

**EMERGENCY MEDICAL TRANSPORTATION
INTEGRATED DISCLOSURE AND MEDICAID COST REPORT
GENERAL INFORMATION**

1. Name of Fire Department / Agency: Alachua County Fire Rescue		2. Medicaid #: 088173200	3. National Provider Identification (NPI): 1780610287	
4. Doing Business As (DBA): Alachua County Fire Rescue		5. Facility Business Phone: (352) 384-3101		
6. Fire District/Agency Street Address: 911 SE 5th Street	7. City: Gainesville		8. Zip Code: 32601	
9. Mailing Address - Street or P.O. Box (if different): PO Box 5038	10. City: Gainesville		11. Zip Code: 32627	
12. Name of Person Signing and Certifying Report: Harold Theus				
13. Report Contact Person: Melinda Hart		14. Phone Number: (352) 384-3126		Phone Ext:
15. Mailing Address - Street or P. O. Box: PO Box 5038	16. City: Gainesville	17. State: FL	18. Zip Code: 32627	
19. Previous Name of Fire District/Agency if Changed Since Previous Report: N/A				20. Date of Change
21. Does your organization use another entity to provide EMT services? No		22. Date Range of EMT Service Agreement: N/A		
23. Does your organization use another entity to provide billing for EMT services? No		24. Are billing services paid on a Flat Rate or a Percentage: N/A		
25. Reporting Period Began: July 1, 2023		26. Reporting Period Ended: June 30, 2024		
27. Net Cost of Transports \$512,156				

For the purpose of this document, "provider" is a Publicly Owned or Operated Emergency Medical Transportation Services provider.

To be Executed by Officer or Administrator of the Fire Department / Agency

I, **Harold Theus**, state as follows:

Public funds for services provided have been expended as necessary for Federal Financial Participation (FFP), pursuant to the requirements of Section 1903(w) of the Social Security Act and 42 C.F.R. § 433.50 et seq. for allowable costs.

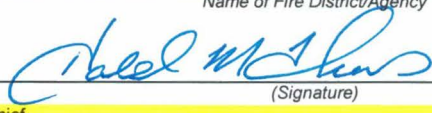
The expenditures claimed have not previously been, nor will be, claimed at any other time to receive Federal Funds under Medicaid or any other program.

The provider acknowledges that the information is to be used for claiming Federal funds and understands that misrepresentation of information constitutes a violation of Federal and State law.

The provider acknowledges that all funds expended are subject to review and audit by the Agency for Health Care Administration.

The provider acknowledges and understands that the Agency for Health Care Administration must deny payments for any claim submitted if it is determined that the report is not adequately supported for purposes of Federal Financial Participation.

That I am the responsible person of the subject Fire Department / Agency and am duly authorized to sign this document and that, to the best of my knowledge and information, each statement and amount in the accompanying schedules are to be true and correct.

11/21/2024	Alachua County Fire Rescue
Date of Signature	Name of Fire District/Agency
E-mail the signed PDF electronic version of the completed cost report to: LIPProvidersReports@ahca.myflorida.com	By:  (Signature)
Title:	Fire Chief
Address:	911 SE 5th St Gainesville FL 32601

NOTICE

Please be advised that submission of cost reports for items or services which were not provided; are not reimbursable under the Medicaid program or claimed in violation of an agreement with the State, may subject you (or your organization) to civil money penalty assessments in accordance with Florida Statutes 456.072.

CHECK FIGURE	
Total Reported Expenses (Before Allocation of Expenses - From Sch 1)	\$56,471,219
Total Reported Expenses (After Allocation of Expenses - From Sch 2 thru 5)	56,471,219
Variance	\$-

Material variances may result in a rejection of this Cost Report submission.

PROVIDER COST REPORT REIMBURSEMENT QUESTIONNAIRE			
	YES	NO	N/A
<p>A. <u>Provider Organization and Operation</u></p> <p>1. Describe the type of organization providing the service (include if nonprofit, public, private, etc.):</p> <p>Public County - owned EMS provider</p> <p>2. Were any of the emergency transportation services subcontracted to another entity? If yes, describe the type of organization (include if nonprofit, public, private, etc.):</p> <p>3. The provider has:</p> <p>a. Changed ownership. If "yes", submit name and address of new owner, date of change, copy of sales agreement, or any similar agreement affecting change of ownership.</p> <p>b. Terminated participation. If "yes", list date of termination, and reason (Voluntary/Involuntary).</p>		<p>X</p> <p>X</p> <p>X</p>	<p>X</p> <p>X</p>

<p>4. <i>The provider is involved in business transactions, including management contracts and services under arrangements, with individuals or entities (e.g., chain home offices, drug or medical supply companies, etc.) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships.</i></p> <p>If "yes" attach a list of the individuals, the organizations involved, and description of the transactions.</p>		X	
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PROVIDER COST REPORT REIMBURSEMENT QUESTIONNAIRE			
	YES	NO	N/A
<p>B. <u>Financial Data and Reports</u></p> <p>1. During this cost reporting period, the financial statements are prepared by Certified Public Accountants or Public Accountants (submit complete copy or indicate available date) and are:</p> <ul style="list-style-type: none"> a. Audited; X b. Compiled; and X c. Reviewed. X 			

