Memorandum

MIAMI-DADE COUNTY

Date: December 2, 2008

Agenda Item No. 8(C)(1)(H)

To: Honorable Chairman Bruno A. Barreiro
and Members, Board of County Commissioners

From: George M. Burgess
County Manager

Subject: Patient Transportation Services, Inc. d/b/a P.T.S., Inc. application for one wheelchair vehicle (NE Control No. 45027)

RECOMMENDATION

It is recommended that the Board approve the application of Patient Transportation Services, Inc. d/b/a P.T.S., Inc. for one Certificate of Public Convenience and Necessity to operate one wheelchair vehicle.

SCOPE

This Certificate of Public Convenience and Necessity is countywide, allowing the certificate holder to operate in unincorporated and incorporated areas of Miami-Dade County.

FISCAL IMPACT/FUNDING SOURCE

There is no fiscal impact to the County.

TRACK RECORD/MONITOR

Applicant is an existing permit holder with one Passenger Motor Carrier Certificate and three Non-emergency Certificates of Public Convenience and Necessity. There is no enforcement history. The Consumer Services Department (CSD) will be responsible for monitoring this company.

BACKGROUND

On December 18, 1980, the Board of County Commissioners adopted Ordinance 80-145, later codified in Chapter 4, Article III of the Code of Miami-Dade County, providing for the regulation of non-emergency medical transportation. Section 4-44 of the County Code provides the procedures to be followed by the County in processing certificate applications. Based upon those requirements, the Board may issue or refuse to issue the certificate as applied for, or may issue the certificate with modifications or upon such terms and conditions as in its judgment the public interest may require. In reaching a determination, the Board shall consider the application, the County Manager's recommendation, all matters presented during the public hearing held at the November 12, 2008 Economic Development and Human Services Committee meeting, and among others the following criteria:

(1) The ability of the applicant to provide the proposed service;
(2) The adequacy of the management plan of the applicant; and
(3) The benefits that will accrue to the public interest from the proposed service.

Each resolution approving an application shall specify that a certificate to operate a single non-emergency vehicle has been authorized thereby.

Patient Transportation Services, Inc. d/b/a P.T.S., Inc., located at 55 Ocean Lane Drive, Key Biscayne, Florida 33149, seeks to obtain a Certificate of Public Convenience and Necessity to provide wheelchair non-emergency medical transportation service to individuals requiring this type of transportation. This is one of eight certificates requested by the applicant concurrently.

The applicant seeks to transport patients to and from various medical facilities throughout Miami-Dade County seven days a week, 24 hours a day. Non-emergency transportation rates are not regulated by Miami-Dade County; however, under the Code the Certificate Holder must file their rates with CSD and post them within the passenger compartment section of each vehicle. The proposed rates are listed on the attached rate schedule. The vehicle operated under this certificate will be required to meet the requirements of Section 4-49 of the Code establishing vehicle inspection frequencies.

The management plan submitted by Mr. Jorge Llanso, President of Patient Transportation Services, Inc. d/b/a P.T.S., Inc. includes maintenance, communication, and record keeping systems and meets the requirements of the Code. All required financial statements and credit references have been submitted. The proposed service standards meet all requirements of the Code and adequately meet transportation and comfort needs. A background investigation reveals no criminal record within the last five years for the officer(s) of the corporation.

The proposed services to be provided under this certificate will increase the availability of licensed non-emergency medical transportation in Miami-Dade County thus providing increased competition and high service standards to the public.

Assistant County Manager

Patient Transportation Services Inc.

55 Ocean Ln. Dr. (suite#3033)

Key Biscayne, Florida. 33149

September 24, 2008.

