



## Maddy Emergency Medical Services (EMS) Fund Report

### Fiscal Year 2023/2024 (July 1, 2023 - June 30, 2024)

|          |                             |  |                                 |  |
|----------|-----------------------------|--|---------------------------------|--|
| <b>I</b> | <b>Administering Agency</b> | County / Department                      | County Contact (Name and Title) |  |
|          |                             | Address (Number and Street)              | Phone Number                    |  |
|          |                             | City or Post Office, State, and ZIP Code | Email Address                   |  |
|          |                             |  |                                 |  |

  

|           |                              |  |  |
|-----------|------------------------------|--|--|
| <b>II</b> | <b>Establishment of Fund</b> | 1a <b>Has the agency established the Maddy EMS Fund (Original Assessment)?</b>   | <input type="checkbox"/> Yes <input type="checkbox"/> No                             |
|           |                              | b <b>Date fund established.</b>  |  |
|           |                              | c <b>Fund balance on July 1, 2023.</b>   |  |
|           |                              | d <b>If the Maddy EMS Fund beginning balance on July 1, 2023, differs from the previous reported ending balance on June 30, 2023, state reason(s):</b> |  |
|           |                              |  |  |
|           |                              | 2a <b>Has the agency established the Maddy EMS Fund (Supplemental Assessment)?</b>   | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><i>(If no, go to #3)</i> |
|           |                              | b <b>Date fund established.</b>  |  |
|           |                              | c <b>Fund balance on July 1, 2023.</b>   |  |
|           |                              | d <b>If the Maddy EMS Fund beginning balance on July 1, 2023 differs from the previous reported ending balance on June 30, 2023, state reason(s):</b>  |  |
|           |                              |  |  |

  

|            |   |  |  |                    |  |
|------------|---|--|--|--------------------|--|
| <b>III</b> | <b>Collections of Penalty Assessments</b> | 3 <b>Fines, penalties, and forfeitures collected under each statute.</b>     | <b>Statute</b>   | <b>Collections</b> |  |
|            |   | a  | Government Code § 76000  |                    |  |
|            |   | b  | Government Code § 76000.5<br><i>(Only applicable if Supplemental Assessment established. See #2a.)</i> |                    |  |
|            |   | c  | Vehicle Code § 42007   |                    |  |
|            |   | d  | <b>Total</b>   |                    |  |
|            |   | 4 <b>Responsibility for collection of fines, penalties, and forfeitures:</b> |  |                    |  |
|            |   | Entity   | Contact (Name and Title)   |                    |  |
|            |   | Phone Number   | Email Address  |                    |  |



|  |          |  |  |                               |
|--|----------|--|--|-------------------------------|
| <b>IV Deposits into Maddy EMS Fund</b>         | <b>5</b> | <b>Total penalty assessments deposited into Maddy EMS Fund (Original Assessment).</b>  | <b>Statute</b>   | <b>Deposits</b>               |
|  | <b>a</b> |  | <b>Government Code § 76000</b><br><i>(Based on GC § 76104)</i> |                               |
|  | <b>b</b> |  | <b>Vehicle Code § 42007</b>                                    |                               |
|  | <b>c</b> |  | <b>Total</b>   |                               |
|  | <b>d</b> | <b>If no deposits into Maddy EMS Fund, state reason(s):</b>  |  |                               |
|  | <b>6</b> | <b>Total penalty assessments deposited into Maddy EMS Fund (Supplemental Assessment). <i>(If fund not established, leave section blank and go to #7)</i></b>   | <b>Statute</b>   | <b>Deposits</b>               |
|  | <b>a</b> |  | <b>Government Code § 76000.5</b>                               |                               |
|  | <b>b</b> |  | <b>Vehicle Code § 42007</b>                                    |                               |
|  | <b>c</b> |  | <b>Total</b>   |                               |
|  | <b>d</b> | <b>If no deposits into Maddy EMS Fund, state reason(s):</b>  |  |                               |
| <b>V Maddy EMS Fund Category Distributions</b> | <b>7</b> | <b>Responsibility for deposit of penalty assessments:</b>  |  |                               |
|  |          | <b>Entity</b>  | <b>Contact (Name and Title)</b>                                |                               |
|  |          | <b>Phone Number</b>  | <b>Email Address</b>   |                               |
|  | <b>8</b> | <b>Maddy EMS Fund (Original Assessment)</b>  |  |                               |
|  |          |  | <b>Interest and Other Deposits</b>                             |                               |
|  | <b>a</b> | <b>Interest earned during the fiscal year.</b>   |  |                               |
|  | <b>b</b> | <b>Other deposits during the fiscal year.</b>  |  |                               |
|  | <b>c</b> | <b>If other deposits were made, provide the type of deposits and the reason(s) for the deposits. Do not include refunds from Physicians/Surgeons or Hospitals on line 8c; report these amounts on line 16c and/or 20e.</b> |  |                               |
|  | <b>9</b> | <b>Total amount of funds distributed to the specified categories during the fiscal year.</b>   | <b>Reserve (Optional)</b>                                      | <b>Category Distributions</b> |
|  | <b>a</b> | <b>Administration (Admin cost equal to the lesser of actual cost or 10%)</b>   |  |                               |
|  | <b>b</b> | <b>Physicians/Surgeons (58%)</b>   |  |                               |



