

# COAST LIFE SUPPORT DISTRICT

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

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## AGENDA

### REGULAR MEETING OF THE BOARD OF DIRECTORS

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

>>> **WEDNESDAY MAY 20<sup>TH</sup>, 2020 – 4 PM**<<<

**MEETING IS EARLY THIS MONTH TO AVOID THE MEMORIAL DAY HOLIDAY ON MON MAY 25<sup>TH</sup>.**

**NOTICE:** Due to COVID-19 pandemic; the Executive Order of Governor Newsom No 29-20; and mandatory Sheltering in Place orders of both Sonoma and Mendocino County Health Officers, essential Brown Act guidelines are temporarily suspended. Board meetings may be held via teleconference. Votes will require role call. The CLSD training room will remain a publicly accessible location that accommodates attendees spacing themselves at least six feet apart for social distancing. Facial covering is required to attend in person.

*To join by phone, dial +1-510-338-9438; Access code: 620-812-170; PW: 1234*

1. Call to Order Beaty
2. Adoption of the agenda Beaty
3. Minutes Approval: May 4<sup>th</sup>, 2020 Board meeting Beaty
4. Privilege of the floor Beaty
5. New Business Caley/Beaty
  - a. Draft: FY21 Urgent Care Budget – Informational
  - b. Preliminary review of the CLSD FY21 Budget – Informational
  - c. Resolution 265 – Adoption of the Preliminary FY 21 Budget – Informational
  - d. Resolution 266 – Adoption of the FY21 Ambulance Rates – Informational
  - e. Resolution 267 – Adoption of the FY21 Tax Rates – Informational
  - f. Resolution 268 – Adoption of the FY21 Prop 4 Appropriations Limit – Informational
  - g. Resolution 269 – Signing Authority for Exchange Bank account – ACTION ITEM
  - h. Covid-19 implications on CLSD & District EMS/Fire Agencies - Discussion
6. Old Business Caley
  - a. DA Succession / Recruitment: update
7. Reports: Beaty/Caley
  - a. RCMS update Tilles
  - b. Finance: YTD Bower/André
    - i. Ambulance revenue – Wittman YTD
    - ii. Expenses
  - c. Communication Committee Tittle
  - d. MHA update Caley
    - i. See Quarterly Report in agenda packet
8. DA / Ops report Caley
  - a. Ambulance run data, with 2<sup>nd</sup>-Out program data
  - b. DA / Ops Summary Report – read in advance and will have Q & A
9. **NEXT MEETINGS:** Scheduled Board of Director meetings are held routinely on the 4<sup>th</sup> Monday of the month at 4:00 PM at the CLSD Bill Platt Training Center unless otherwise noted. Upcoming meetings are:  
**Jun 22<sup>nd</sup>, 2020**  
**Jul 27<sup>th</sup>, 2020**  
**Aug 24<sup>th</sup>, 2020**
10. Adjourn



## MINUTES OF THE MEETING OF THE BOARD OF DIRECTORS

4:00 PM, May 5<sup>th</sup>, 2020 Meeting

Due to the COVID 19 threat and Shelter in Place order, this meeting was held by teleconference. Attendance at the CLSD headquarters is available at the Training Center with mandatory facial covering and appropriate social distancing.

**Call to Order:** President Beaty called the meeting to order at 4:03 PM at the Bill Platt Training Room. Present on teleconference were Directors: Paterson, Bower, Schwartz, Tilles, Tittle and André. Also present: District Administrator (DA) David Caley, Ops Manager Evan Dilks, Bookkeeper Clara Frost, and Paramedic Chris Ottolini.

**Adoption of the Agenda:** Director André moved to adopt the agenda as written seconded by Director Paterson. All ayes.

**Approval of Minutes:** BOD meeting minutes March 23<sup>rd</sup>, 2020 & Special Meeting March 30<sup>th</sup>, 2020- Director Paterson moved to approve the minutes for both meetings as written and seconded by Director Tittle. All ayes.

**Privilege of the Floor** – none.

### New Business:

- a. Covid 19 implications on CLSD: Caley discussed various scenarios regarding future property tax revenue and other potential cash flow variables related to the pandemic.

### Old Business:

- a. DA Succession/Recruitment: Ad hoc planning update: Currently, there are 5 applicants. With two weeks to go till the application window closes, our recruiter informs that typically, the most qualified applicants file just before the deadline. So he is expecting additional applications to be filed before the deadline.

### Reports:

- a. RCMS update: The board continues to discuss RCMS financials and operations to stay abreast of their business plans and reorganization. They are planning for a potential surge in Covid cases in late May/ early June. Patient visits are down (as is a national trend) and will further challenge the recovery business plan.
- b. Finance: YTD
  - i. Ambulance Revenue – Wittman YTD: Net payments for March 2020 were \$50,972 with A/R of \$417,051. March had 59 billable incidents with 50 transports. Cumulative are 521 billable incidents with 400 transports.
  - ii. Expenses – Existing sleeping quarters for our crews will be modified (splitting two bedrooms into four) and simple refresh of two bathrooms beginning this month at an estimated expense of \$25,000.
- c. Communication Committee:
  - i. Answers to various questions from the public have been provided regarding Measure J.
- d. MHA update: They have been contacted to provide financial assistance to those affected by the Covid crisis. Quarterly update next month.

### DA / Ops report:

- a. Ambulance Run data with new 2<sup>nd</sup> out paramedic program data attached to BOD packet.
- b. DA / OPS Summary Report – The EMS training grant has been successfully submitted after many hours of preparation.

**Next Meeting:** the 4<sup>th</sup> Monday of the month at 4 PM

- Monday, April 27<sup>th</sup>
- **Wednesday, May 20<sup>th</sup> (due to Memorial Day)**
- Monday, June 22<sup>nd</sup>

**Adjournment:** at 5:24

Minutes Approved:

(Date)