<p><i>NOTE: Where there is no affirmative response to the above described financial statements, attach a copy of the financial statements prepared by you and a description of the changes in accounting policies and practices if not mentioned in those statements.</i></p>			X
<p>2. Cost report total expenses and total revenues differ from those on the filed financial statement. If "yes", submit reconciliation.</p>		X	
<p>C. <u>Emergency Transport Data</u></p>			
<p>Provider records only were used to complete the cost report?</p>	X		
<p>If yes, attach detailed documentation of the system used to support the data reported on the cost report. <u>If the detail documentation was previously supplied, submit only necessary updated documentation.</u></p>	X		
<p>1. Provider use a specific system to report claimed Medicaid emergency transports? If yes, upon request, provide the Medicaid recipient details of the emergency transports (such as driver manifest, call operator logs, etc.).</p>		X	

Billing data from provider for all transports and revenues except FFS which came from the MMIS data

SCHEDULE 1 - TOTAL EXPENSE

Fire Department / Agency Name Alachua County Fire Rescue
National Provider Identification: 1780610287

Fiscal Year Ended: June 30, 2024

Line No.	Cost Center	General Ledger Account Number	1	2	3	4
			Total Expense	MTS Expense	NON-MTS Expense	Administration & General
			Col 2 + Col 3	Fr Sch 2, Col 5	Fr Sch 3, Col 5	Fr Sch 5, Col 1
Capital Related						
1.00	Depreciation - Buildings and Improvements		\$ 40,385	\$ 37,110	\$ 3,275	
2.00	Depreciation - Leasehold Improvements		-	-	-	
3.00	Depreciation - Equipment		1,824,843	1,208,164	616,680	
4.00	Depreciation and Amortization - Other		-	-	-	
5.00	Leases and Rentals		1,696,410	1,566,179	130,231	
6.00	Property Taxes		-	-	-	
7.00	Property Insurance		-	-	-	
8.00	Interest - Property, Plant, and Equipment		-	-	-	
9.00	Other Capital Costs		-	-	-	
10.00	Other- (Specify)		-	-	-	
	Total Capital Related (Lines 1.00 thru 10.00)		\$ 3,561,639	\$ 2,811,454	\$ 750,185	
Salaries						
11.00	Administrative Chief		\$ -	\$ -	\$ -	
12.00	Chief		(509,486)	(509,486)	-	
13.00	Non-MTS Salaries		11,631,586	10,189,941	1,441,645	
14.00	MTS Salaries		10,782,590	10,782,590	-	
15.00	Other- (Specify)		-	-	-	
16.00	Other- (Specify)		-	-	-	
17.00	Other- (Specify)		-	-	-	
18.00	Other- (Specify)		-	-	-	
	Subtotal Salaries (Lines 11.00 thru 18.00)		\$ 21,904,689	\$ 20,463,044	\$ 1,441,645	
Fringe Benefits						
19.00	Administrative Chief		\$ -	\$ -	\$ -	
20.00	Chief		-	-	-	
21.00	Non-MTS Salaries		7,360,154	6,500,368	859,786	
22.00	MTS Salaries		6,461,698	6,461,698	-	
23.00	Other- (Specify)		-	-	-	
24.00	Other- (Specify)		-	-	-	
25.00	Other- (Specify)		-	-	-	
26.00	Other- (Specify)		-	-	-	
	Subtotal Fringe Benefits (Lines 19.00 thru 26.00)		\$ 13,821,852	\$ 12,962,065	\$ 859,786	
	Total Salaries & Fringe Benefits		\$ 35,726,541	\$ 33,425,109	\$ 2,301,431	
	Total Capital Related, Salaries, and Fringe Benefits		\$ 39,288,180	\$ 36,236,563	\$ 3,051,616	
Administrative and General						
27.00	Administrative		\$ 12,313	\$ 9,486	\$ 1,774	\$ 1,053
28.00	Legal		-	-	-	-
29.00	Accounting		-	-	-	-
30.00	Advertising		-	-	-	-
31.00	Consulting Expenses		-	-	-	-
32.00	Contracted Labor		3,287,255	214,745	136,266	2,936,244
33.00	Interest - Other		45,770	90	-	45,679
34.00	Training		289,143	271,409	4,847	12,887
35.00	General Insurance		544,064	305,822	37,616	200,627
36.00	Supplies		3,036,926	1,176,792	459,832	1,400,302
37.00	Bad Debt		-	-	-	-
38.00	Plant Operations and Maintenance		585,406	336,326	125,118	123,962
39.00	Housekeeping		-	-	-	-
40.00	Utilities		-	-	-	-
41.00	Medical Supplies		737,756	737,756	-	-
42.00	Minor Medical Equipment		-	-	-	-
43.00	Minor Equipment		-	-	-	-
44.00	Fines and Penalties		-	-	-	-
45.00	Fleet Maintenance		1,210,994	662,401	11,652	536,941
46.00	Communications		1,035,539	120,814	781,670	133,055
47.00	Recruit Academy		-	-	-	-
48.00	Dispatch Service		13,661	-	13,661	-
49.00	Logistics		36,144	11,605	8,478	16,061

