



Funding Multicounty EMS Agencies with State General Funds

Emergency Medical Services Authority
California Health and Human Services Agency

EMSA #104
Revised June 2017



Emergency Medical Services Authority
California Health and Human Services Agency

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Chapter 1 - Purpose and General Funding Policies

1.1 Purpose of Policy Document

This document has been prepared to inform multicounty Emergency Medical Services (EMS) agencies receiving State General Funds of the funding criteria and eligibility requirements used to distribute those funds, and to assist the EMS Agency applicants with the preparation of the application for State General Funds allocated by the Emergency Medical Services Authority (EMSA). In addition to providing guidance in the preparation of the application, this document also sets forth the contract management and reporting policies multicounty EMS agencies are required to follow as a condition for receiving State General Funds.

1.2 EMS System Development Importance

A coordinated statewide EMS system provides day-to-day emergency medical care and forms the basis for any disaster medical response. The appropriate and timely provision of emergency medical care is an overall benefit to society. Without this care, unnecessary morbidity and mortality occurs which, in addition to increased human suffering, results in increased health care costs and loss of public revenue. Although delivering emergency and acute critical care is the most expensive of all medical services, promotion of a coordinated system for this care results in optimal utilization and allocation of health care resources and overall decreased health care expenditures.

EMSA was established in 1980 (SB 125/Garamendi, Chapter 1260 of statutes of 1980, Division 2.5 of the Health and Safety Code) with a general mandate to develop a statewide system of coordinated emergency medical services. This EMS system should:

- be easily accessible and available to all persons needing emergency care;
- include a comprehensive range of services;
- provide high quality care;
- have an efficient and cost-effective management structure;
- provide public education and information;
- have adequate personnel training programs;
- be responsive to local needs;
- have a mechanism for system evaluation and improvement; and
- provide for coordination of medical mutual aid at local, regional, state, and federal levels in the event of a disaster.

1.3 Funding of Local EMS Systems

Section 1797.200 of Division 2.5 of the Health and Safety Code permits each county to develop an emergency medical services program. Each county developing an EMS program must designate a local EMS agency which shall be the county health department, an agency established and operated by the

county, an entity with which the county contracts for the purposes of EMS administration, or a joint powers agency. In general, funding of local EMS agencies is the responsibility of the county establishing an EMS program.

Many counties, especially those with large rural areas and smaller populations, have limited financial resources and county borders often do not coincide with natural patient catchment areas and the health care resources needed for optimal EMS systems. EMSA believes that the use of regional EMS systems is an efficient and effective model for such areas of California. In order to encourage the efficiencies of regionalization, EMSA provides State General Fund monies to established multicounty EMS agencies that meet specific criteria.

The funding may only be used to maintain the EMS system and continue essential minimum program activities, and to improve the EMS system. This program is available only when funds are allocated for this purpose in the annual State Budget.

1.4 Benefits of Regional Systems of Care

The potential benefits derived from centralizing the administration of common EMS functions at the regional level include:

- reducing administrative and program costs;
- standardizing system coordination of emergency response and patient flow;
- focusing of regional EMS concerns;
- providing a more effective impact at the state level; and
- matching administrative boundaries with natural systems.

Regional systems of care ensure that comprehensive patient care referral patterns are not hindered by county, multicounty EMS agency, or state boundaries. This is particularly important for rural areas with the development of multicounty EMS agencies. Major benefits are best achieved when there is centralization of administration, medical control, data collection and system evaluation, as well as facilities assessment and designation of specialty care centers.

1.5 Statutory Authority

Statutory authority for funding local EMS agencies and multicounty EMS agencies is found in Section 1797.108 of the Health and Safety Code. This section states:

“Subject to the availability of funds appropriated therefor, the authority may contract with local EMS agencies to provide funding assistance to those agencies for planning, organizing, implementing, and maintaining regional emergency medical services systems.”

"In addition, the authority may provide special funding to multicounty EMS agencies which serve rural areas with extensive tourism, as determined by the authority, to reduce the burden on the rural EMS agency of providing the increased emergency medical services required due to that tourism."

1.6 Policy in Administering State Funded Contracts to Multicounty EMS Agencies

EMSA shall use the following policy in administering state funded contracts to multicounty EMS agencies:

- Funding eligibility shall be limited to rural multicounty EMS agencies that demonstrate a heavy use of the EMS system by nonresidents.
- Multicounty EMS agencies shall provide matching funds of at least \$1 for each dollar of state funds received except multicounty EMS agencies with a population of 300,000 or less shall receive the full amount for which they are eligible if they provide a cash match of \$0.41 per capita or more.
- State funding shall be used to provide only essential minimum services necessary to operate the system, as defined by EMSA.
- No multicounty EMS agency shall receive both federal and state funds in the same fiscal year for the same purpose.
- Each multicounty EMS agency shall be eligible to receive up to one-half of the total cost of a minimal system for that area, as defined by EMSA.

1.7 Requirement to Comply with Applicable Statute, Regulations, and Guidelines

Funding eligibility for multicounty EMS agencies under the State General Fund is contingent upon the multicounty EMS agency following all applicable state and federal statutes, regulations, and guidelines including but not limited to the following:

1. Each multicounty EMS agency requesting funding must have on file a current EMS Plan/annual update approved by EMSA.
2. Each multicounty EMS agency requesting funding must have on file with EMSA a current board approved EMS plan and annual updates (Section 1797.250 & 1797.254) that address all components of an EMS system as defined in Section 1797.103 of the Health and Safety Code.
3. Each multicounty EMS agency that has implemented a trauma care system must have submitted a trauma care system plan and annual updates to EMSA in compliance with Section 1797.257 and 1797.258 of the Health and Safety Code.
4. Each multicounty EMS agency that receives State General Fund support monies must be regularly providing to EMSA, data from 100% of

calls/providers that conforms to EMSA's California EMS Information System Standards and the California State EMS Data Set.

5. Each multicounty EMS agency must be providing coordination of local medical and hospital disaster preparedness and response activities in cooperation with EMSA and other local, state, and federal entities, in compliance with Section 1797.151 of the Health and Safety Code.

Funding will be withheld by EMSA if multicounty EMS agencies do not comply with these requirements.

1.8 Requirements for Delegation of Functions

To be eligible to receive State General Funds, a multicounty EMS agency must be designated as an EMS agency by its member counties and responsible for all local EMS agency functions identified within Section 1797.200 and all aspects of Section 1797.103 of Division 2.5 of the Health and Safety Code, including those listed below:

SECTION	TOPIC
1797.103	System Guidelines
1797.200	Designation of Entity as the LEMSA
1797.202	Medical Director Appointment
1797.204	Planning, Implementing and Evaluating the EMS System
1797.206	Implementation of ALS/LALS systems. Monitoring Training Programs
1797.208	Training Program Approval
1797.210	Certification of Personnel
1797.212	Establish Certification Fees
1797.214	Additional Training/Qualifications
1797.218	Authorizing ALS/LALS Programs
1797.220	Medical Control Policies and Procedures
1797.221	Trial Studies
1797.224	Exclusive Operating Areas
1797.227	Data System Requirements
1797.250	Development and Submission of EMS System Plan
1797.252	Coordinate and Facilitate EMS System Development
SECTION	TOPIC
1797.254	Development and Submittal of EMS Plan
1797.256	Review of EMS Grants

1797.257 & 1797.258	Submittal of Trauma Plan
1798.0	Medical Control
1798.2	Base Hospital Policies and Procedures
1798.3	Alternative Base Stations
1798.100	Designation of Base Hospitals/Alternative Bases
1798.101	Rural Base Hospitals and Receiving Facilities
1798.105	Approval of Alternative Base Station
1798.162 - .166	Regional Trauma Systems
1798.170	Triage and Transfer Protocols
1798.172	Transfer Agreement Guidelines and Standards
1798.200	Certificate Review Process
1798.201	Local EMS Agency evaluation and recommendation for disciplinary action against an EMT-P
1798.202	Suspension of an EMT-P License
1798.205	Violations of Transfer Guidelines, Protocols or Agreements
1798.209	The Local EMS Agency may revoke, suspend, or place on probation the approval of a training program

1.9 Other Factors

In addition to meeting the essential eligibility criteria, the following factors will be evaluated:

- composition of local funding match, i.e., cash vs. direct in-kind; degree to which cash match by member counties exceeds user fees or one-time grants;
- involvement of providers in local match;
- organizational/administrative structure and fiscal management;
- the appropriateness of the agency budget and evidence of system efficiency and effectiveness; and
- history of successful performance under previous contracts.

1.10 Definitions

Regional EMS System: A regional EMS system is an entity of multiple single county and/or multicounty EMS agencies integrated for planning, organizing, implementing, and maintaining an effective and efficient emergency medical services system.

