



Interoffice Memorandum

AGENDA ITEM

March 21, 2019

TO: Mayor Jerry L. Demings
-AND-
Board of County Commissioners

THRU: John Goodrich, Deputy Director *J. Goodrich*
Health Services Department

FROM: Christian C. Zuver, M.D., Medical Director *CCZ*
EMS Office of the Medical Director
Contact: (407) 836-7611

SUBJECT: Ninety-Day Temporary Certificate of Public Convenience and Necessity
Affordable Transport Inc.
Consent Agenda – April 9, 2019

The EMS Office of the Medical Director requests the approval of a 90 day temporary Certificate of Public Convenience and Necessity for Affordable Transport Inc. to provide Interfacility Advanced Life Support Transport Service. Affordable Transport Inc. has submitted the attached application requesting a temporary Certificate of Public Convenience and Necessity.

The EMS Office of the Medical Director has determined that all requirements have been met by Affordable Transport Inc. as contained in Orange County Ordinance 2001-9.

ACTION REQUESTED: Approval and execution of a 90 day temporary Certificate of Public Convenience and Necessity for Affordable Transport Inc. to provide Interfacility Advanced Life Support Transport Service. The term of this certificate is from April 1, 2019 through July 1, 2019: There is no cost to the County. **(EMS Office of the Medical Director)**

CCZ/cf

Attachments

C: Danny Banks, Deputy County Administrator



**APPLICATION FOR CERTIFICATE OF CONVENIENCE AND
NECESSITY FOR AMBULANCE AND FIRE/RESCUE SERVICES**

APPLICATION DATE: March 12, 2019

PROPOSED DATE OPERATIONS WILL BEGIN: March 12, 2019

SECTION I: GENERAL INFORMATION

1. NAME OF SERVICE: Affordable Transport Inc.
2. BUSINESS ADDRESS (INCLUDE COUNTY):
3706 DMG Dr, Lakeland Fl 33811 (Polk County)
3. CONTACT INFORMATION: Business Phone 863-698-9764
Mobile Phone 404-229-8845
Email Rjensen@affordabletransport.net
4. OWNERSHIP TYPE: PRIVATE CORPORATION GOVERNMENT AGENCY OTHER
a. If other, please describe: _____
5. LEVEL OF SERVICE: ALS TRANSPORT ALS TRANSPORT (INTERFACILITY)
 BLS TRANSPORT BLS TRANSPORT (INTERFACILITY) ALS NON-TRANSPORT
 BLS NON-TRANSPORT ALS AIR TRANSPORT

6. CORPORATE OFFICERS AND DIRECTORS:

7. <u>NAME</u>	<u>ADDRESS</u>	<u>POSITION</u>
Richard F Jensen Jr	116 14 th Ave NE, St Petersburg, Fl 33701	President

8. DESCRIBE THE PROPOSED GEOGRAPHIC AREA OR AREAS TO BE COVERED BY YOUR SERVICE:

Orange County Four Corners area to central Orlando Hospitals – principally to provide ALS and BLS services as outlined under the Business Services agreement between Affordable Transport and Heart of Florida Hospitals’ freestanding ER located at 17430 Bali Blvd. Winter Garden, FL 34787

9. STATEMENT OF FACTS SHOWING THE DEMAND OR NEED FOR THE PROPOSED SERVICE:

Business Agreement Attached

10. STATEMENT SHOWING HOW YOU PLAN TO FILL THE NEED FROM QUESTION 9 (NUMBER AND TYPE OF UNITS, STATION LOCATION, ETC):

ATI shall provide a fully staffed ALS ambulance dedicated to the services and patient needs of the HOF. Unless in use, the ambulance shall be located at the HOF Free Standing Emergency Department. If or when this ambulance is in use, ATI shall send a back-up ALS unit, which upon arrival at the HOF Free Standing Emergency Department shall be subject to the same On Time Performance Standards as the dedicated unit.

