

COAST LIFE SUPPORT DISTRICT

P.O. Box 1056, Gualala, CA 95445

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AGENDA

REGULAR MEETING OF THE BOARD OF DIRECTORS

38901 Ocean Drive, Gualala, CA 95445 – Bill Platt Training Room

>>> **4 PM, May 21, 2018** <<<

(moved up one week to avoid Memorial Day)

1. Call to Order Hughes
2. Adoption of the agenda Hughes
3. Minutes Approval Hughes
4. Privilege of the floor Hughes
5. New Business
 - a. FY19 Preliminary Budget Caley/Beaty
 - b. Resolution 253 – Adoption of the FY19 Preliminary Budget – Info only
 - c. Resolution 254 – Adoption of the FY19 Ambulance Rates – Info only
 - d. Resolution 255 – Adoption of the FY19 Tax Rates – Info only
6. Reports:
 - a. Finance: YTD Beaty
 - i. Wittman ambulance revenue – YTD
 - ii. Expenses
 - b. Communication Committee Bower/André
 - i. New CLSD website – beta testing
 - c. MHA update - deferred Tittle
 - d. Customer Survey Report: Caley
7. Old Business
 - a. Measure E update Hughes/Caley
 - b. Board goals Hughes
8. DA / Ops report Caley
 - a. Ambulance run data
 - b. DA Summary Report – read in advance and will have Q & A
9. **NEXT MEETINGS:** Scheduled Board of Director meetings are held routinely scheduled on the 4th Monday of the month at 4:00 PM at the CLSD Bill Platt Training Center unless otherwise noted. Upcoming meetings are:

Jun 25, 2018
July 23, 2018
Aug 27, 2018
10. Adjourn



MINUTES OF THE MEETING OF THE BOARD OF DIRECTORS
April 30th, 2018

Call to Order: Director Hughes called the meeting to order at 4:32 p.m. at the North Gualala Water Company (38958 Cypress Way, Gualala, Ca. 95445). Present: Directors: André, Bower, Beaty, Schwartz, Tittle, and Villagomez. Also, present: Ops Manager Evan Dilks, and Executive Assistant Robin Bean. Excused absence: District Administrator Caley.

Adoption of the Agenda: Director Beaty moved to adopt the agenda and seconded by Director André. All ayes.

Approval of Mar 26th, 2018 Board Minutes: Director Schwartz moved to approve the Mar 26th meeting minutes and was seconded by Director Tittle. All ayes.

Privilege of the Floor – Public Comment:

- **A Proclamation of Thanks to Richard Perry:** BOD Hughes read a proclamation to retiring board member Richard Perry, honoring his leadership, dedication, sacrifice, heart, and commitment. He will surely be missed.
 - Achievements:**
 - Has always had a passion for healthcare in his 40 years as a resident
 - Was in charge of the very successful "RCMS Golf Tournament & Car Auction" for 3 years, which raised in one year ~104K (2000-2003)
 - Was part of a Citizen's Group (2012) when the issue of weekend Urgent Care and critical access hospital emerged
 - Was appointed to the CLSD BOD in 2013
 - Made a motion to put funding of Urgent Care on the ballot with a possible 3/3 split and ended in 6/1 (Measure J)
 - Worked diligently for the passage of Measure J (passed in 2014 with more than a 2/3rd approval). Providing up to 160K in future spending for weekday and weekend Urgent Care.
 - Lead the effort of keeping the tax rate for Urgent Care below the limit (for 3 years).
 - Lead the Joint Operations Group (JOG) between CLSD, St. Joseph's Hospital and RCMS to coordinate ways to improve our local rural healthcare infrastructure
 - Richard Perry shared his appreciation and gratitude of the Board of Directors, his confidence in the newly appointed Director Villagomez, the leadership and proficiency of the District Administrator and overall competence of this CLSD Board of Directors. He ended with thanking the entire BOD's for their continued services.
- **John Bower** (community member) spoke of Caltrans proposed improvements to Highway/streets (Gualala area) that will result in less parking. Bower's belief is that this proposal will have a negative impact. Bowers encouraged everyone to read the Caltrans Survey that was placed with the ICO. He is asking for all local business and residents to oppose Caltrans plans. Bowers has come up with alternative parking plans to offset the loss of parking. He extended an invite to all who are interested in attend an upcoming meeting to address these issues.

New Business: Presentation

- a. **Sonoma County grant: Supervisor Lynda Hopkins:** 12k approved in support for our EMT Safety Net Program (funds expected in June).

Old Business:

- a. **Measure E update:** The Appropriations Limit measure is on ballot for both Counties CLSD has received the language for upcoming June 5th ballot. Argument in favor was submitted. BOD and employees can only advertise factual ad's (educational or informational only). As private citizens can show support (must state "as a private citizen").
- b. **Discussion: potential non-voting Community Member appointed to BOD:** A discussion last BOD meeting in regards to the idea of 1 or 2 community members serving on the Board (following the same policy and supporting the mission as BOD's). County Counsel was consulted to confirm such action complied with our enabling legislation. County Counsel advised not to take such action to create such a position (the primary reason is the BOD is composed on only seven seats). Director Beaty asked to table this idea for the time being for potential future discussion when more is clarified on the subject (added to the goals).
- c. **Board goals** – Board goals reviewed for progress/status. All are in progress or have been completed. Items discussed: training room completion, crew quarter revamped, rebranding /logo, website completion, EMR & EMT Classes, etc.
- d. **Medicare billing for transports to RCMS – update:** No update at this time regarding the Medicare billing for transports to RCMS (appeal sent out to the previously received denial letter as a non-hospital providing emergency services). Update to be added to future agenda.

Reports:

- a. **Finance: YTD**
 - i. **Wittman ambulance revenue – FY18:** The "Wittman CLSD (YTD) Report" was reviewed. March gross charges \$272,061. Net receipts received for March \$40,754
 - ii. **Expenses – FY17 YTD:** Expenses continue to be within budget.
- b. **P&L Actuals vs Budget: FY17 Report:**
 - i. Board of Directors reviewed the "P&L Actuals vs Budget" Report.
 - ii. Ambulance dispatch and transport data YTD: There were (50) transports in March with a cumulative volume of (422). There were (72) billable incidents with cumulative volume of (493).
- c. **180+ Day Aging:** In February, E.A. Bean reviewed aging claim (120+ day aging). The A/R Balance at \$518,423, when adjusted down for the CSM transports in limbo (~\$45K) is \$473,423. A new list of aging claims is currently underway (~36k up for review at next Sub-Finance Committee). E. A. Bean continues to monitor and take the correct course of action regarding the aging claims.
- d. **Communications Committee:** Focus continues to be toward Measure E. Rebranding/Logo is being tabled at this point (budget and ideas) pending future discussion.
- e. **MHA** - Video conferencing is schedule soon to be installed in CLSD's training room (for training and public use). RCMS has reached out to a law firm and working to become a non-profit. May is Heart Health Month.

Customer Survey feedback: - Deferred (due to the absence of D.A. Caley)

DA report:

- a. Ambulance run data - Deferred
- b. DA Summary Report – read in advance and Q & A during meeting. Deferred.

Next Board of Directors Meeting: 4pm

Monday, May 21st, 2018 – Regular time: 4 pm (4th Monday is Memorial Day)

Monday, June 25th, 2018

Monday, July 23rd, 2018

Adjournment: at 5:34 pm. Director Schwartz moved for adjournment, Director Tittle seconded, all ayes.

Minutes Approved:

(Date)

CLSD Preliminary Budget - May 17, 2018

	Actual FY17	Budget FY17	Actual F718 <i>projected</i> (exceptions co taxes) Actual	Budget FY18 Draft Budget	Budget FY19 Draft Budget	FY18 vs FY19 Changes	% Change
Income	Actual	Budget					
4000 CLSD Special Taxes							
4001 Mendocino County Taxes							
4004 Mendocino Ambulance Tax	473,924	474,012	440,340	477,664	477,664	-	0.00%
4009 Mendocino Urgent Care Tax	335,915	335,168	312,294	337,927	337,927	-	0.00%
4010 Mendocino Special Tax	96,473	92,672	92,995	92,672	92,672	-	0.00%
Total 4001 Mendocino County Taxes	906,312	901,852	845,629	908,263	908,263	-	0%
4002 Sonoma County Taxes							
4024 Sonoma Ambulance Tax	371,503	368,632	354,569	372,856	372,856	-	0.00%
4028 Sonoma Urgent Care Tax	303,329	302,795	289,663	304,922	304,922	-	0.00%
Total 4002 Sonoma County Taxes	674,832	671,427	644,232	677,778	677,778	-	0%
Total 4000 CLSD Special Taxes	1,581,145	1,573,279	1,489,861	1,586,041	1,586,041	-	0%
4100 Interest Income	149	-	120	150	-	(150)	
4200 Ambulance Income							
4201 Ambulance Transport Billings	2,562,675	575,576	2,204,114	600,000	700,000	100,000	17.37%
4220 Writedowns - Misc	(96,202)		(58,132)		-	-	
4225 Writedowns - MediCar/Cal	(1,659,719)		(1,521,593)		-	-	
4228 Writedowns - District Resident Discount		(40,000)		(40,000)	-	40,000	-100.00%
Total 4201 Ambulance Transport Billings	806,754	535,576	624,390	560,000	700,000	140,000	26.14%
Total 4200 Ambulance Income	806,754	535,576		560,000		24,424	4.56%
4400 Miscellaneous Income	42,586	2,150	18,321	3,000	10,000	7,000	325.58%
4410 Intergovernmental Transport (IGT)	139,790	81,500		139,790	-	(139,790)	-171.52%
4420 Ground Emerg Med Transport	38,480	10,000	-	20,000	25,000	5,000	50.00%
4420 GEMT - S8523 (OAF)		-	-	130,000	28,000		
Unapplied Cash Payment Income							
Total Income	2,608,904	2,202,505	2,132,693	2,438,981	2,349,041	(103,516)	-4.70%
Expenses							
5000 Wages and Benefits							
5200 Health Insurance	119,634	96,000	106,840	108,000	108,000	-	0.00%
5300 Payroll Taxes Employer Costs	33,664	31,057	30,296	32,124	36,407	4,283	13.79%
5350 PERS Employer Costs	116,167	117,595	87,809	91,069	101,618	10,549	8.97%
5405 Administration Salaries	210,897	188,779	225,597	199,583	232,154	32,571	17.25%
5405.1 Admin Salaries-Allocate to UC	(22,681)	(22,681)	22,724	(23,858)	(23,858)	-	0.00%
5410 Ambulance Operations Wages	579,693	599,482	622,961	615,379	689,374	73,995	12.34%

