

# CONTRACT APPROVAL FORM

CS-10-151  
CONTRACT TRACKING NO.  
Cm1716

## CONTRACTOR INFORMATION

RECEIVED  
CONTRACT MANAGEMENT

Name: Agency for Healthcare Administration  
Address: 2727 Mahan Dr., MS #21 City: Tallahassee State: FL Zip: 32038-5407  
Contractor's Administrator Name: William D. Perry III Title: Senior Human Services Program Specialist  
Tel#: 850-412-4131 Fax#: 850-922-0461 Email: Bill.Perry@ahca.myflorida.com

## CONTRACT INFORMATION

Contract Name: Letter of Agreement Enhanced LIP Grant Contract Value: \$15,196.00

Brief Description: The LIP match payment of \$15,196 by Nassau County will procure a distribution of \$67,873 in Medicaid funds and will be used for the installation of a dental operatory at the Nassau County Health Department Hilliard Clinic. The LOA in duplicate must be sent to:  
William D. Perry  
Medicaid Program Analysis - DSH/LIP  
2727 Mahan Dr. MS #21  
Tallahassee, FL 32038-5407

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

Contract Dates : From 7/1/10 to 6/30/11 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: \$15,196

### APPROVALS PURSUANT TO NASSAU COUNTY PURCHASING POLICY, SECTION 6

- |    |  |                        |   |
|----|--|------------------------|---|
| 1. | <u>EJ Madala</u><br>Department Head Signature                    | <u>1/18/11</u><br>Date | <u>01691562-581002</u> ✓<br>Funding Source/Acct # |
| 2. | <u>Charlotte Young</u><br>Contract Management                    | <u>1/19/11</u><br>Date |   |
| 3. | <u>[Signature]</u><br>County Attorney (approved as to form only) | <u>1/25/11</u><br>Date |   |
| 4. | <u>[Signature]</u><br>Office of Management & Budget              | <u>1-31-11</u><br>Date |   |

Comments: \_\_\_\_\_

### COUNTY MANAGER - FINAL SIGNATURE APPROVAL

[Signature]  
Ted Selby Date: 2/1/11

### 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  
CONTRACT MANAGEMENT  
2011 JAN 19 AM 10:17 11 JAN 25 AM 11:36

## Letter of Agreement

THIS LETTER OF AGREEMENT made and entered into in duplicate on the 9<sup>th</sup> day of Feb 2011, by and between Nassau County (the County), 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 2010-2011, passed by the 2010 Florida Legislature, County and the Agency, agree that County will remit to the State an amount not to exceed a grand total of \$15,196.
  - 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, Low Income Pool payments for the expansion of primary care services to low income, uninsured individuals by:
      - 1) Reducing potentially avoidable emergency room visits by developing initiatives to identify persons inappropriately using hospital emergency rooms or other emergency care services and provide care coordination and referral to primary care providers.
      - 2) Reducing potentially avoidable hospitalizations for ambulatory care sensitive conditions, which involve admissions that evidence suggests could have been avoided.
      - 3) Expansion of primary care infrastructure to provide additional people with a medical home, thereby supporting meaningful emergency room diversion efforts while also improving overall health care in the community.
      - 4) Expansion of Primary care through expanded service hours (e.g., evening or weekend hours).
      - 5) Initiatives to increase self-management and adherence to treatment plans and self-management goals through the availability of disease management services for persons with ambulatory care sensitive conditions such as diabetes, asthma, hypertension, COPD, and high cholesterol.
    - ii. Projects will be required to report qualitative and quantitative data relating to the various initiatives. Initiatives can include any or all of the following services. Some examples:
      - Hospital Emergency Room (ER) and In Patient (IP) diversion initiatives:
        - Number of people diverted from a hospital emergency room to a clinic prior to receiving services at the emergency room;

- Number of people referred from a hospital emergency room for follow-up care after being treated in the ER;
  - Number of people referred from a hospital emergency room to a primary care provider;
  - Number and percent of ER admissions without a subsequent admission with a follow-up appointment with a provider within 14 days of the ER event date;
  - Number of hospital inpatients referred for follow-up care or referred to a primary care provider upon discharge from the hospital;
- Clinic services expansion initiatives:
    - Number of additional persons by payer source (uninsured, Medicaid etc.) seen and visits as a result of the LIP grant;
    - Additional hours of operation funded by the LIP grant;
    - Determination of what treatment choice a person would have made if the LIP-funded clinic or service was not available – for example, would the patient have accessed an emergency room, accessed another primary care clinic, or foregone care.
    - Summary of services rendered
  - Disease management initiatives:
    - Number of people participating (enrolled and engaged) persons by payer source (uninsured, Medicaid, etc.) in each DM program funded by the LIP project;
    - Data showing the relative adherence of DM program participants with established clinical practice guidelines (e.g., HbA1c testing, LDL-C screening, etc) and self-management activities (e.g., daily weights of CHF)
    - Information showing the impact on hospital inpatient and outpatient utilization by DM program participants
    - Ensure that DM program activities do not duplicate existing Medicaid DM program services for Medicaid recipients.
2. The County will pay the State an amount not to exceed the grand total amount of \$15,196. The County will transfer payments to the State in the following manner:
- a) The first payment of \$7,598 for the months of July, through December is due upon notification by the Agency.
  - b) Each successive payment of \$3,799 is due as follows, March 31, 2011 and June 15, 2011.
  - c) The State will bill the County when each quarter payments are due.
3. The full enhanced FMAP is in effect for the first six months of SFY 2010-11. Any payments made by the Agency on or after January 1, 2011, will be eligible for the step-down enhanced FMAP. Therefore, the County will be responsible for funding the State share required as a result of the reduced FMAP. If funding is not adequate due to the FMAP change, the State will reduce the rate to the level of funded by the County.

4. Timelines: This agreement must be signed and submitted to the Agency no later than March 1, 2011, to be effective for SFY 2011. Award agreements not executed by the March 1, 2011 deadline will be re-awarded to another applicant.
5. The anticipated annual distribution for Nassau County for State Fiscal Year 2010-2011 is \$67,873.
6. 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 Letter of Agreement. 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.
7. The County and the State agree that any modifications to this Letter of Agreement shall be in the same form, namely the exchange of signed copies of a revised Letter of Agreement.
8. 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.
9. 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.
10. This Letter of Agreement covers the period of July 1, 2010 through June 30, 2011.

**WITNESSETH:**

**IN WITNESS WHEREOF** the parties have duly executed this Letter of Agreement on the day and year above first written.

Nassua County

State of Florida

  
\_\_\_\_\_  
Signature

  
\_\_\_\_\_  
Phil E. Williams  
Assistant Deputy Secretary for Medicaid Finance,  
Agency for Health Care Administration

Ted Scoby  
\_\_\_\_\_  
Name

County Manager  
\_\_\_\_\_  
Title

**RECEIVED**  
FEB 08 2011  
**MEDICAL  
PROGRAM ANALYSIS**