Multicounty EMS Agency: A multicounty EMS agency is an entity of three or more counties that serve rural areas that have extensive tourism; however, the

configuration may not fully achieve regionalization as an efficient emergency medical services system, as determined by EMSA. The agency must be designated by its member counties as the local EMS agency.

1.11 New Multicounty EMS Agencies

New multicounty EMS agencies with member counties previously part of a multicounty EMS agency or existing multicounty EMS agencies with an addition of one or more rural counties previously functioning as a single county EMS agency, may be eligible to receive a share of the available monies. At the discretion of EMSA, the formula for State General Fund allocation may be adjusted for new or re-configured multicounty EMS agencies to compensate for any reduction in funding to existing multicounty EMS agencies.

New multicounty EMS agencies with member counties previously designated as single county EMS agencies may receive a share of the available monies, at the discretion of EMSA, if additional funds to adequately support a new region have been allocated in the State Budget.

1.12 Changes in County Membership of a Region

EMSA will provide funding based on the number of member counties within a multicounty EMS agency as designated on July 1st of the fiscal year of the contract.

If a member county leaves a multicounty EMS agency during a fiscal year, EMSA may continue to maintain the funding level for the multicounty EMS agency losing the member county for the remainder of the contract year. Should an existing agency's county membership be reduced to less than three counties, they will no longer be eligible for State General Funding with the following exception; in the event an agency's membership is reduced to two counties, they may be eligible to continue to receive up to one year of funding in accordance with the current funding cycle.

Anytime that a multicounty EMS agency is approached by a member county of another EMS region to discuss moving their affiliation, the Director of the EMS agency shall advise the Director of the member county's current EMS agency. It is suggested that all multicounty EMS agencies ensure that there is a clause in their contracts with the counties that require a county that wishes to drop out of a region to give notice by **June 1 in the State Fiscal Year**, in order to opt out for the next one year cycle.

1.13 Allocation Methodology

EMSA determines the base allocations for the regions consistent with total available funding, respective agency workloads as determined by population and number of counties, other criteria, and historical considerations. The base

allocations are intended to ensure that the minimum required activities can be accomplished in proportion to local needs.

The funds are allocated utilizing the following formula:

- Each multicounty EMS agency receives a base constant of 3.0. (This is based on the average staffing levels from EMS staffing surveys for a single county with a population of 500,000 to 1,000,000). Each multicounty EMS agency with a population of 300,000 or less receives a base constant of 2.5.
- An additional .20 is added to the base for each 100,000 people served by the region. (The maximum population credit for any single county is 500,000).
- For each county within the system .60 is added to the agency's calculation.

Once these calculations are completed for each of the multicounty EMS agencies, they are totaled. Each agency's total is then divided by the sum total for all multicounty EMS agencies. The individual percentage is then applied to the total amount of general funds available. The result is the level of funding each agency may receive based on a dollar for dollar match, unless the multicounty EMS agency has special dispensation through budget language that does not require them to match dollar for dollar. If population and/or number of counties changes, the base allocation will be adjusted.

If one or more counties within a multicounty EMS agency are not in compliance with the eligibility/delegation requirements, the ineligible counties and their populations will be excluded from the formula calculations and financial contributions from those counties will not be counted as match. If funds remain available due to agencies not being eligible for their full allocation, the additional funds will be distributed to the remaining eligible agencies based on the allocation formula.

EMSA will annually notify each multicounty EMS agency in writing of its proposed funding for the coming fiscal year. Actual funding levels are subject to change based upon the final dollars allocated in the annual Budget Act.

1.14 Local Match Requirements

The language in the annual Budget Act requires that recipients of State General Fund local assistance dollars match "dollar for dollar" the annual amount received. Only **cash** and **direct in-kind** local support will be accepted as match for receipt of state local assistance allocations. In addition, no agency may receive more state money than they are able to match with local cash or direct in-kind support from the member counties.

Multicounty EMS agencies with a population of 300,000 or less shall receive the full amount for which they are eligible if they provide a cash match of \$0.41 per capita or more.

Cash Match: Cash match is income that is budgeted for the program which comes from a source other than federal funds. Fees received by the multicounty EMS agency for activities that duplicate state functions for which fees are collected will not be allowed as cash match.

Direct In-Kind: The following are the only **direct in-kind** contributions which will be allowed as match for receipt of state general funds.

- Directly related support functions (i.e., staff services provided by an individual or group outside the agency to fulfill a function assigned to the agency).
- Related salaries and benefits of outside staff assigned to and under the control of the agency.
- The donation of supplies, space, or equipment to the multicounty EMS agency.

1.15 Funding Restrictions

State general funds are provided to assist multicounty EMS agencies in meeting the requirements imposed upon them by the delegation of state law and regulations. The funds are not intended to provide direct patient services or to supplant local activities.

The Legislature has been specific in this regard. Budget language restricts the use of state general funds to "essential minimum services necessary to operate the system, as defined by the Authority." Minimum services are defined in sections of Division 2.5 of the Health and Safety Code, EMSA's regulations related to these sections, and by the minimum standards in the *EMS System Standards and Guidelines* that includes the eight system components identified in Section 1797.103 of the Health & Safety Code.

Chapter 2 - Application Preparation and Process

2.1 Application Process

In order to request the State General Fund assistance, each multicounty EMS agency must submit a State General Fund application to the EMSA Contracts Analyst by June 30th of each year. All applications must include the following items:

- Scope of Work
- Budget Categories
- Program Funding
- Budget Detail and Narrative
- Personnel Detail Form
- Organizational Chart

2.2 Scope of Work

Each application must include the responsibilities (Scope of Work) of the multicounty EMS agency as shown in Attachment A.

2.3 Budget

Each application must include a separate section titled "Budget". The proposed budget must show by line-item the proposed costs and resources needed for the operation of the multicounty EMS agency. An example of the budget item formats, including the Budget (Attachment D), Program Funding (Attachment E), Budget Detail and Narrative (Attachment F), and Sample Personnel Detail Form (Attachment G) are included as attachments.

2.4 Submission of Application

The application must include all the items in paragraph 2.1. An original application must be forwarded to EMSA in the US mail. It is also requested that an electronic copy be sent to the EMSA Contracts Analyst at lisa.vigil@emsa.ca.gov, and the EMSA EMS Plans Coordinator at lisa.galindo@emsa.ca.gov.

2.5 Contract Approval Process

Upon approval of the application by the EMSA Contracts Analyst and EMSA EMS Plans Coordinator, the EMSA Contracts Analyst will prepare the contract. One Standard Agreement package (Std. 213) with attached exhibits and four (4) single Std. 213s will be sent to the multicounty EMS agency for its review, approval, and signature. The four (4) copies returned to EMSA must have original signatures. Stamped replicas of signatures are not acceptable as original signatures. When the contract has been signed, the one (1) standard

agreement package along with the four (4) single Std. 213s must be returned to EMSA for signature. Proof of acceptance of funds (i.e., **resolution, order, motion, or ordinance of the local governing body**) must be sent along with the signed originals of the contract.

Chapter 3 - Allowable Costs

3.1 General

This chapter sets forth basic principles for determining allowable costs. The application of these principles is based on the following premises:

- Multicounty EMS agencies are responsible for efficient and effective administration of the system through the application of sound management practices; and,
- Expenditures are consistent with objectives identified in the contract.

Only those budgeted costs identified in the contract that appear in the contractor's accounting records and are supported by proper source documentation are eligible for reimbursement.

State general funds are provided on a reimbursement basis after the expense has been incurred and upon submission of a reimbursement claim.

Costs incurred under one state contract shall not be shifted to another state contract.

3.2 Eligibility Requirements

To be eligible for reimbursement under the State General Fund, costs must meet the following criteria:

- Be necessary and reasonable for proper and efficient administration of essential EMS system requirements.
- Be permissible under state and local laws and regulations and conform to any limitations or exclusions set forth in these principles.
- Not be allocable to, or included as a cost of, any other state or federally financed program.
- Be reduced by any “applicable credits”, such as purchase discounts, rebates, allowances, overpayments, or erroneous charges.
- Not result in a profit or other increment to the applicant agency.
- Be incurred on or after the effective date of the contract and on or before the last day of the contract termination date.

3.3 Administrative/Indirect Costs

Each multicounty EMS agency receiving State General Fund assistance will be allowed to claim a maximum of 10% Administrative/Indirect Cost of the total direct costs. Each multicounty EMS agency claiming 10% Administrative/Indirect Costs must list all items included in the Administrative/Indirect Cost line item.