|   |   |   |                                    |  |
|---|---|---|------------------------------------|--|
| <b>V Maddy EMS Fund Category Distributions (cont.)</b>  | <b>c</b>  | <b>Hospitals (25%)</b>  |                                    |  |
|   | <b>d</b>  | <b>Other Discretionary EMS (17%)</b>  |                                    |  |
|   | <b>e</b>  | <b>Total</b>  |                                    |  |
|   |   |   |                                    |  |
| <b>10 Maddy EMS Fund (Supplemental Assessment) (If fund not established, leave blank and go to #12)</b> |   |   |                                    |  |
|   |   |   | <b>Interest and Other Deposits</b> |  |
| <b>a</b>  | <b>Interest earned during fiscal year.</b>  |   |                                    |  |
| <b>b</b>  | <b>Other deposits during fiscal year.</b>   |   |                                    |  |
| <b>c</b>  | <b>If other deposits were made, provide the type of deposits and the reason(s) for the deposits. Do not include refunds from Physicians/Surgeons or Hospitals on line 10b; report these amounts on line 17c and/or 21e.</b> |   |                                    |  |
|   |   |   |                                    |  |
| <b>11</b>   | <b>Total amount of funds distributed to the specified categories during the fiscal year.</b>  | <b>Reserve (Optional)</b>   | <b>Category Distributions</b>      |  |
| <b>a</b>  | <b>Administration (Admin cost equal to the lesser of actual cost or 10%)</b>  |   |                                    |  |
| <b>b</b>  | <b>Richie's Fund (15%)</b>  |   |                                    |  |
| <b>c</b>  | <b>Physicians/Surgeons (58%)</b>  |   |                                    |  |
| <b>d</b>  | <b>Hospitals (25%)</b>  |   |                                    |  |
| <b>e</b>  | <b>Other Discretionary EMS (17%)</b>  |   |                                    |  |
| <b>f</b>  | <b>Total</b>  |   |                                    |  |
|   |   |   |                                    |  |
| <b>12</b>   | <b>Responsibility for category distributions:</b>   |   |                                    |  |
| <b>Entity</b>   |   | <b>Contact (Name and Title)</b>   |                                    |  |
| <b>Phone Number</b>   |   | <b>Email Address</b>  |                                    |  |
|   |   |   |                                    |  |
| <b>VI Expenditures &amp; Reimbursements</b>   | <b>13</b>   | <b>Total Administration expenditures from Maddy EMS Fund (Original Assessment).</b> | <b>Amount</b>                      |  |
|   |   |   |                                    |  |
|   |   |   |                                    |  |
|   |   |   |                                    |  |
| <b>14</b>   | <b>Total Administration expenditures from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank and go to #16a)</b>   | <b>Amount</b>   |                                    |  |
|   |   |   |                                    |  |
| <b>15</b>   | <b>Total Richie's Fund expenditures from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank and go to #16a)</b>  | <b>Amount</b>   |                                    |  |
|   |   |   |                                    |  |

