

Meeting Date
10/7/14



AGENDA	
Section	CONSENT
Item No.	H.B.2

AGENDA REPORT
 BREVARD COUNTY BOARD OF COUNTY COMMISSIONERS

SUBJECT:	APPROVAL; RE: LOW INCOME POOL AGREEMENTS WITH THE FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION FOR THE BREVARD COUNTY HEALTH DEPARTMENT
DEPT/OFFICE:	HOUSING AND HUMAN SERVICES DEPARTMENT

Requested Action:

It is requested that the Board of County Commissioners approve and authorize the Chair to execute agreements with the Florida Agency for Health Care Administration's Low Income Pool for Primary Care Enhancement, and authorize the Chair or designee to execute subsequent modifications and amendments to the agreements, upon review and approval by the County Attorney and Risk Management.

Summary Explanation & Background:

On October 19, 2005, the Centers for Medicare and Medicaid Services (CMS) approved a Research and Demonstration Waiver Application for the State of Florida, relating to Medicaid reform, which became effective on July 1, 2006. As part of the Waiver, the Low Income Pool (LIP) was "established to ensure continued government support for the provision of health care services to Medicaid, underinsured and uninsured populations." LIP is a capped annual allotment of one billion dollars for the State of Florida and is a primary funding source for Medicaid.

Access to LIP funds is through a non-federal match and the Florida Agency for Health Care Administration (AHCA) requires matching funds to be tax based resources from local governmental entities, such as sales tax or General Revenue. The resulting leveraged LIP funding may be used for expenditures to cover the cost of providing health care services. The Brevard County Health Department (BCHD) utilizes this funding to expand the Viera Primary Access To Health (PATH) clinic from 3 days per week to 5 days per week and to maintain a 3 day per week PATH clinic in Melbourne.

The BCHD will utilize a portion of the General Revenue funding they are budgeted to receive from the Brevard County Board of County Commissioners for the PATH clinic to meet the required match of \$349,662. The match will result in the leveraging of additional LIP funding in the amount of \$1,217,690 to support health services for this low-income population.

Fiscal Impact: FY14/15 - There is no fiscal impact to the General Fund.

Contact: Juanita Davis, Assistant Department Director (633-2007)

Clerk to the Board Instructions: Have Chair sign agreements then return to HHS for further execution

Exhibits Attached: (4) BC-20s (4) Florida Agency for Health Care Administration Agreements

Contract /Agreement (If attached):	Reviewed by County Attorney	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	PR	<input type="checkbox"/>
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County Manager	Assistant County Manager, Mel Scott	Department Director / Extension Ian Golden/5-2007
Stockton Whitten	Assistant County Manager, Venetta Valdengo	



Tammy Etheridge, Clerk to the Board, 400 South Street • P.O. Box 999, Titusville, Florida 32781-0999

Telephone: (321) 637-2001
Fax: (321) 264-6972

October 8, 2014

M E M O R A N D U M

TO: Ian Golden, Housing and Human Services Director Attn: Juanita Davis

RE: Item II.B.2., Low Income Pool Agreement with the State of Florida Agency for Health Care Administration for the Brevard County Health Department

The Board of County Commissioners, in regular session on October 7, 2014, executed Low Income Pool Agreements with State of Florida Agency for Health Care Administration for the Brevard County Health Department. Enclosed are eight original Agreements.

Upon execution by the State, please return a fully-executed copy of each Agreement to this office for inclusion in the official records.

Your continued cooperation is greatly appreciated.

Sincerely yours,

BOARD OF COUNTY COMMISSIONERS
SCOTT ELLIS, CLERK

Tammy Etheridge, Deputy Clerk

Encls. (8)

cc: Contracts Administration
Finance
Budget

**BREVARD COUNTY
BOARD OF COUNTY COMMISSIONERS**

INITIAL CONTRACT FORM


SECTION I

The following information must be completed on all new contracts submitted to the Board.

