

LEGISLATIVE FACT SHEET

DATE: 12/08/20

BT or RC No: BT21-036
 (Administration & City Council Bills) RC21-061

SPONSOR: Fire and Rescue Department
 (Department/Division/Agency/Council Member)

Contact for all inquiries and presentations: Keith Powers

Provide Name: Keith Powers

Contact Number: 904-630-7868

Email Address: kpowers@coj.net

PURPOSE: White Paper (Explain Why this legislation is necessary? Provide; Who, What, When, Where, How and the Impact.) Council Research will complete this form for Council introduced legislation and the Administration is responsible for all other legislation.

(Minimum of 350 words - Maximum of 1 page.)

Appropriate unbudgeted revenue from the FY 20 Florida's Managed Care Options (MCO) and Certified Public Expenditures (CPE) Medicaid programs paid to the Fire and Rescue Department to fund the purchase of Fire apparatus, replacement capital equipment lost in a Ship fire, and provide salary/benefits to move one part-time EMS Billing Specialist to a full-time FTE to assist with the recapture of MCO/CPE funds and the Medicare Ground Ambulance Data Collection required to evaluate the extent to which reported costs relate to payment rates under the Medicare Part B Ambulance Fee Schedule (AFS). The City of Jacksonville was chosen for this Medicare Ground Ambulance Data Collection as a round one participant. The Managed Care Options (MCO) and Certified Public Expenditure (CPE) programs provide supplemental payments for eligible Public Emergency Medical Transport (PEMT) entities that provide transport services to Medicaid beneficiaries. These new programs generate additional supplemental funding for transport services provided in Duval County. Currently the County covers approximately 5.4% of all Medicaid enrolled beneficiaries statewide.

APPROPRIATION: Total Amount Appropriated: \$3,906,140.00 as follows:

List the source name and provide Object and Subobject Numbers for each category listed below:

(Name of Fund as it will appear in title of legislation)

Name of Federal Funding Source(s)	From: _____	Amount: _____
	To: _____	Amount: _____
Name of State Funding Source(s):	From: _____	Amount: _____
	To: _____	Amount: _____
Name of City of Jacksonville Funding	From: <u>FY20</u> 342650-PEMT/MCO Program Funds	Amount: <u>\$3,906,140.00</u>
	To: Various Expense Accounts - See BT	Amount: <u>\$3,906,140.00</u>
Name of In-Kind Contribution(s):	From: _____	Amount: _____
	To: _____	Amount: _____

Name & Number of Bond Account(s):	From: _____	Amount: _____
	To: _____	Amount: _____

PLAIN LANGUAGE OF APPROPRIATION / FINANCIAL IMPACT / OTHER:

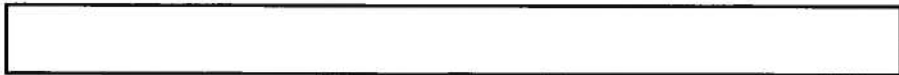
Explain: Where are the funds coming from, going to, how will the funds be used? Does the funding require a match? Is the funding for a specific time frame? Will there be an ongoing maintenance? ... and staffing obligation? Per Chapters 122 & 106 regarding funding of anticipated post-construction operation costs.

(Minimum of 350 words - Maximum of 1 page.)

The funds are a pass-through from the Center for Medicare and Medicaid Services (CMS) to the State of Florida's Medicaid program administered by the Agency for Health Care Administration (AHCA). No match is required. These are funds earned for FY 20. Ordinance 2019-852 authorized participation with the Agency for Healthcare Administration (ACHA) in the supplemental payment program. On-going maintenance will be required for apparatus and equipment purchases.

ACTION ITEMS: Purpose / Check List. If "Yes" please provide detail by attaching justification, and code provisions for each.

ACTION ITEMS:	Yes	No	
Emergency?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Justification of Emergency: If yes, explanation must include detailed nature of emergency. <div style="border: 1px solid black; height: 30px; width: 100%;"></div>
Federal or State Mandate?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Explanation: If yes, explanation must include detailed nature of mandate including Statute or Provision. <div style="border: 1px solid black; height: 30px; width: 100%;"></div>
Fiscal Year Carryover?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Note: If yes, note must include explanation of all-year subfund carryover language. <div style="border: 1px solid black; height: 30px; width: 100%;"></div>
CIP Amendment?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Attachment: If yes, attach appropriate CIP form(s). Include justification for mid-year amendment.
Contract / Agreement Approval?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Attachment & Explanation: If yes, attach the Contract / Agreement and name of Department (and contact name) that will provide oversight. Indicate if negotiations are on-going and with whom. Has OGC reviewed / drafted? <div style="border: 1px solid black; height: 30px; width: 100%;"></div>
Related RC/BT?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Attachment: If yes, attach appropriate RC/BT form(s).
Waiver of Code?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Code Reference: If yes, identify code section(s) in box below and provide detailed explanation (including impacts) within white paper. <div style="border: 1px solid black; height: 30px; width: 100%;"></div>
Code Exception?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Code Reference: If yes, identify code in box below and provide detailed explanation (including impacts) within white paper. <div style="border: 1px solid black; height: 30px; width: 100%;"></div>
Related Enacted Ordinances?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Code Reference: If yes, identify related code section(s) and ordinance reference number in the box below and provide detailed explanation and any changes necessary within white paper.



