



**SAN RAFAEL**  
THE CITY WITH A MISSION

**Agenda Item No: 5.f**

**Meeting Date: November 4, 2024**

## **SAN RAFAEL CITY COUNCIL AGENDA REPORT**

**Department: Fire**

**Prepared by: Abraham Roman, Fire Chief  
Thomas Wong, Senior  
Management Analyst**

**City Manager Approval:** \_\_\_\_\_

**TOPIC: MEDI-CAL TRANSPORTATION INTERGOVERNMENTAL TRANSFER PROGRAM FOR CALENDAR YEAR 2025**

**SUBJECT: AUTHORIZE THE CITY MANAGER TO EXECUTE A CERTIFICATION FORM FOR THE SAN RAFAEL FIRE DEPARTMENT TO PARTICIPATE IN AN INTERGOVERNMENTAL TRANSFER (IGT) WITH THE CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES (DHCS) FOR REIMBURSEMENT OF PUBLIC PROVIDER GROUND EMERGENCY MEDICAL TRANSPORTATION (PP-GEMT) SERVICES FOR THE SERVICE PERIOD OF JANUARY 1, 2025, THROUGH DECEMBER 31, 2025, AND TRANSFERS TO DHCS NOT TO EXCEED \$700,000.**

### **RECOMMENDATION:**

Authorize the City Manager to execute a certification form for the San Rafael Fire Department to participate in a Medi-Cal Intergovernmental Transfer (IGT) program with the California Department of Health Care Services (DHCS) for reimbursement of Provider Ground Emergency Medical Transportation (PP-GEMT) services for the service period of January 1, 2025, through December 31, 2025, and make transfers not to exceed \$700,000.

### **BACKGROUND:**

In accordance with [California Assembly Bill 1705 \(Chapter 544, Statutes of 2019\)](#), DHCS developed the PP-GEMT program to reimburse emergency medical transports by eligible emergency medical transportation providers for costs associated with serving individuals covered by Medi-Cal. This is the third year that the City has participated, with 2023 being the inaugural year of the program. This program starts on January 1, 2025. The PP-GEMT program assists the City in recovering costs associated with the provision of Emergency Medical Services (EMS) to individuals who are covered by Medi-Cal.

### **ANALYSIS:**

Participation in the PP-GEMT program is mandatory for public provider agencies like the City. The program provides an important opportunity for the City to collect additional ambulance transport fees that would otherwise be unavailable. This mandatory participation requires the City to collect and receive these additional ambulance transport fees for each Medi-Cal transport the City provides.

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**FOR CITY CLERK ONLY**

**Council Meeting:**

**Disposition:**

While the PP-GEMT program is mandatory, cities, counties, and other public providers in the State may optionally transfer funds to the State to support the program. This optional transfer is highly encouraged as it allows the PP-GEMT program to secure Federal matching funds that are the basis for providing higher reimbursement rates for each Medi-Cal patient transported. The State would not have adequate funds to receive the full Federal match without enough transfers from public providers. This would lead to the elimination of the existing program. While the transfer is optional, staff recommends the City provide it to ensure ongoing revenues associated with PP-GEMT continue.

**FISCAL IMPACT:**

Yearly costs and benefits from the program to the City depend on the number of Medi-Cal transports the City provides in a calendar year and the number of contributing agencies. Using 2024's Medi-Cal transport data, the City's 2025 IGT transfer to the State is estimated to be \$636,000, which includes a 10% administrative fee. The City estimates that the revenues from the PP-GEMT program will total \$1,363,922 in increased Medi-Cal payments for each Medi-Cal transport that the City provides. This will result in an estimated net new funds of \$728,000. The total proposed funds to be transferred to the State will be allocated from the Department's Paramedic Tax Service Fund (210) and disbursed in four tranches per the PP-GEMT program's requirements. The Paramedic Tax Service Fund is used for emergency medical services, including ambulances and paramedics at San Rafael Fire Stations.

Time Period	Funding Source	Estimated Transfer Amount to DHCS	Estimated Funds Returned to City	Estimated Net New Funds
Calendar Year 2025	Fund 210	\$636,000	\$ 1,364,000	\$728,000

Staff recommends that the City Council authorize total transfers not to exceed \$700,000, which would account for a 10% contingency. This contingency would cover cost increases if fewer agencies participate or the Fire Department transports additional Medi-Cal patients, which would result in higher transfers than expected.

**OPTIONS:**

The City Council has the following options to consider on this matter:

1. Authorize the City Manager to execute the Certification Form.
2. Direct staff to return with more information.
3. Take no action.

**RECOMMENDED ACTION:**

Authorize the City Manager to execute a certification form for the San Rafael Fire Department to participate in a Medi-Cal Intergovernmental Transfer (IGT) program with the California Department of Health Care Services (DHCS) for reimbursement of Provider Ground Emergency Medical Transportation (PP-GEMT) services for the service period of January 1, 2025, through December 31, 2025, and make transfers not to exceed \$700,000.