|                     |                                 |
|---------------------|---------------------------------|
| <b>Entity</b>       | <b>Contact (Name and Title)</b> |
| <b>Phone Number</b> | <b>Email Address</b>            |



| <b>VI Expenditures &amp; Reimbursements (cont.)</b>  | <b>20a</b>               | Indicate if Hospital claims are paid on a claims basis for the Maddy EMS Fund (Original Assessment).  | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><i>(If no, go to #20d)</i>  |  |                          |              |               |   |           |   |   |           |  |  |  |  |  |
|--|--------------------------|---|---|--|--------------------------|--------------|---------------|---|-----------|---|---|-----------|--|--|--|--|--|
|  |                          | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2">Allowable Claims</th> <th colspan="3">Paid Claims</th> </tr> <tr> <th>#</th> <th>\$ Amount</th> <th>#</th> <th>%</th> <th>\$ Amount</th> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table> | Allowable Claims  |  | Paid Claims              |              |               | # | \$ Amount | # | % | \$ Amount |  |  |  |  |  |
| Allowable Claims   |                          | Paid Claims   |   |  |                          |              |               |   |           |   |   |           |  |  |  |  |  |
| #  | \$ Amount                | #   | %   | \$ Amount  |                          |              |               |   |           |   |   |           |  |  |  |  |  |
|  |                          |   |   |  |                          |              |               |   |           |   |   |           |  |  |  |  |  |
|  |                          | <b>b</b>  | <b>Total Hospitals expenditures.</b>  |  |                          |              |               |   |           |   |   |           |  |  |  |  |  |
|  |                          | <b>c</b>  | If allowable claims were not paid during fiscal year, July 1, 2023-June 30, 2024, state reason(s):  |  |                          |              |               |   |           |   |   |           |  |  |  |  |  |
|  |                          | <b>d</b>  | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 75%;">Direct disbursement to Hospitals. <i>(N/A if hospital claims are paid on a claims basis. Leave blank and go to #21e)</i></td> <td style="width: 25%; text-align: center;">Amount</td> </tr> <tr> <td> </td> <td> </td> </tr> </table>       | Direct disbursement to Hospitals. <i>(N/A if hospital claims are paid on a claims basis. Leave blank and go to #21e)</i> | Amount                   |              |               |   |           |   |   |           |  |  |  |  |  |
| Direct disbursement to Hospitals. <i>(N/A if hospital claims are paid on a claims basis. Leave blank and go to #21e)</i> | Amount                   |   |   |  |                          |              |               |   |           |   |   |           |  |  |  |  |  |
|  |                          |   |   |  |                          |              |               |   |           |   |   |           |  |  |  |  |  |
|  |                          | <b>e</b>  | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 75%;">Total reimbursements from Hospitals due to collections from patient/third-party, county penalties, and settlements.</td> <td style="width: 25%; text-align: center;">Amount Reimbursed</td> </tr> <tr> <td> </td> <td> </td> </tr> </table> | Total reimbursements from Hospitals due to collections from patient/third-party, county penalties, and settlements.      | Amount Reimbursed        |              |               |   |           |   |   |           |  |  |  |  |  |
| Total reimbursements from Hospitals due to collections from patient/third-party, county penalties, and settlements.      | Amount Reimbursed        |   |   |  |                          |              |               |   |           |   |   |           |  |  |  |  |  |
|  |                          |   |   |  |                          |              |               |   |           |   |   |           |  |  |  |  |  |
|  |                          | <b>21a</b>  | Indicate if Hospital claims are paid on a claims basis for the Maddy EMS Fund (Supplemental Assessment). <i>(If fund not established, leave blank and go to #22)</i> <div style="text-align: center;"> <input type="checkbox"/> Yes    <input type="checkbox"/> No<br/> <i>(If no, go to #21d)</i> </div>                                   |  |                          |              |               |   |           |   |   |           |  |  |  |  |  |
|  |                          | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2">Allowable Claims</th> <th colspan="3">Paid Claims</th> </tr> <tr> <th>#</th> <th>\$ Amount</th> <th>#</th> <th>%</th> <th>\$ Amount</th> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table> | Allowable Claims  |  | Paid Claims              |              |               | # | \$ Amount | # | % | \$ Amount |  |  |  |  |  |
