



Levy County Board of County Commissioners Agenda Item Summary Form

1. **Name:** Connie Conley
2. **Organization/Title/Telephone:** Levy County Transit/Director/352-486-3485
3. **Meeting Date:** Tuesday, November 8, 2022

4. **Requested Motion/Action:**

Requesting Board approval of the Medicaid Waiver Services Agreement for the period of 12/01/2022 to 11/30/2027 and the requesting approval for Director to sign the agreement.

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:**
- 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)**

This agreement is for the transportation of residents to the Levy ARC. The purpose for requesting approval of Director to sign agreement is whomever signs the agreement must submit with the agreement, a local background check, a Level II background check, every three years must provide a certificate for completing "APD Zero Tolerance Course", copy of FL driver's license and a Attestation of Good Moral Character. These documents are a requirement of being employed at Levy County Transit and must be kept up to date.

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



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