

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 19, 2023			
Transp Health	Requestortation Care Ac	sted Motion/Action: sting the Board's Approval and the (PEMT) Letter of Agreement betw Iministration (AHCA). As well as red ental Transfer (IGT) Funds to AHCA	een Levy County and questing the Board's a	the State of Flo approval to rem	rida, Agency for	
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:	EnterTextHere			
	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)				
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.					•	
10.	. Recom	mended 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 □	