20. The Definitions Policy also provides the following definitions that are relevant to this case:

### **2.2 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

### **2.64 Instrumental Activities of Daily Living (IADLs)**

IADLs include:

- 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)

Definitions Policy at pages 1 and 6.

21. In the instant case, Petitioner is under the age of 21, and therefore, EPSDT applies to [REDACTED] request for home health services, in particular, fifty-one (51) hours of personal care services. As established on the record by the evidence and testimony, Respondent denied Petitioner’s request because the documentation in support of Petitioner’s request failed to establish that the requested home health services are medically necessary: specifically, that home health services were not “individualized, specific, and consistent with symptoms or confirmed diagnosis of the illness under treatment, and not in excess of the patient’s needs.” See supra ¶ 6, 7.

22. 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.

See supra ¶ 16.

23. The Florida Medicaid program provides coverage to its recipients for home health services, including personal care services. See supra ¶ 16. 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.” *See supra* ¶ 16. Home health services provide “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.” *See supra* ¶ 16. Parents and legal guardians of Medicaid recipients are mandated to participate in providing care to the fullest extent possible. *See supra* ¶ 16. These services cannot be authorized for assistance with homework, babysitting, companion sitting or leisure activities, escort services, housekeeping (except light housekeeping to make the environment safe), or respite care to facilitate the parent or legal guardian attending to personal matters. *See supra* ¶ 16. Personal care services such as the home health services at issue, must meet the medical necessity criteria defined in Fla. Admin. Code R. 59G-1.010. *See supra* ¶ 16. To be medically necessary, the services requested must meet the five criteria set forth in section 2.83 of the Definitions Policy. *See supra* ¶ 19. Specifically, the type of service requested and the quantity of service requested must not be in excess of the recipient’s needs. *See supra* ¶ 19.

24. The evidence presented in this case does not reflect that the requested home health services are medically necessary. Here, Respondent determined that home health services, including fifty-one (51) hours of personal care services by a home health aide, were not medically necessary because Petitioner attends daycare from morning to 4:00 p.m. during the weekdays, where ■ receives six (6) hours of applied behavior analysis treatment, speech therapy and occupational therapy. *See supra* ¶ 19. Additionally, there may be other services available to

Petitioner that can be “safely furnished, and for which no equally effective and more conservative or less costly treatment is available statewide,” *supra* ¶ 19, such as extended daycare or babysitting services. Petitioner’s needs should be adequately met by Petitioner’s [REDACTED] who would be able to provide these services in addition to parental supervision (with time limitations noted for work outside the home), daycare and the therapies Petitioner receives there. Pursuant to the PC Policy, “Parents and legal guardians must participate in providing care to the fullest extent possible.” *See supra* ¶ 16.

25. Section 2.83 of the Definitions Policy mandates that to be medically necessary, “[t]he medical or allied care, goods, or services furnished or ordered 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* ¶ 23. Based on the foregoing, the record shows that fifty-one hours of home health services per week are not “individualized, specific, and consistent with symptoms or confirmed diagnosis of the illness or injury under treatment, and are in excess of [Petitioner’s] needs.” *See supra* ¶ 6, 7. Accordingly, the record does not show that the home health services are medically necessary.

26. In light of the parties’ testimony, Respondent’s Composite Exhibit 1, Petitioner’s Composite Exhibit 1, the Personal Care Services Coverage Policy, Sunshine Health Policy and Procedure Review for Personal Care Services, the Authorization Requirements Policy, and the Definitions Policy, the undersigned concludes that Petitioner has not proven by a preponderance of the evidence that fifty-one (51) hours a week of personal care services provided by a home health aide are medically necessary. Looking at all the evidence relevant to the particular needs of Petitioner, Petitioner has not proven that the services at issue are necessary to correct or


ameliorate a defect or a physical and mental illness or condition. Accordingly, Petitioner has not proved by a preponderance of the evidence that the Respondent's denial of home health services was incorrect.

Based on the foregoing,

**IT IS THEREFORE ORDERED AND ADJUDGED THAT:**

Respondent's denial of Petitioner's request for home health services is **AFFIRMED**.  
Petitioner's appeal based on Respondent's denial of Petitioner's request for home health services is **DENIED**.

**DONE AND ORDERED** this 4th day of March, 2024 in Tallahassee, Leon County, Florida.

 Joseph Mabry  
23-FH3047  
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**JOSEPH MABRY, 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:**





**Children's Medical Services**  
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