

Meeting Date
10/5/2017



AGENDA	
Section	New Business
Item No.	VI B 1

**AGENDA REPORT  
BREVARD COUNTY BOARD OF COUNTY COMMISSIONERS**

SUBJECT:	APPROVAL, RE: AGENCY FOR HEALTHCARE ADMINISTRATION LOW INCOME POOL (LIP) LETTER OF AGREEMENT (Fiscal Impact: \$738,859)
DEPT/OFFICE:	Community Services Group / Housing & Human Services

**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, accept a cash donation, and approve an increase of \$738,859 in the Housing and Human Services Department's General Fund transfer for the required Low Income Pool match.

**Summary Explanation & Background:**  
This past legislative session, notice was given by the Federal Government that Low Income Pool (LIP) funds would be available in the State of Florida. 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. A portion of the LIP funds have been set aside for Federally Qualified Health Centers (FQHC). The Brevard Health Alliance (BHA) is our local FQHC and is seeking to access these funds. On August 8, 2017 the Board of County Commissioners approved a non-binding Letter of Intent as the first step in this process.

The resulting leveraged LIP funding may be used for expenditures to cover the cost of providing health care services (primary, dental, and behavioral health). For four years (FY2010 - FY2013) the Health First Foundation provided a cash donation to Brevard County offsetting the use of the General Fund for the BHA's match under the LIP program.

The Brevard Health Alliance has worked with Health First Foundation to identify matching funds to offset a transfer from the General Fund in the amount of \$738,859. The match will result in the leveraging of \$1,925,115 in total funding to support these health care services. 100% of the leveraged funds supports these services.

**Fiscal Impact:** FY 16/17 – There is no impact to the General Fund.  
FY 17/18 – There is no impact to the General Fund. The increased General Fund transfer of \$738,859 to the Housing and Human Services Department will be offset by a donation from the Health First Foundation.

**Contact:** Ian Golden, Director (321-633-2007)

**Clerk to the Board Instructions:** Please have the Chair sign the Agreement and return it to the Department for transmittal to AHCA.

**Exhibits Attached:** 1) LIP Letter of Agreement    2) AO-29s    3) Final FL FQHC 2017-18 LIP Workbook

Contract /Agreement (If attached): Reviewed by County Attorney				Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	PR	<input type="checkbox"/>
County Manager	Interim Assistant County Manager		Department Director/ Extension						
Frank Abbate	Jim Liesenfelt		Ian Golden, Director (X52007)						

**BREVARD COUNTY  
BOARD OF COUNTY COMMISSIONERS**

# INITIAL CONTRACT REVIEW AND APPROVAL FORM

2017-09-21 15:00:45

## SECTION I - GENERAL INFORMATION

<b>1. Contractor:</b> Agency for Health Care Administration (AHCA)	
<b>2. Fund/Account #:</b>	<b>3. Department Name:</b> HHS
<b>4. Contract Description:</b> LIP Letter of Agreement	
<b>5. Contract Monitor:</b> HHS	<b>7. Contract Type:</b>  INTERGOVT/STATE
<b>6. Dept/Office Director:</b> HHS/Ian Golden	

## SECTION II - REVIEW AND APPROVAL TO ADVERTISE

COUNTY OFFICE	APPROVAL		SIGNATURE	DATE
	YES	NO		
User Agency	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Risk Management	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
County Attorney	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

## SECTION III - REVIEW AND APPROVAL TO EXECUTE

COUNTY OFFICE	APPROVAL		SIGNATURE	DATE
	YES	NO		
User Agency	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Golden, Ian <small>Digitally signed by Golden, Ian DN: cn=Golden, Ian, o=HHS, ou=HHS, email=ian.golden@flhca.com</small>	09/21/2017
Risk Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>		9-25-2017
County Attorney	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

## SECTION IV - CONTRACTS MANAGEMENT DATABASE CHECKLIST

CM DATABASE REQUIRED FIELDS	Complete ✓
Department Information	<input type="checkbox"/>
Department	<input type="checkbox"/>
Program	<input type="checkbox"/>
Contact Name	<input type="checkbox"/>
Cost Center, Fund, and G/L Account	<input type="checkbox"/>
Vendor Information (SAP Vendor #)	<input type="checkbox"/>
Contract Status	<input type="checkbox"/>
Contract Title	<input type="checkbox"/>
Contract Type	<input type="checkbox"/>
Contract Amount	<input type="checkbox"/>
Storage Location (SAP)	<input type="checkbox"/>
Contract Approval Date	<input type="checkbox"/>
Contract Effective Date	<input type="checkbox"/>
Contract Expiration Date	<input type="checkbox"/>
Contract Absolute End Date (No Additional Renewals/Extensions)	<input type="checkbox"/>
Material Group	<input type="checkbox"/>
Contract Documents Uploaded in CM database (Initial Contract Form with County Attorney/ Risk Management Approval; Signed/Executed Contract)	<input type="checkbox"/>
"Right To Audit" Clause Included in Contract	<input type="checkbox"/>
Monitored items: Uploaded to database (Insurance, Bonds, etc.)	<input type="checkbox"/>