CLSD Preliminary Budget - May 17, 2018

5430 Extra Duty/Stipend Pay	(264)	32,808	43,620	45,068	55,800	10,732	32.71%
5460 Other Compensation	-	-	-	-	-	-	-
5500 Work Comp Insurance	44,966	30,950	39,592	39,592	43,113	3,521	11.38%
Total 5000 Wages and Benefits	1,082,076	1,073,990	1,179,439	1,106,957	1,242,608	135,651	12.63%
6000 Ambulance Operations/ 66000 payroll exp			402				
6030 Medical Director Fee-non AHUC	37,800	37,800	37,800	37,800	37,800	-	0.00%
6040 Dispatch Services	32,216	31,020	22,497	23,500	21,545	(1,955)	-6.30%
6050 Misc Reimbursements	402	-	6	-	-	-	-
6100 Station/Crew Expenses/LIC & PERMITS	-	-	155	-	-	-	-
6101 Facility Repair & Maintenance	13,123	-	1,897	9,400	9,400	-	-
6102 Facility Furniture	185	-	2,227	10,000	-	(10,000)	-
5100 Uniforms & Med Tests	5,925	5,000	3,413	5,000	5,000	-	0.00%
6110 Supplies, Rental, Cleaning etc	13,336	21,800	6,155	13,000	13,000	-	0.00%
6210 Vehicle Repair & Maintenance	21,984	15,000	18,103	18,000	18,000	-	0.00%
6240 Vehicle Fuel	10,444	15,000	24,550	15,000	15,000	-	0.00%
6410 Radios & Comm Equip	2,551	8,100	4,475	4,000	4,000	-	0.00%
6510 Medical Supplies & Equipment	28,868	28,900	31,976	24,000	24,000	-	0.00%
6511 Capital Replacement fund	-	-	-	25,000	-	(25,000)	-
6980 Misc. Employee Training Expense	2,362	10,100	544	6,000	6,000	-	0.00%
Total 6000 Ambulance Operations	169,196	172,720	154,199	190,700	153,745	(36,955)	-21.40%
6700 Overhead/Administration/ 6971 IGTEP.			-	-	-	-	-
6180 Utilities	13,015	12,000	14,676	16,500	14,000	(2,500)	-20.83%
6185 Telephone	6,237	12,000	8,267	6,000	6,000	-	0.00%
6300 Insurance	16,259	16,350	20,555	17,000	17,000	-	0.00%
6714 4420 GEMT - SB523 (QA Fee)	-	-	-	-	7,000	7,000	-
6713 Ambulance Billing	40,428	33,031	34,184	38,753	39,000	247	0.75%
6718 Office Supp/Equip/Software	2,870	5,300	(15)	5,000	5,000	-	0.00%
6718.1 Office Supplies	1,505	-	3,443	-	-	-	-
6718.2 Computer Equipment	-	-	2,816	3,000	3,000	-	-
6718.3 Software	1,023	-	3,214	1,575	3,000	1,425	-
6720 Board Expenses	553	5,000	151	2,500	2,500	-	0.00%
6730 Consultants	-	-	-	-	-	-	-
6734 IT	6,015	6,750	5,718	10,500	5,700	(4,800)	-71.11%
6735 EMS Survey	1,041	2,436	2,060	3,500	3,500	-	0.00%
6737 Financial/Bookkeeping	14,622	14,000	630	5,000	3,000	(2,000)	-14.29%
6738 Legal	19,736	10,000	4,915	10,000	5,000	(5,000)	-50.00%
6740 Audit	-	8,500	10,500	8,500	9,100	600	7.06%
6741 Tax Administration - NBS	10,302	10,345	12,817	10,430	10,430	-	0.00%
6742 Bank/Merchant Fees	2,567	1,000	1,477	1,000	1,200	200	20.00%
6755 Property Tax Administration - Counties	17,780	27,785	12,817	29,000	20,000	(9,000)	-32.39%
6760 Education/Professional Dev	12	2,500	773	2,500	2,500	-	0.00%
6765 Election Costs/Reserve	-	10,000	-	47,000	5,000	(42,000)	-420.00%

CLSD Preliminary Budget - May 17, 2018

6770 Dues, Subscriptions, Membership	8,992	4,500	9,005	10,000	10,000	-	0.00%
6788 Printing & Reproduction	856	2,000	1,175	10,000	5,000	(5,000)	-250.00%
6795 Travel/Transportation	2,451	1,500	3,721	3,000	3,000	-	0.00%
6970 Community Dev/Training	13,201	4,500	10,730	9,000	10,000	1,000	22.22%
Total 6700 Overhead/Administration	179,465	189,497	163,630	249,758	189,930	(59,828)	-31.57%
7000 Urgent Care							
7011 Admin Salaries-Alloc to UC	22,681	22,681	22,734	23,858	23,858	-	0.00%
7050 UC Contract	624,756	624,738	691,860	754,738	754,738	-	0.00%
Total 7000 Urgent Care	647,437	647,419	714,594	778,596	778,596	-	0.00%
8000 Interest Expense	4,008	4,086	3,132	3,000	3,000	-	0.00%
8005 EMS Interest Expense	-	-	-	1,500	1,500	-	-
Total 8000 Interest Expense	4,008	4,086	3,132	4,500	4,500	-	0.00%
9500 Depreciation Expense	76,759	80,794	92,119	92,119	83,348	(8,771)	-10.86%
999 Prior Period Adjustments	6,397	-	-	-	-	-	-
Total Expenses	2,165,338	2,168,506	2,307,112	2,422,630	2,452,727	30,097	1.39%
Net Operating Income	443,566	33,999	(174,420)	16,351	(103,686)	(133,613)	-392.99%
Other Miscellaneous Expense	-	-	-	-	-	-	-
Net Other Income	-	-	-	-	-	-	-
Net Income	443,566	33,999	(174,420)	16,351	(103,686)	(133,613)	-392.99%

		BUDGET FY17	BUDGET FY18	BUDGET FY18	BUDGET FY19
EMS Income		1,564,542	1,530,736	1,796,132	1,706,192
EMS Expense		1,521,087	1,592,519	1,644,034	1,674,131
EMS Net		43,455	(61,783)	152,098	32,061
UC Income		637,963	601,957	642,849	642,849
UC Expense		647,419	714,594	778,596	778,596
UC Net		(9,456)	(112,637)	(135,747)	(135,747)

COAST LIFE SUPPORT DISTRICT

RESOLUTION No: 253

ADOPTION OF PRELIMINARY BUDGET FOR FISCAL YEAR 2019

WHEREAS, Coast Life Support District Board of Directors, Finance Committee and Staff have reviewed the current financial position for the past year, and

WHEREAS, the District has a need to maximize its revenues, including maintaining the benefit assessment special tax rates as approved by the voters for Emergency Medical Services, and

WHEREAS, the District has reviewed the Ambulance billing charges, in order to maximize revenue while maintaining rates consistent with medical cost inflation,

WHEREAS, the District will not require the full assessment as authorized for Urgent Care services in order to fully fund the current program and provide adequate funds for development of the presently envisioned Urgent Care program and any other authorized use, and

WHEREAS, Reserve funding should remain at present levels to support contingencies and capital replacement requirements, and

WHEREAS, Coast Life Support District anticipates Revenues of the following:

Sonoma County	\$677,778
Mendocino County	\$908,263
Ambulance Billings	\$700,000
Miscellaneous	\$ 63,000
Total Budgeted Revenue	\$2,349,041

WHEREAS, the following Expenditures will provide the resources necessary to meet the established objectives for the next Fiscal Year:

Ambulance Operations	\$1,396,353
Administration & Overhead	\$ 189,930
Urgent Care Program	\$ 778,596
Interest & Depreciation	\$ 87,848
Reserve Fund Decrease	\$ (103,686)
Total Budgeted Expenditures	\$2,349,041

BE IT RESOLVED that the Board of Directors authorize its Officers, Administrator and Staff to make expenditures necessary to operate the Ambulance service and all Authorized programs,

BE IT FURTHER RESOLVED that the Board of Directors authorized the above amounts for the Coast Life Support District's Budget for Fiscal Year 2019.

The above resolution was introduced by Director Schwartz, who moved its adoption, seconded by Director Beaty, and passed and adopted on this 26th day of June 2017 by the following roll call vote:

Directors:	Hughes	Aye	No	Abstain
	Beaty	Aye	No	Abstain
	Bower	Aye	No	Abstain
	Schwartz	Aye	No	Abstain
	Tittle	Aye	No	Abstain
	Villagomez	Aye	No	Abstain
	André	Aye	No	Abstain

Ayes: Noes: Abstain: Absent:

WHEREUPON, the President declared the foregoing RESOLUTION adopted and SO ORDERED.