1. Contractor: Agency for Healthcare Administration (\$91,467)	
2. Fund/Account #: 0001-201470-5340000	Division Name: Housing and Human Services
4. Contract Description: Health Services/Medicaid Low Income Pool (LIP) Brevard County Health Department	
5. Contract Monitor: Lesley Singleton, ext. 5-2695	6. Mail Stop #: 82
7. Dept./Office Director: Ian Golden	8. Contract Type:
ACTION DATE: 9/23/14	ACTION REQUIREMENT: Review and Approval

SECTION II

The following departments must approve all contracts submitted to the Board:

<u>COUNTY OFFICE</u>	<u>APPROVAL</u>		<u>INITIALS</u>	<u>DATE</u>
	<u>YES</u>	<u>NO</u>		
User Agency	✓	_____		9/17/14
Risk Management	✓	_____	JLS	9/18/2014
County Attorney	_____	_____	_____	_____

If any office denies approval, the package will be returned immediately to the User Agency.

NOTE: This form should be attached to all new contracts being submitted to the Board for approval. After the contract has been approved, the contract package, including this form, will go to the Clerk to the Board. The Clerk's office will return the Initial Contract Form to department for contract to be entered into the Contract Management System. See AO-29 for additional information.

AO-29: EXHIBIT I

LS
9/16/14

**BREVARD COUNTY
BOARD OF COUNTY COMMISSIONERS**

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	<u>YES</u>	<u>NO</u>		
User Agency	✓	_____		9/17/14
Risk Management	_____	_____	_____	_____
County Attorney	✓	_____		9/18/14

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**BREVARD COUNTY
BOARD OF COUNTY COMMISSIONERS**

INITIAL CONTRACT FORM


SECTION I

The following information must be completed on all new contracts submitted to the Board.

1. Contractor: Agency for Healthcare Administration (\$23,917)	
2. Fund/Account #: 0001-201470-5340000	Division Name: Housing and Human Services
4. Contract Description: Health Services/Medicaid Low Income Pool (LIP) Brevard County Health Department	
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	<u>YES</u>	<u>NO</u>		
User Agency	✓	_____		9/17/14
Risk Management	✓	_____	JLS	9/18/2014
County Attorney	_____	_____	_____	_____

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AO-29: EXHIBIT I

Handwritten initials and date: JLS 9/16/14

**BREVARD COUNTY
BOARD OF COUNTY COMMISSIONERS**

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	<u>YES</u>	<u>NO</u>		
User Agency	✓	_____		9/17/14
Risk Management	_____	_____	_____	_____
County Attorney	✓	_____		9/18/14

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**BREVARD COUNTY
BOARD OF COUNTY COMMISSIONERS**

INITIAL CONTRACT FORM

SECTION I

The following information must be completed on all new contracts submitted to the Board.

1. Contractor: Agency for Healthcare Administration (\$145,110)	
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4. Contract Description: Health Services/Medicaid Low Income Pool (LIP) Brevard County Health Department	
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	<u>YES</u>	<u>NO</u>		
User Agency	✓	_____	[Signature]	9/17/14
Risk Management	✓	_____	[Signature]	9/18/2014
County Attorney	_____	_____	_____	_____

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**BREVARD COUNTY
BOARD OF COUNTY COMMISSIONERS**

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	<u>YES</u>	<u>NO</u>		
User Agency	<input checked="" type="checkbox"/>	<input type="checkbox"/>		9/17/14
Risk Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
County Attorney	<input checked="" type="checkbox"/>	<input type="checkbox"/>		9/18/14

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AO-29: EXHIBIT I

APP
9/23/14

**BREVARD COUNTY
BOARD OF COUNTY COMMISSIONERS**

INITIAL CONTRACT FORM



SECTION I

The following information must be completed on all new contracts submitted to the Board.

