A Systems Development Guide for Rural Emergency Medical Services:

A Systematic Approach to Generate Budgets for Rural Emergency Medical Services

National Center for Rural Health Works
Oklahoma Cooperative Extension Service
Oklahoma State University

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Executive Summary

This guidebook is designed to assist rural emergency medical services to generate budgets. The "Budget Generator" is designed to assist an individual EMS or multiple EMS services to compare their expenses and revenues and consider consolidation or collaboration through regional budgeting alternatives. The guidebook includes the systems development information as well as the "Budget Generator" (Excel spreadsheet on CD or on the website at www.ruralhealthworks.org). The "Budget Generator" is explained in **CHAPTER VIII – Example EMS System Budget Template: "EMS Budget Generator."** Also, copies of the worksheets from Excel are included in **APPENDIX D - Copies of the Budget Template Spreadsheets**.

All the other chapters include information on systems development (**CH I**) and organization (**CH II**), including level of care (**CH III and IV**) and emergency medical response agencies (**CH V**). Detailed information is included on EMS expenditures (**CH VI**) and on EMS funding alternatives (**CH VII**). The final chapter discusses effective administration (**CH IX**). A more detailed description of each chapter is included here:

CHAPTER I –Systems Development – Planning Rural Emergency Medical Services provides a summary of the information in the *EMS Agenda for the Future* and the *Rural/Frontier EMS Agenda for the Future*. The components of an EMS system, the attributes, and the goals to achieve the attributes are provided for both agendas in **Appendix A**. The visions of the agendas are discussed, as well as the recommendations to achieve the goals for each attribute. A review of these agendas periodically will assist in developing effective, efficient, and progressive EMS systems.

CHAPTER II – Organization of Emergency Medical Services (EMS) Systems includes information on level of care, type of operation, and type of ownership. Each level of care is described. Information is provided from the 2011 National EMS Assessment to show national statistics on EMS organizations, EMS professionals, EMS events and patient care, and EMS funding. Findings from an EMS expert panel and an Emergency Management expert panel are also provided.

CHAPTER III – Developing a Basic Level of Support (BLS) EMS System describes all the components of an EMS system, including:

- Manpower and training
- Transportation
- Communications
- Hospital Facilities, and
- Continuous Quality Improvement

CHAPTER IV - Moving Toward a Higher Level of Emergency Care illustrates the components of an EMS system as it advances to an advanced level of care. In addition to the

components for a BLS system, a new component, Facilities – Critical Care Designation and Medical Control, must be added for an advanced level of care. Although rural EMS systems attempt to provide advanced level of care, the overall EMS system is inverted with most ALS systems available in the urban areas, while most rural areas are served by BLS systems.

CHAPTER V – Emergency Medical Response Agencies (EMRAs): "Where Do They Fit In?" provides a description of these agencies and how EMRAs can become a integral part of the EMS system, as part of a tiered response system. The provision of an EMRA in conjunction with the EMS system can ensure better overall response times through provision of initial emergency care prior to the arrival of the ambulance vehicle. Rural areas can greatly benefit from EMRAs trained and located strategically throughout the EMS medical service area.

CHAPTER VI – Estimating Expenses of an EMS System provides a system for estimated expenses of EMRAs and EMS systems. The EMS system includes a provision for an annual capital expense fund to set aside an amount of funds each year to replace the capital items when their usefulness has expired. All of the expenses incurred in an EMS system are described and some mechanisms are provided for estimating annual building expenses and labor expense.

CHAPTER VII – EMS Funding Alternatives provides a listing of all types of EMS funding alternatives available. These funding mechanisms will vary by state and each EMS system will want to be very familiar with their state's available funding. This chapter may provide ideas for additional funding mechanisms in a particular state.

CHAPTER VIII – Example EMS System Budget Template: "EMS Budget Generator" provides a description of the "Budget Generator" in the Excel spreadsheet. This chapter describes each of the worksheets in the "Budget Generator" spreadsheet and how each tool can be used to build an EMS budget or budgets.

CHAPTER IX – Effective Administration: "A Key to a Viable EMS System" describes the need for effective administration and management of the EMS system. The chapter also discusses HIPAA compliance for EMS systems. **CHAPTER X – Available Resources and Services** provides a listing of resources including state EMS agency contacts and federal government agency contacts.

This guidebook is designed to assist EMS systems with system development, modification, consolidation, collaboration, corroboration, system upgrades, level of care analysis, funding alternatives, budgeting, budgeting vs. actual cost analysis, regional system consideration, etc. The main emphasis is on the "Budget Generator" tool, which provides information on capital expenditures, annual operating expenditures, and revenue sources.

Assistance in utilizing the guidebook and "Budget Generator" tool is available by contacting:

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CHAPTER I
Systems Development -
Planning Rural Emergency Medical Services Systems

Whenever an emergency medical service (EMS) system is discussed, it is often perceived as being the local ambulance service. However, ambulance service is only the transportation portion of a total EMS system. The EMS system creates a coordinated response to the immediate needs of the emergency patient. The EMS system provides medical care and transportation in an out-of-hospital setting with medical oversight.

A complete EMS system must include a coordinated working relationship with hospitals, public service agencies, and other providers of health care. Total care from the scene of an accident or the onset of sudden illness, through rehabilitation, and return to normal living should be the goal of EMS planners and implementers.

The EMS system must have strong continuous medical leadership. A qualified physician (Medical Director) is the leader of the EMS team. He/she directs and coordinates all elements of care. "Team care" requires cooperation at every level of the system and should be the goal of every EMS system. EMS system development should remain in the hands of the local populace. There are no hard and fast rules because population, economics, and geography all present unique problems in establishing each individual EMS system. However, if the system is to be of life-saving quality, standards for personnel training, vehicles, manpower, facilities, communications, and continuous quality improvement must be adopted.

An EMS system may be an organization of one ambulance transport service or an EMS system may be a complex organization with a network of ambulance transport services, and/or a network of emergency medical response agencies (EMRAs), and /or a central dispatch, and/or other components. In this document, EMS system, EMS services, EMS providers, and ambulance providers are used to basically indicate an ambulance transport service.