Naomi Schwartz, Secretary

**COAST LIFE SUPPORT DISTRICT
RESOLUTION No. 254**

ADOPTION OF AMBULANCE RATES FOR FISCAL YEAR 2019

WHEREAS, the Coast Life Support District last adjusted the rates at which Ambulance Services are billed in June of 2016, and

WHEREAS, with the passage of AB 2091 Berg, as of January 1, 2007, the District may charge Residents and Taxpayers of the District a Fee for Service Rate less than that of Non-Residents and Non-Taxpayers, and

WHEREAS, the District recognizes the disparity between what a Resident/Taxpayer actually pays for services versus what a Non-Resident/Non-Taxpayer pays, by their parcel tax contribution, and

WHEREAS, as Resident/Taxpayer is defined as either having a mailing address within the District or owning property within the District or both,

BE IT THEREFORE RESOLVED that the rate schedule adopted, effective July 1, 2017 and in effect until changed by resolution, be as follows:

<i>Service</i>	<i>BLS</i>	<i>ALS I</i>	<i>ALS II</i>
Non-Emergency	\$1,381	\$2,726	
Emergency	\$1,887	\$3,258	\$3,814
Night	\$130	\$415	\$415
Mileage	\$36	\$36	\$36
Oxygen	\$162	\$162	\$162
EKG		\$227	\$227
Treat & Release	\$250	\$500	
Late Payment Fee	\$25	\$25	\$25

AND BE IT FURTHER RESOLVED, that Resident/Taxpayers will receive a fifty percent reduction of the balance owed after third-party payments, if any, and if that reduced balance is paid in full within sixty days.

AND BE IT FURTHER RESOLVED, that for transport of a Resident/Taxpayer which does not leave the District, the balance owed after third party payments will not exceed fifty percent of the sum of the applicable Treat & Release fee plus mileage charge.

AND BE IT FURTHER RESOLVED, that these charges be reviewed annually and changes included in the Budget for the following year.

The above RESOLUTION was introduced by Director Hughes, who moved for its adoption, seconded by Director Schwartz, and passed on this 25th day of June, 2018,

WHEREUPON, the President declared the foregoing RESOLUTION adopted and SO ORDERED.

Naomi Schwartz, Secretary

See attached Level of Service definitions applicable to said rates.

Level of Service

It is the responsibility of the Biller to review the documentation on the Patient Care Report and determine the appropriate level of service that was provided to the patient. This is a very important step in the billing process. The level of service is determined in the following ways:

- Emergent Response VS Non Emergent Response
- The type of assessment that was provided (i.e. ALS or BLS)
- The type of interventions that were performed (i.e. ALS or BLS)
- The patient's chief complaint
- You must look at the whole picture to determine the level of service

Emergency VS Non-Emergency

An Emergency level of ambulance service depends upon how the ambulance was dispatched and how it responded. An Emergency is determined based on the information available to the dispatcher at the time of the call, using standard dispatch protocols.

Definition of Emergency

The patient's condition is an emergency that renders the patient unable to go to the hospital by other means. Emergency ambulance services are services provided after the sudden onset of a medical condition. Acute signs and/or symptoms of sufficient severity must manifest the emergency medical condition such that the absence of immediate medical attention could reasonably be expected to result in one or more of the following:

- Place the patient's health in serious jeopardy.
- Cause serious impairment to bodily functions.
- Cause serious dysfunction of any bodily organ or part.

The above definition has been extended to include responding immediately.

Emergency response means responding immediately at the BLS or ALS1 level of service to a 911 call or the equivalent in areas without a 911 call system. An immediate response is one in which the ambulance supplier begins as quickly as possible to take the steps necessary to respond to the call.

Non-Emergency

Medical Necessity

Ambulance services are covered in the absence of an emergency condition in either of the two general categories of circumstances that follow:

The patient being transported has, **at the time of ground transport**, a condition such that all other methods of ground transportation (e.g., taxi, private automobile, wheelchair van or other vehicle) are contraindicated. In this circumstance, "contraindicated" means that the patient cannot be transported by any other means from the origin to the destination without endangering the individual's health. Having or having had a serious illness, injury or surgery does not necessarily justify Medicare payment for ambulance transportation; thus a thorough assessment and documented description of the patient's current state is essential for coverage. All statements about the patient's medical condition must be validated in the documentation using contemporaneous objective observations and findings.

The patient is bed-confined before, during and after transportation. The definition of "bed-confined" means the patient must meet all of the following three criteria:

- Unable to get up from bed without assistance.
- Unable to ambulate.
- Unable to sit in a chair (including a wheelchair).

As stated in the bullet above, statements about the patient's bed-bound status must be validated in the record with contemporaneous objective observations and findings as to the patient's functional physical and/or mental limitations that have rendered him bed-bound.

Levels of Service

There are 6 levels of service that can be provided to the patient. ALS1 Emergency, ALS2 Emergency, BLSE Emergency, SCT (Specialty Care Transport), ALS Non-Emergency, BLS Non-Emergency.

Advanced Life Support (ALS1) Level 1

An **ALS** ambulance has complex, specialized, life-sustaining equipment and, ordinarily, equipment for radiotelephone contact with a physician or hospital. Typically, this type of ambulance would require mobile coronary care units and other ambulance vehicles that are appropriately equipped and staffed by personnel trained and authorized to administer IVs, provide anti-shock trousers, establish and maintain a patient's airway, defibrillate the heart, relieve pneumothorax conditions, and perform other advanced life support procedures or services such as cardiac (EKG) monitoring. The ambulance must be staffed by at least two people, one of whom must be certified by the state of local authority as an EMT-Intermediate or an EMT-Paramedic.

ALS assessment is an assessment performed by an ALS crew as part of an **emergency response** that was necessary because the patient's reported condition at the time of dispatch was such that only an ALS crew was qualified to perform the assessment. An ALS assessment does not necessarily result in a determination that the patient requires an ALS level of service.

ALS Intervention – ALS Intervention: A procedure that is, in accordance with state and local laws, required to be furnished by ALS personnel. The service must be medically necessary to qualify as an intervention for payment of an ALS level of services.

ALS1 – ALS, Level 1 A0427: Where medically necessary, transportation by ground ambulance vehicle, medically necessary supplies and services, and either an ALS assessment by ALS personnel or the provision of at least one ALS intervention. EMT-Intermediate scope includes but is not limited to:

- Administration of IV fluids (except blood or blood products).
 - **Note:** An unsuccessful attempt to perform an ALS intervention (e.g., endotracheal intubation was attempted, but was unsuccessful) may qualify the transport for billing at the appropriate ALS level provided that the intervention would have been reasonable and necessary had it been successful.
- Peripheral venous puncture.
- Blood drawing.
- Monitoring IV solutions during transport that contain potassium.

- Administration of approved medications, IV, Sub Q, sublingual, nebulizer inhalation, IM (limited to deltoid and thigh sites only).

Advanced Life Support (ALS2) Level 2

ALS2 – ALS, Level 2 A0433: Where medically necessary, transportation by ground ambulance vehicle, medically necessary supplies and services, and at least three separate administrations of one or more medications by intravenous push/bolus or by continuous infusion, excluding crystalloid hypotonic, isotonic and hypertonic solutions (dextrose, normal saline, or Ringer's lactate); by intravenous push/bolus or by continuous infusion excluding crystalloid hypotonic, isotonic and hypertonic solutions (dextrose, normal saline, or Ringer's lactate); or transportation, medically necessary supplies and services, and the provision of at least one of the following procedures:

- Manual defibrillation/cardio version
- Endotracheal intubation
- Central venous line
- Cardiac pacing
- Chest decompression
- Surgical airway
- Intraosseous line

Note: An unsuccessful attempt to perform an ALS intervention (e.g., endotracheal intubation was attempted, but was unsuccessful) may qualify the transport for billing at the appropriate ALS level provided that the intervention would have been reasonable and necessary had it been successful.

Note: Crystalloid fluids include fluids such as 5 percent Dextrose in water, Saline and Lactated Ringer's. Medications that are administered by other means, for example: intramuscular/subcutaneous injection, oral, sublingually or nebulized, do not qualify to determine whether the ALS2 level rate is payable. However, this is not an all-inclusive list. Likewise, a single dose of medication administered fractionally (i.e., one-third of a single dose quantity) on three separate occasions does not qualify for the ALS2 payment rate. The criterion of multiple administrations of the same drug requires a suitable quantity and amount of time between administrations that is in accordance with standard medical practice guidelines. The fractional administration of a single dose (for this purpose meaning a standard or protocol dose) on three separate occasions does not qualify for ALS2 payment.

Manual External Defibrillator units are used in conjunction with (or more often have inbuilt) electrocardiogram readers, which the healthcare provider uses to diagnose a cardiac condition (most often fibrillation or tachycardia although there are some other rhythms which can be treated by different shocks). The healthcare provider will then decide what charge (in joules) to use, based on proven guidelines and experience, and will deliver the shock through paddles or pads on the patient's chest. As they require detailed medical knowledge, these units are generally only found in hospitals and on some ambulances. In the United States, many advanced EMTs and all paramedics are trained to recognize lethal arrhythmias and deliver appropriate electrical therapy with a manual defibrillator when appropriate.

Cardioversion is a medical procedure by which an abnormally fast heart rate or cardiac arrhythmia is converted to a normal rhythm using electricity or drugs.

Endotracheal Intubation is a procedure by which a tube is inserted through the mouth down into the trachea (the large airway from the mouth to the lungs). Before surgery, this is often done under deep sedation. In emergency situations, the patient is often unconscious at the time of this procedure.

Central Venous Line is a long fine catheter with an opening (sometimes multiple openings) at each end used to deliver fluids and drugs. The central line is inserted through the skin into a large vein that feeds into a larger vein sitting above the heart, so that the tip of the catheter sits close to the heart. There are several veins that are suitable for access, and the line may be inserted above or below the collarbone, on the side of your neck, in your groin or at the front of the elbow. The actual skin entry site depends on which vein is used. The line that is inserted at the elbow is called a PICC (Peripherally Inserted Central Catheter), and the lines that enter the shoulder or neck are called Central Venous Lines.

