P.O. Box 1056, Gualala, CA 95445 Tel: (707) 884-1829 Fax: 884-9119

# **AGENDA**

# REGULAR MEETING OF THE BOARD OF DIRECTORS

>>> 4:30 pm Monday, June 18, 2012 <<< Bill Platt Training Center Gualala, CA 95445

	·	
1.	Call to Order	Toedter
2.	Adoption of the Agenda	
3.	Minutes Approval	
4.	Privilege of the Floor - Public Comment	
5.	<ul> <li>Old Business - Information or Action</li> <li>FY2010-11 Audit Acceptance - Action</li> <li>FY12-13 Budget Resolutions - Action         <ul> <li>i. Resolution 211 Adoption of FY13 Gann Limit - Action</li> </ul> </li> <li>Resolution 212 Requesting Election Consolidation - Action</li> <li>Resolution 213 Approving Urgent Care Contract - Action</li> <li>Community Healthcare Working Group Update - Information</li> </ul>	Rice Rice Foster Toedter Chilton Hauck
6.	New Business	
7.	Reports      Board Officers – General     Treasurer     District Administrator     Staff	Rice Foster Dilks/Bold

- 8. Other
  - General announcements
  - Board meeting Schedule
- 9. Adjournment
- Scheduled Board of Director meetings (4:30 at Bill Platt Training Center unless otherwise noted)

COAST LIFE SUPPORT DISTRICT
Post Office Box 1056 • Gualala, California 95445
<a href="https://www.clsd.ca.gov">www.clsd.ca.gov</a>

# MINUTES OF THE MEETING OF THE BOARD OF DIRECTORS May 14th, 2012



Call to Order. President Tom Toedter called the meeting to order at 4:35 p.m. Present: Schwartz, Dodds, Combs, Klopfer, Chilton-Hauck, Rice.

Adoption of the Agenda. Director Schwartz moved, Director Dodds, second to adopt the agenda. All ayes.

Approval of April 16th, 2012 Board Minutes. Director Dodds moved, Director Schwartz second, all ayes.

Privilege of the Floor: None

Old Business: Information or Action

FY12-13 Budget Resolutions-Action Resolution 207 Adoption of the Preliminary Budget for FY 2013. Director Combs moved, Director Rice second, all ayes Resolution 208 Adoption of Tax Rate for FY 2013 Director Schwartz moved, Director Dodds second, all ayes.

Resolution 209 Adoption of Ambulance Rates for FY 2013 effective June 1, 2012 with out of pocket discount for residents @ 25%.

Director Schwartz moved, Director Combs second, all ayes.

Resolution 210 Requesting Fund Transfer Under Article XVI, of the State Constitution. Director Schwartz moved, Director Rice second, all ayes. Resolution to Establish Proposition 4 Appropriation Limit – DA Foster reported he is awaiting instructions from County Treasurer on how to calculate the new limit, following voter approval of Measure C.

Community Health Care Working Group Update: Chilton Hauck reported that the next meeting is scheduled for Friday, May 18th. Representatives from Ukiah Valley Medical Center will be coming over to view RCMS and CLSD facilities.

Urgent Care Contract Update: DA Foster reported that he had met with RCMS CEO Diane Agee to review the previous RFP and make necessary changes. The contract will be presented at the June BOD meeting. FY 2010-2011 Audit Update: The auditors are still requesting follow-up information. FY 2012 Elections. DA Foster requested courtesy notice by board members up for re-election on their intentions.

New Business: None

# Reports:

- Treasurer's report: Director Rice reported on the 3<sup>rd</sup> quarter budget.
- District Administrator Foster's Report. See board packet.
- Ops. Mgr. Dilks report received.
- Business Mgr. Bold's April 2012 write-off report was approved. Director Rice moved, Director Schwartz second, all ayes.

# Other:

- General Announcements
   District Administrator Foster requested that the date of July 15<sup>th</sup> be considered for the annual staff picnic.
- Board Meeting Schedule:
  - o June 18

Adjournment. Director Schwartz moved for adjournment, Director Dodds, second, all ayes. Meeting adjourned at 6: 05 pm.

Minutes approved:

Date

# **Audited Basic Financial Statements**

For Year Ended June 30, 2011

(with comparative amounts as of June 30, 2010)

Audited Basic Financial Statements For the Year Ended June 30, 2011

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Report on Internal Control Over Financial Reporting and on Compliance and Other Matters Based on an Audit of Financial Statements Performed in Accordance With Government Auditing Standards

# COLLINS ACCOUNTANCY COMPANY

POST OFFICE BOX 426 LINCOLN, CALIFORNIA 95648-0426

# TELEPHONE: (916) 626-4984 WEBSITE: HTTP://WWW.COLLINSACCT.COM/

# **Independent Auditor's Report on Basic Financial Statements**

The Board of Directors of the Coast Life Support District Gualala, California

We have audited the basic financial statements of the Coast Life Support District as of and for the year ended June 30, 2011 as listed in the table of contents. These basic financial statements are the responsibility of the District's management. Our responsibility is to express an opinion on these basic financial statements based on our audit. The financial statements of Coast Life Support District as of and for the year ended June 30, 2010, were audited by another auditor whose report dated November 3, 2010, expressed an unqualified opinion on those statements.

We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in Government Auditing Standards issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and the significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audit provides a reasonable basis for our opinion.

As discussed in Note 1, balances originally reported in the allowance for doubtful accounts and bad debt expense for the year ended June 30, 2010 were reclassified for comparability to the June 30, 2011 financial statements.

In our opinion, the 2011 financial statements referred to above present fairly, in all material respects, the financial position of the Coast Life Support District, as of June 30, 2011, and the changes in its financial position and cash flows for the year then ended in conformity with accounting principles generally accepted in the United States of America.

In accordance with Government Auditing Standards, we have also issued our report dated June 15, 2012 on our consideration of the District's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that

The Board of Directors of the Coast Life Support District

testing, and not to provide an opinion on the internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with Government Auditing Standards and should be considered in assessing the results of our audit.

The Management's Discussion and Analysis and Required Supplementary Information regarding pensions, referred to in the table of contents, is not a required part of the basic financial statements but is supplementary information required by the Governmental Accounting Standards Board. We have applied certain limited procedures, which consisted principally of reviewing documentation regarding the methods of measurement and presentation of the required supplementary information. However, we did not audit the information and we express no opinion on it.

Collins Accountancy Company

Lincoln, California June 15, 2012

Management's Discussion and Analysis (Unaudited)
For the Year Ended June 30, 2011

Management of the Coast Life Support District offers readers of the District's financial statements this narrative overview and analysis of the financial activities of the District for the Fiscal Year ending June 30, 2011 (FY2011).

## **Financial Highlights**

- At of the close of FY2011, the District reported ending net assets of \$1,152,665, an increase of \$243,346 in comparison with the prior year (FY2010). Unrestricted net assets (\$561,585) are principally comprised of cash (\$495,565, or 88%) with the balance represented by other net working capital (accounts receivable and other current assets, less current liabilities other than the current portion of long-term liabilities).
- The District's total liabilities decreased \$25,049 to \$208,933 during FY2011.

#### **Overview of the Financial Statements**

This discussion and analysis is intended to serve as an introduction to the District's basic financial statements. The District's basic financial statements are comprised of two components: *Basic Financial Statements* and *Notes to the Basic Financial Statements*. This report also contains other supplementary information in addition to the basic financial statements themselves.

- Basic Financial Statements: the basic financial statements are designed to provide readers with a broad overview of the District's finances, in a manner similar to a private-sector business.
  - a. The *Statement of Net Assets* presents information on all of the District's assets and liabilities, with the difference between the two reported as net assets and equity. Over time, increases or decreases in net assets may serve as a useful indicator of whether the financial position of the District is improving or deteriorating.
  - b. The Statement of Revenues, Expenses, and Changes in Net Assets presents information showing how the District's net assets changed during the most recent fiscal year. All changes in net assets are reported as soon as the underlying event giving rise to the change occurs, regardless of the timing of related cash flows. Thus, revenues and expenses are reported in this statement for some items that will only result in cash flows in future fiscal periods (e.g. uncollected taxes and earned but unused vacation leave).
  - c. The *Statement of Cash Flows* presents the cash flows resulting from operating, non-capital financing, capital and related financing and investing activities, with a reconciliation to operating income (loss).
  - d. The basic financial statements can be found on pages 12-15 of this report.

#### 6/15/2012 12:46:02 PM

#### **COAST LIFE SUPPORT DISTRICT**

Management's Discussion and Analysis (Unaudited)
For the Year Ended June 30, 2011

- 2. Notes to the Financial Statements. The notes provide additional information that is essential to a full understanding of the data provided in the basic financial statements. The notes to the financial statements can be found on pages 16-33 of this report.
- Other Information. In addition to the basic financial statements and accompanying notes, this report also presents certain required supplementary information concerning the District's funding and obligations for CalPERS. Required supplementary information can be found on pages 34-35 of this report.

# **Financial Analysis**

As noted earlier, net assets may serve over time as a useful indicator of a government's financial position. In the case of the District, assets exceeded liabilities by \$1,152,665 at the close of FY2011, an increase of \$243,346 over the previous fiscal year. The primary event contributing to this gain was unspent After Hours Urgent Care program (AHUC) tax revenue.

About half of the District's net assets (51%) are in investment in capital assets (e.g. land, buildings, and equipment). The District uses these capital assets to provide EMS to citizens; consequently, these assets are not available for future spending.

Management's Discussion and Analysis (Unaudited)
For the Year Ended June 30, 2011

# **Pro-Forma Statement of Revenues and Other Income, Expenditures, and Changes in Net Assets**

	FY2011	FY2010	FY2009				
Revenues and Other Income							
Property Taxes Ambulance Transports, net of	\$874,594	\$880,946	\$862,093				
uncollectible accounts	601,594	481,688	497,930				
Other Revenues	11,764	6,481	18,366				
Total Revenues	\$1,487,952	\$1,369,115	\$1,378,389				
Expenditures							
Ambulance Operations, excluding			_				
uncollectible accounts	\$1,183,523		\$1,154,817				
After Hours Urgent Care (AHUC)	53,014	63,954	133,101				
Interest Expense	8,069	12,133	14,875				
Total Expenditures	\$1,244,606	\$1,252,392	\$1,302,793				
Change in Net Assets	243,346	116,723	75,596				
Net Assets, beginning of year	909,319	792,596	717,000				
Net Assets, end of year	<u>\$1,152,665</u>	<u>\$909,319</u>	<u>\$792,596</u>				

# Financial Analysis of the Government's Activities—Capital Asset and Debt Administration

- ➤ Capital Assets. The District's investment in capital assets, as of June 30, 2011 amounts to \$704,639 (net of accumulated depreciation).
- ➤ **Long-term debt.** At the end of FY2011, the District had a long-term debt outstanding of \$113,559, a decrease of \$72,044 from FY2010.

# **Coast Life Support District's Outstanding Debt**

	FY2011	FY2010	FY2009
Current payables & Payroll Liabilities	\$95,374	\$48,379	\$100,621
Building Mortgage & Ambulance Debt	<u>113,559</u>	<u>185,603</u>	271,096
Total	\$208,933	\$233,982	\$371,717

Management's Discussion and Analysis (Unaudited)
For the Year Ended June 30, 2011

The District's total liabilities decreased by \$25,049 during FY2011, resulting from scheduled paydown of debt (\$72,044), offset by a \$46,995 increase in payables and payroll liabilities. No new debt was incurred in FY2011.

### **Economic Factors, Income and Expenses, and Operational Highlights**

**Introduction**. FY2011 District financial performance was extraordinary with respect to both ambulance income and operating expenses.

	<u>FY2011</u>	FY2010	FY2009
Ambulance Transports	382	369	385
Avg Collection/Transport	\$1,575	\$1,305	\$1,293

- Despite a FY2011 transport volume increase of only 4%, ambulance income net of uncollectible accounts increased 25%, reflecting a substantial increase in both revenue at approved rates (a 12% increase over FY2010) and collection rate (41% in FY2011 versus 37% in FY2010).
- Ambulance operating expenses increased only one percent, or about \$7K, from FY2010 to FY2011.

#### Income

#### Overview of Economic Factors

- O Randomness of Revenue Sources. Tax revenues from Sonoma and Mendocino Counties are the basis of community support for the District, and comprise two-thirds of total budgeted expenses. The balance of expenses must be met with revenues from ambulance operations, which are by their nature random and unpredictable, both in quantity and expected reimbursement based on type of patient. Forecasting ambulance revenue is necessarily problematic and can only be based on historical trends and best estimates of local economics and population changes.
- Other Programs. CLSD continues a contract with TeamHealth to provide a free after-hours medical advice line to handle non-life-threatening emergencies. The boards of directors of CLSD and RCMS continue to collaborate in a joint working group to explore alternative means of providing 24/7 urgent care to our community.
- **FY2011 Income.** We experienced an increase in total income for FY2011 due to a slightly higher average collections rate. Despite our collections successes, our write off rate remains very high; for FY2011 we collected only about 41% of revenue at approved rates.
  - o **Collections**. The District continues an aggressive policy toward collections, and the number of patients paying on a monthly plan has decreased. Our accounts aged

Management's Discussion and Analysis (Unaudited)
For the Year Ended June 30, 2011

- over ninety days are almost entirely on debtors who are on a monthly payment agreement.
- Other funding sources. The California state budget continues to weaken, and any possibility of approaching the state legislature for supporting funding has been eliminated for the foreseeable future. We secured grant funding from the Mendocino Community Foundation for CPR training manikins and a dedicated projection system in the Bill Platt Training Center.

### **Expenses**

- Overview. EMS expenses for this Fiscal Year increased over the previous year. Personnel costs are the primary driver of emergency medical services, and represent seventy percent of the District's budgeted operating expenses. These funds are well spent and finance the core of our mission; the District now enjoys a highly qualified team of Paramedics and Emergency Medical Technicians, who are widely regarded in their professional community as the gold standard for EMS performance. We also under-executed our training budget and ambulance operations budget significantly. Capital expenditures have followed a conservative replacement plan to ensure up-to-date and well-maintained vehicles, medical equipment, and state-of-the-region communications capability.
- After Hours Urgent Care (AHUC). Expenses for this program have decreased from year to year, reflecting the termination of the 24/7 urgent care service. The balance of special taxes collected for AHUC over these expenses is being held in reserve for exploring alternatives for improving healthcare availability in the District and other related purposes.
- Capital Expenditures. In Fiscal Year 2011, the District had minimal new capital expenditures, continued from approval in the prior year.
  - O Area-wide communications system. Originally budgeted in FY 2008, the District has sought development of an area-wide communications system that will significantly enhance interagency and intra-organizational communication. The goal is to link repeaters that will enable handheld-to-handheld radio communication anywhere in the District, and enhanced REDCOM alert paging. This project has been in hiatus during FY2011, as we have been steadily building our case to seek FCC approval for frequency licensing.

#### Operational Highlights for Fiscal Year 2011

**Introduction.** While the primary purpose of the annual audit is to evaluate financial performance and ensure compliance with generally accepted accounting principles, it is also one of very few opportunities to document that resources were expended prudently and in

Management's Discussion and Analysis (Unaudited)
For the Year Ended June 30, 2011

support of the District's goals and objectives. During FY2011, we achieved several milestones remarkable for a small rural EMS operation and enhanced our leadership position in both the local community and the greater EMS professional community. I believe these bear noting, as this is an opportunity for the CLSD Board of Directors to gain an appreciation of their achievements in support of the District mission.

