



MANATEE COUNTY GOVERNMENT AGENDA MEMORANDUM

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SUBJECT MEDICAID TRANSPORTATION	TYPE AGENDA ITEM <input type="checkbox"/> DISCUSSION <input type="checkbox"/> MOTION <input type="checkbox"/> OTHER ACTION REQUIRED
DATE REQUESTED AUGUST 4, 1998	DATE SUBMITTED/REVISED JULY 29, 1998/REVISED 7/30/98
BRIEFINGS/WHO? NONE REQUIRED	CONSEQUENCES IF DEFERRED
DEPARTMENT/DIVISION COMMUNITY SERVICES/TRANSIT	AUTHORIZED BY  TITLE FREDERICK J. LOVELAND, DIRECTOR
CONTACT PERSON PETER GAJDUIS, ASST MGR TELEPHONE/EXTENSION 748-4501 EXT 3308	PRESENTER/TITLE FREDERICK J. LOVELAND, TELEPHONE/EXTENSION DIRECTOR 748-4501 EXT 3489
ADMINISTRATIVE APPROVAL 	

ACTION DESIRED

INDICATE WHETHER "REPORT OR "DISCUSSION, "FORM OF MOTION, OR "OTHER ACTION REQUIRED:

AUTHORIZATION TO SET A PUBLIC HEARING, IF REQUIRED, TO ADOPT AN ORDINANCE PERTAINING TO IMPLEMENTATION OF A COORDINATED TRANSPORTATION SYSTEM CONSISTENT WITH MANATEE COUNTY'S ROLE AS THE COMMUNITY TRANSPORTATION COORDINATOR

ENABLING/REGULATING AUTHORITY

FEDERAL/STATE LAWS), ADMINISTRATIVE RULING(S), MANATEE COUNTY COMP PLAN/LAND DEVELOPMENT CODE, ORDINANCES, RESOLUTIONS, POLICY.)

1) COMP PLAN 6 C MASS TRANSIT ELEMENT 2) CHAPTER 427 F 5

BACKGROUND/DISCUSSION

CONTINUED ON PAGE 2

HAS COUNTY ATTORNEY REVIEW BEEN REQUESTED? INDICATE "NO" OR "YES" @ RIGHT (IF "NO," PROCEED TO 1) BELOW, AND IF "YES," PROCEED TO 2) BELOW) YES

1) IF "NO" TO ABOVE:

A) PLEASE EXPLAIN BELOW: (SEE ALSO FOLLOWING SECTION 1B) RE: CONTRACT, AGREEMENT, LEASE, ETC.

B) IF A CONTRACT, AGREEMENT, LEASE OR OTHER DOCUMENT WAS PREVIOUSLY APPROVED: STATE YEAR OF LAST USE @ RIGHT

2) IF "YES" TO FIRST QUESTION IN THIS SECTION:

A) HAS ENTIRE MATTER, OR ONLY A PORTION, BEEN REVIEWED? IF ONLY A PORTION, WHICH PORTION?

ENTIRE MATTER SUBMITTED FOR REVIEW

B) HAVE ALL COMMENTS/SUGGESTIONS RAISED BY COUNTY ATTORNEY BEEN ADDRESSED/INCORPORATED? IF NOT, PLEASE EXPLAIN. A COPY OF FINAL COUNTY ATTORNEY MEMO RE THIS MATTER MUST BE ATTACHED (IF COMMENTS WERE VERBAL, SO INDICATE.)

PER THE COUNTY ATTORNEY'S OFFICE, WRITTEN RESPONSE PENDING. IN THE EVENT AN ORDINANCE IS REQUIRED AUTHORIZATION IS SOUGHT IN THE INTEREST OF SAVING TIME.

APPROVED IN OPEN SESSION

ATTACHMENTS: (LIST IN ORDER AS ATTACHED)

IMPLEMENTATION PLAN

INSTRUCTIONS TO BOARD RECORDS:

AUG 04 1998

BOARD OF COUNTY COMMISSIONERS

COST NO COST

SOURCE (ACCT# & NAME)

MANATEE COUNTY, FLORIDA

COMMENTS

AMT./FREQ. OF RECURRING COSTS
(ATTACH FISCAL IMPACT STATEMENT)

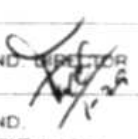
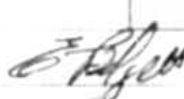
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BACKGROUND/DISCUSSION (CONTINUED FROM PAGE 1):