An EMS system not only responds to emergency calls, but also provides medical transportation services for patients requiring medically supervised transportation. These calls are typically referred to as "transfer" calls or interfacility transfers.

An EMS system may also provide "stand by" services at mass gatherings (such as concerts, sporting events, etc.) and high-risk activities (such as fire operations, etc.). An EMS system may also serve as a combined emergency response and occupational/primary care role in remote areas (such as off-shore oil rigs, wildland fires, etc.).

EMS provides out-of-hospital care to those with perceived urgent needs. EMS is a component of the overall health care system. The positive effects of EMS care are enhanced by linkages with other community health resources and integration within the health care system. The EMS system is a critical component of health services; however, EMS is often not included in the discussion.

The development of EMS systems is discussed in the "**EMS Agendas for the Future**" below.

EMS Agendas for the Future

During the past 30 years, EMS systems in the United States have experienced explosive development and growth. Yet initiatives to create a system to provide emergency medical care for the nation's population began with limited knowledge about what constituted the most efficient processes for delivering ideal resources to the spectrum of situations encountered by contemporary EMS. The "15 Components of an EMS System" are a part of

the genesis of EMS systems we know today. These 15 components are listed below.

15 Components of an EMS System

1. Manpower
2. Training
3. Communications
4. Transportation
5. Facilities
6. Access to Critical Area Units
7. Utilization of Public Safety Agencies
8. Consumer Participation
9. Accessibility to Care
10. Transfer of Patients
11. Standard Medical Record Keeping
12. Consumer Information – Public Education
13. Review and Evaluation
14. Disaster Planning
15. Mutual Aid Agreements

In 1996, a multi-disciplinary group, under the leadership of the National Highway Traffic Safety Administration, expounded on these 15 components and developed the *EMS Agenda for the Future*. Realizing that rural America is unique and requires unique solutions, a group of rural health advocates, along with the National Association of EMS Directors, developed the *Rural/Frontier EMS Agenda for the Future* in 2004 to target national goals to meet the needs of rural/frontier communities.

EMS systems of the future will be community-based health management systems and will be fully integrated with the overall health care system. A theme running through the *Rural/Frontier EMS Agenda for the Future* is that such EMS integration is not only a reasonable approach to making community health care more seamless and to meeting community health care needs that might not otherwise be met, but that providing a variety of EMS-based community health services may be crucial to the survival and advancement of many rural/frontier EMS agencies. Another related theme is that EMS should not only weave itself into the local health care system but into the fabric of the community itself.

Communities can objectively assess and publicly discuss the level and type of EMS care available, consider other options and accompanying costs, and then select a model to subsidize. When this happens through a well-orchestrated and timely process of informed self-determination, community EMS can be preserved and advanced levels of care can be attained. The EMS will have the ability to identify and modify illness and injury risks, provide acute illness and injury care and follow-up, and contribute to treatment of chronic conditions and community health monitoring. This new entity will be developed from redistribution of existing health care resources and will be integrated with other health care providers and public health and public safety agencies. The EMS will improve community health and result in more appropriate use of acute health care resources. EMS will remain the public's emergency medical safety net.

The Vision

The rural/frontier EMS systems of the future will design to assure a rapid response with basic and advanced levels of care as appropriate to each emergency and to serve as a formal community resource for prevention, evaluation, care, triage, referral, and advice. The foundation of rural/frontier EMS systems will be a dynamic mix of volunteer and paid professionals at all levels designed for the community and by the community.

The *EMS Agenda for the Future* provides a vision for pre-hospital EMS. Achieving such a vision will require deliberate action and application of the knowledge gained during the past 30 years of EMS experience. The EMS of the future will be more than merely an emergency transportation service. The EMS Divisions at the state level and at the local EMS levels are the workhorses of the national *Agenda*. A thorough knowledge of the *Agenda* will assist the local decision-makers to understand the reasoning behind most of the EMS legislation and regulation. If pursued conscientiously, the *Agenda* will be an achievement with great benefits for all of society.

The *Rural/Frontier EMS Agenda for the Future* is built on the foundation of the 1996 *EMS Agenda for the Future*. With one minor change, the *Rural/Frontier EMS Agenda for the Future* proposes continued development of the following 14 EMS attributes:

1. Integration of Health Services
2. EMS Research
3. Legislation and Regulation
4. System Finance
5. Human Resources
6. Medical Direction/Oversight
7. Education Systems
8. Public Education
9. Prevention
10. Public Access
11. Communication Systems
12. Clinical Care and Transportation Decisions/Resources
13. Information Systems
14. Evaluation

Fulfilling the vision requires the application of significant federal, state, and local resources as well as committed leadership at all levels to address such issues as:

- Staff recruitment and retention
- The role of the volunteer
- Adequate reimbursement and subsidization
- Effective quality improvement
- Appropriate methods of care and transportation in remote, low-volume settings
- Assurance of on-line and off-line medical oversight
- Adequacy of data collection to support evaluation and research
- Adequacy of communications and other infrastructure
- Ability to provide timely public access and deployment of resources to overcome distance and time barriers

Recommendations to Achieve the Goals for the EMS Attributes

Each of the EMS attributes is outlined in detail in both *Agendas* as to where EMS systems are, where EMS systems want to be, and how EMS Systems will get there. Recommendations to achieve the goals for each attribute are listed in **Appendix A** for both *Agendas*. For comparison, the recommendations from the *Rural/Frontier EMS Agenda for the Future* are listed in the left columns and the recommendations from the *EMS Agenda for the Future* are listed in the right columns of **Appendix A**.

CHAPTER II
Organization of Emergency Medical Services (EMS) Systems

EMS systems are organized based on level of care, type of operation, and type of ownership. The organization of EMS systems may vary in different states. Each state has legislation that governs the EMS systems in that state. However, the most common organizational definitions are given below.

Level of Care

Typically, the level of care closely resembles the levels of EMT training, as follows:

- Emergency Medical Responder (EMR)
- Emergency Medical Technician (EMT)
- Advanced Emergency Medical Technician (AEMT)
- Paramedic (ground or air)
- Specialty care

Emergency Medical Response Agencies (EMRAs) Level of Care

Emergency medical responders (EMRs) are an extension of the EMS system. The primary focus of an emergency medical response agency (EMRA) is to have EMRs in place throughout the service area to initiate immediate lifesaving care to critical patients who access the EMS system prior to the arrival of a transport vehicle. An EMRA can and should be part of the EMS system.

