



**Emergency Medical Services Agency  
Proposed Prehospital and Hospital Programs & Fees  
March 28, 2019**

**Important:** EMS Stakeholder Meetings were held on March 6, 2019 (Pre-Hospital Providers) and March 7, 2019 (Hospitals). In response to stakeholder feedback, this document provides the following material:

- Proposed Programs
- Current and Proposed Staffing Levels
- Proposed and Existing Fees
- Costs
- Maddy and Richie Funds (Vehicle Code Fines)
- EMS Revenue and Expenditures
- Funding Source and Fee Comparisons with Other Counties

**Feedback:** Feedback on the Proposed Programs and Fees may be provided in person at a stakeholder meeting or via written comments. Please see below for more information:

- Prehospital and Hospital Providers Stakeholder Meeting – Optional:  
Please send only 1-2 representatives per entity and bring your own copy of the documents.  
  
Date: April 5, 2019, 1:00 – 2:30 PM  
Location: 9750 Business Park Drive, Suite 104  
Sacramento, CA 95827
- Submit written comments to: [SCEMSAInfo@saccounty.net](mailto:SCEMSAInfo@saccounty.net) by close of business on April 10, 2019.

We appreciate your participation and feedback. Thank you.

Sacramento County Emergency Medical Services Agency (SCEMSA) is proposing the addition of new programs fees and changes to existing fees, and annual adjustments. The new programs help SCEMSA meet the increasing needs of the Emergency Medical Services (EMS) community, strengthen the EMS system, meet current and upcoming California Code of Regulations; Title 22, Division 9 regulations/mandates, and improve quality of prehospital care to Sacramento communities. The fees will support staff to implement, oversee and manage the programs.

## Proposed New State Mandated Hospital Programs

The Commission on EMS<sup>1</sup>, which is responsible for review/approval of regulations developed by the State EMS Authority, approved the STEMI and Stroke regulations during its December 2018 meeting. The regulations are currently under final review by the Office of Administrative Law Judge. Final approval is expected in early April and the State EMS Authority anticipates an effective date of July 1, 2019.

On March 14, 2019, all new STEMI and Stroke protocols, policies and procedures received final approval by the SCEMSA's Medical Advisory and Operational Advisory Committees with an effective date of May, 1, 2019. The policies, protocol and procedures are being held for implementation until after the STEMI and Stroke regulations are approved and effective.

### **STEMI (ST-Elevation Myocardial Infarction) Critical Care Program**

#### Authority:

California's Statewide STEMI Critical Care System is described in the California Code of Regulations, Title 22, Division 9, Chapter 7.1. This regulation outlines the requirements of all components of the STEMI Critical Care System including the Local EMS Agency, pre-hospital providers, and hospitals.

#### Program Description:

The objective for STEMI Critical Care Program is to improve the care of patients suffering from a life-threatening acute heart attack. More specifically, standardized statewide requirements will lead to the consistent application of standardized care, thus protecting the health and safety of the public.

The STEMI Critical Care Program links pre-hospital and hospital care to deliver treatment to STEMI patients who potentially require immediate medical or surgical intervention. Data management, quality improvement, and the evaluation process are all vital in providing high quality care to the cardiac patients and are addressed in the regulation.

<sup>1</sup>The Commission on EMS is a board of eighteen (18) members appointed by the Governor, Senate and Assembly as described in the Health and Safety Code, Division 2.5, Chapter 8 and Sections 1799 et al. Board members are representatives from different EMS stakeholder groups.

## **Stroke (Primary and Comprehensive) Critical Care Program**

### Authority:

California's Statewide Stroke Critical Care System is described in the California Code of Regulations; Title 22, Division 9, Chapter 7.2. This regulation outlines the requirements of all components of the Stroke Critical Care System including the Local EMS Agency, pre-hospital providers, and hospitals.

### Program Description:

The Stroke Critical Care System links pre-hospital and hospital care to deliver treatment to stroke patients who potentially require immediate medical or surgical intervention.

Data management, quality improvement and the evaluation process are all vital in providing high quality care to the stroke patients and these items are included in the regulation.

The broad objective for Stroke Critical Care System is to improve the care of patients suffering from a life-threatening stroke. More specifically, standardized statewide requirements will lead to the consistent application of standardized care, thus protecting the health and safety of the public.

### **STEMI and Stroke Critical Care Program Goals**

The overall goal of the STEMI and Stroke regulations is to reduce morbidity and mortality from acute heart disease and stroke by improving the delivery of emergency medical care within the communities of California.

## **Proposed New State Permissive Hospital Program**

The Commission on EMS approved the EMS for Children regulation during its December 2018 meeting. The regulation is currently under final review by the Office of Administrative Law Judge. Final approval is expected in early April and the State EMS Authority anticipates an effective date of July 1, 2019.

### **EMS for Children**

#### Authority:

The State EMS Authority of California Code of Regulations, Title 22, Division 9, Chapter 14 – EMS for Children allows EMS agencies to develop and implement EMS for Children programs. EMS agencies interested in developing an EMS for Children's plan are required to submit their plans to the State EMS Authority for approval prior to implementation

Program Description:

The EMS for Children (EMSC) program is a national initiative that creates guidelines for the hospital and prehospital communities to effectively care for children during emergencies.

EMS for Children will help reduce pediatric mortality from injury and illness through the development, implementation, and integration of EMS for Children activities into the entire EMS system.

The EMSC program includes an Advisory Committee consisting of physicians and nurses from receiving hospitals, pediatricians, pediatric emergency and trauma department experts, pre-hospital first responders and transport agencies, and interested community groups. The committee is coordinated by an EMSC coordinator in collaboration with the EMS Medical Director.

SCEMSA Medical Director and staff will work with hospital stakeholders to determine if this program will be beneficial to improving care of children in Sacramento County and how it will be implemented. Each entity may participate if desired.

Program Goals:

The goal of the EMSC program is to ensure that acutely ill and injured children have access to high quality, coordinated, and comprehensive emergency and critical care services appropriate for the special needs of children. The EMSC model is different from other EMS Agency programs because it is a comprehensive program that provides a continuum of care beginning with the detection of sick or injured children, their transport to the appropriate emergency department, and their rehabilitation.