#### **Summary:**

This year has been an example of the benefits of a stable and maturing management team, an increasingly energetic and innovative staff, and a board of directors focused on the strategic mission of the District. We continue to seek means of improving both our District mission and our internal operations, and have succeeded on all fronts. Our reputation with the community remains at extremely high levels, a position we guard jealously as we provide highly visible emergency medical response.

# **Intra-Organizational Performance**

### **Finance**

- Executed annual Ambulance Operations fiscal plan at 94% of budget while sustaining District operations and expanding community education and first responder training programs.
- Streamlined accounting and bookkeeping by eliminating and consolidating several accounts, resulting in better expenditure tracking and management.
- Increased per transport collection 21%. While some of this increase may be from a change in payer mix, we believe most of the increase is through improved collections performance.
- Secured a \$4,250 grant from Mendocino Community Foundation in support of community CPR training and upgrade to Bill Platt Training Center.

## **Logistics**

- Emergency Response
  - Tactical Network. We continue to press forward on creating a coastal tactical network. There are many agencies and private entities involved, each with their own requirements and agenda.
    - Met with California Emergency Management Authority (CalEMA) in Sacramento to secure authorization for local frequency use. Began the long and tedious process of applying to the FCC for securing a frequency license.

Management's Discussion and Analysis (Unaudited)
For the Year Ended June 30, 2011

- Secured approval from Sonoma County to purchase and maintain repeaters on two sites in the southern District.
- Convinced Mendocino County to finance and coordinate relocation of Bluff Top and Point Arena Lighthouse radio equipment to AT&T tower. The bureaucracy involved, combined with the County's sole-source radio maintenance provider, has yielded a depressingly-long implementation schedule. We will prevail, however.
- Mobile & Handheld Radio Narrow-banding conversion. Developed and executed a plan to convert all CLSD radios and pagers from wide-band to narrow-band in advance of both counties' deadlines, and with absolutely no interruption in radio coverage.
- o HAM Operators Drill. CLSD hosted the second annual District-wide HAM radio operators drill, coordinating with all District-area fire departments, RCMS, and The Sea Ranch disaster response manager.

# Disaster Response and Coordination

- o Developed and trained staff to a comprehensive Disaster Response Plan, including contingency management, mission priorities, and identification of critical assets to continue mission in the event of compromised out-of-District agency support.
- Ocontinued District-wide Mass Casualty Incident training, creating a positive interagency working environment with District leadership, and involving all emergency responding agencies, including fire, Sheriff, State and regional parks officials, and California Highway Patrol. Beyond the actual mass casualty training, the drills emphasized inter-agency coordination and communication, which will significantly benefit area-wide disaster response.

#### After Hours Urgent Care

 The District leadership plays a key coordinating and support role for the Community Healthcare Working Group. We coordinated two remote site visits for working group leadership.

# CPR/AED Program

Completely overhauled the community-wide CPR training program, to provide nocharge training to the lay community while maintaining a strong central program for health care providers and community employees in CPR-designated positions. Worked with the new Casino staff in Point Arena to start an ongoing CPR/AED certification program and install facility AEDs. Reduced in-house program costs while identifying external revenue sources through our designation as an American Heart Association official training center. With the addition of manikins and dedicated projector system funded by the Mendocino Community Foundation, this program is now where it needs to be.

Management's Discussion and Analysis (Unaudited)
For the Year Ended June 30, 2011

#### Business Functions

- Witnessed a maturing payroll system pay benefits by reducing overtime and improving Operation Manager time utilization:
  - Automated payroll to an on-line submission and tracking system, eliminating paper records and reducing payroll calculation time from an entire workday to less than one hour.
  - Automated staff scheduling to on-line ("cloud computing") scheduling, facilitating staff-wide schedule visibility and greatly improving the process for schedule changes.
- Streamlined accounting and bookkeeping system to simplify budget execution and cost tracking.
- o Realized over \$120K in increased collections through practice change of delaying billings until patient deductible has been met.

# <u>Staff</u>

- Nominated Paramedic Mark Leonard for the California Ambulance Association's "Stars
  of Life" program. Mark was one of about a dozen paramedics chosen for this award—of
  a California population of over 12,000 paramedics and EMTs.
- Implemented an on-line safety training program to significantly reduce Worker's Compensation insurance premiums.
- Reorganized BLS teams to streamline management, allow for personal leadership initiatives, and greater BLS team autonomy.
- Instituted a cyclical EMT training schedule for all BLS critical skills, to ensure regular skills maintenance and maximize re-certification opportunity.
- Developed a Shift Supervisor position to relieve the Operations Manager of daily duty crew management actions.

#### **Extra-Organizational Performance**

- CLSD continues to hold a seat on the REDCOM Board of Directors, which manages Sonoma County-wide dispatch services among all fire and EMS agencies. The primary achievements in which CLSD participated were streamlining the REDCOM audit and financial reporting process, and developing an organizational strategy to consolidate staff functions under an Executive Director to relieve board members of managing operational issues.
- We continue to maintain strong working relationships with leadership of:
  - Five District-area fire districts
  - Sonoma and Mendocino counties' Sheriff departments
  - Sonoma and Mendocino counties' departments of emergency services

Management's Discussion and Analysis (Unaudited)
For the Year Ended June 30, 2011

- o Both county supervisors and their staffs.
- CLSD representatives also attended several area public forums as public speakers and advocates for the District mission.

# Summary

Fiscal Year 2011 was a year of cementing our reputation as an organization influencing community safety and emergency response across the region, to include both local and regional governments and agencies. Our financial position, though stronger at the close of this year, remains at risk due to the lack of an EMS cash reserve and dependence on random events in an aging population living in a weakened economy. Despite our prudent stewardship of tax resources as we execute our mission, a steadily dwindling income stream in the face of certain cost increases puts us at risk in the long-term without a secure funding base. Since completion of this audit, voters have passed a measure to increase the EMS tax rate, which should ensure financial stability for several years to come.

Our performance on all metrics exceeded expectations, made more remarkable by keeping total expenditures under budgeted amounts. We continue to provide world-class EMS service, we are increasing our leadership and influence in the emergency response professional community, and we are steadily gaining support of the local community through training and outreach programs.

The future holds financial challenges consistent with those of the past, specifically our financial dependence the randomness of emergency response. Further, future development in two significant areas will bear watching as we make financial and operational plans for the coming years: the next generation of healthcare for our community as we study options to replace the After Hours Urgent Care program, and National Healthcare Reform. The former could significantly change our organizational structure and financing mechanisms; the latter could significantly affect our patient payer mix and reimbursement levels. Either of these events could trigger a re-evaluation of the District operational and strategic goals and expectations of the community.

# **Requests for Information**

This financial report is designed to provide a general overview of the Coast Life Support District's finances for all those with an interest in the government's finances. Questions concerning any of the information provided in this report or requests for additional financial information should be addressed to the Coast Life Support District, PO Box 1056, Gualala, CA 95445.

# Statement of Net Assets June 30, 2011 (with comparative totals as of June 30, 2010)

		2011	 2010
Assets			
Current Assets:			
Cash and investments	\$	495,565	\$ 240,008
Accounts receivable		139,730	116,908
Less allowance for doubtful accounts		(43,372)	(19,783)
Receivable - special and ad valorem taxes		35,572	31,734
Prepaid expenses and other current assets		29,464	9,763
Total Current Assets		656,959	 378,630
Property and Equipment:			
Property and equipment		1,385,237	1,378,816
Less accumulated depreciation		(680,598)	 (614,145)
Total Property and Equipment, net		704,639	764,671
Total Assets	<u>\$</u>	1,361,598	\$ 1,143,301
Liabilities			
Current liabilities and capital leases:		25.50	0.005
Accounts payable	\$	35,569	\$ 8,935
Accrued wages and benefits		43,802	26,034
Accrued interest payable		3,733	3,733
Cash collected for other entities		12,270	9,677
Current portion of long-term liabilities		36,735	 72,044
Total Current Liabilities		132,109	120,423
Long-term liabilities and capital leases:			
Noncurrent portion of long-term liabilities		76,824	 113,559
Total Liabilities		208,933	 233,982
Net Assets			
Invested in capital assets, net of related debt		591,080	579,068
Unrestricted		561,585	 330,251
Total Net Assets		1,152,665	909,319
Total Liabilities and Net Assets	\$	1,361,598	\$ 1,143,301

The accompanying notes are an integral part of these financial statements.

Statement of Revenues, Expenses and Changes in Net Assets For the year ended June 30, 2011 (with comparative totals for the year ended June 30, 2010)

	2011	2010
Operating Revenue	4	<b></b>
Ambulance billings	\$ 753,270	\$ 570,494
Other operating income	2,814	4,182
Total Operating Revenues	756,084	574,676
Operating Expenses		
Ambulance services		
Salaries	707,100	710,746
Employee benefits	211,292	213,225
Insurance	14,200	17,521
Office expense	5,607	4,332
Professional expenses	57,412	60,692
Dispatch services	15,672	15,672
Travel	1,158	198
Vehicle expense	62,483	52,426
Crew housing expenses	21,439	26,473
Training expense	14,667	7,811
Uncollectible accounts	151,676	88,806
Other	6,040	2,312
Depreciation	66,453	64,897
Total Ambulance services	1,335,199	1,265,111
After hours urgent care		
Salaries	20,452	19,816
Services and supplies	32,562	44,138
Total After hours urgent care	53,014	63,954
Total Operating Expenses	1,388,213	1,329,065
Operating Income (Loss)	(632,129)	(754,389)
Other Income (Expense)		
Special and ad valorem taxes	874,594	880,946
Grant revenue	4,250	
Interest income	1,462	1,994
Interest expense	(8,069)	(12,133)
Donations	3,238	305
Total Other Income (Expense)	875,475	871,112
Change in net assets	243,346	116,723
Net assets, beginning of year	909,319	792,596
Net assets, end of year	\$ 1,152,665	\$ 909,319

The accompanying notes are an integral part of these financial statements.

# Statement of Cash Flows For the year ended June 30, 2011 (with comparative totals for the year ended June 30, 2010)

	 2011	 2010
Cash Flows From Operating Activities	 	_
Cash received from ambulance services	\$ 602,361	\$ 478,798
Cash received from others services	2,814	4,182
Cash payments to suppliers for goods and services	(224,307)	(196,158)
Cash payments to employees for services	(709,784)	(778,195)
Cash payments for payroll taxes and employee		
benefits	 (211,292)	(213,225)
Net Cash Provided (Used) by Operating Activities	 (540,208)	(704,598)
Cash Flows from Non-Capital Financing Activities		
Property taxes and special assessments received	870,756	884,324
Grant Revenue	4,250	
Donation received	3,238	305
Cash collected for (paid to) other entities	 2,593	(192)
Net Cash Provided by Noncapital Financing Activities	 880,837	884,437
Cash Flows from Capital and Related Financing Activities		
Acquisition / disposition of capital assets	(6,421)	(12,019)
Interest paid - long-term debt	(8,069)	(13,204)
Principal paid - long-term debt	(72,044)	(85,493)
Net Cash Provided (Used) from Capital and Related	,	
Financing Activities	 (86,534)	(110,716)
Cash Flows from Investing Activities		
Interest received	 1,462	 1,994
Net Increase (Decrease) in Cash and		
Cash Equivalents	255,557	71,117
Cash and Cash Equivalents - Beginning of Year	 240,008	168,891
Cash and Cash Equivalents - End of Year	\$ 495,565	\$ 240,008
	 	 (continued)

The accompanying notes are an integral part of these financial statements.

Statement of Cash Flows (continued)

For the year ended June 30, 2011

(with comparative totals for the year ended June 30, 2010)

	2011	 2010
Reconciliation of operating income (loss) to net cash provided by operating activities		
Operating income (loss)	\$ (632,129)	\$ (754,389)
Adjustment to reconcile operating loss to net		
cash provided by operating activities:		
Depreciation and amortization	66,453	64,897
Change in assets and liabilities:		
(Increase) decrease in accounts receivable	767	(2,890)
(Increase) decrease in other current assets	(19,701)	38,763
Increase (decrease) in accounts payable	26,634	(3,346)
Increase (decrease) in accrued wages & benefits	 17,768	 (47,633)
Net Cash Provided by Operating Activities	\$ (540,208)	\$ (704,598)

Notes to the Basic Financial Statements For the Year Ended June 30, 2011

#### Note 1. REPORTING ENTITY AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

# **Description of Reporting Entity**

The Coast Life Support District (the "District"), is a special district created by California Assembly Bill No. 4227, signed into law by the Governor on July 16, 1986. The purpose of the District is to provide basic and advanced emergency medical services, including ambulance and life support services to a specified area of Sonoma and Mendocino Counties. In addition, the District provides medical training to fire agencies and other first responders in the District's response area. The District promotes cardiopulmonary and other resuscitation (CPR) training and conducts both CPR and first aid classes for public safety personnel and the general public. In 1997, the District's scope was increased to fill the need to financially support local health care facilities. The District now collects tax revenue and provides after hours urgent care through a medical advice telephone service. The District's financial statements include the financial position and results of operations of the Coast Life Support District. A review of other units of local government, using the criteria set forth in generally accepted accounting principles, indicates there are no additional entities or funds for which the District has reporting responsibilities. Management has determined that the District should not be considered a part of any unit of local government for reporting purposes for the following reasons.

- 1. The District has separate legal standing from all other units of government.
- 2. No primary government selects the voting majority of the District's Board of Directors.
- The District is fiscally independent of all other units of local government. The
  District's Board of Directors has sole authority to make financial decisions
  including levy taxes, establish rates, and issue bonded debt, subject, in some
  cases, to voter approval.
- 4. Exclusion of the District's financial statements from the financial statements of other units of local government would not cause the latter to be misleading or incomplete.

Notes to the Basic Financial Statements For the Year Ended June 30, 2011

# Note 1. REPORTING ENTITY AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

# Basis of Presentation and Accounting

The District is a single-enterprise proprietary fund and uses the accrual basis of accounting. Proprietary funds are used to account for operations that are financed in a manner similar to private enterprise and where a periodic determination of revenue earned, expense incurred and/or change in net assets is appropriate for capital maintenance, public policy, management control, accountability or other purposes. This enables the District to determine the extent to which user charges paid by customers covers the cost (expenses, including depreciation) of providing the service. Also, if the governing board elects not to recover the cost by user charges, enterprise fund accounting indicates the amount of subsidy for service which must be financed from taxes or other sources. Under this method, revenues are recognized when earned and expenses are recognized as soon as they result in liabilities for the benefits provided.

The financial statements are prepared on the basis of Governmental Accounting Standards Board (GASB) Statement Number 34, Basic Financial Statements, Management Discussion and Analysis for State and Local Governments and related standards. This statement provides for a presentation of net assets as well as an inclusion of a management discussion and analysis, supplementary information, and other elements of disclosure in the financial statements.

The District applies all GASB pronouncements as well as statements and interpretations of the Financial Accounting Standards Board (FASB), the Accounting Principles Board Opinions and Accounting Research Bulletins of the Committee on Accounting Procedures issued on or before November 30, 1989, to the extent they do not conflict with or contradict GASB pronouncements. The District has elected not to apply FASB pronouncements issued after November 30, 1989 to its business-type activities and enterprise funds.

Proprietary funds distinguish operating revenues and expenses from non-operating items. Operating revenues and expenses generally result from providing services and producing and delivering goods in connection to the proprietary fund's principal ongoing operations. The principal operating revenues of the District are charges to the customers in the form of ambulance services. Operating expenses include the cost of providing the ambulance services, administrative expenses and depreciation on capital assets. Ad valorem tax revenues, special taxes, grants used to finance operations, and

Notes to the Basic Financial Statements For the Year Ended June 30, 2011

# Note 1. REPORTING ENTITY AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

expenses not directly related to the provision of the ambulance services and the accomplishment of the District's primary purposes are reported as the non-operating revenues and expenses.