Cardiac Pacing is a temporary means of pacing a patient's heart during a medical emergency. It is accomplished by delivering pulses of electric current through the patient's chest, which stimulates the heart to contract. The most common indication for cardiac pacing is an abnormally slow heart rate.

Chest Decompression involves decompression of the affected chest cavity to release the pressure that has developed. Decompression can be achieved, with minimal risk, by the insertion of a 14 or 16 gauge needles into the second inter-costal space at the midclavicular line. The needle must be inserted superior to the rib because the intercostal artery, vein and nerve follow along the inferior portion of the rib.

Surgical Airway is also known as Cryothyroidotomy. The simplest technique is needle cricothyroidotomy. This involves placing a 12 gauge cannula into the trachea via the cricothyroid membrane. This will allow adequate ventilation for up to 45 minutes.

Intraosseous Line is the process of injecting directly into the marrow of the bone. The needle is injected through the bone's hard cortex and into the soft marrow interior. Often the antero-medial aspect of the tibia is used as it lies just under the skin and can easily be palpated and located. Anterior aspect of the femur and the superior iliac crest are other sites that can be used.

Basic Life Support Emergency (BLSE)

BLSE A0429 - is transportation by ground ambulance vehicle and the provision of medically necessary supplies and services, including BLS ambulance services as defined by the state. The ambulance must be staffed by an individual who is qualified in accordance with state and local laws as an EMT-Basic. These laws may vary from state to state or within a state. For example, only in some jurisdictions is an EMT-Basic permitted to operate limited equipment onboard the vehicle, assist more qualified personnel in performing assessments and interventions, and establish an IV line.

Emergency – When medically necessary, the provision of BLS services, as specified above, in the context of an emergency response. An emergency response is one that, at the time the ambulance provider or supplier is called, it responds immediately. An immediate response is one in which the ambulance provider/supplier begins as quickly as possible to take the steps necessary to respond to the call.

Specialty Care Transport (SCT)

SCT A0434- is the interfacility transportation of a critically injured or ill beneficiary by a ground ambulance vehicle, including the provision of medically necessary supplies and services, at a level of service beyond the scope of the EMT-Paramedic. SCT is necessary when a beneficiary's condition requires ongoing care that must be furnished by one or more health professionals in an appropriate specialty area, for example, emergency or critical care nursing, emergency medicine, respiratory

Advance Life Support Non-Emergency

ALS Non-Emergency (ALS1 H-H) A0426-Where medically necessary, transportation by ground ambulance vehicle, medically necessary supplies and services and either an ALS assessment by ALS personnel or the provision of at least one ALS intervention. EMT Intermediate scope includes but not limited to:

- Administration of IV fluids (except blood or blood products).
- Peripheral venous puncture.
- Blood drawing.
- Monitoring IV solutions during transport that contain potassium.
- Administration of approved medications, IV, Sub Q, sublingual, nebulizer inhalation, IM (limited to deltoid and thigh sites only).

Basic Life Support Non-Emergency

BLS1 Non-Emergency A0428- Basic Life Support (BLS): Medically necessary transportation by ground ambulance vehicle and medically necessary supplies and services, plus the provision of BLS ambulance services. The ambulance must be staffed by an individual who is qualified in accordance with state and local laws as an Emergency Medical Technician-Basic (EMT-Basic). These laws may vary from state to state. For example, only in some states is an EMT-Basic permitted to operate limited equipment on board the vehicle, assist more qualified personnel in performing assessments and interventions, and establish a Peripheral Intravenous (IV) line.

BLS1 level of service would be used if the response was not immediate. You may see the patient transported to one of the following.

- Skilled Nursing Facility
- Residence
- Dialysis Center
- Clinic
- Scheduled appointment
- Hospital

**COAST LIFE SUPPORT DISTRICT
RESOLUTION No. 255**

ADOPTION OF TAX RATES FOR FISCAL YEAR 2019

WHEREAS, in March 2012 the voters of the Coast Life Support District authorized the District Board of Directors to levy a Special Tax of up to \$44 per benefit unit to support Emergency Medical Services, and

WHEREAS, in April 2014, the voters of the District approved a Special Tax assessment of up to \$74 for a developable parcel, and \$148 for a developed parcel, to support Urgent Care, and

WHEREAS, the District's budget for Fiscal Year 2016 requires a Special Tax rate of \$44 per unit of benefit for Emergency Medical Services and \$57.50/\$115.00 Special Tax for developable/developed parcels to support Urgent Care,

BE IT RESOLVED, THEREFORE that the Special Tax rate of \$44 per unit of benefit for Emergency Medical Services, plus \$57.50/\$115.00 per developable/developed parcel for Urgent Care, be assessed accordingly to parcels in the District,

BE IT FURTHER RESOLVED that the Coast Life Support District renews its agreements with the appropriate offices of Mendocino and Sonoma Counties for collections of the assessments through the property tax rolls.

The above RESOLUTION was introduced by Director Schwartz, who moved for its adoption, seconded by Director Beaty and passed on this 25th day of June 2018 by the following roll call vote:

Directors:	Hughes	Aye	No	Abstain
	Beaty	Aye	No	Abstain
	Bower	Aye	No	Abstain
	Schwartz	Aye	No	Abstain
	Tittle	Aye	No	Abstain
	Villagomez	Aye	No	Abstain
	André	Aye	No	Abstain

Ayes: Noes: Abstain: Absent:

WHEREUPON, the President declared the foregoing RESOLUTION adopted and SO ORDERED.

Naomi Schwartz, Secretary

Coast Life Support District Special Tax Structure

By CLSD Board of Directors Resolution 255

June 2018

Ambulance Service Annual Tax Rate - \$44/Unit

<u>Units</u>	<u>Tax</u>	<u>Land Use</u>
0	\$0	Ag/Timber/Resource/Vacant—Not Buildable
1	\$44	Vacant Buildable
3	\$132	Single Family Dwelling
4	\$176	Ag with Development—House or Outbuildings
6	\$264	Duplex
8	\$352	Trailer Park/Apartments/Institution
10	\$440	Store/Commercial Enterprise
20	\$880	Hotel/Motel/Restaurant/Golf Course/Gas Station/Theater

Urgent Care Annual Tax Rate--\$57.50/Unit

<u>Units</u>	<u>Tax</u>	<u>Land Use</u>
0	\$0	Ag/Timber/Resource/Vacant—Not Buildable
1	\$57.50	Vacant Buildable
2	\$115	Developed

CLSD AMBULANCE REVENUE

	A	B	C	D	E	F	G	H	I	J	K	L	M
	BILLABLE INCIDENTS	CHARGES	MCARE WRITE DOWNS	MCAL WRITE DOWNS	OTHER CONTRACTUAL WRITE DOWNS	NET CHARGES	PAYMENTS	REFUNDS	NET PAYMENTS	BAD DEBT WRITE OFFS	OTHER WRITE OFFS	ADJ	NEW A/R BALANCE
FY 17													
MAY '17	36	142,371	79,567	38,383	1,337	23,085	65,743	230	65,513	32,757		1,076	446,364
JUNE '17	61	256,097	112,884	42,394	5,226	95,593	32,542	220	32,322				509,635
FY18													
JULY '17	60	239,510	135,540	45,593	13,973	44,404	62,014	-	62,114	34,781	1,988	11	455,167
AUGUST '17	78	292,985	132,529	65,944	3,088	91,424	56,944	3,413	53,531	-	-	2,226	495,286
SEPTEMBER '17	43	158,264	61,382	35,655	1,954	59,273	72,870	104	72,767	-	(9)	1,127	482,959
OCTOBER '17	31	\$ 126,356	\$ 43,683	\$ 44,504	\$ 6,796	\$ 31,373	\$ 56,086	\$ 177	\$ 55,909	\$ -	\$ 4,346	\$ 200	\$ 454,247
NOVEMBER '17	55	\$ 300,041	\$ 107,310	\$ 78,225	\$ (2,518)	\$ 117,024	\$ 49,971	\$ 580	\$ 49,391	\$ 17,724	\$ -	\$ -	\$ 504,156
DECEMBER '17	47	\$ 172,167	\$ 69,416	\$ 63,344	\$ 3,929	\$ 35,478	\$ 50,462	\$ -	\$ 50,462	\$ -	\$ -	\$ 4	\$ 489,176
JANUARY '18	43	\$ 163,388	\$ 65,539	\$ 46,515	\$ 2,622	\$ 48,711	\$ 35,372	\$ -	\$ 35,372	\$ 20,280	\$ -	\$ -	\$ 482,236
FEBRUARY '18	53	\$ 272,815	\$ 109,275	\$ 65,276	\$ 2,803	\$ 95,461	\$ 54,511	\$ 23	\$ 54,487	\$ -	\$ -	\$ -	\$ 523,210
MARCH '18	72	\$ 272,061	\$ 148,108	\$ 5,215	\$ 3,021	\$ 68,784	\$ 40,754	\$ -	\$ 40,754	\$ 32,164	\$ 653	\$ -	\$ 518,423
APR '18	56	\$ 206,528	\$ 105,159	\$ 46,448	\$ 3,024	\$ 51,897	\$ 80,068	\$ -	\$ 80,068	\$ -	\$ 3,835	\$ 737	\$ 487,155

FY To Date	538	2,204,115	977,941	496,719	38,693	643,830	559,152	4,297	554,855	104,949	10,813	4,306
Last 12 Months	635	2,602,583	1,170,391	577,496	45,256	762,507	657,437	4,748	652,689	137,706	10,813	5,381