1. Contractor: Agency for Healthcare Administration (\$89,168)	
2. Fund/Account #: 0001-201470-5340000	Division Name: Housing and Human Services
4. Contract Description: Health Services/Medicaid Low Income Pool (LIP) Brevard County Health Department	
5. Contract Monitor: Lesley Singleton, ext. 5-2695	6. Mail Stop #: 82
7. Dept./Office Director: Ian Golden	8. Contract Type:
ACTION DATE: 9/23/14	ACTION REQUIREMENT: Review and Approval

SECTION II

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<u>COUNTY OFFICE</u>	<u>APPROVAL</u>		<u>INITIALS</u>	<u>DATE</u>
	<u>YES</u>	<u>NO</u>		
User Agency	✓	_____		9/12/14
Risk Management	_____	_____	_____	_____
County Attorney	✓	_____		9/18/14

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**BREVARD COUNTY
BOARD OF COUNTY COMMISSIONERS**

INITIAL CONTRACT FORM



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<u>COUNTY OFFICE</u>	<u>APPROVAL</u>		<u>INITIALS</u>	<u>DATE</u>
	<u>YES</u>	<u>NO</u>		
User Agency	✓	_____		9/17/14
Risk Management	✓	_____		9/18/2014
County Attorney	_____	_____	_____	_____

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AO-29: EXHIBIT I

Handwritten: LSP 9/16/14

RECEIVED

RECEIVED

OCT 31 2014

OCT 20 2014

HOUSING/HUMAN SERV

MEDICAID
AM FINANCE

\$35 Million Enhanced CHDs Alternative LIP Letter of Agreement

THIS LETTER OF AGREEMENT (LOA) made and entered into in duplicate on the 28th day of Oct 2014, by and between Brevard County (Brevard CHD) (the County) on behalf of Brevard CHD, and the State of Florida, through its Agency for Health Care Administration (the Agency),

1. Per House Bill 5001, the General Appropriations Act of State Fiscal Year 2014-2015, passed by the 2014 Florida Legislature, County and the Agency, agree that County will remit to the State an amount not to exceed a grand total of \$89,168.
 - a. The County and the Agency have agreed that these funds will only be used to increase the provision of health services for the Medicaid, uninsured, and underinsured people of the County and the State of Florida at large.
 - b. The increased provision of Medicaid, uninsured, and underinsured funded health services will be accomplished through the following Medicaid programs:
 - i. Medicaid LIP payments to hospitals in the approved appropriations categories.
 - ii. Medicaid LIP payments to Federally Qualified Health Centers.
 - iii. Medicaid LIP payments to County Health Departments
 - iv. Medicaid LIP payments for the expansion of primary care services to low income, uninsured individuals.
2. The County will pay the State an amount not to exceed the grand total amount of \$89,168. The County will transfer payments to the State in the following manner:
 - a. The first quarterly payment of \$22,292 for the months of July, August, and September is due upon notification by the Agency.
 - b. Each successive payment of \$22,292 is due as follows, November 30, 2014, March 31, 2015 and May 25, 2015.
 - c. The State will bill the County when each quarterly payment is due.
3. Attached is the LIP schedule reflecting the anticipated annual distributions for State Fiscal Year 2014-2015.
4. The County and the State agree that the State will maintain necessary records and supporting documentation applicable to Medicaid, uninsured, and underinsured health services covered by this LOA. Further, the County and State agree that the County shall have access to these records and the supporting documentation by requesting the same from the State.

5. The County and the State agree that any modifications to this LOA shall be in the same form, namely the exchange of signed copies of a revised LOA.
6. The County confirms that there are no pre-arranged agreements (contractual or otherwise) between the respective counties, taxing districts, and/or the providers to re-direct any portion of these aforementioned Medicaid supplemental payments in order to satisfy non-Medicaid, non-uninsured, and non-underinsured activities.
7. The County agrees the following provision shall be included in any agreements between the County and local providers where funding is provided for the Medicaid program. Funding provided in this agreement shall be prioritized so that designated funding shall first be used to fund the Medicaid program (including LIP) and used secondarily for other purposes.
8. This LOA covers the period of July 1, 2014 through June 30, 2015 and shall be terminated June 30, 2015.

\$35 Million Enhanced CHDs Alternative LIP Local Intergovernmental Transfers (IGTs)	
State Fiscal Year 2014-2015	
Total Funding	\$89,168

WITNESSETH:


IN WITNESS WHEREOF the parties have duly executed this LOA on the day and year above first written.

