

**Lee County Board Of County Commissioners**  
**Agenda Item Summary**

Blue Sheet No. 20041122

**1. REQUESTED MOTION:**

**ACTION REQUESTED:** Approve waiving the formal bid process for BW-04-04 and approve Change Order No. 1 with Medical Transportation Consultants, LLC, contract number 2851 in the not-to-exceed amount of \$15,000.00 for a total contract amount of \$65,000.00 with the contract term extended to September 30, 2004.

**WHY ACTION IS NECESSARY:** Board approval required.

**WHAT ACTION ACCOMPLISHES:** Provides for a Consultant to complete the following Public Safety programs which will enhance ambulance response times: a 5 year plan for EMS Helicopter, Part 135 operation and a Medicare HIPAA compliance program.

**2. DEPARTMENTAL CATEGORY:**

07 Public Safety  
 COMMISSION DISTRICT #:

*C7A*

**3. MEETING DATE:**

*09-14-2004*

**4. AGENDA:**

- CONSENT
- ADMINISTRATIVE
- APPEALS
- PUBLIC
- WALK ON
- TIME REQUIRED:

**5. REQUIREMENT/PURPOSE:**

- (Specify)
- STATUTE
  - ORDINANCE
  - ADMIN. CODE *A-4-4*
  - OTHER

**6. REQUESTOR OF INFORMATION:**

- A. COMMISSIONER
- B. DEPARTMENT *EMS*
- C. DIVISION *Public Safety*
- BY: *John Wilson, Director*

**7. BACKGROUND:**

Medical Transportation Consultants, LLC has been providing Consulting services to analyze Public Safety programs interface in order to enhance ambulance response times, develop a 5 year plan for EMS Helicopter and Part 135 operation and a Medicare HIPAA compliance program under Contract Number 2851 since January 14, 2003. The Public Safety Division is requesting an increase and a continuation of this contract through the end of the fiscal year 2004 in order for the Consultant to complete their strategic planning efforts. This extension will enable the Emergency Management team to remain consistent in their approach to data management.

Pursuant to the Lee County Contracts Manual, Section 7, 7.4 Bid Waiver, over \$50,000.00 requires Board approval.

Funds are available in account string KF5260100100.503190  
 Attachment: Public Safety Bid Waiver Request Memo.  
 Two (2) Copies of Change Order No. 1 for execution

**8. MANAGEMENT RECOMMENDATIONS:**

**9. RECOMMENDED APPROVAL:**

A Department Director	B Purchasing or Contracts	C Human Resources	D Other	E County Attorney	F Budget Services <i>Chas. Wiley</i>				G County Manager
					OA	OM	Risk	GC	
<i>J.W. Wilson</i> <i>8/30/04</i>	<i>Gail O'Neil</i> <i>8/30/04</i>	N/A		<i>John Wilson</i> <i>8/31/04</i>	<i>Chas. Wiley</i> <i>8/31/04</i>	<i>Chas. Wiley</i> <i>8/31/04</i>	<i>Chas. Wiley</i> <i>8/31/04</i>	<i>Chas. Wiley</i> <i>8/31/04</i>	<i>Chas. Wiley</i> <i>8/31/04</i>

**10. COMMISSION ACTION:**

- APPROVED
- DENIED
- DEFERRED
- OTHER

~~Forwarded To:  
Time:  
Date:  
Rec. by CoAtty~~

Rec. by CoAtty  
 Date: *8/31/04*  
 Time: *11:17*  
 Forwarded To:  
*Buckey*  
*8/31/04*

RECEIVED BY  
 COUNTY ADMIN: *DM*  
*8/31/04*  
*3:30 pm*  
 COUNTY ADMIN  
 FORWARDED TO: *PK*  
*9-1-04*  
*4:50 pm*

*HS*

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**Division of**

# MEMO

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**Public Safety**

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**To:** Michael Bridges, Deputy Director  
**From:** Chris Hansen, EMS Manager  
**Subject:** Bid Waiver for Medical Transportation Consultants, LLC  
**Date:** August 3, 2004

I respectfully request your review and approval to forward for BoCC approval a bid waiver for Medical Transportation Consultants, LLC, to complete our strategic planning efforts through the end of this fiscal year.

We have reached the not to exceed amount permitted without BoCC approval prior to the end of this fiscal year in the middle of essential work products.

The assistance and analytical abilities of Mr. Krasner have proven invaluable to making key decisions during the past two years. He has a proven track record of prudent financial input and operational analysis, previously unavailable to us. A continuation of MTC services will enable our managers to remain consistent in our approach to data management.

It is my opinion we would not find an equal subject matter expert, not to mention the disruption in workflow that would occur having to bring someone else up to speed.

Please sign below if you approve me taking this matter to the County Manager and the BoCC for their approval. Thank you for your consideration.

