

CONTRACT APPROVAL FORM

CONTRACT TRACKING NO. cm2162

5-13-240

CONTRACTOR INFORMATION

RECEIVED

CONTRACT MANAGEMENT

Name: Agency for Healthcare Administration

Address: 2727 Mahan Dr., MS #21

Tallahassee FL 32038-5407
City State Zip

Contractor's Administrator Name: Lecia Behenna Title: Regulatory Analyst Supervisor

Tel#: 850-412-4131 Fax#: 850-922-0461 Email: Lecia.Behenna@ahca.myflorida.com

CONTRACT INFORMATION

Contract Name: Letter of Agreement Enhanced LIP Grant (Dental) Contract Value: \$17,118

Brief Description: The LIP match payment of \$17,118 by Nassau County will procure a distribution of \$67,873 Medicaid funds and will be used for upgrading dental equipment and repairs on an as needed basis. The grant will provided 440 Dental visits for chronically ill clients who are unable to pay for services.

The LOA in duplicate must be sent to:

Lecia Behenna
Medicaid Program Analysis - DSH/LIP
2727 Mahan Dr. MS #23
Tallahassee, FL 32038-5407

Please Send a copy to Nassau CHD, Attn: Michael Beard

Contract Dates : From 7/1/14 to 6/30/15 Status: New Renew Amend# WA/Task Order

How Procured: Sole Source Single Source ITB RFP RFQ Coop. Other X

If Processing an Amendment:

Contract #: Increase Amount of Existing Contract: No Increase

New Contract Dates: to TOTAL OR AMENDMENT AMOUNT:

APPROVALS PURSUANT TO NASSAU COUNTY PURCHASING POLICY, SECTION 6

- 1. [Signature] 9/4/14 01691562-58/002
Department Head Signature Date Funding Source/Acct #
- 2. [Signature] 9-15-14
Contract Management Date
- 3. [Signature] 9-17-14
County Attorney (approved as to form only) Date
- 4. [Signature] 9-15-14
Office of Management & Budget Date

Comments:

COUNTY MANAGER - FINAL SIGNATURE APPROVAL

[Signature] 9/16/14
Ted Selby Date

RETURN ORIGINAL(S) TO CONTRACT MANAGEMENT FOR DISTRIBUTION AS FOLLOWS:

- Original: Clerk's Services; Contractor (original or certified copy)
- Copy: Department
- Office of Management & Budget
- Contract Management
- Clerk Finance

RECEIVED
COUNTY MANAGER'S OFFICE
14 SEP 15 AM 10:10

Lecia Behenna
 AHCA Medicaid Program Finance
 Medicaid Program Analysis - DSH/LIP
 2727 Mahan Dr MS #21
 Tallahassee, FL 32308-5407
 850.412-4130 Work#
 850.922-0461 Fax#
 Lecia.Behenna@ahca.myflorida.com

County Health Department					
			Revised LIP Primary Care Award Funding		
Count	County	Applicant			
10	NASSAU	Nassau County Health Dept.	\$ 67,873	\$ 10,330	\$17,118

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

THIS LETTER OF AGREEMENT (LOA) made and entered into in duplicate on the 22nd day of Sept. 2014, by and between Nassau County (the County) on behalf of Nassau 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 \$17,118.
 - 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 \$17,118. The County will transfer payments to the State in the following manner:
 - a. The first quarterly payment of \$4,278 for the months of July, August, and September is due upon notification by the Agency.
 - b. Each successive payment of \$4,280 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.

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SEP 22 2014

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.

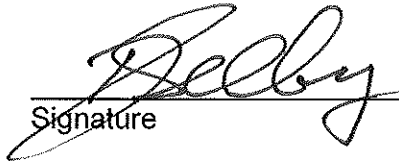
\$34 Million Primary Care Award Alternative LIP Local Intergovernmental Transfers (IGTs)	
State Fiscal Year 2014-2015	
Total Funding	\$17,118

WITNESSETH:


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

Nassau County

State of Florida



Signature



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

Ted J. Selby

Name

Nassau County Manager

Title