# **Measurement Focus**

Measurement focus is a term to describe which transactions are recorded within the various financial statements. Basis of accounting refers to when transactions are recorded regardless of the measurement focus applied. Proprietary funds utilize an "economic resources" measurement focus. The accounting objectives of this measurement focus are the determination of operating income, change in net assets, financial position and cash flows. All assets and liabilities (whether current or non-current) associated with their activities are reported. Proprietary fund equity is classified as net assets.

# Assets, Liabilities and Net Assets

#### Cash and Investments

For purposes of the Statement of Cash Flows, the District considers all highly liquid investments, including restricted assets, with a maturity of three months or less when purchased to be cash equivalents. Investments are carried at fair value.

#### Accounts Receivable

A provision for doubtful accounts has been established because the District incurs significant write-offs of billed receivables. It is policy of the District to accept payment by third parties, such as Medicare and Medi-Cal, where required by law. Such acceptance results in significant write-offs of billed ambulance receivables. Write-offs necessitated by the acceptance of Medicare and Medi-Cal are recorded as deductions to ambulance revenue because the District was never legally entitled to collect the full amount from these patients. When receivables billed directly to the ambulance customers are deemed uncollectible, they are submitted to a collection agency and recorded as a bad debt expense at that time. The District reviews actual collections of its ambulance receivables for approximately two months following the end of the year. The allowance for doubtful accounts is based on the amounts written off during this

Notes to the Basic Financial Statements For the Year Ended June 30, 2011

# Note 1. REPORTING ENTITY AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

subsequent two-month period that were included in the receivable balance as of June 30, 2011. Balances as of June 30, 2010 have been reclassified to conform to this presentation.

Receivable – special and ad valorem taxes

This receivable represents amounts of ad valorem property taxes and special taxes that have been received by Mendocino County, but not submitted to the District until after the balance sheet date.

Prepaid Expenses and Other Current Assets

Prepaid expenses consist of normal operating expenses for which payment is due in advance, such as liability and property insurance, prepayments to payroll service providers, and memberships dues, and are recorded as an expense when benefit is received. The total also includes advances to employees and pending overpayments to taxing agencies.

The District's prepaid expense consists primarily of prepaid insurance.

# Capital Assets

The District's capital assets include plant and equipment capitalized at total acquisition cost, provided such cost exceeds \$5,000 and the expected useful life exceeds 3 years. Depreciation is recorded on all depreciable capital assets on a straight-line basis over the following estimated useful lives:

Building and Improvements 30 years Equipment 5 to 10 years

Maintenance and repairs are expensed as incurred. Significant additions and betterments are capitalized and depreciated over their estimated useful lives.

Cash Collected for Other Entities

The District collects cash donations for the maintenance and operation of the Automated Weather Observation System (AWOS) at the Sea Ranch airport. The District

Notes to the Basic Financial Statements For the Year Ended June 30, 2011

# Note 1. REPORTING ENTITY AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

has also collected donations for the Neighborhood Emergency Support Team and the certification individuals receive after being trained in disaster preparedness (NEST/CERT). Disbursements to both programs are made at the request of the respective agencies when repairs are needed for equipment, or when the agency purchases new equipment. The District is simply a bank for each of these agencies.

# **Compensated Absences**

It is the District's policy to permit permanent full time employees to take personal time off (PTO) in the year of its accrual. At the end of each fiscal year, employees can be paid for PTO benefits that have accrued through the last pay period worked or employees may roll over up to 13 PTO days (the amount accrued in one year) into the following year. Upon the termination of employment, employees will be paid PTO benefits that have accrued through the last pay period worked.

The compensated absences liability balance is not material and is included with accrued wages and benefits on the balance sheet.

# Allocation of Wages

Due to significant time requirements to administer the after hours urgent care program, ten percent of the Operations Manager's gross pay is classified as the cost of providing urgent care to local residents, and twenty percent of the gross pay of the District Administrator is also reclassified in the same fashion.

#### Statement of Net Assets

The statement of net assets is designed to report the financial position of the District at the balance sheet date. The District's fund equity (net assets) shown on this statement is separated into the categories defined as follows:

Invested in Capital Assets, Net of Related Debt - This component of net assets
consists of capital assets, net of accumulated depreciation and reduced by any
outstanding balances of debt that are attributable to the acquisition, construction
or improvement of these assets. This category of net assets is considered
non-expendable.

Notes to the Basic Financial Statements For the Year Ended June 30, 2011

# Note 1. REPORTING ENTITY AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Unrestricted Net Assets - This component of net assets consists of net assets that
do not meet the definition of invested in capital assets, net of related debt and do
not have restrictions placed upon them by outside parties or through enabling
legislation. The District's Board of Directors may designate portions of unrestricted
net assets for particular purposes.

# Statement of Revenues, Expenses and Changes in Net Assets

The statement of revenues, expenses and changes in net assets presents the results of operations of the District's single enterprise fund for the current period. Revenues are reported by major source. Operating revenues and expenses are presented separately from non-operating items and an operating income subtotal is presented prior to adjustment for non-operating items. The presentation of ambulance revenues and uncollectible accounts for the year ended June 30, 2010 has been reclassified to conform to the current year method, as discussed under Accounts Receivable, above.

# Operating and Non-operating Revenues and Expenses

The District's primary purposes are to provide basic and advanced emergency medical services and after hours urgent care. Operating revenues are those revenues that arise directly from accomplishing these primary purposes. Operating expenses include those costs incurred to accomplish the District's primary purposes. These costs include salaries and benefits, professional and vehicle expenses, a provision for uncollectible accounts, and depreciation on capital assets. Revenues from property taxes, grants, donations, and interest income are considered non-operating revenues. Non-operating revenues are any revenues not meeting the definition above.

#### Restricted and Unrestricted Resources

When the District incurs an expense for which both restricted and unrestricted resources are available, restricted resources are used first followed by unrestricted resources.

Notes to the Basic Financial Statements For the Year Ended June 30, 2011

# Note 1. REPORTING ENTITY AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

# **Property Tax Revenue**

The District covers a geographic area that includes parts of both Mendocino and Sonoma counties, and receives ad valorem property taxes and special taxes collected by both counties. The counties are responsible for assessing, collecting and distributing property taxes in accordance with state law.

In accordance with Article XIII-A of the State Constitution, California property taxes are collected by the County Tax Collector, pooled, and then allocated to the local governments within the County. Property tax revenue is recognized when taxes are levied.

The property tax calendar is as follows:

Lien date: January 1 Levy date: July 1

Due date: First installment – November 1

Second installment - February 1

Delinquent date: First installment – December 10

Second installment - April 10

Under California law, property taxes are assessed and collected by the counties at up to 1% of assessed value, plus other increases approved by the voters. Property taxes collected are allocated to the District three times a year.

The special tax is a type of flat charge applied to each parcel of property within the District, regardless of the property value. A special tax approved by the voters in the District on March 6, 2007, which allowed the assessment of a special tax on property within the District at rate of \$32 per unit of benefit per year, and is used to fund emergency services. The same election repealed the old special tax of \$16 per unit of benefit. In June, 1997 the voters in the District also approved a special tax to fund after hour urgent care availability for the residents of the District. The special tax for the after hour urgent care is assessed at the rate of \$18 for undeveloped parcels, and \$36 for developed parcels.

Notes to the Basic Financial Statements For the Year Ended June 30, 2011

# Note 1. REPORTING ENTITY AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Total ad valorem and special taxes collected by the counties of Sonoma and Mendocino are as follows for the fiscal years ended June 30:

	<u>2011</u>	<u>2010</u>
Mendocino County	\$ 518,569	\$ 523,724
Sonoma County	 356,025	 357,222
Total	\$ 874,594	\$ 880,946

### Use of Estimates

The preparation of basic financial statements in conformity with U.S. generally accepted accounting principles requires management to make estimates and assumptions that affect reported amounts and disclosures. Actual results may differ from those estimates.

# Note 2. CASH AND INVESTMENTS

Cash and investments consisted of the following amounts as of June 30, 2011 and 2010:

	2011	2010
Cash on hand and in checking accounts	\$ 43,356	\$ 99,664
Investments Cash in Sonoma County Treasury	452,209	140,344
Total Cash and Investments	\$ 495,565	\$ 240,008

# **Deposits**

At June 30, 2011, the recorded amount of the District's deposits is shown above. This checking account balance is entirely covered by the National Credit Union Share Insurance Fund (NCUSIF), which has a limit of \$250,000. If there was a balance in excess of this limit, it would be covered by the multiple financial institution collateral pool that insures public deposits.

Notes to the Basic Financial Statements For the Year Ended June 30, 2011

# Note 2. CASH AND INVESTMENTS (continued)

#### **Investments**

In accordance with its enabling legislation, the District has designated the Treasurer of Sonoma County to hold all monies of the District, with the exception of the deposit account at a local financial institution discussed above. By limiting its investments to the Sonoma County Treasurer's investment pool, managed in accordance with the California Government Code, the District minimizes its exposure to custodial credit risk, concentration of credit risk, interest rate risk, and foreign currency risk. The Sonoma County Treasury is invested by the Treasurer in accordance with the County's Statement of Investment Policy. The Treasurer's investments are overseen by an Investment Oversight Committee consisting of one representative of the County Board of Supervisors, the County Superintendent of Schools or his or her representative, one representative of County school districts, one representative of County special districts, and one representative of the Sonoma Retirement Board. At June 30, 2011, approximately 45% of the investment pool consisted of securities issued by federal agency issuers such as Federal National Mortgage Association, Federal Home Loan Bank, and Federal Farm Credit Bank. The extent of involuntary participation in the Sonoma County Treasurer's pool is estimated at 23%. The fair value of the District's position in the Sonoma County Treasurer's pool is approximately equivalent to the value of the pool shares.

Complete disclosures on the Sonoma County Treasurer's investment pool are available in the Comprehensive Annual Financial Report (CAFR) of the County of Sonoma, which is available on the website of the Sonoma County Auditor-Controller-Treasurer-Tax Collector at <a href="http://www.sonoma-county.org/auditor/financial">http://www.sonoma-county.org/auditor/financial</a> reports.htm#top.

Notes to the Basic Financial Statements For the Year Ended June 30, 2011

# Note 3. CAPITAL ASSETS

A summary of changes in property and equipment and the related accumulated depreciation for the years ended June 30, 2011 and 2010 is as follows:

	Balance			Balance
	June 30, 2010	Additions	Retirements	June 30, 2011
Land	76,500	-	-	76,500
<b>Building and Improvements</b>	679,524	-	-	679,524
Less Accumulated				
Depreciation	(215,213)	(22,650)	-	(237,863)
Equipment	622,792	6,421	-	629,213
Less Accumulated				
Depreciation	(398,932)	(43,803)		(442,735)
Totals	764,671	(60,032)		704,639

	Balance June 30, 2009	Additions	Retirements	Balance June 30, 2010
Land	76,500	-	-	76,500
Building and Improvements Less Accumulated	679,524	-	-	679,524
Depreciation	(192,562)	(22,651)	-	(215,213)
Equipment	610,773	12,019	-	622,792
Less Accumulated				
Depreciation	(356,686)	(42,246)		(398,932)
Totals	817,549	(52,878)	<u> </u>	764,671

Notes to the Basic Financial Statements For the Year Ended June 30, 2011

#### Note 4. CAPITAL LEASES

On September 20, 2004, the District entered into a lease agreement with the Government Capital Corporation for the purpose of acquiring an ambulance. This lease meets the criteria of a capital lease as defined by Statement of Financial Accounting Standards No. 13 "Accounting for Leases," which defines a capital lease generally as one which transfers benefits and risks of ownership to the lessee. The ambulance acquired by this lease has been capitalized, in the amount of \$115,039, which represents the present value of future minimum lease payments at the time of the acquisition. Principal payments during the fiscal year ended June 30, 2011 were \$11,900 and interest paid was \$2,657. Principal payments during the fiscal year ended June 30, 2010 were \$11,314 and interest paid was \$3,242. The effective annual interest rate per year on the capital lease is 5.169 percent.

On August 29, 2008, the District entered into a lease agreement with De Lage Landen Public Finance, LLC, for the purpose of acquiring a new copier. This lease meets the criteria of a capital lease as defined above. The copier acquired by this lease has been capitalized, in the amount of \$8,482, the present value of future minimum lease payments of \$165.20 per month beginning September 29, 2008 and ending August 29, 2013. Principal payments during the fiscal year ended June 30, 2011 were \$1,692 and interest paid was \$290. Principal payments during the fiscal year ended June 30, 2010 were \$1,968 and interest paid was \$510. The cost of the leased assets and the accumulated depreciation attributable to them are as follows:

Ambulance	Copier	Total
\$ 115,039	\$ 8,482	\$ 123,521
(80,527)	(4,806)	(85,333)
\$ 34,512	\$ 3,676	\$ 38,188
	\$ 115,039 (80,527)	\$ 115,039 \$ 8,482 (80,527) (4,806)

Notes to the Basic Financial Statements For the Year Ended June 30, 2011

# Note 4. CAPITAL LEASES (continued)

The following is a summary of the future minimum lease payments on capital leases:

Year Ended June 30:	P	rincipal	Interest		 Total
2012 2013 2014	\$	14,316 15,079 13,835	\$	2,224 1,460 677	\$ 16,540 16,539 14,512
Totals	\$	43,230	\$	4,361	\$ 47,591

#### Note 5. LONG-TERM LIABILITIES

On January 17, 2001, the District purchased the ambulance center in Gualala for \$618,436, financing \$407,600 of the cost through Rural Community Assistance Corporation (RCAC). Ninety percent of the loan is guaranteed by the United States Department of Agriculture. The loan from RCAC is evidenced by two promissory notes, both of which have term of 120 months with monthly payments. The first note in the amount of \$366,800 accrues interest at the rate of 6.75 percent per year, with monthly payment of \$4,229. The second note in the amount of \$40,800 accrues interest at the rate of 5.5 percent per year, with monthly payments of \$444. These loans were paid off during the year ended June 30, 2011.

During the year ended June 30, 2009, the District acquired an ambulance, including the necessary radio equipment and a cardiac monitor, for a total capitalized cost of \$112,312. This acquisition was financed by an installment note payable to the Municipal Finance Corporation for the same amount, and is collateralized by the equipment acquired. The note is payable in annual installments of \$25,584, including interest at the rate of 4.5 percent per year.

The repayment requirements for this note are as follows:

Year ended June 30	 Principal		Interest
2012	\$ 22,419	\$	3,165
2013	23,428		2,156
2014	 24,482		1,102
Totals	\$ 70,329	\$	6,423

Notes to the Basic Financial Statements For the Year Ended June 30, 2011

# Note 5. LONG-TERM LIABILITIES (continued)

Changes in the District's long-term obligations during the years ended June 30, 2011 and 2010 were as follows:

	Balance			Balance	Amounts
	June 30,			June 30,	Due in
	2010	Additions	Reductions	2011	One Year
Mortgage Payable	\$ 36,999	\$ -	\$ 36,999	\$ -	\$ -
Note Payable	91,782	-	21,453	70,329	22,419
Capital Lease- Amb.	51,417	-	11,900	39,517	12,577
Capital Lease-Copier	5,405		1,692	3,713	1,739
	\$ 185,603	\$ -	\$ 72,044	\$ 113,559	\$ 36,735
	Balance			Balance	Amount
	June 30,			June 30,	Due in
	2009	Additions	Reductions	2010	One Year
Mortgage Payable	\$ 88,680	\$ -	\$ 51,681	\$ 36,999	\$ 36,999
Note Payable	112,312	-	20,530	91,782	21,453
Capital Lease- Amb.	62,731	=	11,314	51,417	11,900
Capital Lease-Copier	7,373		1,968	5,405	1,692
	\$ 271.096	\$ -	\$ 85,493	\$ 185,603	\$ 72,044

### Note 6. OPERATING LEASE

Effective July 1, 2010, the District entered into an operating lease with the Redwood Coast Fire Protection District (RCFPD) to house an ambulance in Point Arena or Manchester. The agreement stipulates that the payments for the first year are to be \$220 per month and will increase by 10 percent of the prior year lease increase. The lease began with a \$240 "base year increase" over the basic rent of \$200 per month, resulting in the first year rent of \$220 per month. The lease agreement is for five-year period ending June 30, 2015, and can only be terminated or amended by the mutual agreement of both parties to the lease. RCFPD will consider negotiating a new lease at the end of the five-year period.