## COAST LIFE SUPPORT DISTRICT

Income	Actual FY19	Budget FY19	Actual FY20	Budget FY20	Budget FY21	FY20 vs FY21	%
		6% Inc	10 months	6% Inc	3% Inc	Changes	Change
	Actual	Budget	exceptions co taxes	final Budget	Draft Budget		
4000 CLSD Special Taxes							
<b>4001 Mendocino County Taxes</b>							
4004 Mendocino Ambulance Tax	469,225	477,664	445,210	477,664	665,144	187,480	39.25%
4009 Mendocino Urgent Care Tax	328,049	337,927	405,281	434,750	434,750	-	0.00%
4010 Mendocino Special Tax	106,588	100,433	99,747	105,750	105,750	-	0.00%
Total 4001 Mendocino County Taxes	<b>903,862</b>	<b>916,024</b>	<b>950,237</b>	<b>1,018,164</b>	<b>1,205,644</b>	<b>187,480</b>	<b>18%</b>
<b>4002 Sonoma County Taxes</b>							
4024 Sonoma Ambulance Tax	374,548	375,144	358,764	375,144	515,206	140,062	37.34%
4029 Sonoma Urgent Care Tax	305,573	306,015	379,495	392,052	392,052	-	0.00%
4030 Sonoma Special Tax	-	-	21,075	28,100	28,087	(13)	-0.05%
Total 4002 Sonoma County Taxes	<b>680,122</b>	<b>681,159</b>	<b>759,335</b>	<b>795,296</b>	<b>935,345</b>	<b>140,049</b>	<b>18%</b>
<b>Total 4000 CLSD Special Taxes</b>	<b>1,583,984</b>	<b>1,597,183</b>	<b>1,709,572</b>	<b>1,813,460</b>	<b>2,140,989</b>	<b>327,529</b>	<b>18%</b>
4100 Interest Income	225	-	68	11,000	-	(11,000)	0.37%
<b>4200 Ambulance Income</b>							
4201 Ambulance Transport Billings	650,064	650,000	699,654	650,000	652,405	2,405	0.37%
4220 Writedowns - Misc						-	0.00%
4225 Writedowns - MediCar/Cal						-	0.00%
4228 Writedowns - District Resident Discount		-		-		-	0.00%
<b>Total 4201 Ambulance Transport Billings</b>	<b>650,064</b>	<b>650,000</b>	<b>699,722</b>	<b>661,000</b>	<b>652,405</b>	<b>(8,595)</b>	<b>-1.30%</b>
4400 Miscellaneous Revenue	44,393	32,550	17,185	50,000	-	(50,000)	-100.00%
4410 Intergovernmental Transport (IGT)	248,254	130,000	244,451	175,530	250,000	74,470	42.43%
4420 Ground Emerg Med Transport	18,143	25,000	(185)	18,000	20,000	2,000	11.11%
<del>4421 GEMT - SB523 (QA Fee) DELETED (HHS STIMULUS)</del>	30,029	28,000	-	46,104	-	(46,104)	-100.00%
Unapplied Cash Payment Income			-			-	
<b>Total Income</b>	<b>2,575,092</b>	<b>2,462,733.00</b>	<b>2,670,745</b>	<b>2,764,094</b>	<b>3,063,394</b>	<b>370,395</b>	<b>13.40%</b>
<b>Expenses</b>							
<b>5000 Wages and Benefits</b>							
5200 Health Insurance	103,135	120,000	115,500	132,000	156,000	24,000	18.18%
5300 Payroll Taxes Employer Costs	34,775	36,358	30,240	39,586	40,093	507	1.28%
5350 PERS Employer Costs	128,787	106,858	126,511	158,240	184,058	25,818	16.32%
5405 Administration Salaries	252,427	232,749	237,459	257,031	288,400	31,369	12.20%
5405.1 Admin Salaries-Allocate to UC	(23,988)	(23,988)	(18,986)	(25,315)	(26,154)	(839)	3.31%
5410 Ambulance Operations Wages	703,290	717,454	651,851	801,212	945,122	143,910	17.96%
5430 Extra Duty/Stipend Pay	49,122	56,208	30,646	44,596	45,796	1,200	2.69%
5460 Other Compensation	-	-	-	-	-	-	0.00%
5500 Work Comp Insurance	53,914	53,914	40,728	54,575	50,000	(4,575)	-8.38%
<b>Total 5000 Wages and Benefits</b>	<b>1,301,461</b>	<b>1,299,553</b>	<b>1,213,949</b>	<b>1,461,925</b>	<b>1,683,315</b>	<b>221,390</b>	<b>15.14%</b>
<b>6000 Ambulance Operations/ 66000 payroll exp</b>							
6030 Medical Director Fee-non AHUC	37,800	37,800	31,500	37,800	37,800	-	0.00%
6040 Dispatch Services	21,219	21,545	21,135	21,871	23,122	1,251	5.72%
6050 Misc Reimbursements	520	-	-	-	-	-	0.00%
<b>6100 Station/Crew Expenses/LIC &amp; PERMITS</b>							
6101 Facility Repair & Maintenance	10,579	9,400	4,140	7,500	7,500	-	0.00%
6102 Facility Furniture	5,882	-	287	-	-	-	0.00%
5100 Uniforms & Med Tests	3,190	5,000	4,429	3,500	7,500	4,000	114.29%
6110 Supplies, Rental, Cleaning etc	6,185	13,000	7,369	7,500	7,500	-	0.00%
6210 Vehicle Repair & Maintenance	28,391	18,000	15,682	22,500	22,500	-	0.00%
6240 Vehicle Fuel	22,076	15,000	18,318	25,000	25,000	-	0.00%
6410 Radios & Comm Equip	1,042	4,000	3,064	3,000	3,000	-	0.00%
6510 Medical Supplies & Equipment	39,307	24,000	39,819	30,000	40,000	10,000	33.33%
6511 Capital Replacement fund	-	-	-	-	-	-	0.00%
6980 Misc. Staff Taining & Development	2,248	6,000	1,664	5,000	7,500	2,500	50.00%
<b>Total 6000 Ambulance Operations</b>	<b>178,438</b>	<b>153,745</b>	<b>147,409</b>	<b>163,671</b>	<b>181,422</b>	<b>17,751</b>	<b>10.85%</b>
<b>6700 Overhead/Administration/ 6971 IGT EXP.</b>							
6180 Utilities	13,138	14,000	12,744	13,000	14,000	1,000	7.69%
6188 Telephone	6,167	4,475	5,124	6,500	6,500	-	0.00%
6300 Insurance	18,320	17,996	12,992	17,300	17,950	650	3.76%
6714 4420 GEMT - SB523 (QA Fee)	13,347	7,000	24,512	-	14,025	14,025	100.00%
6713 Ambulance Billing	37,041	39,000	41,188	39,000	39,000	-	0.00%
6718 Office Supp/Equip/Software	-	-	(65)	-	-	-	0.00%

6718.1 Office Supplies	2,993	5,000	2,179	2,500	3,000	500	20.00%
6718.2 Computer Equipment	2,106	3,000	2,005	2,000	5,000	3,000	150.00%
6718.3 Software	2,979	3,000	2,902	3,000	4,000	1,000	33.33%
6720 Board Expenses	1,271	2,500	1,818	2,500	25,000	22,500	900.00%
6730 Consultants						-	0.00%
6731 Administration			18,085	-	-	-	0.00%
6732 Employee Assistance Program (EAP)			-	-	2,400		
6734 IT	6,145	7,000	5,150	7,000	6,500	(500)	-7.14%
6735 EMS Survey	5,336	3,500	3,028	3,000	3,500	500	16.67%
6737 Financial/Bookkeeping	11,460	3,000	2,404	3,000	9,000	6,000	200.00%
6738 Legal	832	5,000	8,763	5,000	5,000	-	0.00%
6739 Policy Development			-	4,800	-	(4,800)	-100.00%
6740 Audit	9,100	9,100	9,400	9,100	9,500	400	4.40%
6741 Tax Administration - NBS	10,981	10,430	9,481	11,000	12,000	1,000	9.09%
6742 Bank/Merchant Fees	1,341	1,200	1,250	1,200	1,700	500	41.67%
6755 Property Tax Administration - Counties	20,019	20,000	10,060	17,500	17,500	-	0.00%
6760 Leadership Admin Development	1,391	2,500	2,745	1,000	5,000	4,000	400.00%
6765 Election Costs/Reserve	5,086	5,000	3,465	25,000	-	(25,000)	-100.00%
6770 Dues, Subscriptions, Membership	11,950	10,000	9,735	12,000	15,000	3,000	25.00%
6788 Printing & Reproduction	3,415	10,000	2,587	6,000	3,000	(3,000)	-50.00%
6795 Travel/Transportation	3,226	7,500	2,891	4,000	5,000	1,000	25.00%
6970 Community Dev/Training	28,227	10,000	8,769	10,000	7,500	(2,500)	-25.00%
<b>Total 6700 Overhead/Administration</b>	<b>215,871</b>	<b>200,201</b>	<b>203,211</b>	<b>205,400</b>	<b>231,075</b>	<b>23,275</b>	<b>11.33%</b>
<b>7000 Urgent Care</b>							
7011 Admin Salaries-Alloc to UC	23,988	23,988	18,986	25,315	26,154	839	3.31%
7050 UC Contract	754,756	754,738	666,663	800,000	800,000	-	0.00%
<b>Total 7000 Urgent Care</b>	<b>778,744</b>	<b>778,726</b>	<b>685,649</b>	<b>825,315</b>	<b>826,154</b>	<b>839</b>	<b>0.10%</b>
<b>8000 Interest Expense</b>		3,000				-	
8005 EMS Interest Expense	2,033	1,500	934	2,000	-	(2,000)	-100.00%
<b>Total 8000 Interest Expense</b>	<b>2,033</b>	<b>4,500</b>	<b>934</b>	<b>2,000</b>	<b>-</b>	<b>(2,000)</b>	<b>-100.00%</b>
9500 Depreciation Expense	87,734	91,202	78,053	93,664	96,349	2,685	2.87%
999 Prior Period Adjustments (66000 PAYROLL EXPENSESE)	2						
<b>Total Expenses</b>	<b>2,564,284.17</b>	<b>2,527,927.00</b>	<b>2,329,206</b>	<b>2,751,975</b>	<b>3,018,315</b>	<b>263,940</b>	<b>9.59%</b>
<b>Net Operating Income</b>	<b>10,808</b>	<b>(65,194)</b>	<b>341,539</b>	<b>12,119</b>	<b>45,079</b>	<b>106,455</b>	<b>878.41%</b>
Other Miscellaneous Expense	-						
Net Other Income	-	-		-		-	
<b>Net Income</b>	<b>10,808</b>	<b>(65,194)</b>	<b>341,539</b>	<b>12,119</b>	<b>45,079</b>	<b>106,455</b>	<b>878.41%</b>