Basic Life Support Level of Care

EMTs provide *basic life support (BLS) care*; a minimum combination of interacting elements and personnel to provide the most basic level of life support. Typically, under no circumstance during the transport of an ambulance patient shall the attendant be less than a licensed EMT.

Advanced Life Support Level of Care

AEMTs provide *advanced life support 1 (ALS-1) level of care* that requires a more highly trained advanced emergency medical technician (AEMT) and provides an additional level of care focusing on the acute management and transportation of critical and emergent patients.

Paramedic Level of Care

Paramedics provide *a higher level of advanced life support (ALS-2*) and are the highest level of out-of-hospital care. Paramedic services can be either ground services (ambulance vehicles) or air services (helicopter or fixed-wing aircraft).

Possible Additional Staffing for Interfacility Transfers

In some cases involving interfacility transfers of ambulance patient(s), a physician, physician assistant (PA), nurse practitioner, respiratory care practitioner, registered nurse, or licensed practical nurse may be required to assist the EMTs, AEMTs, and Paramedics because the medical care required exceeds the level of the ambulance service personnel. If this option is used, written physician orders, and/or documentation of orders given via radio or telephone contact with a physician, shall become a part of the ambulance patient run report.

Specialty Care Service Level of Care

Some states license "specialty care" services that use personnel and equipment for specific and special needs such as neonatal. Each specialty care patient should be attended by at least one currently licensed paramedic. Attending staff may also be physicians, registered nurses, and other health care professionals with specialty care training in the specialty care area needed by the patient.

Type of Operation

EMS systems are typically a local function and organized in a variety of ways with different types of operation. Typically, the types of system are as follows:

- Paid Fire Department
- Volunteer Fire Department
- Government (not fire or police)
- Volunteer (not fire or police)
- Law Enforcement
- Hospital-Based
- Private (not subsidized)
- Private (subsidized)
- Not-For-Profit (not subsidized)
- Not-For-Profit (subsidized)
- Other

EMS systems may be part of a fire department and may be either paid or volunteer. EMS systems may be part of the local government entity and not be affiliated with either the fire or police department. EMS systems can organize as a volunteer operation that is not under a fire or police service. The systems can be based in law enforcement agencies or in hospitals. EMS systems can be private or not-for-profit ventures and can be either subsidized or not subsidized.

Some states have legislation that allows EMS systems to organize as a trust authority with a governing trustee board. This type of operation may allow for specific funding mechanisms under the trust legislation. There may be other types of operations allowed under individual state laws.

Type of Ownership

EMS systems have many types of ownership. Listed are typical types of ownership:

- City
- County
- City/County
- Hospital
- Authority or Board
- Private
- Volunteer
- Special Taxation Districts
- Other

Rural EMS systems may be owned by cities (towns or municipalities). Some systems are owned by county government; others are owned jointly by city and county governments; and others may be owned by hospitals. If systems are organized as a trust, the authority of the trust or trustee board is the owner of the system.

Special legislation in some states allows for the creation of a special taxation district. EMS special taxation districts must be established through a vote of the citizens and provide a mechanism for funding the district (i.e., sales tax, ad valorem tax). After a vote passes to establish the special taxation district, the district is governed by a board. The special taxation district may choose to own the EMS system or to contract for EMS services.

Private entrepreneurs own their own systems and volunteer organizers become the owners of the volunteer systems. Other types of ownership may be utilized in different states.

EMS Organizations Nationally

The source for all the data below is:

Federal Interagency Committee on
Emergency Medical Services
2011 National EMS Assessment
U.S. Department of Transportation
National Highway Traffic Safety
Administration
Washington, DC, 2012
Website: <www.ems.gov>.

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The following three tables are from the 2011 National EMS Assessment, showing the types of EMS organizations as identified by participants in the assessment (**Table 1), t**he types of EMS professionals (**Table 2**), and the types of EMS responses and patient care (**Table 3**)**.** In **Table 1**, the data indicate that 93 percent of EMS agencies respond to 911 emergent events. Of these, only 65 percent have transport capability. **Table 2** shows 64 percent of credentialed EMTs are at the EMT level, while six percent are AEMTs and 24 percent paramedics. **Table 3** shows that 76 percent of EMS responses are EMS transports. **Table 3** also indicates that protocols are state developed in 50 percent of the states and are locally developed without state coordination in 50 percent of the states. The medications' listing are state developed in 50 percent of the states and are locally developed in 50 percent of the states. In regard to the procedures' listing, 24 percent are state developed and 76 percent of locally determined with EMS Medical Directors.

Table 1
EMS Organizations (2011)

Credentialed EMS Agencies	21,283	100%
EMS Agencies responding to 911 emergent events	19,793	93%
With transport capability	13,834	65%
Without transport capability	5,959	28%
Licensed EMS Agencies with non-emergent medical transport services	1,064	5%
EMS Agencies Level of Care		
EMT	10,854	51%
AEMT	1,915	9%
Paramedic	8,088	38%
Specialty Care Transport Agencies (Air Medical or Ground Transport Services)	851	4%
Credentialed EMS Vehicles	81,295	100%

Table 2
EMS Professionals (2011)

Credentialed EMTs	826,111	100%
EMT	528,711	64%
AEMTs	49,567	6%
Paramedic	198,267	24%
EMS Workforce Demographics		
Female	272,617	33%
Male	553,494	67%
White/Caucasian	619,583	75%
Black/African American	66,089	8%
Asian	41,306	5%
American Indian/Alaska Native	33,044	4%
EMS Medical Directors	8,459	100%

Table 3
EMS Events and Patient Care (2009)

EMS Events (Responses)	36,698,670	100%
EMS Transports	28,004,624	76%
States with State Developed Protocols	25	50%
States with Local Protocol Implementation without state coordination	25	50%
States with State Level List of Medications	25	50%
States with Local EMS Medical Director Decision on Medication Use	25	50%
States with State Level List of Procedures	12	24%
States with Local EMS Medical Director Determination of Medical Procedures	38	76%

Other EMS Considerations

Data are also available on EMS funding (**Table 4**), the findings of the EMS Expert Panel (**Table 5**), and the findings of the Emergency Management Expert Panel (**Table 6**).