Notes to the Basic Financial Statements For the Year Ended June 30, 2011

#### **Note 6. OPERATING LEASE** (continued)

The projected minimum lease payments are as follows for the term of the lease:

<u>Year</u>	<u>Total I</u>	Lease Payments
2012	\$	2,664
2013		2,690
2014		2,719
2015		2,751
Total remaining lease payments	\$	10,824

#### Note 7. RISK MANAGEMENT

The District is exposed to various risks of loss related to torts; theft of, damage to, and destruction of assets; errors and omissions; injuries to employees; and natural disasters. The District covers these risks of loss through the purchase of commercial insurance. Settlements have not exceeded insurance coverage in any of the last three years.

#### Note 8. PENSION PLAN

#### (1) Plan Description

The Coast Life Support District Employee Retirement Plan (Plan) is a cost-sharing multiple-employer defined benefit plan administered by the California Public Employees' Retirement System (CalPERS), an agent multiple-employer defined benefit pension plan. The Plan was organized, effective July 2000 under the authority of the California Public Employees' Retirement Law (Law) and is also the authority for plan amendments and contributions from both the employees and their employers. The Law is documented in the California Government Code between section 20000 and 22958. CalPERS uses the "entry age normal" method to calculate the actuarial present value of total projected benefits. District employees are eligible to participate in the plan if they are classified as permanent full-time employees. The Plan is actually comprised of two plans; a safety plan with eight members who provide emergency ambulance services, and a miscellaneous plan with one member who has administrative duties only. The District's plan is part of both the Miscellaneous and Safety pools within the CalPERS system. A menu of benefit provisions as well as other requirements is established by State statutes within the Public Employee's Retirement Law. The District selects optional benefit provisions from the benefit menu by contract with CalPERS and adopts those benefits through the approval of the District's Board of Directors.

Notes to the Basic Financial Statements For the Year Ended June 30, 2011

### Note 8. PENSION PLAN (continued)

Benefits include a periodic pension payment upon retirement. Employees with at least 5 years of service credit, that are permanently incapacitated from performing their duties, are eligible for disability retirement at the rate of 1.8 percent of final compensation for each year of service. The Plans also provide for death and survivor benefits. CalPERS issues a separate comprehensive annual report. Copies of CalPERS' annual financial report may be obtained from its Executive Office, 400 P Street, Sacramento, CA 95814 or online at

http://www.calpers.ca.gov/index.jsp?bc=/investments/reports/home.xml.

### (2) Funding Policy

It is the policy of CalPERS to fund the plan so that total assets of the plan equal or exceed the actuarial present value of projected benefits. If there is a shortfall, contribution rates are adjusted to eliminate the deficit within one year or less. Employee members of both plans contributed 7 percent of reportable earnings for the period July 1, 2009 to June 30, 2011. The District contributed 13.616 percent for the reportable earnings for the miscellaneous plan from July 1, 2010 to June 30, 2011 and 14.519 percent from July 1, 2009 to June 30, 2010. The District contributed 15.164 percent for the reportable earnings for the safety plan from July 1, 2010 to June 30, 2011 and 15.728 percent from July 1, 2009 to June 30, 2010. The annual pension cost to the District was \$71,400 and \$77,615 for the years ended June 30, 2011 and 2010, respectively, and is equal to the required contributions for each year. There is no pension obligation at June 30, 2011 and June 30, 2010.

Initial plan unfunded liabilities are amortized over a closed period equal to the average amortization period at the plan's date of entry into the CalPERS risk pool. Subsequent plan amendments are amortized as level percentage of pay over closed 20-year period. Gains and losses that occur in the operation of the plan are amortized over a rolling 30-year period. If Plan's accrued liability exceeds the actuarial value of the plan asset, then the amortized payment on the total unfunded liability may not be lower than the payment calculated over a 30-year amortization period.

Notes to the Basic Financial Statements For the Year Ended June 30, 2011

# Note 8. PENSION PLAN (continued)

# (3) Annual Pension Cost and Net Pension Obligation

The District's annual pension cost and net pension obligation (asset) for its CalPERS retirement plan for fiscal year 2011 and the two preceding fiscal years are presented below:

	June 30,			
	2011	2010	2009	
Annual required contribution	\$ 71,400	\$ 77,615	\$ 84,880	
Interest on net pension obligation (asset)				
Adjustment to annual required contribution				
Annual pension cost	71,400	77,615	84,880	
Contributions made	(71,400)	(77,615)	(84,880)	
Increase (decrease) in net pension obligation (asse	t)	==	==	
Net pension obligation (asset), beginning of year	<u></u>			
Net pension obligation (asset), end of year	<u>\$</u>	<u>\$</u>	<u>\$</u>	

The required contribution was based on CalPERS June 30, 2008 actuarial valuation with the contributions determined as a percent of pay. Valuations as of later dates were performed to determine contribution rates for subsequent fiscal years.

A summary of the principal assumptions and methods used to determine the contractually required contributions is as follows:

Valuation Date	June 30, 2008
Actuarial Cost Method	Entry age normal cost method
Amortization Method	Level percent of payroll
Average Remaining Period	16 Years as of the valuation date
Asset Valuation Method	15 Year smoothed market
Actuarial Assumptions	
Investment Rate of Return	7.75% (net of administrative expenses)
Projected Salary Increases	3.25% to 14.45% depending on age, service and type of employment
Inflation	3.00%
Payroll Growth	3.25%
Individual Salary Growth	A merit scale varying by duration of employment coupled with an assumed annual inflation growth of 3.00% and an annual production growth of 0.25%.

Notes to the Basic Financial Statements For the Year Ended June 30, 2011

# Note 8. PENSION PLAN (continued)

On December 2, 2008, the District adopted a Deferred Compensation Plan for the benefit of all employees.

# (4) Funded Status and Funding Progress

The schedule of funding progress, presented as required supplementary information (RSI) following the notes to the basic financial statements, presents multiyear trend information about whether the actuarial value of plan assets is increasing or decreasing over time relative to the actuarial accrued liability for benefits. Because the District has fewer than 100 employees participating in the retirement plans, CalPERS requires the District to participate in the Safety and Miscellaneous Plans administered by CalPERS. The schedule of Funding Progress presents the total assets and liabilities of the Safety and Miscellaneous pooled funds at CalPERS.

### Note 9. PROPOSITION FOUR/GANN APPROPRIATIONS LIMIT

The Proposition Four appropriations limit (also known as the Gann Limit) creates a restriction on the amount of revenue that can be appropriated in any fiscal year. Only revenues that are "proceeds of taxes" are subject to limitation. The basis for calculating the limit began in 1978-79 for all California government entities and is calculated each year based on population changes and inflation. Government Code Section 7910 requires a local government to establish its appropriations limit by resolution each year, at regularly scheduled or noticed special meeting. The District is also required to formally adopt the two variables used in the calculation, which are the cost-of-living change factor and the population change factor.

From base-year recognition of special tax proceeds of \$300,000 in 1986-87, the current year calculations of the limit for the two years ended June 30, 2011 and 2010 are as follows:

		Cost-of-living	Population	Appropriations	
Fiscal Year	Base Limit	Factor	Factor	Lim	it For Year
2009-10	\$ 1,015,861	1.0062	1.0091	\$	1,031,461
2010-11	1,031,461	0.9746	1.0174		1,022,753

The appropriations limit for both years ended June 30, 2011 and 2010 exceeds the actual tax revenue of the District for each year.

#### COAST LIFE SUPPORT DISTRICT

Notes to the Basic Financial Statements For the Year Ended June 30, 2011

#### **Note 10. AFTER HOURS URGENT CARE SERVICE**

The residents of the District voted to pass Measure F in November, 1996. This measure expanded the powers of the District in order to provide and/or operate health care facilities. In June, 1997, the voters of the District approved a special tax rate of \$18 per undeveloped parcel, and \$36 for a developed parcel to provide after hours urgent care. This service was provided through a contract between the District and Redwood Coast Medical Services (RCMS) until the District was notified by RCMS that the contract would be terminated February 2, 2009.

As a result of that contract termination, the District has contracted with a service that provides telephone advice for local residents with urgent medical care needs. This service is considered an interim measure by District management, and other methods to provide urgent medical care to the residents within the District are being investigated.

#### Note 11. SUBSEQUENT EVENTS.

On April 10, 2012, the voters of the District approved the replacement of the existing EMS tax of \$32 per unit of benefit with a new tax not to exceed \$44 per unit of benefit. On the same date, the voters also approved expanding the existing After Hours Urgent Care program to include support for daytime urgent care.

REQUIRED SUPPLEMENTARY INFORMATION

#### **COAST LIFE SUPPORT DISTRICT**

Required Supplementary Information--Unaudited For the Year Ended June 30, 2011

#### **Funding Progress of Pension Plan**

The District participates with multiple employers in a pooled pension plan with CalPERS. The information below reflects the funding status of the plan as a whole, as the information is not available for individual members. The following information reflects the most recent actuarial valuations from CalPERS:

## Schedule of Funding Progress for the Safety and Miscellaneous Plan Pools Administered by CalPers

Actuarial Valuation Date	Act	uarial Value of Assets (a)	 ctuarial Accrued Liability (AAL) - Entry Age (b)	U	Infunded AAL (UAAL) (b-a)	Funded Ratio (a/b)	Covered Payroll (c)		UAAL as a Percentage of Covered Payoll ((b-a)/c)
Safety Plan Po	ool:								
6/30/2007	\$	69,523,793	\$ 77,117,539	\$	7,593,746	90.2%	\$	22,403,563	33.9%
6/30/2008	\$	62,163,959	\$ 69,011,153	\$	6,847,194	90.1%	\$	21,538,000	31.8%
6/30/2009	\$	63,095,026	\$ 73,625,106	\$	10,530,080	85.7%	\$	21,879,598	48.1%
Miscellaneous	<u> Plan</u>	Pool:							
6/30/2007	\$ :	2,391,434,447	\$ 2,611,746,790	\$	220,312,343	91.6%	\$	665,522,859	33.1%
6/30/2008	\$	2,547,323,278	\$ 2,780,280,768	\$	232,957,490	91.6%	\$	688,606,681	33.8%
6/30/2009	\$ :	2,758,511,101	\$ 3,104,798,222	\$	346,287,121	88.9%	\$	742,981,488	46.6%

### Schedule of Employer Contributions (Coast Life Support District)

		Annual	
	R	equired	Percentage
Year Ended	Coi	ntribution	Contributed
6/30/2009	\$	84,880	100%
6/30/2010	\$	77,615	100%
6/30/2011	\$	71,400	100%

#### 6/15/2012 12:46:10 PM

#### **COAST LIFE SUPPORT DISTRICT**

## Required Supplementary Information--Unaudited For the Year Ended June 30, 2011

A summary of the principal assumptions and methods used to determine the funding progress data presented above for the most recent valuation date is below:

Valuation Date
Actuarial Cost Method
Amortization Method
Average Remaining Period
Asset Valuation Method
Actuarial Assumptions
Investment Rate of Return
Projected Salary Increases

Inflation
Payroll Growth
Individual Salary Growth

June 30, 2009

Entry age normal cost method

Level percent of payroll

7 Years as of the valuation date 15 Year smoothed market

7.75% (net of administrative expenses)
3.55% to 14.45% depending on age, service and type of employment

3.00% 3.25%

A merit scale varying by duration of employment coupled with an assumed annual inflation growth of 3.00% and an annual production growth of

0.25%.

**OTHER REPORT** 

## COLLINS ACCOUNTANCY COMPANY

POST OFFICE BOX 426 LINCOLN, CALIFORNIA 95648-0426

Report on Internal Control Over Financial Reporting and on Compliance and Other Matters Based on an Audit of Financial Statements Performed in Accordance With Government Auditing Standards

TELEPHONE: (916) 626-4984

WEBSITE: HTTP://WWW.COLLINSACCT.COM/

The Board of Directors of the Coast Life Support District Gualala, California

We have audited the accompanying basic financial statements of the Coast Life Support District (the "District"), as of June 30, 2011 and for the year then ended and have issued our report thereon dated June 15, 2012. We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States.

#### **Internal Control Over Financial Reporting**

Management of the District is responsible for establishing and maintaining effective internal control over financial reporting. In planning and performing our audit, we considered the District's internal control over financial reporting as a basis for designing our auditing procedures for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the District's internal control over financial reporting. Accordingly, we do not express an opinion on the effectiveness of the District's internal control over financial reporting.

A deficiency in internal control exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct misstatements on a timely basis. A material weakness is a deficiency, or a combination of deficiencies, in internal control such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected on a timely basis.

Our consideration of internal control over financial reporting was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control over financial reporting that might be deficiencies, significant deficiencies or material weaknesses. We did not identify any deficiencies in internal control over financial reporting that we consider to be material weaknesses, as defined above.

The Board of Directors of the Coast Life Support District

#### **Compliance and Other Matters**

As part of obtaining reasonable assurance about whether the District's financial statements are free of material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

This report is intended solely for the information and use of management, the Board of Directors, others within the entity, and regulatory agencies and is not intended to be and should not be used by anyone other than these specified parties. However, this report is a matter of public record and its distribution is not limited.

Collins Accountancy Company

Lincoln, California June 15, 2012

#### COAST LIFE SUPPORT DISTRICT RESOLUTION No. 211

# RESOLUTION OF THE BOARD OF DIRECTORS OF COAST LIFE SUPPORT DISTRICT, STATE OF CALIFORNIA, ADOPTING THE PROPOSITION 4 APPROPRIATION LIMIT FOR THE FISCAL YEAR 2012-2013

WHEREAS, each fiscal year a Proposition 4 limit must be established; and

WHEREAS, Proposition 111, Article XIIIB, requires the Board of Directors of the Coast Life Support District to choose and adopt a certain method to increase this limit every year; and

WHEREAS, the Coast Life Support District had approved and adopted an Appropriation Limit for Fiscal Year 2011-2012 of \$1,058,594; and

WHEREAS, the Coast Life Support District has chosen the California Per Capita Personal Income and the Sonoma County Population Change Percentage factors in establishing the Proposition 4 limit; and

WHEREAS, the Coast Life Support District conducted an election on April 10, 2012 wherein the voters of the District passed a measure to increase the Emergency Medical Services tax rate from \$32 to \$44 per unit of benefit and to increase the appropriation limit to permit spending of the revenue raised by the tax, yielding an annual tax revenue increase of \$225,300, and

WHEREAS, the Board of Directors of the Coast Life Support District calculates the new Appropriation Limit to be \$1,337,071 based on the sum of the tax income increase and the annual percentage change for the California Per Capita Personal Income which is 1.0448% and the local population growth change which is 1.0052%,

NOW, THEREFORE, BE IT RESOLVED that the Board of Directors of the Coast Life Support District hereby adopts a new Appropriation Limit in the amount of \$1,337,071 for the Fiscal Year 2012-2013,

	y Director		or, who moved its dopted by the following vote on the
Director Toedter Director Dodds Director Combs	Directo		Director Rice Director Schwartz
Ayes:	Noes:	Abstain:	Absent:
WHEREUPON, the P	resident declared	the foregoing RESOL	LUTION adopted and
	SO OF	RDERED	
	Cynthi	a Chilton Hauck, Sec	retary to the Board

## COAST LIFE SUPPORT DISTRICT RESOLUTION NUMBER 212

RESOLUTION OF THE BOARD OF DIRECTORS OF THE COAST LIFE SUPPORT DISTRICT, A SPECIAL DISTRICT OF THE STATE OF CALIFORNIA, ORDERING AN ELECTION TO BE HELD AND REQUESTING CONSOLIDATION WITH THE NOVEMBER 6, 2012 GENERAL DISTRICT ELECTION

WHEREAS, an election will be held on November 6, 2012, in the Coast Life Support District for the purpose of electing District Directors to fill positions that will expire in 2012;

BE IT RESOLVED THAT, the District Directors of said district hereby request consolidation with any election that may be held on the same day, in the same territory or in territory that is in part the same.