BREVARD COUNTY  
BOARD OF COUNTY COMMISSIONERS

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COUNTY OFFICE	APPROVAL		SIGNATURE	DATE
	YES	NO		
User Agency	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Risk Management	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
County Attorney	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

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COUNTY OFFICE	APPROVAL		SIGNATURE	DATE
	YES	NO		
User Agency	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Golden, Ian <small>Digitally signed by Ian Golden, DN: cn=Ian Golden, o=Brevard County, ou=HHS, email=ian.golden@brevard.net, c=US, 2017.09.21 15:00:46 -0400</small>	09/21/2017
Risk Management	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
County Attorney	<input checked="" type="checkbox"/>	<input type="checkbox"/>		9/21/17

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CM DATABASE REQUIRED FIELDS	Complete ✓
Department Information	<input type="checkbox"/>
Department	<input type="checkbox"/>
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Contact Name	<input type="checkbox"/>
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Vendor Information (SAP Vendor #)	<input type="checkbox"/>
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"Right To Audit" Clause Included in Contract	<input type="checkbox"/>
Monitored items: Uploaded to database (Insurance, Bonds, etc.)	<input type="checkbox"/>



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

Telephone: (321) 637-2001  
Fax: (321) 264-6972  
Tammy.Rowe@brevardclerk.us

October 6, 2017

**MEMORANDUM**

**TO:** Ian Golden, Housing and Human Services Director

**RE:** Item VI.B.1., Low Income Pool (LIP) Letter of Agreement with Florida Agency for Healthcare Administration for Acceptance of Cash Donation

The Board of County Commissioners, in regular session on October 5, 2017, approved and authorized the Chairman to execute Agreement with the Florida Agency for Health Care Administration's Low Income Pool; accepted a cash donation; and approved an increase of \$738,859 in the Housing and Human Services Department's General Fund transfer for the required Low Income Pool match. Enclosed is the executed Agreement.

**Upon execution by State of Florida, Agency for Healthcare Administration, please return a fully-executed copy of the Agreement to this office for inclusion in the official minutes.**

Your continued cooperation is always appreciated.

Sincerely,

BOARD OF COUNTY COMMISSIONERS  
SCOTT ELLIS, CLERK

*Tammy Rowe*

Tammy Rowe, Deputy Clerk

Encl. (1)

cc: Contracts Administration  
Finance  
Budget

## LIP Letter of Agreement

**THIS LETTER OF AGREEMENT** (LOA) is made and entered into in duplicate on the 6<sup>th</sup> day of September 2017, by and between **Brevard County Board of County Commissioners** (the “**Board**”) on behalf of **Brevard Health Alliance**, and the State of Florida, **Agency for Health Care Administration** (the “**Agency**”), for good and valuable consideration, the receipt and sufficiency of which is acknowledged.

### DEFINITIONS

“Charity care” or “uncompensated charity care” means that portion of hospital charges reported to the Agency for which there is no compensation, other than restricted or unrestricted revenues provided to a hospital by local governments or tax districts regardless of the method of payment, for care provided to a patient whose family income for the twelve (12) months preceding the determination is less than or equal to two-hundred (200) percent of the federal poverty level, unless the amount of hospital charges due from the patient exceeds twenty-five (25) percent of the annual family income. However, in no case shall the hospital charges for a patient whose family income exceeds four times the federal poverty level for a family of four be considered charity.

“Intergovernmental Transfers (IGTs)” means transfers of funds from a non-Medicaid governmental entity (e.g., counties, hospital taxing districts, providers operated by state or local government) to the Medicaid agency.

“Low Income Pool (LIP)” means providing government support for safety-net providers for the costs of uncompensated charity care for low-income individuals who are uninsured. Uncompensated care includes charity care for the uninsured but does not include uncompensated care for insured individuals, “bad debt,” or Medicaid and CHIP shortfall.

“Medicaid” means the medical assistance program authorized by Title XIX of the Social Security Act, 42 U.S.C. §§ 1396 et seq., and regulations thereunder, as administered in Florida by the Agency.

