

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 7, 2021			
Transp Health	Reques ortation Care Ad	sted Motion/Action: sting the Board's Approval and the Cl (PEMT) Letter of Agreement betwee Iministration (AHCA). As well as requ ental 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.	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 Car (MCO) Program to draw down the State share and recoup lost Medicaid reve					•	
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 □	