

**Lee County Board of County Commissioners  
Agenda Item Summary**

Blue Sheet No. 20030129

**1. REQUESTED MOTION:**

**ACTION REQUESTED:** Consideration of providing county funding for assisting Lee Memorial Health Systems Trauma Center operations through the State Supplemental Medicaid Payment Program; approval of related agreements and/or direction on other county funding options.

**WHY ACTION IS NECESSARY:** Provides Board approval of county funding mechanism or direction on other options to assist Lee Memorial Trauma Center.

**WHAT ACTION ACCOMPLISHES:** Provides Board approval for and/or consideration of providing county funding for assisting Lee Memorial Health Systems for Trauma Service purposes.

**2. DEPARTMENTAL CATEGORY:**  
**COMMISSION DISTRICT #**

**A12B**

**3. MEETING DATE:**

**02-18-2003**

**4. AGENDA:**

CONSENT

ADMINISTRATIVE

APPEALS

PUBLIC

WALK ON

**TIME REQUIRED:**

45minutes

**5. REQUIREMENT/PURPOSE:**  
*(Specify)*

STATUTE F.S. Chapters 125 & 163, Special Act 63-1552, as amended

ORDINANCE

ADMIN. CODE

OTHER

**6. REQUESTOR OF INFORMATION:**

**A. COMMISSIONER**

**B. DEPARTMENT** County Attorney

**C. DIVISION**

**BY:** James G. Yaeger

County Attorney

**7. BACKGROUND:** Previously, the Board requested County Administration and County Attorney's Office to explore the feasibility of interim county funding assistance for Lee Memorial Trauma Center operations. The Board's general direction in December, 2002 related to county funding assistance for the Trauma Center operations as an interim one-time measure until Lee Memorial Hospital Systems could obtain a long-term solution. The Hospital is apparently looking at various long-term funding scenarios, to include recommendations from a Financial Review Advisory Board. A Special Act in 2003, which would provide for a referendum on taxing authority to support Trauma Center operations has been removed from consideration at this time. The direction referenced funding assistance by the County's and Hospital's participation in the State of Florida Supplemental Medicaid Payment Program (SMP) administered by the Florida Agency for Health Care Administration (AHCA). As of the drafting of this blue sheet, several details have not been resolved relative to the use of the SMP Program which should be addressed by the Board's meeting date, at which time this office can provide you with an analysis for proceeding based upon the information and documents received.

**8. MANAGEMENT RECOMMENDATIONS:**

**9. RECOMMENDED APPROVAL:**

A Department Director	B Purchasing or Contracts	C Human Resources	D Other	E County Attorney	F Budget Services				G County Manager
N/A	N/A	N/A	N/A	<i>[Signature]</i>	OA	DM	RISK	GC	<i>[Signature]</i>
					<i>RK 2/5/03</i>	<i>1/25/03</i>	<i>2/10/03</i>	<i>2/13/03</i>	<i>1-6-03</i>

**10. COMMISSION ACTION:**

- APPROVED
- DENIED
- DEFERRED
- OTHER

CO. ATTY.  
FORWARDED  
TO CO. ADMIN.  
**2-9-03**

**RECEIVED BY  
COUNTY ADMIN. RK**  
2-5-03  
2:00  
**COUNTY ADMIN.  
FORWARDED TO: RS**  
2/10/03  
3:16/03