

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 20th, 2019** <<<

Note – this meeting is moved up one week b/c of the Memorial Day holiday.

1. Call to Order Beaty
2. Adoption of the agenda Beaty
3. Minutes Approval: April 22nd, 2019 meeting Beaty
4. Privilege of the floor Beaty
5. New Business (Introduction only – No Action this meeting) Caley
 - a. Preliminary review of the CLSD FY20 Budget
 - b. Resolution 259 – Adoption of the Preliminary FY 20 Budget
 - c. Resolution 260 – Adoption of the FY20 Ambulance Rates
 - d. Resolution 261 – Adoption of the FY20 Tax Rates
 - e. Resolution 262 – Adoption of the FY20 Prop 4 Appropriations Limit
 - f. Draft: Fiscal Management policy
 - g. Investment Recap
 - h. Draft: FY20 Urgent Care Contract
 - i. Rural Ambulance Service Assessment – Prelude to FY20 Strategic Planning
 - j. Medical Emergency Information – Building Community Awareness
6. Old Business
7. Reports:
 - a. Finance: YTD Paterson/Beaty
 - i. Ambulance revenue – Wittman YTD
 - ii. Expenses
 - b. Communication Committee Bower/André
 - c. MHA update Tittle
8. DA / Ops report Caley
 - a. Ambulance run data
 - b. DA / Ops Summary Report – read in advance and will have Q & A
 - c. Updates re: state & federal funding:
 - i. Intergovernmental Transfer (IGT)
 - ii. Ground Emergency Medical Transport (GEMT)
 - iii. Ground Emergency Medical Transport – Quality Assessment Fee (GEMT – QAF)
9. Closed Session Beaty
 - a. Public Employee Performance Evaluation – District Administrator (§ 54957)
10. **NEXT MEETINGS:** Scheduled Board of Director meetings are held routinely 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 24th, 2019
Jul 22nd, 2019
Aug 26th, 2019
11. Adjourn



MINUTES OF THE MEETING OF THE BOARD OF DIRECTORS April 22, 2019 Meeting

Call to Order: President Beaty called the meeting to order at 4:00 p.m. at the Bill Platt Training Room. Present were Directors: Paterson, Schwartz, André, Tittle, Bower, Villagomez. Also present: District Administrator (DA) David Caley, Ops Manager Evan Dilks, Bookkeeper Clara Frost and community representatives Richard Hughes and Mr. Hembel.

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

Approval of Minutes: Board of Directors meeting minutes Mar 25th, 2019: Director Schwartz moved to approve the minutes as written and was seconded by Director André. All ayes.

Privilege of the Floor – Public Comment:

- a. Mr. Hembel brought to the BOD the perspective of an individual receiving ambulance services and his experience determining fees associated with the services received. He'd like to know what fees would be associated for ambulance transports and times when an assessment is done and does not result in a transport. The Board informed Mr. Hembel the law precludes 911 dispatchers from discussing fees with callers. In addition, anyone who obtains any type of insurance (e.g., auto, homeowners, health, etc.) should be aware of the deductible amounts they might be responsible for. The Communication Committee will spearhead a review of the website information and make it easier for individuals to find it. The Board thanked Mr. Hembel for his perspective and we'll strive for the utmost transparency on the website to help educate those who may utilize our ambulance services.

New Business:

- a. Presentation by DA: State of the District April 2019 (highlights of...)
 - 3 years of data:
 - Dispatched calls ~ 1,020 – 1,040 x year
 - Transports: 508 in 2017, 516 in 2018, projecting 550 in 2019
 - 2/3's of calls to Mendocino Co and 1/3 to Sonoma Co
 - 2/3's of transports however, go to Sonoma Co hospitals
 - Calls evenly distributed over all 7 days/week
 - Vast majority of calls between 9 AM and 9 PM
 - Majority of patients are aged 50 years and up
 - Top reasons for dispatch: 1) Falls 2) Sick 3) Respiratory 4) Car Accident 5) Abdominal Pain
 - Cardiac events are trending upwards but Strokes are holding steady
 - Run times averaged 4.5 hours for each call (longer for transports, shorter for non-transports)
 - Demand of ambulance services:
 - Traditional ambulance staffing:
 1. Paramedic with EMT – providing Advanced Life Support (ALS) staffed 24/7
 2. EMT with EMT – providing Basic Life Support (BLS) on-call with 15 minute report time
 - We have been piloting a 2nd-Out Program where a second ALS unit is available 9A to 9P but staffing challenges has not allowed consistent coverage and benefit of analysis
 - Fatigue issues on busy days due to long transports
 - How CLSD is meeting these demands:
 - Hired 1 FTE Paramedic and 1 PT Paramedic
 - 2nd-Out ALS 9A – 9P will be staffed 100% starting May 2019 – sometimes overnight as well
 - Advantages: better patient care; more Paramedic time available on the coast; capture missed revenue; tiered approach to increasing demand; greater shift flexibility; reduces staff fatigue; helps reduce backlog of patients in RCMS Urgent Care; reduces need for mutual aid from neighboring EMS partners; provides time for staff to work on extra duties and projects
 - Budgeting challenges ahead:
 - Sustainability of governmental funding streams threatened
 - Transport volume increasing but revenue per call is decreasing (due to healthcare contractual write-downs and payor mix)
 - FY17: 368 Medicare/MediCal transports (75% of volume) generated 23% of net revenue

- FY20 (projected): 449 Medicare/MediCal transports (83% of volume) will only generate 21% of net revenue
- Demand on response capacity and equipment
- Increases in Worker's Comp, General Liability Ins and retirement plan
- Hoping for now, capturing lost revenue will help offset 2nd-out ALS program

Old Business:

- a. Ethics Training and Form 700s - DA finished collecting forms and training certificates
- b. Board Goals - Table for next month's meeting and added to the Finance Committee meeting agenda.
- c. Investment Policy discussion - Director Schwartz moved to adopt policy draft, seconded by Director Patterson, all ayes
- d. Communication plan development re: Adoption of FY20 Tax Rates – This will be New Business and discussed with the community at the May Board meeting and an Action Item at the June meeting.

Reports:

a. Finance: YTD

- i. Director Paterson provided a recap of the RCMS Urgent Care budget presentation. Discussed was the possibility of raising the unit of benefit to the voter approved ceiling (\$57.50 per unit of benefit to \$74.)
- ii. Wittman ambulance revenue - Expecting to see a net revenue increase following a jump in billable incidents in March.
- iii. March 19: 75 billable incidents; gross charges \$297,252; net receipts \$39,210; A/R \$464,867.

- b. **Communications Committee:** Discussed the need to put out messaging for the potential move to the top tier of the already voter approved parcel tax (Measure J in 2014) for RCMS Urgent Care .
- c. **MHA update:** MHA has begun doing non-fasting cholesterol screenings. Bright Heart Health (providing services over mobile devices for Rapid Access Opioid Use Disorder Treatment and Substance Abuse Treatment) is applying for a grant and plans to direct \$50K to help MHA with clients that cannot afford services. Rural Health Innovations (with the National Rural Health Resource Center) technical support facilitated a Project Planning meeting to review Network Future Directions in the AM and examine how we might improve supporting population health through Care Coordination . MHA is applying for a three year HRSA Development grant for Opioid Services. MHA also received a \$25,000 Community Development grant from Santa Rosa Memorial Hospital.

DA report:

a. Ambulance run data:

March 2019: 75 billable incidents; 581 cumulative. There were 60 Transports; 422 cumulative.
Annual projection based on nine months: 775 billable incidents with 563 transports.

b. DA Summary Report – read in advance and Q & A during meeting.

- c. **Governmental funding streams:** expecting the FY18 IGT funds in May. Ground Emergency Medical Transport – Quality Assurance Fee has begun – assessing fees on all ambulance transports and then providing an add-on rate to offset low reimbursement for MediCal transports.

- d. **Anonymous donation:** CLSD received an unsolicited and unrestricted donation of \$500.

- e. **CLSD is providing Quality Assurance oversight** for Timbercove Fire expanded scope for BLS.

Next Board of Directors Meeting: the 4th Monday of the month at 4 PM

- Monday, May 27th is Memorial Day. It was discussed and voted on to move up the meeting to the third Monday on May 20th at 4 pm
- Monday, June 24th at 4 pm
- Monday, July 22nd at 4 pm

Adjournment: at 5:42 Director Tittle motioned to adjourn and seconded by Director Paterson, all ayes.

