



MEMORANDUM

To: Mayor and City Council

From: Billy Grogan, Chief of Police

Date: October 30, 2023

Subject: Approval of a Contract with DeKalb County and AMR for Additional Ambulance Services

ACTION

Authorize the mayor, city manager, or designee to sign the contract with DeKalb County and American Medical Response (AMR) for one additional dedicated ALS ambulance for the City of Dunwoody.

BACKGROUND/SUMMARY

On October 30, 2018, the City of Dunwoody and DeKalb County entered into an MOU related to the administration of emergency medical services in DeKalb County as applied to the City of Dunwoody. The MOU outlined service response times and other requirements of DeKalb County.

As part of this agreement, DeKalb County positioned three and sometimes four AMR ambulances in the City of Dunwoody. These ambulances conduct their shift changes at the DeKalb County Fire Stations in Dunwoody but are frequently pulled outside the city limits for calls for service.

Despite the MOU with DeKalb County and the AMR ambulances conducting their shift changes in the city, response times and complaints about response times continue to rise.

In 2019, DeKalb County signed a new contract with AMR. As part of that contract, local jurisdictions can contract with AMR directly for additional services at a pre-determined rate identified in the contract.

After a careful analysis of peak call times and the services needed, staff believes directly contracting with DeKalb County and AMR for one ALS ambulance staffed



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with a Paramedic and EMT operating 9 am to 9 pm each day will make a significant impact on response times and the level of service being provided to the citizens of Dunwoody.

DeKalb County officials have assured staff that this agreement with AMR will not affect the MOU DeKalb County has with Dunwoody or the number of ambulances currently assigned to the City of Dunwoody.

RECOMMENDATION

Staff recommends that the City Council approve the contract with DeKalb County and AMR for one dedicated ALS ambulance assigned to the City of Dunwoody from 9 am to 9 pm daily pending final City Attorney review. The cost is \$129.38 per hour, which comes to \$566,684.40 a year. The City Council has previously budgeted \$600,000 of ARPA II funds for this purpose.

10/2/2023

SUPPLEMENTAL EMERGENCY AMBULANCE SERVICES
CONFIRMATION FORM

THIS SUPPLEMENTAL SERVICE CONFIRMATION by and between DeKalb County, a political subdivision of the State of Georgia (hereinafter referred to as the “County”); the City of Dunwoody, a municipal corporation of the State of Georgia (hereinafter sometimes referred to as the “City”); and Metro Ambulance Services, Inc. d/b/a American Medical Response, Inc., a corporation organized and existing under the laws of the State of Georgia, (hereinafter referred to as the “Contractor“).

WITNESSETH:

WHEREAS, the Contractor provides emergency (911) ambulance services; and,

WHEREAS, the Contractor has the equipment and vehicles necessary to provide DeKalb County with emergency medical transportation services; and

WHEREAS, County and Contractor have previously entered into a certain Contract dated December 31, 2019, (DeKalb County Contract No. 1200066) (hereinafter referred to as the “Agreement” or “Contract”) for Emergency Ambulance Services or DeKalb County, Georgia; and

WHEREAS, pursuant to Appendix I, DeKalb County Requests for Proposals, Article I A., Supplemental Services and Subparts of the County, the County and Contractor desire to accommodate the wishes of the City to purchase supplemental ambulance service.

NOW, THEREFORE, for good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged and in consideration of the mutual promises and undertakings contained herein and in the Contract, the City and Contractor hereto do hereby acknowledge and confirm the following:

10/2/2023

I. The Contractor shall provide supplemental ambulance service in the City as follows:

SUPPLEMENTAL SERVICE:

Pursuant to the City's request, one dedicated ALS ambulance to provide emergency care and transport exclusively within the incorporated city limits of the City, between the hours of 0900-2100, seven days per week. The ambulance shall post at DeKalb County Fire Station 21 and have a staff of one (1) paramedic and one (1) EMT-Advanced or EMT Basic. In addition to the required tracking by the County, the ambulance will have the capability to be tracked by the City as well. The ambulance will respond to calls in the City but shall not be replaced by an ambulance from the Dekalb County Zone when it responds to a 911 emergency. Only under extreme circumstances including but not limited to natural disasters, mass shootings, or multicar pile up traffic accidents, as determined by the City and the County, may the ambulance be dispatched outside of the City between the hours of 0900 – 2100. Unless expressly contradicted by this Supplemental Emergency Ambulance Services Confirmation Form, all terms and conditions of the Contract shall be met including but not limited to response time requirements.

PAYMENT AND TERM

In addition to the right to bill fee for services to patients and third-party insurance, Contractor shall be paid by the City at the Contract rate (\$129.36 per hour for year 4 of the Contract and \$134.53 per hour for year 5). The supplemental service shall be provided upon the execution of this form and terminate upon the termination of the Contract. The City, Contractor and the County reserve the right to terminate the supplemental services upon thirty (30) days written notice. Notice shall be provided to each Party of any termination. Notwithstanding, AMR may request the County to terminate the supplemental services for good cause with sixty (60) days written notice.

COUNTY MONITORING

The County, through Dekalb County Fire Rescue, will monitor the supplemental services described above with the County's monitoring of all services under the Contract. The County will also provide a monthly report detailing the type, number of calls, and response times for the supplemental service.

[SIGNATURES CONTINUE ON FOLLOWING PAGE]

10/2/2023

IN WITNESS WHEREOF, the City and Contractor have set their hands and caused their seals to be affixed hereupon in three (3) counterparts, each to be considered as an original by their authorized representatives, on this 2nd day of October 2023.

**METRO AMBULANCE SERVICES, INC.
D/B/A AMERICAN MEDICAL RESPONSE**

CITY OF DUNWOODY, GEORGIA

By: _____
Signature

_____(SEAL)
Signature

Name (Typed or Printed)

Name (Typed or Printed)

Title

Title

Date

Date

ATTEST:

ATTEST:

Signature

Signature

Name (Typed or Printed)

Name (Typed or Printed)

Title

Title

Date

Date