	ACTUAL FY19	BUDGET FY19	ACTUAL FY20	BUDGET FY20	BUDGET FY21
EMS Income	1,941,469	1,818,791	1,885,969	1,937,292	2,236,592
EMS Expense	1,785,540	1,749,201	1,643,557	1,926,660	2,192,161
EMS Net	155,929.25	69,590	242,412	10,632	44,431
UC Income	633,623	643,942	784,776	826,802	826,802
UC Expense	778,744	778,726	685,649	825,315	826,154
UC Net	(145,121.35)	(134,784)	99,127	1,487	648

FINAL DRAFT May 15, 2020 2:45 PM

\$130K reserves  
< Prop Taxes

only 10 months

	<b>FY20/21 Estimate</b>	<b>FY19/20 Estimate</b>	<b>FY18/19 Bugeted</b>	<b>Increase or (Decrease)</b>	<b>% increase</b>
Administration	288,400	257,031	232,749	31,369	12.2%
FT Paramedics	533,383	359,006	336,902	174,377	48.6%
FT EMTs	161,751	129,659	122,337	32,092	24.8%
PT Paramedics	69,577	73,674	47,362	(4,097)	-5.6%
PT EMTs	134,444	200,933	169,555	(66,489)	-33.1%
Training	33,267	26,940	30,399	6,327	23.5%
Holiday premium	6,000	4,300	4,200	1,700	39.5%
CPR program	6,700	6,700	6,700	0	0.0%
EMR/EMT Programs	31,675	18,100		13,575	75.0%
Extra Duty/Projects	21,396	21,396	24,708	0	0.0%
Extra Duty/Stipends	24,400	23,200	31,500	1,200	5.2%
	<u>1,310,993</u>	<u>1,120,939</u>	<u>1,006,412</u>	<u>190,054</u>	<u>17.0%</u>
Health Insurance	156,000	132,000	108,000	24,000	18.2%
Payroll taxes	40,093	39,586	36,358	507	1.3%
CalPERS	184,058	158,469	106,858	25,589	16.1%
Med tests/uniforms	7,500	5,000	5,000	2,500	50.0%
Workers comp	50,000	54,575	(5,579)	(4,575)	-8.4%
	<u>437,651</u>	<u>389,630</u>	<u>250,637</u>	<u>48,021</u>	<u>12.3%</u>
				0	
	<u>1,748,644</u>	<u>1,510,569</u>	<u>1,257,049</u>	<u>238,075</u>	<u>15.8%</u>

## COAST LIFE SUPPORT DISTRICT

### RESOLUTION No: 265 ADOPTION OF PRELIMINARY BUDGET FOR FISCAL YEAR 2021

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 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	\$ 826,802
Mendocino County	\$ 1,314,187
Ambulance Billings	\$ 652,405
Miscellaneous	<u>\$ 270,000</u>
Total Budgeted Revenue	\$ 3,063,394

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

Ambulance Operations	\$ 1,864,737
Administration & Overhead	231,075
Urgent Care Program	826,154
Interest & Depreciation	96,349
Reserve Fund Decrease	<u>45,079</u>
Total Budgeted Expenditures	\$ 3,063,394

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 2021.

The above resolution was introduced by Director Schwartz, who moved its adoption, seconded by Director Beaty, and passed and adopted on this 22<sup>nd</sup> day of June, 2020 by the following roll call vote:

Directors:	André	Aye	No	Abstain	Absent
	Beaty	Aye	No	Abstain	Absent
	Bower	Aye	No	Abstain	Absent
	Patterson	Aye	No	Abstain	Absent
	Schwartz	Aye	No	Abstain	Absent
	Tilles	Aye	No	Abstain	Absent
	Tittle	Aye	No	Abstain	Absent

Ayes:                      Noes:                      Abstain:                      Absent:

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

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Naomi Schwartz, Secretary

**COAST LIFE SUPPORT DISTRICT  
RESOLUTION No. 266**

**ADOPTION OF AMBULANCE RATES FOR FISCAL YEAR 2021**

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 (per mile)	\$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 Beaty, who moved for its adoption, seconded by Director Schwartz, and passed on this 22<sup>nd</sup> day of June, 2020,

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

\_\_\_\_\_  
Naomi Schwartz, Secretary

See attached Level of Service definitions applicable to said rates.



## **Resolution 266: Defined Levels of Ambulance Services**

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 (**P**eripherally **I**nserted **C**entral **C**atheter), 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. 267**

**ADOPTION OF TAX RATES FOR FISCAL YEAR 2021**

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, in May 2020, the voters of the Coast Life Support District authorized the District Board of Directors to increase the Special Tax supporting Emergency Medical Services from \$44 per benefit unit to \$61 per benefit unit, and

WHEREAS, the District's budget for Fiscal Year 2021 requires a Special Tax rate of **\$61** per unit of benefit for Emergency Medical Services and \$74.00/\$148.00 Special Tax for developable/developed parcels to support Urgent Care,

BE IT RESOLVED, THEREFORE that the Special Tax rate of \$61 per unit of benefit for Emergency Medical Services, plus \$74.00/\$148.00 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 22<sup>nd</sup> day of June 2020 by the following roll call vote:

Directors:	André	Aye	No	Abstain	Absent
	Beaty	Aye	No	Abstain	Absent
	Bower	Aye	No	Abstain	Absent
	Paterson	Aye	No	Abstain	Absent
	Schwartz	Aye	No	Abstain	Absent
	Tittle	Aye	No	Abstain	Absent
	Villagomez	Aye	No	Abstain	Absent

Ayes:	Noes:	Abstain:	Absent:
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WHEREUPON, the President declared the foregoing RESOLUTION adopted and SO ORDERED.

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Naomi Schwartz, Secretary

**COAST LIFE SUPPORT DISTRICT  
RESOLUTION No. 268**

**RESOLUTION OF THE BOARD OF DIRECTORS OF COAST LIFE SUPPORT  
DISTRICT, STATE OF CALIFORNIA, ADOPTING THE PROPOSITION 4  
APPROPRIATION LIMIT FOR THE FISCAL YEAR 2020-2021**

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

WHEREAS, Proposition 111, Article XIII B, 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 2019-2020 of \$2,211,702; 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 Board of Directors of the Coast Life Support District, now accepts the Sonoma County Treasurer's calculation for the Appropriation Limit to be \$2,541,702 based on sum of the tax income increase and the annual percentage change for the California Per Capita Personal Income which is 3.85% and the local population growth change which is 0.47%,

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 \$2,541,702 for the Fiscal Year 2020-2021,

THE FOREGOING RESOLUTION was introduced by Director Beaty, who moved its adoption, seconded by Director Schwartz, and then adopted by the following vote on the 22<sup>nd</sup> day of June, 2020,

Directors:	André	Aye	No	Abstain	Absent
	Beaty	Aye	No	Abstain	Absent
	Bower	Aye	No	Abstain	Absent
	Paterson	Aye	No	Abstain	Absent
	Schwartz	Aye	No	Abstain	Absent
	Tilles	Aye	No	Abstain	Absent
	Tittle	Aye	No	Abstain	Absent

Ayes:	Noes:	Abstain:	Absent:
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WHEREUPON, the President declared the foregoing RESOLUTION adopted and

SO, ORDERED

\_\_\_\_\_  
Naomi Schwartz, Secretary to the Board



**COAST LIFE SUPPORT DISTRICT  
RESOLUTION No. 269**

**RESOLUTION OF THE BOARD OF DIRECTORS OF COAST LIFE SUPPORT  
DISTRICT, STATE OF CALIFORNIA**

RESOLVED by the Governing Board of the Coast Life Support District, a bi-County District within the County of Sonoma and the County of Mendocino, State of California, that:

NOW, BE IT RESOLVED, that Director Beaty is removed as Treasurer and replaced by newly appointed Director Michael Tilles.

BE IT FURTHER RESOLVED that the Board of Directors Treasurer (Michael Tilles), the District Administrator (David Caley), and the Operations Manager (Evan Dilks) are authorized to open and maintain accounts with Exchange Bank as indicated on the signature card (signers).

