

MEMORANDUM OF AGREEMENT  
between  
**Board of County Commissioners,  
Nassau County, FL**  
and  
**Nassau County Health Department**

This Memorandum of Agreement, hereinafter referred to as MOA, is entered into between **Nassau County Health Department** hereinafter referred to as NCHD and **The Board of County Commissioners, Nassau County, FL** hereinafter referred to as the BOCC.

1. Definitions.

Health Care Responsibility Act (HCRA), Sections 154.301 through 154.331, F.S., places the financial responsibility for emergency services at out of county hospitals on the patient's county of residence. HCRA is intended to assist eligible clients with payments for services provided by hospitals. The HCRA program pays hospitals that provide emergency life-threatening or pre-authorized services.

County Medically Indigent Program (CMIP) is a follow-on program to HCRA. It is intended to provide early intervention to reduce the incidence of emergency room admissions and to provide assistance to clients who cannot otherwise afford maintenance medications. CMIP is a partnership with the hospitals and health care providers. CMIP will pay for pre-authorized medical services. These services will be provided by a specialist at the physician's office or other health care facility. CMIP funds may also be used to pay for necessary prescriptive medications. CMIP funds will not be used to pay for facility or hospital charges.

2. NCHD agrees:

- a. to manage the CMIP; specifically, to refer eligible clients for specialty medical services and for necessary medicines and drugs based on financial and medical criteria established by NCHD.
- b. financial eligibility shall be based on the guidelines of the Health Care Responsibility Act (HCRA).
- c. to pay service delivery providers at the prevailing Medicaid reimbursement rate or the appropriate drug wholesale rate.
- d. to notify the BOCC when funds have been expended.
- e. that the total funds available for this project are \$87,662.

3. BOCC agrees:

- a. that the total funds available for the CMIP project are \$87,662.
- b. that it will not require the expenditure of any other NCHD operating funds for CMIP.

4. Clients To Be Served. Clients shall be screened for eligibility by NCHD; must be county residents and meet financial and medical eligibility criteria.

5. Monthly Service Report. A Monthly Service Report will be submitted to the BOCC on or before the 15<sup>th</sup> day of the month following the end of each month. Monthly report shall consist of the number of county residents referred for services during the preceding month, the amount of expenditures during the preceding month and the available balance.

6. Records.

a. NCHD shall be governed by the State of Florida, Department of Health, Information Security Policies, Protocols and Procedures, September 1997. Records, for the purposes of this MOA, shall include any written or electronic information that contains identifying information about the client including but not limited to names and addresses.

b. NCHD shall maintain records for at least 5 years from the final day that services were provided under this MOA.

7. Period of agreement. This MOA shall be effective for the period of October 1, 2007 through September 30, 2008. This MOA may be renewed annually. Both parties shall review the MOA and sign a renewal notice.

8. Termination. Either party may terminate this MOA without cause by providing no less than thirty (30) calendar day's notice to the other party, unless both parties agree upon a lesser time in writing. Such notice may be delivered personally or by certified mail, return receipt requested.

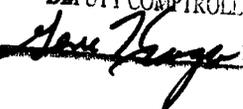
**BOARD OF COUNTY COMMISSIONERS**  
Nassau County, Florida

  
\_\_\_\_\_  
Jim B. Higginbotham  
Its: Chairman

\_\_\_\_\_  
September 24, 2007  
Date

ATTEST:

  
\_\_\_\_\_  
John A. Crawford  
Its: Ex-Officio Clerk

REVIEWED BY GENE KNAGA  
DEPUTY COMPTROLLER  
 DATE 9/24/07

Approved as to form by the  
Nassau County Attorney



\_\_\_\_\_  
David A. Hallman

September 24, 2007

\_\_\_\_\_  
Date

**NASSAU COUNTY HEALTH DEPARTMENT**



\_\_\_\_\_  
Eugenia J. Ngo-Seidel, M.D., M.P.H.  
Its: Director

9/27/07

\_\_\_\_\_  
Date