Minutes Approved:

_____(Date)_____

COAST LIFE SUPPORT DISTRICT

Income	Actual		Budget		Actual		Budget		Actual		Budget		FY19 vs FY20 Changes		FY19 FY19		FY20 FY20		FY20 FY20		FY20 FY20	
	FY17	FY17	FY17	FY17	FY18	FY18	FY18	FY18	FY19	FY19	FY19	FY19	FY19 vs FY20 Changes	FY19 vs FY20 Changes	FY19	FY19	FY20	FY20	FY20	FY20	FY20	FY20
4000 CLSD Special Taxes																						
4001 Mendocino County Taxes																						
4004 Mendocino Ambulance Tax	473,924	474,012	473,924	473,924	477,664	477,664	477,664	477,664	477,664	477,664	477,664	477,664										
4009 Mendocino Urgent Care Tax	335,915	335,168	335,915	335,800	337,927	337,927	337,927	337,927	337,927	337,927	337,927	337,927	96,823									
4010 Mendocino Special Tax	96,473	92,672	96,473	100,794	92,672	92,672	92,672	100,433	100,433	100,433	100,433	100,433										
Total 4001 Mendocino County Taxes	906,312	901,852	906,312	910,078	908,263	908,263	908,263	916,024	916,024	916,024	916,024	916,024	96,823									
4002 Sonoma County Taxes																						
4024 Sonoma Ambulance Tax	371,503	368,632	371,503	370,285	372,586	372,586	372,586	375,144	375,144	375,144	375,144	375,144										
4029 Sonoma Urgent Care Tax	303,329	302,795	303,329	301,996	304,922	304,922	304,922	306,015	306,015	306,015	306,015	306,015	86,037									
Total 4002 Sonoma County Taxes	674,832	671,427	674,832	672,281	677,508	677,508	677,508	681,159	681,159	681,159	681,159	681,159	86,037									
Total 4000 CLSD Special Taxes	1,581,145	1,573,279	1,581,145	1,582,359	1,585,771	1,585,771	1,585,771	1,597,183	1,597,183	1,597,183	1,597,183	1,597,183	182,860									
4100 Interest Income	149	-	149	165	150	150	150	20	20	20	20	20	11,000									
4200 Ambulance Income																						
4201 Ambulance Transport Billings	2,562,675	575,576	2,562,675	2,600,834	600,000	600,000	600,000	2,539,050	650,000	650,000	650,000	650,000										
4220 Writedowns - Misc	(96,202)		(96,202)	(200,708)				(81,665)														
4225 Writedowns - MediCar/Cal	(1,659,719)	(40,000)	(1,659,719)	(1,819,138)	(12,500)	(12,500)	(12,500)	(1,819,736)														
4228 Writedowns - District Resident Discount																						
Total 4201 Ambulance Transport Billings	806,754	535,576	806,754	580,989	587,500	587,500	587,500	637,649	650,000	650,000	650,000	650,000	73,500									
4400 Miscellaneous Revenue	42,586	2,150	42,586	23,232	3,000	3,000	3,000	50,493	32,550	32,550	32,550	32,550	17,450									
4410 Intergovernmental Transport (IGT)	139,790	81,500	139,790	255,018	80,000	80,000	80,000	-	130,000	130,000	130,000	130,000	57,500									
4420 Ground Emerg Med Transport	38,480	10,000	38,480	(4,916)	25,000	25,000	25,000	-	25,000	25,000	25,000	25,000	(10,000)									
4420 GEMT - SB523 (QAF)	-	-	-	-	-	-	-	-	28,000	28,000	28,000	28,000	1,750									
Unapplied Cash Payment Income																						
Total Income	2,608,904	2,202,505	2,608,904	2,436,846	2,281,421	2,281,421	2,281,421	2,285,345	2,462,733	2,462,733	2,462,733	2,462,733	334,060									
Expenses																						
5000 Wages and Benefits																						
5200 Health Insurance	119,634	96,000	119,634	101,134	108,000	108,000	108,000	109,576	108,000	108,000	108,000	108,000	24,000									
5300 Payroll Taxes Employer Costs	33,664	31,057	33,664	29,473	32,124	32,124	32,124	33,641	36,358	36,358	36,358	36,358	3,050									
5350 PERS Employer Costs	116,167	117,595	116,167	145,650	91,069	91,069	91,069	112,198	106,858	106,858	106,858	106,858	51,382									
5405 Administration Salaries	210,897	188,779	210,897	235,786	221,043	221,043	221,043	246,717	232,749	232,749	232,749	232,749	10,138									
5405.1 Admin Salaries-Allocate to UC	(22,681)	(22,681)	(22,681)	(22,724)	(22,724)	(22,724)	(22,724)	(23,988)	(23,988)	(23,988)	(23,988)	(23,988)	(1,327)									
5410 Ambulance Operations Wages	579,693	599,482	579,693	624,999	615,379	615,379	615,379	655,134	717,455	717,455	717,455	717,455	83,757									
5430 Extra Duty/Stipend Pay	(264)	32,808	(264)	41,073	45,068	45,068	45,068	40,782	56,208	56,208	56,208	56,208	(11,612)									
5460 Other Compensation																						
5500 Work Comp Insurance	44,966	30,950	44,966	48,155	39,592	39,592	39,592	35,942	55,678	55,678	55,678	55,678	5,936									
Total 5000 Wages and Benefits	1,082,076	1,073,990	1,082,076	1,203,546	1,129,551	1,129,551	1,129,551	1,210,002	1,289,318	1,289,318	1,289,318	1,289,318	165,323									
6000 Ambulance Operations/ 66000 payroll exp																						
6030 Medical Director Fee-non AHUC	37,800	37,800	37,800	37,800	37,800	37,800	37,800	37,800	37,800	37,800	37,800	37,800										
Total	3,690,980	3,276,495	3,690,980	3,640,392	3,411,002	3,411,002	3,411,002	3,495,347	3,758,051	3,758,051	3,758,051	3,758,051	500,000									

6040 Dispatch Services	32,216	31,020	22,497	23,500	21,545	21,545	21,871	326	1.51%	21,871	22,930
6050 Misc Reimbursements	402	-	-	-	-	-	-	-	#DIV/0!	-	-
6100 Station/Crew Expenses/LIC & PERMITS	13,123	13,123	10,097	9,400	2,578	157	7,500	(1,900)	#DIV/0!	7,500	7,500
6101 Facility Repair & Maintenance	185	-	1,856	-	-	-	-	-	#DIV/0!	-	-
6102 Facility Furniture	5,925	5,000	4,978	5,000	2,801	5,000	5,000	-	0.00%	5,000	5,000
5100 Uniforms & Med Tests	13,336	21,800	6,959	13,000	6,057	13,000	8,000	(5,000)	-38.46%	8,000	8,000
5110 Supplies, Rental, Cleaning etc	21,984	15,000	23,054	18,000	22,996	18,000	22,500	4,500	25.00%	22,500	20,000
6210 Vehicle Repair & Maintenance	10,444	15,000	26,818	15,000	22,956	15,000	25,000	10,000	66.67%	25,000	25,000
6240 Vehicle Fuel	2,551	8,100	9,416	4,000	1,222	4,000	4,000	-	0.00%	4,000	4,000
6410 Radios & Comm Equip	28,868	28,900	40,391	24,000	34,668	24,000	30,000	6,000	25.00%	30,000	30,000
6510 Medical Supplies & Equipment	2,362	10,100	1,260	6,000	1,280	6,000	5,000	(1,000)	-16.67%	5,000	5,000
6980 Misc. Staff Training & Development	169,196	172,720	185,332	155,700	154,060	153,745	166,671	12,926	8.41%	166,671	165,230
Total 6000 Ambulance Operations	13,015	12,000	13,927	12,000	11,812	14,000	13,000	(1,000)	-7.14%	13,000	13,000
6700 Overhead/Administration/ 6971 IGT EXP.	6,237	12,000	8,366	6,000	6,073	4,475	7,000	2,525	56.42%	7,000	7,000
6180 Utilities	16,259	16,350	17,129	17,000	24,177	17,996	19,000	1,004	5.58%	19,000	19,000
6188 Telephone	40,428	33,031	36,603	38,753	35,265	39,000	39,000	6,525	93.21%	39,000	39,000
6300 Insurance	2,870	5,300	-	-	36	-	-	-	#DIV/0!	-	-
6714 4420 GEMT - SB523 (QA Fee)	1,505	-	4,994	5,000	759	5,000	2,500	(2,500)	-50.00%	2,500	2,500
6713 Ambulance Billing	-	-	4,748	3,000	834	3,000	3,000	-	0.00%	3,000	3,000
6718 Office Supp/Equip/Software	1,023	-	3,225	1,575	3,895	3,000	3,000	-	0.00%	3,000	3,000
6718.1 Office Supplies	553	5,000	126	2,500	674	2,500	1,500	(1,000)	-40.00%	1,500	1,500
6718.2 Computer Equipment	6,015	6,750	5,713	7,500	6,138	7,000	7,000	-	0.00%	7,000	7,000
6718.3 Software	1,041	2,436	2,239	3,500	2,942	3,500	3,000	(500)	-14.29%	3,000	3,000
6720 Board Expenses	14,622	14,000	525	5,000	15,280	3,000	3,000	-	0.00%	3,000	3,000
6730 Consultants	19,736	10,000	4,808	10,000	597	5,000	5,000	-	0.00%	5,000	5,000
6734 IT	10,302	8,500	8,750	8,500	9,100	9,100	9,100	-	0.00%	9,100	9,100
6735 EMS Survey	2,567	1,000	10,634	10,430	10,953	10,430	11,000	570	5.47%	11,000	11,000
6737 Financial/Bookkeeping	17,780	27,785	17,965	29,000	16,948	20,000	18,000	(2,000)	-10.00%	18,000	18,000
6738 Legal	12	2,500	691	2,500	3,286	2,500	1,000	(1,500)	-60.00%	1,000	1,000
6740 Audit	-	10,000	3,577	47,000	-	5,000	25,000	20,000	400.00%	25,000	25,000
6741 Tax Administration - NBS	8,992	4,500	9,632	10,000	14,238	10,000	12,000	2,000	20.00%	12,000	12,000
6742 Bank/Merchant Fees	856	2,000	2,470	10,000	3,852	10,000	3,000	(7,000)	-70.00%	3,000	3,000
6755 Property Tax Administration - Counties	2,451	1,500	4,290	3,000	3,038	7,500	5,000	(2,500)	-33.33%	5,000	5,000
6760 Leadership Admin Development	13,201	4,500	19,497	10,000	22,710	10,000	10,000	-	0.00%	10,000	10,000
6765 Election Costs/Reserve	179,465	189,497	181,475	243,258	193,879	200,201	214,825	14,624	7.30%	214,825	214,825
6770 Dues, Subscriptions, Membership	22,681	22,681	22,724	22,724	23,988	23,988	25,315	1,327	5.53%	25,315	25,315
6788 Printing & Reproduction	624,756	624,738	754,756	754,738	754,738	754,738	800,000	45,262	6.00%	800,000	800,000
6795 Travel/Transportation	647,437	647,419	777,480	777,462	778,726	778,726	825,315	46,589	5.98%	825,315	825,315
6970 Community Dev/Training	4,008	4,086	-	1,500	2,378	3,000	3,000	-	0.00%	3,000	3,000
Total 6700 Overhead/Administration	-	-	3,050	3,000	-	1,500	1,500	-	0.00%	1,500	1,500
7000 Urgent Care	4,008	4,086	3,050	4,500	2,378	4,500	4,500	-	0.00%	4,500	4,500
7011 Admin Salaries-All loc to UC	76,759	80,794	87,712	92,119	91,202	91,202	91,202	-	0.00%	91,202	91,202
7050 UC Contract	6,397	-	-	-	-	-	-	-	-	-	-
Total 7000 Urgent Care	13,015	12,000	13,927	12,000	11,812	14,000	13,000	(1,000)	-7.14%	13,000	13,000
8000 Interest Expense	6,237	12,000	8,366	6,000	6,073	4,475	7,000	2,525	56.42%	7,000	7,000
8005 EMS Interest Expense	16,259	16,350	17,129	17,000	24,177	17,996	19,000	1,004	5.58%	19,000	19,000
Total 8000 Interest Expense	40,428	33,031	36,603	38,753	35,265	39,000	39,000	6,525	93.21%	39,000	39,000
9500 Depreciation Expense	2,870	5,300	-	-	36	-	-	-	#DIV/0!	-	-
999 Prior Period Adjustments	1,505	-	4,994	5,000	759	5,000	2,500	(2,500)	-50.00%	2,500	2,500