11. NUMBER OF VEHICLES IN OPERATION: 8 ALS, 1 ALS/Bariatric, 16 BLS

12. EMPLOYEE ROSTER (please attach extra sheets as needed):

NAME

CURRENT CPR CARD (Y/N)

Attached

All employees listed on the attached Roster have current CPR cards

SECTION II: REQUISITES TO OBTAINING LICENSE

1. RATE CHART PROVIDED TO EMS OFFICE:

YES, DATE: 03/11/2019 (see page 15 of the attached ATI/HOF Agreement) NO

2. REFERENCES/LETTERS OF SUPPORT SUBMITTED TO EMS OFFICE (Attachment I):

Business or work references for 5 years, including one letter of reference
Completed and Attached

Five personal references, including one letter of reference
Completed and Attached

Five credit references, including one letter of reference
Completed and Attached

3. BUSINESS AGREEMENT LETTER PROVIDED TO EMS OFFICE (INTERFACILITY ONLY, Attachment V):

YES, DATE: ATI/HOF Agreement dated 03/11/2019 attached NO

4. ATTESTATION THAT PARAMEDICS ARE STATE CERTIFIED PROVIDED TO EMS OFFICE (ALS ONLY, Attachment IV):

YES, DATE: Attached 3/12/19 NO

5. EQUIPMENT LIST PROVIDED TO EMS OFFICE (ALS ONLY, Attachment IV):

YES, DATE: Attached 3/12/19 NO

6. FINANCIAL STATEMENT SUBMITTED TO EMS OFFICE:

YES, DATE: Attached 3/12/19 NO

Example: Current letter from bank verifying business account status (no account numbers please).

7. PROOF OF INSURANCE SUBMITTED TO EMS OFFICE:

YES, DATE: Attached 3/12/19 NO

ATTACHMENT I: REFERENCES

1. List previous business experiences or work history for last five years. Submission of at least one letter of reference from list below is required.

ATI has been a provider of ALS and BLS transportation Services since 2013 in Polk County and subsequently in Highlands (2015), Osceola (2017) and Hardee (2018) Counties. We have assisted Polk County and Highlands County EMS with 911 back-up services and Emergency/Disaster services as requested.

See attached letter of reference from Raf Vittone, Deputy Chief of Medical Services, Polk County
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2. List five personal or business references. Submission of at least one letter of reference from list below is required. See attached reference letter from Brian Govoni

NAME	ADDRESS	PHONE
Stephanie Grosso	12485 28th Street N, St Petersburg, Fl 3371	813-334-8137
Brian Govoni	6039 Cypress Gardens Blvd, Winter Haven, Fl 33884	863-551-1300
Virginia Wetherell	Oak Hill Plantation, Us Hwy 27, Lamont, Fl 32336	850-509-9880
Joey Chambers	520 4 th St. N. #101, St Petersburg, Fl 33701	727-896-2167
Ann Kerben	116 14 th Ave NE, St Petersburg Fl 33701	407-739-2564

3. List five credit references. Submission of at least one letter of reference from list below is required. See attached reference letters from Brian Martinez, Freedom Bk and Jeff Lampasso/Kathleen Cannon, BBT Bk

NAME	ADDRESS	PHONE
Brian Martinez Freedom Bank	1200 4 th St N, St Petersburg, Fl 33701	863-412-2195
Jeff Lampasso/Kathleen Cannon BBT Bank	28050 US Hwy 19 N, Clearwater, Fl 33761	727-647-4136
Jason Meyer/Zoll Systems	11802 Ridge Parkway, Ste 400, Broomfield, Co 80021	727-992-0393
Maurice McLeish McLeish Auto Repair	3025 Dranefield Rd, Lakeland 33811	863-640-1196
Paul Douglas/ATT	12150 Research Parkway, Orlando, Fl 32826	407-242-0003

4. Please supply a current financial statement. See Attached from BBT and Freedom Banks

ATTACHMENT II: COMMUNICATION CAPABILITIES

- 1. LIST THE ADDRESS AND DESCRIPTIONS OF EACH OF THE LOCATIONS YOU WILL OPERATE FROM, AND THE HOURS OF OPERATION AND STAFFING AT EACH PROPOSED LOCATION:**

Heart of Florida Hospitals' freestanding ER located at 17430 Bali Blvd.
Winter Garden, FL 34787 – Hours of operation and staffing shall be 24/7.