Table 4 shows that 33 percent of EMS funding is from the state's general budget with another 19 percent from motor vehicle related fines or fees and seven percent from federal preparedness funds. Only six percent of states have determined the average cost and reimbursement for a 911-based EMS ground transport.

Table 4
EMS Funding

Funding from State's General Budget		33%
Funding from Motor Vehicle Related Fines or Fees		19%
Funding from Federal Preparedness Funds		7%
Funding from Multiple Other Sources		<5%
States that have Determined Average Cost and Reimbursement for a 911-based EMS Ground Transport	3	6%

Table 5 shows the EMS Expert Panel indicated that there is a wide variation on how EMS agencies are defined within each state, that regionalized systems of care are not standardized and have minimal regulatory guidance, management, and data, that EMS professionals are certified rather than being degreed, and that lower state budgets have limited the ability of states to provide leadership beyond baseline regulatory functions.

Table 5
EMS Expert Panel Findings

There is a wide variation in how EMS Agencies are defined within each State.
Volunteerism has no standard definition from State to State.
The ability to measure and monitor EMS vehicle crashes and EMS workforce safety is still at a very early infancy.
Regionalized Systems of Care associated with trauma, stroke, ST-Elevation Myocardial Infarction (STEMI), cardiac arrest, etc., are maturing but often with little regulatory guidance, management, data, or standardization.
EMS professional education is most commonly a certificate and not a degree. Movement should be toward a degree but cost and access to programs are currently limited.
State EMS Office budgets have been significantly impacted by the current economic downturn. This has limited the ability of the State to provide leadership beyond baseline regulatory functions.

Table 6 shows the Emergency Management Expert Panel reported that EMS systems are restricted in general in their ability to participate in needed programs (i.e., disaster programs, new equipment regulations, patient triage and tracking systems, mass transportation vehicles, specialty service capabilities, children and vulnerable populations) due to lack of funding availability.

Table 6
Emergency Management Expert Panel Findings

EMS has been invited and participates in State and Federal Disaster Programs but funding of EMS through these programs has and continues to be limited.
There has been significant deployment of regional equipment and/or treatment trailers that can be accessed by EMS.
EMS in general will be very challenged to meet the 2013 narrow banding transition. This is due greatly to insufficient funding for equipment.
Patient triage and tracking systems are being developed and implemented but few states have fully deployed them.
Most States have plans that include mass transportation vehicles. These are usually public or school based vehicles. Some States are workings on dedicated medical transport buses but this is in its infancy. Regulations will be required to license them.
Specialty Service Capabilities within EMS (rescue, hazmat, swift-water, etc.) in general are felt to be adequate but these capabilities are not monitored, regulated, or licensed to assure quality and safety.
Children and vulnerable populations are being addressed by EMS Preparedness initiatives but the ability to know the patients location within the community, understand each special need, and provide EMS professionals with the required special skills and knowledge to care for this population is lacking.

CHAPTER III
Developing a Basic Level of Support (BLS) EMS System

As in any system, components of an EMS system must work together smoothly. More importantly, people who are involved in planning, developing, and implementing the system must function in a like manner – cooperating with each other – for effective and efficient EMS delivery. The development of an EMS system will begin with a basic life support system and then show alternative systems and development of a system with paramedic level of care.

This guidebook will discuss levels of care, minimum staffing requirements, training requirements, and scope of practice in general; specific information should be obtained from your state EMS agency (***Listing of State EMS Agencies in Chapter X – Available Resources and Services***) or from the below national references:

National EMS Scope of Practice Model
U. S. Department of Transportation
Emergency Medical Services
The National Highway Traffic Safety Administration
DOT HS 810 657 (Feb 2007)

http://ems.gov/education/EMSScope.pdf

National Emergency Medical Services Education Standards
U. S. Department of Transportation
Emergency Medical Services
The National Highway Traffic Safety Administration
Publication: DOT HS 811 077A (Jan 2009

http://ems.gov/EducationStandards.htm

U. S. Department of Labor
Bureau of Labor Statistics (BLS)

http://www.bls.gov/ooh/Healthcare/EMTs-and-paramedics.htm

Example Basic Life Support System

A basic life support (BLS) system is a minimum combination of interacting components and personnel. The system should include:

- ***Programs to train the citizen(s)*** in emergency care of the sick and injured and to inform the public how to summon an ambulance.
- ***Easy and quick telephone access*** by which the public can obtain aid rapidly within a designated geographical area.
- ***Coordinated dispatch of ambulances*** from the call receiving point on a 24 hour per day basis by dispatchers trained to analyze the severity of medical occurrences.
- ***A dedicated radio network that allows communications*** among ambulances, hospitals, physicians, and other medical and public safety resources.
- ***Ambulance personnel trained in emergency procedures*** to stabilize the patient at the scene and maintain that stable condition while transporting the patient.
- ***Vehicles designed specifically for transport*** of the critically injured and sudden illness patient ***and adequately equipped*** with life-supporting supplies to sustain the patient while en-route to the hospital.
- ***Physicians*** in charge of all medical operations and ***in control of medical decisions***.

The above points were first made in a Robert Woods Johnson Foundation Special Report on EMS in 1977. After a quarter-century, they still very succinctly sum up the major components necessary for a BLS system.

Components of a BLS EMS System

All of the major components are of prime importance in forming a complete, efficient, quality EMS system. These major components are ***the building blocks of any EMS system***:

- Manpower and Training,
- Transportation,
- Communications,
- Hospital Facilities, and
- Continuous Quality Improvement.

Manpower and Training

Manpower and training are complete, equal, and separate components of an EMS system. Due to their close relationship, however, they have been combined here for descriptive purposes. EMS skills and knowledge represent a continuum of complexity and risk. As the licensure levels increase, the knowledge required to practice safely, the skill complexity (the difficulty in acquiring and maintaining skill competency), and the potential for harm increase. Communities must assess their needs and the resources they are willing and able to invest in out-of-hospital emergency care.