- STATE AGENCY FOR HEALTH CARE ADMINISTRATION (AHCA) STAFF HAVE REPRESENTED THEIR DESIRE FOR MANATEE COUNTY GOVERNMENT, AS THE COMMUNITY TRANSPORTATION COORDINATOR (CTC) IN MANATEE COUNTY, TO ASSUME CERTAIN DUTIES WITH RESPECT TO THE PROVISION OF NON-EMERGENCY MEDICAID TRANSPORTATION SERVICES IN THIS COUNTY. STAFF WITH THE STATE TRANSPORTATION DISADVANTAGED COMMISSION HAVE CONCLUDED THAT THIS FUNCTION IS REQUISITE TO MANATEE COUNTY'S CONTINUING ROLE AS THE CTC.
- FOLLOWING RECENT MEETINGS WITH THE BUDGET OFFICE AND THE ADMINISTRATOR'S OFFICE, THE ADMINISTRATOR'S OFFICE SUBMITTED A PLAN TO AHCA DETAILING HOW THIS SYSTEM WOULD BE IMPLEMENTED (ATTACHED). THE LOCAL TRANSPORTATION DISADVANTAGED COORDINATING BOARD HAS INDICATED A DESIRE TO HAVE THIS PLAN FULLY IMPLEMENTED BY JANUARY 1, 1999.
- IN ORDER TO ASSUME THE "ADMINISTRATIVE COMPONENT" OF THIS PLAN, A SYSTEM MUST BE DEvised WHEREBY THE COUNTY RELIES UPON ACHA'S CURRENT CHOSEN SERVICE PROVIDERS. THIS INTERIM STEP WILL ALLOW THE COUNTY THE TIME NEEDED TO CONDUCT A FREE AND OPEN PROCESS OF ALLOWING PROSPECTIVE VENDORS TO RESPOND TO A SOLICITATION FOR PROPOSALS.

MANATEE COUNTY GOVERNMENT

AGENDA MEMORANDUM

SUBJECT	MEDICAID TRANSPORTATION	TYPE AGENDA ITEM	CONSENT
DATE REQUESTED	AUGUST 4, 1998	DATE SUBMITTED/REVISED	JULY 29, 1998
BRIEFING(S)/WHO?	N/A	CONSEQUENCES IF DEFERRED	
DEPARTMENT/DIVISION	COMMUNITY SERVICES/TRANSIT	AUTHORIZED BY TITLE	FREDERICK J. LOVELAND, DIRECTOR 
CONTACT PERSON TELEPHONE/EXTENSION	PETER GAJDJIS, ASST MGR 748-4501 EXT 3308	PRESENTER/TITLE TELEPHONE/EXTENSION	FREDERICK J. LOVELAND, DIRECTOR 748-4501 EXT 3489
ADMINISTRATIVE APPROVAL			

ACTION DESIRED
INDICATE WHETHER "REPORT" OR "DISCUSSION," "FORM OF MOTION," OR "OTHER ACTION REQUIRED:"
AUTHORIZATION TO SET A PUBLIC HEARING, IF REQUIRED; TO ADOPT AN ORDINANCE PERTAINING TO IMPLEMENTATION OF AN INTERIM COORDINATED MEDICAID TRANSPORTATION SYSTEM IN MANATEE COUNTY

ENABLING/REGULATING AUTHORITY
FEDERAL/STATE LAWS, ADMINISTRATIVE RULING(S), MANATEE COUNTY COMP PLAN/LAND DEVELOPMENT CODE, ORDINANCES, RESOLUTIONS, POLICY, ETC.
1) COMP PLAN 60 MASS TRANSIT ELEMENT 2) CHAPTER 427 F.S.

BACKGROUND/DISCUSSION
• CONTINUED ON PAGE 2

HAS COUNTY ATTORNEY REVIEW BEEN REQUESTED? INDICATE "NO" OR "YES" @ RIGHT. IF "NO," PROCEED TO 1) BELOW; AND IF "YES," PROCEED TO 2) BELOW.		Yes
1) IF "NO" TO ABOVE:		
A) PLEASE EXPLAIN BELOW. (SEE ALSO FOLLOWING SECTION 1B) RE: CONTRACT, AGREEMENT, LEASE, ETC.)		
B) IF A CONTRACT, AGREEMENT, LEASE OR OTHER DOCUMENT WAS PREVIOUSLY APPROVED, STATE YEAR OF LAST USE @ RIGHT:		
2) IF "YES" TO FIRST QUESTION IN THIS SECTION:		
A) HAS ENTIRE MATTER, OR ONLY A PORTION, BEEN REVIEWED? IF ONLY A PORTION, WHICH PORTION?		
Entire matter submitted for review; RLS still pending		
B) HAVE ALL COMMENTS/SUGGESTIONS RAISED BY COUNTY ATTORNEY BEEN ADDRESSED/INCORPORATED; IF NOT, PLEASE EXPLAIN. A COPY OF FINAL COUNTY ATTORNEY MEMO RE THIS MATTER MUST BE ATTACHED (IF COMMENTS WERE VERBAL, SO INDICATE.)		
CAO advised authorizing a public hearing in event an ordinance is required.		