	B RESOLUTION was introden, seconded by Director g vote:		
Toedter Schwartz	Chilton Hauck Dodds	Rice Klopfer	Combs
Ayes Noes	s Abstain	Absent	
WHEREUPON, Th SO ORDERED.	ne President declared the f	oregoing Resolution	adopted and

CYNTHIA CHILTON HAUCK, SECRETARY

## COAST LIFE SUPPORT DISTRICT RESOLUTION NUMBER

## RESOLUTION AUTHORIZING CONTRACTING FOR URGENT MEDICAL CARE SERVICES WITH REDWOOD COAST MEDICAL SERVICES

WHEREAS, Voters within the Coast Life Support District (District), in the April 10, 2012 election, approved removal of the term "After Hours" from the existing After Hours Urgent Care parcel tax approved by the Voters on June 3, 1997; and

WHEREAS, the District has surveyed medical providers in the District and determined that the sole provider of medical services in the District reasonably capable of delivering Urgent Medical Care services is Redwood Coast Medical Services (RCMS); and

WHEREAS, the District issued a Request for Proposal (RFP) for Urgent Medical Care services and received a bid from RCMS following the process described in the RFP, and has determined that they are qualified to provide urgent care medical services as specified in the RFP; and

WHEREAS, the District has determined that RCMS is prepared to provide Urgent Care for the period of two years for an aggregate total payment of Three Hundred Thousand Dollars; and

WHEREAS, Urgent Medical Care is defined in the RFP as being medical consultation and treatment for non-life threatening conditions which may be uncomfortable and/or may deteriorate into more serious or life-threatening conditions; and

WHEREAS, the District has determined that there are funds available as a result of the Voters approval to modify the conditions for use of the existing parcel tax to support a contract for Urgent Care with RCMS

#### NOW THEREFORE BE IT RESOLVED:

- 1. The Coast Life Support District enter into an agreement with Redwood Coast Medical Services to provide Urgent Care in accordance with the terms and conditions of the District's RFP 12-01 and the Proposal provided by RCMS in response to the RFP.
- That the President of the District is authorized to sign the agreement with RCMS.
- 3. That the District Administrator is directed to include the funding for Urgent Care in the FY2012-13 and FY2013-14 Budgets per terms of the Agreement with RCMS, or until directed otherwise by the Board of Directors.

## 6/15/2012 12:46:11 PM

	ion was introduced by Direct by Director	ctor	_, who moved its
Roll Call Vote:			
	Chilton Hauck Dodds	Rice Klopfer	
Ayes Noes	Abstain	Absent	
WHEREUPON, The SO ORDERED.	e President declared the for	egoing Resolution	on adopted and
	CYNTHIA C	HILTON HAUCK	K, SECRETARY

## **Coast Life Support District**

## **REQUEST FOR PROPOSALS 12-01:**

## URGENT MEDICAL CARE SERVICES

The Coast Life Support District seeks proposals for the provision of urgent medical care services (UC) to the District. The successful applicant will receive a cash payment from the district in exchange for provision of such services in accordance with the specifications in this Request for Proposals.

The District is seeking a provider under this request for proposals for services to be provided during the period of July 1, 2012 to June 30, 2014.

Questions regarding the Request for Proposals can be addressed to:

Scott Foster, District Administrator PO Box 1056 Gualala, CA 95445

Tel.: 707-884-1829 Ex. 16

Fax: 707-884-9119

E-mail:scott.foster@clsd.ca.gov

Note: Faxed communication during the bid period is acceptable. If E-Mail is used for this purpose, acknowledgment by recipient of message received is required for communications to be deemed to have been complete.

#### COAST LIFE SUPPORT DISTRICT

## REQUEST FOR PROPOSALS 12-01: URGENT MEDICAL SERVICES

#### **SECTION I - INTRODUCTION**

The Coast Life Support District (District) seeks proposals for the provision of urgent medical care services (UC) to the District. The successful applicant will receive a cash payment from the district in exchange for provision of urgent medical care in accordance with the specifications in this Request for Proposals. Qualified applicants are invited to review the specifications and to submit proposals according to the attached criteria and conditions.

The purpose of this Request for Proposals is to ensure the provision of urgent medical services to the area of the Coast Life Support District by providing a payment to a provider who will guarantee the desired service level.

#### COAST LIFE SUPPORT DISTRICT

The Coast Life Support District was formed in 1986 following enabling legislation (Chapter 375, Statutes of 1986) and an election. The primary purpose of the District was to ensure the availability of emergency ambulance services to the Southern portion of the Mendocino County coastal area and the Northern portion of the Sonoma County coastal area.

The District is operated by a seven member Board of Directors which is elected by the residents. It receives funds for the provision of ambulance service from a special tax which was authorized in the November 1986 election and increased most recently in the April, 2012 election; from ambulance revenues; from a limited ambulance subsidy provided Mendocino County; and from donations. Currently the District operates a full time Advanced Life Support (ALS) ambulance, and an on-call Basic Life Support (BLS) ambulance.

Under the enabling legislation, the District has latent power to provide other health care services. Activation of that power required that a majority of District voters approve the expansion of powers at a District General Election. In November 1996, the voters granted such approval for the stated purpose of providing after hours urgent medical services. In June 1997 a special tax to fund an After Hours Urgent Carer (AHUC) program was passed by the voters. The AHUC program was implemented as an on-call provider service, available after normal clinic operating hours. Patients desiring AHUC contacted the service through the RCMS telephone switch and, if deemed necessary, met the on-call provider at the clinic for urgent medical care.

In February 2009, RCMS terminated contract AHUC services with the District for reasons of financial unsustainability. The District Board of Directors has since undertaken a joint effort with the RCMS Board of Directors to seek a long-term solution to providing a comprehensive solution to healthcare in the community. A partial, interim solution has been implementation of a contracted telephone nurse triage and advice service, funded by the District from an After

Hours Urgent Care special tax and accessed through the RCMS telephone number after clinic operating hours.

In the fall of 2011, RCMS approached the District Board of Directors with their concerns about financial sustainability of urgent medical care at the clinic during normal operating hours. The District board agreed to place a measure before the voters in April 2012 that would remove the "After Hours" restriction on use of AHUC tax funds collected, with the intent of partially supporting RCMS urgent care during normal operating hours if a mutually satisfactory agreement between the two organizations could be reached.

In light of the District's status as a public agency, and to conduct their actions with the due diligence required of a public agency, this Request for Proposals has been generated to solicit bids from RCMS as well as from any other viable healthcare provider.

#### DESCRIPTION OF SERVICE AREA

The Coast Life Support District is located in the rugged rural coastal areas of Northern Sonoma and Southern Mendocino Counties. The area is clearly defined by geography: the Pacific Ocean to the west and coastal mountain range to the east. Communities are clustered primarily in a linear fashion along California Highway 1, the primary ingress and egress to the area. The highway itself is a two lane winding and hilly route. Accurate permanent population data is not available, however local estimates are ten to twelve thousand, with seasonal swells to as many as fifteen thousand persons.

Tourism plays a significant role in the economy of the area. Many recreational opportunities are offered; the majority are ocean related, including ocean water swimming and diving, fishing, cliff climbing, etc. Other areas of economic importance are the construction trades, service and other businesses, cottage industry, agriculture and logging. The area has a significant retired and elderly population.

Hospital facilities are located some distance from the District. From Gualala, the approximate center of the District, the closest facilities are Palm Drive Hospital in Sebastopol, to the South and Mendocino Coast District Hospital to the north. Both are community hospitals and some 1.5 hours in travel time by road. Transport to tertiary care facilities in Santa Rosa or Healdsburg increases travel time to about two hours.

Emergency medical services are provided in several tiers. Volunteer fire departments located within the District all provide first response emergency medical care at the EMT-I level. The Coast Life Support District has instituted an early defibrillation program in all fire departments and sponsors public information, education, and first responder/EMT training programs. Ambulance service, provided by District is as described above. The closest back-up ALS ambulance to Gualala is from Guerneville, to the south, and Fort Bragg, to the north.

Air ambulance service is provided by: Redwood Empire Air Care Helicopter (REACH), Sonoma County Sheriff's Department Helicopter (HENRY-1), and California Shock/Trauma Air Rescue (CALSTAR). Helicopter service, weather permitting, is available to both the Sonoma County and Mendocino County components of the District. Helicopter response time to the Gualala area COAST LIFE SUPPORT DISTRICT

averages between twenty-five and forty-five minutes. It bears noting that weather conditions typically preclude helicopter response on over half of requested missions.

#### LOCAL MEDICAL SERVICES

Currently, primary medical care is available within the community through two providers.

- Redwood Coast Medical Services (RCMS), a Federally Qualified Health Center (FQHC) provides the majority of local heath care.
  - Located in Gualala, the private, non-profit community clinic is staffed with several full-time providers (physicians and mid-level) and one or more additional part time physicians or mid-level providers. In addition, RCMS provides local access to specialist care by arrangement with various physician providers who see patients in RCMS's facility on a regular basis. Because of its FQHC status and as a state funded rural health care facility, it provides outreach and other ancillary health services. RCMS also has a primary care branch clinic in Point Arena.
  - RCMS maintains a portion of its facility as an urgent care treatment area, and can
    receive both ambulatory patients and those arriving by ambulance. Immediately
    adjacent to its facility is a lighted heliport for helicopter transfer of patients to
    emergency departments. RCMS is designated by the California Emergency
    Medical Services Authority as an Interim Stabilization and Triage Facility. This
    allows patients who are transported by ambulance to be received, triaged and
    treated at the clinic. It is the only known rural clinic in the state with this
    designation.
- Federally-sponsored Indian Health Services, located on the Point Arena Reservation, provides outreach and clinical care to many in the local Native American community. Much of this population reside on one of the three rancherias that lie within District's boundaries. The Indian Health program does not provide after hours care and refers patients to hospital emergency departments.

#### HISTORICAL BACKGROUND OF URGENT CARE IN THE COMMUNITY

AHUC was available to the community through RCMS since its inception in 1976, until termination of the program in February 2009. Initially the resident medical providers provided the majority of night and weekend coverage with some relief from out of area medical staff. Over the years, the structure remained essentially the same with variations in the staffing patterns.

Because of the small population in its catchment area, RCMS has traditionally operated at a loss, and required grants and subsidy from private and public sources to make up the difference between its operating cost and revenue from patient fees.

By 1995, many of the sources for outside funding had disappeared and the RCMS Board of Directors (BOD) determined that it could no longer provide the range of primary and urgent care services without a stable source of subsidy. RCMS commissioned a study of alternative structures for providing urgent care services, the single largest budget drain in its operation. As an outgrowth of that study, the RCMS BOD decided to seek public funding for the continuation of urgent care program.

As a result of RCMS's decision to seek a publicly funded subsidy, a community group formed that advocated the public funding concept. They presented the District with a petition requesting that the District ask the voters for permission to expand its powers to permit the provision of After Hours Urgent Care. As required by its enabling legislation, the District placed the measure on the November 6, 1996 ballot. The ballot measure passed with about a 72% vote.

RCMS was awarded the AHUC contract, following a competitive bid, in February of 1997. This contract had two two-year extensions and ended on June 30, 2004. A subsequent RFP and contract continued the program through February 2009. As mentioned earlier in this document, RCMS cancelled the AHUC program due to unsustainable financial losses. Should a Provider other than RCMS be awarded the contract for Urgent Care under this RFP, RCMS has advised the District that it will default to providing only primary care and other ancillary services during its normal business hours, and will likely make agreements with the District's Provider for UC coverage for its patients.

## **SECTION II -- PROPOSAL AND REVIEW PROCESS**

The review of proposals submitted pursuant to this Request for Proposals is intended to identify the applicant, which requires the lowest total subsidy in order to provide service, and which meets the District's minimum standards.

#### PROPOSAL CONTENTS

Proposals submitted in response to this Request for Proposals should be typed, double-spaced, with one-and-a-half inch right-side margins. Pages should by numbered "1 of n, 2 of n, . . . etc." Proposals shall consist of five parts:

- PART I is the cover sheet, included in Appendix 2 of the Request for Proposals.
- PART II is a narrative description of the applicant's experience in the provision of medical services with particular emphasis on the proposed medical Providers' training and/or experience in emergency and urgent medicine. It should describe the applicant's ability to provide the service as specified under this RFP. At a minimum, this section should address those items described in Section IV of this RFP.
- PART III consists of criteria, which the applicant must meet. For each criterion, described in Section V of this RFP, the proposal should include a narrative description of the applicant's ability to meet the criterion as well as the specific items requested.

- PART IV consists of conditions, which the applicant must accept. For each condition,
  described in Section VI of this RFP, the proposal should include a positive statement
  indicating the applicant's willingness to comply with each of the conditions. Any
  variance from these, including any condition with which the applicant is unable or
  unwilling to comply, should be clearly identified.
- PART V consists of the applicant's bid, specifying the total required payment for each year
  of the contract. The proposal shall include the form included in Appendix 3 reproduced
  on to the applicant's letterhead and completed as indicated. It should be placed in a
  sealed envelope with the applicant's name and the statement "Coast Life Support District
  Urgent Care Bid."

#### PROPOSAL PROCESS

A. Providers or organizations interested in submitting a proposal should carefully review the specifications contained herein, and the criteria and conditions. Providers who are able and willing to meet these requirements should, by **June 11, 2012** execute the Statement of Interest in submitting a proposal (Appendix 1). After **June 11, 2012**, any communications from the District regarding the Request for Proposals will be directed to those who have submitted the Statement of Interest.

B. Any questions or requests for interpretation of the information in this Request for Proposals should be submitted in writing to the District Administrator as described on the introduction page of this RFP.

An addendum or addenda shall be prepared to answer the questions received and will be distributed to all agencies which have submitted a Statement of Interest. No questions will be accepted after 12:00 noon on **June 12, 2102**. It shall be the applicant's responsibility to make inquiry as to any addenda issued. All addenda shall become part of the contract documents, and all applicants shall be bound by such addenda whether or not received by the applicant.

C. An original and two copies of the proposal must be submitted to the Coast Life Support District no later than 5:00 pm **June 12, 2012**. An individual who has the authority to bind the organization must sign proposals.