<h2>Proposed Changes to Existing Hospital Program</h2>
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**Trauma Care System**

Authority:

California Code of Regulations, Title 22. Division 9, Chapter 7 – Trauma Care Systems, allows the local EMS Agency to develop policies and procedures to assure compliance of the trauma system. A trauma center is defined, in regulations, as a licensed hospital accredited by the Joint Commission on Accreditation of Healthcare Organizations, which is designated as a trauma center by the local EMS Agency in accordance with State regulations.

Program Description:

A Trauma Care System is a system designed to meet the needs of all injured patients as defined by the local EMS Agency in its trauma care plan.

Sacramento County currently has four (4) designated trauma hospitals which receive and provide medical care to pre-hospital trauma patients. These include:

UC Davis	Level I Adult & Pediatric
Mercy San Juan	Level II Adult
Kaiser South Sacramento	Level II Adult
Sutter Roseville	Level II Adult

SCEMSA participates in the trauma centers' inspections performed by the American College of Surgeons (ACS) and assists with their continued compliance and accreditation from ACS. SCEMSA pays the accreditation site visit fees and responds to ACS questions regarding prehospital care during the site inspections.

SCEMSA facilitates quarterly Trauma Review Committee (TRC) meetings, manages and implements standardized data collection for both prehospital and trauma hospitals, and provides medical oversight for pre-hospital transportation.

During the quarterly TRC meetings, SCEMSA presents trauma center data to committee members for review. SCEMSA and committee members examine variations in the data reports to identify cause of injuries, conditions and outcomes, which can result in recommendations for possible changes to prehospital care, policies, protocol and services.

SCEMSA manages and directs the trauma hospitals recommendations, concerns, or feedback to the appropriate prehospital provider. Also leads discussions on possible policy or protocol changes. SCEMSA staff review patient care reports identified during the trauma centers internal case review for continuous quality care and provides feedback to both hospitals and prehospital providers.

Program Goal:

The goal of SCEMSA and the Trauma Care System is to work with prehospital providers and hospitals to improve prehospital assessment and hospital care to patients requiring treatment in a designated trauma center.

<p style="text-align: center;"><b>Proposed Fees for New State Mandated, Permissive and Existing Hospital Programs</b></p>
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Authority:

California Health and Safety Code, Division 2.5, Section 1797.212 - Local EMS Agency Certification Fees. The local EMS agency may establish a schedule of fees for certification in an amount sufficient to cover the reasonable cost of administering the certification provisions of this division.

Proposed Fees:

Proposed Fees Per Hospital					
Hospitals	Stroke Receiving Center	Stroke Comprehensive Center	STEMI	EMS for Children	TOTAL
Kaiser North	\$ 14,000				\$ 14,000
Kaiser Roseville	\$ 14,000		\$ 14,000		\$ 28,000
Kaiser South	\$ 14,000		\$ 14,000		\$ 28,000
Mercy Folsom	\$ 14,000				\$ 14,000
Mercy General	\$ 14,000		\$ 14,000		\$ 28,000
Mercy San Juan	N/A	\$ 29,000	\$ 14,000		\$ 43,000
Methodist	\$ 14,000				\$ 14,000
Sutter Medical Center	\$ 14,000		\$ 14,000		\$ 28,000
Sutter Roseville	\$ 14,000		\$ 14,000		\$ 28,000
UC Davis Medical Center	\$ 14,000		\$ 14,000		\$ 34,000

The above fees are fixed based on the amount of staff time necessary to implement and oversee each new program, which is the same for each hospital and is not dependent on patient transport volume to each hospital.

Currently, *Mercy San Juan Medical Center* is the only hospital to notify SCEMSA of its certified status as a Stroke Comprehensive Center by The Joint Commission. If interested, other hospitals may apply for a Stroke Comprehensive Center designation. Once designated as Stroke Comprehensive, the “Stroke Comprehensive Center” fee will be applied and the “Stroke Receiving Center” fee will be dropped.

Hospital stakeholders and the SCEMSA Medical Director will determine if the “EMS for Children” program is valuable and how to proceed with implementation. If the program is implemented, each hospital will have the opportunity to participate, and the proposed fee for each participating entity is \$6,000.

During planning meetings in early 2018, the STEMI and Stroke stakeholders requested and SCEMSA agreed that hospitals would pay for their own Joint Commission certification fees for the STEMI and Stroke programs.

Trauma Centers	Date the County Board Approved Trauma Fees	Fee History
UC Davis	September 2, 1990	Between Fiscal Year (FY) 2000-01 and 2015-16 trauma fees for UC Davis and Mercy San Juan were not adjusted annually by CPI as permitted in the contracts.
Mercy San Juan	August 9, 1999	
Kaiser South Sacramento	December 11, 2007	Between FY 2009 - 10 and 2015-16 trauma fees for Kaiser were not adjusted annually by CPI as permitted in the contract.
Sutter Roseville	April 18, 1995	Fee decreased in 2000. There is no annual adjustment identified in the contract.

Trauma Center fees and the annual CPI West B/C adjustment were established in each hospitals' contract with the County. In 2016, a review of the trauma center contracts revealed that, under the prior EMS administration, trauma center fees were not adjusted annually as identified in the contracts. In March 2016, EMS notified each trauma hospital of the FY 2016-17 annual fee including the CPI West B/C adjustment.

SCEMSA continues to pay the American College of Surgeons (ACS) site visit accreditation fees for each trauma center.

The below table reflects a "one time increase" in fees and a change in annual increase from CPI to "up to 5%". This 'one-time increase' in FY 19/20 rebalances the actual labor required to complete the trauma program workload. Starting with FY 2020-21, the annual increase will be "up to 5%" based on projected staff costs. This will be reviewed annually. For FY 2019-20 the annual increase will be 5% due to unavoidable staff costs which increased by 9.2%.

Trauma Centers	Current Fee Amount	One Time Increase	Increased by 5%	FY 19-20 Fee	Net Increase
UC Davis Level I - Adult & Pediatric	\$ 106,136	\$ 20,516	\$ 6,333	\$132,984	\$ 26,848
Mercy San Juan Level II - Adult	\$ 54,764	\$ 14,361	\$ 3,456	\$ 72,581	\$ 17,817
Kaiser South Sacramento Level II – Adult	\$ 54,644	\$ 11,284	\$ 3,296	\$ 69,224	\$ 14,580
Sutter Roseville Level II - Adult	\$ 4,064	\$ 5,642	\$ 485	\$ 10,191	\$ 6,127

## Proposed New Pre-Hospital Programs

### **Tactical Medicine for Special Operations Training Program**

#### Authority:

Per California Code of Regulations, Title 22, Division 9, Chapter 1.5 and Chapters 2-4: *Tactical Casualty Care (TCC) is the delivery of specialized adjunct tactical emergency medical services to casualties of active shooter and terrorism events by first responders from an established EMS system to include, but not be limited to, public safety personnel, EMTs, Advanced EMTs, and paramedics.*

#### Program Description:

A private organization requested a “Sacramento County Tactical Medicine for Special Operations Training Program” in order to provide a local training site for the program. Any other training program or organization may apply for approval to provide this type of training program.