| Allowable Claims   |                          | Paid Claims   |   |  |                          |              |               |   |           |   |   |           |  |  |  |  |  |
| #  | \$ Amount                | #   | %   | \$ Amount  |                          |              |               |   |           |   |   |           |  |  |  |  |  |
|  |                          |   |   |  |                          |              |               |   |           |   |   |           |  |  |  |  |  |
|  |                          | <b>b</b>  | <b>Total Hospitals expenditures.</b>  |  |                          |              |               |   |           |   |   |           |  |  |  |  |  |
|  |                          | <b>c</b>  | If allowable claims were not paid during fiscal year, July 1, 2023-June 30, 2024 state reason(s):   |  |                          |              |               |   |           |   |   |           |  |  |  |  |  |
|  |                          | <b>d</b>  | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 75%;">Direct disbursement to Hospitals. <i>(N/A if hospital claims are paid on a claims basis. Leave blank and go to #22e)</i></td> <td style="width: 25%; text-align: center;">Amount</td> </tr> <tr> <td> </td> <td> </td> </tr> </table>       | Direct disbursement to Hospitals. <i>(N/A if hospital claims are paid on a claims basis. Leave blank and go to #22e)</i> | Amount                   |              |               |   |           |   |   |           |  |  |  |  |  |
| Direct disbursement to Hospitals. <i>(N/A if hospital claims are paid on a claims basis. Leave blank and go to #22e)</i> | Amount                   |   |   |  |                          |              |               |   |           |   |   |           |  |  |  |  |  |
|  |                          |   |   |  |                          |              |               |   |           |   |   |           |  |  |  |  |  |
|  |                          | <b>e</b>  | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 75%;">Total reimbursements from Hospitals due to collections from patient/third-party, county penalties, and settlements.</td> <td style="width: 25%; text-align: center;">Amount Reimbursed</td> </tr> <tr> <td> </td> <td> </td> </tr> </table> | Total reimbursements from Hospitals due to collections from patient/third-party, county penalties, and settlements.      | Amount Reimbursed        |              |               |   |           |   |   |           |  |  |  |  |  |
| Total reimbursements from Hospitals due to collections from patient/third-party, county penalties, and settlements.      | Amount Reimbursed        |   |   |  |                          |              |               |   |           |   |   |           |  |  |  |  |  |
|  |                          |   |   |  |                          |              |               |   |           |   |   |           |  |  |  |  |  |
|  |                          | <b>22</b>   | <b>Required documentation for submission.</b> <i>(The below documentation is part of the Maddy EMS Fund report, and <u>must</u> be submitted concurrently)</i><br><input type="checkbox"/> A description of the hospitals payment methodologies.  |  |                          |              |               |   |           |   |   |           |  |  |  |  |  |
|  |                          | <b>23</b>   | <b>Responsibility for claims payments to Hospitals:</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Entity</td> <td>Contact (Name and Title)</td> </tr> <tr> <td>Phone Number</td> <td>Email Address</td> </tr> </table>   | Entity   | Contact (Name and Title) | Phone Number | Email Address |   |           |   |   |           |  |  |  |  |  |
| Entity   | Contact (Name and Title) |   |   |  |                          |              |               |   |           |   |   |           |  |  |  |  |  |
| Phone Number   | Email Address            |   |   |  |                          |              |               |   |           |   |   |           |  |  |  |  |  |



|  |     |  |        |
|--|-----|--|--------|
| VI Expenditures & Reimbursements (cont.) | 24a | Total Other Discretionary EMS expenditures from Maddy EMS Fund (Original Assessment).  | Amount |
|  |     |  |        |
|  | b   | Description of other EMS services provided:  |        |
|  |     |  |        |
|  |     |  |        |
|  | 25a | Total Other Discretionary EMS expenditures from Maddy EMS Fund (Supplemental Assessment). (If fund not established, leave blank) | Amount |
|  |     |  |        |
|  | b   | Description of other EMS services provided:  |        |
|  |     |  |        |



