FILED ANCA AGENCY CLERK

## STATE OF FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION MAR 12 A 9 22

ST. LUCIE COUNTY, FLORIDA,

	CASE NOs.: 13-1169
Petitioner,	13-2372
	13-2593
vs.	14-0498
	14-0499
STATE OF FLORIDA, AGENCY FOR	14-0500
HEALTH CARE ADMINISTRATION,	13-2040
Respondent.	RENDITION NO.: AHCA-14-0195 -S-MDA
/	

## **FINAL ORDER**

THE PARTIES have entered into a Stipulated Settlement Agreement which resolves all disputed issues. A copy of that Stipulated Settlement Agreement is attached hereto as Exhibit "A" and the terms thereof are incorporated into this Final Order. The parties are directed to comply with the terms of the attached Stipulated Agreement. Based on the foregoing, these files are **CLOSED**.

DONE and ORDERED on this the What day of March, 2014, in Tallahassee, Florida.

ELIZABETH DYDEK, SECRETARY Agency for Health Care Administration

St. Lucie County, Florida vs. AHCA Consolidated Case Nos. 13-1169; 13-2372; 13-2593; 14-0498; 14-0499; 14-0500; & Case No. 13-2040 Final Order A PARTY WHO IS ADVERSELY AFFECTED BY THIS FINAL ORDER IS ENTITLED TO A JUDICIAL REVIEW WHICH SHALL BE INSTITUTED BY FILING ONE COPY OF A NOTICE OF APPEAL WITH THE AGENCY CLERK OF AHCA, AND A SECOND COPY ALONG WITH FILING FEE AS 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 RENDITION OF THE ORDER TO BE REVIEWED.

Copies furnished to:

Beverly H. Smith Assistant General Counsel Agency for Health Care Administration Office of the General Counsel (Interoffice Mail)

Gregory T. Stewart, Esquire Carly Schrader, Esquire Nabors, Giblin and Nickerson, P.A. 1500 Mahan Drive, Suite 200 Post Office Box 11008 Tallahassee, Florida 32302 (U.S. Mail)

Heather Young, Esquire St. Lucie County, Florida 2300 Virginia Avenue Fort Pierce, Florida 34982 (U.S. Mail)

Richard Zenuch, Bureau Chief, Medicaid Program Integrity

Finance and Accounting

Health Quality Assurance

Florida Department of Health

## **CERTIFICATE OF SERVICE**

I HEREB	Y CERTIFY that a true and correct copy of the foregoing has been furnis	hed to
the above named	addressees by U.S. Mail or other designated method on this the	day of
March	, 2014.	

Richard Shoop, Esquire Agency Clerk State of Florida Agency for Health Care Administration 2727 Mahan Drive, MS #3 Tallahassee, Florida 32308-5403 (850) 412-3630/FAX (850) 921-0158