Total Expenses	2,165,338	2,168,506	2,438,596	2,402,590	2,430,247	2,517,693	2,757,155	239,462	9.51%	2,730,987	2,701,530
Net Operating Income	443,566	33,999	(1,749)	(121,169)	(144,901)	(54,960)	(33,862)	94,598	-172.12%	(7,694)	21,763
Other Miscellaneous Expense	-	-	-	-	(1,070)	-	-	-	-	-	-
Net Other Income	-	-	-	-	-	-	-	-	-	-	-
Net Income	443,566	33,999	(1,749)	(121,169)	(145,972)	(54,960)	(33,862)	94,598	-172.12%	(7,694)	21,763

	BUDGET FY17	BUDGET FY18	BUDGET FY18	BUDGET FY18	BUDGET FY18	BUDGET FY19	BUDGET FY20	BUDGET FY20	BUDGET FY20
EMS Income	1,564,542	1,799,051	1,638,572	1,641,403	1,818,791	1,896,491	1,896,491	1,896,491	1,896,491
EMS Expense	1,521,087	1,661,116	1,625,128	1,651,521	1,738,967	1,931,840	1,931,840	1,905,672	1,876,215
EMS Net	43,455	137,935	13,444	(10,117)	79,824	(35,349)	(35,349)	(9,181)	20,276
UC Income	637,963	637,796	642,849	643,942	643,942	826,802	826,802	826,802	826,802
UC Expense	647,419	777,480	777,462	778,726	778,726	825,315	825,315	825,315	825,315
UC Net	(9,456)	(139,684)	(134,613)	(134,784)	(134,784)	1,487	1,487	1,487	1,487

COAST LIFE SUPPORT DISTRICT

RESOLUTION No: 259

ADOPTION OF PRELIMINARY BUDGET FOR FISCAL YEAR 2020

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	\$ 767,196
Mendocino County	\$1,012,847
Ambulance Billings	\$ 650,000
Miscellaneous	\$ 293,250
Total Budgeted Revenue	\$2,723,293

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

Ambulance Operations	\$1,621,313
Administration & Overhead	\$ 214,825
Urgent Care Program	\$ 825,315
Interest & Depreciation	\$ 95,702
Reserve Fund Decrease	\$ (33,862)
Total Budgeted Expenditures	\$2,723,293

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 2020.

The above resolution was introduced by Director Schwartz, who moved its adoption, seconded by Director Beaty, and passed and adopted on this 24th day of June 2019 by the following roll call vote:

Directors:	André	Aye	No	Abstain
	Beaty	Aye	No	Abstain
	Bower	Aye	No	Abstain
	Paterson	Aye	No	Abstain
	Schwartz	Aye	No	Abstain
	Tittle	Aye	No	Abstain
	Villagomez	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. 260**

ADOPTION OF AMBULANCE RATES FOR FISCAL YEAR 2020

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 24th day of June, 2019,

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 260: 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 (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. 261**

ADOPTION OF TAX RATES FOR FISCAL YEAR 2020

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 2020 requires a Special Tax rate of \$44 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 \$44 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 24th day of June 2019 by the following roll call vote:

Directors:	André	Aye	No	Abstain
	Beaty	Aye	No	Abstain
	Bower	Aye	No	Abstain
	Paterson	Aye	No	Abstain
	Schwartz	Aye	No	Abstain
	Tittle	Aye	No	Abstain
	Villagomez	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 261

June 2020

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--\$74.00/Unit

<u>Units</u>	<u>Tax</u>	<u>Land Use</u>
0	\$ 0	Ag/Timber/Resource/Vacant—Not Buildable
1	\$ 74	Vacant Buildable
2	\$148	Developed

**COAST LIFE SUPPORT DISTRICT
RESOLUTION No. 262**

**RESOLUTION OF THE BOARD OF DIRECTORS OF COAST LIFE SUPPORT
DISTRICT, STATE OF CALIFORNIA, ADOPTING THE PROPOSITION 4
APPROPRIATION LIMIT FOR THE FISCAL YEAR 2019-2020**

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 2018-2019 of \$2,138,261; 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 \$2,211,702, 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 \$2,211,702 for the Fiscal Year 2019-2020,

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 24th day of June, 2020,

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

Ayes: Noes: Abstain: Absent:

WHEREUPON, the President declared the foregoing RESOLUTION adopted and

SO, ORDERED

Naomi Schwartz, Secretary to the Board



FISCAL MANAGEMENT POLICY

Internal Controls

Internal controls are mandated for maintaining a secure and reliable accounting system. Internal controls, when strictly followed, protect the financial integrity of district records and protect against mismanagement of district funds. District managers, administrators and Board Directors can be held liable for negligence in the management of district funds. As such, extreme care should be followed to ensure that finances are viewed closely by the board.

Computer Records Security

All accounting computer records must be kept secure. Persons authorized to edit or review the records must be given passwords which only enable them to access the system. More than one person should be trained on the system. Accounting records should be backed-up on a regular basis.

Example: Passwords to access the district's computer accounting systems shall only be issued to the accounting staff, accounts payable clerk and the district manager. All accounting records shall be backed-up on a daily basis.

Checkbook Reconciliation

In general, the person that does the reconciliation of district accounts should not be the same person that writes the checks. Because of the small number of District staff however, it is not feasible always to have separate functions. Thus, the bookkeeper prepares checks but does not have signing authority. The books are reviewed regularly by the Finance Committee and financial reports are reviewed by the BOD at regular monthly meetings. Such reports are generated by the bookkeeper, who does not write the checks, and reviewed by the DA for accuracy.

Purchases

Check signing authority is as follows:

1. The Operations Manager may sign checks up to \$3,000 for one time purchases. The Ops Mgr. may also be authorized to sign A/P checks over this amount that are approved by the Board of Directors and are routine payments. Example, the Ops Mgr. may sign checks for the Urgent Care contract.
2. The District Administrator may sign checks up to \$10,000 without Board approval. For any purchases over \$10,000, the DA must obtain approval by the Board of Directors at their monthly meeting.
3. The Treasurer may also sign checks up to \$10,000 but will obtain BOD approval at their monthly meetings for any amounts over said limit.
4. Check signing authority is only given to the three individuals above. Only one signature is required to authorize payment.

Verification of Receipts

Receipts should always be verified prior to paying an invoice. Checks are prepared by the bookkeeper pairing invoices to checks. The Ops Mgr. or DA will sign checks for A/P. and not processed without checking receipts or packing slips to determine that merchandise or services have been received before payment. A Check Detail report will accompany any batch of checks for signing and filed in the bookkeeper's office.

Cash Transactions

Cash transactions, should involve the bookkeeper and verified by the Ops Mgr. or DA to ensure that cash is properly recorded and deposited.

Example: Duties will be assigned to individuals in such a manner that no one individual can control all phases of collecting cash, recording cash, and processing transactions in a way that permits errors or omissions to go undetected.

Authorization for Writing off Bad Debt

A procedure for writing off bad debt is managed by the Finance Committee sub-committee, comprised of three BOD. After careful review (includes the extent of efforts made by the billing agency to pursue collection of debt, hardship claims, etc.) they determine which claims are to be sent to collections. If all efforts have been exhausted and sending the claim to collections is unlikely to result in receipt of revenue, the Finance Committee sub-committee may elect to write off the bad debt.

Petty Cash

Petty cash funds should require full documentation, receipts, and include the purpose of the expenditure and reviewed by the Ops Mgr. or DA.

Security Policy

All financial accounting records of the district (includes payroll records, petty cash, the Districts blank checks, deposit stamps, etc.), are stored in the bookkeeper's office which is locked at all times. The bookkeeper, Ops Mgr., and DA are the only staff with access to this office. Payroll is processed through auto-deposits and thus, paychecks are not left on the premises.

Petty Cash/Change Funds

During business hours, petty cash/change funds entrusted with the accounting staff will be monitored at all times and will not be left unattended. During non-business hours, the petty cash/change funds will be secured in a locked office.

Bank Deposits

Collections received by the accounting staff will be reviewed by the Ops Mgr. or District Manager. Personnel making deposits will be managed by either the bookkeeper or DA so as not to create a routine pattern.