### A. GENERAL PROVISIONS

1. Per Senate Bill 2500, the General Appropriations Act of State Fiscal Year 2017-2018, passed by the 2017 Florida Legislature, the Board and the Agency agree that the Board will remit IGT funds to the Agency in an amount not to exceed the total of **\$738,859**.
  - a. The Board and the Agency have agreed that these IGT funds will only be used to increase the provision of health services for the charity care of the Board and the State of Florida at large.
  - b. The increased provision of charity care health services will be accomplished through the following Medicaid programs:
    - i. LIP payments to hospitals, federally qualified health centers, Medical School Physician Practices, and rural health centers pursuant to the

approved Centers for Medicare & Medicaid Services Special Terms and Conditions.

2. The Board will return the signed LOA to the Agency no later than October 1, 2017.
3. The Board will pay IGT funds to the Agency in an amount not to exceed the total of **\$738,859**. The Board will transfer payments to the Agency in the following manner:
  - a. Per Senate Bill 2514, annual payments for the months of July 2017 through June 2018 are due to the Agency no later than October 31, 2017 unless an alternative plan is specifically approved by the agency.
  - b. The Agency will bill the Board when payment is due.
4. The Board and the Agency agree that the Agency will maintain necessary records and supporting documentation applicable to health services covered by this LOA.
  - a. Audits and Records
    - i. The Board agrees to maintain books, records, and documents (including electronic storage media) pertinent to performance under this LOA in accordance with generally accepted accounting procedures and practices, which sufficiently and properly reflect all revenues and expenditures of funds provided.
    - ii. The Board agrees to assure that these records shall be subject at all reasonable times to inspection, review, or audit by state personnel and other personnel duly authorized by the Agency, as well as by federal personnel.
    - iii. The Board agrees to comply with public record laws as outlined in section 119.0701, Florida Statutes.
  - b. Retention of Records
    - i. The Board agrees to retain all financial records, supporting documents, statistical records, and any other documents (including electronic storage media) pertinent to performance under this LOA for a period of six (6) years after termination of this LOA, or if an audit has been initiated and audit findings have not been resolved at the end of six (6) years, the records shall be retained until resolution of the audit findings.
    - ii. Persons duly authorized by the Agency and federal auditors shall have full access to and the right to examine any of said records and documents.
    - iii. The rights of access in this section must not be limited to the required retention period but shall last as long as the records are retained.

c. Monitoring

- i. The Board agrees to permit persons duly authorized by the Agency to inspect any records, papers, and documents of the Board which are relevant to this LOA.

d. Assignment and Subcontracts

- i. The Board agrees to neither assign the responsibility of this LOA to another party nor subcontract for any of the work contemplated under this LOA without prior written approval of the Agency. No such approval by the Agency of any assignment or subcontract shall be deemed in any event or in any manner to provide for the incurrence of any obligation of the Agency in addition to the total dollar amount agreed upon in this LOA. All such assignments or subcontracts shall be subject to the conditions of this LOA and to any conditions of approval that the Agency shall deem necessary.

5. The Board and the Agency 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 Board 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 charity care supplemental payments in order to satisfy non-Medicaid, non-uninsured, and non-underinsured activities.
7. The Board agrees the following provision shall be included in any agreements between the Board and local providers where IGT funding is provided pursuant to this LOA:  
"Funding provided in this Agreement shall be prioritized so that designated IGT funding shall first be used to fund the Medicaid program (including LIP or DSH) and used secondarily for other purposes."
8. This LOA covers the period of July 1, 2017 through June 30, 2018 and shall be terminated June 30, 2018.
9. This LOA may only be amended upon written agreement signed by both parties.
10. This LOA may be executed in multiple counterparts, each of which shall constitute an original, and each of which shall be fully binding on any party signing at least one counterpart.

LIP Local Intergovernmental Transfers (IGTs)	
Program / Amount	State Fiscal Year 2017-2018
LIP Program	\$738,859
<b>Total Funding</b>	<b>\$738,859</b>

**WITNESSETH:**

IN WITNESS WHEREOF, the parties have caused this page Letter of Agreement to be executed by their undersigned officials as duly authorized.

**BREVARD COUNTY BOARD OF COUNTY COMMISSIONERS**

**STATE OF FLORIDA, AGENCY FOR HEALTH CARE ADMINISTRATION**

SIGNED BY: *Rita Pritchett*  
NAME: *Rita Pritchett*  
TITLE: *Chair*  
DATE: \_\_\_\_\_