Tactical Medicine for Special Operations is the delivery of specialized emergency medical services to casualties of any active law enforcement incident by personnel assigned to a Special Weapons and Tactics (SWAT) operations team, as described by California Penal Code 13514.1. Tactical Medicine for Special Operations first responders respond as an integral part of a SWAT operation team and may provide field tactical medical care to casualties in an area where there is a direct and immediate safety threat. Medical direction and oversight of first responders is provided by a licensed physician in coordination with the local EMS agency.

Interested organizations may submit an application to SCEMSA for approval. SCEMSA will develop the training program requirements and monitor the program (including inspections) to ensure the program's compliance with SCEMSA's training program guidelines.

#### Program Goal:

The goal for establishing a Tactical Medicine for Special Operations Training Program is to offer training to EMS first responders on the provision of emergency medical services to those injured during an active law enforcement incident, with the goal of improving the survival rate for the injured individuals.

### **Critical Care Paramedic Training Program, Provider, & Paramedic Accreditation**

#### Authority:

Per California Code of Regulations, Title 22, Division 9, Chapter 4, in addition to the approved paramedic scope of practice, the Critical Care Paramedic (CCP) may perform an expanded scope of practice for inter-facility transports, when a licensed and accredited paramedic has completed a CCP training program as specified in California Code of Regulations, Title 22,



Division 9, Chapter 4, Section 100155(b) and successfully completed competency testing, and other requirements as determined by the medical director of the LEMSA, such as holding a current certification as a CCP from the Board for Critical Care Transport Paramedic Certification (BCCTPC).

Program Description:

An approved private Advanced Life Support (ALS) ambulance provider requested the implementation of a CCP training program, and ALS CCP provider status. In addition, this provider requested the program for accreditation of CCPs within Sacramento County.

Any Sacramento County approved ALS ambulance provider may apply for any of these three (3) programs. The programs will allow locally approved ALS ambulance provider to provide a higher level of critical care transports within the County.

California law requires a CCP to be accredited by a LEMSA in order to practice as a CCP. Individuals seeking accreditation must apply directly to the LEMSA.

- Accreditation of CCPs is recognized only by the local EMS agency that has policies, procedures and protocols for CCPs. Therefore, CCP accreditation is not valid statewide.
- Training for CCPs is offered at the local level by approved training programs.

CCP Training Program: Agencies interested in becoming an approved CCP training program may submit an application for approval. SCEMSA will develop the training program requirements and monitor the program (including inspections) to ensure the program's compliance with SCEMSA's training program guidelines.

CCP Providers: SCEMSA will develop scope of service requirements. Interested agencies may submit an application for approval by SCEMSA and enter into an agreement with Sacramento County to be a CCP Provider.

CCP Accreditation: Paramedics desiring additional CCP accreditation will be able to submit an online application to SCEMSA including required documents for review, processing, and approval.

## **Emergency Medical Responders Training Program and Certification**

Authority:

In response to Assembly Bill 1812, the State EMS Authority is developing Emergency Medical Responders (EMR) regulations. California Health and Safety Code, Division 2.5, Section 1797.210. - Certification of Personnel by Medical Director:

*(a) The medical director of the local EMS agency shall issue a certificate, except an EMT-P certificate, to an individual upon proof of satisfactory completion of an approved training program, passage of the certifying examination designated by the authority, completion of any other requirements for certification established by the authority, and a determination that*

*the individual is not precluded from certification for any of the reasons listed in Section 1798.200. The certificate shall be proof of the individual's initial competence to perform at the designated level.*

Program Description:

Since 2017, SCEMSA has received multiple requests from one of the Sacramento County Volunteer Fire Department to authorize an Emergency Medical Responder (EMR) training program and EMR certification program in order to provide a higher level of training for their volunteers. This higher level of training is above the First Aid Standards for Public Safety Personnel, but below the Emergency Medical Technician training level. Personnel trained at the EMR level must be certified in Sacramento County to treat patients at this higher level and allows the Sacramento County Volunteer Fire Department to provide an additional level of patient care within their jurisdiction and the south county area. Any other basic life support agency may apply for this training program and personnel certification level.

Emergency Medical Responders (EMRs) provide immediate lifesaving care to critical patients who access the EMS system. They have the knowledge and skills to provide interventions while awaiting additional EMS resources. SCEMSA will develop the EMR training program requirements and interested agencies can submit an EMR Training Program application for approval by SCEMSA. Upon approval of an EMR Training Program, SCEMSA will monitor the program (including inspections) to ensure the program's compliance with SCEMSA's training program guidelines. Individuals desiring EMR certification will submit an online application including required documents for review, processing and approval by SCEMSA.

Program Goals:

The goal of implementing an EMR Training Program and Certification is to provide an additional level of prehospital emergency care, above the Public Safety First Aid, as requested by Sacramento County rural volunteer fire departments.

**Optional Scope for Public Safety Personnel**

Authority:

Per California Code of Regulations, Title 22, Division Chapter 1.5:

*Public safety personnel may perform any or all of the following optional skills specified in this section when the public safety first aid provider has been trained and tested to demonstrate competence following initial instruction, and when authorized by the Medical Director of the local EMS agency (LEMSA), AND*

*A Local EMS Agency shall establish policies and procedures that require public safety first aid personnel to demonstrate trained optional skills competency at least every two years, or more frequently as determined by the EMS quality improvement program (EMSQIP).*

### Program Description:

This program allows public first responder agencies to develop and submit to SCEMSA their proposed training programs for administering Narcan® (naloxone) to treat opiate overdoses and administering epinephrine to treat anaphylaxis. Public Safety Personnel includes firefighters, peace officers, and lifeguards (also known as first responders). They are often the first level of EMS personnel to arrive at an emergency to provide assistance, though their jobs are not typically medical in nature. Upon SCEMSA's approval of the training program, local public first responder agencies will provide staff training on Narcan® for use in the field. SCEMSA will monitor the program (including inspections) to ensure the program's compliance with SCEMSA's training program guidelines. Currently, this program is authorizing public safety agencies to use Narcan® but in the future can be expanded to include epinephrine if agencies request the approval.

