

# LEGISLATIVE FACT SHEET

DATE: 10/29/19

BT or RC No: \_\_\_\_\_  
(Administration & City Council Bills)

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

Contact for all inquiries and presentations: Jacksonville Fire and Rescue Department

Provide Name: Christel Burgos

Contact Number: 904-630-2930

Email Address: [cburgos@coj.net](mailto:cburgos@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.)

The Agency for Health Care Administration (AHCA) is in the process of securing federal approval from the Center for Medicare & Medicaid Services (CMS), for an Intergovernmental Transfer (IGT) program. Similar to Medicaid's Low Income Pool Program (LIP) for hospitals, this mechanism is used to transfer additional funds to the states in order to offset the cost of Medicaid transports that are not covered under the current Fee Schedule.

The new IGT will generate approximately \$54M in additional supplemental funding statewide for the managed care program. IGT funds will be distributed in relationship to enrollment and utilization of services. Currently Duval county covers 5.4% of all Medicaid enrolled beneficiaries statewide. Using this percentage, we are estimating approximately \$2.7M net new funding will be available for our region.

In order to participate, we will be required to execute a Letter of Agreement (LOA) with AHCA, and, enter into LOA's with the current Regional Medicaid Managed Care Organizations (MCO) that have contracted with ACHA to provide Medicaid coverage to enrollee's. AHCA will provide template LOA's to be used with for the regional Managed Care Organizations (MCO). COJ will have 4-6 weeks to execute and return to AHCA in order to qualify for this program for the current State Fiscal Year. The need for this onetime emergency response is due the the deadline of December 31st, 2019.

APPROPRIATION: Total Amount Appropriated: \_\_\_\_\_ 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) Department of Homeland Security / FEMA

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 Source(s):	From: _____	Amount: _____
	To: _____	Amount: _____
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 will be 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). There is no match, however, each participating agency will be required to contribute towards the state's Managed Care Organization Funding Pool. Governmental providers state-wide will need to contribute \$21.1 Million total into the Intergovernmental Transfer Program (IGT) in order to draw down an additional \$34 Million in federal funding. The \$21.1 Million represents the states 38.53% share towards the Managed Care Organization (MCO) Funding Pool. The Federal Share is 61.47% representing an additional \$33.7 Million. These monies will then be distributed by the Agency of Health Care Administration (AHCA) to the regional Medicaid Managed Care Organizations (MCO). We anticipate the City of Jacksonville's contribution to be a total of \$1,666,793 over the next three quarters. In return the City will receive approximately \$2,659,168 in net new federal funding. The regional MCO's are required to disburse funds to each governmental agency in relation to their utilization of Medicaid transport services provided during the specific reporting period.

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

**ACTION ITEMS:**

	<b>Yes</b>	<b>No</b>
Emergency?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Justification of Emergency: If yes, explanation must include detailed nature of emergency.

Response due December 31, 2019

Federal or State  
Mandate?

Explanation: If yes, explanation must include detailed nature of mandate including Statute or Provision.

Fiscal Year  
Carryover?

Note: If yes, note must include explanation of all-year subfund carryover language.

CIP Amendment?

Attachment: If yes, attach appropriate CIP form(s). Include justification for mid-year amendment.

Contract / Agreement  
Approval?

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?

The Agency of Health Care Administration is in the process of finalizing the Letter of Agreement with The Department of Medicare and Medicaid Services (CMS). Once this is received we will forward the letter to OGC for review. A draft LOA is attached. Agencies will also be required to contract with the Managed Care Organizations in order to obtain the federal funds. The Fire and Rescue Department will provide oversight.

Related RC/BT?

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

Waiver of Code?

Code Reference: If yes, identify code section(s) in box below and provide detailed explanation (including impacts) within white paper.

Code Exception?

Code Reference: If yes, identify code in box below and provide detailed explanation (including impacts) within white paper.

Related Enacted  
Ordinances?

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:  \_\_\_\_\_  
 (signature)

Prepared By:  \_\_\_\_\_  
 (signature)

Date: 11/4/19

Date: 11/4/19

**ADMINISTRATIVE TRANSMITTAL**

To: MBRC, c/o Roselyn Chall, Budget Office, St. James Suite 325

Thru: Christel Burgos, JFRD/Fire Rescue Department  
(Name, Job Title, Department) ·  
Phone: 904-630-2930 E-mail: [cburgos@coj.net](mailto:cburgos@coj.net)

From: Keith Powers, Interim Fire Chief, JFRD  
Initiating Department Representative (Name, Job Title, Department)  
Phone: 904-630-0880 E-mail: [kpowers@coj.net](mailto:kpowers@coj.net)

Primary Contact: Christel Burgos, JFRD/Fire Rescue Department  
(Name, Job Title, Department)  
Phone: 904-630-2930 E-mail: [cburgos@coj.net](mailto:cburgos@coj.net)

CC: Jordan Elsbury, Director of Intergovernmental Affairs, Office of the Mayor  
904-630-1825 E-mail: [jelsbury@coj.net](mailto:jelsbury@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](mailto:psidman@coj.net)

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

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

CC: Jordan Elsbury, Director of Intergovernmental Affairs, Office of the Mayor  
904-630-1825 E-mail: [jelsbury@coj.net](mailto:jelsbury@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**