Board of County Commissioners of
Brevard County, Florida

State of Florida



Signature



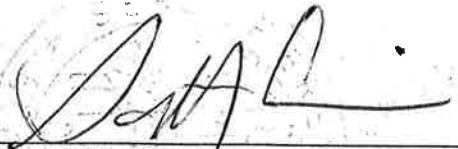
Stacey Lampkin
Assistant Deputy Secretary for Medicaid Finance,
Agency for Health Care Administration

Mary Bolin Lewis

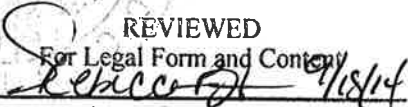
Chairman

As approved by Board on: 10-7-2014

ATTEST:



Scott Ellis, Clerk

REVIEWED
For Legal Form and Content


Assistant County Attorney

RECEIVED

OCT 20 2014

\$34 Million Primary Care Award Alternative LIP Letter of Agreement

MEDICAID
PROGRAM FINANCE

THIS LETTER OF AGREEMENT (LOA) made and entered into in duplicate on the 28th day of Oct 2014, by and between Brevard County (the County) on behalf of Brevard CHD PATH, and the State of Florida, through its Agency for Health Care Administration (the Agency),

1. Per House Bill 5001, the General Appropriations Act of State Fiscal Year 2014-2015, passed by the 2014 Florida Legislature, County and the Agency, agree that County will remit to the State an amount not to exceed a grand total of \$91,467.
 - a. The County and the Agency have agreed that these funds will only be used to increase the provision of health services for the Medicaid, uninsured, and underinsured people of the County and the State of Florida at large.
 - b. The increased provision of Medicaid, uninsured, and underinsured funded health services will be accomplished through the following Medicaid programs:
 - i. Medicaid LIP payments to hospitals in the approved appropriations categories.
 - ii. Medicaid LIP payments to Federally Qualified Health Centers.
 - iii. Medicaid LIP payments to County Health Departments
 - iv. Medicaid LIP payments for the expansion of primary care services to low income, uninsured individuals.
2. The County will pay the State an amount not to exceed the grand total amount of \$91,467. The County will transfer payments to the State in the following manner:
 - a. The first quarterly payment of \$22,866 for the months of July, August, and September is due upon notification by the Agency.
 - b. Each successive payment of \$22,867 is due as follows, November 30, 2014, March 31, 2015 and May 25, 2015.
 - c. The State will bill the County when each quarterly payment is due.
3. Attached is the LIP schedule reflecting the anticipated annual distributions for State Fiscal Year 2014-2015.
4. The County and the State agree that the State will maintain necessary records and supporting documentation applicable to Medicaid, uninsured, and underinsured health services covered by this LOA. Further, the County and State agree that the County shall have access to these records and the supporting documentation by requesting the same from the State.
5. The County and the State agree that any modifications to this LOA shall be in the same form, namely the exchange of signed copies of a revised LOA.

6. The County confirms that there are no pre-arranged agreements (contractual or otherwise) between the respective counties, taxing districts, and/or the providers to re-direct any portion of these aforementioned Medicaid supplemental payments in order to satisfy non-Medicaid, non-uninsured, and non-underinsured activities.
7. The County agrees the following provision shall be included in any agreements between the County and local providers where funding is provided for the Medicaid program. Funding provided in this agreement shall be prioritized so that designated funding shall first be used to fund the Medicaid program (including LIP) and used secondarily for other purposes.
8. This LOA covers the period of July 1, 2014 through June 30, 2015 and shall be terminated June 30, 2015.

\$34 Million Primary Care Award Alternative LIP Local Intergovernmental Transfers (IGTs)	
State Fiscal Year 2014-2015	
Total Funding	\$91,467

WITNESSETH:

IN WITNESS WHEREOF the parties have duly executed this LOA on the day and year above first written.