### Program Goal:

Optional Scope for Public Safety Personnel will increase the number of lives saved from life threatening conditions such as opiate overdoses and anaphylaxis by allowing first responders the ability and authority to administer and reverse the conditions.

## Staffing for New And Existing Programs

### **Proposed New Staff Positions**

SCEMSA worked alongside state and hospital system representatives during the regulation development process. Current staff reprioritized their current assignments to begin the process of developing the STEMI and Stroke Critical Care Programs. In order to meet regulatory program implementation timelines, SCEMSA must increase its total staffing by adding an EMS Coordinator position and increasing the Medical Director time from 0.4 FTE to 0.5 FTE.

EMS Coordinator (1.0 FTE – New Position) – This proposed new position will be responsible for the following hospital programs: Trauma, STEMI, Stroke, EMS for Children and Cardiac Arrest Registry for Enhanced Survival program. Duties include but are not limited to the following:

#### Trauma

- Update the Trauma Critical Care Program Plan annually for submission to the State.
- Participate in each hospital's Trauma Critical Care Program committee meetings.
- Facilitate quarterly SCEMSA Trauma Critical Care Program meetings.
- Update Trauma Critical Care Program policies and protocols.
- Attend American College of Surgeons, College of Trauma Reverification site surveys for each trauma center as required.

## STEMI

- Create, develop, and annually update the STEMI Critical Care Program Plan for submission to the State.
- Participate in each hospital's STEMI Critical Care Program committee meetings.
- Facilitate quarterly SCEMSA STEMI Critical Care Program meetings.
- Update STEMI Critical Care Program policies and protocols.

## Stroke

- Create, develop, and annually update the Stroke Critical Care Program Plan for submission to the State.
- Participate in each hospital's Stroke Critical Care Program committee meetings.
- Facilitate quarterly SCEMSA Stroke Critical Care Program meetings.
- Update Stroke Critical Care Program policies and protocols.

## Other Duties

- Oversee the implementation of the new critical care programs including finalizing policies and procedures.
- Coordinate the CARES (Cardiac Arrest Registry for Enhance Survival) program with hospitals, pre-hospital providers and the State CARES Coordinator.
- Attend Joint Commission initial and renewal accreditation hospital site surveys.
- Represent SCEMSA at state and regional conferences in order to share and gather information on how other EMS agencies statewide and nationwide implement their programs. This knowledge will be shared with the hospitals attending the STEMI, Stroke and Trauma committee meetings and evaluated for possible implementation in Sacramento County.
- Work with SCEMSA Medical Director to establish specific data elements for data reports, ensure reports are prepared, and identifies areas to improve patient care prior to making presentations to the Critical Care program committees.
- If approved, create and annually update the EMS for Children (EMSC) Program Plan for submission to the State and function as SCEMSA's representative and coordinator for the EMSC Program.

Medical Director (0.4 FTE – Contracted Position) – This is a proposed increase from 0.4 FTE to 0.5 FTE. The additional medical director duties include, but are not limited to the following:

## STEMI and Stroke

- Provide medical oversight for new critical care programs.
- Chair the quarterly SCEMSA STEMI and Stroke Critical Care Program meetings.
- Review and approve policies.
- Review and analyze data, identify areas for improvement, and present recommendations at quarterly meetings.
- Research and remain current on STEMI and Stroke care protocols.

- Attend state and regional meeting and conferences of medical directors in order to share and gather information on how other EMS agencies statewide and nationwide implement their programs. This knowledge will be shared with the hospitals attending the STEMI, Stroke and Trauma committee meetings and evaluated for possible implementation in Sacramento County.

Current Staffing

County	Alameda	Contra Costa	Riverside	San Joaquin	Sacramento
Medical Director	1	1	1	0.3	0.4
EMS Director/Administrator	1	1	2	-	1
Coordinator	5	8	-	3	1
Specialist	10	-	8	2	3
Nurse Manager	-	-	1	-	-
Analyst	-	-	-	3	-
Administrative Support	7	5	6	2	2
<b>Total</b>	<b>24</b>	<b>15</b>	<b>18</b>	<b>10.3</b>	<b>7.4</b>

Note: The above counties, with the exception of San Joaquin, are comparable counties. All counties in the table have a richer staffing pattern than Sacramento County.

**Reallocating Existing Staff Positions**

During initial program planning, the need for a second new position was identified to perform the work associated with the new programs. However, due to a revenue shortfall (see page 23), a portion of existing staff time is instead reallocated to assist with the development, implementation and maintenance of the new programs.

EMS Administrator (1.0 FTE – Existing Position):

STEMI and Stroke – 16% of this existing position will be responsible for administrative duties, which include but are not limited to the following:

- Review and provide approval of policies and procedures.
- Monitor service delivery compliance of the agreements with Sacramento County.
- Review and provide final approval of annual STEMI and Stroke Critical Care Program plans for submission to the State.
- Provide back-up for EMS Coordinator and Medical Director in representing SCEMSA at state and regional meetings and conferences in order to share and gather information on how other EMS agencies statewide and nationwide implement their programs. This knowledge will be shared with the hospitals attending the STEMI, Stroke and Trauma committee meetings and evaluated for possible implementation in Sacramento County.

- Provide back-up for EMS Coordinator to represent SCEMSA at the American College of Surgeons, College of Trauma Reverification site surveys for each trauma center as required.
- Provide back-up for EMS Coordinator to represent SCEMSA at Joint Commission initial and renewal accreditation hospital site surveys.

Pre-Hospital Duties – 6% of this existing position will be responsible for administrative duties, which include but are not limited to the following:

- Review and provide final approval of training program and provider applications.
- Review and provide approval of policies and procedures.
- Review and provide first level of final approval on personnel and program investigations with additional certifications and accreditations.
- Prepare and approve all personnel investigation and disciplinary action documents for the Medical Director's final review and signature.
- Oversee EMS Coordinator duties to ensure timely completion of program related responsibilities.