BE IT FURTHER RESOLVED, that the persons identified as signers on this card are authorized to conduct all business related to Exchange Bank accounts for the Coast Life Support District, including but not limited to (1) opening accounts, (2) closing accounts, and (3) depositing and withdrawing funds consistent with the indicated signature authorizations. Only one signature is required to withdraw funds from Exchange Bank.

THE FOREGOING RESOLUTION was introduced by Director Beaty, who moved its adoption, seconded by Director \_\_\_\_\_, and then adopted by the following vote on the 22<sup>nd</sup> day of June, 2020.

Directors:	Carolyn André	Aye	No	Abstain	Absent
	Geoffrey Beaty	Aye	No	Abstain	Absent
	Julie Bower	Aye	No	Abstain	Absent
	Annan Patterson	Aye	No	Abstain	Absent
	Naomi Schwartz	Aye	No	Abstain	Absent
	Michael Tilles	Aye	No	Abstain	Absent
	Leslie Tittle	Aye	No	Abstain	Absent

Ayes:	Noes:	Abstain:	Absent:
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WHEREUPON, the President declared the foregoing RESOLUTION adopted and

SO ORDERED

\_\_\_\_\_  
Naomi Schwartz, Secretary to the Board



# 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
<b>FY19</b>													
MAY '19	56	\$ 215,716	\$ 74,460	\$ 50,320	\$ 967	\$ 89,969	\$ 67,379	\$ -	\$ 67,379	\$ 26,680	\$ 1,948	\$ 500	\$ 420,858
JUNE '19	69	\$ 245,187	\$ 127,965	\$ 28,276	\$ 5,326	\$ 83,620	\$ 49,795	\$ -	\$ 49,795	\$ 16,416	\$ 800	\$ 62	\$ 437,528
<b>FY20</b>													
JULY '19	61	\$ 225,748	\$ 62,734	\$ 2,853	\$ 7,631	\$ 152,530	\$ 71,407	\$ -	\$ 71,407	\$ -	\$ -	\$ 3,911	\$ 522,562
AUGUST '19	61	\$ 227,284	\$ 114,434	\$ 74,225	\$ 8,913	\$ 29,713	\$ 69,867	\$ -	\$ 69,867	\$ 16,067	\$ 1,837	\$ -	\$ 464,503
SEPTEMBER '19	76	\$ 277,000	\$ 75,627	\$ 47,381	\$ 6,146	\$ 147,846	\$ 48,221	\$ -	\$ 48,221	\$ -	\$ 7,930	\$ 15	\$ 556,213
OCTOBER '19	64	\$ 242,079	\$ 117,750	\$ 57,124	\$ 5,077	\$ 62,127	\$ 80,054	\$ 2,119	\$ 77,935	\$ -	\$ 4,914	\$ 158	\$ 535,648
NOVEMBER '19	58	\$ 236,748	\$ 138,127	\$ 38,467	\$ 250	\$ 59,904	\$ 68,727	\$ -	\$ 68,727	\$ -	\$ -	\$ -	\$ 526,824
DECEMBER '19	50	\$ 199,255	\$ 132,913	\$ 26,184	\$ 10,389	\$ 29,770	\$ 109,483	\$ -	\$ 109,483	\$ 15,870	\$ 6,211	\$ -	\$ 425,030
JANUARY '20	43	\$ 199,161	\$ 92,162	\$ 46,979	\$ 1,937	\$ 58,084	\$ 85,951	\$ 146	\$ 85,805	\$ (750)	\$ 750	\$ -	\$ 397,308
FEBRUARY '20	50	\$ 190,789	\$ 134,677	\$ 31,850	\$ 600	\$ 23,663	\$ 54,253	\$ -	\$ 54,253	\$ -	\$ 499	\$ 3,907	\$ 370,126
MARCH '20	59	\$ 261,643	\$ 110,627	\$ 48,243	\$ 3,907	\$ 98,866	\$ 52,109	\$ 1,137	\$ 50,972	\$ -	\$ 1,000	\$ 30	\$ 417,051
APR '20	46	\$ 179,336	\$ 61,654	\$ 36,685	\$ 9,182	\$ 71,815	\$ 42,942	\$ 848	\$ 42,094	\$ -	\$ -	\$ -	\$ 446,772

<i>APRIL '19</i>	<i>54</i>	<i>\$ 196,917.00</i>	<i>\$ 143,715.42</i>	<i>\$ 18,395.35</i>	<i>\$ 3,144.16</i>	<i>\$ 31,662.07</i>	<i>\$ 71,037.49</i>	<i>\$ 1,090.50</i>	<i>\$ 69,946.99</i>	<i>\$ -</i>	<i>\$ 250.00</i>	<i>\$ 64.99</i>	<i>\$ 426,396.66</i>
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<b>FY To Date</b>	568	\$ 2,239,044	\$ 1,040,705	\$ 409,991	\$ 54,032	\$ 734,316	\$ 683,014	\$ 4,249	\$ 678,765	\$ 31,187	\$ 23,142	\$ 8,022
<b>Last 12 Months</b>	693	\$ 2,699,947	\$ 1,243,129	\$ 488,588	\$ 60,325	\$ 907,905	\$ 800,189	\$ 4,249	\$ 795,940	\$ 74,283	\$ 25,890	\$ 8,583

<b>Monthly Average FY To Date</b>	57	\$ 223,904	\$ 104,070	\$ 40,999	\$ 5,403	\$ 73,432	\$ 68,301	\$ 425	\$ 67,877	\$ 3,119	\$ 2,314	\$ 802
<b>Monthly Average Last 12 Months</b>	58	\$ 224,996	\$ 103,594	\$ 40,716	\$ 5,027	\$ 75,659	\$ 66,682	\$ 354	\$ 66,328	\$ 6,190	\$ 2,158	\$ 715

AGING							
Month	Current	31-60	61-90	91-120	121-180	180+	Balance
APR	\$ 91,308	\$ 96,799	\$ 18,514	\$ 34,663	\$ 40,882	\$ 164,605	\$ 446,772

8:52 AM

05/15/20

Accrual Basis

# Coast Life Support District

## Profit & Loss Budget Overview FY19

### July 2019 through April 2020

	Jul '19 - Apr 20	Budget	\$ Over Budget	% of Budget
<b>Ordinary Revenue/Expense</b>				
<b>Revenue</b>				
4000 · CLSD Special Taxes	1,628,056.61	1,511,216.64	116,839.97	107.7%
4100 · Interest Revenue	16.16	9,166.66	-9,150.50	0.2%
4200 · Ambulance Revenue	699,653.71	541,666.66	157,987.05	129.2% <sup>1</sup>
4400 · Miscellaneous Revenue	17,184.68	41,666.66	-24,481.98	41.2%
4410 · Intergovernmental Transport(IGT)	244,451.07	146,275.00	98,176.07	167.1%
4420 · Ground Emerg Med Transport	-184.60	15,000.00	-15,184.60	-1.2%
4421 · GEMT QAF Revenue	0.00	38,420.00	-38,420.00	0.0%
<b>Total Revenue</b>	<b>2,589,177.63</b>	<b>2,303,411.62</b>	<b>285,766.01</b>	<b>112.4%</b>
<b>Expense</b>				
5000 · Wages and Benefits	1,211,839.36	1,218,270.82	-6,431.46	99.5%
6000 · Ambulance Operations	147,409.38	136,392.50	11,016.88	108.1%
66000 · Payroll Expenses	0.00	0.00	0.00	0.0%
6700 · Overhead/Administration	203,211.34	171,166.70	32,044.64	118.7%
6971 · IGT	0.00	0.00	0.00	0.0%
7000 · Urgent Care	687,758.48	687,762.50	-4.02	100.0%
8000 · Interest Expense	934.05	1,666.66	-732.61	56.0%
9000 · Other Expenses	0.00	0.00	0.00	0.0%
9500 · Depreciation Expense	78,053.34	78,053.34	0.00	100.0%
9999 · Prior Period Adjustment	0.00	0.00	0.00	0.0%
<b>Total Expense</b>	<b>2,329,205.95</b>	<b>2,293,312.52</b>	<b>35,893.43</b>	<b>101.6%</b>
<b>Net Ordinary Operating Surplus</b>	<b>259,971.68</b>	<b>10,099.10</b>	<b>249,872.58</b>	<b>2,574.2%</b>
<b>Net Revenue</b>	<b>259,971.68</b>	<b>10,099.10</b>	<b>249,872.58</b>	<b>2,574.2%</b>

