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SECTION 1 | SUMMARY INFORMATION

Date: 9/17/2025

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 Managed Care Patients with the State of Florida's Agency Health 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

Commission Meeting Date: 9/16/25 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: Carladean Ferguson Ext: 6701

Department Approval (Director/Chief): Name: Stephen Gollan Init.: SG Date: September 17, 2025

*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 No

Is the attached Granicus document final? Yes No Number of Originals Attached: 3

Attorney's Name: Rhonda Elson Approved as to Form: Yes No Initials: [Signature]

Route to: Finance (if applicable) Date: N/A Route to: CCO Date: 9/18/25

SECTION 4 | CITY CLERK'S OFFICE (CCO)

City Clerk Office Receive and Scan Date: Number of Originals: 3

Route to CMO Date: 09/19/25 Route to Mayor Date:

SECTION 5 | CITY MANAGER'S OFFICE (CMO)

LOG #: SEP103 Date Received: 9/19/25 Received From: LLO

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: 9/22/25 TMA# 25-0446





CITY OF FORT LAUDERDALE
City Commission Agenda Memo
REGULAR MEETING

#29-0957

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

FROM: Rickelle Williams, City Manager *Rickelle Williams*

DATE: September 16, 2025

TITLE: **WALK ON** - Resolution Approving the City of Fort Lauderdale'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 participation by the City of Fort Lauderdale 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 via Fort Lauderdale Fire Rescue.

PEMT is highly beneficial to Emergency Medical Services (EMS) agencies by 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 PEMT 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:

Funds available as of October 1, 2025					
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	INDEX NAME (Program)	CHARACTER CODE/ SUB-OBJECT 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
TOTAL AMOUNT ►					\$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

Public Emergency Medical Transportation Letter of Agreement

THIS ~~LETTER~~ OF AGREEMENT (LOA) is made and entered into in duplicate on the day of DEC 2024, by and between 44h City of Fort Lauderdale (the "IGT Provider") on behalf of Fort Lauderdale Fire Rescue, and the State of Florida, Agency for Health Care Administration (the "Agency"), for good and valuable consideration, the receipt and sufficiency of which is acknowledged.

DEFINITIONS

"Intergovernmental Transfers (IGTs)" means transfers of funds from a non-Medicaid governmental entity (e.g., counties, hospital taxing districts, providers operated by state or local government) to the Medicaid agency. IGTs must be compliant with 42 CFR Part 433 Subpart B.

"Medicaid" means the medical assistance program authorized by Title XIX of the Social Security Act, 42 U.S.C. §§ 1396 et seq., and regulations thereunder, as administered in Florida by the Agency.

"Public Emergency Medical Transportation (PEMT)," pursuant to the General Appropriation Act, Laws of Florida 2024-231 is the program that provides supplemental payments for eligible Public Emergency Medical Transportation (PEMT) entities that meet specified requirements and provide emergency medical transportation services to Medicaid beneficiaries.

A. GENERAL PROVISIONS

1. Per House Bill 5001, the General Appropriations Act of State Fiscal Year 2024-2025, passed by the 2024 Florida Legislature, the IGT Provider and the Agency agree that the IGT Provider will remit IGT funds to the Agency in an amount not to exceed the total of **\$1,322,443.13**. The IGT Provider and the Agency have agreed that these IGT funds will only be used for the PEMT program.
2. The IGT Provider will return the signed LOA to the Agency.
3. The IGT Provider will pay IGT funds to the Agency in an amount not to exceed the total of **\$1,322,443.13**. The IGT Provider will transfer payments to the Agency in the following manner:
 - a. Per Florida Statute 409.908, annual payments for the months of July 2024 through June 2025 are due to the Agency no later than October 31, 2024, unless an alternative plan is specifically approved by the agency.
 - b. The Agency will bill the IGT Provider when payment is due.
4. The IGT Provider and the Agency agree that the Agency will maintain necessary records and supporting documentation applicable to health services covered by this LOA in accordance with public records laws and established retention schedules.

a. AUDITS AND RECORDS

- i. The IGT Provider agrees to maintain books, records, and documents (including electronic storage media) pertinent to performance under this LOA in accordance with generally accepted accounting procedures and practices, which sufficiently and properly reflect all revenues and expenditures of funds provided.
- ii. The IGT Provider agrees to assure that these records shall be subject at all reasonable times to inspection, review, or audit by state personnel and other personnel duly authorized by the Agency, as well as by federal personnel.
- iii. The IGT Provider agrees to comply with public record laws as outlined in section 119.0701, Florida Statutes.