Board of County Commissioners of
Brevard County, Florida

State of Florida



Signature



Stacey Lampkin
Assistant Deputy Secretary for Medicaid Finance,
Agency for Health Care Administration

Mary Bolin Lewis

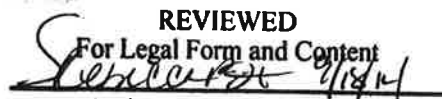
Chairman

As approved by Board on: 10-7-2014

ATTEST:



Scott Ellis, Clerk

REVIEWED
For Legal Form and Content


Assistant County Attorney

RECEIVED

OCT 20 2014

MEDICAID
PROGRAM FINANC

\$34 Million Primary Care Award Alternative LIP Letter of Agreement

THIS LETTER OF AGREEMENT (LOA) made and entered into in duplicate on the 28th day of Oct 2014, by and between Brevard County (the County) on behalf of Brevard CHD PATH, and the State of Florida, through its Agency for Health Care Administration (the Agency),

1. Per House Bill 5001, the General Appropriations Act of State Fiscal Year 2014-2015, passed by the 2014 Florida Legislature, County and the Agency, agree that County will remit to the State an amount not to exceed a grand total of \$145,110.
 - a. The County and the Agency have agreed that these funds will only be used to increase the provision of health services for the Medicaid, uninsured, and underinsured people of the County and the State of Florida at large.
 - b. The increased provision of Medicaid, uninsured, and underinsured funded health services will be accomplished through the following Medicaid programs:
 - i. Medicaid LIP payments to hospitals in the approved appropriations categories.
 - ii. Medicaid LIP payments to Federally Qualified Health Centers.
 - iii. Medicaid LIP payments to County Health Departments
 - iv. Medicaid LIP payments for the expansion of primary care services to low income, uninsured individuals.
2. The County will pay the State an amount not to exceed the grand total amount of \$145,110. The County will transfer payments to the State in the following manner:
 - a. The first quarterly payment of \$36,276 for the months of July, August, and September is due upon notification by the Agency.
 - b. Each successive payment of \$36,278 is due as follows, November 30, 2014, March 31, 2015 and May 25, 2015.
 - c. The State will bill the County when each quarterly payment is due.
3. Attached is the LIP schedule reflecting the anticipated annual distributions for State Fiscal Year 2014-2015.
4. The County and the State agree that the State will maintain necessary records and supporting documentation applicable to Medicaid, uninsured, and underinsured health services covered by this LOA. Further, the County and State agree that the County shall have access to these records and the supporting documentation by requesting the same from the State.
5. The County and the State agree that any modifications to this LOA shall be in the same form, namely the exchange of signed copies of a revised LOA.

6. The County confirms that there are no pre-arranged agreements (contractual or otherwise) between the respective counties, taxing districts, and/or the providers to re-direct any portion of these aforementioned Medicaid supplemental payments in order to satisfy non-Medicaid, non-uninsured, and non-underinsured activities.
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8. This LOA covers the period of July 1, 2014 through June 30, 2015 and shall be terminated June 30, 2015.

\$34 Million Primary Care Award Alternative LIP Local Intergovernmental Transfers (IGTs)	
State Fiscal Year 2014-2015	
Total Funding	\$145,110

WITNESSETH:

IN WITNESS WHEREOF the parties have duly executed this LOA on the day and year above first written.

Board of County Commissioners of
Brevard County, Florida

State of Florida



Signature



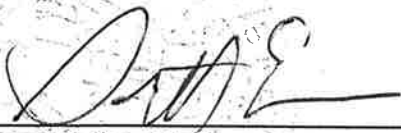
Stacey Lampkin
Assistant Deputy Secretary for Medicaid Finance,
Agency for Health Care Administration

Mary Bolin Lewis
Name

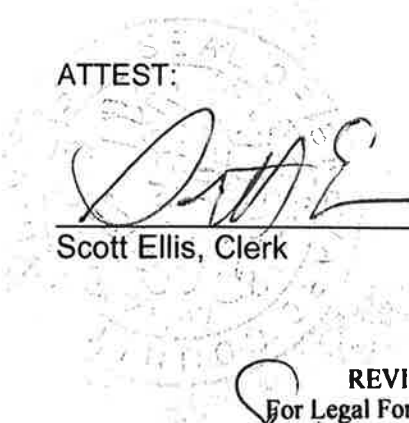
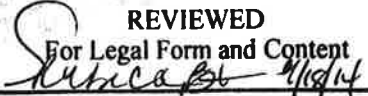
Chairperson
Title