All EMS life support systems are dependent upon dedicated professionals working to provide quality emergency care 24 hours per day, 365 days per year. A single EMS Director should be responsible for management decisions and operations. An adequate number of licensed personnel are needed to make the system operate efficiently.

First Responder is a generic term used to describe all types of emergency responders, such as law enforcement officials, fire fighters, and medical responders. Emergency Medical Technicians (EMTs) are the type of First Responder used in pre-hospital ambulance operations. EMTs must react quickly to a given medical situation and ensure patients are stable while transporting them to medical facilities.

EMTs usually work in pairs. One EMT drives (or in some cases an EMR may drive the ambulance vehicle) to a medical care facility, while a second EMT cares for the patient and performs any additional medical care in the ambulance. A dispatcher (or emergency medical dispatcher) communicates with the EMTs regarding the type of incident and location. Using special equipment and training, EMTs are sometimes able to handle the situation on site without any need for the patient to be rushed to a medical facility.

From the BLS data referenced earlier in this chapter, several qualification and training levels are associated with EMS personnel:

- Emergency medical responder (EMR),
- Emergency medical technician (EMT),
- Advanced emergency medical technician (AEMT), and
- Paramedic.

Some states may name the levels differently, but the divisions are essentially the same. All EMRs and EMTs at all levels must be properly licensed to drive ambulance vehicles. All must be properly licensed based on their state's regulations and the national regulations. . Certification must be renewed periodically by completing education, training, and employment criteria by registration every two years. Specific training requirements will not be stated here, as they may vary from state to state.

Emergency Medical Responder (EMR)

An emergency medical responder (EMR) is trained to provide emergency care before the ambulance arrives at the scene of the emergency. The lowest qualification levels allow the emergency medical responder (EMR) to perform basic emergency medical care such as CPR. Additionally, an EMR may drive for ambulance services. Rescue teams trained and certified as EMRs are desirable for EMS systems; they can provide professional emergency care and prepare the patient for transport prior to the arrival of the ambulance vehicle. An EMR can operate at a basic level and advance up to the paramedic level. As qualification level increases, an EMR performs more and more complex medical care on patients. Upon reaching the EMR-Paramedic rating, an EMR is qualified to use complex medical equipment, administer drugs and perform many other pre-hospital care functions.

Physical strength and mental and emotional stability are prerequisites for a career as an EMR. EMRs are often required to lift a patient, which requires bending and load bearing activity. In addition, they are exposed to unsettling sights and life-or-death situations, which can drain on people's mental well being and emotions. In addition, EMRs work in all outdoor conditions, like rain, sleet and snow.

Emergency Medical Technician (EMT)

An Emergency Medical Technician (EMT) is responsible for on-scene care. The emergency care continues through transport and should extend into the emergency department if requested. Under no circumstance during the transport of an ambulance patient shall the attendant be less than a licensed emergency medical technician.

EMTs may work for any type of EMS system. With appropriate education and/or experience, these workers could progress to become higher level EMTs, supervisors, managers, directors, or even executive directors of an EMS system. EMTs may desire to seek additional education to qualify for other related positions; i.e. dispatchers, emergency medical dispatchers, physician assistants, instructors, licensed practical nurses, registered nurses, etc.

At the EMT level, basic skills focus on the acute management and transportation of critical and emergent patients. In most rural areas, EMTs provide the highest level of out-of-hospital care and are an integral part of the emergency care team. Skills include basic, non-invasive interventions to reduce the morbidity and mortality associated with acute out-of-hospital medical and traumatic emergencies. Emergency care is based on assessment findings and provision of care to minimize secondary injury and provide comfort to the patient and family while transporting the patient to an emergency care facility. EMT is the minimum licensing level for personnel transporting patients in ambulances to an appropriate medical facility, whether emergency or trauma or medical transport services. EMTs candidates are trained not only for their role in pre-hospital care, but also in hospital emergency department procedures as well.

Advanced Emergency Medical Technician (AEMT)

An AEMT requires completion of the training required at the EMT level, as well as more advanced training, licensing and/or certification. An AEMT provides basic and limited advanced skills focused on the acute management and transportation of critical and emergent patients. An AEMT provides rural communities an option to provide high benefit, lower risk advanced skills for systems that cannot support or justify the Paramedic level of care. AEMTs may function as part of a tiered response system in communities utilizing emergency medical dispatch systems.

Paramedic

A Paramedic has the most advanced level of training. A Paramedic must complete EMT and AEMT training, as well as training in advanced medical skills. A Paramedic provides out-of-hospital care and represents the highest level of out-of-hospital care. Paramedics may be part of a tiered response system in communities that use emergency medical dispatch systems. Paramedics provide invasive and pharmacological interventions with emergency care based on advanced assessment and the formulation of a field impression.

Other EMS personnel

Ambulance Drivers

Separate training and licensure is required to drive an ambulance. Although some emergency medical services hire separate drivers, most EMTs, AEMTs, and Paramedics are required to be properly licensed to drive the ambulance vehicles. EMRs may also be trained to drive the ambulance vehicles.

Emergency Medical Dispatchers (EMDs)

Emergency Medical Dispatchers (EMDs) are the vital link between those calling for help and rapid emergency care response. The speed of the initial receipt and dispatch of the call is the only phase of the ambulance call that can be shortened. Once the ambulance leaves the station, the time for hurrying has passed. Dispatchers should answer the 9-1-1 and other emergency numbers and dispatch the appropriate vehicles and manpower. Properly licensing is required by the United States Department of Transportation, Emergency Medical Dispatcher Training Course.

Additional training is available for dispatchers; they could be licensed EMTs or EMDs certified by the National Association of Emergency Medical Dispatchers. Through this training, EMDs can give a caller advice on immediate patient care until the ambulance arrives, can determine the severity of illness or injury, and can dispatch appropriate resources based on the severity of the situation.

Rural areas may not be able to support this high level of trained emergency medical dispatchers. One possible way for rural areas to provide EMDs would be through partnerships with multiple agencies (i.e. fire, police, EMS, etc.). Another approach could be development of regional EMS systems to centralize dispatch. Regionalization could prove to be more cost and resource effective and could allow for the higher level of trained dispatch.