1. AMBULANCE REVENUE: \*Ref Wittman YTD Report (acc 4220 + Column F minus H/K/L)

8:49 AM

05/15/20

Accrual Basis

# Coast Life Support District

## Profit & Loss Budget Overview FY19

### July 2019 through April 2020

	Jul '19 - Apr 20	Budget	\$ Over Budget	% of Budget
<b>Ordinary Revenue/Expense</b>				
<b>Revenue</b>				
<b>4000 · CLSD Special Taxes</b>				
<b>4001 · Mendocino County Taxes</b>				
4004 · Mendocino Ambulance Tax	422,517.36	398,053.32	24,464.04	106.1%
4009 · Mendocino Urgent Care Tax	384,598.68	362,291.66	22,307.02	106.2%
4010 · Mendocino Ad Valorem Tax	95,207.19	88,125.00	7,082.19	108.0%
<b>Total 4001 · Mendocino County Taxes</b>	<b>902,323.23</b>	<b>848,469.98</b>	<b>53,853.25</b>	<b>106.3%</b>
<b>4002 · Sonoma County Taxes</b>				
4024 · Sonoma Ambulance Tax	343,490.86	312,620.00	30,870.86	109.9%
4029 · Sonoma Urgent Care Tax	361,167.53	326,710.00	34,457.53	110.5%
4030 · Sonoma County Special Tax	21,074.99	23,416.66	-2,341.67	90.0%
<b>Total 4002 · Sonoma County Taxes</b>	<b>725,733.38</b>	<b>662,746.66</b>	<b>62,986.72</b>	<b>109.5%</b>
<b>Total 4000 · CLSD Special Taxes</b>	<b>1,628,056.61</b>	<b>1,511,216.64</b>	<b>116,839.97</b>	<b>107.7%</b>
4100 · Interest Revenue	16.16	9,166.66	-9,150.50	0.2%
<b>4200 · Ambulance Revenue</b>				
4201 · Amb Transport Billings				
4220 · Writedowns - Misc.	-88,694.27	0.00	-88,694.27	100.0%
4225 · Writedowns - MediCare/Cal	-1,450,696.02	0.00	-1,450,696.02	100.0%
4201 · Amb Transport Billings - Other	2,239,044.00	541,666.66	1,697,377.34	413.4%
<b>Total 4201 · Amb Transport Billings</b>	<b>699,653.71</b>	<b>541,666.66</b>	<b>157,987.05</b>	<b>129.2%</b>
<b>Total 4200 · Ambulance Revenue</b>	<b>699,653.71</b>	<b>541,666.66</b>	<b>157,987.05</b>	<b>129.2%</b>
4400 · Miscellaneous Revenue	17,184.68	41,666.66	-24,481.98	41.2%
4410 · Intergovermntl Transport(IGT)	244,451.07	146,275.00	98,176.07	167.1%
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<b>Total Revenue</b>	<b>2,589,177.63</b>	<b>2,303,411.62</b>	<b>285,766.01</b>	<b>112.4%</b>
<b>Expense</b>				
<b>5000 · Wages and Benefits</b>				
5200 · Health Insurance	115,500.39	110,000.00	5,500.39	105.0%
5300 · Payroll Taxes Emplr Costs	30,239.76	32,988.34	-2,748.58	91.7%
5350 · PERS Employer Costs	126,510.85	131,866.66	-5,355.81	95.9%
5405 · Administration Salaries	216,363.15	193,096.66	23,266.49	112.0%
5410 · Ambulance Operations Wages	651,851.32	667,676.66	-15,825.34	97.6%
5430 · Extra Duty/Stipend Pay/DA	30,645.85	37,163.34	-6,517.49	82.5%
5500 · Work Comp Insurance	40,728.04	45,479.16	-4,751.12	89.6%
<b>Total 5000 · Wages and Benefits</b>	<b>1,211,839.36</b>	<b>1,218,270.82</b>	<b>-6,431.46</b>	<b>99.5%</b>
<b>6000 · Ambulance Operations</b>				
6030 · Med. Director Fee-non AHUC	31,500.00	31,500.00	0.00	100.0%
6040 · Dispatch Services	21,135.10	18,225.84	2,909.26	116.0%
6050 · Misc Reimbursements	0.00	0.00	0.00	0.0%
6100 · Station/Crew Expenses				
5100 · Uniforms & Med Tests	4,429.44	2,916.66	1,512.78	151.9%
6101 · Facility Repair & Maintenance	4,140.08	6,250.00	-2,109.92	66.2%
6102 · Facility Furniture	286.99	0.00	286.99	100.0%
6110 · Supps, Rental, Clean. etc	7,369.44	6,250.00	1,119.44	117.9%
6210 · Veh. Repair & Maintenance	15,682.29	18,750.00	-3,067.71	83.6%
6240 · Vehicle Fuel	18,318.33	20,833.34	-2,515.01	87.9%
6410 · Radios & Comm Equip				
6410.1 · ATT Tower Lease	625.00	0.00	625.00	100.0%
6410 · Radios & Comm Equip - Other	2,439.26	2,500.00	-60.74	97.6%

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05/15/20

Accrual Basis

# Coast Life Support District

## Profit & Loss Budget Overview FY19

### July 2019 through April 2020

	Jul '19 - Apr 20	Budget	\$ Over Budget	% of Budget
Total 6410 · Radios & Comm Equip	3,064.26	2,500.00	564.26	122.6%
6510 · Medical Supplies & Equip	39,819.07	25,000.00	14,819.07	159.3%
Total 6100 · Station/Crew Expenses	93,109.90	82,500.00	10,609.90	112.9%
6980 · Misc. Employee Train. Exps	1,664.38	4,166.66	-2,502.28	39.9%
Total 6000 · Ambulance Operations	147,409.38	136,392.50	11,016.88	108.1%
66000 · Payroll Expenses	0.00	0.00	0.00	0.0%
6700 · Overhead/Administration				
6180 · Utilities	12,743.69	10,833.34	1,910.35	117.6%
6188 · Telephone	5,124.13	5,416.66	-292.53	94.6%
6300 · Insurance	12,992.25	14,416.66	-1,424.41	90.1%
6713 · Ambulance Billing	41,188.01	32,500.00	8,688.01	126.7% <sup>3</sup>
6714 · GEMT QAF Expense	24,512.26	0.00	24,512.26	100.0%
6718 · Office Supp/Equip/Software				
6718.1 · Office Supplies	2,179.09	2,083.34	95.75	104.6%
6718.2 · Computer Equipment	2,004.72	1,666.66	338.06	120.3%
6718.3 · Software	2,902.23	2,500.00	402.23	116.1%
6718 · Office Supp/Equip/Software - Other	-65.38	0.00	-65.38	100.0%
Total 6718 · Office Supp/Equip/Software	7,020.66	6,250.00	770.66	112.3%
6720 · Board Expenses	1,817.81	2,083.34	-265.53	87.3%
6730 · Consultants				
6731 · Administration	18,085.34 <sup>4</sup>			
6734 · IT	5,150.00	5,833.34	-683.34	88.3%
6735 · EMS Survey	3,028.35	2,500.00	528.35	121.1%
6737 · Financial/Bookkeeping	2,404.36	2,500.00	-95.64	96.2%
6738 · Legal	8,763.00	4,166.66	4,596.34	210.3% <sup>5</sup>
6739 · Policy Development	0.00	4,000.00	-4,000.00	0.0%
6740 · Audit	9,400.00	7,583.34	1,816.66	124.0% <sup>6</sup>
6741 · Tax Administration - NBS	9,481.06	9,166.66	314.40	103.4%
Total 6730 · Consultants	56,312.11	35,750.00	20,562.11	157.5%
6742 · Bank/Merchant Fees	1,249.60	1,000.00	249.60	125.0%
6755 · Property Tax Admin	10,059.57	14,583.34	-4,523.77	69.0%
6760 · Education/Professional Dev	2,744.72	833.34	1,911.38	329.4%
6765 · Election Costs/Reserve	3,464.78	20,833.34	-17,368.56	16.6%
6770 · Dues, Subscrip, Membership	9,735.42	10,000.00	-264.58	97.4%
6788 · Printing & Reproduction	2,586.88	5,000.00	-2,413.12	51.7%
6795 · Travel/Transportation	2,890.52	3,333.34	-442.82	86.7%
6970 · Community Dev/Training	8,768.93	8,333.34	435.59	105.2%
Total 6700 · Overhead/Administration	203,211.34	171,166.70	32,044.64	118.7%
6971 · IGT	0.00	0.00	0.00	0.0%
7000 · Urgent Care				
7011 · Admin Salaries-Alloc to UC	21,095.84	21,095.84	0.00	100.0%
7050 · UC Contract	666,662.64	666,666.66	-4.02	100.0%
Total 7000 · Urgent Care	687,758.48	687,762.50	-4.02	100.0%
8000 · Interest Expense				
8005 · EMS Interest Expense	0.00	0.00	0.00	0.0%
8000 · Interest Expense - Other	934.05	1,666.66	-732.61	56.0%
Total 8000 · Interest Expense	934.05	1,666.66	-732.61	56.0%
9000 · Other Expenses	0.00	0.00	0.00	0.0%
9500 · Depreciation Expense	78,053.34	78,053.34	0.00	100.0%
9999 · Prior Period Adjustment	0.00	0.00	0.00	0.0%
Total Expense	2,329,205.95	2,293,312.52	35,893.43	101.6%
Net Ordinary Operating Surplus	259,971.68	10,099.10	249,872.58	2,574.2%
Net Revenue	259,971.68	10,099.10	249,872.58	2,574.2%