EMS Coordinator (1.0 FTE – Existing Position) – 8% of this existing position will be responsible for the *pre-hospital* programs. Duties include but are not limited to the following:

- Oversee the EMS Specialists activities in the development and implementation of policies and procedures for the new pre-hospital programs.
- Review and submit for final approve pre-hospital training program applications.
- Assist with personnel or program investigations as required and review any investigation conducted by EMS Specialist prior to submission for final review and approval.

EMS Specialist II (1.0 FTE – Existing Position) – 36% of this existing position will be responsible for Quality Assurance for new prehospital and hospital programs. Duties include but are not limited to the following:

#### STEMI and Stroke

- Create data collection process from data submitted to State EMS Authority's databases and data submitted from each hospital for each new critical care programs (STEMI, Stroke and EMS for Children).
- Work with each hospital to identify and match EMS transport data with hospital records.
- Work with EMS pre-hospital providers to verify proper documentation of indicators.
- Conduct system wide audits and monitoring of submitted data
- Work with hospitals and pre-hospital providers to verify data and make corrections as needed.
- Prepare data presentation for quarterly meetings to discuss areas of improvement.
- Monitor changes, through data submission, to determine the efficacy of implemented changes throughout the system.
- Gather field Activation vs Hospital Activation data

- Disseminate updates as required and maintain open communication with all parties.

EMS Specialist II (1.0 FTE – Existing Position) – 8% of this existing position’s duties will include but are not limited to the following new pre-hospital duties:

- Research, create, and update each training program policies and procedures as needed:
  - Training Program Provider
  - Skills verification
  - Certification
  - Recertification
- Create and maintain internal electronic files for each program and update as needed for teaching staff, approval and expiration dates, addresses, primary contacts, etc.
- Create PDF or fillable documents, for applications, re-approval, and other forms to streamline processes for training programs. Update the forms as policy/protocol changes.
- Perform site visits no less than annually to ensure programs are operating as stated and following all regulatory policies/protocols and mandates. Site visits include:
  - Reviewing electronic or paper files to assure four (4) years of required documents are on file.
  - Noting any deficiencies in site visit documentation.
  - Providing written and verbal recommendations as needed for program improvement.
  - Answering questions and/or assisting with program concerns, how files are stored and/or what can and cannot be applicable to the training program.
  - Creating inspection reports regarding the site visit and providing reports to agencies for their records.
- Instruct on county certification and/or National Registry information and attend question/answer sessions for students as requested.
- Investigate, review and note findings and recommendations on program complaints from students, staff and public.
- Maintain SCEMSA website with updates to training approval and expirations dates.
- Maintain State EMS Authority Website with program approvals, expiration dates, and contact information.
- Field questions/concerns by email, phone, or face-to-face meeting from providers.

EMS Specialist II (1.0 FTE – Existing Position) – 5% of this existing position’s duties will include but are not limited to the following new pre-hospital duties:

- For EMR Certification and CCP Accreditation Programs:
  - Review current state legislature as it applies to the programs and create the policies and procedures.
  - Review state legislature and prepare policy updates for scheduled review at the Medical Advisory Committee (MAC) and Operational Advisory Committee (OAC) meetings.

- Following MAC / OAC approval, draft final policy documents for Medical Director and EMS Administrator review, approval and signature, and submit updated policies for website upload and MAC / OAC member review.
- Perform onsite EMR and CCP provider equipment inspection for compliance with state regulations and SCEMSA policies.
- Create and disseminate inspection reports to EMR and CCP providers.
- Conduct investigations, as assigned, for deviation of treatment, or the program itself.
- For the EMR, CCP, Tactical Medicine for Special Operations, and Optional Scope for Public Safety Personnel Training Programs:
  - Review state legislature and prepare policy updates for scheduled review at the Medical Advisory Committee (MAC) and Operational Advisory Committee (OAC) meetings.
  - Following MAC / OAC approval, draft final policy documents for Medical Director and EMS Administrator review, approval and signature, and submit updated policies for website upload and MAC member review.

Administrative Services Officer (1.0 FTE – Existing Position):

- STEMI, Stroke, Trauma, CARES programs and any future critical care programs – 1.5% of this existing position's will be responsible for these contracts. Duties include but are not limited to the following:
  - Work collaboratively with each hospital system to develop and execute agreements with Sacramento County for hospitals requesting the designation as a Sacramento County STEMI Receiving Center, Stroke Receiving Center, Stroke Comprehensive Center and future critical care programs.
  - Initiate the agreement renewal process in a timely manner, and prepare and disseminate annual invoices.
- 3.5% of this of this existing position's duties will include but are not limited to the following new pre-hospital duties:
  - Developing and maintaining updates to the EMR and CCP online applications with the County Department of Technology.
  - Managing the accounts receivable/accounts payable for the training programs, including:
    - Assigning fees to the provider records in the online application system.
    - Generating provider invoices and monthly statements using the County's electronic accounting system (COMPASS).
    - Tracking provider payments sent to the Department of Finance to ensure payments are applied correctly.
    - Notifying EMS Administrator of late or missed payments. Creating letter of Non-Compliance if a provider payment is not received within 30 days.



Senior Office Assistant (1.0 FTE – Existing Position) – 1.5% of this existing position's duties will include but are not limited to the following new pre-hospital duties:

- Application Processing for the EMR and CCP Accreditations:
  - Assist with creating new and maintaining updates to application/workflow process with Department of Technology.
  - Receive, review documentation and process applications.
  - Provider Communication via Employment Verification process.
  - Payment processing/cash deposits.
  - Applicant Communication via email/phone.
  - Issue/Print certification cards.
  - Mail certification cards weekly.
- Manage monthly employee by employer report:
  - Provider communication regarding separated employees.
  - Applicant communication regarding certification status.
  - Monitor ninety (90) day period for non-affiliated paramedics.
- Website:
  - Create and maintain new website pages for EMR and CCP application requirements.
  - Post and update EMR and CCP policies on website.

<h2>Proposed Fees for New Pre-Hospital Programs</h2>
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Authority:

California Health and Safety Code, Division 2.5, Section 1797.212. - Local EMS Agency Certification Fees. The local EMS agency may establish a schedule of fees for certification in an amount sufficient to cover the reasonable cost of administering the certification provisions of this division.