b. RETENTION OF RECORDS

- i. The IGT Provider agrees to retain all financial records, supporting documents, statistical records, and any other documents (including electronic storage media) pertinent to performance under this LOA for a period of six (6) years after termination of this LOA, or if an audit has been initiated and audit findings have not been resolved at the end of six (6) years, the records shall be retained until resolution of the audit findings.
- ii. Persons duly authorized by the Agency and federal auditors shall have full access to and the right to examine any of said records and documents.
- iii. The rights of access in this section must not be limited to the required retention period but shall last as long as the records are retained.

c. MONITORING

- i. The IGT Provider agrees to permit persons duly authorized by the Agency to inspect any records, papers, and documents of the IGT Provider which are relevant to this LOA.

d. ASSIGNMENT AND SUBCONTRACTS

- i. The IGT Provider agrees to neither assign the responsibility of this LOA to another party nor subcontract for any of the work contemplated under this LOA without prior written approval of the Agency. No such approval by the Agency of any assignment or subcontract shall be deemed in any event or in any manner to provide for the incurrence of any obligation of the Agency in addition to the total dollar amount agreed upon in this LOA. All such assignments or subcontracts shall be subject to the conditions of this LOA and to any conditions of approval that the Agency shall deem necessary.
5. This LOA may only be amended upon written agreement signed by both parties. The IGT Provider and the Agency agree that any modifications to this LOA shall be in the same form, namely the exchange of signed copies of a revised LOA.
 6. The IGT Provider confirms that there are no pre-arranged agreements (contractual or otherwise) between the respective counties, taxing districts, and/or the providers to re-

direct any portion of these aforementioned supplemental payments in order to satisfy non-Medicaid, non-uninsured, and non-underinsured activities.

7. The IGT Provider agrees the following provision shall be included in any agreements between IGT Provider and local providers where IGT funding is provided pursuant to this LOA. Funding provided in this agreement shall be prioritized so that designated IGT funding shall first be used to fund the Medicaid program and used secondarily for other purposes.
8. This LOA covers the period of July 1, 2025, through June 30, 2026, and shall be terminated September 30, 2026, which includes the state's certified forward period.
9. This LOA may be executed in multiple counterparts, each of which shall constitute an original, and each of which shall be fully binding on any party signing at least one counterpart.

PEMT Local Intergovernmental Transfers	
Program / Amount	State Fiscal Year 2025-2026
Estimated IGTs	\$1,338,568.27
Total Funding Not to Exceed	\$1,338,568.27

IN WITNESS WHEREOF, the parties have caused this page Letter of Agreement to be executed by their undersigned officials as duly authorized.

CITY OF FORT LAUDERDALE

**STATE OF FLORIDA, AGENCY FOR
HEALTH CARE ADMINISTRATION**

**SIGNED
BY:** _____

**SIGNED
BY:** Stephanie Scanlon

NAME: _____

NAME: Stephanie Scanlon

TITLE: _____

TITLE: Chief of Medicaid Program
Finance

DATE: _____

DATE: 10/13/2025

CITY OF FORT LAUDERDALE, a Florida municipal corporation

By: Rickelle Williams
RICKELLE WILLIAMS
City Manager

Dated: 9/22/2025

ATTEST:

By: David R. Soloman
DAVID R. SOLOMAN
City Clerk



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

By: Rhonda Montoya Hasan
RHONDA MONTOYA HASAN
Senior Assistant City Attorney

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

**STATE OF FLORIDA, AGENCY FOR
HEALTH CARE ADMINISTRATION**

**SIGNED
BY:** _____

**SIGNED
BY:** Stephanie Scanlon

NAME: _____

NAME: Stephanie Scanlon

TITLE: _____

TITLE: Chief of Medicaid Program
Finance

DATE: _____

DATE: 10/13/2025

CITY OF FORT LAUDERDALE, a Florida municipal corporation

By: 
RICKELLE WILLIAMS
City Manager

Dated: 9/26/25

ATTEST:

By: 
DAVID R. SOLOMA
City Clerk



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

By: 
RHONDA MONTOYA HASAN
Senior Assistant City Attorney