3.4 Allowable Costs

This section contains an alphabetical list of typical costs that are generally eligible for reimbursement. This list is not meant to be all inclusive. All allowable costs must be directly related to achieving the objectives in the contract and must be explained in the budget detail and narrative. Specific information concerning allowable costs may be obtained by contacting the EMS Plans Coordinator at EMSA.

Accounting

The cost of establishing and maintaining accounting systems required for the management of a contract is allowable. The cost of preparing payroll and maintaining necessary related wage records is allowable. Costs for the recruitment, examination, certification, classification, training, establishment of pay standards, and related activities for the contract is allowable.

Advertising

Advertising costs are allowable for recruitment of personnel required for the contract, solicitation of bids for the procurement of services required, or for other purposes specifically provided for in the contract agreement.

Budgeting

Costs incurred for the development, preparation, presentation, and execution of the application budget are allowable.

Communications

Communications costs incurred for telephone calls, mail, messenger service, and similar expenses are allowable.

Employee Benefits

Employee benefits in the form of regular compensation paid to employees during periods of authorized absences from the job such as vacations, sick leave, court leave, military leave, and similar absences are allowable provided they are pursuant to an approved leave system. Employee benefits in the form of employer's contributions to social security, life and health insurance plans, unemployment insurance coverage, workmen's compensation insurance, pension plans, severance pay, and the like are also allowable.

The total employee benefits may not exceed 37% of salaries.

Example:	Retirement	12.65%
	Health	8.65%
	Workers Comp.	3.74%
	OASDI	7.20%
	Dental	1.52%
	Life Insurance	3.24%
Total		37.00%

Employee Salaries

Employee salaries for services rendered during the period of performance under the contract agreement are allowable provided that the cost for individual employees is reasonable for the services rendered. Identify the monthly, weekly, or hourly rates, and personnel classifications together with the percentage of personnel time to be charged to the contract.

Note: The costs to be paid by State General Fund multicounty EMS agency funds for portions of a specific position, when added to costs for portions of the same position to be paid by federal block grant special project funds, or included in the local match, may not exceed 100% of the total cost of the position.

Equipment

Equipment is defined as one item costing \$5,000 or more. Only the cost of equipment necessary to administer the multicounty EMS agency is allowable. All equipment meeting this definition and purchased with the State General Fund money must be reported to EMSA.

The contractor shall maintain an inventory record for each piece of non-expendable equipment purchased with funds provided under the terms of the contract. The inventory record of each piece of such equipment shall include the date acquired, total cost, serial number, model identification (on purchased equipment), and any other information or description necessary to identify said equipment.

Note: All equipment purchased with funds received through this contract shall become the property of the State of California and must be tracked and inventoried.

Legal Expenses

Legal expenses required in the administration of the region are allowable. Legal expenses for the prosecution of claims against the applicant agency, the state, or the Federal Government are not allowable.

Maintenance and Repairs

The costs for utilities, insurance, security, janitorial services, elevator service, upkeep of grounds, necessary maintenance, and normal repairs are allowable to the extent that they:

- keep property (including Federal property, unless otherwise provided for) in an efficient operating condition
- are not otherwise included in rental or other charges of space.

Materials and Supplies

The cost of necessary materials and supplies is allowable. Purchases should be charged at their actual cost after deducting all cash discounts, trade discounts, rebates, and allowances received. Withdrawals from general stores or stockrooms should be charged at cost under any recognized method of pricing, consistently applied.

Items of equipment with a cost of less than \$5,000 are considered to be supplies for billing purposes and are allowable. However, all computer components, and other durable items such as copy machines, furniture, etc., purchased with funds received through this contract shall become the property of the State of California and will need to be tracked and inventoried. Such items may not be transferred for use by another department of local government or be disposed of without written approval of EMSA.

Memberships, Subscriptions, and Professional Activities

The cost of membership in civic, business, technical and professional organizations is allowable provided:

- the benefit from the membership is directly related to the administration of the multicounty EMS agency
- the expenditure is for agency membership
- the cost of the membership is reasonably related to the value of the services or benefits received
- the expenditure is not for membership in an organization that devotes a substantial part of its activities to influence legislation
- the expenditure is identified in the budget.

The costs of meeting and conference rooms are allowable only when directly related to the administration of the multicounty EMS agency and the expenditure is identified in the budget.

The costs of books and subscriptions to business, professional and technical periodicals are allowable when they are directly related to the administration of the multicounty EMS agency.

Motor Pools

The cost for the provision of a county automobile for use directly for the administration of the multicounty EMS agency by the applicant agency at a mileage or fixed rate, including vehicle maintenance inspection and repair service, is allowable.

Printing and Reproduction

The costs of necessary printing and reproduction services obtained directly for the benefit of the multicounty EMS agency, including forms, reports, manuals, and similar informational literature, are allowable.

Professional Services (Consultants)

The costs for professional services rendered by individuals or organizations not a part of the applicant agency are allowable when reasonable in relation to the services rendered and may not exceed 25% of the total contract amount. **All consultant services contracts over \$2,500 must have advance approval by EMSA.** All expenses incurred by the consultant shall be included in the Contractual Line Item and shall not be made a part of any other line item in any of the budget pages.

Space (Rental)

Rental reimbursement items should specify the unit rate, such as the rate per square foot. The cost of space in privately or publicly owned buildings used specifically for the benefit of the contract is allowable subject to the following conditions:

- the total cost of space whether in a privately or publicly owned building, may not exceed the rental cost of comparable space and facilities in a privately owned building in the same locality
- the cost of space procured for the contract may not be charged for periods of non-occupancy
- maintenance and operation - the cost of utilities, insurance, security, janitorial services, elevator service, upkeep of grounds and normal repairs are allowable to the extent they are not otherwise included in rental or other charges for space
- costs incurred for rearrangement and alteration of facilities are not allowable.

Training

The cost of in-service training provided for employee development that directly benefits the multicounty EMS agency is allowable.

Travel

All traveling expense and per diem reimbursement rates shall be set in accordance with the rates of the California Department of Human Resources (CalHR) at the time of travel. All travel costs are based on California Department of Human Resources maximum reimbursement rates. Reimbursable rates can be found at: <http://www.calhr.ca.gov/employees/Pages/travel-reimbursements.aspx>.

Travel costs are allowable for transportation, lodging, subsistence, and related items incurred by agency employees who are traveling on official business directly related to the administration of the multicounty EMS agency.

Transportation expenses consist of the charges for commercial carrier fares; private car mileage allowances; overnight and day parking; bridge and road tolls; necessary bus or taxi fares; and all other charges essential to transport the individual between their headquarters and the location of the directly related official business.

3.5 Unallowable Costs

The following are costs that are not eligible for reimbursement under the State General Fund. This is not meant to be an all-inclusive list. Specific information concerning these or other allowable costs may be obtained by contacting the EMS Plans Coordinator at EMSA.

Accounting

The cost of maintaining central accounting records required for overall state or local government purposes, such as appropriation and fund accounts by the treasurer, controller, or similar officials is considered to be a general expense of government, and is not allowable except to the extent, if any, that acceptance of the contract directly increases their administration of the multicounty EMS agencies.

Alcoholic beverages

Costs of alcoholic beverages are not allowable.

Audits (General)

Expenses for general audits that a local EMS agency or county is required to perform that are not related directly to the administration of the multicounty EMS agency are not allowable.

Bad debts

Losses arising from uncollectible accounts and other claims, and related costs are not allowable.

Contingencies

Contributions to a contingency reserve or any similar provision, excluding insurance costs for unforeseen events are not allowable.

Contributions and donations

Contributions and donations, including cash, property, and services, by governmental units to others, regardless of the recipient, are not allowable.

Entertainment

Costs for entertainment, including amusement, diversion, and social activities and any costs directly associated with such costs (such as tickets to shows or sports events, meals, lodging, rentals, transportation, and gratuities) are not allowable.

Fines and penalties

Costs resulting from violations of, or failure to comply with, federal, state, and local laws and regulations are not allowable.

Food and Beverages

Costs of food and beverages for meetings are not allowable.

Fund raising and investment management costs

Costs for organized fund raising, including financial campaigns, solicitation of gifts and bequests, and similar expenses incurred to raise capital or obtain contributions are not allowable.

Costs for investment counsel and staff and similar expenses incurred to enhance income from investments are not allowable.

General Government Expense

The salaries and expenses of the office of the Governor or the chief executive of a political subdivision are not allowable.

Honoraria

Honoraria for guest speakers are not allowable.

Interest

Costs incurred for interest on borrowed capital or the use of a governmental unit's own funds, however represented, are not allowable.

Legislative Expense

Salaries and other expenses of State legislatures or similar local governmental bodies such as county supervisors, city council, school boards, etc., are not allowable.

