



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, February 16, 2021

4. **Requested Motion/Action:**

Requesting the Board to ratify the Medicaid Provider Agreement and the Fingerprint Exempt Form for the Medicaid renewal.

5. **Agenda Presentation:** Yes No N/A

6. **Time Requested:** Click or tap to enter a date.
(Request will be granted if Possible) allotted time not more than 15 minutes

7. **Is this Item Budgeted (If Applicable):** Yes No N/A

8. **If no, State Action Required:**

- a. **Budget Action:**
- b. **Financial Impact Summary Statement:** EnterTextHere
- c. **Detailed Analysis Attached** EnterTextHere
- d. **Budget Officer Approval:** EnterTextHere

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)**

Requesting the Board to ratify the Medicaid Provider Agreement and the Fingerprint Exempt Form for the Medicaid renewal, required for billing. Renewal received 02/09/2021 with deadline of 02/13/2021.

10. **Recommended 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