Proposals should be mailed to:

Coast Life Support District Urgent Care Proposal Attn. District Administrator PO Box 1056 Gualala, CA 95445

If the applicant wishes to deliver the proposal, call the office of the District Administrator in advance for an appointment. Without an appointment, it is possible that no one will be available to receive your proposal. Late proposals, regardless of postmark will not be accepted.

- D. Written proposals will be reviewed by the District for completeness. By **June 13, 2012**, applicants will be advised if any required item was not submitted. Missing items can be added until **June 14, 2012 by 5:00 pm**. If the missing item is considered to be substantive, a proposal, which is incomplete after this date, will be rejected.
- E. The written response to the UC service conditions (Section V of the RFP) will be reviewed by the District to determine if conditions are met in an acceptable manner. Any unacceptable rating of a condition must be rectified prior to **June 14, 2012** by 5:00 pm or the proposal will be rejected.
- F. The District shall appoint an ad-hoc committee for the purpose of reviewing completed applications and determining if each proposal meets the minimum qualifications. The committee's findings will be presented to the Board of Directors of the Coast Life Support District on June 18, 2012 in open session. Applicants may attend this meeting; however, formal presentations will not be scheduled. Following identification of acceptable proposals, the Directors will open the sealed bids for those applications, which are deemed to meet the minimum standards. The lowest bid shall be determined by the District based on the entire amount of the payment for the two-year contract, exclusive of any extensions or any other costs.
- H. The District reserves the right to reject any or all proposals or to waive any defect or irregularity in a proposal. The District further reserves the right to award the contract to the applicant or applicants, which, in the District's judgement, will best serve the needs of the residents of the District.
- I. In the event of a tie for the lowest bid among two or more applicants, the Board will award the contract to the organization, which proposes to provide the highest level of service above the minimum requirements. Factors to be considered include:
- Applicant's previous business history and experience as a Provider of urgent or emergent medical care services
- Qualifications of primary medical providers to provide urgent and emergent medical care
- Proposed service level which exceeds the minimum standards
- Affiliation in some form with a comprehensive health care provider network or hospital organization
- J. All proposals submitted in response to this RFP shall be deemed public record. In the event that an applicant desires to claim portions of its proposal exempt from disclosure, it is incumbent upon the applicant to clearly identify those portions with the word "confidential" printed on the lower right-hand corner of the page. The District will consider an applicant's request for exemption from disclosure; however, the District will make a decision based upon applicable laws. An assertion by an applicant that the entire proposal or large portions are exempt from disclosure will not be honoured.

- K. The District is not liable for any costs associated with the preparation and presentation of a proposal submitted in response to this RFP.
- L. All data and information furnished by the District, or referred to in this RFP are furnished for the applicant's convenience. The District does not guarantee that such data and information are accurate and assumes no responsibility whatsoever as to their accuracy or interpretation. Applicants shall satisfy themselves as to the accuracy or interpretation of all such information and data.

#### PAYMENT FOR SERVICES

- A. Applicants must indicate the total amount of payment from the District, not to exceed \$150,000 annually, which is required to provide the service as described in the applicant's proposal, based on a contract term of twenty-four (24) months. The actual monthly cost of the service shall be derived by dividing the total cost by twenty-four (24) months. In the event the contractual term differs from the twenty-four (24) month term, actual compensation shall be based on the monthly amount presented in the applicant's proposal.
- B. The period for which the Provider shall offer urgent care services shall be 8:00am to 6:00pm, Monday through Friday, exclusive of holidays as described in Section III of this RFP. In the event that RCMS decreases its operating hours during this agreement, the Provider will maintain the provision of urgent care services throughout the operating hours specified in Section III of this RFP.
- C. The Provider will receive the subsidy as stated in the Agreement directly from the District. The Provider is responsible for patient billing and collections for services rendered under the Agreement. No additional payments or subsidies shall be made from the District to the Provider under this Agreement. Provider agrees that all other costs (direct and indirect) associated with providing Urgent Care services will be borne by Provider, using patient revenue, fund raising, grants, and other sources, and that Provider will make best efforts to fund the full cost of providing Urgent Care, and not operate at a loss.
- D. Payment will be made by the District monthly in arrears. No other payment schedule is acceptable.

#### CONTRACT

- A. The District proposes to execute the contract included in Appendix 6 with any changes, which are mutually agreed upon. Applicants should clearly indicate any proposed changes within their proposals. No proposed change to the contract, which is not submitted as part of the application, will be considered.
- B. Prior to initiation of work under this contract, the successful applicant will be required to furnish proof of all necessary licenses, certificates and, certificates of insurance, and a performance bond or deposit. Failure to provide required items may result in withdrawal of the contract offer.

#### PROPOSAL PROCESS DEADLINES

Note: All dates are 2012

June 11: Statement of Interest due.

June 12: Proposals due.

June 13: Applicants will be notified of any missing items.

June 14: Missing items must be submitted.

June 14: Any unacceptable rating of a condition must be rectified.

June 18: District Board of Directors will meet to consider proposals and a Provider.

June 20: Approximate date contract to be signed by both parties.

July 1: Service implementation date.

#### **SECTION III -- PROPOSED SERVICE PATTERN**

#### LEVEL OF SERVICE

The Coast Life Support District seeks a Provider to provide urgent care medical services.

Urgent care services consist of the following:

- Medical consultation and treatment for non-life threatening conditions which may be uncomfortable and/or may deteriorate into a more serious or life threatening conditions.
- Telephone or in person triage of patients to the most appropriate level of service to manage their complaint.
- Perform blood draws at the request of local law enforcement agencies or personnel.
- Treatment of cases where the patient may benefit by treatment beyond the scope of EMT-Paramedic, prior to transport to hospital. Examples of this type of treatment include administration of thrombolytic therapy in acute myocardial infarction, and assessment and treatment of ketoacidosis.
- Assist public safety services in the management of multiple casualty medical incidents, either at the scene or at Provider's facility.
- For purposes of this RFP, the Urgent Care service period is defined as beginning at 8:00 am and continuing until 6:00 pm on the days that Redwood Coast Medical Services or any successor community health facility serving the District is open. Currently RCMS primary care is available 8:00 am to 6:00 pm weekdays. It is closed on the following holidays: New Years Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, and Christmas Day. Provider shall coordinate service availability to that of RCMS in order to assure the continuous availability of urgent care service.

#### **STAFFING**

The Provider shall staff the UC service with clinicians who are:

- 1) Physicians licensed in the state of California board as medical doctors or doctors of osteopathy, certified or eligible in Family Practice or Emergency Medicine or related specialty that includes background or experience in emergency medicine or
- 2) Mid Level providers: Family Nurse Practitioner (FNP) or Physicians Assistant (PA), with a minimum of two years current experience in Family Practice and emergency medicine.

The Provider must ensure that these clinicians are sufficiently skilled and experienced to function in a remote area where hospitals are located at significant distance.

The Provider must ensure that these clinicians shall have current certifications in:

- 1. American Heart Association (AHA) Advanced Cardiac Life Support (ACLS)
- 2. AHA Pediatric Advanced Life Support (PALS)
- 3. Pre-hospital, Basic, or Advanced Trauma Life Support (PHTLS/BTLS/ATLS) or equivalent

Proof of these certifications shall be on record in the employment files of each clinician.

#### **URGENT CARE FACILITY:**

The Provider shall be housed in a facility suitable for the provision of urgent care services. The facility shall meet the following minimum standards:

- Accommodate at least two patients on gurneys and one additional ambulatory patient in an appropriate treatment space.
- Waiting space for two patients. Provision must be made to accommodate family members or others who may accompany patients for care.
- Rest room facilities for patients and staff.
- X-Ray facility with processing capability.
- "Clean" and "dirty" laboratory areas.
- Parking for at least 4 vehicles including one handicapped accessible parking space.
- Access to the treatment area from the parking area to accommodate non-ambulatory patients who arrive by ambulance.
- Other administrative or storage spaces necessary for the provision of urgent care services.
- Access to a heliport in reasonable proximity to the facility.

In addition, the facility shall be in compliance with all applicable federal, state and local laws regulations, codes or standards including without limitation the following:

- All applicable building codes
- All applicable zoning ordinances
- Requirements of the Americans for Disability Act
- License to operate by the State Department of Health Services
- Other recognized standards for medical facilities of this type.

#### **FACILITY LOCATION**

The Provider shall locate its clinical offices within the Gualala/Anchor Bay area as described below:

South Boundary: Gualala River

East Boundary: Old Stage Road (Gualala)

North Boundary: Fish Rock Road West Boundary: Pacific Ocean

### EQUIPMENT AND CAPABILITIES OF FACILITIES AND PROVIDER

The Provider shall equip the urgent care facility with the necessary materials and supplies in order to provide the services required under the contract, including, without limitation, the following:

- Screening x-ray for limbs and chest
- Pulse oximetry
- Nebulizer for aerosolized breathing treatments
- I.V. equipment and supplies
- Oxygen both on site and available for home use
- Orthopedic casting equipment and supplies
- Crash cart, annually updated, with supplied with equipment & supplies to stabilize cardiac, anaphylactic & neurogenic episodes.
- 12 lead EKG
- Cardiac defibrillator with monitor and rhythm strip
- Suction capability
- Laceration repair equipment and supplies (minor surgical instruments & sterilization capability)
- Burn management equipment & supplies
- Endotracheal intubation equipment & supplies
- Equipment for urinary catheterization
- Gastric lavage equipment and supplies
- Laboratory access on site for: CBC, HCT, U/A Pregnancy testing, glucose, and bedside cardiac enzyme markers
- Equipment & supplies for OB delivery
- Equipment and supplies for ophthalmic exam and minor foreign body removal
- Equipment and supplies for the drainage of synovial fluid
- Equipment and supplies for incision and drainage of abscess, and minor foreign body removal.
- Stock of medications for use in treatment and for dispensing for interim use by patient.

## FINANCIAL, QUALITY ASSURANCE, AND QUALITY IMPROVEMENT REPORTING

The Provider shall provide financial reports as indicated in this section within the number of days of the close of the reporting period. The Provider shall provide documentation of a quality assurance (QA) and quality improvement program (QI) and certify that it is consistent with applicable regulatory and clinical standards of the profession.

Provider shall supply the following reports:

- 1) Financial Reports
  - a. The Provider's proposal shall include a description of the indirect cost allocation methodology; this methodology shall be confirmed in the annual audit.
  - b. A quarterly financial summary and an annual audited financial statement:
    - i. Direct and indirect costs of providing UC, and
    - ii. Income, including revenue billed and actual collections, grants, and fund raising.
  - c. Financial reports shall include a certification by a representative of the Provider's Board of Directors that the income/expense reporting are in accordance with relevant accounting standards.
  - d. Annual audit shall be reconciled to quarterly reports, including description of adjustments by auditor.
  - e. Quarterly financial reports are due 45 days after quarter end, including the fourth quarter; annual audit is due 180 days after fiscal year end.
- 2) Semi-annual Quality Improvement Committee (QIC) Medical Records Audit Report
  - a. Ten percent of UC patient charts reviewed by RCMS Medical Director
  - b. Summary of deficits noted
  - c. Summary of corrective actions taken
  - d. Follow-up report summarizing the effectiveness of the actions taken
- 3) Monthly Patient Visits Report, due 10 days after month's end, showing
  - a. Total number of UC visits
- 4) Quarterly Patient Satisfaction Report.
  - a. This report will be based on an approved satisfaction survey tool which will be distributed to all urgent care clients following their encounter with urgent care services. Response goal will be at least 10% of surveyed clients. Provider will establish a follow-up plan for all survey results with a satisfaction rating of 60% or less.
  - b. The quarterly report will be due 45 days after quarter end.

The District will maintain a contract oversight function that will include direct participation of CLSD representatives in the RCMS QIC to address QA/AI and contract performance issues.

#### ANCILLARY AND MISCELLANEOUS SERVICES AND CONDITIONS

Provider shall have programs in place to manage the following issues:

• Direct management and oversight of the UC program.

- Provision of a specialist referral network and appropriate hospital transfer agreements.
- Accommodation of "third party" insurers common to residents in service area. Current insurers include but are not limited to: Sonoma and Mendocino Counties MediCal Managed Care and Blue Cross and Blue Shield.
- Provider shall become familiar with, and comply with Emergency Medical Service Policies and Procedures as promulgated by the Coastal Valleys Emergency Medical Services Agency as related to ambulance/helicopter transportation of patients to and from the proposed urgent care service.
- Provider shall provide documentation that it maintains any designations or certifications
  required by applicable regulatory agencies so that patients may be transported to the
  urgent care facility by ambulance for triage, treatment or stabilization prior to transport to
  hospital.
- Public education and outreach as concerns community use of Urgent care vs. Primary care vs. Emergency care (911).
- Inter-agency coordination.
- Provider shall agree to participate in any strategic planning efforts by the District for future structures of health care in the community. Such planning efforts may include other agencies or health care organizations.

#### **COMMUNICATIONS**

The Provider shall maintain a base station two-way radio on the VHF band, suitable for communications with ambulance and Emergency Medical Services personnel and equipment as specified by the Coastal Valleys Emergency Medical Services Agency.

In addition to the above communications systems, the District, during the contract period, may develop a communications network for facilitating and coordinating District-area disaster response. Provider may participate in the planning and utilization of this network under such terms as may be negotiated between the District and Provider.

#### FEES, CHARGES, AND SUBSIDY

The District will provide a cash payment to the Provider in an amount determined through this bid process. The subsidy will be paid in monthly instalments over the life of the contract as determined by the bid.

Provider shall be responsible for all billing for services and shall be entitled to receive all proceeds from fee for service billing, capitated payments or other patient revenues. The Provider may, at Provider's discretion, enter into agreements with health maintenance organizations, medical insurance organizations or other third party medical payers, for provision of urgent care or other medical services. Agreements for any medical services shall not affect amount of compensation paid to Provider by District under the contract between the District and the Provider.

District shall not have control nor review authority over Provider's fee structure.

#### SECTION IV -- NARRATIVE OVERVIEW

Proposals should begin with a narrative description of the applicant's experience in provision of medical services with particular emphasis on the applicants experience in the provision of urgent and/or emergency care, and/or family practice, and shall describe the applicant's capability of providing such services in the future. At a minimum, this section should include:

- 1. The business name, as well as related prior business names, and legal business status of the applicant.
- 2. A complete description of the applicant's business history and a description, including years of service, of the applicant's experience in the operation of medical facilities with an emphasis on rural health care and/or urgent care.
- 3. A list of jurisdictions in which the applicant does business.
- 4. Details of any affiliation with health care providers, provider networks, hospital facilities or networks, or health insurance providers.
- 5. Details of any failure or refusal to complete a contract.
- 6. A description of any previous or current litigation involving the applicant or any of its principal officers in connection with the provision of medical services.
- 7. Details of any regulatory actions, including, but not limited to, written warnings issued against the applicant by any public agency, or licensing authority.

Note: information provided under items 6 and 7, above, shall be deemed confidential. Applicants shall place such documentation in a sealed envelope marked "confidential". The information shall be submitted with the proposal. Following the review by the District's review committee, the information will be returned to the applicant.

8. Any other pertinent information regarding applicant's ability to provide after hours urgent care services in the future.

#### SECTION V -- URGENT CARE SERVICE CRITERIA

Applicants should address each of the criteria, describing both the current capabilities and any planned changes, and should attach any required documentation. The capability to carry out any planned changes should be documented with respect to fiscal and other capabilities and time frames. Specific items (*shown in boldface italics*) should be provided.

#### Level of service

1. Conditions of service are set forth in SECTION III, including an operational scope of urgent care services.

Characterize the UC program proposed by the applicant. The description should specifically address the way in which the applicant proposes to implement the criteria stated in SECTION III, LEVEL OF SERVICE.