Approved by:

Date: _____ Secretary: _____

CLSD Potential Investment Recap

Cash Invest.	Interest %	Begin date	Mature date		Year 1				Year 2			
					Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
125,000	2.39%	July 1, 2019	October 1, 2019	3 month	746.88							
125,000	2.42%	July 1, 2019	January 1, 2020	6 month	756.25	756.25						
125,000	2.36%	July 1, 2019	April 1, 2020	9 month	737.50	737.50	737.50					
125,000	2.32%	July 1, 2019	July 1, 2020	12 month	725.00	725.00	725.00	725.00				
125,000	2.32%	October 1, 2019	October 1, 2020	12 month		725.00	725.00	725.00	725			
125,000	2.32%	January 1, 2020	January 1, 2021	12 month			725.00	725.00	725	725		
125,000	2.32%	April 1, 2020	April 1, 2021	12 month				725.00	725	725	725	
125,000	2.32%	July 1, 2020	July 1, 2021	12 month					725	725	725	725
125,000	2.32%	October 1, 2020	October 1, 2021	12 month						725	725	725
125,000	2.32%	January 1, 2021	January 1, 2022	12 month							725	725
125,000	2.32%	April 1, 2021	April 1, 2022	12 month								725
					Est. interest year 1				Est. interest year 2			
					11,721.88				11,600.00			

Charles Schwab (founded in CA but National Company)

No cost of account or transaction fees

Treasuries - backed by Federal Gov't

This laddered investment approach optimizes return while producing the most flexibility

Proposal above has \$125K maturing every 3 months

Early withdrawal still accrues increased value from time of purchase to early withdrawal. Possible interest adjustment owed if interest rate increases.

Interest rates adjust daily so rates above may adjust slightly by the time we open

Managed by a Charles Schwab 'Fixed Income Specialist' (people who do not want to risk principle)

Second year projected above based on current twelve month return - could be higher or lower

APPENDIX 3

BID SHEET

Redwood Coast Medical Services (hereafter referred to as "Applicant") proposes to provide Urgent Care services to the Coast Life Support District (hereafter referred to as "District") in accordance with the terms of the proposal, dated June 30, 2014 and signed by Tom Toedter, CLSD Board President and Diane Agee, RCMS CEO in exchange for the following payment:

Year One:

Six hundred twenty four thousand seven hundred and thirty nine dollars (\$624,739) during the period of July 1, 2014 (or actual starting date) to June 30, 2015. The monthly payment for the contract annual period excluding any extensions shall be: Fifty two thousand and sixty three dollars (\$52,063) per month.

Year Two:

Six hundred twenty four thousand seven hundred and thirty nine dollars (\$624,739) during the period of July 1, 2015 (or actual starting date) to June 30, 2016. The monthly payment for the contract annual period excluding any extensions shall be: Fifty two thousand and sixty three dollars (\$52,063) per month.

Year Three:

Six hundred twenty four thousand seven hundred and thirty nine dollars (\$624,739) during the period of July 1, 2016 (or actual starting date) to June 30, 2017. The monthly payment for the contract annual period excluding any extensions shall be: Fifty two thousand and sixty three dollars (\$52,063) per month.

Year Four:

Seven hundred fifty four thousand seven hundred and thirty nine dollars (\$754,739) during the period of July 1, 2017 (or actual starting date) to June 30, 2018. The monthly payment for the contract annual period excluding any extensions shall be: Sixty two thousand eight hundred ninety five dollars (\$62,895) per month.

Year Five:

Seven hundred fifty four thousand seven hundred and thirty nine dollars (\$754,739) during the period of July 1, 2018 (or actual starting date) to June 30, 2019. The monthly payment for the contract annual period excluding any extensions shall be: Sixty two thousand eight hundred ninety five dollars (\$62,895) per month.

An extension will be granted if the District and the Provider mutually agree on an extension. The District may award up to two contract extensions of up to two years each, under all of the same terms and conditions of the original.

Year Six: Option #1, first year of optional two year extension

Eight hundred thousand dollars (\$800,000) during the period of July 1, 2019 (or actual starting date) to June 30, 2020. The monthly payment for the contract annual period excluding any extensions shall be: Sixty six thousand, six hundred and sixty six dollars (\$66,666) per month.

June 2019: Appendix 3 Bid Sheet amended to document that RCMS will leverage the option described herein, for a two-year extension of the contract with Coast Life Support District to provide Urgent Care Medical Services.

Year Seven: Option #1, second year of optional two year extension

_____ TBD _____ dollars (\$) during the period of July 1, 2020 (or actual starting date) to June 30, 2021. The monthly payment for the contract annual period excluding any extensions shall be: _____ dollars (\$ _____) per month.

Year Eight: Option #2, first year of optional two year extension

_____ dollars (\$) during the period of July 1, 2021 (or actual starting date) to June 30, 2022. The monthly payment for the contract annual period excluding any extensions shall be: _____ dollars (\$ _____) per month.

Year Nine: Option #2, second year of optional two year extension

_____ dollars (\$) during the period of July 1, 2022 (or actual starting date) to June 30, 2023. The monthly payment for the contract annual period excluding any extensions shall be: _____ dollars (\$ _____) per month.

In submitting this proposal/offer, Applicant hereby affirms its full understanding of all terms set forth in the Request for Proposals (RFP) issued by District on December 18, 2014. Further, applicant certifies the completeness and accuracy of all information contained in the applicant's response to the RFP and supplied to District during the bidding process. Applicant's proposal constitutes a firm and binding offer by Applicant to perform the services as stated during the period between July 1, 2014 and June 30, 2019, unless other dates are agreed to in the Agreement.

This amended document constitutes a firm and binding offer by Applicant to perform the services as stated during the period between July 1, 2019 and June 30, 2021.

Applicant further affirms that Applicant will meet or exceed bidding specifications unless exceptions have been specifically noted in the proposal.

Bidding Organization

BY: _____
Signature of Authorized Representative

Name (Typed or Printed)

Title

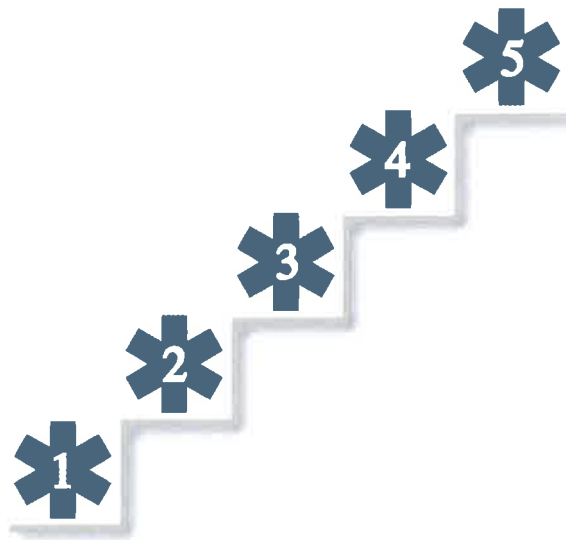
Date

A publication of the

Wisconsin Office of Rural Health

WI ORH
Office of Rural Health
www.worh.org

Attributes of a Successful Rural Ambulance Service: A Workbook



www.paramedicfoundation.org

Developed by:

Paul Anderson, MS, NRP

Paramedic Systems Strategy Advisor

October 2016

Operations Attributes

A Written Call Schedule

1. Non-existent. Pager goes off and anyone available responds.
2. Informal, ad-hoc agreement exists between the crew.
3. Written and distributed schedule exists, but for less than one week at a time.
4. Written and distributed schedule is for one week or more, but empty spaces are not filled, waiting for personnel to show up.
5. Written and distributed schedule is for two weeks or more. Empty spaces are filled prior to shift beginning.

Continuing Education

1. No continuing education is offered.
2. Continuing education that meets minimum requirements needed to maintain licensure is offered (internally or externally).
3. Continuing education above minimum requirements needed to maintain licensure is offered.
4. Continuing education based on quality improvement and/or quality assurance findings is offered.
5. Continuing education based on quality improvement and/or quality assurance findings, with Medical Director and/or hospital input, and taught by a certified educator is offered.

A Written Policy and Procedure Manual

1. There are no documented EMS policies and procedures.
2. There are a few documented EMS policies and procedures, but they are not organized into a formal manual.
3. All EMS policies and procedures are documented in a formal manual but crew members don't refer to/use/update it systematically.
4. All EMS policies and procedures are documented in a formal manual and crew members refer to and use it systematically. It is updated, but not on a schedule.
5. All EMS policies and procedures are documented in a formal manual and crew members refer to/use/update it systematically. It is written to the level of detail necessary that anyone from the crew could step in and do the job correctly.

Incident Response and Mental Wellness

1. There is no incident response and mental wellness debriefing.
2. There is informal and positive debriefing and support from more experienced crew members.
3. There is informal and positive debriefing and support from more experienced crew members. Dispatch occasionally notifies the EMS agency on a predetermined set of calls (pediatric, suicides, fatalities, trauma, etc.), which are addressed informally by agency leadership.
4. Agency leadership has training in Incident Response, is consistently notified by Dispatch at the time of possible incident, and has a policy of debriefing impacted crew member(s).
5. All of #4, plus professional counseling sessions are offered at reduced or no charge to crew members impacted. Follow-up with impacted crew members is standard procedure.

Finance Attributes

A Sustainable Budget

1. There is no written budget.
2. A budget has been developed; however, it is not followed.
3. A budget is in place and financial decisions and actions are based upon it.
4. A budget and policies are in place regarding proper purchasing procedures, purchase limits and authorizations, and procedures for procuring equipment either not in the budget or over the stated budget. An operating reserve of at least three months is in the bank.
5. A budget and policies are in place regarding proper purchasing procedures, purchase limits and authorizations, and procedures for procuring equipment either not in the budget or over the stated budget. An operating reserve of at least six months is in the bank and the reserve has been in place for at least one year.

