

PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS

AGENDA ITEM SUMMARY

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Meeting Date: July 11, 2017	<input checked="" type="checkbox"/> [X]	Consent	<input type="checkbox"/> []	Regular
	<input type="checkbox"/> []	Ordinance	<input type="checkbox"/> []	Public Hearing

Department
Submitted By: Community Services
Submitted For: Division of Senior Services (DOSS)

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I. EXECUTIVE BRIEF

Motion and Title: Staff recommends motion to:

- A) approve** Sunshine Health Long Term Care Credentialing/Recredentialing Application Direct Service Provider Level II Background Screening form in accordance with the Florida Agency for Health Care Administration (AHCA) requirements in order to provide in-home and community based services to members; and
- B) delegate** to the County Administrator, or designee, signatory authority on recredentialing applications and any other necessary documents related to AHCA requirements for all long-term care managed plans.

Summary: The Division of Senior Services (DOSS) is a service provider and currently has a standard agreement with Sunshine Health (R2013-0863), which is a Florida Statewide Medicaid Long Term Care Managed Care Plan (LTCMCP). DOSS also has standard agreements with the following LTCMCPs; Humana American Eldercare, Inc., Coventry Health Care of Florida, Inc., Independent Living Systems and UnitedHealthcare Community Plan. DOSS provides case management and adult day care services to its members. LTCMCP credential verification requires ongoing monitoring and maintenance of providers' records to ensure that information is accurate and up-to-date as required by AHCA and in accordance with applicable state law. DOSS will continue to provide long-term managed care, in-home care, and community-based services as a service provider. (Division of Senior Services) Countywide (HH)

Background and Justification: As a Service Provider, DOSS affords eligible seniors with help to avoid long-term placement in a nursing facility. LTCMCPs are required to have a sufficient network to provide covered services.

Attachments: Direct Service Provider Level II Background Screening form

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Recommended By:	<u>James E. Shen</u>	<u>6/19/17</u>
	Department Director	Date

Approved By:	<u>Nancy L. Bolton</u>	<u>6/30/17</u>
	Assistant County Administrator	Date

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

Fiscal Years	2017	2018	2019	2020	2021
Capital Expenditures					
Operating Costs					
External Revenue					
Program Income					
In-Kind Match (County)					
NET FISCAL IMPACT	0	0	0	0	0

# ADDITIONAL FTE POSITIONS (Cumulative)					
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Is Item Included in Current Budget? Yes _____ No _____

Budget Account No.:

Fund __Dept __ Unit __Object __Program Code_ Program Period ____

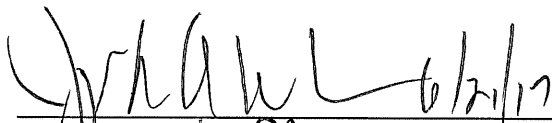
B. Recommended Sources of Funds/Summary of Fiscal Impact: No Fiscal Impact

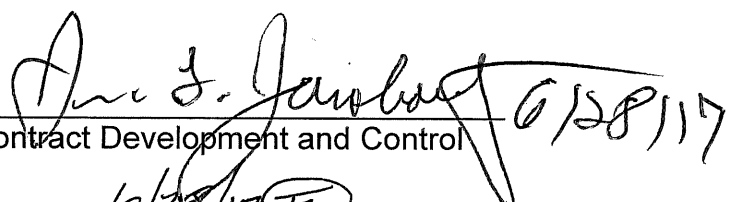
C. Departmental Fiscal Review:


Julie Dowe, Director, Financial & Support Svcs.

III. REVIEW COMMENTS

A. OFMB Fiscal and/or Contract Development and Control Comments:


OFMB ET 6/20 EB 6/20


Contract Development and Control 6/28/17 TA

B. Legal Sufficiency:


Assistant County Attorney

C. Other Department Review:

Department Director

This summary is not to be used as a basis for payment.

Credentialing/Recredentialing Application

DIRECT SERVICE PROVIDER – LEVEL II BACKGROUND SCREENING

The below named provider attests that they meet the definition of “direct service provider” (provider, employee or volunteer) and has completed a Level II criminal history background screening on each “direct service provider” to determine whether any have disqualifying offenses as provided for in F.S. 430.0402 and F.S. 435.04. Any “direct service provider” who has a disqualifying offense is prohibited from providing services to enrollees. No additional Level II background screening is required of the provider if they are a Limited Enrolled or Fully Enrolled Medicaid provider. No additional Level II screening is required of an employee or volunteer of the provider who is qualified for licensure or employment by the Agency pursuant to its background screening standards under F.S. 408.09 and the individual is providing a service that is within the scope of his or her licensed practice or employment. (See F.S. 430.0402(3)).

I, Paulette Burdick, Mayor , owner/authorized representative of Palm Beach County Board of
(Print Name) County Commissioners
Business Legal Name and DBA

Provider attests that all information on this form is accurate and true.

<div>Signature</div> <div>Paulette Burdick, Mayor</div> <div>Printed Name</div> <div>59-6000785</div> <div>Tax ID/NPI Number</div> <div></div> <div>Date</div>	<div>Palm Beach County Board of County Commissioners</div> <div>Company Name</div> <div>5217 Northlake Boulevard</div> <div>Address</div> <div>Palm Beach Gardens, Florida 33418</div> <div>City, State, ZIP</div> <div>(561) 355-4750</div> <div>Phone/Fax Number</div>
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Approved as to form and legal sufficiency

By: Assistant County Attorney

Attest: Sharon R. Bock
Clerk and Comptroller

By: Deputy Clerk

Credentialing/Recredentialing Application

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Approved as to form and legal sufficiency

By:

Assistant County Attorney

Attest: Sharon R. Bock
Clerk and Comptroller

By:

Deputy Clerk