50.00	Postage		56,974	34,884	-	22,091
51.00	Dues and Subscriptions		31,251	7,709	15,535	8,007
52.00	Other - Capital Related Costs		-	-	-	-
53.00	Contracted Services - MTS		138,316	138,316	-	-
54.00	Contracted Services - MTS Billing		-	-	-	-
55.00	Other A&G Costs		6,121,528	1,880	73,463	6,046,185
56.00	Other- (Specify)		-	-	-	-
57.00	Other- (Specify)		-	-	-	-
	Total Administrative & General		\$ 17,183,040	\$ 4,030,032	\$ 1,669,912	\$ 11,483,095
	Total Fire District / Agency		\$ 56,471,219	\$ 40,266,596	\$ 4,721,529	\$ 11,483,095

SCHEDULE 2 - MEDICAL TRANSPORTATION SERVICES (MTS) EXPENSE

Fire Department / Agency Name: Alachua County Fire Rescue
National Provider Identification: 1780610287

Fiscal Year Ended: June 30, 2024

Line No.	Cost Center	General Ledger Account Number	1	2	3	4	5
			MTS Expense	Allocated Direct Service Cost	Total Reclassifications	Total Adjustments	Total MTS Expense
				Fr Sch 4, Col 5	Fr Sch 6, Cols 4 & 7	Fr Sch 7, Col 1	To Sch 1, Col 2
Capital Related							
1.00	Depreciation - Buildings and Improvements		\$ -	\$ 37,110	\$ -	\$ -	\$ 37,110
2.00	Depreciation - Leasehold Improvements		\$ -	-	-	-	-
3.00	Depreciation - Equipment		\$ 1,132,964	75,200	-	-	1,208,164
4.00	Depreciation and Amortization - Other		\$ -	-	-	-	-
5.00	Leases and Rentals		\$ 1,214,532	351,647	-	-	1,566,179
6.00	Property Taxes		\$ -	-	-	-	-
7.00	Property Insurance		\$ -	-	-	-	-
8.00	Interest - Property, Plant, and Equipment		\$ -	-	-	-	-
9.00	Other Capital Costs		\$ -	-	-	-	-
10.00	Other- (Specify)		\$ -	-	-	-	-
	Total Capital Related (Lines 1.00 thru 10.00)		\$ 2,347,496	\$ 463,957	\$ -	\$ -	\$ 2,811,454
Salaries							
11.00	Administrative Chief		\$ -	\$ -	\$ -	\$ -	\$ -
12.00	Chief		\$ -	-	-	(509,486)	(509,486)
13.00	Non-MTS Salaries		\$ -	10,189,941	-	-	10,189,941
14.00	MTS Salaries		\$ 10,782,590	-	-	-	10,782,590
15.00	Other- (Specify)		\$ -	-	-	-	-
16.00	Other- (Specify)		\$ -	-	-	-	-
17.00	Other- (Specify)		\$ -	-	-	-	-
18.00	Other- (Specify)		\$ -	-	-	-	-
	Subtotal Salaries (Lines 11.00 thru 18.00)		\$ 10,782,590	\$ 10,189,941	\$ -	\$ (509,486)	\$ 20,463,044
Fringe Benefits							
19.00	Administrative Chief		\$ -	\$ -	\$ -	\$ -	\$ -
20.00	Chief		\$ -	-	-	-	-
21.00	Non-MTS Salaries		\$ -	6,500,368	-	-	6,500,368
22.00	MTS Salaries		\$ 6,461,698	-	-	-	6,461,698
23.00	Other- (Specify)		\$ -	-	-	-	-
24.00	Other- (Specify)		\$ -	-	-	-	-
25.00	Other- (Specify)		\$ -	-	-	-	-
26.00	Other- (Specify)		\$ -	-	-	-	-
	Subtotal Fringe Benefits (Lines 19.00 thru 26.00)		\$ 6,461,698	\$ 6,500,368	\$ -	\$ -	\$ 12,962,065
	Total Salaries & Fringe Benefits		\$ 17,244,287	\$ 16,690,308	\$ -	\$ (509,486)	\$ 33,425,109
	Total Capital Related, Salaries, and Fringe Benefits		\$ 19,591,784	\$ 17,154,266	\$ -	\$ (509,486)	\$ 36,236,563
Administrative and General							
27.00	Administrative		\$ 9,486	-	\$ -	\$ -	\$ 9,486
28.00	Legal		\$ -	-	-	-	-
29.00	Accounting		\$ -	-	-	-	-
30.00	Advertising		\$ -	-	-	-	-
31.00	Consulting Expenses		\$ -	-	-	-	-
32.00	Contracted Labor		\$ 268,747	-	-	(54,002)	214,745
33.00	Interest - Other		\$ 90	-	-	-	90
34.00	Training		\$ 271,409	-	-	-	271,409
35.00	General Insurance		\$ 305,822	-	-	-	305,822
36.00	Supplies		\$ 1,176,792	-	-	-	1,176,792
37.00	Bad Debt		\$ -	-	-	-	-
38.00	Plant Operations and Maintenance		\$ 336,326	-	-	-	336,326
39.00	Housekeeping		\$ -	-	-	-	-
40.00	Utilities		\$ -	-	-	-	-
41.00	Medical Supplies		\$ 737,756	-	-	-	737,756
42.00	Minor Medical Equipment		\$ -	-	-	-	-
43.00	Minor Equipment		\$ -	-	-	-	-
44.00	Fines and Penalties		\$ -	-	-	-	-
45.00	Fleet Maintenance		\$ 662,401	-	-	-	662,401
46.00	Communications		\$ 120,814	-	-	-	120,814
47.00	Recruit Academy		\$ -	-	-	-	-
48.00	Dispatch Service		\$ -	-	-	-	-
49.00	Logistics		\$ 11,605	-	-	-	11,605
50.00	Postage		\$ 34,884	-	-	-	34,884