Incidentally, Medicare reimbursement rates are directly related to the quality of information obtained during the dispatch phase. Documentation is critical to obtain appropriate Medicare reimbursement. The use of EMDs can provide better outcomes for emergency care and, therefore, an increased reimbursement rate from Medicare.

Emergency Department Nurses and Physicians

Emergency department nurses and physicians require specific training in emergency medicine so they can smoothly continue care begun at the scene. Hospital emergency departments have been classified at various levels according to their capabilities of delivering specialized definitive emergency treatment.

EMS Medical Directors

EMS Medical Directors must be licensed physicians, board-certified in emergency medicine, and have broad experience in emergency care. The EMS Medical Director works with all ambulance services in a specified service area to establish patient care protocols, assure continuous quality improvement (CQI), and to be available for on-line medical control, triage, diagnosis, and on-scene treatment, if necessary. EMTs, regardless of licensure level, are permitted to work through the EMS Medical Director. The EMS Medical Director authorizes the personnel to treat and transport patients within approved protocols.

A specialized certification training program is available for EMS Medical Directors through the American College of Emergency Physicians. Continuing education is also available through the National Association of State EMS Medical Directors. Some states are offering education at the state level; check with your state to determine what is available and/or required.

EMS Directors

EMS Directors integrate all the components discussed above into one cohesive EMS system. The EMS Director is the individual in charge and is responsible for the overall operation of the EMS system, including administration and clinical segments. EMS Directors are charged with the responsibility that all personnel are competent and have the appropriate initial training at their level of licensure. EMS Directors also must design and have in place programs of continuing education and refresher

courses to maintain and advance the skill levels of EMRs, EMTs, AEMTs, and EMDs.

Transportation

Currently (November 2013), all ambulance vehicles must meet the Federal Specifications KKK-A-1822 in effect at the time of manufacture. However, the U.S. General Services Administration could change the regulations at any time.

http://www.gsa.gov/portal/content/104336

Since Federal and state regulations are subject to change at any time, any person desiring the most current information should research the most current regulations through the appropriate agencies.

According to the current Federal Specifications, the ambulance is defined as a vehicle for emergency medical care that provides:

- A driver's compartment
- A patient compartment to accommodate an EMS provider and one patient located on the primary cot so positioned that the primary patient can be given intensive life support during transit
- Equipment and supplies for emergency care at the scene as well as during transport
- Safety, comfort, and avoidance of aggravation of the patient's injury or illness
- Two-way radio communication
- Audible and visual traffic warning devices

The ambulance shall be designed and constructed to afford safety and comfort and to avoid aggravation of the patient's injury or illness.

All of these shall be standard commercial products, tested and certified to meet or exceed the requirements of the Federal Specifications. The ambulance shall comply with all Federal Motor Vehicle Safety Standards (FMVSS) and other Federal and state regulations applicable or specified for the year of manufacture. The chassis, components, and optional items shall be as represented in the chassis manufacturers current technical data. The ambulance body, equipment, and accessories shall be as represented in their respective manufacturer's current technical data. The contractor shall provide total standardization and interchangeability between similar vehicles, equipment, items, and accessories specified for all ambulance units under each contract.

EMS placement planners should make selections for new and replacement vehicles from the following three basic vehicle types:

Type I - (10,001 to 14,000 GVWR)

Type I vehicle shall be a cab chassis furnished with a modular ambulance body.

Type I - AD - (Additional Duty) (14,001 GVWR or More)

Type I-AD shall be a Cab-Chassis with modular ambulance body, increased GVWR, storage, and payload.

Type II - (9201 – 10,000 GVWR)

Type II ambulance shall be a long wheelbase Van, with Integral Cab-Body.

Type III – (10,001 to 14,000 GVWR)

Type III shall be a Cutaway Van with integrated modular ambulance body.

Type III - AD (Additional Duty) (14,001 GVWR or More)

Type III-AD shall be a Cutaway Van with integrated modular body, and increased GVWR, storage, and payload.

The primary cot shall be loaded to position the patient's head forward in the ambulance. The primary cot shall be mounted to provide

maximum access from the EMSP seat. The ambulance and the allied equipment furnished under this specification shall be the manufacturer's current model year commercial vehicle of the type and configuration specified. The ambulance shall be complete with the operating accessories, as specified. The design of the vehicle and the specified equipment shall permit accessibility for servicing, replacement, and adjustment of component parts and accessories with minimum disturbance to other components and systems. The term "heavy-duty," as used to describe an item, shall mean in excess of the standard quantity, quality, or capacity and represents the best, most durable, strongest, etc., part, component, system, etc., that is commercially available on the OEM chassis.

Transportation by means other than ground ambulance will be required under certain conditions and in some types of terrain. Helicopters may prove effective rescue units in large cities and congested traffic areas. The most efficient use of helicopters is for the transfer of critical patients from remote rural areas into urban specialty care centers. EMS systems that can finance a helicopter's initial cost and maintenance expenses may operate such a service, but this is not usually the case. Climatic and geographic conditions may dictate still other emergency rescue vehicles such as a fixed wing aircraft, snowmobiles, snow-cats, specialty four-wheel drive vehicles, and boats of various types.

Ambulances should be strategically based within the service area. Each ground ambulance service shall have on staff an adequate number of emergency medical personnel and a sufficient number of ambulances available in order to be enroute to 90 percent of all emergency calls within five (5) minutes of the time the call is received in dispatch at the licensed level of care for which the EMS service is licensed.

The amount of time that is needed to arrive at a scene will vary depending on the environment, weather, traffic, topography, etc. The communities and the ambulance service should work together to establish reasonable times based on the resources available and the community needs and expectations.

All ambulances are required to carry specific patient care equipment as recommended by the American College of Surgeon's Committee on Trauma and the National Academy of Sciences National Research Council. Additional equipment may be directed by terrain, environment, or other special hazards. Contact your state EMS agency to determine the required minimum equipment for your state.

Communications

Communications are the key to an efficient EMS system and tie all components of the system together into a single responsive unit. The communications system should provide:

- Toll-free, 24-hour telephone access to a centralized communications center through the common 9-1-1 system. Ideally, the 9-1-1 system should be enhanced (E 9-1-1) to provide the dispatcher with the actual physical address or location of the caller, even when the call is placed from a cellular telephone.
- Alerting of ambulance crews and rescue squads through the use of voice or alphanumeric pagers or portable radios.
- Rapid voice and data communication among all elements of the system: First Responders, EMRs, ambulance personnel, fire and rescue squads, law enforcement agencies, and hospitals.