Proposed Fees:

<b>Stakeholder Requested or State Permissive Pre-Hospital Program Proposed Fees</b>	
<b>Programs</b>	<b>Annual Fees</b>
Tactical Medicine for Special Operations Training Program	\$10,000
Critical Care Paramedic (CCP) Training Program	\$6,000
Emergency Medical Responders (EMR) Training Program	\$1,500
<b>Providers</b>	<b>Annual Fees</b>
CCP Provider	\$12,500
Optional Scope for Public Safety Personnel Training Program	\$1,500
<b>Personnel</b>	<b>Application Fees</b>
EMR Certification – every 2 years	\$25
CCP Accreditation – every 2 years	\$34

Consistent with other fees:

- Programs/Provider Annual Increases – Up to 5% annually based on allocated cost increases.
- Certification / Accreditation Fee Annual Increases – Will remain at an annual increase by Consumer Price Index (CPI) West B/C.

<b>Proposed Changes to Existing Fees</b>
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Authority:

California Health and Safety Code, Division 2.5, Section 1797.212. - Local EMS Agency Certification Fees. The local EMS agency may establish a schedule of fees for certification in an amount sufficient to cover the reasonable cost of administering the certification provisions of this division.

Program Cost Increases:

Annual fee adjustments are necessary to keep up with unavoidable increases in staffing and allocated costs. The tables on the next page summarize the annual fee adjustment.

<b>Fees Established by 1990/2000 Fire Agency Settlement Agreement</b>	
EMT Certification and re-certification	No proposed change at this time to an annual increase using CPI West B/C.
Paramedic Initial accreditation and re-accreditation	
Medical Control Reimbursement (Agreement with Public EMS Providers)	
Miscellaneous fees: Card Replacement, Late Fee Rush Fee, Copying and Returned Check Fee.	

<b>Fees Established in 2013 (Board Resolution 2013-0478)</b>	
MICN Certification and re-certification	No proposed change to annual increase (CPI West B/C). This is consistent with all certification fees.
Paramedic Training Programs	Proposed change in annual increase from CPI West B/C to up to 5%.
EMT-1 Training Programs	
MICN Training Programs	
ALS (non-public) Service Provider	
CE Provider	

## Costs Associated with Implementing New Programs

Authority:

California Health and Safety Code, Division 2.5, Section 1797.212. (Local EMS Agency Certification Fees). The local EMS agency may establish a schedule of fees for certification in an amount sufficient to cover the reasonable cost of administering the certification provisions of this division.

Costs:

The proposed new fees will support the addition of a new staff position, increased medical director time, and reallocation of a portion of current staff's time in order to implement and maintain the new and existing programs.

<b>Fees Support the Following</b>	<b>Cost</b>
1.0 FTE EMS Coordinator – NEW	\$ 150,320
Increase in Contracted Medical Director (0.4 FTE to 0.5 FTE)	\$ 30,000
Operational Costs Associated with the New Programs.*	\$ 18,597
Revenue Shortfall (Maddy/Richie Fund),** Reallocated Staff Time & Associated Operational Costs for Existing Programs.	\$ 218,105
<b>Total</b>	<b>\$ 417,022</b>

\*See chart on Page 24.

\*\*There are unavoidable increases in operational costs associated with the proposed new position such as: mileage/transportation, office supplies, equipment maintenance, licenses, and training.

# Maddy/Richie Fund Statutory Requirements

## Maddy Fund

Authority:

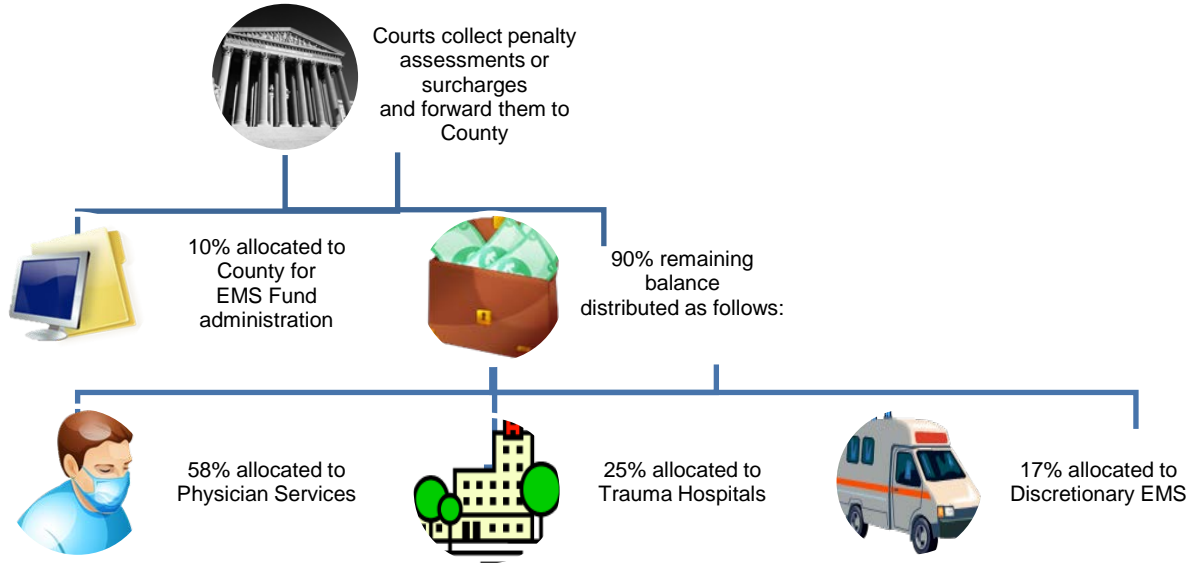
Pursuant to SB 12, the California State legislature added Health and Safety Code (HSC), Division 2.5, Part 1, Section 1797.98(a-g).

Each county may establish an emergency medical services fund, upon the adoption of a resolution by the Board of Supervisors (Resolution # 88-2380) for each county to administer its indigent services program at the following percentages:

The initial **10%** of this fund is utilized for administration.

The remaining **90%** is allocated as follows:

- 58% Physicians Services Account – payments made to physicians who care for patients who have no insurance coverage or are otherwise unable to pay for the emergency room visit;
- 25% Trauma Center Account – shall be distributed only to hospitals providing disproportionate trauma and emergency medical care services;
- 17% Discretionary Account – payments made for other EMS purposes, determined by each county. Supports EMS staffing, allocated/operational costs and contracts.