As approved by Board on: 10-7-2014

ATTEST:



Scott Ellis, Clerk


REVIEWED
For Legal Form and Content


Assistant County Attorney

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PROGRAM FINANCE

\$35 Million Enhanced CHDs Alternative LIP Letter of Agreement

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 - a. The County and the Agency have agreed that these funds will only be used to increase the provision of health services for the Medicaid, uninsured, and underinsured people of the County and the State of Florida at large.
 - b. The increased provision of Medicaid, uninsured, and underinsured funded health services will be accomplished through the following Medicaid programs:
 - i. Medicaid LIP payments to hospitals in the approved appropriations categories.
 - ii. Medicaid LIP payments to Federally Qualified Health Centers.
 - iii. Medicaid LIP payments to County Health Departments
 - iv. Medicaid LIP payments for the expansion of primary care services to low income, uninsured individuals.
2. The County will pay the State an amount not to exceed the grand total amount of \$23,917. The County will transfer payments to the State in the following manner:
 - a. The first quarterly payment of \$5,980 for the months of July, August, and September is due upon notification by the Agency.
 - b. Each successive payment of \$5,979 is due as follows, November 30, 2014, March 31, 2015 and May 25, 2015.
 - c. The State will bill the County when each quarterly payment is due.
3. Attached is the LIP schedule reflecting the anticipated annual distributions for State Fiscal Year 2014-2015.
4. The County and the State agree that the State will maintain necessary records and supporting documentation applicable to Medicaid, uninsured, and underinsured health services covered by this LOA. Further, the County and State agree that the County shall have access to these records and the supporting documentation by requesting the same from the State.
5. The County and the State agree that any modifications to this LOA shall be in the same form, namely the exchange of signed copies of a revised LOA.

6. The County confirms that there are no pre-arranged agreements (contractual or otherwise) between the respective counties, taxing districts, and/or the providers to re-direct any portion of these aforementioned Medicaid supplemental payments in order to satisfy non-Medicaid, non-uninsured, and non-underinsured activities.
7. The County agrees the following provision shall be included in any agreements between the County and local providers where funding is provided for the Medicaid program. Funding provided in this agreement shall be prioritized so that designated funding shall first be used to fund the Medicaid program (including LIP) and used secondarily for other purposes.
8. This LOA covers the period of July 1, 2014 through June 30, 2015 and shall be terminated June 30, 2015.

\$35 Million Enhanced CHDs Alternative LIP Local Intergovernmental Transfers (IGTs)	
State Fiscal Year 2014-2015	
Total Funding	\$23,917

WITNESSETH:


IN WITNESS WHEREOF the parties have duly executed this LOA on the day and year above first written.

Board of County Commissioners of
Brevard County, Florida

State of Florida



Signature



Stacey Lampkin
Assistant Deputy Secretary for Medicaid Finance,
Agency for Health Care Administration

Mary Bolin Lewis

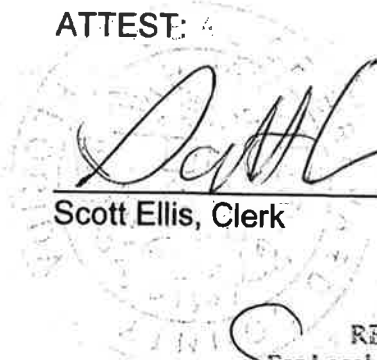
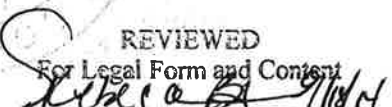
Chairman

As approved by Board on: 10-7-2014

ATTEST:



Scott Ellis, Clerk


REVIEWED
For Legal Form and Content


Assistant County Attorney