**ATTACHMENTS:**

1. Calendar Year 2025 Draft PP-GEMT Certification Form

DEPARTMENT OF HEALTH CARE SERVICES  
PUBLIC PROVIDER INTERGOVERNMENTAL TRANSFER PROGRAM FOR  
GROUND EMERGENCY MEDICAL TRANSPORTATION SERVICES  
CERTIFICATION FORM FOR STATE CALENDAR YEAR 2025

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I, the undersigned, hereby declare and certify on behalf of \_\_\_\_\_  
(the "Public Entity") as follows:

1. As a public administrator, a public officer, or other public individual, I am duly authorized to make this certification.
2. The Public Entity elects to make this intergovernmental transfer (IGT) to the Department of Health Care Service (DHCS) as a voluntary contribution to the non-federal share (NFS) of Medi-Cal expenditures for purposes of Assembly Bill 1705 (2019) pursuant to Sections 14105.94, 14105.945, 14129, 14129.3, and 14164 of the Welfare and Institutions (W&I) Code. All funds transferred pursuant to this certification qualify for federal financial participation (FFP) pursuant to Section 1903(w) of the Social Security Act and Title 42 of the Code of Federal Regulations, Section 433 Subpart B, and are not derived from impermissible sources such as recycled Medicaid payments, federal money excluded from use as the NFS, impermissible health care-related taxes, or non-bona fide provider-related donations.
3. Voluntary contributions attributable to the period of January 1, 2025, through December 31, 2025, will be made via recurring transfers as indicated on the invoices provided to the Public Entity by DHCS. The voluntary contributions made by the Public Entity may also include fee-for-service (FFS) adjustments related to the calendar year (CY) 2023 and managed care (MC) adjustments related to the CY 2024 rating period's NFS reconciliation as described in paragraph seven below. Please note, the total IGT amount at the bottom of this IGT certification will continue to be itemized on your invoice which is sent to you along with this IGT certification form 45-days in advance of the IGT contribution due date. The Public Entity acknowledges that any transfers made pursuant to this certification during this time period are considered an elective IGT made pursuant to W&I Code sections 14105.945 and 14164, to be used by DHCS, subject to paragraph four herein, exclusively as the source for the NFS of ground emergency medical transport public provider supplemental payments in both Medi-Cal FFS payments and the portion of the risk-based capitation rate to Medi-Cal managed care health plans associated with reimbursement made in accordance with Section 14105.945, subdivision (h)(1) (hereafter, the AB 1705 Public Provider Ground Emergency Medical Transportation (PP-GEMT) Program, and DHCS costs associated with administering the PP-GEMT Program.
4. DHCS may accept this voluntary contribution to the extent it is able to obtain FFP for the PP-GEMT Program as permitted by federal law. In the event DHCS is unable to obtain FFP for the PP-GEMT Program, or the full payments cannot otherwise be made to and retained by eligible public providers, and, therefore, all

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or a portion of the transferred amount cannot be used as the NFS of payments, DHCS will notify the Public Entity via e-mail and return the applicable portion of the unused IGT amount.

5. The Public Entity acknowledges that, in accordance with W&I Code section 14105.945, subdivision (h)(2), DHCS shall assess a ten percent (10%) fee on each transfer of public funds to the state to pay for health care coverage and to reimburse DHCS its costs associated with administering the PP-GEMT Program.
6. The Public Entity acknowledges that the IGT is to be used by DHCS for the filing of a claim with the federal government for federal funds and understands that any misrepresentation regarding the IGT may violate federal and state law.
7. The amount voluntarily transferred to DHCS is based on the estimated Medi-Cal FFS and Medi-Cal MC NFS of ground emergency medical transport payments, as referenced in paragraph three herein. The amounts to be voluntarily transferred to DHCS will be based on an estimate, the Public Entity acknowledges that a reconciliation of the voluntary NFS contributions to the actual NFS expenditures will occur. To the degree necessary to fund the NFS for the PP-GEMT Program, amounts due to or owed by the Public Entity as a result of the reconciliation may be offset against, or added to, future transfers as applicable and as determined by DHCS. DHCS may accept a voluntary contribution to the extent it is able to obtain FFP for PP-GEMT payments as permitted by federal law.
8. The Public Entity acknowledges that all records of funds transferred are subject to review and audit upon DHCS' request. The Public Entity will maintain documentation supporting the allowable funding source of the IGTs.
9. Upon notice from the federal government of a disallowance or deferral related to this IGT, the Public Entity responsible for this IGT shall be the entity responsible for the federal portion of that expenditure.

I hereby declare under penalty of perjury under the law of the United States that the foregoing is true and correct to the best of my knowledge. I further understand that the known filing of a false or fraudulent claim, or making false statements in support of a claim, may violate the Federal False Claims Act or other applicable statute and federal law and may be punishable thereunder.

DEPARTMENT OF HEALTH CARE SERVICES  
PUBLIC PROVIDER INTERGOVERNMENTAL TRANSFER PROGRAM FOR  
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CERTIFICATION FORM FOR STATE CALENDAR YEAR 2025

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Executed on this \_\_\_\_\_ day of \_\_\_\_\_, 20XX at \_\_\_\_\_, California.

Signature of Authorized Person: \_\_\_\_\_

Name of Authorized Person: \_\_\_\_\_

Title of Authorized Person: \_\_\_\_\_

Name of Public Entity: \_\_\_\_\_

NPI of Public Entity: \_\_\_\_\_

Amount of IGT: \$X.XX

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