Staffing Costs

State General Fund money may not be used to support any staff position, or the portion thereof, that is identified as a local match for those funds.

Chapter 4 - Implementation and Control of Approved Contracts

4.1 Effective Date

The Standard Agreement (Std. 213) will show a start and end date of the contract, which is called the contract period or term of agreement. Claims for reimbursement may be made only for funds expended during the contract period. No reimbursement will be provided for expenses incurred prior to the start date or after the end date of the contract.

4.2 Contract Amendments

Multicounty EMS agencies may make minor adjustments in the budget (State or Local Funds) without prior authorizations, however, the amount of total adjustments cannot exceed \$2,000 for the period of the contract and the total budget authorized cannot be exceeded. A copy of the revised budget should be submitted to EMSA for their records.

If the multicounty EMS agency wishes to make a budget revision that exceeds \$2,000 (State or Local Funds), the multicounty EMS agency must submit a written request with an explanation of the need to the EMS Plans Coordinator, and submit all revised pages effective by the revision(s) that specifically identifies all the line item(s) changes within the budget. The EMS Plans Coordinator will review the request to ensure that approving the request will allow for the contract objectives to be met. EMSA must approve such revisions in writing prior to their implementation. Contract amendments for any changes to the objectives must also be approved in advance and are subject to the contract amendment process. Multicounty EMS agencies requesting amendments to their contract(s) must submit all revised pages with a justification to EMSA thirty (30) days prior to the effective date of the change(s).

Note: Under no circumstance will the contract be amended after the contract termination date.

4.3 EMSA Responsibility

EMSA has the responsibility and authority to review and evaluate the activities paid for under each contract as deemed necessary. Such review and evaluation will be made for the purpose of assisting the applicant agency to understand and comply with the requirements and to gain maximum benefits from the funds expended.

EMSA's EMS Plans Coordinator and Contracts Analyst both have the responsibility of recommending to the Director of EMSA the cancellation of any contract that is not being implemented in accordance with applicable state laws or pursuant to the terms of the signed Standard Agreement.

Any questions regarding the contract, including but not limited to: Budget Revisions, Invoices, Contract Advance Payments, and Reports, shall be directed to the attention of the Contracts Analyst for EMSA.

4.4 Withholding, Termination and/or Denial of General Funds

Ten percent (10%) of the contract total may be held until the contract is completed, all reports are submitted, and all products have been delivered and approved by EMSA.

EMSA may terminate any contract prior to the contract termination date if the policies established in this document or pursuant to the terms of the signed contract are not being followed. A contract may be terminated at any time for breach and EMSA may also terminate unilaterally and without cause upon thirty (30) working days written notice to the Contractor. Payment for allowable costs up to the date of termination will be subject to negotiation, based on the amount determined by a review of the expenditure records. The contract may be canceled at any time by either party, by giving thirty (30) days advance written notice to the other party.

A multicounty EMS agency may appeal a decision by EMSA to terminate a contract. The multicounty EMS agency must file with EMSA, a full and complete written statement specifying the grounds for the appeal within thirty (30) days of notification to terminate. The Director will review all information submitted with regards to the appeal and render a written decision within thirty (30) working days. The decision of the Director of EMSA shall be final.

4.5 Termination Requested by the Contractor

Upon written request of the contractor and prior review by EMSA, a contract may be terminated without prejudice when the agency finds it is unable to continue for justified reasons beyond its control. In such circumstances, the maximum reimbursement of claimed costs to the date of termination is limited to the negotiated amount determined to be allowable by a review of the expenditure records.

4.6 Close out of Contracts

Approximately one (1) month before the end of the contract EMSA's Contracts Analyst will notify the multicounty EMS Agency Administrator that the contract will be ending within thirty (30) days. This is a reminder of the final date of the contract and the due date of the final report and final reimbursement claim.

4.7 Funding Availability

If during the term of the contract award, state funds are reduced or eliminated, EMSA may immediately terminate or reduce the contract award upon written notice to the multicounty EMS agency administrator.

Chapter 5 - Fiscal Requirements

5.1 General

It is the multicounty EMS agency's responsibility to ensure that all costs of the contract are entered into the agency's accounting system, and that procedures are established and source documents developed that will reliably account for the funds expended.

The applicant agency is required to maintain detailed source documents covering all costs charged to the contract. These documents provide the source of entries into the accounting records and support costs reported on each reimbursement claim presented to EMSA.

The applicant agency is required to adhere to established standards and requirements governing the utilization and disposition of property (equipment) acquired wholly or in part by general funds. The multicounty EMS agencies may use their own property management procedures as long as the provisions of the property management section of this document are also adhered to. All contract transactions are subject to audit. Failure to comply with the audit provisions of this section may result in audit exceptions and subsequent recovery of funds. (See Section 6.1 - Audit Requirements)

5.2 Accounting Records

Any accounting system may be used as long as it conforms to generally accepted accounting principles. In general, this means that the existing accounting system of a political subdivision or the local EMS agency may be used.

It is preferable that the contract expenditures are recorded directly in special contract accounts, but they may be recorded in regular accounts provided an audit trail exists. A complete list of expenditures must be maintained to facilitate an audit of contract expenditures and preparation of claims for reimbursement. Special job numbers or work activity codes should be established to segregate and record labor costs if an agency employee is paid from more than one funding source.

5.3 Acceptable Source Documents

Personnel Costs

- Payrolls must be on file for salary information. Labor charged to the contract **must** be supported by individual daily time cards or a functional time sheet (Attachment I).
- In some instances, working hours are recorded by exception; i.e., only

vacation, sick leave, jury duty, etc., hours are recorded. In such cases, special additional documentation or worksheets shall be kept to support time chargeable to the contract.

- Contract work time must be certified for each individual by a supervisor. Such work time certifications should be promptly forwarded to the accounting or payroll unit to determine labor cost chargeable to the contract and subsequently entered into agency accounting records.
- All time sheets (whether exception or actual time) must be signed by the employee and certified by the employee's supervisor.
- Employee benefits must be supported by formally established and approved pay rates, reflecting personnel policies and procedures of the funded entity or generally accepted practices within budgetary allotments.

Travel Expenses

- Travel expenses must be supported by reimbursement voucher for each individual traveling on the contract. When the contract budget includes travel outside the State of California, the contract director/administrator must notify EMSA in writing and obtain approval **in advance** for each trip.
- Expenses for transportation in agency-owned vehicles must be supported by records showing where, when, and by whom used and miles involved. Cost records must show how the mileage rate or other unit costs were developed. Car rentals from public or private agencies must be supported by proper invoices.

For further information regarding allowable travel reimbursement expenses, see Section 3.4 - Allowable Costs.

Professional Service Costs (Consultants)

- Expenses for labor or services provided by private firms, individuals or other agencies must be supported by an approved and properly executed contractual agreement or interagency agreement. Such agreements must indicate the term, scope of work, and anticipated product or outcome if applicable, and identify the monthly, weekly, or hourly rate of all consultants to be incurred under the contract.
- Reimbursement must be supported by itemized invoices in accordance with the terms and budget of the contract.
- All items of expense for consultants (including travel, etc.) are to be included in the contractual line item.

Equipment

An inventory of all office furnishings and equipment purchased with general funds must be maintained in the local EMS agency's files. All equipment purchased with funds received through a contract shall become the property of the State of California.

Note: Equipment is defined as one (1) item costing \$5,000.00 or more.

Other Direct Costs

All other direct costs must be supported by purchase orders or other original documents signed by the proper authority. Receipt of such items must be supported by properly signed and dated delivery slips or invoices.

Cost of all items and services obtained from existing county supplies for use by the multicounty EMS agency must be supported by local request, letter, memorandum or other original document signed by proper authority.

A rental or lease agreement must be maintained in the contract files for all items or facilities obtained and paid for in this manner. Proper billings for usage must also be on file.

Operational costs for a building used solely by the multicounty EMS agency may be reimbursed on the basis of actual costs of utilities, maintenance, repairs and other applicable costs. Partial usage requires that such costs be computed on the basis of square footage. Documentation must be available to support the computation.

Source Document Retention Period

The applicant agency must retain all contract source documents and make them available for State and Federal audit for a period of three years following date of the final reimbursement of multicounty EMS agency expenditures. If audit findings have not been resolved, records shall be retained until the audit findings are resolved.

Property Management

The applicant agency is accountable for all tangible property during the term of the contract and for all non-expendable property throughout its useful life. The applicant agency must ensure that adequate controls are provided to safeguard property in its possession and that any such property loss or theft is promptly reported to EMSA.

Property must be maintained in good working condition and may not be conveyed, sold or transferred without approval of EMSA. The agency must maintain updated inventory and location records which will include all property purchased during the funding period.