P.T.R.D./ Consumer Services Department

140 West Flagler, #901

P.T.S. Inc. Rates for Non Emergency Service within Miami Dade County are as follows:

Wheelchair Service Pick Up $39.00

Mileage Rates

0-10 Miles – No Charge

10-20 Miles- $1.40 Per Mile

20-30 Miles- $2.00 Per Mile

30-50 Miles- $3.50 Per Mile

Stretcher Service Pick Up $63.00

Mileage Rates

0-10 Miles- No Charge

10-50 Miles- $4.75 Per Mile

MIAMI-DADE COUNTY

PUBLIC NOTICE

THE ECONOMIC DEVELOPMENT AND HUMAN SERVICES COMMITTEE OF THE BOARD OF COUNTY COMMISSIONERS of Miami-Dade County, Florida will meet on Wednesday, November 12, 2008, at 9:30 a.m., in the County Commission Chambers, Second Floor, Stephen P. Clark Center, 111 NW First Street, Miami, Florida to consider:

Resolution approving application for one Certificate of Public Convenience and Necessity to Patient Transportation Services, Inc. d/b/a P.T.S., Inc. to provide wheelchair nonemergency transportation service (NE Control No. 45027).

A person who decides to appeal any decision made by the Economic Development and Human Services Committee of the Board of County Commissioners, with respect to any matter considered at this hearing, will need a record of the proceedings. Such person may need to ensure that a verbatim record of the proceedings is made including the testimony and evidence upon which the appeal is to be based.

MEMORANDUM

(Revised)

TO: Honorable Chairman Bruno A. Barreiro and Members, Board of County Commissioners

DATE: December 2, 2008

FROM: R. A. Cuevas, Jr. County Attorney

SUBJECT: Agenda Item No. 8(C)(1)(H)

Please note any items checked.

_____ **"4-Day Rule" ("3-Day Rule" for committees) applicable if raised**

_____ **6 weeks required between first reading and public hearing**

_____ **4 weeks notification to municipal officials required prior to public hearing**

_____ **Decreases revenues or increases expenditures without balancing budget**

_____ **Budget required**

_____ **Statement of fiscal impact required**

_____ **Bid waiver requiring County Manager's written recommendation**

_____ **Ordinance creating a new board requires detailed County Manager's report for public hearing**

_____ **Housekeeping item (no policy decision required)**

_____ **No committee review**

Approved _____ Mayor
Veto _____
Override _____

Agenda Item No. 8(C)(1)(H)
12-2-08

RESOLUTION NO. _____

RESOLUTION APPROVING APPLICATION FOR ONE CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY TO PATIENT TRANSPORTATION SERVICES, INC. D/B/A P.S.T., INC. TO PROVIDE WHEELCHAIR NONEMERGENCY MEDICAL TRANSPORTATION SERVICE (NE CONTROL NO. 45027)

WHEREAS, this Board desires to accomplish the purposes outlined in the accompanying memorandum, a copy of which is incorporated herein by reference,

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF COUNTY COMMISSIONERS OF MIAMI-DADE COUNTY, FLORIDA, that this Board approves the application by Patient Transportation Services, Inc. d/b/a P.T.S., Inc. for one (1) Certificate of Public Convenience and Necessity to operate a single nonemergency vehicle to provide wheelchair nonemergency medical transportation service in Miami-Dade County.

The foregoing resolution was offered by Commissioner , who moved its adoption. The motion was seconded by Commissioner and upon being put to a vote, the vote was as follows:

Bruno A. Barreiro, Chairman
Barbara J. Jordan, Vice-Chairwoman

Jose "Pepe" Diaz	Audrey M. Edmonson
Carlos A. Gimenez	Sally A. Heyman
Joe A. Martinez	Dennis C. Moss
Dorrin D. Rolle	Natacha Seijas
Katy Sorenson	Rebeca Sosa
Sen. Javier D. Souto	

The Chairperson thereupon declared the resolution duly passed and adopted this 2nd day of December, 2008. This resolution shall become effective ten (10) days after the date of its adoption unless vetoed by the Mayor, and if vetoed, shall become effective only upon an override by this Board.

MIAMI-DADE COUNTY, FLORIDA
BY ITS BOARD OF
COUNTY COMMISSIONERS

HARVEY RUVIN, CLERK

By:_____
Deputy Clerk

Approved by County Attorney as
to form and legal sufficiency. GKS

Gerald K. Sanchez