SIGNED BY: \_\_\_\_\_  
NAME: \_\_\_\_\_  
TITLE: \_\_\_\_\_  
DATE: \_\_\_\_\_

**REVIEWED**  
**For Legal Form and Content**  
*Suban B. 9/24/17*  
**Assistant County Attorney**

ATTEST:  
*Scott Ellis*  
**SCOTT ELLIS, CLERK**

FQHC Name	IGT	\$50M	Fed Match
Agape Community Health Center	\$ 52,239	\$ 136,111	\$ 83,871
Azalea Health		\$ 770,684	\$ 770,684
Banyan CHC		\$ 120,289	\$ 120,289
Bond CHC	\$ 139,030	\$ 362,246	\$ 223,216
Borinquen Health Care Center	\$ 1,002,024	\$ 2,610,798	\$ 1,608,774
Brevard Health Alliance	\$ 738,859	\$ 1,925,115	\$ 1,186,256
Broward Community & Family Health	\$ 137,582	\$ 358,474	\$ 220,892
C.L. Brumbach Palm Beach	\$ 865,467	\$ 2,254,995	\$ 1,389,528
Camillus Health Concern, Inc.		\$ 446,494	\$ 446,494
Care Resource		\$ 670,073	\$ 670,073
Center For Families & Child Enrichment		\$ 120,623	\$ 120,623
Central Florida Family Health Centers	\$ 141,750	\$ 369,333	\$ 227,583
Central Florida Family Health Centers	\$ 264,011	\$ 687,886	\$ 423,875
Central Florida Health Care - Frostproof	\$ 416,010	\$ 1,083,924	\$ 667,914
Citrus Health Network	\$ 433,392	\$ 1,129,212	\$ 695,821
Collier Health Services, Inc.	\$ 544,690	\$ 1,419,203	\$ 874,513
Community HC Pinellas	\$ 476,072	\$ 1,240,416	\$ 764,344
Community Health Center South Florida	\$ 1,763,267	\$ 4,594,234	\$ 2,830,967
Community Health Center South Florida	\$ 970,851	\$ 970,851	
Community Health Centers	\$ 869,064	\$ 2,264,367	\$ 1,395,303
Empower-U		\$ 45,371	\$ 45,371
Escambia Community Clinics	\$ 351,365	\$ 915,491	\$ 564,125
Family Health Source - Pierson		\$ 96,151	\$ 96,151
Family Health Center of SW Florida		\$ 649,584	\$ 649,584
Florida Community Health Centers	\$ 384,918	\$ 1,002,914	\$ 617,995
Foundcare	\$ 262,145	\$ 683,024	\$ 420,879
Genesis	\$ 99,182	\$ 258,422	\$ 159,240
Health Care for The Homeless	\$ 459,856	\$ 1,198,167	\$ 738,310
Heart of Florida Health Center	\$ 195,555	\$ 509,524	\$ 313,969
Jessie Trice Community Health Center	\$ 1,651,878	\$ 1,852,132	\$ 200,254
Jessie Trice Community Health Center	\$ 1,533,002	\$ 3,355,432	\$ 1,822,429
Lee Community Healthcare	\$ 76,393	\$ 199,045	\$ 122,651
Manatee County Rural Health Services	\$ 1,469,268	\$ 3,828,213	\$ 2,358,945
Miami Beach Community Health Center		\$ 794,714	\$ 794,714
Neighborhood Medical Center	\$ 131,201	\$ 341,847	\$ 210,646
New River - Union County CHD	\$ 56,056	\$ 146,056	\$ 89,999
North Florida Medical Center		\$ 236,038	\$ 236,038
CHCs of Sarasota - Sarasota CHD	\$ 290,239	\$ 756,224	\$ 465,985
Palms Medical Group	\$ 48,000	\$ 125,065	\$ 77,065
Palms Medical Group		\$ 467,966	\$ 467,966
PanCare Health Center	\$ 229,578	\$ 598,172	\$ 368,594
Pinellas County Board of Commissioners	\$ 146,404	\$ 381,458	\$ 235,055
Premier HealthCare Group	\$ 355,600	\$ 926,524	\$ 570,924
Premier HealthCare Group	\$ 150,000	\$ 390,828	\$ 240,828
Osceola Community Health Services	\$ 261,019	\$ 680,090	\$ 419,071
Rural Health Network of Monroe County		\$ 99,599	\$ 99,599
Sulzbacher Ctr for the Homeless	\$ 150,000	\$ 390,829	\$ 240,829
Sulzbacher Ctr for the Homeless		\$ 131,853	\$ 131,853
Suncoast Community HCC	\$ 1,023,989	\$ 2,668,027	\$ 1,644,038
Tampa Community Health Center	\$ 663,858	\$ 1,729,699	\$ 1,065,840
Thomas E. Langley	\$ 45,958	\$ 119,745	\$ 73,787
Thomas E. Langley	\$ 91,340	\$ 237,989	\$ 146,649
Treasure Coast	\$ 166,341	\$ 433,404	\$ 267,064
Walton CHD	\$ 82,546	\$ 215,075	\$ 132,529
	\$ 19,190,001	\$ 50,000,000	\$ 30,810,000