Intellectual Property Rights

EMSA shall jointly own all rights, title and interest in and to any software, source code, documentation, and any other products developed and created by the

contractor and subcontractor(s) utilizing State General Fund monies from the date such software, source code, documentation, and other products are conceived, created or fixed in a tangible medium, as part of a contract.

Data developed under this contract shall become the joint property of EMSA and the multicounty EMS agency.

During and after the term of the Contract, contractor and subcontractor(s) will not use, disclose or otherwise permit any person or entity access to any of the Confidential Information and Materials. Contractor and subcontractor(s) understand that contractor and subcontractor(s) are not allowed to sell, license or otherwise exploit any products or services (including software in any form) which embody in whole or in part any Confidential Information and Materials.

Upon termination of the Contract for any reason whatsoever, contractor (Local EMS Agency) and subcontractor(s) will deliver to EMSA all tangible materials pertaining to the contract including but not limited to, any documentation (manuals, tutorials, or system administration documents), records, listings, notes, data, sketches, drawings, memoranda, models, accounts, reference materials, samples, machine-readable media, source code, passwords, or electronic files needed to access software or code, and equipment which in any way relate to the contract. Contractor and subcontractor(s) agree not to retain any copies of any of the above materials.

Chapter 6 - Audit Requirements

6.1 Audit Requirements

It is the responsibility of the multicounty EMS agency to ensure that acceptable documentation is maintained and made available to support all the multicounty EMS agency charges. Internal reviews should be conducted periodically to ensure compliance with contract provisions and budget and to determine that all claims for reimbursement are properly supported.

Fiscal monitoring consists of the following:

- Maintenance of proper records of the multicounty EMS agency costs.
- Up-to-date recording of claimed expenses into the accounting system so that such expenses can be traced to the original records.
- Awareness of all applicable laws, rules and regulations governing contracts with EMSA.
- Maintenance of an adequate property control system.

Each multicounty EMS agency assistance contract shall have an annual financial audit conducted by an independent or county auditor. The final audit shall determine that:

- All costs incurred have been in accordance with the contract and pertinent State guidelines.
- Proper accounting records have been maintained for the administration of the multicounty EMS agency and source documents have been filed.
- All reimbursements have been proper and reflect actual and allowable costs.
- Physical inventory has been taken.
- Provisions have been made to retain source documents supporting costs incurred for at least three years after the applicant agency has received final payment or until any audit exceptions are resolved.

6.2 Audit Schedules

Audits of contract records may be conducted by State auditors as circumstances warrant. Additional audits may be conducted at the option of the State government. It is the responsibility of the multicounty EMS agency to arrange, conduct and report a satisfactory final audit.

6.3 Distribution of Audit Reports

Final Audit reports will be distributed as follows:

Original - State Controller's Office

6.4 EMSA Monitoring and Site Visits

EMSA staff will monitor the multicounty EMS agency records and program performance on a quarterly basis. EMSA, at its discretion, may conduct periodic site visits to review administrative documentation and any product produced under the terms of the contract. These visits will be aimed at assisting the multicounty EMS agencies in administering their programs and contract(s). Critical discrepancies discovered during a site visit may be addressed by requiring the multicounty EMS agency to develop a corrective action plan to be submitted to EMSA for review and approval. Past performance will be an important evaluation criteria used in reviewing future applications for funding.

EMSA staff will periodically select one (1) multicounty EMS agency for an in depth review. EMSA staff may also review any multicounty EMS agency with which EMSA has a concern regarding the appropriateness of expenditures or other issues.

Chapter 7 - Quarterly Reports

7.1 General

Quarterly Reports shall be submitted by the multicounty EMS agency to EMSA in accordance with Division 2.5, Chapter 3, Article 1, Section 1797.108 of the California Health and Safety Code and the provisions of this chapter. Quarterly Reports are required to provide the multicounty EMS agency and EMSA with an evaluation of the progress that is being made towards meeting the system components identified in Section 7.3 below.

7.2 Quarterly Reports Submission

Quarterly Reports are due to EMSA, EMS Plans Coordinator, as follows:

Quarter	Due Date
1 st (July – September)	October 15 th
2 nd (October – December)	January 15 th
3 rd (January – March)	April 15 th
4 th (April – June)	August 1 st

Note: Claims for reimbursement will only be considered for payment when Quarterly Reports have been received.

7.3 Quarterly Report Requirements

Quarterly reports (Attachments B and C) must be in the format prescribed EMSA, and must include a summary of the activities that have taken place during the quarter in meeting each of the following components:

1. System Organization and Management
2. Staffing and Training
3. Communications
4. Response and Transportation
5. Facilities and Critical Care
6. Data Collection and System Evaluation
7. Public Information and Education
8. Disaster Medical Response

Chapter 8 - Preparation of Reimbursement Claims

8.1 Invoice Requirements

All invoices for reimbursement of contract expenditures should be prepared under the direction of the agency accountant directly from costs recorded in the accounting system. This will ensure proper accounting for reimbursements when received by the agency.

Agency invoices for reimbursement must be in the format prescribed by EMSA. A sample invoice (Attachment H) in the required format is attached. Invoices must include the following information:

- Agreement Number
- Invoice Number
- Bill To Address
- Remittance Address
- The exact period for which reimbursement is being requested.
- The exact expenditures, as debited to the agency's accounting system, during the period for which reimbursement is being requested shown by fund source (state and matching funds) and budget category.
- The following statement: "I certify that this claim is in all respects true, correct, supportable by available documentation and in compliance with all terms, conditions, laws, and regulations governing its payment."
- A signature block and original signature in ink of an authorized representative of the multicounty EMS agency.

Invoices should reflect state and local contract amount. The invoice must show the total state and local contract budget, all state and local funds expended during the reporting period, all state and local expenditures to date, and the remaining balance of the contract for state and local funds.

Claims must be submitted at least quarterly (within 60 days of the end of each quarter). Due to the limited time in which State General Fund money must be encumbered and paid, failure to submit a claim within the 60 days may result in termination of the contract and reallocation of the State General Funds to another multicounty EMS agency.

Final invoices must be submitted no later than 60 days after the end date of the contract.

Claims received in proper order are scheduled with the State Controller's Office within forty-five (45) days of their receipt by EMSA. During peak processing periods of the month (e.g., around the 1st and 15th), processing time in the State Controller's Office may take longer. Local EMS agencies are advised to submit their invoices at non-peak processing times to ensure a timely reimbursement.

8.2 Advance Payment

Pursuant to Health and Safety Code Section 1797.110, and upon request of the contractor, the state may pay in advance up to twenty-five percent (25%) of the total annual contract amount awarded. Any multicounty EMS agency requesting a twenty-five percent (25%) advance will be required to certify that the multicounty EMS agency does not have the funds to proceed with the contract without the advance. The request must include the following documents and must be submitted concurrently* with the Agency's original signed contract:

- A cover letter that states the multicounty EMS agency does not have the funds to proceed with the contract without the advance.
- An invoice that reflects the state and local contract amount, and the advance amount requested. A sample invoice (Attachment H) in the required format is attached.

*** Note: The advance cannot be processed for payment until the contract becomes fully executed.**

Any multicounty EMS agency receiving an advance will be required to submit claims on a quarterly or monthly basis and are required to list all items for which the twenty-five percent (25%) advance is expended.

Chapter 9 - Contract Evaluations

9.1 Contract Evaluations

EMSA will evaluate the success of contracts completed during the prior State Fiscal Year. An evaluation will be completed and filed for each multicounty EMS agency. The EMS Plans Coordinator will consult with the multicounty EMS agency during the evaluation. Upon request, a summary of the evaluation results will be given to the multicounty EMS agency.

Multicounty EMS Agency Objectives

Include a detailed description of work to be performed and duties of all parties.

1st THROUGH 4th QUARTER TASK REPORTING

Component 1 - System Organization and Management

Objective - To develop and maintain an effective management system to meet the emergency medical needs and expectations of the total population served.

Tasks: The responsibilities of the EMS agency, at a minimum, include:

- Staff development, training, and, management
- Allocating and maintaining office space, office equipment, and office supplies
- Executing and maintaining contracts with member counties, service providers, consultants, and contractual staff
- Attending or participating in a minimum of 3 EMSA/LEMSA meetings annually (following advance notice and reasonable justification provided by the LEMSA, EMSA will make a determination on the flexibility of the attendance requirement on a case-by-case basis, and in the event the quarterly EMSA/LEMSA meeting is canceled, attendance at the meeting will not be counted for/against the LEMSA)

Component 2 - Staffing and Training

Objective - To ensure LEMSA authorized personnel functioning within the EMS system are properly trained, licensed/certified/authorized and/or accredited to safely provide medical care to the public.