51.00	Dues and Subscriptions		\$ 7,709		-	-	7,709
52.00	Other - Capital Related Costs		\$ -		-	-	-
53.00	Contracted Services - MTS		\$ 138,316		-	-	138,316
54.00	Contracted Services - MTS Billing		\$ -		-	-	-
55.00	Other A&G Costs		\$ 2,868,297		-	(2,866,417)	1,880
56.00	Other- (Specify)		-		-	-	-
57.00	Other- (Specify)		-		-	-	-
	Total Administrative & General		\$ 6,950,452		\$ -	\$ (2,920,420)	\$ 4,030,032
	Total Fire District / Agency		\$ 26,542,236	\$ 17,154,266	\$ -	\$ (3,429,906)	\$ 40,266,596

(A) REMINDER THAT THE AMOUNTS FROM SCH 6 , COLUMNS 4 AND 7 MUST BE MANUALLY TRANSFERRED TO THIS COLUMN
 (B) REMINDER THAT THE AMOUNTS FROM SCH 7 , COLUMN 1 MUST BE MANUALLY TRANSFERRED TO THIS COLUMN

SCHEDULE 3 - NON-MTS EXPENSE

Fire Department / Agency Name: Alachua County Fire Rescue
National Provider Identification: 1780610287

Fiscal Year Ended: June 30, 2024

Line No.	Cost Center	General Ledger Account Number	1	2	3	4	5
			NON-MTS Expense	Allocated Direct Service Costs <i>Fr Sch 4, Col 6</i>	Total Reclassifications <i>Fr Sch 6, Cols 4 & 7</i>	Total Adjustments <i>Fr Sch 7, Col 1</i>	Total NON-MTS Expense <i>To Sch 1, Col 3</i>
Capital Related							
1.00	Depreciation - Buildings and Improvements		\$ -	\$ 3,275	\$ -	\$ -	\$ 3,275
2.00	Depreciation - Leasehold Improvements		\$ -	-	-	-	-
3.00	Depreciation - Equipment		\$ 610,044	6,636	-	-	616,680
4.00	Depreciation and Amortization - Other		\$ -	-	-	-	-
5.00	Leases and Rentals		\$ 99,200	31,031	-	-	130,231
6.00	Property Taxes		\$ -	-	-	-	-
7.00	Property Insurance		\$ -	-	-	-	-
8.00	Interest - Property, Plant, and Equipment		\$ -	-	-	-	-
9.00	Other Capital Costs		\$ -	-	-	-	-
10.00	Other- (Specify)		\$ -	-	-	-	-
	Total Capital Related (Lines 1.00 thru 10.00)		\$ 709,243	\$ 40,942	\$ -	\$ -	\$ 750,185
Salaries							
11.00	Administrative Chief		\$ -	\$ -	\$ -	\$ -	\$ -
12.00	Chief		\$ -	-	-	-	-
13.00	Non-MTS Salaries		\$ 677,441	899,204	-	(135,000)	1,441,645
14.00	MTS Salaries		\$ -	-	-	-	-
15.00	Other- (Specify)		\$ -	-	-	-	-
16.00	Other- (Specify)		\$ -	-	-	-	-
17.00	Other- (Specify)		\$ -	-	-	-	-
18.00	Other- (Specify)		\$ -	-	-	-	-
	Subtotal Salaries (Lines 11.00 thru 18.00)		\$ 677,441	\$ 899,204	\$ -	\$ (135,000)	\$ 1,441,645
Fringe Benefits							
19.00	Administrative Chief		\$ -	\$ -	\$ -	\$ -	\$ -
20.00	Chief		\$ -	-	-	-	-
21.00	Non-MTS Salaries		\$ 286,166	573,621	-	-	859,786
22.00	MTS Salaries		\$ -	-	-	-	-
23.00	Other- (Specify)		\$ -	-	-	-	-
24.00	Other- (Specify)		\$ -	-	-	-	-
25.00	Other- (Specify)		\$ -	-	-	-	-
26.00	Other- (Specify)		\$ -	-	-	-	-
	Subtotal Fringe Benefits (Lines 19.00 thru 26.00)		\$ 286,166	\$ 573,621	\$ -	\$ -	\$ 859,786
	Total Salaries & Fringe Benefits		\$ 963,607	\$ 1,472,825	\$ -	\$ (135,000)	\$ 2,301,431
	Total Capital Related, Salaries, and Fringe Benefits		\$ 1,672,850	\$ 1,513,766	\$ -	\$ (135,000)	\$ 3,051,616
Administrative and General							
27.00	Administrative		\$ 1,774	-	\$ -	\$ -	1,774
28.00	Legal		\$ -	-	-	-	-
29.00	Accounting		\$ -	-	-	-	-
30.00	Advertising		\$ -	-	-	-	-
31.00	Consulting Expenses		\$ -	-	-	-	-
32.00	Contracted Labor		\$ 136,266	-	-	-	136,266
33.00	Interest - Other		\$ -	-	-	-	-
34.00	Training		\$ 4,847	-	-	-	4,847
35.00	General Insurance		\$ 37,616	-	-	-	37,616
36.00	Supplies		\$ 459,832	-	-	-	459,832
37.00	Bad Debt		\$ -	-	-	-	-
38.00	Plant Operations and Maintenance		\$ 125,118	-	-	-	125,118
39.00	Housekeeping		\$ -	-	-	-	-
40.00	Utilities		\$ -	-	-	-	-
41.00	Medical Supplies		\$ -	-	-	-	-
42.00	Minor Medical Equipment		\$ -	-	-	-	-
43.00	Minor Equipment		\$ -	-	-	-	-
44.00	Fines and Penalties		\$ -	-	-	-	-
45.00	Fleet Maintenance		\$ 11,652	-	-	-	11,652
46.00	Communications		\$ 781,670	-	-	-	781,670
47.00	Recruit Academy		\$ -	-	-	-	-
48.00	Dispatch Service		\$ 13,661	-	-	-	13,661
49.00	Logistics		\$ 8,478	-	-	-	8,478
50.00	Postage		\$ -	-	-	-	-
51.00	Dues and Subscriptions		\$ 15,535	-	-	-	15,535
52.00	Other - Capital Related Costs		\$ -	-	-	-	-
53.00	Contracted Services - MTS		\$ -	-	-	-	-
54.00	Contracted Services - MTS Billing		\$ -	-	-	-	-
55.00	Other A&G Costs		\$ 73,463	-	-	-	73,463
56.00	Other- (Specify)		\$ -	-	-	-	-

