

FILED
AHCA
AGENCY CLERK

STATE OF FLORIDA
AGENCY FOR HEALTH CARE ADMINISTRATION

2014 MAR 12 A 9 22

ST. LUCIE COUNTY, FLORIDA,

Petitioner,

CASE NOs.: 13-1169
13-2372
13-2593
14-0498
14-0499
14-0500
13-2040

vs.

STATE OF FLORIDA, AGENCY FOR
HEALTH CARE ADMINISTRATION,

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 10th day of March, 2014, in Tallahassee, Florida.



ELIZABETH DUDEK, SECRETARY
Agency for Health Care Administration

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

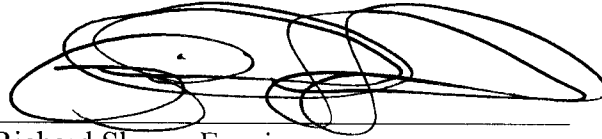
Finance and Accounting

Health Quality Assurance

Florida Department of Health

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing has been furnished to the above named addressees by U.S. Mail or other designated method on this the 12th 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