Tasks: The responsibilities of the EMS agency, at a minimum, include:

- Ongoing assessment of local training program needs
- Authorizing and approving training programs and curriculum for all certification levels
- Providing training programs and classes as needed
- Providing ongoing certification/authorization/accreditation or personnel approval of local scope of practice for all certification levels
- Developing and maintaining treatment protocols for all certification levels
- Maintaining communication link with Quality Improvement program to assess performance of field personnel

- Conducting investigations and taking action against certification when indicated
- Authorizing, maintaining, and evaluating EMS continuing education programs

Component 3 - Communications

Objective - To develop and maintain an effective communications system that meets the needs of the EMS system.

Tasks: The responsibilities of the EMS agency, at a minimum, include:

- On-going assessment of communications status and needs
- Assuring appropriate maintenance of EMS related communications systems
- Approving ambulance dispatch centers
- Providing acceptable procedures and communications for the purpose of dispatch and on-line medical control
- Approving emergency medical dispatch (EMD) training and/or operational programs

Component 4 - Response and Transportation

Objective - To develop and maintain an effective EMS response and ambulance transportation system that meets the needs of the population served.

Tasks: The responsibilities of the EMS agency, at a minimum, include:

- Designating EMS responders including first responders, Limited Advanced Life Support (LALS)/Advanced Life Support (ALS) providers, ambulance providers, and Prehospital EMS Aircraft providers
- Monitoring local ordinances related to EMS
- Establishing policies and procedures to the system for the transportation of patients to trauma centers and/or specialty care hospitals as needed
- Implementing and maintaining contracts with providers
- Creating exclusive operating areas
- Inspecting ambulance or LALS/ALS providers
- Developing and enforcing performance standards as needed

Component 5 - Facilities and Critical Care

Objective - To establish and/or identify appropriate facilities to provide for the standards and care required by a dynamic EMS patient care delivery system.

Tasks: The responsibilities of the EMS agency, at a minimum, include:

- Designating base hospital(s) or alternate base stations for on-line medical control and direction

- Identifying ambulance receiving centers including hospitals and alternative receiving facilities in rural areas
- Identifying and designating, as needed, trauma centers and other specialty care facilities
- Periodically assessing trauma system and plan as needed
- Coordinating trauma patients to appropriate trauma center(s) or approved receiving hospitals
- Periodically assessing hospitals (e.g., pediatric critical care centers, emergency departments approved for pediatrics, other specialty care centers)
- Completing hospital closure impact reports

Component 6 - Data Collection and System Evaluation

Objective - To provide for appropriate system evaluation through the use of quality data collection and other methods to improve system performance and evaluation.

Tasks: The responsibilities of the EMS agency, at a minimum, include:

- Reviewing reportable incidents
- Reviewing prehospital care reports including Automated External Defibrillators (AED) reports
- Processing and investigating quality assurance/improvement incident reports
- Monitoring and reporting on EMS System Core Measures by March 31st each year, and acknowledging completion of the monitoring and reporting as of March 31st each year
- Providing data to CEMSIS monthly
- Implementing Health and Safety Code Section 1797.227, including providing data using the current versions of NEMSIS and CEMSIS standards from Electronic Health Records (EHR)
- Engaging healthcare partners and Health Information Organizations in your jurisdiction in discussions and planning efforts to integrate EMS into developing health information exchange networks according to the models being developed under the ONC grant

Component 7 - Public Information and Education

Objective - To provide programs to establish an awareness of the EMS system, how to access and use the system and provide programs to train members of the public in first-aid and CPR.

Tasks: The responsibilities of the EMS agency, at a minimum, include:

- Information and/or access to CPR and first-aid courses taught within the EMS system

- Involvement in public service announcements involving prevention or EMS related issues
- Availability of information to assist the population in catastrophic events, as appropriate
- Participating in public speaking events and representing the EMS Agency during news events and incidents
- Seeking opportunities to collaborate with key partners, including local public health and other community organizations, to promote healthcare and injury prevention activities

Component 8 - Disaster Medical Response

Objective - To collaborate with the Office of Emergency Services, Public Health and EMS responders in the preparedness and response of the region's EMS systems in the event of a disaster or catastrophic event within the regions or a neighboring jurisdiction.

Tasks: The responsibilities of the EMS agency, at a minimum, include:

- Participating in disaster planning and drills as needed
- Identifying disaster preparedness needs
- Coordinating the operational area disaster medical/health coordinator
- Coordinating the regional disaster medical/health coordinator system
- Developing policies and procedures for EMS personnel in response to a multi-casualty or disaster incident
- Facilitating mutual aid agreements
- Collaborating with all EMS personnel on training of incident command and Standardized Emergency Management System (SEMS)

4th QUARTER SUPPLEMENTAL DATA REPORTING

Component 1 - System Organization and Management

Objective - To develop and maintain an effective management system to meet the emergency medical needs and expectations of the total population served.

Workload Indicators:

- Total static population served (Determined by DOF estimates)
- Total annual tourism population (Determined by identified sources)
- Number of counties
- Geographic size of region (in square miles)

Component 2 - Staffing and Training

Objective - To ensure LEMSA authorized personnel functioning within the EMS system are properly trained, licensed/certified/authorized and/or accredited to safely provide medical care to the public.

Workload Indicators:

- Total number of personnel certified/authorized/accredited by EMS agency
- Total number and type of training programs approved by EMS agency
- Total number and type of training programs conducted by EMS agency
- Total number of continuing education providers authorized by EMS agency

Component 3 - Communications

Objective - To develop and maintain an effective communications system that meets the needs of the EMS system.

Workload Indicators:

- Total number of primary and secondary Public Safety Answering Points
- Total number of EMS responses
- Total number of EMD training programs approved by EMS agency
- Total number and type of EMD programs authorized by EMS agency

Component 4 - Response and Transportation

Objective - To develop and maintain an effective EMS response and ambulance transportation system that meets the needs of the population served.

Workload Indicators:

- Total ambulance response vehicles
- Total first responder agencies
- Total patients transported
- Total patients not transported (e.g., treated and released, total dry runs)
- Total number of LALS/ALS providers authorized by EMS agency
- Total number of transport providers in region

Component 5 - Facilities and Critical Care

Objective - To establish and/or identify appropriate facilities to provide for the standards and care required by a dynamic EMS patient care delivery system.

Workload Indicators:

- Total patients received
- Total number of hospitals designated by EMS agency (e.g., base, receiving, trauma, specialty centers, etc.)

Component 6 - Data Collection and System Evaluation

Objective - To provide for appropriate system evaluation through the use of quality data collection and other methods to improve system performance and evaluation.

Workload Indicators:

- Total patient care reports generated
- Total trauma patients
- Total cardiac patients
- Total medical patients
- Total pediatric patients
- Total number of situational/unusual occurrence reports processed by EMS agency

Component 7 - Public Information and Education

Objective - To provide programs to establish an awareness of the EMS system, how to access and use the system and provide programs to train members of the public in first-aid and CPR.

Workload Indicators:

- Total number of public information and education courses approved by EMS agency
- Total number of public information and education courses conducted by EMS agency
- Total number of public information and education events involving EMS agency

Component 8 - Disaster Medical Response

Objective - To collaborate with the Office of Emergency Services, Public Health and EMS responders in the preparedness and response of the region's EMS systems in the event of a disaster or catastrophic event within the regions or a neighboring jurisdiction.

Workload Indicators:

- Total number of Disaster/Multiple Casualty Incident (MCI) Responses (response with 5 or more victims)
- Total number of disaster drills involving staff
- Total disaster-related meetings attended by staff

PERFORMANCE EVALUATION

There will be periodic assessments of the EMS Agency's performance by EMSA.

ATTACHMENT B – 1st-4th Quarter Task Report

Multicounty EMS Agency Name

Agreement # _____

**Quarter Report Number
Reporting Period**

Below each bulleted item, include a summary of the activities that have taken place during the quarter related to the individual tasks.

Component 1 - System Organization and Management

Objective - To develop and maintain an effective management system to meet the emergency medical needs and expectations of the total population served.

Tasks: The responsibilities of the EMS agency, at a minimum, include:

- Staff development, training, and management

- Allocating and maintaining office space, office equipment, and office supplies

- Executing and maintaining contracts with member counties, service providers, consultants, and contractual staff

- Attending or participating in a minimum of 3 EMSA/LEMSA meetings annually (following advance notice and reasonable justification provided by the LEMSA, EMSA will make a determination on the flexibility of the attendance requirement on a case-by-case basis, and in the event the quarterly EMSA/LEMSA meeting is canceled, attendance at the meeting will not be counted for/against the LEMSA)

Component 2 - Staffing and Training

Objective - To ensure LEMSA authorized personnel functioning within the EMS system are properly trained, licensed/certified/authorized and/or accredited to safely provide medical care to the public.