57.00	Other- (Specify)		-		-	-	-
	<i>Total Administrative & General</i>		\$ 1,669,912	\$ -	\$ -	\$ -	\$ 1,669,912
	<i>Total Fire District / Agency</i>		\$ 3,342,762	\$ 1,513,766	\$ -	\$ (135,000)	\$ 4,721,529

- (A) REMINDER THAT THE AMOUNTS FROM SCH 6 , COLUMNS 4 AND 7 MUST BE MANUALLY TRANSFERRED TO THIS COLUMN
- (B) REMINDER THAT THE AMOUNTS FROM SCH 7 , COLUMN 1 MUST BE MANUALLY TRANSFERRED TO THIS COLUMN

SCHEDULE 4 - ALLOCATION OF CAPITAL RELATED AND SALARIES & BENEFITS (CRSB) EXPENSE

Fire Department / Agency Name: Alachua County Fire Rescue
National Provider Identification: 1780610287

Fiscal Year Ended: June 30, 2024

Line No.	Cost Center	General Ledger Account Number	1 Expense to be Apportioned	2 Total Reclassifications (A) <i>Fr Sch 6, Cols 4 & 7</i>	3 Total Adjustments (B) <i>Fr Sch 7, Col 1</i>	4 Net Expense to be Apportioned	5 MTS Allocation <i>91.89%</i>	6 NON-MTS Allocation <i>8.11%</i>
Capital Related								
1.00	Depreciation - Buildings and Improvements		\$ 40,385	\$ -	\$ -	\$ 40,385	\$ 37,110	\$ 3,275
2.00	Depreciation - Leasehold Improvements		\$ -	-	-	-	-	-
3.00	Depreciation - Equipment		\$ 297,298	-	(215,462)	81,836	75,200	6,636
4.00	Depreciation and Amortization - Other		\$ -	-	-	-	-	-
5.00	Leases and Rentals		\$ 382,678	-	-	382,678	351,647	31,031
6.00	Property Taxes		\$ -	-	-	-	-	-
7.00	Property Insurance		\$ -	-	-	-	-	-
8.00	Interest - Property, Plant, and Equipment		\$ -	-	-	-	-	-
9.00	Other Capital Costs		\$ -	-	-	-	-	-
10.00	Other- (Specify)		\$ -	-	-	-	-	-
Total Capital Related (Lines 1.00 thru 10.00)			\$ 720,361	\$ -	\$ (215,462)	\$ 504,899	\$ 463,957	\$ 40,942