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05/15/20

Accrual Basis

**Coast Life Support District**  
**Profit & Loss Budget Overview FY19**  
**July 2019 through April 2020**

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1. AMBULANCE REVENUE: \*Ref Wittman YTD Report (acc 4220 + Column F minus H/K/L)
2. Admin Salary: The Opt's Manager's Ambulance Wage not spilt out from his Admin Salary (Budgeted to 5410), along with, Increase of hours needed for the in house bookkeeper shared duties.
3. Billing based on 6% of net revenue
4. DA Retirement Replacement Search Retainer
5. Ballot Measure Development
6. Audit: Actual vs. Accural

## MHA Quarterly Update for CLSD & RCMS

- Programs
  - Care Transition
    - Program on hold since March 2020 due to
      - COVID 19 & decrease in hospital admissions/discharges
    - Those in program in early March received telephone follow-up
  - Chronic Care Management
    - Living a Healthy Life with Chronic Conditions workshop
      - 6 week evidence based curriculum developed by Stanford University's Self-Management Resource Center
    - Most recent Workshop completed week of May 4<sup>th</sup>
      - Class shifted from in-person to virtual due to COVID
      - 11 initially participating, decreased to 5 when changed to virtual platform
      - 5 successfully completed all workshops
      - Will follow up with other 6 when in-person workshops can resume.
  - Health Screenings
    - Done quarterly – Aug, Nov, Feb, May, currently on hold due to COVID – June dates tentatively scheduled
    - Blood Pressure
      - Feb 2020 – 41 blood pressure screenings performed
        - 58.5% - Stage 1/Stage 2 (24 people) – no referral required
        - 2.4% - Crisis Hypertension (1 person) – referred to RCMS Urgent Care
        - 39.1% - Stage 3 (16 people) – referred to RCMS/recommend follow up with their primary care MD
    - Cholesterol
      - Feb 2020 – 41 cholesterol screenings
        - 24% (10) – above normal cholesterol
        - 22% (9) – lower than normal HDL
        - 36.6% (15) – above normal non-HDL
        - 43.9% (18) had high ratios that indicate risk for heart disease
      - Individual with high cholesterol and High HDL = low risk of heart disease
      - Low total cholesterol, with low HDL = increased risk for heart disease
  - Matter of Balance
    - 8 week class for 10-16 participants
    - One class held in Gualala and one class held in Manchester 2019
    - Total of 23 graduates
    - 30 day check in – 100% of participants report still using skills learned in the class.
    - 8.7% (2 people) reported minor fall since class, no emergency medical attention or hospitalization required
  - Community Education
    - Opioid school program
      - Education provided to Kashia School
      - Scheduled education for PA schools postponed due to COVID
      - Will reschedule next school year
    - Community workshops
      - How to Manage Stress & Anxiety during Shelter in Place - March
        - Done on virtual platform

- 11 participants
  - “Healthy Heart” done in collaboration with RCMS/Trish Miller, RN
    - Postponed until SIP order is lifted
- **Community Outreach**
  - **Financial Assistance program**
    - **\$5,000 donated by Mendocino County Community Foundation**
      - Up to \$250/family related to utility bills, housing, mileage associated with MHA staff providing grocery delivery services
      - Screening process in place, aligns with process used by Mendocino County Community Foundation
    - **\$5,000 donated by Gualala Lions Club**
      - Used to help pay for groceries, gas and other local expenses for community members
      - Same screening process used
  - **Grocery shopping assistance program**
    - **Grocery shopping and free delivery service to the entire service area – Timber Cove through Irish Beach**
    - **Averaging 2-4 orders/day**
    - **Teaming with Action Network & CRC to provide deliveries**
- Urgent Care support
  - MHA & RCMS worked collaboratively to identify what equipment would be of assistance in UC to improve diagnostic ability and decrease transports.
  - MHA will be purchasing a Butterfly Ultrasound Probe
  - Training on use of Ultrasound and Data to be collected in development
- Home Monitoring
  - Program in development
  - Partnering with RCMS to provide process for more closely monitoring patients with poorly controlled BP or at risk for high blood pressure
  - MHA will be providing blood pressure cuffs
- Telemedicine
  - MHA & RCMS have agreed to work together to develop a telepsych program
- Grants – see attached Update Grants
  - Current
    - Rural Health Network Development (HRSA)
      - July 2017 – June 2020, no cost extension to November 2020
      - \$890,000 over 3 years
    - Rural Communities Opioid Grant
      - June 2019 – May 2020, no cost extension to November 2020
      - \$100,000
    - Arlene & Michael Rosen Foundation – Opioid & Substance Prevention Programs
      - January 2020 – December 2020, no cost extension to June 2021
    - Catalyst
      - February 2020 – December 2020, no cost extension through June 2021
      - \$12,500
    - **HRSA Development Grant – July 2020 – June 2023**
      - **3 year**
      - **\$898,645 over 3 years**
    - SRMH
      - Jan 2020-December 2020

- \$50,000 - \$25,000 for Care Transition program, \$25,000 for other community programs
- Pending Funding Requests
  - Empowering Communities to Prevent Falls & Fall Risks – Administration for Community Living
    - 2020 - 2023
    - \$334,435 over 3 years
  - Rural Communities Opioid Response Implementation
    - 2020 - 2023
    - \$1 million over 3 years
    - Partnering with CLSD, RCMS, BrightHeart Health, Mondocino County Public Health
    - Application due on 5/26/2020, application almost ready for submission
- Finances
  - Transfer of 2017-2020 HRSA Grant from RCMS to MHA completed
  - MHA is now the named recipient for all grants managed by MHA
  - Monthly and YTD P&L reviewed by Finance committee monthly and presented to BOD for discussion and approval.
  - Financial records are now managed in Quick Books
- Staff/Operations
  - Executive Director – Micheline
  - Community Health Worker
    - Heather
    - Stephanie
    - Joanne
  - Network Coordinator – Janis
  - Bookkeeper – Shelle Epton (also works with Coastal Seniors)
  - CPA – Lloyd Cross, Patricia Schwindt CPA Services in PA
  - Client tracking/data program – ExtendedReach
    - Online program
    - Training now occurring
    - Data migration in process, anticipate completion by mid June
    - Purpose – improve client tracking and follow up, improve data collection and ability to prepare appropriate reports for quality review, improve tracking of staff compliance requirements