2. Licensure: Applicants shall demonstrate possession of, or eligibility for licensure and/or certification of key medical provider staff members.

Describe licensure or certification requirements of key medical providers including physician(s) and mid-level provider(s) if any.

- 3. Staffing: Applicant shall provide staffing and the qualification levels described in SECTION III
- Describe the service plan proposed by the applicant.
- Indicate the level of qualifications of proposed medical providers and key administrative personnel.
- Describe medical or nursing assistance program that will be made available to the medical provider.
- 4. Facility: Applicant shall provide a facility meeting minimum standards as set forth in SECTION III.
- Describe the facility proposed to be used for provision of service under this RFP.
- Describe how it meets each of the criteria set forth in SECTION III, FACILITY.
- 5. Facility Location: Facility shall be located within boundaries of area describe above.
- Describe facility location, if known

If the location is not known, the location must be submitted to the District for approval prior to initiation of work.

- 6. Equipment and capabilities: Urgent care facility shall meet minimum standards established in SECTION III.
- Describe the equipment and capabilities of proposed facility.
- Briefly describe equipment to be used to meet minimum standards specified above. Include manufacturer, model and age of major equipment items.
- 7. QA/QI Programs: The Provider shall develop a QA/QI program that meet the minimum requirements set forth in SECTION III.
- Describe the proposed QA/QI program.

#### 6/15/2012 12:46:13 PM

- Identify the person designated as medical director, if known and include background and qualifications.
- 8. Ancillary and Miscellaneous Services and Conditions: Such services and conditions are described in SECTION III.
- For the ancillary and miscellaneous services and conditions enumerated in Section III, describe the applicant's proposal to address each issue or condition.
- 9. Communications: Communications systems and protocols are described in SECTION III.
- Describe, in general, applicant's method of compliance with requirements of Communications section.
- 10. Fees, and Charges and Subsidy:

Setting and collection of fees and charges are the responsibility of the Provider and the District shall have no oversight of fees and charges except as described in SECTION III, above.

#### **SECTION VI -- CONDITIONS**

For each condition, the proposal should include a positive statement indicating the applicant's willingness to comply with each of the conditions. Any variance from these, including any condition with which the applicant is unable or unwilling to comply, should be clearly identified.

#### Level of Service

1. Applicant agrees that, in exchange for a payment provided by the District, it will provide urgent medical care services in accordance with the description contained in this RFP.

#### **Policies**

- 2. Applicant shall comply with all Federal, State of California, County of Mendocino, and County of Sonoma laws, ordinances, and regulations, in addition to any other agencies having regulatory jurisdiction over services described herein.
- 3. Applicant shall ensure that properly licensed, certified or credentialed personnel shall administer any patient-care procedures. A list of all Provider licences and certifications will be made available to the District.
- 4. Applicant will cooperate with the District in the collection and analysis of utilization data and other data necessary for an on-going evaluation of urgent care services. Appropriate confidentiality of patient data will be maintained both by applicant and District.

## **Fees and Charges**

5. Applicant agrees that total compensation required from District will be limited to the payment as bid. Determination and collection of all other fees and charges is the responsibility of applicant, except as otherwise described in this RFP. The District will make no other subsidy or payment for services.

#### Staffing

- 6. Applicant will orient personnel to the District and the Coastal Valleys Emergency Medical Services system (including the advanced life support program), and will cooperate with these agencies and systems.
- 7. Applicant will ensure that personnel assigned to the District are sufficiently skilled and experienced to operate in an area distant from hospital and advanced emergency care.

#### **Insurance and Liability**

- 8. Applicant shall obtain insurance acceptable to the District in a company or companies acceptable to the District. Applicant shall take out and maintain at all times during the life of the contract, the following policies of insurance:
- A. Workers Compensation Insurance to cover its employees. Applicant shall provide workers compensation insurance as required by the Labor Code of the State of California for all of its employees. All workers compensation policies shall be endorsed with the following specific language or contain equivalent policy language:

This policy shall not be cancelled without first giving thirty (30) days prior written notice to the Coast Life Support District by certified mail.

- B. Public Liability Insurance: Personal injury and property damage insurance for all activities of the applicant arising out of or in connection with the contract, written on a comprehensive general liability form including protective coverage, blanket contractual, complete operations, vehicle coverage, and employer's non-ownership liability coverage in an amount no less than one million dollars (\$1,000,000.00), combined single limit personal injury and property damage for each occurrence. Applicant shall have the District named as an additional insured in the insurance policy, which shall contain the following clauses by endorsement or contain equivalent policy language:
  - (1) The District, its officers and employees, is named as additional insured for all liability arising out of the operations by or on behalf of the named insured in the performance of this contract.
  - (2) This insurance is primary insurance and no insurance of the Coast Life Support District will be called on to contribute to a loss under said policy.
  - (3) This insurance policy shall not be cancelled, altered, or non-renewed without thirty (30) days prior written notice thereof given to the Coast Life Support District by certified mail.
  - (4) The inclusion of more than one named insured shall not operate to impair the rights of one insured against another insured and the coverage afforded shall apply as though separate policies had been issued to each insured but the inclusion of more than one insured shall not operate to increase the limit of the company's liability.
- C. Medical Liability Insurance: Applicant shall procure and maintain throughout the term of the contract comprehensive medical liability insurance in the amount of no less than one million dollars (\$1,000,000.00). Applicant shall have the District named as an additional insured in the insurance policy, which shall contain the following clauses by endorsement or contain equivalent policy language:
  - (1) The coverage afforded by this policy includes operations performed for the additional insured by the named insured in fulfilling the underlying contract with the additional insured.
  - (2) This insurance is primary insurance and no insurance of the District will be called on to contribute to a loss under said policy.
  - (3) This insurance policy shall not be cancelled, altered, or non-renewed without thirty (30) days prior written notice thereof given to the District by certified mail.
  - (4) The inclusion of more than one named insured shall not operate to impair the rights of one insured against another insured and the coverage afforded shall apply as though separate policies had been issued to each insured but the inclusion of more than one insured shall not operate to increase the limit of the company's liability.

- Describe current workers compensation, public liability, and medical liability coverage.
- If any of the specific language provided above is not available from your insurance carrier, provide a letter from the insurance carrier so stating and providing alternative language.
- The required certificates of insurance must be provided upon execution of the contract.
- 9. Applicant agrees to accept all responsibility for loss or damage to any person or entity and to indemnify, defend, release and hold harmless the District, its officers, agents, and employees, from and against any and all claims, actions, damages, liabilities or expenses that may be asserted by any person or entity including applicant, arising out of or in connection with applicant's execution of the work covered by the contract, but excluding liability due to the sole active negligence or sole wilful misconduct of the District. This obligation is not limited by any limitation on the amount or type or damages or compensation owed by the District or the applicant, their agents or employees, under worker's compensation acts, disability benefit acts, or other employment benefit acts.

#### **Advertising**

10. Applicant agrees that it will use the phrase Urgent Care (as differentiated from Emergency Care) services in any advertising and public relations materials, including, but not limited to, organizational websites, mailings, flyers, yellow pages, and newspaper advertisements.

#### **Non-Discrimination**

11. Applicant shall comply with all applicable federal, state, and local laws, rules, and regulations regarding non-discrimination in employment because of race, color, ancestry, national origin, religion, sex, marital status, age, medical condition or handicap.

#### Contract

12. Applicant shall either stipulate that no exceptions are taken to the proposed contract, as shown in Appendix 4, or shall list and thoroughly describe every exception taken. (NOTE: Any proposed changes to the contract must be identified as part of the application).

<u>SECTION VII -- APPENDICES</u>
This form should be reproduced onto the applicant's letterhead. It should be placed in an envelope and marked "Coast Life Support District Statement of Intent."

## **APPENDIX 1 STATEMENT OF INTEREST**

		hereby states its interest in su	ubmission of a		
	livery of urgent medical care serv h CLSD RFP #12-01.	ices to the Coast Life Support Di	strict, in		
	Bidding On				
	Type of organization (e.g. corpo				
	Place of incorporat				
	Federal Employ				
	BY: Signature of Author				
	Name (Type				
	Title	Date			
	Contact In	IFORMATION			
Contact Perso	on				
Mailing Addr	ess				
Telephone		Fax			
E-mail Addre	-mail Address (if available)  Other Phone				

This form must appear on the front of the proposal.

## APPENDIX 2 PROPOSAL COVER SHEET

Mailing Address	
	CONTACT INFORMATION
Contact Person	
Mailing Address	
Telephone	For (if available)
E-mail Address (if available)	Other Phone
	Bidding Organization
BY:Signatu	re of Authorized Representative
	re of Authorized Representative  Name (Typed or Printed)
	Name (Typed or Printed)
	Name (Typed or Printed)  Title  Date

COAST LIFE SUPPORT DISTRICT

applicant's name and marked "COAST LIFE SUPPORT DISTRICT BID".

## APPENDIX 3 BID SHEET

	(hereafter i	eferred to as "Apr	olicant") proposes to
provide Urgent Care services "District") in accordance with	to the Coast Life Sup	port District (herea	after referred to as
and signed by		in exchange for t	he following payment:
		_ dollars (\$	) during the
period of July 1, 2012 (or act			
The monthly payment for the	contract period exclude	ding any extension	ns shall be:
		_ dollars (\$	) per month.
An extension will be granted District may award up to two terms and conditions of the o	contract extensions of		_
In submitting this proposal/o forth in the Request for Proposertifies the completeness and to the RFP and supplied to D firm and binding offer by Ap July 1, 2012 at 8:00 a.m. Pac Time, unless other dates are a	osals (RFP) issued by a discuracy of all informations is trict during the bidding plicant to perform the ific Daylight Time and	District on May 15 mation contained ing process. Applications as stated a lune 30, 2014 at	5, 2012. Further, applicant in the applicant's response cant's proposal constitutes a during the period between
Applicant further affirms that exceptions have been specific		_	specifications unless
	Bidding Orga	nization	
BY:_			
	Signature of Authorize	ed Representative	
	Name (Typed o	or Printed)	<del></del>
	Title		
	Date Coast Life Suppo	RT DISTRICT	

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## APPENDIX 4 PROPOSED CONTRACT

#### AGREEMENT

The following is an agreement ("Agreement") between the Coast Life Support District, a political subdivision of the State of California (hereinafter "District") and Redwood Coast Medical Services, (hereinafter "Provider").

#### RECITALS

WHEREAS, Provider represents that it is a duly qualified and licensed Federally Qualified Health Center, experienced in Urgent Medical Care and related services; and

WHEREAS, in the judgment of the Board of Directors, it is necessary and desirable to employ the services of Provider for the provision of Urgent Medical Care to the community.

NOW, THEREFORE, in consideration of the mutual covenants contained herein the parties hereto agree as follows:

#### AGREEMENT

#### 1. <u>Scope of Services</u>.

- 1.1 <u>Provider's Specified Services</u>. Provider shall perform the services described in the District's Request for Proposals ("RFP") issued June 8, 2012 which is attached hereto as Exhibit "A", and Provider's response to the RFP dated June 8, 2012 ("Proposal") which is attached hereto as Exhibit "B". Provider shall provide urgent medical care according to the terms and conditions of the RFP and the Proposal, except as may be modified by any agreements contained in Exceptions to CLSD RFP-12-01 Specifications As Agreed To By District, attached hereto as Exhibit "C".
- 1.2 <u>Cooperation with District</u>. Provider shall work closely with District and District staff in the performance of all work hereunder.
- 1.3 <u>Performance Standard</u>. Provider shall perform all work hereunder in a manner consistent with the level of competency and standard of care normally observed by a person practicing in Provider's profession. If District determines that any of Provider's work is not in accordance with such level of competency and standard of care, District, in its sole discretion, shall have the right to do any or both of the following: (a) require Provider to meet with District to review the quality of the work and resolve matters of concern; (b) terminate this Agreement pursuant to the provisions of <u>Article 4</u>.

- 1.4 <u>Assigned Personnel</u>. Provider shall assign only competent personnel, as required by CLSD RFP-12-01 Section III, to perform work hereunder.
- 2. <u>Payment</u>. For all services and incidental costs required hereunder Provider shall be paid in accordance with the payment terms set forth in <u>Exhibit D</u> attached hereto and incorporated herein.

## 3. <u>Term of Agreement</u>.

3.1 <u>Initial Term.</u> The initial term ("initial term") of this Agreement shall be from July 1, 2012 at 8:00 a.m. Pacific Daylight Time to June 30, 2014 at 6:00 p.m. Pacific Daylight Time, unless terminated earlier in accordance with the provisions of <u>Article 4</u> below.

#### 4. Termination.

- 4.1 <u>Termination Without Cause</u>. At any time after the first year of Agreement and without cause, either the District or the Provider shall have the right, in its sole discretion, to terminate this Agreement by giving one hundred eighty (180) days written notice to Provider. In the event of such termination, District shall pay Provider for services satisfactorily rendered to the date of termination.
- 4.2 <u>Termination for Cause</u>. Should Provider fail to perform any of its obligations hereunder, within the time and in the manner herein provided, or otherwise violate any of the terms of this Agreement, District may immediately terminate this Agreement by giving Provider written notice of such termination, stating the reason for termination. In such event, Provider shall be entitled to receive as full payment for all services satisfactorily rendered and expenses incurred hereunder, an amount which bears the same ratio to the total fees specified in the Agreement as the services satisfactorily rendered hereunder by Provider bear to the total services otherwise required to be performed for such total fee; provided, however, that District shall deduct from such amount the amount of damage, if any, sustained by District by virtue of the breach of the Agreement by Provider.
- 5. <u>Indemnification</u>. Provider agrees to accept all responsibility for loss or damage to any person or entity, and to defend, indemnify, hold harmless, and release District, its officers, agents, and employees, from and against any and all actions, claims, damages, liabilities, or expenses that may be asserted by any person or entity, including Provider, arising out of or in connection with the performance of Provider hereunder, whether or not there is concurrent negligence on the part of District, but excluding liability due to the sole active negligence or sole wilful misconduct of District. This indemnification obligation is not limited in any way by any limitation on the amount or type of damages or compensation payable to or for Provider or its agents under workers' compensation acts, disability benefits acts, or other employee benefit acts. In addition, Provider shall be liable to District for any loss or damage to District property arising from or in connection with Provider's performance hereunder.
- 6. <u>Insurance</u>. With respect to performance of work under this Agreement, Provider shall maintain and shall require all of its subcontractors, Providers, and other agents to maintain, insurance as described below:

- 6.1 <u>Workers' Compensation Insurance</u>. Workers' compensation insurance with statutory limits as required by the Labor Code of the State of California. Said policy shall be endorsed with the following specific language:
  - a. This policy shall not be cancelled or materially changed without first giving thirty (30) days' prior written notice to the District.
- 6.2 <u>General Liability Insurance</u>. Commercial general liability insurance covering bodily injury and property damage using an occurrence policy form, in an amount no less than One Million Dollars (\$1,000,000.00) combined single limit for each occurrence. Said commercial general liability insurance policy shall either be endorsed with the following specific language or contain equivalent language in the policy:
  - a. The District, its officers and employees, is named as additional insured for all liability arising out of the operations by or on behalf of the named insured in the performance of this Agreement.
  - b. The inclusion of more than one insured shall not operate to impair the rights of one insured against another insured, and the coverage afforded shall apply as though separate policies had been issued to each insured, but the inclusion of more than one insured shall not operate to increase the limits of the company's liability.
  - c The insurance provided herein is primary coverage to the District with respect to any insurance or self-insurance programs maintained by the District.
  - d. This policy shall not be cancelled or materially changed without first giving thirty (30) days prior written notice to the District.
- 6.3 <u>Professional liability insurance</u>. Comprehensive professional liability insurance for all activities of Provider arising out of or in connection with this Agreement in an amount no less than One Million Dollars (\$1,000,000) combined single limit for each occurrence. Said policy shall be endorsed with the following specific language:
  - a. The District, its officers and employees, is named as additional insured for all liability arising out of the operations by or on behalf of the named insured in the performance of this Agreement.
  - b. The inclusion of more than one insured shall not operate to impair the rights of one insured against another insured, and the coverage afforded shall apply as though separate policies had been issued to each insured, but the inclusion of more than one insured shall not operate to increase the limits of the company's liability.