Capital Related Allocation Statistics for Direct Service Cost Allocation		
Description	Square Ft	Factor
MTS Square Footage	98,543	91.89%
Non-MTS Square Footage	8,696	8.11%
Total Square Feet to be Apportioned	107,239	100.00%

Line No.	Cost Center	Account Number	1 Expense to be Apportioned	2 Total Reclassifications <i>Fr Sch 6, Cols 4 & 7</i>	3 Total Adjustments <i>Fr Sch 7, Col 1</i>	4 Net Expense to be Apportioned	5 MTS Allocation <i>91.89%</i>	6 NON-MTS Allocation <i>8.11%</i>
Salaries								
11.00	Administrative Chief		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
12.00	Chief		\$ -	-	-	-	-	-
13.00	Non-MTS Salaries		\$ 12,212,821	-	(1,123,676)	11,089,145	10,189,941	899,204
14.00	MTS Salaries		\$ -	-	-	-	-	-
15.00	Other- (Specify)		\$ -	-	-	-	-	-
16.00	Other- (Specify)		\$ -	-	-	-	-	-
17.00	Other- (Specify)		\$ -	-	-	-	-	-
18.00	Other- (Specify)		\$ -	-	-	-	-	-
Subtotal Salaries (Lines 11.00 thru 18.00)			\$ 12,212,821	\$ -	\$ (1,123,676)	\$ 11,089,145	\$ 10,189,941	\$ 899,204
Fringe Benefits								
19.00	Administrative Chief		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
20.00	Chief		\$ -	-	-	-	-	-
21.00	Non-MTS Salaries		\$ 7,073,988	-	-	7,073,988	6,500,368	573,621
22.00	MTS Salaries		\$ -	-	-	-	-	-
23.00	Other- (Specify)		\$ -	-	-	-	-	-
24.00	Other- (Specify)		\$ -	-	-	-	-	-
25.00	Other- (Specify)		\$ -	-	-	-	-	-
26.00	Other- (Specify)		\$ -	-	-	-	-	-
Subtotal Fringe Benefits (Lines 19.00 thru 26.00)			\$ 7,073,988	\$ -	\$ -	\$ 7,073,988	\$ 6,500,368	\$ 573,621
Total Salaries & Fringe Benefits			\$ 19,286,809	\$ -	\$ (1,123,676)	\$ 18,163,133	\$ 16,690,308	\$ 1,472,825

Salaries/Benefits Allocation Statistics for Direct Service Cost Allocation		
Description	Total Hrs	Factor
Hours Logged for MTS Duty	42,885	91.89%
Hours Logged for NON-MTS Duty	3,784	8.11%
Total Hours to be Apportioned	46,669	100.00%

(A) REMINDER THAT THE AMOUNTS FROM SCH 6 , COLUMNS 4 AND 7 MUST BE MANUALLY TRANSFERRED TO THIS COLUMN
(B) REMINDER THAT THE AMOUNTS FROM SCH 7 , COLUMN 1 MUST BE MANUALLY TRANSFERRED TO THIS COLUMN

SCHEDULE 5 - ALLOCATION OF ADMINISTRATION & GENERAL

Fire Department / Agency Name: Alachua County Fire Rescue
National Provider Identification: 1780610287

Fiscal Year Ended: June 30, 2024

Line No.	Cost Center	General Ledger Account Number	1 Expense to be Apportioned ** See Note Below	2 Total Reclassifications Fr Sch 6, Cols 4 & 7	3 Total Adjustments Fr Sch 7, Col 1	4 Net Expense to be Apportioned	5 MTS Allocation 89.50%	6 NON-MTS Allocation 10.50%
Administrative and General								
27.00	Administrative		\$ 1,053	\$ -	\$ -	\$ 1,053	\$ 943	\$ 111
28.00	Legal		\$ -	-	-	-	-	-
29.00	Accounting		\$ -	-	-	-	-	-
30.00	Advertising		\$ -	-	-	-	-	-
31.00	Consulting Expenses		\$ -	-	-	-	-	-
32.00	Contracted Labor		\$ 2,936,244	-	-	2,936,244	2,628,084	308,160
33.00	Interest - Other		\$ 45,679	-	-	45,679	40,885	4,794
34.00	Training		\$ 21,581	-	(8,694)	12,887	11,535	1,353
35.00	General Insurance		\$ 200,627	-	-	200,627	179,571	21,056
36.00	Supplies		\$ 1,400,302	-	-	1,400,302	1,253,340	146,962
37.00	Bad Debt		\$ -	-	-	-	-	-
38.00	Plant Operations and Maintenance		\$ 123,962	-	-	123,962	110,952	13,010
39.00	Housekeeping		\$ -	-	-	-	-	-
40.00	Utilities		\$ -	-	-	-	-	-
41.00	Medical Supplies		\$ -	-	-	-	-	-
42.00	Minor Medical Equipment		\$ -	-	-	-	-	-
43.00	Minor Equipment		\$ -	-	-	-	-	-
44.00	Fines and Penalties		\$ -	-	-	-	-	-
45.00	Fleet Maintenance		\$ 536,941	-	-	536,941	480,589	56,352
46.00	Communications		\$ 133,055	-	-	133,055	119,091	13,964
47.00	Recruit Academy		\$ -	-	-	-	-	-
48.00	Dispatch Service		\$ -	-	-	-	-	-
49.00	Logistics		\$ 16,061	-	-	16,061	14,376	1,686
50.00	Postage		\$ 22,091	-	-	22,091	19,772	2,318
51.00	Dues and Subscriptions		\$ 8,007	-	-	8,007	7,167	840
52.00	Other - Capital Related Costs		\$ -	-	-	-	-	-
53.00	Contracted Services - MTS		\$ -	-	-	-	-	-
54.00	Contracted Services - MTS Billing		\$ -	-	-	-	-	-
55.00	Other A&G Costs		\$ 6,046,208	-	(23)	6,046,185	5,411,634	634,550
56.00	Other- (Specify)		\$ -	-	-	-	-	-
57.00	Other- (Specify)		\$ -	-	-	-	-	-
Total Administrative & General			\$ 11,491,812	\$ -	\$ (8,717)	\$ 11,483,095	\$ 10,277,938	\$ 1,205,157