Monthly Average FY To Date	54	220,411.48	97,794.05	49,671.90	3,869.25	64,382.98	55,915.18	429.72	55,485.46	10,494.91	1,081.28	430.58
Monthly Average Last 12 Months	53	216,882	97,533	48,125	3,771.32	63,542	54,786	396	54,391	11,476	901	448

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Accrual Basis

Coast Life Support District

Profit & Loss Budget Overview

July 2017 through April 2018

	Jul '17 - Apr 18	Budget	\$ Over Budget	% of Budget
Ordinary Revenue/Expense				
Income				
4000 - CLSD Special Taxes	1,335,612.83	1,321,475.84	14,136.99	101.1%
4100 - Interest Revenue	119.74	75.00	44.74	159.7%
4200 - Ambulance Revenue	624,389.93	489,583.32	134,806.61	127.5% ¹
4400 - Miscellaneous Revenue	15,147.87	2,500.00	12,647.87	605.9% ²
4410 - Intergovernmental Transport(IGT)	139,790.00	66,666.66	73,123.34	209.7% ³
4420 - Ground Emerg Med Transport	0.00	20,833.34	-20,833.34	0.0%
Total Income	2,115,060.37	1,901,134.16	213,926.21	
Expense				
5000 - Wages and Benefits	944,351.94	940,449.87	3,902.07	100.4%
6000 - Ambulance Operations	129,217.13	133,666.68	-4,449.55	96.7%
66000 - Payroll Expenses	334.95			
6700 - Overhead/Administration	136,315.20	205,548.30	-69,233.10	66.3%
6971 - IGT	0.00			
7000 - Urgent Care	647,900.00	647,885.00	15.00	100.0%
8000 - Interest Expense	2,609.85	3,750.00	-1,140.15	69.6%
9000 - Other Expenses	0.00			
9500 - Depreciation Expense	76,589.34	76,765.82	-176.48	99.8%
9999 - Prior Period Adjustment	-6,307.58	0.00	-6,307.58	100.0%
Total Expense	1,931,010.83	2,008,065.67	-77,054.84	
Net Ordinary Operating Surplus	184,049.54	-106,931.51	290,981.05	
Net Revenue	184,049.54	-106,931.51 ⁴	290,981.05	-172.1%

1. NET BILLING: *Ref Wittman YTD Report (acc 4200+Column F minus H/K/L).

2. Revenue due to CPR Program

3. IGT Net New Funds not yet recieved

4. \$10,833/mo x 9 months = \$97,497 for Urgent Care increase and covered by UC reserves.

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Accrual Basis

Coast Life Support District Profit & Loss Budget Overview July 2017 through April 2018

	Jul '17 - Apr 18	Budget	\$ Over Budget	% of Budget
Ordinary Revenue/Expense				
Revenue				
4000 - CLSD Special Taxes				
4001 - Mendocino County Taxes				
4004 - Mendocino Ambulance Tax	419,637.52	398,053.34	21,584.18	105.4%
4009 - Mendocino Urgent Care Tax	297,332.32	281,605.84	15,726.48	105.6%
4010 - Mendocino Ad Valorem Tax	87,328.98	77,226.66	10,102.32	113.1% ¹
4001 - Mendocino County Taxes - Other	0.00	0.00	0.00	0.0%
Total 4001 - Mendocino County Taxes	804,298.82	756,885.84	47,412.98	
4002 - Sonoma County Taxes				
4024 - Sonoma Ambulance Tax	292,471.43	310,488.34	-18,016.91	94.2%
4029 - Sonoma Urgent Care Tax	238,842.58	254,101.66	-15,259.08	94.0%
Total 4002 - Sonoma County Taxes	531,314.01	564,590.00	-33,275.99	94.1%
Total 4000 - CLSD Special Taxes	1,335,612.83	1,321,475.84	14,136.99	
4100 - Interest Revenue	119.74	75.00	44.74	159.7%
4200 - Ambulance Revenue				
4201 - Amb Transport Billings	624,389.93	500,000.00	124,389.93	124.9% ²
4228 - Writedowns-District Res. Disc.	0.00	-10,416.68	10,416.68	0.0%
Total 4200 - Ambulance Revenue	624,389.93	489,583.32	134,806.61	
4400 - Miscellaneous Revenue	15,147.87	2,500.00	12,647.87	605.9% ³
4410 - Intergovernmental Transport(IGT)	139,790.00	66,666.66	73,123.34	209.7%
4420 - Ground Emerg Med Transport	0.00	20,833.34	-20,833.34	0.0%
Total Revenue	2,115,060.37	1,901,134.16	213,926.21	
Expense				
5000 - Wages and Benefits				
5200 - Health Insurance	88,392.68	90,000.00	-1,607.32	98.2%
5300 - Payroll Taxes Emplr Costs	25,246.85	26,770.00	-1,523.15	94.3%
5350 - PERS Employer Costs	73,174.17	75,890.84	-2,716.67	96.4%
5405 - Administration Salaries				
5405.1 - Admin Salaries-Alloc/UC	-18,936.70	-18,936.69	-0.01	100.0%
5405 - Administration Salaries - Other	187,997.36	183,359.88	4,637.48	102.5%
Total 5405 - Administration Salaries	169,060.66	164,423.19	4,637.47	102.8%
5410 - Ambulance Operations Wages	519,134.26	512,815.84	6,318.42	101.2%
5430 - Extra Duty/Stipend Pay/DA	36,350.22	37,556.66	-1,206.44	96.8%
5500 - Work Comp Insurance	32,993.10	32,993.34	-0.24	100.0%
Total 5000 - Wages and Benefits	944,351.94	940,449.87	3,902.07	
6000 - Ambulance Operations				
6030 - Med. Director Fee-non AHUC	31,500.00	31,500.00	0.00	100.0%
6040 - Dispatch Services	19,122.34	23,500.00	-4,377.66	81.4%
6050 - Misc Reimbursements	5.00			
6100 - Station/Crew Expenses				
5100 - Uniforms & Med Tests	2,844.39	4,166.66	-1,322.27	68.3%
6101 - Facility Repair & Maintenance	1,581.23	7,833.34	-6,252.11	20.2%
6102 - Facility Furniture	1,855.87	0.00	1,855.87	100.0%
6110 - Supps, Rental, Clean. etc	5,129.10	10,833.34	-5,704.24	47.3%
6210 - Veh. Repair & Maintenance	15,086.29	15,000.00	86.29	100.6%
6240 - Vehicle Fuel	20,458.12	12,500.00	7,958.12	163.7% ⁴
6320 - Licenses and Permits	129.00			
6410 - Radios & Comm Equip	3,728.51	3,333.34	395.17	111.9%
6510 - Medical Supplies & Equip	27,324.78	20,000.00	7,324.78	136.6% ⁵

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Accrual Basis

Coast Life Support District

Profit & Loss Budget Overview

July 2017 through April 2018

	Jul '17 - Apr 18	Budget	\$ Over Budget	% of Budget
Total 6100 - Station/Crew Expenses	78,137.29	73,666.68	4,470.61	106.1%
6980 - Misc. Employee Train. Exps	452.50	5,000.00	-4,547.50	9.1%
Total 6000 - Ambulance Operations	129,217.13	133,666.68	-4,449.55	
66000 - Payroll Expenses	334.95			
6700 - Overhead/Administration				
6180 - Utilities	12,230.18	10,000.00	2,230.18	122.3%
6188 - Telephone	6,889.09	5,000.00	1,889.09	137.8%
6300 - Insurance	17,129.00	17,000.00	129.00	100.8%
6713 - Ambulance Billing	28,487.15	32,294.16	-3,807.01	88.2%
6718 - Office Supp/Equip/Software				
6718.1 - Office Supplies	2,868.76	4,166.66	-1,297.90	68.9%
6718.2 - Computer Equipment	2,346.96	2,500.00	-153.04	93.9%
6718.3 - Software	2,677.83	1,312.50	1,365.33	204.0%
6718 - Office Supp/Equip/Software - Other	-15.00	0.00	-15.00	100.0%
Total 6718 - Office Supp/Equip/Software	7,878.55	7,979.16	-100.61	
6720 - Board Expenses	126.00	2,083.32	-1,957.32	6.0%
6730 - Consultants				
6734 - IT	4,764.91	6,250.00	-1,485.09	76.2%
6735 - EMS Survey	1,716.65	2,916.66	-1,200.01	58.9%
6737 - Financial/Bookkeeping	525.00	4,166.66	-3,641.66	12.6%
6738 - Legal	4,096.00	8,333.34	-4,237.34	49.2%
6740 - Audit	8,750.00	7,083.34	1,666.66	123.5%
6741 - Tax Administration - NBS	10,634.18	8,691.66	1,942.52	122.3%
Total 6730 - Consultants	30,486.74	37,441.66	-6,954.92	
6742 - Bank/Merchant Fees	1,237.77	833.34	404.43	148.5%
6755 - Property Tax Admin	10,681.01	24,166.66	-13,485.65	44.2%
6760 - Education/Professional Dev	643.75	2,083.34	-1,439.59	30.9%
6765 - Election Costs/Reserve	0.00	39,166.66	-39,166.66	0.0%
6770 - Dues, Subscrip, Membership	7,504.03	8,333.34	-829.31	90.0%
6788 - Printing & Reproduction	979.44	8,333.34	-7,353.90	11.8%
6795 - Travel/Transportation	3,100.87	2,500.00	600.87	124.0%
6970 - Community Dev/Training	8,941.62	8,333.32	608.30	107.3%
Total 6700 - Overhead/Administration	136,315.20	205,548.30	-69,233.10	
6971 - IGT	0.00			
7000 - Urgent Care				
7011 - Admin Salaries-Alloc to UC	18,936.70	18,936.66	0.04	100.0%
7050 - UC Contract	628,963.30	628,948.34	14.96	100.0%
Total 7000 - Urgent Care	647,900.00	647,885.00	15.00	
8000 - Interest Expense				
8005 - EMS Interest Expense	0.00	1,250.00	-1,250.00	0.0%
8000 - Interest Expense - Other	2,609.85	2,500.00	109.85	104.4%
Total 8000 - Interest Expense	2,609.85	3,750.00	-1,140.15	
9000 - Other Expenses	0.00			
9500 - Depreciation Expense	76,589.34	76,765.82	-176.48	99.8%
9999 - Prior Period Adjustment	-6,307.58	0.00	-6,307.58	
Total Expense	1,931,010.83	2,008,065.67	-77,054.84	
Net Ordinary Operating Surplus	184,049.54	-106,931.51	290,981.05	
Net Revenue	184,049.54	-106,931.51	290,981.05	-172.1%