## Richie Fund

### Authority:

Pursuant to SB 1773 Alarcon (Richie Fund), the California State legislature added Section 1797.98 (e) which provided, upon adoption by respective counties Board of Supervisors (Resolution # 2017-0533), an additional penalty assessment to be utilized to provide funding for all pediatric trauma centers throughout the county.

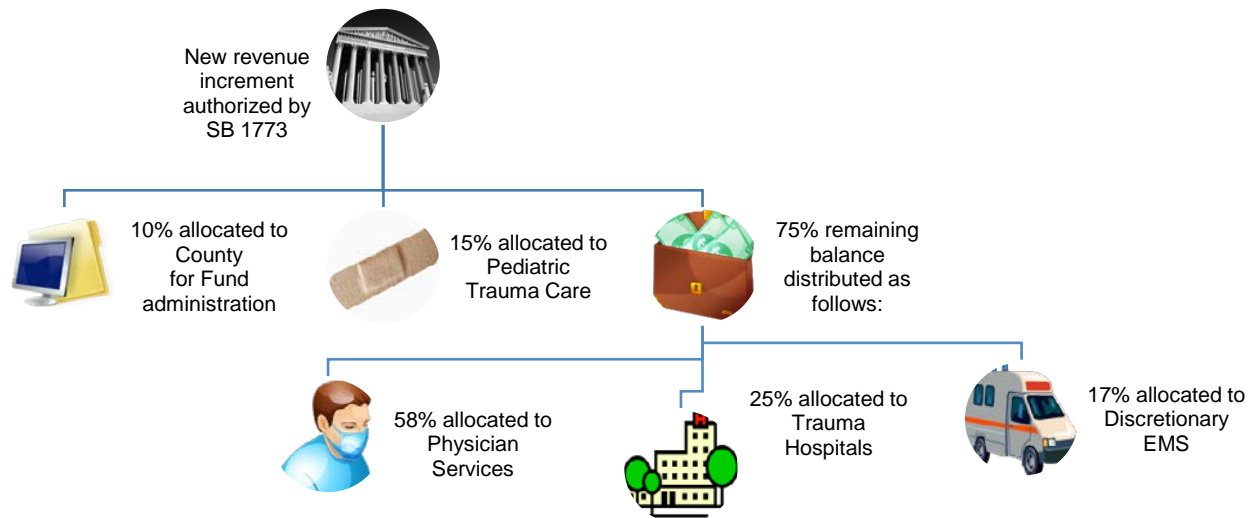
Richie Fund requires a new **15%** allocation be set aside for pediatric trauma care, while the remaining revenues are distributed similar to the Maddy Fund.

The Richie Fund breakdown is as follows:

- **10%** of this fund is utilized for administration.
- **15%** of the fund is utilized for pediatric trauma centers.

The remaining **75%** is allocated as follows:

- 58% Physicians Services Account – payments made to physicians who care for patients who have no insurance coverage or are otherwise unable to pay for the emergency room visit;
- 25% Trauma Center Account- shall be distributed only to hospitals providing disproportionate trauma and emergency medical care services;
- 17% Discretionary Account – payments made for other EMS purposes, determined by each county. Supports EMS staffing, allocated/operational costs and contracts.



## Maddy and Richie Fund Revenue Trend Chart

With legislative changes affecting the Courts' ability to collect on the specific fines associated with the Maddy and Richie Funds, the fund amounts are steadily declining and no longer a sustainable source of EMS revenue.

<b>Maddy EMS Fund (Vehicle Code Fine) Revenue History</b>				
<b>Fiscal Year</b>	<b>Budget</b>	<b>Actual</b>	<b>Difference</b>	<b>% Change</b>
2011-12	\$ 1,395,000	\$ 1,336,143	(58,857)	
2012-13	\$ 1,395,000	\$ 1,054,023	(340,977)	-21%
2013-14	\$ 1,395,000	\$ 1,330,091	(64,909)	-5%
2014-15	\$ 1,395,000	\$ 1,251,151	(143,849)	-6%
2015-16	\$ 1,395,000	\$ 1,188,284	(206,716)	-5%
2016-17	\$ 1,285,000	\$ 1,046,955	(238,045)	-12%
2017-18	\$ 1,100,000	\$ 1,025,739	(74,261)	-2%
<b>Fiscal Year</b>	<b>Budget</b>	<b>Projected Actual</b>	<b>Projected Shortfall</b>	<b>Projected Loss to EMS</b>
2018-19	\$ 2,640,000	\$ 1,962,472	(\$677,528)	(\$159,697)

Prior to January 2018:

- The County collected only EMS Maddy Funds (not Richie). Richie revenue collection began in January 2018.
- The portion of the Maddy Fund designated for trauma center payments was held in a separate account for payment and not reflected in the budget.

For Fiscal Year 2018-19:

- The Maddy/Richie budgeted revenue was held at the FY 2017-18 budgeted amount (\$1.1 million), included the estimated new Richie revenue (\$1.1 million), and the revenue designated for trauma center payments.
- The Maddy and Richie Funds declined at an unprecedented rate.
- The estimated Projected Loss to the EMS Program is the Projected Shortfall minus the estimated \$ 517,832 decrease in Physician and Trauma Center payments of as a result of declining Maddy and Richie revenue.

## Fiscal Year 2018-19 EMS Budget – Revenue

<b>FY 2018-19 Revenue</b>		
<b>Revenue Source</b>	<b>Budget</b>	<b>Percentage of Total Budget</b>
Vehicle Code Fines (Maddy & Richie Funds)	\$ 2,640,000	75.12%
EMS Personnel Fees Certification, Training Program, Continuing Education & Provider Fees	\$ 624,672	17.78%
General Fund	\$ 162,319	4.62%
EMT State Certification*	\$ 38,000	1.08%
Public Health Hospital Preparedness (HPP Grant)**	\$ 43,175	1.23%
Public Health Emergency Preparedness (PHEP Grant)***	\$ 6,000	0.17%
<b>TOTAL</b>	<b>\$ 3,514,166</b>	<b>100%</b>

\*Revenue from collecting EMT State certification fees. State EMS invoices SCEMSA monthly for the collected fees. This is a pass through.

\*\*HPP Grant revenue (Federal Grant provided to Division of Public Health through the State) supports a portion of the current EMS Coordinator position. These funds support specific emergency preparedness functions.

\*\*\*PHEP Grant revenue (Federal Grant provided to Division of Public Health through the State) supports the EMS Mobile Medical Shelter storage/maintenance and is included in the EMS operational costs.