**Update on Current Grant Projects**

<b>Grant</b>	<b>Original Close Date</b>	<b>New End Date</b>	<b>Activities left to complete</b>
Rural Health Network Development	06/30/2020	No Cost Extension request for 11/30/2020	<ul style="list-style-type: none"> <li>• Blood Pressure Monitoring</li> <li>• Purchase and Implementation of Ultrasound Equipment</li> <li>• Further exploration with telepsych at RCMS</li> <li>• Further work on Care Coordination between MHA/RCMS</li> </ul>
Rural Communities Opioid Response Planning	05/31/2020	Automatically Extended to 11/30/2020	<ul style="list-style-type: none"> <li>• Media campaign development</li> <li>• Syringe site installation</li> <li>• Resource guide for alternative pain management options</li> <li>• Retrofit at MHA for Bright Heart Health services</li> </ul>
Opioid & Substance Prevention Programs – Arlene & Michael Rosen Foundation	12/31/2020	Automatically Extended to 06/30/2021	<ul style="list-style-type: none"> <li>• Annual prevention education in schools</li> <li>• New education program for teachers</li> <li>• Narcan training and distribution</li> <li>• Implementation of Access Point for Bright Heart Health</li> <li>• Speaker's Panel for opioid/substance prevention at high school</li> </ul>
Catalyst	06/18/2020	Automatically Extended – TBD in 2021	<ul style="list-style-type: none"> <li>• Program design project with Sonoma County Indian Health Project</li> </ul>

**Pending Funding Requests**

<b>Grant Title</b>	<b>Programs or Projects Associated w/ Funding</b>	<b>Date Submitted</b>	<b>Project Period</b>	<b>Funding Requested</b>
Rural Health Network Development	<ul style="list-style-type: none"> <li>• Chronic Care Management</li> <li>• Emergency Care Services</li> <li>• Network Sustainability &amp; Marketing</li> <li>• Caregiver Training Program</li> <li>• Expanded Technologies</li> <li>• Exploration into expanded transportation</li> </ul>	11/22/2019	2020-2023	\$898,645
Empowering Communities to Prevent Falls and Fall Risks – Administration for Community Living	<ul style="list-style-type: none"> <li>• Matter of Balance</li> </ul>	01/10/2020	2020-2023	\$334,435
Rural Communities Opioid Response Implementation	<ul style="list-style-type: none"> <li>• Opioid &amp; Substance prevention, treatment and recovery services</li> </ul>	Due on 05/26/2020	2020-2023	TBD

## District Administrator and Operations Manager Report April 2020

### District Administrator:

Final OFFICIAL RESULTS May 15<sup>th</sup>. Measure J passed with strong community support.

County	Reg'd Voters	Votes	% Voted	YES	NO	Total	Percent
Mendocino	2688	1212	45%	955		1208	79%
					253		21%
Sonoma	1393	928	67%	778		928	84%
					150		16%
COMBINED	4081	2140	52%	1733		2136	81%
					403		19%

- Preliminary Budget completed
- HHS Stimulus money \$16,872 received – CARES Act (Coronavirus Aid, Relief, and Economic Security Act) – First round of funding
- Application Process completed for second round of funding for HC Providers under the CARES Act. This includes two programs:
  - HC Provider Relief Fund (\$20B) submitted application through portal
    - Required attestation verifying First Round of funding
    - Submitted FY19 audit
    - Reporting net revenue for March and April (funding may cover gap)
    - Determination of eligibility takes two weeks
  - Covid-19 and Presumptive Covid-19 Uninsured Patient Claims
    - Starting 2/4/20, is a funding source for HC providers who treat Covid and presumptive Covid patients who have no insurance
    - Reimbursed at MediCare rates (subject to available funding)
    - I have authorized Wittman to register on CLSD's behalf
    - Must accept defined program reimbursement as payment in full
    - We agree not to bill patient for any balance
    - Agree to program terms and conditions, subject to audit review
- Application Filing period for DA position ends Monday May 18<sup>th</sup>. Will have update during the Board meeting.
- Treasury due for renewal May 21<sup>st</sup>.
- IGT filed provider agreement May 1<sup>st</sup>. Should have received them back signed by DHCS by May 8<sup>th</sup>. Was informed of a 4-month delay due to Covid-19 pushing back the entire process. This next cycle is transitioning from a FY to CY and will push receiving revenue approximately Q3 or Q4 in CY 2021.

- GEMT filing of cost report normally due in November each year is still delayed with no estimated due date
- GEMT-QAF is continuing on cycle but the new add-on reimbursement rate has not yet been determined.
- The Sonoma County RFP process to award the Exclusive Operating Area (EOA) stalled b/c of Covid-19. Efforts underway to start up again but the County is getting resistance from many partners the process will lose transparency
- Continue to listen in on the Sonoma and Mendocino County Emergency Operations Center C-19 calls each week
- Continue to discuss surge planning with RCMS and local Fire Departments if C-19 ramps up. Beginning conversation for this Fall/Winter when differential diagnosis between Seasonal Flu and Covid-19 will be challenging and knowing who should quarantine, etc.

#### **Operations Manager:**

#### **Deployment / Staffing**

- We are fully staffed and new employees are fully engaged.
- No major issues pending
- We will start and complete performance reviews by July 1
- We have begun scheduling regular supervisor meetings.

#### **Facilities**

- No major repairs pending... in maintenance mode
- Remodel for upstairs crews quarters in progress. Work is estimated to be completed by the first week in June.

#### **Vehicles/Equipment / Supplies**

- All in good running order. No major repairs or issues
- Bronwyn Golly is leading new ambulance spec and bids
- Matt Bold is our supply guru and continues to work extra hard and has met the challenge on increasing our supply inventory.

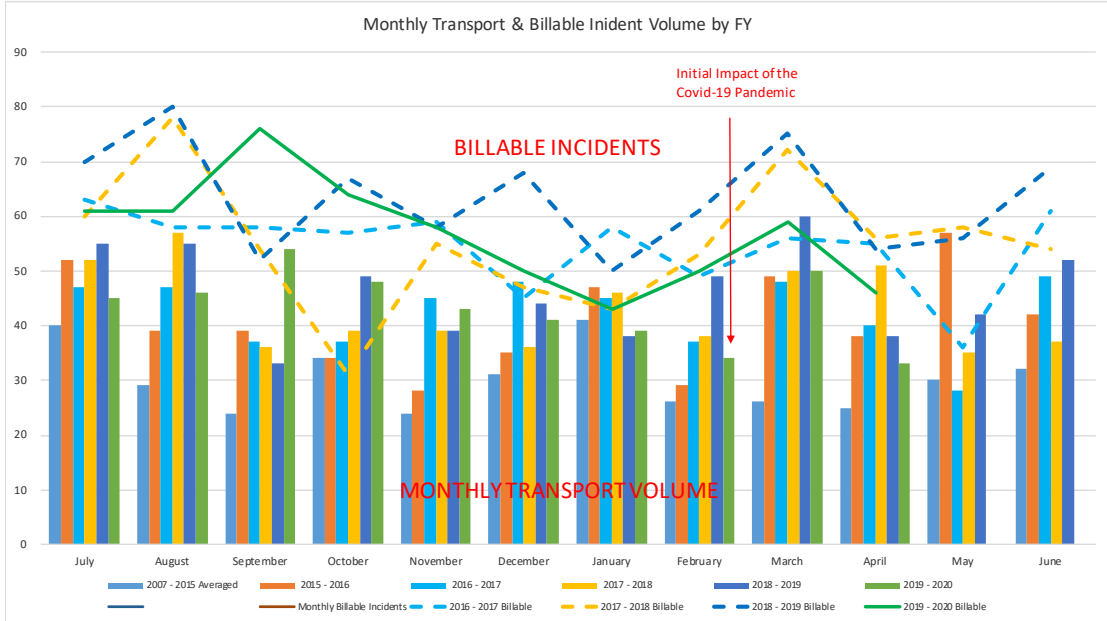
#### **Community events / Training**

- COVID 19 WEB EX meeting are active
- WEB EX is being expanded
- CREST is scheduled Via WEB EX.
- Most physical training is on hold.

