

**ALACHUA COUNTY
APPLICATION FOR CERTIFICATE OF
PUBLIC CONVENIENCE AND NECESSITY AS
REQUIRED BY ORDINANCE 93-9**

Name of Applicant: ShandsCair Critical Care Transport

9.a) Edward Crews, Program Director

Name of Business: UF Health Shands Gainesville

Business Address: 1600 SW Archer Road, Gainesville Florida, 32608
(9.b) PO Box 100332 Gainesville, Florida 32610

Names and Addresses
Of all Officers,
Directors and
Shareholders:
(9.c)

<u>James J. Kelly</u>	<u>Interim Director/CEO</u>
<u>David R. Nelson, M.D.</u>	<u>President</u>
<u>Thomas W. Young</u>	<u>Secretary</u>

Territory which the
applicant desires
to serve:
(9.d) Alachua County

Type of Service
the Applicant wishes
to provide. (Check
appropriate boxes):
(9.e)

<u> </u>	Primary Pre-hospital Care Provider
<u> X </u>	Secondary Pre-hospital Care Provider
<u> X </u>	Air Ambulance Provider
<u> X </u>	Neonatal Ambulance Provider
<u> </u>	First Responder
<u> </u>	Basic Life Support
<u> </u>	EMT-D
<u> </u>	Non-emergency Transport Provider

**Application for Alachua County
Certificate of Public
Convenience and Necessity**

9.f

Location of each operation site which Applicant's service is intended to operate: (9.f)

1	2101 SW 16 th Avenue, Gainesville, FL 32608
2	3300 SW Williston Road, Gainesville, FL 32608
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Vehicle(s) Description: (9.g)

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**Application for Alachua County
Certificate of Public
Convenience and Necessity**

References:

Three (3) County Residents
(Names & Addresses): (9.h)

Name: Radeley Ruland

Address: 9219 NW 24th Lane
Gainesville, FL 32606

Name: Guy and Donna Latorre

Address: 4416 NW 60thTerrace
Gainesville, FL 32606

Name: Timothy L Goin

Address: 21504 NW 131st place
High Springs FL, 32643

**Application for Alachua County
Certificate of Public
Convenience and Necessity**

Attachments:

- (9.i) Copy of public liability, property damage and malpractice insurance
- (9.j) Copy of Standard Operating Procedures/Medical Care Protocols
(Protocols can be viewed at Alachua County Fire Rescue Headquarters)
- (9.k) Copy of Rate Schedule for services
- (9.l) I hereby certify that this service will provide continuous service on a twenty-four (24) hour, seven (7) day per week basis (except non-emergency transport providers).

To the best of my knowledge, all statements on this application are true and correct.

NAME:

Edward Crews

TITLE:

Program Director

SIGNATURE:

[Signature]

Sworn to and subscribed before me
this 16th day of Jan, 2024

Heather L. Meier

Notary Public, State of
Florida at Large

Commission Expiration Stamp:



HEATHER L. MEIER
Notary Public
State of Florida
Comm# HH446739
Expires 9/20/2027



J. Hillis Miller Health Center Self-Insurance Program
P. O. Box 112735
Gainesville, FL 32611-2735
Tel: (352) 273-7006
Fax: (352) 273-5424

CERTIFICATE OF LIABILITY PROTECTION
Shands Teaching Hospital and Clinics, Inc.

Shands Teaching Hospital and Clinics, Inc. (SHANDS), provides for its professional and general liability protection through the University of Florida J. Hillis Miller Health Center Self-Insurance Program (UFSIP). The UFSIP is a self-insurance mechanism that is an operating unit of the Board of Governors of the State of Florida (FBOG) pursuant to s.1004.24, Florida Statutes. SHANDS participates in and is afforded general liability and hospital professional liability protection by the UFSIP as is authorized by s. 1004.41, Florida Statutes.

As set forth in s. 1004.41, Florida Statutes, SHANDS is a corporation primarily acting as an instrumentality of the State of Florida and therefore subject to the immunities set forth in s. 768.28, Florida Statutes. To the extent the State of Florida has partially waived its immunity to tort claims as described in s. 768.28, Florida Statutes, SHANDS is protected for a claim or judgment by any one person in a sum not exceeding TWO HUNDRED THOUSAND DOLLARS (\$200,000) and for total claims or judgment arising out of the same incident or occurrence in a total amount not exceeding THREE HUNDRED THOUSAND DOLLARS (\$300,000), without an annual aggregate. Additional protection of \$5,000,000 is provided by the University of Florida Healthcare Education Insurance Company (HEIC), an entity wholly owned and operated by the FBOG, for any loss in excess of the limits of liability described herein, which is assigned to SHANDS by action of the Legislature and Governor of the State of Florida. This excess protection overlies the self-insurance retentions of the UFSIP.

All professional and general liability protection described herein will respond to any claim or action arising from negligent acts or omissions attributable to SHANDS, and as having occurred within the below stated coverage period, without regard to when such incident becomes known to the UFSIP, subject to applicable statutes of limitation and repose. The UFSIP provides ongoing occurrence protection with no expiration date for professional and general liability coverage. HEIC protections are renewed annually.