ATTACHMENTS: (LIST IN ORDER AS ATTACHED)	INSTRUCTIONS TO BOARD RECORDS:
Implementation Plan	
COST NO COST	SOURCE (ACCT# & NAME):
COMMENTS	AMT./FREQ. OF RECURRING COSTS (ATTACH FISCAL IMPACT STATEMENT)

BACKGROUND/DISCUSSION (CONTINUED FROM PAGE 1):

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**COMMUNITY TRANSPORTATION COORDINATOR
SERVICE PLAN
FOR
MEDICAID COORDINATION IN MANATEE COUNTY**

GOALS: Coordinate Medicaid transportation within Manatee County in a manner that is cost effective, efficient, and reduces duplication of services and resources while addressing the local conditions unique to our coordinated system. Maximize use of the existing Manatee County Area Transit (MCAT) fixed route system to reduce Medicaid transportation costs.

OBJECTIVES: Implement a Community Transportation Coordinator (CTC) Service Plan to coordinate Medicaid transportation within specified time frames. Service Plan to be fully implemented during the first quarter of calendar year 1999, contingent upon the response of a qualified provider(s) to provide certain aspects of this service. Continue to place emphasis on and monitor MCAT's Medicaid Bus Pass Program.

ACTION STEPS:

- A. Assume Prior Authorization and other administrative duties for Agency for Health Care Administration (AHCA) staff by September 1, 1998.
1. Board of County Commission (BOCC) action is required to increase manning level for the addition of one Eligibility Intake Technician to the current intake staff. County to recruit, advertise, hire and train position.
 2. BOCC action is required to adopt an ordinance for an alternative procurement process to allow the current providers to continue to provide Medicaid service and to allow MCAT to pay the current providers directly prior to commencement of provision of services via a fully executed agreement established under the Procurement Code of Manatee County and the applicable State and Federal laws, standards and regulations.
 3. Providers shall request prior and post authorization from MCAT.
 4. Provider's billing shall be administered through MCAT.
 5. An administrative fee of \$2.40 per trip during interim period shall be included in the billing to AHCA. It may be necessary to revise this fee upon completion of a detailed cost analysis once all program providers and costs are known. [See Attachment]

- B. Manatee County shall prepare a Request For Proposals (RFP) in accordance with the Manatee County Procurement Code and all applicable state and federal standards and regulations.
- ~~2.~~ 1. Following review by staff from Medicaid Area #6 and the Commission for the Transportation Disadvantaged, an RFP will be advertised by October 1, 1998, with selection of a transportation firm or firms anticipated by December 1, 1998. After selection of a preferred provider, the BOCC will be asked to authorize County staff to negotiate with the preferred provider(s); following successful negotiations, the BOCC will be asked to approve the final Agreement. Contract execution and service implementation are expected to occur during the first quarter of calendar year 1999. Under optimal conditions we anticipate finality no later than April 1, 1999.
 - ~~3.~~ 2. BOCC action is required to enter into an agreement with the most qualified provider or providers for the following services: all door-to-door Medicaid transportation including ambulatory, wheelchair, stretcher, after hours, weekends, and out of county trips as well as the intake of requests for trips. It is currently not envisioned that MCAT will be a provider of actual transportation services. The selected Medicaid service provider(s) will request prior authorization through MCAT and invoice MCAT for service rendered.
 - ~~4.~~ 3. AHCA shall notify current providers of upcoming changes and coordination through the CTC, and provide MCAT with accurate data regarding Medicaid transportation.
 4. MCAT will provide prior authorization, registration, screening for bus passes, monthly desk monitoring and annual on-site monitoring of selected provider(s), weekly central billing to AHCA, and monthly payment to the provider; it is not anticipated that MCAT would subcontract this administrative function.
 5. MCAT will continue to provide marketing and advertising services to support the Medicaid program.
 6. AHCA shall continue to notify new and unregistered clients that registration with MCAT is mandatory to receive transportation service.

Where applicable, completion of necessary action step(s) are is contingent upon Board of County Commission approval/action.

ATTACHMENT

CTC SERVICE PLAN
Administrative Fee for Medicaid Oversight

Personnel Costs

Eligibility Intake Technician (new position @ \$7.68/hour)	\$15,975
Supervision/Training (15% of Transportation Coordinator's Time)	3,565
Other Eligibility Intake Technicians (fill-in time)	1,230
Management (Div. Mgr., Assis. Div. Mgr., Fiscal Analyst, Superintendent, Planner, Marketing Mgr.) [1%]	<u>2,700</u>
Sub-Total:	\$ 23,470
Plus Anticipated 4% Increment	<u>940</u>
Sub-Total	\$ 24,410
Fringes/Payroll Taxes (40%)	<u>9,765</u>
Total Personnel Costs	\$ 34,175

Operating Costs

Office Supplies	\$ 200
Maintenance of Office Equipment	150
Telephone	800
Health-Net Costs	1,500
Postage	250
Training	<u>100</u>
Sub-Total, Operating Costs	\$ 3,000

County Indirect Costs

1/12th of \$75,493	<u>\$ 6,290</u>
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TOTAL COSTS \$43,465

Monthly \$ 3,622

Cost Basis

Estimated 18,000 door-to-door Medicaid trips per year (or 1,500 per month)

$$\text{\$43,465} / 18,000 = \text{\$2.41 per trip}$$

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