A Professional Billing Process

1. Services are not billed.
2. Services are billed, but claims are submitted by an individual (internal or external) with no formal training in healthcare billing.
3. Services are billed, but claims are submitted by an individual (internal or external) with limited training in healthcare billing.
4. Services are billed and claims are submitted by someone with skills and training in healthcare billing, but without established HIPAA-compliant billing policies or policies to handle claims that have been denied or with a balance due.
5. Services are billed and claims are submitted by a certified biller (internal or external) or billing service, in a timely manner (fewer than 30 days), with established HIPAA-compliant billing policies and policies to handle claims that have been denied or with a balance due.

Quality Attributes

Medical Director Involvement

1. There is a medical director in name only. He/she is not actively engaged with the EMS agency beyond signatures.
2. The medical director reviews cases but not within 30 days and provides very little feedback.
3. The medical director reviews cases within 30 days and provides very little feedback.
4. The medical director reviews cases within 30 days and provides a good amount of feedback, but waits for the EMS agency to engage him/her. When asked, he/she responds to hospital ED/ER contacts on behalf of the EMS agency regarding the agency's clinical protocols and actions.
5. The medical director is an integral part of EMS, pro-actively engaging the agency to review cases, providing a good amount of feedback; delivering education to the agency; and advocating for the agency to hospital ED/ER contacts.

A Quality Improvement/Assurance Process

1. There is no plan to collect, analyze, or report EMS agency performance measures.
2. Performance measure data is collected about the EMS agency but not analyzed or reported.
3. Performance measures are analyzed and reported but no feedback loop exists for continual improvement of the EMS agency.
4. Performance measures are reported and a feedback loop exists for general improvements.
5. Feedback from performance measures is used to drive internal change to: (1) improve the patient experience of care (including quality and satisfaction), (2) improve the health of the community (e.g., success of screenings, education); and (3) reduce the cost of health care services (e.g., reducing EMS costs, and/or utilizing EMS to reduce overall healthcare costs).

Contemporary Equipment and Technology

1. The EMS agency has only the minimum equipment/technology required by licensure. The budget does not allow additional equipment/technology acquisition.
2. The EMS agency has the minimum equipment/technology required by licensure, plus a minimal budget for additional equipment/technology acquisition.
3. In addition to the minimum equipment/technology required by licensure, the EMS agency has some advanced equipment/technology. There is a minimal budget for new equipment/technology acquisition and a formal replacement plan.
4. In addition to the minimum equipment/technology required by licensure, the EMS agency has some advanced equipment/technology. There is an adequate budget for new equipment/technology acquisition and a formal replacement plan.
5. In addition to the minimum equipment/technology required by licensure, the EMS agency has some advanced equipment/technology. There is an adequate budget for new equipment/technology acquisition and a formal replacement plan. There is a formal maintenance plan provided by trained/certified technicians or engineers.

Quality Attributes continued

The Agency Reports Data

1. No operational/clinical data are submitted to regulators.
2. Operational/clinical data are submitted to regulators, but not often within the designated timelines (locally, statewide, or nationally).
3. Operational/clinical data are submitted to regulators within the designated timelines.
4. Operational/clinical data are submitted to regulators within the designated timelines. Areas for improvement are identified using an established quality improvement/quality assurance process by the EMS agency.
5. Operational/clinical data are submitted to regulators within the designated timelines. Areas for improvement are identified using an established quality improvement/quality assurance process, and goals and benchmarks are used to improve performance. Summary reports are regularly shared publicly with the community.

Public Relations Attributes

A Community-Based and Representative Board

1. There is no formal board oversight.
2. The board consists of internal EMS agency members only.
3. Voting board members are from the EMS agency AND some combination of elected officials, hospital leadership/staff, and/or governmental administrators.
4. Voting board members are ONLY some combination of elected officials, hospital leadership/staff, and/or governmental administrators.
5. Voting board members include all of #4 AND at least one engaged patient representative.

Agency Attire

1. There is no identifying EMS agency attire.
2. There is identifying EMS agency attire, but it is not adequately protective.
3. There is identifying EMS agency attire, which is adequately protective, but elements of it are purchased by the members.
4. There is identifying EMS agency attire, which is adequately protective, and all of it is purchased by the agency.
5. There is identifying EMS agency attire, which is adequately protective and purchased by the agency. A written policy identifies what attire is required and how it is to be provided, cleaned, maintained, and replaced.

Public Information, Education, and Relations (PIER)

1. There is no plan for addressing PIER.
2. The EMS agency is in the process of developing a PIER plan.
3. There is a PIER plan, but no funding dedicated to its implementation.
4. There is a PIER plan that has funding dedicated to its implementation.
5. There is a PIER plan that has funding dedicated to its implementation, someone identified as responsible for PIER, and a recurring evaluation of its success.

Involvement in the Community

1. 911 emergency calls and inter-facility transports are responded to but no public education courses are offered.
2. Occasional basic public education courses, like CPR/AED and First Aid training, are offered.
3. Frequent basic public education courses, like CPR/AED and First Aid training, plus other EMS-related training are offered.
4. A robust array of public education courses and other training are offered and the EMS agency is active in community promotions at various events.
5. The EMS agency offers a robust array of public education courses and other training, organizes or assists in planning health fairs, is a champion for a healthy community, is an active partner with other public safety organizations, and is seen as a leader for community health and well-being.

Human Resources Attributes

A Recruitment and Retention Plan

1. There is no agreed-upon plan nor substantive discussion on recruitment and retention.
2. There is no agreed-upon plan but there have been substantive discussions on recruitment and retention.
3. There is an informal, agreed-upon plan and people have been tasked with addressing the issues of recruiting new crew members and retaining existing crew members.
4. There is a formal written plan and people have been tasked with recruiting new crew members and strategizing methods to keep current crew members active (such as compensation, recognition and reward program, management of on call time, adequate training).
5. There is a formal written plan and people have been tasked with recruiting new members and retaining existing crew members. There is a full roster with a waiting list for membership.

Formal Personnel Standards

1. There is no official staffing plan or formal process for hiring new personnel (paid and/or volunteer).
2. There is a staffing plan and documented minimum standards for new hires.
3. There is a staffing plan, documented minimum standards for new hires, and an official new-hire orientation.
4. There is a staffing plan, documented minimum standards for new hires (including background checks), an official new-hire orientation, and systematic performance reviews/work evaluations.
5. All of #4 plus there is a process to resolve personnel issues.

An Identified EMS Operations Leader with a Succession Plan

1. There is an identified EMS Operations Leader (e.g., Chief, Director, Director of Operations, EMS deputy chief or captain within a fire agency), but he/she has not had any leadership training.
2. There is an identified EMS Operations Leader with some leadership training, but he/she was not selected by a recruitment process.
3. There is an identified EMS Operations Leader with some leadership training and who was selected by a recruitment process, but there are obstacles to full functioning (such as lack of funding or no succession plan).
4. There is an identified EMS Operations Leader with comprehensive leadership training and who was selected by a recruitment process, but there are obstacles to full functioning (such as lack of funding, no succession plan).
5. There is an identified EMS Operations Leader with comprehensive leadership training, who was selected by a recruitment process, and who is fully capable and prepared to effectively lead the service. There is also a succession plan in place to appropriately handle the transition of the leadership role.

Human Resources Attributes continued

A Wellness Program for Agency Staff

1. There is no wellness program for crew members.
2. Written information is available for crew members regarding physical activity, healthy food options, and tobacco cessation.
3. All of #2 AND occasional educational programming regarding healthy lifestyles is offered, and there is policy support for healthy food options at meetings.
4. All of #3 AND there is policy support for healthy lifestyle opportunities during work time.
5. There is a structured wellness program following national recommendations. Crew members are actively encouraged with agency-funded fitness opportunities, healthy food choices, and disease-prevention programs like tobacco cessation.

DATE COMPLETED

NAME:	
DATE OF BIRTH:	
PHYSICIAN(S) NAME AND PHONE NUMBER	
1.	
2.	
3.	
CONTACT(S) NAME AND PHONE NUMBER	
1.	
2.	
3.	
SIGNIFICANT SURGERY	
LOCATION OF ADVANCE DIRECTIVES (if applicable)	
<i>DNR & POLST require additional forms. Check which form(s) you have</i>	
<input type="checkbox"/>	DNR - Do Not Resuscitate
<input type="checkbox"/>	POLST - Physicians Orders for Life-Sustaining Treatment
Please list location of DNR and POLST forms in box below:	

[illegible]

<input type="checkbox"/> No medical conditions	<input type="checkbox"/> Stroke
<input type="checkbox"/> Asthma / COPD	<input type="checkbox"/> Seizure Disorder
<input type="checkbox"/> Bleeding Disorder	<input type="checkbox"/>
<input type="checkbox"/> Diabetes / Insulin Dependent	<input type="checkbox"/>
<input type="checkbox"/> Heart Problems	<input type="checkbox"/>
<input type="checkbox"/> Hypertension	<input type="checkbox"/>

<input type="checkbox"/>	No known allergies or reactions	<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	

