

Levy County Board of County Commissioners Agenda Item Summary Form

	1.	Name:		Wilbur Dean		
	2. Organizati		ization/Title/Telephone:	BOCC/County Coordinator		
	3.	Meeti	ng Date:	Tuesday, October 3, 2023		
sign		Reques	sted Motion/Action: sting the Levy County Board of Count we letters urging Congress to advance nees.	•	• •	
	5.	Agend	a Presentation:	Yes □	No □	N/A ⊠
	6.	Time Requested: (Request will be granted if Possible) all		Click or tap to enter a date. lotted time not more than 15 minutes		
	7.	Is this	Item Budgeted (If Applicable):	Yes □	No □	N/A ⊠
	8.	8. If no, State Action Required:				
		a.	Budget Action:			
		b.	Financial Impact Summary Statement:			
		c.	Detailed Analysis Attached			
		d.	Budget Officer Approval:			
		If approved enter date: Click or tap to enter a date.				
	9.	Background: (Why is the action necessary, and what action will be accomplished) (All supporting documentation must be attached if any)				
		The Medicaid Inmate Exclusion Policy (MIEP) strips federal health benefits from individuals admitted to jail before they are convicted of a crime. This policy contributes the over-incarceration of individuals suffering from mental and behavioral health crises, making jails the largest behavioral health providers in the nation.				
	10.	Recom	nmended Approval			
		a.	Department Director:	Yes □	No □	N/A ⊠
		b.	County Attorney:	Yes □	No □	N/A ⊠
		c.	County Coordinator:	Yes ⊠	No □	N/A □
		d.	Other:	Yes ⊠	No □	N/A □