Tasks: The responsibilities of the EMS agency, at a minimum, include:

- Ongoing assessment of local training program needs
- Authorizing and approving training programs and curriculum for all certification levels
- Providing training programs and classes as needed
- Providing ongoing certification/authorization/accreditation or personnel approval of local scope of practice for all certification levels
- Developing and maintaining treatment protocols for all certification levels
- Maintaining communication link with Quality Improvement program to assess performance of field personnel
- Conducting investigations and taking action against certification when indicated
- Authorizing, maintaining, and evaluating EMS continuing education programs

Component 3 - Communications

Objective - To develop and maintain an effective communications system that meets the needs of the EMS system.

Tasks: The responsibilities of the EMS agency, at a minimum, include:

- On-going assessment of communications status and needs
- Assuring appropriate maintenance of EMS related communications systems
- Approving ambulance dispatch centers
- Providing acceptable procedures and communications for the purpose of dispatch and on-line medical control

- Approving emergency medical dispatch (EMD) training and/or operational programs

Component 4 - Response and Transportation

Objective - To develop and maintain an effective EMS response and ambulance transportation system that meets the needs of the population served.

Tasks: The responsibilities of the EMS agency, at a minimum, include:

- Designating EMS responders including first responders, Limited Advanced Life Support (LALS)/Advanced Life Support (ALS) providers, ambulance providers, and Prehospital EMS Aircraft providers

- Monitoring local ordinances related to EMS

- Establishing policies and procedures to the system for the transportation of patients to trauma centers and/or specialty care hospitals as needed

- Implementing and maintaining contracts with providers

- Creating exclusive operating areas

- Inspecting ambulance or LALS/ALS providers

- Developing and enforcing performance standards as needed

Component 5 - Facilities and Critical Care

Objective - To establish and/or identify appropriate facilities to provide for the standards and care required by a dynamic EMS patient care delivery system.

Tasks: The responsibilities of the EMS agency, at a minimum, include:

- Designating base hospital(s) or alternate base stations for on-line medical control and direction

- Identifying ambulance receiving centers including hospitals and alternative receiving facilities in rural areas

- Identifying and designating, as needed, trauma centers and other specialty care facilities

- Periodically assessing trauma system and plan as needed

- Coordinating trauma patients to appropriate trauma center(s) or approved receiving hospitals

- Periodically assessing hospitals (e.g., pediatric critical care centers, emergency departments approved for pediatrics, other specialty care centers)

- Completing hospital closure impact reports

Component 6 - Data Collection and System Evaluation

Objective - To provide for appropriate system evaluation through the use of quality data collection and other methods to improve system performance and evaluation.

Tasks: The responsibilities of the EMS agency, at a minimum, include:

- Reviewing reportable incidents

- Reviewing prehospital care reports including Automated External Defibrillators (AED) reports

- Processing and investigating quality assurance/improvement incident reports

- Monitoring and reporting on EMS System Core Measures by March 31st each year, and acknowledging completion of the monitoring and reporting as of March 31st each year

- Providing data to CEMSIS monthly

- Implementing Health and Safety Code Section 1797.227, including providing data using the current versions of NEMSIS and CEMSIS standards from Electronic Health Records (EHR)

- Engaging healthcare partners and Health Information Organizations in your jurisdiction in discussions and planning efforts to integrate EMS into developing health information exchange networks according to the models being developed under the ONC grant

Component 7 - Public Information and Education

Objective - To provide programs to establish an awareness of the EMS system, how to access and use the system and provide programs to train members of the public in first-aid and CPR.

Tasks: The responsibilities of the EMS agency, at a minimum, include:

- Information and/or access to CPR and first-aid courses taught within the EMS system

- Involvement in public service announcements involving prevention or EMS related issues

- Availability of information to assist the population in catastrophic events, as appropriate

- Participating in public speaking events and representing the EMS agency during news events and incidents

- Seeking opportunities to collaborate with key partners, including local public health and other community organizations, to promote healthcare and injury prevention activities

Component 8 - Disaster Medical Response

Objective - To collaborate with the Office of Emergency Services, Public Health and EMS responders in the preparedness and response of the region's EMS systems in the event of a disaster or catastrophic event within the regions or a neighboring jurisdiction.

Tasks: The responsibilities of the EMS agency, at a minimum, include:

- Participating in disaster planning and drills as needed

- Identifying disaster preparedness needs

- Coordinating the operational area disaster medical/health coordinator

- Coordinating the regional disaster medical/health coordinator system

- Developing policies and procedures for EMS personnel in response to a multi-casualty or disaster incident

- Facilitating mutual aid agreements

- Collaborating with all EMS personnel on training of incident command and Standardized Emergency Management System (SEMS)

ATTACHMENT C – 4th Quarter Supplemental Data Report

Multicounty EMS Agency Name

Agreement #_____

Quarter Report Number
Reporting Period

Below each bulleted item, include year-end data for the individual workload indicators.

Component 1 - System Organization and Management

Objective - To develop and maintain an effective management system to meet the emergency medical needs and expectations of the total population served.

Workload Indicators:

- Total static population served (Determined by DOF estimates)
- Total annual tourism population (Determined by identified sources)
- Number of counties
- Geographic size of region (in square miles)

Component 2 - Staffing and Training

Objective - To ensure LEMSA authorized personnel functioning within the EMS system are properly trained, licensed/certified/authorized and/or accredited to safely provide medical care to the public.

Workload Indicators:

- Total number of personnel certified/authorized/accredited by EMS agency
- Total number and type of training programs approved by EMS agency

- Total number and type of training programs conducted by EMS agency
- Total number of continuing education providers authorized by EMS agency

Component 3 - Communications

Objective - To develop and maintain an effective communications system that meets the needs of the EMS system.

Workload Indicators:

- Total number of primary and secondary Public Safety Answering Points
- Total number of EMS responses
- Total number of EMD training programs approved by EMS agency
- Total number and type of EMD programs authorized by EMS agency

Component 4 - Response and Transportation

Objective - To develop and maintain an effective EMS response and ambulance transportation system that meets the needs of the population served.

Workload Indicators:

- Total ambulance response vehicles
- Total first responder agencies
- Total patients transported
- Total patients not transported (e.g., treated and released, total dry runs)
- Total number of LALS/ALS providers authorized by EMS agency

- Total number of transport providers in region

Component 5 - Facilities and Critical Care

Objective - To establish and/or identify appropriate facilities to provide for the standards and care required by a dynamic EMS patient care delivery system.

Workload Indicators:

- Total patients received

- Total number of hospitals designated by EMS agency

Base:
Receiving:
Trauma:
Specialty Centers:
Other (____):
Other (____):
Other (____):
Other (____):
Total:

Component 6 - Data Collection and System Evaluation

Objective - To provide for appropriate system evaluation through the use of quality data collection and other methods to improve system performance and evaluation.

Workload Indicators:

- Total patient care reports generated

- Total trauma patients

- Total cardiac patients

- Total medical patients

- Total pediatric patients

- Total number of situational/unusual occurrence reports processed by EMS agency

Component 7 - Public Information and Education

Objective - To provide programs to establish an awareness of the EMS system, how to access and use the system and provide programs to train members of the public in first-aid and CPR.

Workload Indicators:

- Total number of public information and education courses approved by EMS agency

- Total number of public information and education courses conducted by EMS agency

- Total number of public information and education events involving EMS agency

Component 8 - Disaster Medical Response

Objective - To collaborate with the Office of Emergency Services, Public Health and EMS responders in the preparedness and response of the region's EMS systems in the event of a disaster or catastrophic event within the regions or a neighboring jurisdiction.

Workload Indicators:

- Total number of Disaster/Multiple Casualty Incident (MCI) Responses (response with 5 or more victims)

- Total number of disaster drills involving staff

- Total disaster-related meetings attended by staff

ATTACHMENT D – Budget

STATE GENERAL FUND

BUDGET CATEGORIES

BUDGET CATEGORIES	STATE GENERAL FUND	LOCAL FUNDS	TOTAL
Personnel			
Fringe Benefits			
Accounting			
Budgeting			
Communications			
Equipment			
Legal Expense			
Maintenance & Repairs			
Materials & Supplies			
Memberships, Subscriptions			
Motor Pools			
Printing & Reproduction			
Professional Services (Consultants)			
Space			
Training			
Travel			
In-State			
Out-of-State			
Total Direct Costs			
Administrative/Indirect 10% of Total Direct Costs			
TOTAL COSTS			

ATTACHMENT E – Program Funding

PROGRAM FUNDING	STATE GENERAL FUNDS	LOCAL FUNDS	TOTAL
State General Fund			
Member County A			
Member County B			
Member County C			
Other local funds			
TOTALS			

ATTACHMENT F – Budget Detail and Narrative

Budget Detail and Narrative

The budget detail and narrative has been combined to eliminate duplication efforts. The budget detail and narrative needs to be in the order listed below. Explain how each budget item will be used to fulfill the contract objectives or the eight system components in the EMS Plan.