** If an Indirect Cost Factor is being applied on W/S 9, the Administration & General cost allocation will not be applied.

- (A) REMINDER THAT THE AMOUNTS FROM SCH 6 , COLUMNS 4 AND 7 MUST BE MANUALLY TRANSFERRED TO THIS COLUMN
- (B) REMINDER THAT THE AMOUNTS FROM SCH 7 , COLUMN 1 MUST BE MANUALLY TRANSFERRED TO THIS COLUMN

Selection of Allocation Statistic:

Any variation of the allocation statistic must be approved prior to implementation and documentation MUST be readily available for review.

Allocation Statistics for Administration and General Expense		
Description	Accumulated Expense	Factor
Accumulated Cost of MTS Services (from Sch 2, Col 5)	\$ 40,266,596	89.50%
Accumulated Cost of NON-MTS Services (from Sch 3, Col 5)	\$ 4,721,529	10.50%
Total Accumulated Cost of MTS and NON-MTS Services	\$ 44,988,124	100.00%

SCHEDULE 6 - RECLASSIFICATION OF EXPENSES

Fire Department / Agency: Alachua County Fire Rescue
National Provider Identification: 1780610287

Fiscal Year Ended: June 30, 2024

EXPLANATION OF ENTRY	Code	INCREASE				DECREASE			
		Cost Center	Line Number	Schedule	Amount	Cost Center	Line Number	Schedule	Amount
		1	2	3	4	5	6	7	8
1.					\$ -				\$ -
2.					-				-
3.					-				-
4.					-				-
5.					-				-
6.					-				-
7.					-				-
8.					-				-
9.					-				-
10.					-				-
11.					-				-
12.					-				-
13.					-				-
14.					-				-
15.					-				-
16.					-				-
17.					-				-
18.					-				-
19.					-				-
20.					-				-
21.					-				-
22.					-				-
23.					-				-
24.					-				-
25.					-				-
26.					-				-
27.					-				-
28.					-				-
29.					-				-
30.					-				-
31.					-				-
32.					-				-
33.					-				-
34.					-				-
35.					-				-
36.					-				-
37.					-				-
38.					-				-
39.					-				-
40.					-				-
41.					-				-
42.					-				-
43.					-				-
44.					-				-
45.					-				-
46.					-				-
47.					-				-
48.					-				-
49.					-				-
50.					-				-
51.					-				-
52.					-				-
53.					-				-
54.					-				-
55.					-				-
56.					-				-
57.					-				-
58.					-				-
59.					-				-
60.					-				-
Total Reclassifications (Col. 4 & 7 must equal)					\$ -				\$ -

Column 1: Use sequential lettering system to identify individual reclassifications; i.e. A. B. C...
Column 4 and Column 7: Transfer amounts to applicable Worksheets 2, 3, or 4 Column 6 or Worksheet 5, Column 2 on the line numbers as appropriate.

SCHEDULE 7 - ADJUSTMENTS TO EXPENSES

Fire Department / Agency: Alachua County Fire Rescue
National Provider Identification: 1780610287