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Accrual Basis

Coast Life Support District
Profit & Loss Budget Overview
July 2017 through April 2018

1. Early parcel tax payments to County forwarded to CLSD ahead of normal payment schedule.
2. NET BILLING: *Ref Wittman YTD Report (acc 4200+Column F minus H/K/L).
3. NET BILLING: *Ref Wittman YTD Report (acc 4200+Column F minus H/K/L).
4. ~6K from FY17 CalFire fuel reconciliation
5. Order for Medical supplies. Budgeted over 12 months.
6. Mendocino County tax fee (38%) Funds rec'd Jan/ expect next funding in May.
7. Upcoming expense
8. Upcoming expense
9. $\$10,833/\text{mo} \times \frac{9}{10} \text{ months} = \$97,497$ for Urgent Care increase and covered by UC reserves.



Monthly Breakdown

Below are the monthly responses that have been received for your service. It details the individual score for each question as well as the overall company score for that month.

	Jul 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018	Apr 2018
Helpfulness of the person you called for ambulance service	98.08	100.00	97.50	100.00	100.00	100.00	86.11	100.00		95.45
Concern shown by the person you called for ambulance service	94.23	96.88	96.25	100.00	75.00	100.00	90.63	100.00		92.50
Extent to which you were told what to do until the ambulance	96.15	95.83	96.25	100.00	25.00	100.00	94.44	100.00		92.50
Extent to which the Coast Life Support ambulance arrived in a	96.43	97.22	94.00	96.15	87.50	87.50	95.83	89.29	100.00	87.50
Cleanliness of the ambulance	97.92	97.22	96.88	98.08	87.50	100.00	95.83	100.00	100.00	97.73
Comfort of the ride	93.18	75.11	86.96	96.15	25.00	87.50	92.31	78.57	100.00	72.92
Skill of the person driving the ambulance	97.73	100.00	98.91	100.00	100.00	100.00	94.23	89.29	100.00	93.18
Skills of the Fire Department Emergency Medical Services	94.64	100.00	94.44	98.08	75.00	75.00	93.18	100.00	100.00	95.45
Care shown by the Coast Life Support medics who arrived with	98.21	100.00	97.92	100.00	100.00	100.00	96.43	100.00	100.00	93.75
Degree to which the medics took your problem seriously	100.00	100.00	97.92	100.00	100.00	100.00	94.64	100.00	100.00	95.83
Degree to which the medics listened to you and/or your family	98.21	100.00	97.83	100.00	100.00	87.50	96.15	100.00	100.00	95.83
Skill of the medics	100.00	100.00	98.96	100.00	100.00	100.00	96.43	100.00	100.00	95.83
Extent to which the medics kept you informed about your	96.15	96.88	96.43	95.83	100.00	87.50	94.23	100.00	100.00	93.18
Extent to which medics included you in the treatment decisions	98.08	96.43	97.37	100.00	100.00	87.50	95.83	96.43	100.00	100.00
Degree to which the medics relieved your pain or discomfort	97.73	96.88	95.24	93.75	75.00	87.50	94.64	85.71	100.00	90.00
Medics' concern for your privacy	97.92	96.88	93.75	97.92	75.00	87.50	92.31	92.86	100.00	87.50
Extent to which medics cared for you as a person	100.00	97.22	98.86	100.00	100.00	87.50	96.43	96.43	100.00	93.75
Professionalism of the staff in our billing office	93.75	100.00	90.00	100.00			87.50	87.50	75.00	93.75
Willingness of the staff in our billing office to address your	94.44	100.00	92.50	100.00			87.50	93.75	100.00	93.75
How well our staff worked together to care for you	100.00	100.00	97.62	97.73	75.00	87.50	89.58	91.67	100.00	93.18
Extent to which our staff eased your entry into the medical	100.00	97.22	96.25	97.50	75.00	87.50	91.67	91.67	100.00	92.50
Appropriateness of Emergency Medical services provided	100.00	97.22	96.43	95.45	75.00	87.50	89.58	96.43	100.00	97.50
Extent to which the services received were worth the fees	95.45	96.43	92.11	93.18	25.00	100.00	83.33	95.83	100.00	90.63
Overall rating of the care provided by our ambulance services	98.21	100.00	98.81	97.73	75.00	100.00	90.38	100.00	100.00	91.67
Likelihood of recommending this ambulance service to others	100.00	100.00	98.86	97.50	75.00	100.00	88.46	100.00	100.00	93.18
Your Master Score	97.58	97.34	96.17	98.16	83.06	93.18	92.86	95.55	98.86	92.57
Your Total Responses	14	9	26	13	2	2	14	7	1	13



Company Comparisons — The following chart gives a comparison of the mean score for each question as scored by comparable companies. Your company is highlighted. There is also a green-shaded highlight of the highest score for each question. This will show how you compare to similar companies.

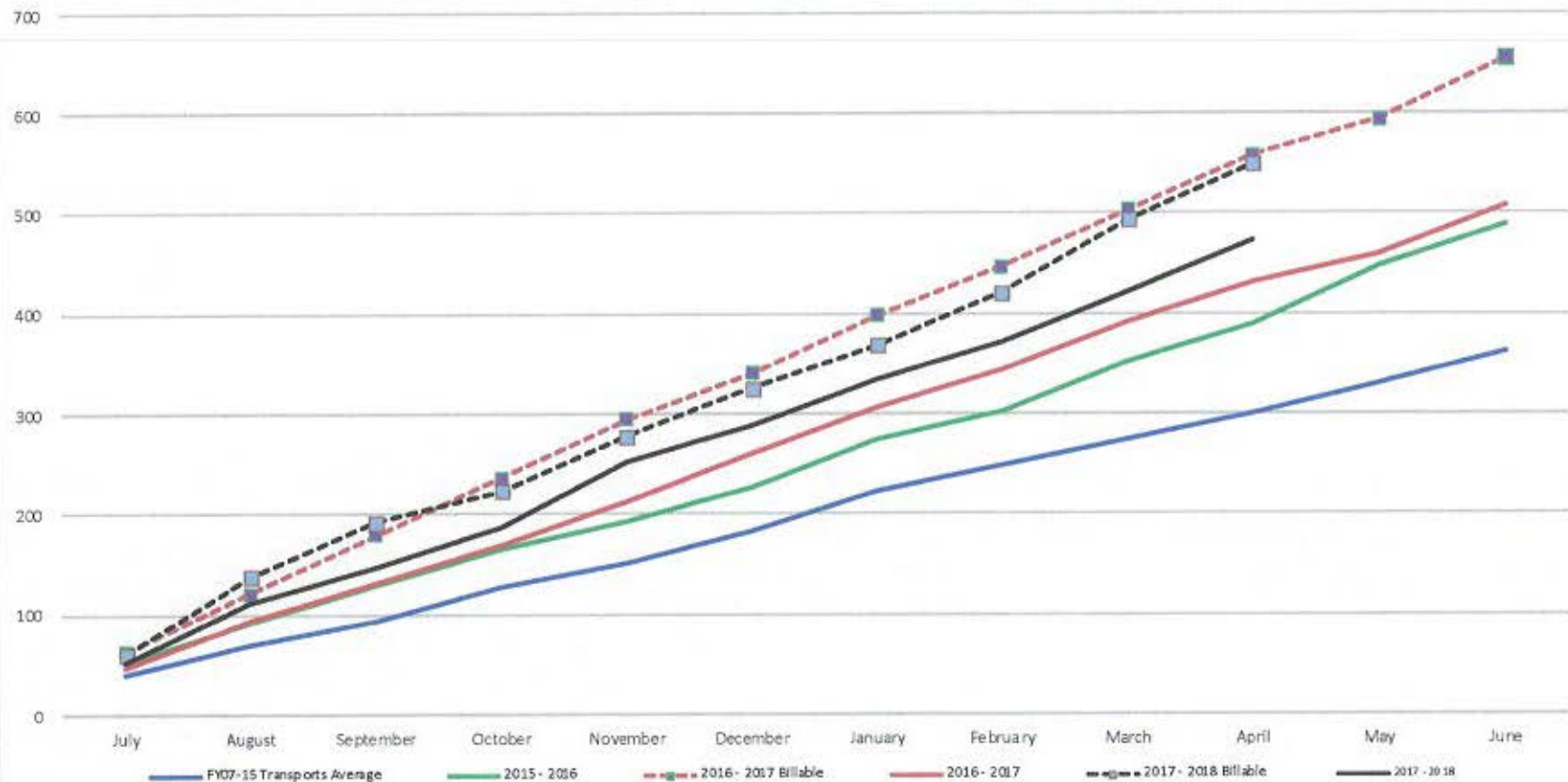
	Your Company	Comparison Companies					
		A	B	C	D	E	F
Helpfulness of the person you called for ambulance service	95.45	96.88	91.94	97.37	94.59	96.88	90.00
Concern shown by the person you called for ambulance service	92.50	94.44	91.41	97.06	93.57	96.88	90.00
Extent to which you were told what to do until the ambulance	92.50	90.00	90.00	95.00	93.94	95.00	95.00
Extent to which the Coast Life Support ambulance arrived in a	87.50	90.91	86.43	96.05	94.05	98.61	91.67
Cleanliness of the ambulance	97.73	95.00	91.45	96.67	93.59	97.22	93.75
Comfort of the ride	72.92	85.00	82.43	93.33	91.03	93.06	90.63
Skill of the person driving the ambulance	93.18	97.50	89.19	96.67	94.23	97.22	97.22
Skills of the Fire Department Emergency Medical Services provided	95.45	0	0	0	0	0	0
Care shown by the Coast Life Support medics who arrived with the	93.75	100.00	90.82	95.00	94.38	100.00	93.75
Degree to which the medics took your problem seriously	95.83	95.45	90.57	94.64	94.38	98.08	96.88
Degree to which the medics listened to you and/or your family	95.83	93.18	90.57	94.64	93.75	98.08	93.75
Skill of the medics	95.83	95.45	90.16	94.64	93.13	100.00	96.88
Extent to which the medics kept you informed about your	93.18	92.50	89.31	92.86	92.76	98.08	89.29
Extent to which medics included you in the treatment decisions (if	100.00	95.83	85.75	91.67	94.35	100.00	100.00
Degree to which the medics relieved your pain or discomfort	90.00	84.38	84.12	90.38	94.85	97.92	95.00
Medics' concern for your privacy	87.50	100.00	88.54	92.31	94.29	96.15	95.83
Extent to which medics cared for you as a person	93.75	93.18	90.82	92.31	94.74	98.08	96.88
Professionalism of the staff in our billing office	93.75	87.50	87.50	86.54	88.24	100.00	100.00
Willingness of the staff in our billing office to address your needs	93.75	87.50	87.50	84.09	89.71	100.00	87.50
How well our staff worked together to care for you	93.18	90.00	88.84	86.67	93.75	100.00	96.43
Extent to which our staff eased your entry into the medical facility	92.50	94.44	88.18	90.38	93.42	92.38	96.43
Appropriateness of Emergency Medical services provided	97.50	97.50	90.03	91.07	94.85	98.08	96.43
Extent to which the services received were worth the fees charged	90.63	89.29	83.37	87.50	89.06	97.22	85.00
Overall rating of the care provided by our ambulance services	91.67	92.50	86.87	92.86	94.29	91.14	96.88
Likelihood of recommending this ambulance service to others	93.18	92.50	87.53	91.07	93.06	98.08	96.88
Overall score	92.57	93.34	88.58	92.86	93.46	97.15	94.50
National Rank	57	43	85	51	40	11	33
Comparable Size (Small) Company Rank	29	23	43	26	21	8	20