This memorandum is intended to make known the existence of professional and general liability protection for SHANDS, its operating units and its professional health care employees. It is not fully descriptive of the terms and conditions of the protections afforded by either UFSIP or HEIC, nor shall it be construed as extending coverage for specific activities.

Certificate Coverage Period: July 1, 2023 12:01 a.m. to July 1, 2024 12:01 a.m. (Named Insured Local Standard Time)

A handwritten signature in black ink, reading "Lynette M. Belforti", is written over a horizontal line.

Lynette M. Belforti
Operations and Underwriting Officer
February 7, 2023

To Whom it may concern.

Below is the fee schedule for ShandsCair Transport program at UF Health Shands as of 1-29-24

Mark Thomas

	A	B	C	D	E	F	G
1	HCPC	Description	Qty Start	Qty End	Rate	Effective	Expiration
2	A0130	Base Rate - Ground Wheelchair	1	1	\$ 69.46	11-15-2023	12-31-3000
3	A0425	Ground mileage, per statute mile	0.1	350	\$ 28.94	11-15-2023	12-31-3000
4	A0426	Base Rate - Ground ALS NE	1	1	\$ 1,337.06	11-15-2023	12-31-3000
5	A0427	Base Rate - Ground ALS	1	1	\$ 2,444.90	11-15-2023	12-31-3000
6	A0428	Base Rate - Ground BLS NE	1	1	\$ 1,018.71	11-15-2023	12-31-3000
7	A0429	Base Rate - Ground BLS	1	1	\$ 1,782.74	11-15-2023	12-31-3000
8	A0430	Base Rate - Air Fixed Wing	1	1	\$ 21,420.00	11-15-2023	12-31-3000
9	A0431	Base Rate - Air Rotor	1	1	\$ 26,184.32	11-15-2023	12-31-3000
10	A0433	Base Rate - Ground ALS2	1	1	\$ 2,661.38	11-15-2023	12-31-3000
11	A0434	Base Rate - Ground SCT	1	1	\$ 3,924.13	11-15-2023	12-31-3000
12	A0435	Loaded Miles - Fixed Wing	1	2500	\$ 63.00	11-15-2023	12-31-3000
13	A0436	Loaded Miles - Rotor	1	350	\$ 222.26	11-15-2023	12-31-3000
14	A0888	Non-Covered Fixed Wing Miles	1	5000	\$ 63.00	11-15-2023	12-31-3000
15	A0888	Non-Covered Rotor Miles	1	350	\$ 179.43	11-15-2023	12-31-3000
16	A0888	Non-Covered Ground Miles	1	1000	\$ 22.00	11-15-2023	12-31-3000
17							

Mark
Thomas RN

Digitally signed by: Mark Thomas RN
DN: CN = Mark Thomas RN email =
thommj@shands.ufl.edu C = US O =
UF Health Shands OU = ShandsCair
Date: 2024.01.29 13:44:20 -05'00'

ShandsCair Flight Program



Thomas, Mark J.
Operations Manager
ShandsCair Critical Care Transport Program/UFHealth
PO Box 100332
Gainesville, Florida 32610
1/29/24

Alachua County Board of Commissioners
12 SE 1st Street, 2nd Floor
Gainesville, FL 32601

Dear Board:

This letter is intended to confirm that ShandsCair Critical Care Transport Program/UFHealth maintains its Air and Ground support services 24 hours a day for each day of the year.

Our team appreciates your consideration and values the opportunity to continue to provide services to the people of Alachua County.

Sincerely,

Mark Thomas RN

Digitally signed by: Mark Thomas RN
DN: CN = Mark Thomas RN email =
thommj@shands.ufl.edu C = US O = UF
Health Shands OU = ShandsCair
Date: 2024.01.29 13:26:26 -05'00'

Thomas, Mark J.
Operations Manager



Alachua County Fire Rescue

Harold Theus, Chief

February 1, 2024

Interim Chief Michael Vogel
High Springs Fire Department
18586 NW 238th Street
High Springs, FL 32643

Dear Chief Vogel:

ShandsCair Critical Care Transport has applied to the Board of County Commissioners to renew their Certificate of Public Convenience and Necessity (COPCN) for Secondary Pre-hospital Care.

As required by Alachua County Ordinance 93-9, this letter serves as official notice to all licensed EMS operators within Alachua County that the application will be reviewed and considered by the Alachua County Board of County Commissioners prior to April 1, 2024. The Ordinance allows for any operator to file a formal protest specifying objections to the issuance of a COPCN within thirty (30) days after the mailing of this notice.

All correspondence regarding this matter should be mailed to:

Michele Lieberman, County Manager
Alachua County Board of County Commissioners
P. O. Box 5547
Gainesville, FL 32627

Sincerely,

A handwritten signature in blue ink, appearing to read "Harold Theus", is written over a light blue horizontal line.

Harold Theus
Chief

HT/jh



Alachua County Fire Rescue

Harold Theus, Chief

February 1, 2024

Chief Joseph Dixon
Gainesville Fire Rescue
1025 NE 13th Street
Gainesville, FL 32601

Dear Chief Dixon:

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Harold Theus
Chief

HT/jh