Once alerted, the certified EMD must make quick and proper decisions regarding equipment and manpower requirements to adequately respond and deal with the emergency, whether it involves a single patient or scores of patients. Dispatch and response pre-plans should be utilized so that all dispatchers know how to utilize support services such as utility companies and heavy equipment. They should have access to information on hazardous substances. In the event of widespread disaster, central dispatch coordinates all personnel, vehicles and equipment, and facilities until the stricken area

is secured. A mobile command post may be needed to coordinate support functions in the stricken area while central dispatch continues day-to-day operations elsewhere.

Two-way radio voice communication equipment makes it possible for the EMT to speak to competent medical authorities in the hospital and notify the emergency department of estimated time of arrival and patient condition. All ambulances, regardless of level of care provided, should be equipped with radios with remote radio control in the patient compartment. ***Narrow banding is now required for ambulances and all license holders.*** Inter-hospital communications, such as a Medical Emergency Response Center, provide capabilities for monitoring the availability of hospital beds and facilities within the area and alerting specialty and tertiary care centers of the pending transfer of critical patients.

EMS planners should be aware that an alternate power source must be available to the communications center. This ensures uninterrupted service in the event of a power outage. Similarly, it is important that EMS planners not rely solely on one method of communication. Recent disasters have shown that cellular telephone systems quickly become overburdened and fail during a disaster of even minor proportions. Common radio frequencies may become saturated and require switching to an alternate frequency.

Hospital Facilities

All hospitals should be classified according to their abilities to handle specific types of emergencies in terms of their facilities, equipment, and staffing. Classification systems will vary with each state. Such classification should be a joint effort of EMS planners and administrators and local physician groups.

Existing patient flow patterns in the community should be studied to determine the most logical designation of critical care, particularly trauma centers. In areas where there is excessive duplication of emergency services (e.g., urban areas), several hospitals may discontinue emergency department services. Or, if all hospitals provide emergency services, even the smallest, most remote hospital must be capable of performing life-saving stabilization and preparing the patient for transfer to a larger or specialized hospital for definitive care.

For a hospital to be available for emergency care there must be at least one licensed individual in the hospital at all times. The licensed individual can be an RN, EMT, physician assistant, nurse practitioner, paramedic, physician, etc. Alternatives must be established for the care of non-urgent patients in outpatient clinics or by other means and protocols must be established for triage. ***The ultimate goal of the EMS system, quite simply, is to get the right patient to the right facility in the right amount of time.***

At least one hospital in the EMS system must provide 24-hour coverage by a physician. This hospital should be designated as a trauma center at a level three or above. Other hospitals should have a physician identified as "on call" around the clock. All emergency departments must have the potential for temporary expansion of services and facilities to accommodate all victims of a mass casualty disaster.

Within the EMS system, the hospitals have the responsibility to cooperate in the training of personnel, coordinate physician services, provide housing for or have access to a poison control center, produce emergency department records for evaluation of service, and provide BLS care. Hospitals may further contribute by housing the EMS system's ambulances or communication system or support services. The community and hospital may also choose to have the hospital provide the ambulance service. A committee composed of staff physicians should be responsible for regularly reviewing emergency department services and operations. Committee recommendations should lead to upgrading and improvement of such services.

For example, in one state, the Emergency Services Classification System was mandated by their legislature. Legislation directed the state hospital regulatory agency to "… develop a classification system for all hospitals that treat

emergency patients. The classification system shall… identify stabilizing and definitive emergency services provided by each hospital." The law also requires a data gathering system to evaluate the effectiveness of the effort. In this state, all hospitals are now classified in ten clinical categories and levels of service. The state's classification system was patterned according to national guidelines. It was developed by the state hospital regulatory agency with extensive public input from other hospital-related organizations such as the state hospital association, the state medical and osteopathic associations, the Medical Schools' faculty members, and the state EMS and trauma agencies/boards.

The system was not intended to force upgrades, but to allow direct comparisons based entirely on clinical criteria. It is intended to classify current capabilities only.

The hope is that destination decisions will be simplified for EMS providers. The EMS Medical Directors can write more precise destination protocols, and (hopefully) improve triage accuracy to ensure only the most severe patients go "upstream." For example, incorporation of the state triage transport and transfer guidelines and the state hospital classification system would encourage appropriate distribution of patients, protect tertiary facilities against overload, and discourage inappropriate "bypasses of regional facilities."

An example of the ten clinical categories and levels of service within one state's classification system are shown below:

- Trauma & Emergency Operative Services: Levels I –IV
- Cardiology: Levels I –III
- Pediatric Medicine and Trauma: Levels I-IV
- Dental: Levels I-III
- Obstetrics/Gynecology: Levels I-IV
- Ophthalmology: Levels I-III
- Neurology: Levels I-III
- Psychiatry: Levels I-III
- General Medicine: Levels I-IV
- Stroke: Primary or Secondary

There are multiple, graduated levels within each of the ten clinical categories, graduated from the lowest levels of care to the highest, as in the American College of Surgeons (ACS) model for trauma center verification. Level I facilities have the highest clinical capabilities and Levels III and IV have the lower capabilities. Capabilities are determined by the available medical staff, services, and physical plant

Trauma capabilities require special verification. At Level II and III the state survey teams are physician-led, while Level I must be verified by the ACS.

There are either three or four levels per classification category. The general requirements for the levels are very consistent across the categories. They follow what the drafters hope are natural break-points within hospital evolution. They are expected to change over time as the system evolves.

The minimum levels (Level III or IV) are equivalent to the minimum hospital licensure requirements:

- licensed staff on-site,
- a physician on call and immediately available,
- certain minimum resuscitation equipment on-site, and
- transfer protocols in place.

At the next higher level (Level II or III), the requirements are as follows:

- a physician is on duty in the facility 24 hours per day,
- specialty consultation services are immediately available, and
- surgery is available, if applicable.