**VII Fund Summary**

**Maddy EMS Fund  
 (Original Assessment)**

|  | Available Funds for Distribution |                       | Fund Total   |
|--|----------------------------------|-----------------------|--|
| Balance on July 1, 2023  | (1c)                             |                       |  |
| Deposits for<br>July 1, 2023-June 30, 2024                       | (5c)                             |                       |  |
| Interest for July 1, 2023-June 30, 2024                          | (8a)                             |                       |  |
| Other Deposits for<br>July 1, 2023-June 30, 2024                 | (8b)                             |                       |  |
|  |                                  |                       |  |
| Distributions/Expenditures                                       | Category<br>Distributions        | Reserve<br>(Optional) | Available Funds<br>for<br>Disbursement<br>(Category<br>Distributions -<br>Reserve)<br><br>Expenditures |
| Administration (Admin cost = to<br>lesser of actual cost or 10%) | (9a)                             |                       | (13)   |
| Physicians/Surgeons (58%)  | (9b)                             | (9b)                  | (16a)  |
| Hospitals (25%)  |                                  |                       | (20b Pd)   |
|  | (9c)                             | (9c)                  | (20d)  |
| Other Discretionary EMS (17%)                                    | (9d)                             | (9d)                  | (24a)  |
| Total  | (9e)                             | (9e)                  |  |
| Preliminary Fund Balance<br>(Fund Total - Total Expenditures)    |                                  |                       |  |
| Reimbursements   |                                  |                       |  |
| Physicians/Surgeons  |                                  | (16c)                 |  |
| Hospitals  |                                  | (20e)                 |  |
| Ending Balance for Total Available<br>Funds as of June 30, 2024  |                                  |                       |  |

Available

Signature of Maddy EMS Fund Administrator

Email Address

Printed Name

Title

Date



**VII Fund Summary  
 (cont.)**

**Maddy EMS Fund  
 (Supplemental Assessment)**

|  | Available Funds for Distribution |                       |   | Fund Total   |
|--|----------------------------------|-----------------------|---|--------------|
| Balance on July 1, 2023  |                                  | (2c)                  |   |              |
| Deposits for July 1, 2023-June 30, 2024  |                                  | (6c)                  |   |              |
| Interest for July 1, 2023-June 30, 2024  |                                  | (10a)                 |   |              |
| Other Deposits for<br>July 1, 2023 - June 30, 2024   |                                  | (10b)                 |   |              |
| Distributions/Expenditures   | Category<br>Distributions        | Reserve<br>(Optional) | Available Funds<br>for Disbursement<br>(Category<br>Distributions -<br>Reserve) | Expenditures |
| Administration (Admin cost = to<br>lesser of actual cost or 10%)                             | (11a)                            |                       |   | (14)         |
| Richie's Fund (15%)  | (11b)                            |                       |   | (15)         |
| Physicians/Surgeons (58%)  | (11c)                            | (11c)                 |   | (17a)        |
| Hospitals (25%)  |                                  |                       |   | (21b Pd)     |
|  | (11d)                            | (11d)                 |   | (21d)        |
| Other Discretionary EMS (17%)  | (11e)                            | (11e)                 |   | (25a)        |
| <b>Total</b>   | (11f)                            | (11f)                 |   |              |
| <b>Preliminary Fund Balance<br/>                     (Fund Total - Total Expenditures)</b>   |                                  |                       |   |              |
| <b>Reimbursements</b>  |                                  |                       |   |              |
| Physicians/Surgeons  |                                  | (17c)                 |   |              |
| Hospitals  |                                  | (21e)                 |   |              |
| <b>Ending Balance for Total Available<br/>                     Funds as of June 30, 2024</b> |                                  |                       |   |              |

Signature of Maddy EMS Fund Administrator

Email Address

Printed Name

Title

Date