## Fiscal Year 2018-19 EMS Budget – Expenditures

<b>FY 2018-19 Expenditures</b>		
<b>Expenditure Category</b>	<b>Budgeted</b>	<b>Percentage of Total Budget</b>
Maddy/Richie Fund Physician Payments (58%)	\$ 1,263,240	35.95%
Staff Costs	\$ 840,592	23.92%
Maddy/Richie Fund Trauma Center Payments (25%)	\$ 544,500	15.50%
Operational Costs Allocated Costs, Contracts*	\$ 365,834	10.41%
Maddy/Richie Fund Administrative Cost (10%)	\$ 264,000	7.51%
Maddy/Richie Fund Pediatric Trauma Payments (15% of Richie)	\$ 198,000	5.63%
EMT State Certification Payments	\$ 38,000	1.08%
<b>Total</b>	<b>\$3,514,166</b>	<b>100%</b>

Blue – These funds are dispersed according to statute (Maddy/Richie) or EMSA requirements for EMTs. State EMS invoices SCEMSA monthly for the collected fees.

Green – \$168,000 is budgeted for Advanced Medical Management, Inc. This agency is a Management Services Organization contracted to administer and adjudicate the County Physician Emergency Medical Services (PEMS) medical claims for the indigent. The remainder is applied to county administrative costs.

\*EMS annual contracts total \$332,500 and include:

- American College of Surgeons (\$30,000) – Performs site inspection and accredits Sacramento County Trauma Hospitals (UC Davis Medical Center, Mercy San Juan Medical Center, Kaiser Permanente-South and Sutter Roseville Medical Center).
- The Permanente Medical Group (\$92,500) – Provides statute required medical oversight (Medical Director) for the EMS program.
- Inland Counties EMS Agency (\$35,000) – Provides EMS trauma and pre-hospital data repository for reporting.
- Coastal Valleys EMS Agency: Cardiac Arrest Registry for Enhanced Survival (CARES) (\$7,000) – Fee for participation in the statewide program to measure performance and how to improve cardiac survival rates within the community.
- Advanced Medical Management, Inc. (\$168,000) – Administers and adjudicates the County Physician Emergency Medical Services (PEMS) medical claims for the indigent per statute.



## LEMSA Revenue Funding Source Comparison

Stakeholders requested information about funding sources for other LEMSAs. A funding source that is not available to Sacramento County is the “Exclusive Operating Area” Fee. Sacramento County is the only LEMSA with a Non-exclusive Operating Area.

Local EMS Agency	Ordinance Revenue/Year	EMS Agency Oversight/Monitoring Fee EOA Provider/Year	Dispatch Fee EOA Provider /Year	EMS Information System (Data) Fee/Year	First Responder Fees	Fines Charged
Alameda County EMS	\$7,005,422	N/A	N/A	N/A	N/A	Y
Central California EMS	N/A	N/A	\$810,800	N/A	N/A	Y
Contra Costa County EMS	\$1,178,607	N/A	N/A	N/A	N/A	Y
Inland Counties Emergency Medical Agency (ICEMA)	NA	\$903,000	NA	NA	NA	Y
Los Angeles County EMS	\$2,700,222	N/A	N/A	N/A	N/A	Y
Mountain Valley EMS	\$144,286	\$296,067	N/A	N/A	\$700,000	Y
Orange County EMS	N/A	\$50,000	N/A	N/A	N/A	Y
Riverside County EMS	N/A	\$485,000	\$325,000	\$420,000	N/A	Y
Sacramento County EMS	N/A	N/A	N/A	N/A	N/A	
San Diego County EMS	\$6,048,897	N/A	N/A	N/A	N/A	Y
San Joaquin County EMS	N/A	\$675,000	N/A	N/A	N/A	Y
San Mateo County EMS	N/A	\$425,484	\$1,127,559	N/A	\$4,739,669	Y
Santa Clara County EMS	N/A	\$984,217	N/A	N/A	N/A	Y
Solano County EMS	N/A	\$500,000	N/A	N/A	N/A	Y
Yolo County EMS	N/A	\$300,000	N/A	N/A	N/A	Y

Orange County – ALS Provider pays the EMS Agency \$13.33/patient transport from calls originating in 9-1-1 system/quarter.

## LEMSA Prehospital and Hospital Funding and Fee Comparisons

### Revenue Comparison with other LEMSAs

SCEMSAs are funded primarily through the Maddy EMS Fund [Vehicle Code Fines (VCF)] as compared to other Counties which receive the majority of their funding through exclusive operating area fees, personnel fees, or bonds/measures. Sacramento County also has a lower portion of general fund dollars.

Agency	Maddy	Richie	Personnel Fees, Exclusive Op. Area or Federal Funding	General Fund	Bonds or Measures	Total
Sacramento County	38.6%	38.6%	18.2%	4.6%	0.0%	100.0%
Comparable Counties*	6.9%	3.8%	66.0%	13.0%	10.3%	100.0%

\*Alameda, Central Valley (Fresno), Contra Costa, El Dorado, Inland Counties, Riverside, San Joaquin, Santa Clara, Sierra-Sacramento Valley, Solano, and Ventura.

### Fee Comparison with other LEMSAs

Some LEMSAs are still in the process of developing and implementing appropriate fees for different programs.

PROPOSED FEES COMPARISON											
Agency	Stroke Rec. Center	Stroke Comp. Center	STEMI Rec. Center	EMS for Children	EMR Training Program	EMR Certification	Tactical Training Program	Narcan® Training Program	CCP Training Program	CCP Service Provider	CCP Accreditation
Sacramento County	\$ 14,000	\$ 29,000	\$ 14,000	\$ 6,000	\$ 1,500	\$ 25	\$ 10,000	\$ 1,500	\$ 6,000	\$ 12,500	\$ 34
Other LEMSAs Average Fees	\$ 12,672	\$ 8,391	\$ 14,329	\$ 5,000	\$ 884	\$ 30	\$ 188	\$ 188	\$ 7,583	—	\$ 25
Other LEMSAs Range of Fees	\$2,500 - \$30,000	\$5,000 - \$19,319	\$5,000 - \$28,432	\$5,000 - \$15,000	\$200 - \$5,000	\$25 - \$50	\$250 - \$500	\$250 - \$500	\$500 - \$25,000	—	\$25 - \$53