



CITY MANAGER'S OFFICE

CITY MANAGER SIGNATURE REQUEST ROUTING FORM

Rev: 11 | Revision Date: 07/02/2025

SECTION 1 | SUMMARY INFORMATION

Date: 9-24-25

☐ Agenda Item ☒ Commission Memo ☐ Letter (to external agency) ☐ Other Document

Document Title/Purpose: WALK ON-Resolution approving the City of Fort Lauderdale's participation in the Intergovernmental Transfer Program for Medicaid

Commission Meeting Date: 9/16 CAM #: 25-0957 Item #: _____

CAM attached: ☒ Yes ☐ No Action Summary Attached: ☐ Yes ☐ No CIP FUNDED: ☐ Yes ☐ No

Community Investment Plan (CIP) Project defined as having a life of at least 10 years and a cost of at least \$100,000 and shall mean improvements to real property (land, buildings, or fixtures) that add value and/or extend useful life, including major repairs such as roof replacement. Term "real property" includes land, real estate, realty, or real.

SECTION 2 | REQUESTOR (CHARTER OFFICE/DEPARTMENT)

Charter Office: _____ Router Name: _____ Ext: _____

Department: Fire Rescue Router Name: Robert Weiler Ext: _____

Department Approval (Director/Chief): Name: Stephen Gollan Init.: SG Date: 9-24-25

*Return Document To: Robert Weiler Department: Fire Rescue Ext: 6811

**REMINDER: Once review and signature at the last level of government (Federal, State, County) is complete, scan the final record copy and send to the City Clerk's Office.*Scan Date: _____ Attach Certified Resolution #: _____ Original form route to CAO: ☒ Yes ☐ No

THE FOLLOWING SECTIONS ARE FOR CHARTER OFFICE USE ONLY

SECTION 3 | CITY ATTORNEY'S OFFICE (CAO): CAO signed/routed Required ☐ Yes ☐ NoIs the attached Granicus document final? ☐ Yes ☐ No Number of Originals Attached: _____Attorney's Name: Rhonda Montoya Hasan Approved as to Form: ☒ Yes ☐ No Initials: _____

Route to: Finance (if applicable) Date: _____ Route to: CCO Date: _____

SECTION 4 | CITY CLERK'S OFFICE (CCO)

City Clerk Office Receive and Scan Date: _____ Number of Originals: _____

Route to CMO Date: _____ Route to Mayor Date: _____

SECTION 5 | CITY MANAGER'S OFFICE (CMO)

LOG #: Sep 12 Date Received: 9/25/25 Received From: Robert W.

To CM/ACM: ☐ R. Williams ☐ C. Cooper ☐ Y. Matthews ☐ B. Rogers

Approved Init.: _____ for continuous routing to Rickelle Williams, City Manager/Executive Director

Disapproved: _____ Comments: _____

Executive Assistant Route to CCO Date: 9/25/25 Robert to deliver to CCO



CITY OF FORT LAUDERDALE
City Commission Agenda Memo
REGULAR MEETING

#25-0957

TO: Honorable Mayor & Members of the
Fort Lauderdale City Commission

FROM: Rickelle Williams, City Manager

DATE: September 16, 2025

TITLE: **WALK ON -** Resolution Approving the City of Fort Lauderdale Fire Rescue Department's Participation in the Intergovernmental Transfer Program for Medicaid Managed Care Patients with the State of Florida's Agency for Health Care Administration, and Authorizing the City Manager to execute and Deliver to the State of Florida Agency for Health Care Administration (AHCA) Annually a Public Emergency Medical Transportation Letter of Agreement, in Substantially the Form attached hereto, and any Amendments thereto Retroactively to Fiscal Year 2016 - (Commission Districts 1, 2, 3 and 4)

Recommendation

Staff recommends that the City Commission adopt a resolution approving the City of Fort Lauderdale Fire Rescue Department's Participation in the Intergovernmental Transfer Program for Medicaid Managed Care Patients with the State of Florida's Agency for Health Care Administration and authorize the City Manager to execute and deliver annually a Public Emergency Medical Transportation Letter of Agreement, in substantially the form attached, and any amendment thereto retroactively to fiscal year 2016.

Background

The Public Emergency Medical Transportation program (PEMT) is administered by the State of Florida Agency for Health Care Administration (AHCA) and provides supplemental payment to eligible PEMT entities that meet specified requirements and provide emergency medical transportation services to Medicaid beneficiaries. The City is an eligible PEMT entity because it provides emergency medical transportation services for Medicaid beneficiaries.

PEMT is highly beneficial to EMS agencies helping recover additional Medicaid funding to cover the gap between low reimbursements and the actual cost of providing emergency medical transports. The PEMT program will reimburse a portion of Fort Lauderdale Fire Rescue Medicaid fee-for-service costs annually between July 1st and June 30th. This funding strengthens EMS operations, supports staffing and readiness, and ensures long-term sustainability.