Redwood Coast Medical Services 707-884-4005



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
FY18													
MAY '18	58	\$ 204,220	\$ 80,596	\$ 51,439	\$ (1,495)	\$ 73,681	\$ 55,203	\$ -	\$ 55,203	\$ 56,045	\$ 1,250	\$ -	\$ 448,338
JUNE '18	54	\$ 192,499	\$ 103,831	\$ 61,697	\$ 3,130	\$ 23,859	\$ 52,759	\$ 9,307	\$ 43,452	\$ -	\$ -	\$ 23	\$ 428,768
FY19													
JULY '18	70	\$ 281,184	\$ 174,532	\$ 49,415	\$ 5,255	\$ 51,982	\$ 37,431	\$ -	\$ 37,431	\$ 31,334	\$ 3,317	\$ -	\$ 408,669
AUG '18	80	\$ 314,797	\$ 126,949	\$ 92,536	\$ 3,430	\$ 91,883	\$ 51,142	\$ -	\$ 51,142	\$ -	\$ -	\$ -	\$ 449,415
SEPT '18	52	\$ 194,431	\$ 86,754	\$ 53,314	\$ 9,730	\$ 44,632	\$ 52,021	\$ -	\$ 52,021	\$ -	\$ -	\$ -	\$ 442,027
OCT '18	67	\$ 248,217	\$ 116,334	\$ 55,281	\$ 11,288	\$ 65,314	\$ 70,941	\$ -	\$ 70,941	\$ -	\$ -	\$ -	\$ 436,400
NOV '18	58	\$ 208,046	\$ 95,675	\$ 68,631	\$ 6,318	\$ 37,423	\$ 48,605	\$ -	\$ 48,605	\$ -	\$ 3	\$ 0	\$ 425,215
DEC '18	68	\$ 223,719	\$ 67,435	\$ 61,071	\$ -	\$ 95,212	\$ 48,587	\$ -	\$ 48,587	\$ -	\$ -	\$ 2,638	\$ 474,478
JAN '19	50	\$ 199,104	\$ 110,645	\$ 48,835	\$ 2,685	\$ 36,940	\$ 48,119	\$ 7,077	\$ 41,042	\$ -	\$ -	\$ 7	\$ 470,383
FEB '19	61	\$ 233,790	\$ 94,248	\$ 63,149	\$ 9,264	\$ 67,129	\$ 47,592	\$ -	\$ 47,592	\$ 34,163	\$ 233	\$ -	\$ 455,524
MARCH '19	75	\$ 297,252	\$ 172,524	\$ 32,088	\$ 964	\$ 91,676	\$ 39,210	\$ -	\$ 39,210	\$ 38,101	\$ 5,024	\$ -	\$ 464,867
APRIL '19	54	\$ 196,917	\$ 143,715	\$ 18,395	\$ 3,144	\$ 31,662	\$ 71,037	\$ 1,091	\$ 69,947	\$ -	\$ 250	\$ 65	\$ 426,397

APR '18	56	\$ 206,528	\$ 105,159	\$ 46,448	\$ 3,024	\$ 51,897	\$ 80,068	\$ -	\$ 80,068	\$ -	\$ 3,835	\$ 737	\$ 487,155
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FY To Date	635	\$ 2,397,457	\$ 1,188,811	\$ 542,714	\$ 52,078	\$ 613,854	\$ 514,684	\$ 8,167	\$ 506,517	\$ 103,597	\$ 8,826	\$ 2,710
Last 12 Months	747	\$ 2,794,176	\$ 1,373,237	\$ 655,851	\$ 53,712	\$ 711,394	\$ 622,646	\$ 17,474	\$ 605,172	\$ 159,642	\$ 10,076	\$ 2,733

Monthly Average FY To Date	64	\$ 239,745.66	\$ 118,881.07	\$ 54,271.43	\$ 5,207.80	\$ 61,385.36	\$ 51,468.40	\$ 816.72	\$ 50,651.68	\$ 10,359.70	\$ 882.60	\$ 270.99
Monthly Average Last 12 Months	62	\$ 232,848.03	\$ 114,436	\$ 54,654	\$ 4,476	\$ 59,283	\$ 51,887	\$ 1,456	\$ 50,431	\$ 13,303	\$ 840	\$ 228

AGING							
Month	Current	31-60	61-90	91-120	121-180	180+	Balance
APRIL	\$ 63,261	\$ 72,885	\$ 51,249	\$ 30,279	\$ 40,146	\$ 168,577	\$ 426,397

CMS TRANSPORTS ON -	
TOTAL	\$ 26,497

as of APR' 19

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Accrual Basis

Coast Life Support District Profit & Loss Budget Overview FY19 July 2018 through April 2019

	Jul '18 - Apr 19	Budget	\$ Over Budget	% of Budget
Ordinary Revenue/Expense				
Revenue				
4000 · CLSD Special Taxes	1,507,388.58	1,330,985.84	176,402.74	113.3%
4100 · Interest Revenue	126.01	0.00	126.01	100.0%
4200 · Ambulance Revenue	595,145.39	541,666.66	53,478.73	109.9% 1
4400 · Miscellaneous Revenue	41,840.90	27,125.00	14,715.90	154.3% 2
4410 · Intergovernmental Transport(IGT)	0.00	108,333.34	-108,333.34	0.0%
4420 · Ground Emerg Med Transport	18,143.34	20,833.34	-2,690.00	87.1%
4421 · GEMT QAF Income	0.00	23,333.34	-23,333.34	0.0%
Total Revenue	2,162,644.22	2,052,277.52	110,366.70	105.4%
Expense				
5000 · Wages and Benefits	1,026,017.02	1,082,960.86	-56,943.84	94.7%
6000 · Ambulance Operations	134,197.22	129,797.68	4,399.54	103.4%
66000 · Payroll Expenses	0.00			
6700 · Overhead/Administration	170,170.25	166,834.16	3,336.09	102.0%
6971 · IGT	0.00	0.00	0.00	0.0%
7000 · Urgent Care	648,953.50	648,938.34	15.16	100.0%
8000 · Interest Expense	1,761.42	3,750.00	-1,988.58	47.0%
9000 · Other Expenses	0.00			
9500 · Depreciation Expense	76,001.68	76,001.68	0.00	100.0%
9999 · Prior Period Adjustment	0.00	0.00	0.00	0.0%
Total Expense	2,057,101.09	2,108,282.72	-51,181.63	97.6%
Net Ordinary Operating Surplus	105,543.13	-56,005.20	161,548.33	-188.5%
Net Revenue	105,543.13	-56,005.20 1	161,548.33	-188.5%

1. NET BILLING: *Ref Wiltman YTD Report (acc 4220 + Column F minus H/K/L)
2. FY Tourist Mitigation Funds
3. \$10,833 x 10 = \$108,330 for Urgent Care Increase and covered by UC reserves.

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Accrual Basis

Coast Life Support District Profit & Loss Budget Overview FY19 July 2018 through April 2019

	Jul '18 - Apr 19	Budget	\$ Over Budget	% of Budget
Ordinary Revenue/Expense				
Revenue				
4000 · CLSD Special Taxes				
4001 · Mendocino County Taxes				
4004 · Mendocino Ambulance Tax	442,696.20	398,053.34	44,642.86	111.2%
4009 · Mendocino Urgent Care Tax	304,579.69	281,805.84	22,973.85	108.2%
4010 · Mendocino Ad Valorem Tax	98,359.50	83,694.16	14,665.34	117.5%
Total 4001 · Mendocino County Taxes	845,635.39	763,353.34	82,282.05	110.8%
4002 · Sonoma County Taxes				
4024 · Sonoma Ambulance Tax	364,323.01	312,620.00	51,703.01	116.5%
4029 · Sonoma Urgent Care Tax	297,430.18	255,012.50	42,417.68	116.6%
Total 4002 · Sonoma County Taxes	661,753.19	567,632.50	94,120.69	116.6%
Total 4000 · CLSD Special Taxes	1,507,388.58	1,330,985.84	176,402.74	113.3%
4100 · Interest Revenue	126.01	0.00	126.01	100.0%
4200 · Ambulance Revenue				
4201 · Amb Transport Billings	595,145.39	541,666.66	53,478.73	109.9%
4228 · Writedowns-District Res. Disc.	0.00	0.00	0.00	0.0%
Total 4200 · Ambulance Revenue	595,145.39	541,666.66	53,478.73	109.9%
4400 · Miscellaneous Revenue	41,840.90	27,125.00	14,715.90	154.3%
4410 · Intergovernmental Transport(IGT)	0.00	108,333.34	-108,333.34	0.0%
4420 · Ground Emerg Med Transport	18,143.34	20,833.34	-2,690.00	87.1%
4421 · GEMT QAF Income	0.00	23,333.34	-23,333.34	0.0%
Total Revenue	2,162,644.22	2,052,277.52	110,366.70	105.4%
Expense				
5000 · Wages and Benefits				
5200 · Health Insurance	92,105.38	100,000.00	-7,894.62	92.1%
5300 · Payroll Taxes Emplr Costs	29,220.45	30,298.34	-1,077.89	96.4%
5350 · PERS Employer Costs	89,556.53	89,048.34	508.19	100.6%
5405 · Administration Salaries				
5405.1 · Admin Salaries-Alloc/UC	-19,990.00	-19,990.00	0.00	100.0%
5405 · Administration Salaries - Other	206,581.29	193,957.50	12,623.79	106.5%
Total 5405 · Administration Salaries	186,591.29	173,967.50	12,623.79	107.3%
5410 · Ambulance Operations Wages	550,027.81	597,878.34	-47,850.53	92.0%
5430 · Extra Duty/Stipend Pay/DA	33,587.56	46,840.00	-13,252.44	71.7%
5500 · Work Comp Insurance	44,928.00	44,928.34	-0.34	100.0%
Total 5000 · Wages and Benefits	1,026,017.02	1,082,960.86	-56,943.84	94.7%
6000 · Ambulance Operations				
6030 · Med. Director Fee-non AHUC	31,500.00	31,500.00	0.00	100.0%
6040 · Dispatch Services	21,218.65	19,631.00	1,587.65	108.1%
6050 · Misc Reimbursements	520.00	0.00	520.00	100.0%
6100 · Station/Crew Expenses				
5100 · Uniforms & Med Tests	2,686.66	4,166.66	-1,480.00	64.5%
6101 · Facility Repair & Maintenance	2,206.73	7,833.34	-5,626.61	28.2%
6102 · Facility Furniture	752.87	0.00	752.87	100.0%
6110 · Supps, Rental, Clean, etc	4,714.53	10,833.34	-6,118.81	43.5%
6210 · Veh. Repair & Maintenance	19,805.03	15,000.00	4,805.03	132.0%
6240 · Vehicle Fuel	19,456.79	12,500.00	6,956.79	155.7%
6410 · Radios & Comm Equip				
6410.1 · ATT Tower Lease	625.00			
6410 · Radios & Comm Equip - Other	291.56	3,333.34	-3,041.78	8.7%
Total 6410 · Radios & Comm Equip	916.56	3,333.34	-2,416.78	27.5%
6510 · Medical Supplies & Equip	29,609.21	20,000.00	9,609.21	148.0%
Total 6100 · Station/Crew Expenses	80,148.38	73,666.68	6,481.70	108.8%