CUMULATIVE AMBULANCE DATA

Cumulative Transports	July	August	September	October	November	December	January	February	March	April	May	June
2007 - 2015 Averaged	40	69	93	127	151	182	223	249	275	300	330	362
2015 - 2016	52	91	130	164	192	227	274	303	352	390	447	489
2016 - 2017	47	94	131	168	213	261	306	343	391	431	459	508
2017 - 2018	52	111	147	186	252	288	334	372	422	473		

Cumulative Billable Incidents	July	August	September	October	November	December	January	February	March	April	May	June
2016 - 2017 Billable	63	121	179	236	295	340	398	447	503	558	594	655
2017 - 2018 Billable	60	138	192	223	278	325	368	421	493	549		

CUMULATIVE Transport & Billable Incident Volume by Fiscal Years

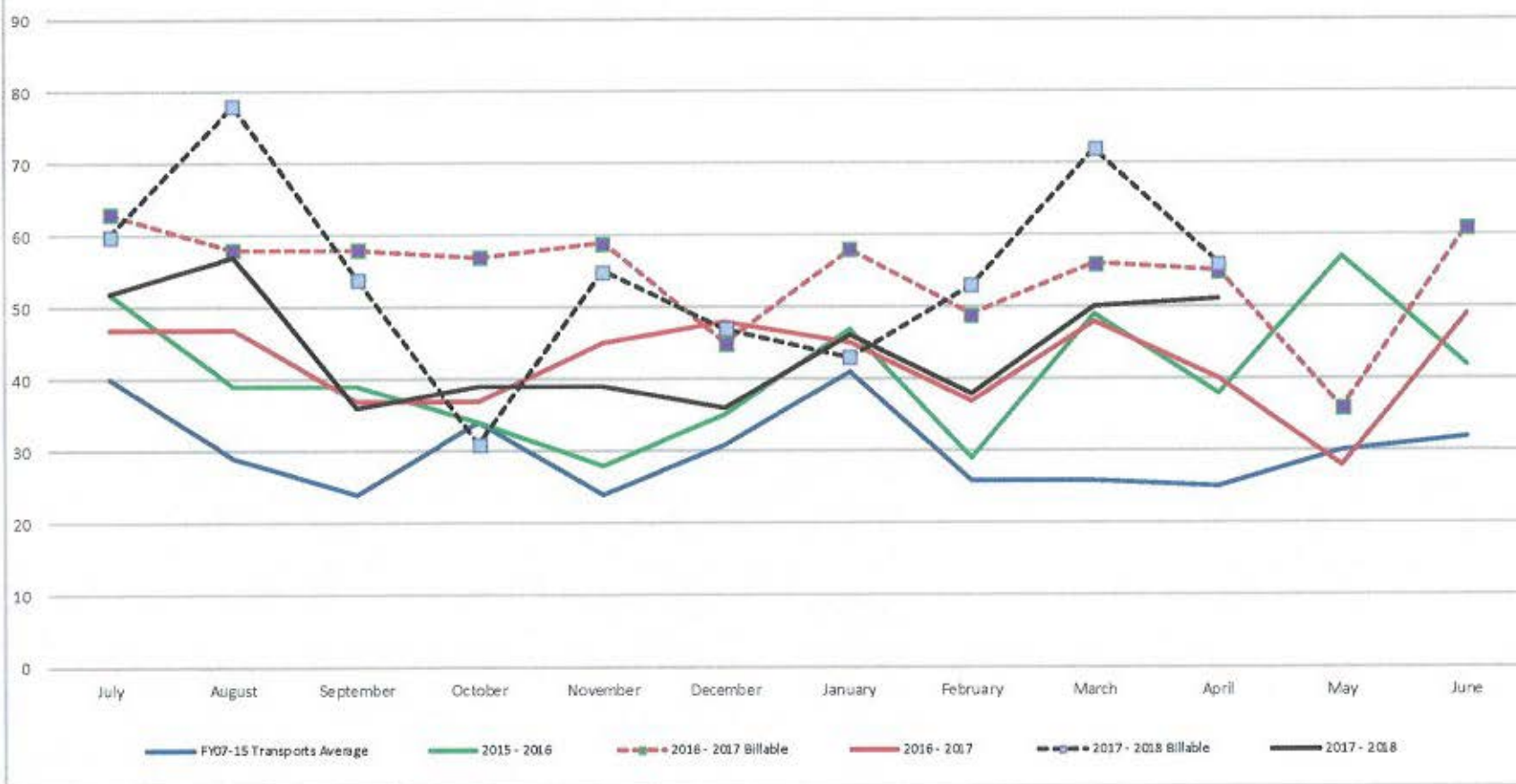


MONTHLY AMBULANCE DATA

Monthly Transports	July	August	September	October	November	December	January	February	March	April	May	June
2007 - 2015 Averaged	40	29	24	34	24	31	41	26	26	25	30	32
2015 - 2016	52	39	39	34	28	35	47	29	49	38	57	42
2016 - 2017	47	47	37	37	45	48	45	37	48	40	28	49
2017 - 2018	52	57	36	39	39	36	46	38	50	51		



Monthly Billable Incidents	July	August	September	October	November	December	January	February	March	April	May	June
2016 - 2017 Billable	63	58	58	57	59	45	58	49	56	55	36	61
2017 - 2018 Billable	60	78	54	31	55	47	43	53	72	56		