The current average reimbursement for basic life support services per Medicaid patient is \$136 per transport. This amount is significantly lower than the average reimbursements for Medicare (\$454) and private health insurance patients (\$627), as well as the actual costs associated with emergency medical transports. PEMT allows agencies to certify their expenses and receive federal matching funds, allowing departments to receive cost recovery without increasing local taxes and fees.

Participation in the PEMT supplemental payment program requires the annual execution of Public Emergency Medical Transportation Letters of Agreement between AHCA and the City. Program revenues and expense submissions are funded through an Intergovernmental Transfer ("IGT") cash match with a federal fund contribution. To leverage the federal share, AHCA will collect the IGT payments from each participating agency, including Fort Lauderdale Fire Rescue, and submit the total State share to the Federal Government – Centers for Medicaid and Medicare Services ("CMS"). The Federal Government will then provide the Federal Share back to AHCA, who will transfer the funds to the Managed Care Organizations for reimbursement back to the participating agencies.

The City has participated in the PEMT program since 2016. The State is amending the 2024-2025 agreement due to unmet financial obligations. The release of funds is pending approval from the federal government, Centers for Medicare & Medicaid Services (CMS). Until CMS grants approval, the State is unable to release any funds associated with the program. Additionally, the City's contribution will not be released until approval is received from the federal government.

The FY 2026 designated IGT contribution provided by Fort Lauderdale Fire Rescue is estimated at \$1,338,568. It is anticipated that the City will receive \$3,128,958 in revenues, which will realize approximately \$1,790,389 in net revenue.

Resource Impact

Funding for this revenue and contribution is contingent upon the approval of the FY 2026 Adopted Budget.

Source:

<i>Funds available as of October 1, 2025</i>					
ACCOUNT NUMBER	COST CENTER NAME	ACCOUNT/ACTIVITY NAME	AMENDED BUDGET	AVAILABLE RECEIVED	AMOUNT
10-001-4020-522-342-602	Fire Rescue Support	Charges for Services/Public Emergency Medical Transport – MCO	\$2,410,959	\$0	\$3,128,958
TOTAL AMOUNT ►					\$3,128,958

Use:

ACCOUNT NUMBER	COST CENTER NAME (Program)	CHARACTER/ACCOUNT NAME	AMENDED BUDGET (Character)	AVAILABLE BALANCE (Character)	AMOUNT
10-001-4020-522-40-4207	Fire Rescue Support	Other Operating Expenses/Promotional Contribution	\$15,779,013	\$15,779,013	\$1,338,568

Strategic Connections

This item supports the *Press Play Fort Lauderdale Strategic Plan 2029*, specifically advancing:

- Goal 1: Be a safe community that is proactive and responsive to risks.

This item advances the *Fast-Forward Fort Lauderdale Vision Plan 2035: We Are Community*.

This item supports the *Advance Fort Lauderdale 2040 Comprehensive Plan* specifically advancing:

- Public Safety

Attachments

Exhibit 1 – Executed SFY 2024-2025 PEMT Letter of Agreement

Exhibit 2 – Proposed SFY 2024-2025 PEMT Letter of Agreement Amendment

Exhibit 3 – SFY 2025-2026 PEMT Letter of Agreement

Exhibit 4 – SFY 2025-2026 PEMT MCO Allotments

Exhibit 5 – Resolution

Prepared by: Aukela T. Holloway, Public Safety Administrator, Fire Rescue Department

Department Director: Stephen W. Gollan, Chief, Fire Rescue Department

Letter of Agreement Amendment

This Amendment is made to the 2024-2025 **Public Emergency Medical Transportation** Letter of Agreement previously executed by and between the **City of Fort Lauderdale** (the "IGT Provider") on behalf of **Fort Lauderdale Fire Rescue** and the Agency for Health Care Administration, with an effective date of **9/4/2024**.

It is mutually understood and agreed upon by and between the undersigned contracting parties to amend the previously executed Agreement dated **December 2, 2024**, as follows:

General Provisions

Deleted: 7. This LOA covers the period of July 1, 2024, through June 30, 2025, and shall be terminated September 30, 2025, which includes the states certified forward period.

Inserted: 7. This LOA covers the period of July 1, 2024, through June 30, 2026, and shall be terminated September 30, 2026, which includes the states certified forward period.

All provisions not in conflict with this amendment remain in effect. This amendment is hereby made a part of the Letter of Agreement.

CITY OF FORT LAUDERDALE

SIGNED
BY: _____

NAME: _____

TITLE:

DATE: _____

STATE OF FLORIDA, AGENCY FOR HEALTH CARE ADMINISTRATION

SIGNED
BY: _____

NAME: Stephanie Scanlon

TITLE: Chief of Medicaid Program
Finance


DATE: _____

CITY OF FORT LAUDERDALE, a Florida municipal corporation

By: 
RICKELLE WILLIAMS
City Manager


Dated: 9/24/25

ATTEST:

By: 
DAVID R. SOLOMAN
City Clerk



Approved as to Legal Form and Correctness:
D'Wayne M. Spence, Interim City Attorney

By: 
RHONDA MONTOYA HASAN
Senior Assistant City Attorney