ACTION ITEMS CONTINUED: Purpose / Check List. If "Yes" please provide detail by attaching justification, and code provisions for each.

ACTION ITEMS:


	Yes	No
Continuation of Grant?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Explanation: How will the funds be used? Does the funding require a match? Is the funding for a specific time frame and/or multi-year? If multi-year, note year of grant? Are there long-term implications for the General Fund?


Surplus Property Certification?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Reporting Requirements?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Attachment: If yes, attach appropriate form(s).

Explanation: List agencies (including City Council / Auditor) to receive reports and frequency of reports, including when reports are due. Provide Department (include contact name and telephone number) responsible for generating reports.

Division Chief: 
 Keith Powers, Director/Fire Chief
 (signature)

Date: 12/18/20

Prepared By: 
 (signature)

Date: 12/18/20

ADMINISTRATIVE TRANSMITTAL

To: MBRC, c/o Jasmine Jordan, Budget Office, St. James Suite 325

Thru: Leeann Krieg, Director of Intergovernmental Affairs, Office of the Mayor

(Name, Job Title, Department)

Phone: 255-5015

E-mail: leeannk@coj.net

From: Leeann Krieg, Director of Intergovernmental Affairs, Office of the Mayor

Initiating Department Representative (Name, Job Title, Department)

Phone: 255-5015

E-mail: leeannk@coj.net

Primary Contact: Leeann Krieg, Director of Intergovernmental Affairs, Office of the Mayor

(Name, Job Title, Department)

Phone: 255-5015

E-mail: leeannk@coj.net

CC: Leeann Krieg, Director of Intergovernmental Affairs, Office of the Mayor

Phone: 255-5015

E-mail: leeannk@coj.net

COUNCIL MEMBER / INDEPENDENT AGENCY / CONSTITUTIONAL OFFICER TRANSMITTAL

To: Peggy Sidman, Office of General Counsel, St. James Suite 480
Phone: 904-630-4647 E-mail: psidman@coj.net

From: _____
Initiating Council Member / Independent Agency / Constitutional Officer
Phone: _____ E-mail: _____

Primary Contact: _____
(Name, Job Title, Department)
Phone: _____ E-mail: _____

CC: Leeann Krieg, Director of Intergovernmental Affairs, Office of the Mayor
Phone: 904-255-5015 E-mail: leeannk@coj.net

Legislation from Independent Agencies requires a resolution from the Independent Agency Board approving the legislation.

Independent Agency Action Item: **Yes** **No**
Boards Action / Resolution? Attachment: If yes, attach appropriate documentation. If no,
when is board action scheduled?

FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED

11/10 Amt for FY 20 Claim

Minimum Fee Schedule Payments
 Annual Amount
 Summary

Summary, by Provider

	Amount
Alachua County Fire Rescue	1,422,752.01
Bay County EMS	718,874.47
Boynton Beach Fire Rescue	224,301.87
Brevard County Fire Rescue	1,529,686.62
Broward Sheriffs Fire Rescue	1,078,474.71
Charlotte County Fire & EMS	389,920.12
City of Hialeah Fire Department	401,982.86
City of Jacksonville - Fire Division Rescue Services	4,325,961.59
City of Key West Fire Department	52,815.26
City of Lauderdale Fire Rescue Department	448,277.73
City of Miami Fire-Rescue Department	2,334,304.39
City of Pembroke Pines Fire Rescue Department	264,728.37
City of Plantation	161,379.99
City of Sanford	279,073.26
City of St. Cloud Fire Rescue	113,129.00
City of Stuart Fire Rescue	67,486.17
City of Sunrise Fire Rescue	287,875.81
City of Tamarac Fire Department	120,627.46
Collier County EMS	620,090.36
Coral Springs Fire Department	246,797.26
County of Volusia	1,893,199.11
Flagler County Fire Rescue Department	139,210.61
Fort Lauderdale Fire Rescue	1,176,932.81
Fort Myers Beach Fire Department	25,429.57
Hallandale Beach Fire Rescue	164,966.20
Hamilton County EMS	117,693.28
Hernando County Fire Rescue	694,748.97
Highlands County EMS	376,553.30
Hillsborough County Fire Rescue	1,905,913.89
Hollywood Fire Rescue & Beach Safety Department	518,372.06
Indian River County ALS	379,813.50
Kissimmee Fire Department	438,823.15
Lake Emergency Medical Services	1,167,478.22
Lake Mary Fire Department	40,100.48
Lee County EMS	1,581,523.83
Lehigh Acres Fire Control and Rescue District	376,227.27
Leon County EMS	1,570,113.13
Maitland Fire Rescue Department	34,884.16
Manatee County EMS	839,827.95
Martin County Fire Rescue	252,013.59
Miami Beach Fire Department	139,862.65