MONTHLY Transport & Billable Incident Volume by Fiscal Years



5/9/18

CLSD RUN DATA for the PRECEEDING 12 MONTHS

MONTH	A/O		PCR		ALS		ALS>BLS		BLS		BLS>ALS		TOTAL		LANDING		DRY RUN		T&R		TO RCMS				FROM RCMS			
MOST CURRENT ON TOP	AUTHORIZED ORDER DISPATCHED		PATIENT CARE RECORD		ADVANCED LIFE SUPPORT				BASIC LIFE SUPPORT				TRANSPORTS		 CANCELLED ON ROUTE						ALS		BLS		ALS		BLS	
	Current	Year Prior	Current	Year Prior	Current	Year Prior	Current	Year Prior	Current	Year Prior	Current	Year Prior	Current	Year Prior	Current	Year Prior	Current	Year Prior	Current	Year Prior	Current	Year Prior	Current	Year Prior	Current	Year Prior	Current	Year Prior
18-Apr	70	84	58	58	34	27	4	2	4	13	0	1	51	40	10	4	25	23	20	18	0	2	2	0	10	10	3	6
18-Mar	97	91	70	60	37	34	1	4	13	14	1	4	50	48	10	8	25	23	20	12	0	1	3	0	10	6	2	6
18-Feb	63	72	53	53	31	28	2	3	7	9	2	1	38	37	6	3	7	13	13	16	2	4	1	0	4	4	4	3
18-Jan	80	67	59	53	36	28	2	1	10	8	2	0	46	36	2	5	16	17	13	11	7	5	0	2	8	5	7	3
17-Dec	67	95	53	92	28	32	1	6	8	18	0	3	36	48	5	7	17	25	11	10	5	4	2	1	5	3	3	4
17-Nov	90	89	61	58	31	33	0	2	18	12	1	1	49	45	5	5	29	27	12	15	3	5	1	1	9	5	12	6
17-Oct	81	83	54	57	23	24	2	4	16	13	0	1	39	37	4	6	21	22	15	20	2	3	1	0	2	2	9	5
17-Sep	60	74	48	56	28	25	1	1	6	12	1	0	34	37	5	4	12	15	14	19	2	1	0	0	8	8	4	8
17-Aug	121	90	77	61	42	35	3	3	15	12	2	2	57	47	3	8	38	23	22	10	7	6	2	1	7	6	6	5
17-Jul	98	106	62	71	37	30	4	7	15	17	1	1	52	47	9	9	31	31	15	17	4	5	0	1	8	6	7	6
17-Jun	99	90	61	63	33	26	4	6	16	16	2	2	49	42	7	8	28	18	15	23	2	1	1	0	6	3	10	4
17-May	67	101	42	77	20	32	2	10	5	25	0	0	28	57	7	5	21	24	21	10	0	3	0	0	5	3	1	4
	993	1042	698	759	380	354	26	49	133	169	12	16	529	521	73	72	270	261	191	181	34	40	13	6	82	61	68	60
	A/O		PCR		ALS		ALS>BLS		BLS		BLS>ALS		TOTAL		LZ		DRY RUN		T&R		TO RCMS				FROM RCMS			

ALL SHADED COLUMNS ARE PREVIOUS YEAR DATA

District Administrator and Operations Manager's Report
May 2018

District Administrator

- Attended the National Rural EMS & Care Conference in Tucson, AZ. Some of the themes emerging are:
 - Healthcare is transforming: moving from Fee-For-Service to a system that rewards value. It is "Outcomes and performance data" as well as "Patient-centered" – centric
 - EMS services are expanding through Mobile Integrated Healthcare – Community Paramedic (MIH-CP) programs that offer post-discharge follow up and preventive care; chronic disease management and support; and offer alternative transportation or referral to community health and social services resources
 - New models emerging:
 - Treat and Refer – Field treatment → refer to other resources (e.g., possibly the following day). These are protocol driven.
 - Anthem Blue Cross – paying 75% of the reimbursement of a typical transport to NOT transport. The current EMS model is designed for EMS to transport or the patient signs out Against Medical Advice. Many transports do not result in an "emergent" need for treatment. This model incurs a transport and Emergency Room visit. Results in cost savings of non-transport and helping funnel patient into most appropriate resources
 - IT advances improving field treatment: use of drones, Google glass, dictation microphones, \$5-10 disposable devices placed on the chest that can perform an EKG, take blood pressure, heart rate, oxygen saturation, etc. Field crews "push" the data to platforms the ED docs can "pull" when available – provides pictures on scene, read EKG, etc. This is supported by a rapidly growing federal funded cellular tower network prioritizing EMS traffic.
- Attended EMS grant writing workshop
- AB2262 – sponsored by Jim Wood has cleared the Assembly and in the Senate – assigned to committee
- Video Teleconferencing equipment set for installation on Wed June 13th.
- Continuing to attend Sonoma County Ambulance Ordinance meetings
- Supervisor Lynda Hopkins - \$12K Tourist Mitigation Funds to support our EMT Safety net program – set for final approval vote of entire BOS first week of June
- The Rural Emergency Medical Center Act of 2018: American Hospital Association spent the last two years studying the lack of access to rural hospitals. Recommendations made to MediCare. It resulted in legislation currently being considered by Congress (H.R.5678) to amend title XVIII of the Social Security Act to provide for coverage of rural emergency medical center services under the Medicare Program. If this passes, would no doubt resolve the issue of getting reimbursement for Medicare patients transported to RCMS. The

text of bill was just released. For more information see attached sheet or internet search [H.R.5678](#).

- Medicare just released a Rural Health Strategy aimed to inform the development of a strategic plan to improve health care in rural America. To see the plan, go to this website:

<https://www.cms.gov/About-CMS/Agency-Information/OMH/Downloads/Rural-Strategy-2018.pdf>

Deployment / Staffing

- ALS (M-120) staffed 100% BLS (B-121) Staffed 100%
- Second out paramedic has launched for April 90 % coverage. May schedule has 75% coverage right now. Working on a standard report format for M-122 deployment.

Facilities

- Projects that are scheduled for May early June include; wood refinishing, weeding, drip system / some planting and the bay bathroom will get new floors and paint.
- Two bids coming for parking lot options to include more parking

Vehicles/Equipment

- All vehicles / equipment are in good working order.
- The Ford ambulance needs a catalytic converter. We have tried other options which proved to be temporary. Estimate is around \$3,500
- New ECG monitor arrived and in service

Community events / Training

- We had a Mendocino communication drill. HAM operators were present at CLSD. The scenario was a contagious disease spread. Good overall drill.
- CLSD participated in the Mendocino Fire preparedness forum at the Gualala Community center
- CLSD and CVEMS sponsored the BLS update class. All EMT's are updating for expanded scope by July 1
- RCMS is scheduling monthly CPR classes with us now.
- EMT students have started their ambulance time with CLSD and Fort Bragg ambulance and clinical time at RCMS and MCDH. Finals are scheduled for early June
- Day in the park scheduled for Saturday April 21. Julianne King staffed the event
- TSR disaster group was taught 9 Ways to Save a Life. Approximately 30 in attendance
- CLSD BOD taught / demo 9 Ways to Save a Life at April BOD
- Horicon School is scheduling a class for late May

Ensuring Access in Vulnerable Communities The Rural Emergency Medical Center Act of 2018

Background: Rural Emergency Medical Center Model

Nearly 60 million Americans live in rural areas and depend on their hospital as an important – and often only source of care in their communities. They rely on their hospital as a vital community hub during emergencies and natural disasters. Because rural hospitals care for patients who are often older and sicker, and more dependent on federal programs such as Medicare and Medicaid (which reimburse below the cost of care), they face financial constraints and instabilities which make them vulnerable to service cutbacks or even closure. Remote location, low-patient volumes, regulatory burden and workforce shortages also contribute to rural hospitals' financial instability.

During the 1990s, Congress created the critical access hospital (CAH) program and other special payment programs to account for the unique circumstances of providing care in rural communities. Over time, as health care delivery has shifted to focus on value over volume, and more services are provided in the outpatient setting; many of these special rural programs are insufficient and/or outdated.

The American Hospital Association's Task Force on [Ensuring Access in Vulnerable Communities](#) issued a report in 2016, recommending Congress establish new models of care to provide communities options to protect and stabilize access to health care services. **The Rural Emergency Medical Center (REMC) Act of 2018** would create a new designation under the Medicare program allowing hospitals meeting certain criteria to transition to a 24/7 emergency medical center with enhanced reimbursement and transportation to higher acuity facilities, as needed.

Why Is a Rural Emergency Medical Center Designation Needed?

The future of rural health care includes "right-sizing" the health care infrastructure and services to better align with the needs of communities and to keep pace with the ongoing transformation of health care delivery.

The current reimbursement model, which rewards fee-for-service inpatient care, is not working in certain vulnerable communities due to the unique circumstances of providing care in rural areas.

The establishment of a rural emergency medical center (REMC) designation under the Medicare program would help ensure patients in rural communities maintain access to essential emergency and outpatient services, while providing enhanced transportation to inpatient hospitals.

Fast Facts: The Rural Emergency Medical Center Act

• REMC Designation

The REMC Act would establish a new rural facility designation under the Medicare program, allowing facilities meeting certain requirements to provide 24/7 emergency department care and other outpatient services in vulnerable rural communities and receive enhanced reimbursement rates.

REMCs would be required to have established protocols to transport patients to an inpatient hospital if needed.

• REMC Services

- **24/7 emergency services:** REMCs would operate a 24/7 emergency department and have established protocols and arrangements for transporting patients to inpatient acute care hospitals (and trauma centers) as needed.
- **Outpatient services:** REMCs could provide the type of medical and other health services that a hospital provides on an outpatient basis to Medicare beneficiaries. These include observation and diagnostic services.
- **Post-acute care:** Skilled nursing care may be furnished in a separately licensed skilled nursing facility (SNF) unit.
- **Telehealth:** A REMC is considered a Medicare telehealth “originating site” at which Medicare beneficiaries may receive covered telehealth services.

• REMC Requirements

A rural emergency medical center must meet the following requirements:

- Provide 24-hour emergency medical care and observation care (not to exceed, on an annual per patient average, 24 hours or more than one midnight;
- Not provide any acute care inpatient beds;
- Have protocols in place for timely transfer of patients who require acute care inpatient services or other inpatient services;
- Provide ambulance transport services for patients requiring inpatient hospital services; it must have a transfer agreement with a level I or II trauma center;
- Make an election to be designated as a REMC;
- Be licensed or approved to operate as a REMC by the State involved; and
- Be certified by the Secretary of Health and Human Services (HHS) as meeting the above requirements and meeting HHS requirements for staff training and education.
- Meet Medicare conditions of participation required by CAHs with exceptions (e.g., providing inpatient care).

A rural emergency medical center may include a separately licensed SNF unit.

• REMC Reimbursement

Payment for rural emergency medical center services consists of:

- The Medicare outpatient prospective payment system (PPS) plus an additional amount to take into account fixed costs and the low volume of services these centers provide.

REMCs that establish a separately licensed SNF unit will be paid at 110 percent of the amount of payment

otherwise applicable under the Medicare SNF PPS for those services.

Payment for ambulance services is set at 105 percent of the otherwise applicable Medicare ambulance fee schedule amount for the patient transport from the REMC to a hospital or CAH.