Approved:   
Michael Bridges, Deputy Director  
Lee County Public Safety

LEE COUNTY PROFESSIONAL SERVICE/SERVICE PROVIDER AGREEMENT  
CHANGE ORDER/SUPPLEMENTAL TASK AUTHORIZATION

Change Order  
 Supplemental Task Authorization

NO.: 1

(A Change Order or Supplemental Task Authorization Requires Approval by the Department Director for Expenditures Under \$25,000 or Approval by the County Manager for Expenditures Between \$25,000 and \$50,000 or Approval by the Board of County Commissioners for Expenditures over \$50,000)

CONTRACT/PROJECT NAME: EMERGENCY MEDICAL SERVICES AND STRATEGIC CONSULTING

CONSULTANT: Exegetics Consultants, LLC dba Medical Transportation Consultants PROJECT NO.: N/A

SOLICIT NO.: N/A CONTRACT NO.: 2851 ACCOUNT NO.: \_\_\_\_\_

REQUESTED BY: C. Hansen DATE OF REQUEST: 8/10/04

Upon the completion and execution of this Change Order or Supplemental Task Authorization by both parties the Consultant/Provider is authorized to and shall proceed with the following:

EXHIBIT "CO/STA-A: SCOPE OF PROFESSIONAL SERVICE: DATED: N/A

EXHIBIT "CO/STA-B: COMPENSATION & METHOD OF PAYMENT: DATED: 8/10/04

EXHIBIT "CO/STA-C: TIME AND SCHEDULE OF PERFORMANCE: DATED: 8/10/04

EXHIBIT "CO/STA-D: CONSULTANT'S/PROVIDERS ASSOCIATED  
SUB-CONSULTANT(S)/SUB-CONTRACTORS: DATED: N/A

EXHIBIT "CO/STA-E: PROJECT GUIDELINES AND CRITERIA: DATED: N/A

It is understood and agreed that the acceptance of this modification by the CONSULTANT/PROVIDER constitutes an accord and satisfaction.

RECOMMENDED:

By: [Signature] 8/30/04  
Department Director Date

ACCEPTED:

By: [Signature]  
Consultant/Provider  
(Print Name) William Kraemer

COUNTY APPROVAL:

By: \_\_\_\_\_  
Department Director  
(Print Name) \_\_\_\_\_  
(Under \$25,000)

By: [Signature] 8/27/04  
Contracts Mgmt Date

Date Accepted: 8-12-04

Date Approved: \_\_\_\_\_

Corporate Seal

APPROVED:

By: \_\_\_\_\_  
\*County Attorney's Office Date

By: \_\_\_\_\_  
County Manager (Between  
(\$25,000 and under \$50,000)  
Date Approved: \_\_\_\_\_

\*County Attorney signature needed  
for over Board level expenditures only.

By: \_\_\_\_\_  
Chairman  
Board of County Commissioners  
Date Approved: \_\_\_\_\_

CHANGE ORDER AGREEMENT No. 1  
or  
 SUPPLEMENTAL TASK AUTHORIZATION No. —

EXHIBIT "CO/STA-B"

Date: 8/10/04

COMPENSATION AND METHOD OF PAYMENT

for EMERGENCY MEDICAL SERVICES AND STRATEGIC CONSULTING

SECTION 1.00 CHANGE(S) IN COMPENSATION

The compensation the CONSULTANT, or SERVICE PROVIDER, shall be entitled to receive for providing and performing the supplemented, changed or authorized services, tasks, or work as set forth and enumerated in the Scope of Services set forth in this CHANGE ORDER OR SUPPLEMENTAL TASK AUTHORIZATION AGREEMENT, Exhibit "CO/STA-A", attached hereto shall be as follows:

NOTE: A Lump Sum (L.S.) or Not-to-Exceed (N.T.E.) amount of compensation to be paid the CONSULTANT should be established and set forth below for each task or sub-task described and authorized in Exhibit "S/COA-A". In accordance with Professional Services Agreement Article 5.03(2) "Method of Payment", tasks to be paid on a Work-in-Progress payment basis should be identified (WIPP).

Task Number	Task Title	Amount of Compensation	Indicate Basis of Compensation LS or NTE	If Applicable Indicate (W.I.P.P.)
	Consulting Services/Reimbursable Non-Personnel Costs	\$ 15,000.00	N-T-E	
TOTAL		15,000.00	N-T-E	

(Unless list is continued on next page)

- CHANGE ORDER AGREEMENT No. 1  
or  
 SUPPLEMENTAL TASK AUTHORIZATION No. \_\_\_\_\_

**SECTION 2.00 SUMMARY OF CHANGE(S) IN COMPENSATION**

Pursuant to and in consideration of the change(s) in the Scope of Professional Services set forth in the CHANGE ORDER or AGREEMENT, Exhibit "CO/STA-A", the compensation the COUNTY has previously agreed to pay to the CONSULTANT, or SERVICE PROVIDER, as set forth in Exhibit "B" of the Professional Services Agreement, or Service Provider Agreement, shall be changed to be as follows:

Section/Task Number	Section/Task Name	Compensation In the Basic Agreement	Adjustment(s) by Previous CO or STA Nos. _____	Adjustment(s) Due to this CO or STA	Summary of Changed Compensation
		\$50,000			\$50,000
CO#1				\$15,000	\$15,000
TOTAL		\$50,000		\$15,000	\$65,000