# 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	35	37
2018 - 2019	55	55	33	49	39	44	38	49	60	38	42	52
2019 - 2020	45	46	54	48	43	41	39	34	50	33		

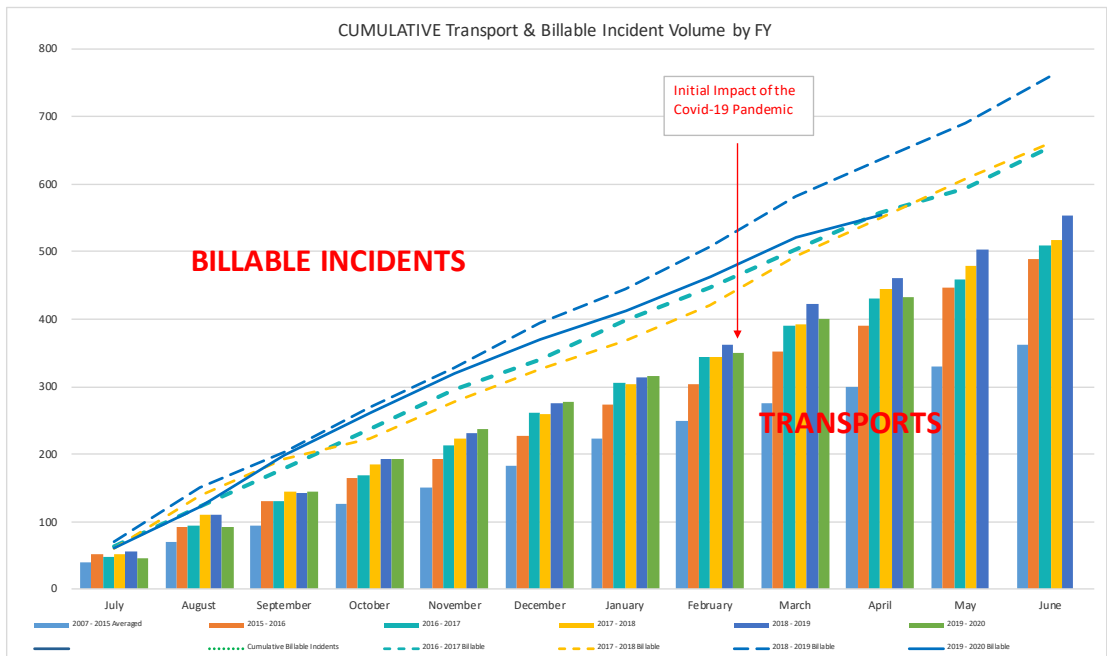
Monthly Billable Incidents	July	August	September	October	November	December	January	February	March	April	May	June
2016 - 2017 Billable	63	58	58	57	59	45	58	49	56	55	36	61
2017 - 2018 Billable	60	78	54	31	55	47	43	53	72	56	58	54
2018 - 2019 Billable	70	80	52	67	58	68	50	61	75	54	56	69
2019 - 2020 Billable	61	61	76	64	58	50	43	50	59	46		



# 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	109	145	184	223	259	304	343	393	444	479	516
2018 - 2019	55	110	143	192	231	275	313	362	422	460	502	554
2019 - 2020	45	91	145	193	236	277	316	350	400	433		

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	607	661
2018 - 2019 Billable	70	150	202	269	327	395	445	506	581	635	691	760
2019 - 2020 Billable	61	122	198	262	320	370	413	462	521	554		





M-120: 1st Out - PM + EMT = ALS  
M-122: 2nd Out - PM + EMT = ALS  
B-121: Back up - EMT + EMT = BLS

## 2nd-Out Paramedic Tracking

2019	# of Shifts M-122 Staffed	Shift	Total M122 Incidents	Dispatched	Cancelled	AMA / RAS	Transports	Billed as ALS	Billed as BLS	Total billable	Notes
MAY	29	9:00 A - 9:00 P	15	13	6	3	4	4	2	7	(2) shifts no M-122 but B-121 not dispatched
	19	9:00 P - 9:00 A		2	1	0	1	1	0		
JUN	25	9:00 A - 9:00 P	11	10	0	0	10	10	0	11	(5) shifts no M-122 due to vacations. Once Hans independent - not an issue.
	12	9:00 P - 9:00 A		1	0	0	1	1	0		
JUL	28	9:00 A - 9:00 P	18	16	3	3	9	8	2	11	(3) days 2nd Out staffed by BLS (1 AMA)
	1	9:00 P - 9:00 A		2	0	0	1	1	0		
AUG	25	9:00 A - 9:00 P	9	7	3	0	5	5	0	6	All ALS incidents
	16	9:00 P - 9:00 A		2	1	0	1	1	0		
SEP	25	9:00 A - 9:00 P	13	17	5	9	9	9	8	17	5 shifts BLS - 2 transports
	20	9:00 P - 9:00 A		0	0	0	0	0	0		
OCT	30	9:00 A - 9:00 P	12	11	1	3	7	8	2	11	1 BLS transport the 1 day M122 not staffed --> transport to RCMS
	25	9:00 P - 9:00 A		1	0	0	1	1	0		
NOV	30	9:00 A - 9:00 P	7	7	1	0	6	6	0	6	
	20	9:00 P - 9:00 A		0	0	0	0	0	0		
DEC	29	9:00 A - 9:00 P	10	9	0	3	6	6	0	10	3 BLS Hand-Offs --> ALS; 1 BLS to LZ
	22	9:00 P - 9:00 A		1	0	1	0	1	0		
2020											
JAN	30	9:00 A - 9:00 P	8	8	2	1	5	5	0	5	No calls on the 1 BLS shift with no ALS coverage
	25	9:00 P - 9:00 A									
FEB	23	9:00 A - 9:00 P	8	6	0	3	3	6	0	7	1 BLS Hand-Off from ALS > Transport 1 BLS Cancel
	23	9:00 P - 9:00 A		2	1	0	1	1	0		
MAR	29	9:00 A - 9:00 P	14	12	1	3	10	12	0	12	2 BLS transports: (#1) to LZ (#2) REACH PM rode in ambulance transport
	20	9:00 P - 9:00 A		2							
APR	27	9:00 A - 9:00 P	10	9	1	3	5	6	0	6	BLS ran two calls out of RCMS. No Mutual Aid required in month.
	23	9:00 P - 9:00 A		1			1				

## CLSD RUN DATA for the PRECEEDING 12 MONTHS

ALL SHADED COLUMNS ARE PREVIOUS YEAR DATA

MONTH  MOST CURRENT ON TOP	A/O		PCR		ALS		ALS>BLS		BLS		BLS>ALS		TOTAL		LANDING		DRY RUN		T&R		TO RCMS				FROM RCMS			
	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
20-Apr	65	78	44	53	31	31	0	1	2	7	0	1	33	38	4	5	10	20	11	15	1	1	0	2	6	8	2	3
20-Mar	73	108	61	79	47	49	0	1	2	13	0	3	49	60	6	8	10	27	10	17	3	7	0	0	14	10	0	8
20-Feb	69	82	47	63	30	35	1	0	1	14	0	2	34	49	1	6	16	20	16	13	1	4	0	1	11	10	0	6
20-Jan	64	71	49	47	38	27	0	4	0	11	0	0	39	38	6	4	14	17	11	9	1	2	0	1	8	5	0	7
19-Dec	67	100	51	62	36	29	0	2	4	15	4	2	40	44	4	4	7	29	11	18	1	2	0	1	10	10	0	6
19-Nov	71	89	55	54	42	31	0	3	1	7	0	1	43	39	8	4	18	20	12	16	1	1	0	1	13	5	1	1
19-Oct	84	99	54	64	47	38	0	4	1	11	0	2	48	49	7	10	17	19	16	15	2	1	1	1	11	15	0	6
19-Sep	94	74	66	54	51	30	0	2	2	3	1	1	54	33	12	6	20	18	23	17	0	1	1	0	13	8	1	1
19-Aug	85	110	61	73	41	46	1	1	5	9	0	1	45	55	11	6	22	26	13	18	1	3	0	0	13	14	3	4
19-Jul	84	105	61	70	45	47	0	3	0	8	0	1	45	55	9	5	11	26	16	15	2	4	0	0	11	7	0	5
19-Jun	87	87	67	58	47	41	0	1	4	1	0	0	52	37	6	5	20	19	16	14	2	4	0	0	9	10	3	0
19-May	87	76	58	54	41	32	1	1	1	3	0	0	42	35	5	5	19	20	14	19	4	3	0	0	10	8	0	1
	930	1079	674	731	496	436	3	23	23	102	5	14	524	532	79	68	184	261	169	186	19	33	2	7	129	110	10	48
	A/O		PCR		ALS		ALS>BLS		BLS		BLS>ALS		TOTAL		LZ		DRY RUN		T&R		TO RCMS				FROM RCMS			