

## Levy County Board of County Commissioners Agenda Item Summary Form

1.	Name:		Mitch Harrell		
2.	Organization/Title/Telephone:		Public Safety/Director/352-486-5209		
3.	Meeting Date:		Tuesday, September 17, 2024		
Health	Reques ortation Care Ad	sted Motion/Action: Sting the Board's Approval and the Ch (PEMT) Letter of Agreement between Iministration (AHCA). As well as requental Transfer (IGT) Funds to AHCA no	en Levy County and esting the Board's a	the State of Flor approval to remit	ida, Agency for
5.	Agenda Presentation:		Yes ⊠	No □	N/A □
6.	<b>6. Time Requested:</b> Click or tap to enter a date. (Request will be granted if Possible) allotted time not more than 15				es
7.	Is this	Item Budgeted (If Applicable):	Yes ⊠	No □	N/A □
8.	If no, State Action Required:				
	a.	<b>Budget Action:</b>	EnterTextHere		
	b.	Financial Impact Summary Statement:	EnterTextHere		
	c.	<b>Detailed Analysis Attached</b>	EnterTextHere		
	d.	<b>Budget Officer Approval:</b>	EnterTextHere		
If approved enter date: Click or tap to enter a date.					
9.	<ol><li>Background: (Why is the action necessary, and what action will be accomplished) (A supporting documentation must be attached if any)</li></ol>				
	This Agreement and IGT is required to participate in the PEMT Managed Care Option (MCO) Program to draw down the State share and recoup lost Medicaid revenue. While this LOA requires the County to pay in and provides nothing in return, Levy County is expected to receive \$1,443,879.44 for our participation in the program.				
10	. Recom	mended Approval			
	a.	Department Director:	Yes ⊠	No □	N/A □
	b.	County Attorney:	Yes □	No □	N/A □
	c.	<b>County Coordinator:</b>	Yes □	No □	N/A □
	d.	Other:	Yes □	No □	N/A □