- 2. LIST ALL HOSPITALS TO WHICH YOU WILL NORMALLY TRANSPORT PATIENTS:**

Arnold Palmer, Nemours, Orlando Health, Advent Health Orlando (East and South),
Orlando Regional Medical Center, Winnie Palmer, Select Specialty Hospital

- 3. COMMUNICATIONS EQUIPMENT:** TELEPHONE TWO-WAY RADIO OTHER

- a. Number of vehicles equipped with two-way radios:** All
- b. Frequency(s):** State 800 MHz Public Safety Radios
- c. Call numbers:** Unit/Vehicle ID
- d. Number of vehicles equipped with mobile phones:** All

- 4. APPROXIMATE DATE FCC RADIO LICENSE WILL BE EFFECTIVE (ATTACH IF CURRENT):**

N/A – State Med Channel Service used

- 5. LIST ALL HOSPITALS, SUPERVISING PHYSICIANS, AND OTHER EMERGENCY AGENCIES (POLICE, FIRE, ETC) THAT YOU WILL HAVE DIRECT RADIO CONTACT WITH:**

Arnold Palmer Hospital, Winnie Palmer Hospital, Nemours Children's Hospital,
Orlando Health, Orlando Regional Med Ctr, DR Philips Hospital, Florida Hospital

ATTACHMENT III (ALS ONLY): ADVANCED LIFE SUPPORT CERTIFICATION AND LICENSURE REQUIREMENTS

1. IF LICENSED AMBULANCE SERVICE IN THE STATE OF FLORIDA, PROVIDE CURRENT ALS NUMBER: 1001

2. PROVIDE THE NAME, ADDRESS, PHONE NUMBER AND FLORIDA MEDICAL LICENSE NUMBER OF YOUR MEDICAL DIRECTOR:

Alexander MBakwen MD, Fl Med License # ME92808, 863-687-9333, 1629 Lakeland Hills Blvd, Lakeland Fl 33805

3. DESCRIBE THE STAFFING PATTERNS TO ASSURE COMPLIANCE WITH EMTS, DRIVERS, AND PARAMEDICS:

12 and 24 hour shifts

4. PROVIDE A STATEMENT SIGNED BY THE ALS PROVIDER AND IT'S MEDICAL DIRECTOR ATTESTING TO THE FACT THAT ALL UTILIZED PARAMEDICS ARE CERTIFIED AND AUTHORIZED TO PERFORM ADVANCED LIFE SUPPORT IN THE STATE OF FLORIDA

Attached

5. PROVIDE A LIST OF ALL EQUIPMENT AND DRUGS CARRIED IN ADDITION TO THE MINIMUM EQUIPMENT SPECIFIED IN FLORIDA ADMINISTRATIVE CODE 64J-1.003
Full List Attached

**APPLICATION FOR CERTIFICATE OF CONVENIENCE AND
NECESSITY FOR AMBULANCE AND FIRE RESCUE:**

I, the undersigned representative of the service named in this application, do hereby attest the information provided in this application is truthful and honest to the best of my knowledge, and that my service meets all of the requirements for operation of ambulance or fire rescue service in Orange County and the State of Florida. I acknowledge that as provided in Orange County Code of Ordinances Chapter 20, Division 2, Section 20-91, licenses obtained by an application in which any material fact was intentionally omitted or falsely stated are subject to revocation.

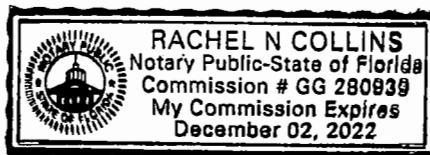
Richard J. Jensen

SIGNATURE OF APPLICANT OR REPRESENTATIVE

3/13/19

DATE

NOTARY SEAL



Rachel N Collins

NOTARY SIGNATURE

**ORANGE COUNTY BOARD OF COUNTY COMMISSIONERS
EMS OFFICE OF THE MEDICAL DIRECTOR
CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY**

WHEREAS, the AFFORDABLE TRANSPORT INC. has requested authorization to provide
Advanced Life Support services to the citizens of Orange County and

WHEREAS, there has been a demonstrated need to provide these essential services to the citizens of Orange County; and,

WHEREAS, the above named service affirms that it will maintain compliance with requirements of the State and
County Laws, Ordinances and Rules and Regulations.

THEREFORE, the Board of County Commissioners of Orange County hereby issues a Certificate of Public
Convenience and Necessity to this ALS Transport service.
(BLS/ALS-transport or ALS non-transport)

Date Issued: April 1, 2019

Date of Expiration: July 1, 2019

Limitations: Interfacility Transport Only



Byron W. Brooks
(Mayor, Board of County Commissioners)