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Accrual Basis

Coast Life Support District Profit & Loss Budget Overview FY19 July 2018 through April 2019

	Jul '18 - Apr 19	Budget	\$ Over Budget	% of Budget
6980 · Misc. Employee Train. Exps	810.19	5,000.00	-4,189.81	16.2%
Total 6000 · Ambulance Operations	134,197.22	129,797.68	4,399.54	103.4%
66000 · Payroll Expenses	0.00			
6700 · Overhead/Administration				
6180 · Utilities	11,089.01	11,666.66	-597.65	94.9%
6188 · Telephone	5,088.24	3,729.16	1,359.08	136.4%
6300 · Insurance	15,135.06	14,996.66	138.40	100.9%
6713 · Ambulance Billing	28,801.33	32,500.00	-3,698.67	88.6%
6714 · GEMT QAF Expense	2,901.45	5,833.34	-2,931.89	49.7%
6718 · Office Supp/Equip/Software				
6718.1 · Office Supplies	1,053.90	4,166.66	-3,112.76	25.3%
6718.2 · Computer Equipment	626.41	2,500.00	-1,873.59	25.1%
6718.3 · Software	2,296.44	2,500.00	-203.56	91.9%
6718 · Office Supp/Equip/Software - Other	0.00	0.00	0.00	0.0%
Total 6718 · Office Supp/Equip/Software	3,976.75	9,166.66	-5,189.91	43.4%
6720 · Board Expenses	505.73	2,083.34	-1,577.61	24.3%
6730 · Consultants				
6734 · IT	5,117.52	5,833.34	-715.82	87.7%
6735 · EMS Survey	4,319.90	2,916.66	1,403.24	148.1%
6737 · Financial/Bookkeeping	11,460.28	2,500.00	8,960.28	458.4%
6738 · Legal	832.00	4,166.66	-3,334.66	20.0%
6740 · Audit	9,100.00	7,583.34	1,516.66	120.0%
6741 · Tax Administration - NBS	9,136.65	8,691.66	444.99	105.1%
Total 6730 · Consultants	39,966.33	31,691.66	8,274.67	126.1%
6742 · Bank/Merchant Fees	1,135.77	1,000.00	135.77	113.6%
6755 · Property Tax Admin	18,881.92	16,666.66	2,215.26	113.3%
6760 · Education/Professional Dev	533.75	2,083.34	-1,549.59	25.6%
6765 · Election Costs/Reserve	5,086.25	4,166.66	919.59	122.1%
6770 · Dues, Subscrip, Membership	9,829.89	8,333.34	1,496.55	118.0%
6788 · Printing & Reproduction	2,888.63	8,333.34	-5,444.71	34.7%
6795 · Travel/Transportation	2,378.21	6,250.00	-3,871.79	38.1%
6970 · Community Dev/Training	21,991.93	8,333.34	13,658.59	263.9%
Total 6700 · Overhead/Administration	170,170.25	166,834.16	3,336.09	102.0%
6971 · IGT	0.00	0.00	0.00	0.0%
7000 · Urgent Care				
7011 · Admin Salaries-Alloc to UC	19,990.00	19,990.00	0.00	100.0%
7050 · UC Contract	628,963.50	628,948.34	15.16	100.0%
Total 7000 · Urgent Care	648,953.50	648,938.34	15.16	100.0%
8000 · Interest Expense				
8005 · EMS Interest Expense	0.00	1,250.00	-1,250.00	0.0%
8000 · Interest Expense - Other	1,761.42	2,500.00	-738.58	70.5%
Total 8000 · Interest Expense	1,761.42	3,750.00	-1,988.58	47.0%
9000 · Other Expenses	0.00			
9500 · Depreciation Expense	76,001.88	76,001.88	0.00	100.0%
9999 · Prior Period Adjustment	0.00	0.00	0.00	0.0%
Total Expense	2,057,101.09	2,108,282.72	-51,181.63	97.6%
Net Ordinary Operating Revenue	105,543.13	-56,005.20	161,548.33	-188.5%
Net Revenue	105,543.13	-56,005.20	161,548.33	-188.5%

3:12 PM
05/08/19
Accrual Basis

Coast Life Support District
Profit & Loss Budget Overview FY19
July 2018 through April 2019

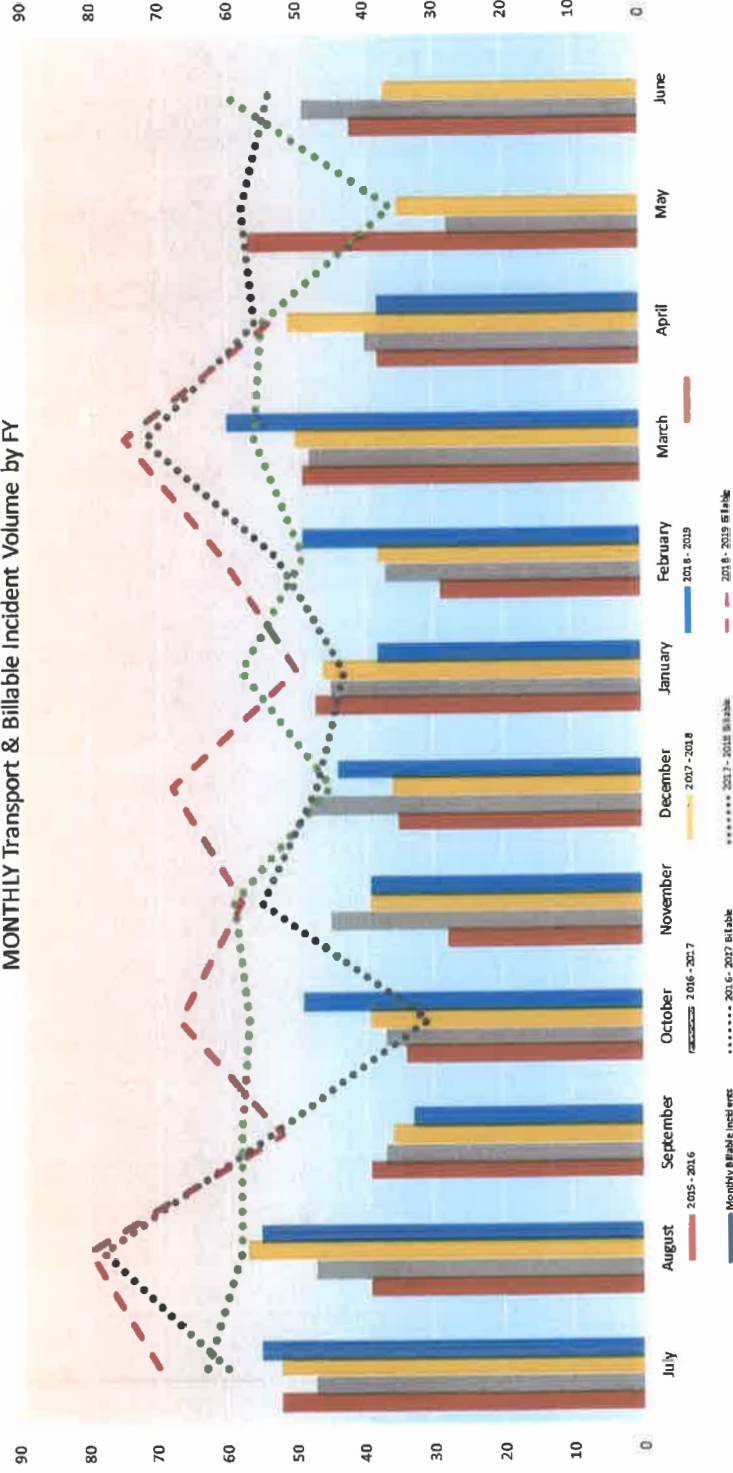
1. NET BILLING: *Ref Wittman YTD Report (acc 4220 + Column F minus H/K/L)
2. FY19 Tourist Mitigation Funds.
3. Ambulance Op Wages show an decrease at this time due to when payperiods hit the P&L. Budgeted number split evenly over 12 months.
4. Higher volume of medical supplies needed than budgeted.
5. Transition training to new financial/bookkeeper
6. Draw down funds from Tourist Mitigation funds for CPR training
7. $\$10,833 \times 10 \text{ months} = \$108,330$ for Urgent Care increase and covered by UC reserves.