3,273,242.47
 147,687.14
 123,887.66
 238,972.79
 624,980.66
 186,809.56
 3,124,577.30
 939,264.10
 540,541.44
 1,835,819.56
 106,608.60
 1,603,367.18
 4,617,749.66
 127,473.89
 2,878,432.05
 725,068.85
 320,151.80
 595,312.82
 1,330,814.31
 1,658,138.57
 85,743.30
 218,433.51
 491,312.40
 70,094.34
54,786,711.00

Miami -Dade Fire Rescue
 North Lauderdale Fire Rescue
 North Port Fire Rescue
 Oakland Park Fire Rescue
 Okaloosa County EMS
 Okeechobee County Fire Rescue
 Orange County Fire Rescue
 Orlando Fire Department
 Osceola County Fire Department
 Palm Beach County Fire Rescue
 Palm Beach Gardens Fire Rescue
 Pasco County Board of County Commissioners - Fire Rescue
 Pinellas County EMS Authority DBA Sunstar
 Plant City Fire Rescue
 Polk County Fire Rescue
 Pompano Beach Fire Rescue
 Riviera Beach Fire Department
 Seminole County Fire Department
 St. Lucie County Fire District
 Tampa Fire Department
 Temple Terrace Fire Department
 Town of Davie Fire Rescue
 West Palm Beach Fire Department
 Winter Park Fire-Rescue

Summary by Plan

	Alachua County Fire Rescue	City of Hialeah Fire Department	City of Jacksonville - Fire Division Rescue Services	City of Key West Fire Department
CCP / MIMAC	-	-	-	-
Clear Health / MIMASC	-	-	-	-
Clear Health Alliance / Specialty	2,604.62	1,811.46	8,112.46	238.00
CMS / MIMASC	-	-	-	-
Coventry (Aetna) / MIMA	-	33,502.17	-	4,401.75
Coventry Healthcare of Florida Inc (Aetna) / LTCC	-	4,706.67	37,406.98	618.40
Florida Community Care / LTCC	14,923.44	8,383.04	4,473.09	1,101.42
Florida Community Care / MIMA	1,804.53	1,139.07	-	149.66
Florida Community Care / MIMAC	-	-	-	-
Florida Community Care / Specialty	-	-	284,567.45	1,744.67
Humana / LTCC	62,006.26	13,278.92	381,848.44	6,101.55
Humana / MMA	127,065.70	46,439.59	-	-
Humana / MIMAC	-	-	-	-
Lighthouse / MIMA	-	-	-	-
Magellan / MIMASC	-	-	-	-
Magellan / Specialty	-	-	84,627.87	-

Totals by Plan

711,948.14
 61,638.78
 90,938.62
 306,076.18
 1,230,919.49
 401,532.15
 840,960.64
 29,071.18
 51,273.68
 34,797.90
 2,729,760.82
 3,567,713.18
 2,687,030.69
 294,922.54
 120,948.49
 255,898.30

✓ Pd 12/14/20
 ✓ Pd 10/1/20
 ✓ Pd 10/9/20
 ✓ Pd 10/7/20



IN SERVICE TO SERVE YOU

TEN-8 FIRE EQUIPMENT, INC.
2904 59TH AVENUE DRIVE EAST
BRADENTON, FL 34203
Phone : 800-228-8368
Fax : 941-756-2598

Ship Fire Equipment

Sales Quote

Page: 1

Sales Quote Number: Q204930
Sales Quote Date: 6/15/2020

Customer ID: JAC CI
SalesPerson: MONTE SIMS
Email: msims7@verizon.net
Ten-8 Contact: Derick Boucher
Email: deboucher@ten8fire.com

Sell To :

CITY OF JACKSONVILLE
ACCOUNTS PAYABLE
117 W. DUVAL STREET, STE 375
JACKSONVILLE, FL 32202

Ship To :

CITY OF JACKSONVILLE
ACCOUNTS PAYABLE
117 W. DUVAL STREET, STE 375
JACKSONVILLE, FL 32202

Payment Terms : Due Upon Receipt of
Product Or Service

Ship Via :

Table with columns: Item No., Description, Unit, Quantity, Selling Price, Total Price. Lists various fire equipment items like Chicago Bag, EL5500 BATTERY BLOWER, K-12 RESCUE SAW, etc.

Amount Subject to Sales Tax 0
Amount Exempt from Sales Tax 115,790.18

Subtotal: 115790.18
Invoice Discount: 0.00
Total Sales Tax: 0.00
Total: 115,790.18

This Quote is valid until 07/15/20

All returns must be initiated within 30 days of receipt of product and will be charged a restocking fee. Contact your sales representative to receive a Return Materials Authorization (RMA). Special order parts are not returnable. Full terms and conditions for returns can be found on our website at www.ten8fire.com/returns.