- c. The insurance provided herein is primary coverage to the District with respect to any insurance or self-insurance programs maintained by the District.
- d. This policy shall not be cancelled or materially changed without first giving thirty (30) days prior written notice to the District.
- 6.4 <u>Documentation</u>. The following documentation shall be submitted to the District:
  - a. Properly executed Certificates of Insurance clearly evidencing all coverages, limits, and endorsements required above. Said Certificates shall be submitted prior to the execution of this Agreement.
  - b. Signed copies of the specified endorsements for each policy. Said endorsement copies shall be submitted within thirty (30) days of execution of Agreement.
  - c. Upon District's written request, certified copies of insurance policies. Said policy copies shall be submitted within thirty (30) days of District's request.
- 6.5 <u>Policy Obligations</u>. Provider's indemnity and other obligations shall not be limited by the foregoing insurance requirements.
- 6.6 <u>Material Breach</u>. If Provider, for any reason, fails to maintain insurance coverage, which is required pursuant to this Agreement, the same shall be deemed a material breach of this Agreement. District, at its sole option, may terminate this Agreement and obtain damages from Provider resulting from said breach. Alternatively, District may purchase such required insurance coverage, and without further notice to Provider, District may deduct from sums due to Provider any premium costs advanced by District for such insurance. These remedies shall be in addition to any other remedies available to District.
- 7. <u>Prosecution of Work</u>. The execution of this Agreement shall constitute Provider's authority to proceed immediately with the performance of this Agreement. Performance of the services hereunder shall be completed within the time required herein, provided, however, that if the performance is delayed by earthquake, flood, high water, or other Act of God or by strike, lockout, or similar Labor disturbances, the time for Provider's performance of this Agreement shall be extended by a number of days equal to the number of days Provider has been delayed.
- 8. <u>Extra or Changed Work</u>. Only the Board of Directors may authorize extra or changed work. The parties expressly recognize that District personnel are without authorization to order extra or changed work or waive Agreement requirements. Failure of Provider to secure such written authorization for extra or changed work shall constitute a waiver of any and all right to adjustment in the Agreement price or Agreement time due to such unauthorized work and thereafter Provider shall be entitled to no compensation whatsoever for the performance of such

work. Provider further expressly waives any and all right or remedy by way of restitution and quantum merit for any and all extra work performed without such express and prior written authorization of the Board of Directors.

## 9. Representations and Warranties of Provider.

- 9.1 <u>Standard of Care</u>. District has relied upon the professional ability and training of Provider as a material inducement to enter into this Agreement. Provider hereby warrants that all his work will be performed in accordance with generally accepted and applicable professional practices and standards as well as the requirements of applicable federal, state and local laws, it being understood that acceptance of Provider's work by District shall not operate as a waiver or release.
- 9.2 <u>Status of Provider</u>. The parties intend that Provider, in performing the services specified herein, shall act as an independent contractor and shall control the work and the manner in which it is performed. Provider is not to be considered an agent or employee of District and is not entitled to participate in any pension plan, insurance, bonus, or similar benefits District provides its employees. In the event District exercises its right to terminate this Agreement pursuant to <u>Section 4</u>, above, Provider expressly agrees that he shall have no recourse or right of appeal under rules, regulations, ordinances, or laws applicable to employees.
- 9.3 Taxes. Provider agrees to file federal and state tax returns and pay all applicable taxes on amounts paid pursuant to this Agreement and shall be solely liable and responsible to pay such taxes and other obligations, including, but not limited to, state and federal income and FICA taxes. Provider agrees to indemnify and hold District harmless from any liability which it may incur to the United States or to the State of California as a consequence of Provider's failure to pay, when due, all such taxes and obligations. In case District is audited for compliance regarding any withholding or other applicable taxes, Provider agrees to furnish District with proof of payment of taxes on these earnings.
- 9.4 <u>Records Maintenance</u>. Provider shall keep and maintain full and complete documentation and accounting records concerning all services performed that are compensable under this Agreement and shall make such documents and records available to District for inspection at any reasonable time. Provider shall maintain such records for a period of four (4) years following completion of work hereunder.
- 9.5 <u>Conflict of Interest</u>. Provider covenants that it presently has no interest and shall not acquire any interest, direct or indirect, which would conflict in any manner or degree with the performance of its services hereunder. Provider further covenants that in the performance of this Agreement no person having any such interest shall be employed.
- 9.6 <u>Non-discrimination</u>. Provider shall comply with all applicable federal, state, and local laws, rules, and regulations in regard to non-discrimination in employment because of race, color, ancestry, national origin, religion, sex, marital status, age, medical condition, pregnancy, disability, or other prohibited basis. All non-discrimination rules or regulations required by law to be included in this Agreement are incorporated by this reference.

- 10. Demand for Assurance. Each party to this Agreement undertakes the obligation that the other's expectation of receiving due performance will not be impaired. When reasonable grounds for insecurity arise with respect to the performance of either party, the other may in writing demand adequate assurance of due performance and until such assurance is received may, if commercially reasonable, suspend any performance for which the agreed return has not been received. "Commercially reasonable" includes not only the conduct of a party with respect to performance under this Agreement, but also conduct with respect to other agreements with parties to this agreement or others. After receipt of a justified demand, failure to provide within a reasonable time, but not exceeding thirty (30) days, such assurance of due performance as is adequate under the circumstances of the particular case is a repudiation of this Agreement. Acceptance of any improper deliver, service, or payment does not prejudice the aggrieved party's right to demand adequate assurance of future performance.
- 11. <u>Assignment and Delegation</u>. Neither party hereto shall assign, delegate, sublet, or transfer any interest in or duty under this Agreement without the prior written consent of the other, and no such transfer shall be of any force or effect whatsoever unless and until the other party shall have so consented.
- 12. <u>Method and Place of Giving Notice, Submitting Bills and making Payments</u>. All notices, bills, and payments shall be made in writing and may be given by personal delivery or by mail. Notices, bills, and payments sent by mail shall be addressed as follows:

TO: District Administrator
Coast Life Support District
P.O. Box 1056
Gualala, CA 95445

TO: Provider:

and when so addressed, shall be deemed given upon deposit in the United States mail, postage prepaid. In all other instances, notices, bills, and payments shall be deemed given at the time of actual delivery. Changes may be made in the names and addresses of the person to whom notices, bills, and payments are to be given by giving notice pursuant to this paragraph.

#### 13. Miscellaneous Provisions.

- 13.1 <u>No Waiver of Breach</u>. The waiver by District of any breach of any term or promise contained in this Agreement shall not be deemed to be a waiver of such term or provision or any subsequent breach of the same or any other term or promise contained in this Agreement.
- 13.2 <u>Construction</u>. To the fullest extent allowed by law, the provisions of this Agreement shall be construed and given effect in a manner that avoids any violation of statute, ordinance, regulation, or law. The parties covenant and agree that in the event that any provision of this Agreement is held by a court of competent jurisdiction to be invalid, void, or unenforceable, the remainder of the provisions hereof shall remain in full force and effect and shall in no way be affected, impaired, or invalidated thereby. Provider and District acknowledge Coast Life Support District

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that they have each contributed to the making of this Agreement and that, in the event of a dispute over the interpretation of this Agreement, the language of the Agreement will not be construed against one party in favor of the other. Provider and District acknowledge that they have each had an adequate opportunity to consult with counsel in the negotiation and preparation of this Agreement.

- 13.3 <u>No Third Party Beneficiaries</u>. Nothing contained in this Agreement shall be construed to create and the parties do not intend to create any rights in third parties.
- 13.4 <u>Applicable Law and Forum</u>. This Agreement shall be construed and interpreted according to the substantive law of California excluding the law of conflicts. Any action to enforce the terms of this Agreement or for the breach thereof shall be brought and tried in the County of Sonoma.
- 13.5 <u>Captions</u>. The captions in this Agreement are solely for convenience of reference. They are not a part of this Agreement and shall have not effect on its construction or interpretation.
- 13.6 Merger. This writing is intended both as the final expression of the Agreement between the parties hereto with respect to the included terms and as a complete and exclusive statement of the terms of the Agreement, pursuant to Code of Civil Procedure Section 1856. No modification of this Agreement shall be effective unless and until such modification is evidenced by a writing signed by both parties.
- 13.7 <u>Time of Essence</u>. Time is and shall be of the essence of this Agreement and every provision hereof.

IN WITNESS WHEREOF, the parties hereto have executed this Agreement as of the date first set forth above.

Provider: REDWOOD COAST MEDICAL SERVICES

By:

Name: Diane Agee

Title: Chief Executive Officer

District: COAST LIFE SUPPORT DISTRICT

By:

Name: Tom Toedter

Title: President, Board of Directors

#### **EXHIBIT C**

Exceptions to CLSD RFP-12-01 Specifications As Agreed To By District

#### 1. FINANCIAL REPORTING

- **a.** Cost reporting. RCMS will provide their standard quarterly financial statements, by department, to CLSD 45 days after quarter's end, including fourth quarter:
  - i. Balance Sheet
  - ii. Statement of Operations
  - iii. Schedule of Expenses
  - iv. Statement of Cash Flows
- **b.** Certification. Financial reports will be provided to CLSD following presentation to and approval by the RCMS Board of Directors.
- **c.** Reconciliation. The RCMS annual audit will contain the adjusted year-end actual cost and income for all departments, including Urgent Care.

#### 2. QUALITY ASSURANCE, AND QUALITY IMPROVEMENT REPORTING

a. CLSD will participate in the RCMS QA/QI review process through representation by the CLSD Medical Director, who will report Urgent Care Quality Assurance data indicators to the CLSD QA/QI Committee as appropriate.

 , 2012.		
Provider:	REDWOOD	COAST MEDICAL SERVICES
	By:	
	Name:	Diane Agee
	Title:	Chief Executive Officer
District:	COAST LIF	E SUPPORT DISTRICT
	By:	
	Name:	Tom Toedter
	Title:	President, Board of Directors

IN WITNESS WHEREOF, the parties hereto have executed this Agreement as of

## Coast Life Support District District Administrator's Report June 18<sup>th</sup>, 2012

#### 1. Finance.

- a. <u>Audit</u>. The audit is finally complete and recommended for approval by the Finance Committee. It was a long, long time coming. I have been discussing the audit for this year with the auditor and we are planning to significantly shorten the timeline, so the audit will be useful in budgeting the coming fiscal year.
- b. <u>Gann Limit</u>. We've been given approval to calculate a higher Gann Limit (Proposition 4 Limit) by the Sonoma County Comptroller staff. The new limit will be the normally inflated rate from last year, plus the increase in total tax revenue as a result of Measure C. This gives us plenty of budget headroom for many years.
- 2. <u>Urgent Care Contract</u>. The board President and I met with the RCMS CEO Diane Agee on Wednesday to hammer out final contract details. The resolution before the board approves the act of contracting for Urgent Care and the amount of the contract, but does not address the contract itself—the intent is to leave final negotiations to the President. The RCMS board of directors meets June 25 to authorize signature.
- 3. <u>Elections</u>. Four board members term out in December. Each has been given instructions on how to re-register in July/August; no questions from the public so far.

#### Logistics.

- a. <u>Ambulance purchase</u>. We've narrowed the search to two models, both much lighter than the current Freightliners (Big Red and Big White) for a smoother patient ride and more economical operating costs. Each of the candidates is significantly less expensive (~30%) than the initial options we were considering. As directed by the board, I will pay cash for the purchase.
- b. <u>Disaster Planning & Operations</u>. We will host a second regional communications drill for HAM radio operators on June 20. This drill is coordinated by Mendocino County Office of Emergency Services, and will involve mostly healthcare facilities throughout the county.

/s/ Scott Foster District Administrator

## COAST LIFE SUPPORT DISTRICT

Operations Manager's Report June 18, 2012

### **Deployment / Staffing**

- ALS (M-120) was staffed 100% and second out BLS (B-121) was staffed 100%
- I am considering one more part time paramedic and one more BLS for hire.
- Finishing employee annual reviews this month

#### **Facilities**

No major repairs pending.

### Vehicles/Equipment

- All vehicles and equipment are in good service and in good working order.
   Big Red (first out ALS) had a break down. Injection pump was replaced.
- Finalizing the quotes for the ALS ambulance continues

#### Communications

 Everything is set for paperless up front operations. We have started training employees on the scanner and attach feature.

### Training

- Scott Ignacio will lead the Monday night training for BLS. Mark Leonard continues to think about retirement.
- Q/A... The new PCR feature has a Q/A feature. As of June first we have been trying this feature and have gone paperless with our Sunday peer review. I given our medical director an introduction he now has access to all charts from a browser and can make comments for review.

#### Team Health Nurse Advice Line: the most recent twelve months.

	JUN	JUL	Aug	SEP	OCT	NOV	DEC	JAN	Feb	Mar	APR	MAY
Calls	27	32	24	19	21	8	25	23	21	31	20	N/a
Triaged	16	21	11	12	11	6	15	17	17	22	16	17
ED Now	6	8	3	2	8	3	7	5	3	9	10	5

## **Business Manager's Report**

By Terry Bold Email: billing@clsd.ca.gov June 18th, 2012

### Vouchers:

**Replenishment**: Replenishment vouchers for deposit to the Redwood Credit Union checking account from the Sonoma County FAMIS account for the period:

May 1<sup>st</sup> thru May 21<sup>st</sup>, 2012 in the amount of \$92,281.25 and May 22<sup>nd</sup> thru June 11<sup>th</sup>, 2012, in the amount of \$51,010.35 were signed by Operations Manager Evan Dilks.

Accounts Receivable Report: I have reviewed the May 2012 Accounts Receivable report and find it to be within normally expected parameters.

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## Coast Life Support District Accounts Receivable Status May 2012

ALS Transports		35
BLS Transports		8
Dry Runs		32
ALS/BLS Treat & Release		7
Total Activity		82
Accounts Receivable Balance @ 4/30/2012	\$	287,416.50
Ambulance Revenue	\$	159,819.60
Payments Received	\$	(45,144.76)
Write-Offs:		
MediCare Required	\$	(75,005.33)
Medi-Cal Required	\$	(21,670.63)
Collections Agency	\$	(18,563.00)
Other Adjustments	\$	(118.00)
Less Reimbursement	\$	-
Total Write-Offs for This Month	\$	(115,356.96)
Accounts Receivable Balance @ 5/31/2012	\$	286,734.38
CURRENT	\$	150,470.94
31-60 Days	\$	37,386.54
61-90 Days	\$	11,223.70
91+ Days	\$	87,653.20
Aging Report Balance @ 5/31/2012	\$	286,734.38
Payment Plan Accounts at end of month: 14@ \$27421.94		
Cash on Hand		
FAMIS Account	\$	607,317.22
Redwood Credit Union Checking	\$	60,400.03
Total Cash on Hand	\$	667,717.25
Board Approval/Secretary:(Date	)	