MONTHLY AMBULANCE DATA

Monthly Transports	July	August	September	October	November	December	January	February	March	April	May	June
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		

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		

MONTHLY Transport & Billable Incident Volume by FY

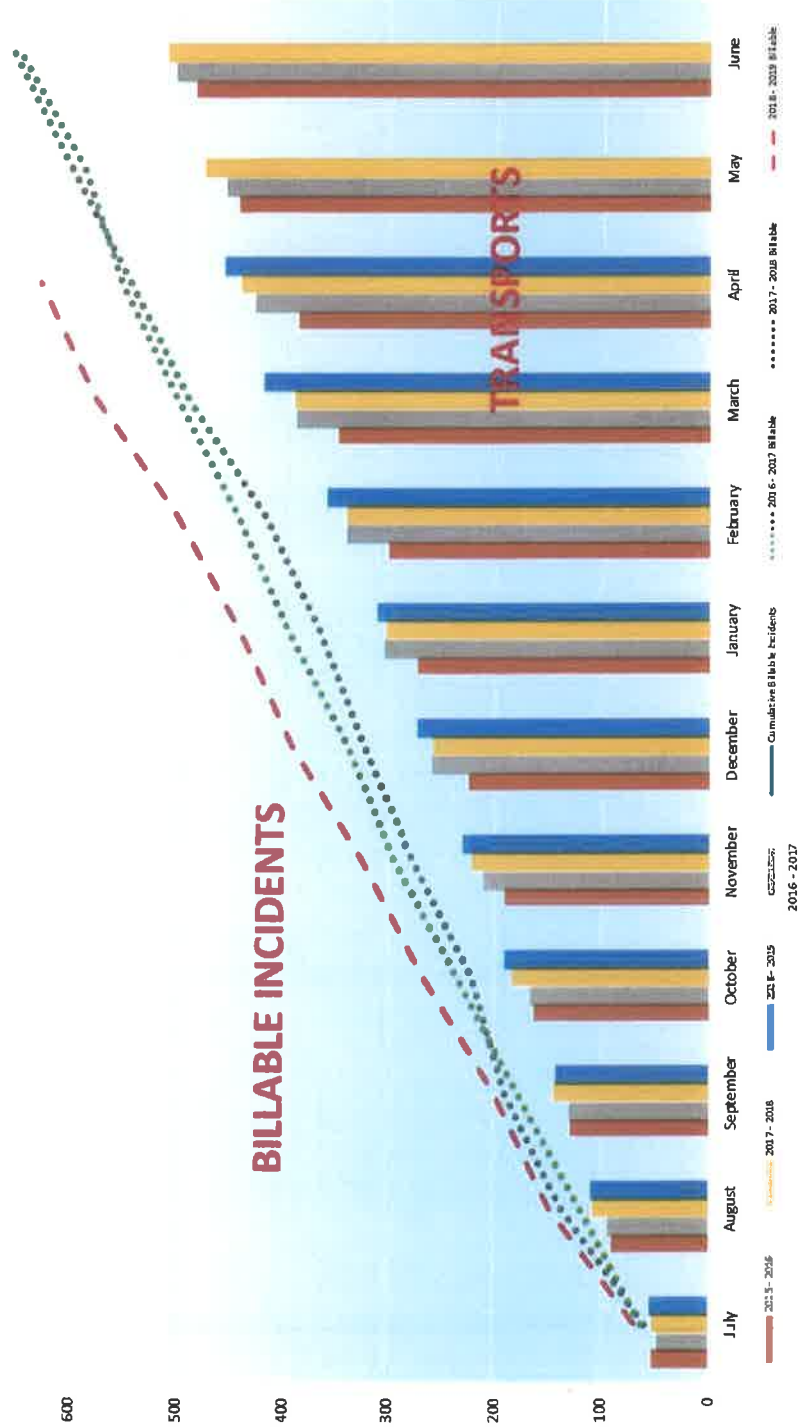


CUMULATIVE AMBULANCE DATA

Cumulative Transports	July	August	September	October	November	December	January	February	March	April	May	June
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	258	304	343	393	444	479	516
2018 - 2019	55	110	143	192	231	275	313	362	422	460		
Cumulative Billable Incidents												
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		

CUMULATIVE Transport & Billable Incident Volume by FY

700



5/9/19

CLSD RUN DATA for the PRECEDING 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		Year Prior		Year Prior		Year Prior		TRANSPORTS		CANCELLED ON ROUTE		Year Prior		Year Prior		ALS		BLS		ALS		BLS	
19-Apr	78	108	53	79	31	49	1	1	7	13	1	3	38	62	5	8	20	27	15	17	1	7	2	0	8	10	3	8
19-Mar	108	97	79	70	49	37	1	1	13	13	3	1	62	50	8	10	27	25	17	20	7	0	0	2	10	8	3	
19-Feb	82	63	63	53	35	31	0	2	14	7	2	2	49	38	6	6	20	7	13	14	4	2	1	1	10	6	4	
19-Jan	71	80	47	59	27	36	4	2	11	10	0	2	38	46	4	2	17	16	9	13	2	7	1	0	5	7	7	
18-Dec	100	67	62	53	29	28	2	1	15	8	2	0	44	36	4	5	29	17	18	11	2	5	1	2	10	6	3	
18-Nov	89	90	54	61	31	31	3	0	7	18	1	1	38	49	4	5	20	29	16	12	1	3	1	1	5	1	12	
18-Oct	99	81	64	54	38	23	4	2	11	16	2	0	49	39	10	4	19	21	15	15	1	2	1	1	15	6	9	
18-Sep	74	60	54	48	30	28	2	1	3	6	1	1	33	34	6	5	18	12	17	14	1	2	0	0	8	1	4	
18-Aug	110	121	73	77	46	42	1	3	9	15	1	2	55	57	6	3	26	38	18	22	3	7	0	2	14	4	6	
18-Jul	105	98	70	62	47	37	3	4	8	15	1	1	55	52	5	9	26	31	15	15	4	4	0	0	7	5	7	
18-Jun	78	99	52	61	33	33	1	4	4	16	2	2	37	49	8	7	26	28	15	15	4	2	0	1	3	1	10	
18-May	76	70	54	58	32	34	1	4	3	4	0	0	35	51	5	10	20	25	19	20	3	0	0	2	8	1	3	
	1070	1034	725	735	428	409	23	25	105	141	16	15	533	563	71	74	268	276	187	188	33	41	7	12	103	87	49	76
	A/O		PCR		ALS		ALS>BLS		BLS		BLS>ALS		TOTAL		LZ		DRY RUN		T&R		TO RCMS				FROM RCMS			

DISTRICT ADMINISTRATOR (DA)

- Noticing of the May BOD meeting with the subject of the voter approved Measure J Urgent Care parcel tax potential increase in the unit of benefit, began starting May 9th in the ICO (color ad x 2 weeks), the CLSD website, and various social media outlets.
- Sonoma County Ambulance Ordinance Process continues: With the request to inform the CA Emergency Medical Services Authority for a second year extension on the Ordinance, the Dept of Health Services entered into negotiations with the Exclusive Operating Area ambulance provider (AMR) in the County urban core. A negotiated term of 3 years with the option of (2) 1-year extensions will be voted on by the Board of Supervisors this week. If approved, this gives the County EMS providers ample time to determine next steps in possibly forming a Joint Powers Authority and submitting a bid for the county-wide contract of ambulance services (gov't to gov't contracting). If awarded, could bring in substantial IGT and GEMT funds to the County supporting EMS services and a share of revenue would benefit CLSD to offset the cost of the expanded ALS services to the District.
- April/May parcel tax payments have been received from both counties
- Intergovernmental transfer (IGT) we received the FY18 funds netting just over \$250K.
- Coastal Valleys EMSA has given us verbal approval to pursue establishing a local Health Information Exchange between CLSD and RCMS to share medical records to expand the continuity of care (when both providers) treat the same patient. We both contract with the same IT services providing encrypted/HIPAA compliant technology. CLSD would be able to allow RCMS to read-only patient care records of patients that present in Urgent Care that were recently seen in the field by ambulance crews. CLSD currently has read-only access to the electronic health records system of Sutter Medical Center and St. Joseph's Health Care System in Santa Rosa.
- Ground Emergency Medical Transport – Quality Assurance Fee has ramped up. We have established on-line reporting and electronic funds transfer accounts as mandated for data uploads, invoicing and making payments. We have already paid two of the four FY18 quarters. Net revenue expected from this program is expected to be just over \$16K.
- Final steps of Training room finalizing this month (bulletin boards, framed map, extras storage and laminated counters at the rear of the room.
- Refresh of the crews downstairs in quarters in full swing. All materials (flooring, paint, desks, accessories, etc.) are purchased.
- Matter of Balance: 12 of 13 completed the class. Class evaluations very positive e.g., recognizing risk factors for falls, installing railing or better lighting, decluttering, strength training, formed a walking group, etc.

OPERATIONS MANAGER (OM)

Deployment / Staffing

- ALS (M-120) staffed 100%

- New paramedic Megan Rosecrans has finished her orientation and is working her assigned shift. She is fully scheduled in May. Paramedic Hans Petersen completed orientation and is working his scheduled shifts.
- With the hiring of the new paramedics the May schedule has 98% second out paramedic coverage and June is 100%. Expected to stay the norm into FY 20 unless an unusual circumstance exist (IE long time injury / leave).
- EMT students are riding with CLSD and scheduled for RCMS clinical. Final EMT skills scheduled for June 8th

Facilities

- No major issues repairs pending.
- Finished some final touches on the training room
- Remodeling of downstairs crews quarters is started. Scheduled to be complete by end of May
- June will be outside landscape and building maintenance

Vehicles/Equipment

- Vehicles are in good working condition and in service.
- 2011 Sprinter (134k miles) had extensive front end work and front pulley repairs. Repairs were 6k
- 2005 Ford had extensive front end repair 2k
- Chevy in for rear air bags and service estimate 2k

Community events / Training

- RCMS CPR training continues
- 90% of all seventh and eighth graders at Arena elementary and Horicon received CPR and first aid training. Picture and article in ICO
- PA school staff certified in CPR / AED / First Aid—40 staff members
- May is VFD BBQ month (Redwood Coast and North Sonoma Coast) EMS appreciation
- 2-CLSD employees Jeff Finck and Ron Miles are being honored at the EMS Survivor's Reunion event. May 23rd. Caley to also attend.