Personnel

Discuss the roles and responsibilities of each position funded under the contract.

- Identify the name of the person
- their classification
- monthly, weekly, or hourly rates.

Listed below are examples of personnel costs:

Name Program Coordinator, 1.0 FTE 40 hours @ \$25.42 = \$52,873.60
Name Office Assistant (1,040 hours) \$7.33 hour @ 1,040 hours = \$7,623.20

Fringe Benefits

Example:	Retirement	12.65%
	Health	8.65%
	Workers Comp.	3.74%
	OASDI	7.20%
	Dental	1.52%
	Life Insurance	3.24%
Total		37.00%

Itemize individual components that make up the benefits category (e.g., retirement, health plan, workers Comp., OASDI, dental). The total fringe benefits may not exceed 37% of salaries.

Accounting

Explain how the accounting costs were calculated. (i.e., the cost of establishing and maintaining accounting systems, preparing payroll and maintaining necessary related wage records).

Administrative/Indirect Cost

Each multicounty EMS agency receiving State General Fund assistance will be allowed to claim a maximum of 10% Administrative/Indirect Cost. Administrative/Indirect Cost will be 10% of the Total Direct Costs. Each multicounty EMS agency claiming 10%

administrative/Indirect Costs will be required to list all items included in the 10% Administrative/Indirect Cost line item.

Advertising

The costs for recruitment of personnel required for the contract, solicitation of bids for the procurement of services and for any other purpose specifically provided for in the grant. Explain how the advertising costs were calculated.

Budget

Explain how the budget costs were calculated. (i.e. the costs for the development, preparation, presentation, and execution of the contract budget).

Communications

Itemize and explain how the communication costs were calculated. (i.e., the costs for telephone calls, mail, messenger service, and similar expenses).

Equipment

Itemize the equipment to be purchased under the contract, including a discussion of how the equipment will be used to fulfill the contract objectives or eight system components in the EMS Plan. Equipment is defined as one (1) item costing \$5,000 or more.

Legal Expense

Legal expenses required in the administration of the contract. Identify the rate per hour and number of hours needed for this line item.

Maintenance and Repairs

Itemize the maintenance and repairs to be used under this contract and explain how these costs were calculated.

Materials and Supplies

Itemize all materials and supplies to be purchased under this contract. All purchases should be charged after deducting all cash discounts, trade discounts, rebates, and allowances received. Explain how these items were calculated.

Memberships, Subscriptions, and Professional activities

The costs of meetings and conferences when directly related to the administration of the multicounty EMS agency. The costs of books and subscriptions to business, professional, and technical periodicals when they are directly related to the administration of the multicounty EMS agency. Itemize the memberships, subscriptions, and professional activities to be purchased under this contract.

Motor Pools

Itemized costs of the provision of a county automobile for use directly for the project, including, but not limited to, the number of miles at .34/mi, vehicle maintenance inspection, and repair service.

Printing & Reproduction

Itemize the costs of printing and reproduction services when directly related to the contract. Explain how the costs were calculated.

Professional Services (Consultants)

Identify the monthly, weekly, or hourly rate of all consultants to be incurred under the contract and explain the role of each consultant to be funded under the contract. Identify all expenses incurred by the consultant (i.e., travel, lodging, per diem).

Space (Rental)

Explain how the costs of space in privately or publicly owned buildings used specifically for the benefit of the contract were calculated. Rental reimbursement items shall specify unit rate, such as the rate per square foot.

Training

Identify the cost of in-service training that is to be provided for employee development that directly benefits the contract.

Travel

Itemize what travel will take place under the contract, including number of people, destinations, and purposes of travel in terms of fulfilling the contract objectives or the eight system components in the EMS Plan. Any necessary travel and per diem shall be set in accordance with the rates of the CalHR.

ATTACHMENT G – Sample Personnel Detail Form

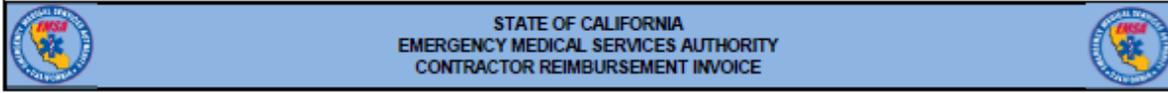
STATE GENERAL FUND

Personnel Detail

Personnel Classification	Staff Person	State Funded		Locally Funded		Total % of Time Local &
		% of Time	Pay Rate	% of Time	Pay Rate	
Executive Director						
Pre-hospital Coordinator						
QA/Education Coordinator						
Secretary						

ATTACHMENT H – Sample Invoice

STATE OF CALIFORNIA
EMERGENCY MEDICAL SERVICES AUTHORITY
FAIT 501B (Rev. 2-2016)



To: Emergency Medical Services Authority
10901 Gold Center Drive, Suite #400
Rancho Cordova, CA 95670
Attention: Contracts Analyst

DATE:
CONTRACT NUMBER:
INVOICE NUMBER:
INVOICE PERIOD:
INVOICE AMOUNT:

From:

Purpose of this invoice is to reimburse contractor for actual expenditures incurred while performing the activities agreed upon as contained in Contract Number #. Supporting documentation of requested reimbursement will be provided upon request.

Budget Categories	Grant Budget	Grant Expenditures			Remaining Balance
		Current	Prior	YTD	
Personnel					
Fringe Benefits					
Accounting					
Advertising					
Budget					
Communications					
Equipment					
Legal					
Maintenance and Repair					
Materials and Supplies					
Memberships Subscriptions					
Motor Pools					
Printing and Reproduction					
Professional Services (Consultants)					
Space					
Training					
Travel					
Total Direct Costs					
Admin/Indirect 10%					
Total					
<hr/>					
Total					
Less Advance (if applicable)					
Total Reimbursement Request					

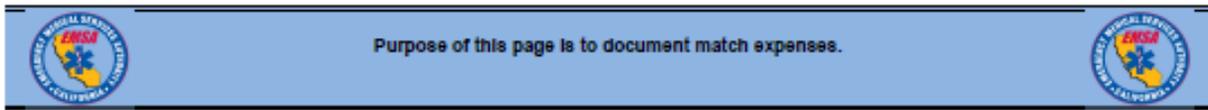
I certify that I am the duly appointed and acting officer of the herein named agency and the costs being claimed herein are in all respects true, correct, and in accordance with the contract provisions; that funds were expended or obligated during the contract period; and the amount claimed above has not previously presented to or reimbursed by the Emergency Medical Services Authority.

Signature: _____ Title: _____
Printed Name: _____ Date: _____

For EMSA Use Only

I certify that this reimbursement claim is in compliance with all terms/conditions, laws, and regulations governing its payment and hereby approved for payment.

Signature: _____ Title: _____
Printed Name: _____ Date: _____



Budget Categories	Match Budget	Match Expenditures			Remaining Balance
		Current	Prior	YTD	
Personnel Expenses					
Personnel					
Fringe Benefits					
Operating Expenses					
Accounting					
Advertising					
Budget					
Communications					
Equipment					
Legal					
Maintenance and Repair					
Materials and Supplies					
Memberships Subscriptions					
Motor Pools					
Printing and Reproduction					
Professional Services (Consultants)					
Space					
Training					
Travel					
Total In-Kind Match Contributions					

Certification

The undersigned official certifies that the above contribution types and amounts, as well as the individual section justifications reflect an accurate and true documentation of the in-kind contributions provided to the above-referenced grant contract. The undersigned further certifies that all items documented as in-kind contributions were provided to meet the goals and objectives of the applicable grant program and meet the requirements of the funded project.

Signature of Authorized Representative

Date

ATTACHMENT I – Sample Functional Time Sheet

STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY Functional Time Sheet

EMSA Contract Number _____

Contractor: _____

Contractor phone: _____

Contractor e-mail: _____

Start Date: _____
Hourly Rate: _____

Projects	Monday Date	Tuesday Date	Wednesday Date	Thursday Date	Friday Date	Saturday Date	Sunday Date	Project Totals
Project A	3.50	2.00	3.50	7.50	5.50			22.00
Project B	2.50		3.00					5.50
Project C	2.00	6.00	1.50	2.50	0.50			12.50
Total	8.00	8.00	8.00	10.00	6.00			Weekly Total
								40

Contractor
Signature

Date