Fiscal Year Ended: June 30, 2024

Description	Basis for Adjustment (A or B)	Amount Increase / (Decrease)	Cost Center	Schedule	C/R Line No.
	1	2	3	4	5
1. Fire Related 011-5480 costs	B	(\$341,252.29)	Non-MTS Salaries	4	13.00
2. PCG Fees	B	(\$54,002.21)	Contracted Labor	2	32.00
3. Year 4 MCO IGT	B	(\$1,150,766.15)	Other A&G Costs	2	55.00
4. Year 3 MCO IGT	B	(\$1,715,487.44)	Other A&G Costs	2	55.00
5. Reimbursement for School Costs	B	(\$8,693.83)	Training	5	34.00
6. State Revenues Firefighter Supplemental	B	(\$107,254.07)	Non-MTS Salaries	4	13.00
7. Reimbursement for Bradford County billing	B	(\$29,291.46)	Non-MTS Salaries	4	13.00
8. Sharps Disposal	B	(\$163.73)	Other A&G Costs	2	55.00
9. Town of Micanopy - Fire Protection Services	B	(\$135,000.00)	Non-MTS Salaries	3	13.00
10. Radio Tower Lease	B	(\$23.06)	Other A&G Costs	5	55.00
11. Traffic Tickets payment for Radio System	B	(\$196,814.54)	Depreciation - Equipment and Vehicles	4	3.00
12. Radio System Revenues	B	(\$645,878.04)	Non-MTS Salaries	4	13.00
13. Collections of fees for Bradford County billing	B	(\$149,386.40)	MTS Salaries	2	12.00
14. Equity Interest from Radio System	B	(\$18,647.86)	Depreciation - Equipment and Vehicles	4	3.00
15. Dry Run Revenue	B	(\$100.00)	MTS Salaries	2	12.00
16. Mobile Stroke Unit	B	\$(360,000.00)	MTS Salaries	2	12.00
17.		-			
18.		-			
19.		-			
20.		-			
21.		-			
22.		-			
23.		-			
24.		-			
25.		-			
26.		-			
27.		-			
28.		-			
29.		-			
30.		-			
Total		\$ (4,912,761)			

Basis for Adjustment

A = Cost (if cost, including applicable overhead, can be determined)
B = Amount received (if cost cannot be determined)

Amount

Transfer to Applicable Worksheets (2, 3 & 4), and applicable Column line number as appropriate.

Cost Center and Line Number

From expense classifications on Worksheet 1 to which the amount is to be added or from which amount is to be deducted.

SCHEDULE 8 - REVENUE / FUNDING SOURCES

Fire Department / Agency: Alachua County Fire Rescue
National Provider Identification: 1780610287

Fiscal Year Ended: June 30, 2024

A	1	2	3	4	5	6
		Qtr 1	Qtr 2	Qtr 3	Qtr 4	Total
MEDICAID FEE FOR SERVICE (FFS) REVENUE FROM TRANSPORTS		July 1 through September 30	October 1 through December 31	January 1 through March 31	April 1 through June 30	Total
1.	Medicaid Fee for Service	\$ 20,266	\$ 19,836	\$ 16,822	\$ 9,611	\$ 66,535
2.	Medicaid Fee for Service Other - (Specify) *					-
3.	Medicaid Fee for Service Other - (Specify) *					-
4.	Medicaid Fee for Service Other - (Specify) *					-
5.	Medicaid Fee for Service Other - (Specify) *					-
6.	Medicaid Fee for Service Other - (Specify) *					-
Total Medicaid FFS Revenue from Transports (To Sch 9, Line 13)		\$ 20,266	\$ 19,836	\$ 16,822	\$ 9,611	\$ 66,535
[a]						
B	1	2	3	4	5	6
		Qtr 1	Qtr 2	Qtr 3	Qtr 4	Total
OTHER MEDICAID REVENUE FROM TRANSPORTS		July 1 through September 30	October 1 through December 31	January 1 through March 31	April 1 through June 30	Total
7.	Medicaid Managed Care	\$ 206,251	\$ 202,329	\$ 183,712	\$ 174,983	767,275
8.	Medicaid Managed Care Other - (Specify) **					-
9.	Medicaid Managed Care Other - (Specify) **					-
10.	Medicaid Managed Care Other - (Specify) **					-
11.	Medicaid Managed Care Other - (Specify) **					-
12.	Medicaid Managed Care Other - (Specify) **					-
Total Other Revenue from Medicaid Managed Care Transports		\$ 206,251	\$ 202,329	\$ 183,712	\$ 174,983	\$ 767,275
[b]						
C	1	2		3		4
		OTHER REVENUE / FUNDING SOURCES		MTS	NON-MTS	Total
13.	Auto Insurance			\$ -		\$ -
14.	Medicare			\$ 6,904,765		6,904,765
15.	Workers Comp			\$ 93,430		93,430
16.	Private Insurance			\$ 3,440,888		3,440,888
17.	Self Pay			\$ 51,375		51,375
18.	Veterans Affairs			\$ 921,316		921,316
19.	Other			\$ 563,724		563,724
20.						-
21.						-
22.						-
23.						-
24.						-
25.						-
26.						-
27.						-
28.						-
29.						-
30.						-
31.						-
32.						-
33.						-
34.						-
35.						-
36.						-
37.						-
38.						-
39.						-
40.						-
Total Other Revenue				\$ 11,975,497	\$ -	\$ 11,975,497
GRAND TOTAL [a+b+c]						\$12,809,308
[c]						

Note: * Line 1 through 6 - Enter payments for FFS transports received from Medicaid. (i.e. Share of Cost, Other Health Care, Deductibles, etc.)

** Lines 7 through 12 - Enter Medicaid Managed Care revenue from transports Medicaid Managed Care, Medicaid Managed Care other, Other Health Care, Deductibles, etc.

Lines 13 through 40 - Enter other Revenues received and list the funding sources not identified on lines 1 through 12.