At the next higher level (Level I or II), the requirements are:

- a specialist within that category of care is immediately available as are support services (staff and equipment), and
- there is a dedicated service within the medical staff for that specialty (OB/GYN, pediatrics, neurology, ophthalmology, etc.).

These are usually regional resource hospital facilities. The highest-level facility will be a tertiary referral center and is usually a teaching center. A research component may be required.

Continuous Quality Improvement (CQI)

State EMS agencies continue to steadily move forward with trauma system development and improvement statewide. Some states now have legislation that specifies periodic reviews of trauma care and CQI activities related to trauma care by a state Medical Audit Committee (MAC). In accordance with the statute, the members of the MAC are appointed by an appropriate state leader and the MAC meets on a regular basis. The MAC may be composed of physicians from both rural and urban areas representing trauma surgery, emergency medicine, orthopedics, oral-maxillofacial surgery, neurosurgery, pediatric critical care and general surgery. The MAC receives and reviews the cases and provides follow up, education, and resolution.

Additionally, a state may establish regional trauma advisory boards with a Regional CQI Committee to review trauma systems issues. The Regional CQI Committees are multidisciplinary and consist of, at minimum, physicians, nurses and EMTs from the region who are active in the provision of trauma care.

Typically, the meetings of the MAC and Regional CQI Committees, where patient care reviews are conducted, shall not be public meetings and shall not be subject to the provisions of any Open Meeting Acts. Materials generated at such meetings shall also be protected and not subject to the Open Records Act or to disclosure by subpoena.

Traditionally reserved for hospitals and metropolitan agencies, CQI has not often been utilized in rural or BLS systems. CQI will be adopted and embraced by all levels of EMS and in all demographic areas. The application for certification at the State level now requires CQI to be included. How do EMS decision-makers know that what the EMTs are doing makes a difference unless they take a critical look?

Some questions to be asked include:

- What are we doing?
- How often are we doing it?
- How well are we doing it?
- How do we know we are doing it well?
- What are we doing it with?
- Under what conditions are we doing it?
- To whom are we doing it?
- Why are we doing it?
- What are our desired consequences for doing it?
- How well are we documenting what we are doing?
- How much did it cost for us to get ready to do it?
- How much will it cost for us to continue doing it?
- What is the benefit if we do it this way, or another?
- Who is doing it?
- Should we be doing it at all?

CQI involves planning, implementing the plan, monitoring, analyzing, improving the plan, working the improved plan, monitoring the improved performance, etc. In this way, EMS systems are continuously seeking to provide their constituents the most up-to- date, efficient, and cost-effective services.

All ambulance services transferring injured patients from hospitals outside the region to hospitals in the region shall contact the trauma transfer and referral center before entering the region to advise the center of the patient transfer. The center shall maintain a record of the transfer for regional CQI activities.

If the EMS system plans for quality, monitors quality, and improves quality, then the EMS

system will continuously deliver quality care to their patients.

The EMS system involves much more than the provision of pre-hospital and in-hospital emergency care. Once these important aspects of EMS are in place and operational, other capabilities and responsibilities will expand as the system grows. Other needs will be recognized and emerge as:

- Mutual Aid Agreements,
- Coordinated Medical Recordkeeping,
- Disaster Linkages, and
- Public Information and Education.

Mutual Aid Agreements

Mutual aid agreements with all surrounding contiguous or overlapping licensed emergency ambulance services that contain procedures for disaster response should be signed to ensure that emergency situations will be adequately and consistently covered by ambulance service. As stated in most states' regulations, mutual aid and pre-arranged agreements between licensed ambulance services and surrounding licensed or certified EMS providers shall be developed and placed in the service files for inspection. Mutual aid agreements should be reviewed by all parties on a regular basis; i.e., biennially. Licensed ambulance services shall provide mutual aid, if the capability exists without jeopardizing the primary service area.

When all vehicles within a community are responding to emergencies or away on transfers, neighboring ambulance services should be notified and be prepared to handle emergency calls on a temporary basis. If the mutual aid system is activated frequently or on a regular basis, EMS managers will need to consider enhancing their capabilities by scheduling non-emergency transfers or adding vehicles and crews.

Coordinated Medical Recordkeeping

Coordinated medical recordkeeping permits the EMS system to "track" the patient and thereby determine whether or not the patient has received the most appropriate response and care at every level within the system. Such accurate recordkeeping will allow EMS researchers to evaluate just what the EMS system does that actually "makes a difference" for patients. It simplifies billing procedures for providers and makes records available for continuous review and evaluation of the EMS system, especially when these data are computerized.

Most state EMS agencies are required to collect EMS data from their licensed ambulance services. An EMS information system is the database receiving the data from licensed ambulance services. The state highway safety office or related agency may assist with funding to support a state EMS information system.

There is an effort to build a national database for EMS information. The National EMS Information System (NEMSIS) is receiving data and is working to provide research quality information regarding the activities of EMS. Your state EMS agency can provide information on their activities in contributing to the national database.

Typically, ambulance services submit data to the database one run at a time or in "batches." A website may be provided by the state EMS agency for ambulance services to submit runs one at a time. "Batch" submitters may need to work with data vendors to ensure compatible download formats. Most vendors have developed NEMSIS-compliant download formats and will need to add only the "state-specific" data fields to be fully compliant. Check with your state on the latest formats that are adapted to the NEMSIS database.

Periodically, regional training sessions may be presented to assist agencies with data entry into NEMSIS. Be sure to contact NEMSIS or your state EMS agency to inquire about this training.

Few things are as important to the future of EMS as quality data. Quality data are needed to show EMS makes significant differences in patient outcomes. Participation and cooperation in data collection, submission, and analysis are

important to the continuing development of EMS.

Disaster Linkages

Disaster linkages increase the ability of the EMS system to bring all resources together in a mass casualty situation. Such disasters require all components of the system to react to injured patients and ensure their movement to appropriate facilities in the briefest possible time. *The primary goal of EMS in disaster situations is to do the greatest amount of good for the greatest number of people.* The EMS system should regularly test its capabilities by holding disaster drills.

None of us can "go it alone" with regard to disaster response. Ambulances are an important disaster response partner. However, in a disaster, local agencies could be adversely affected to the point that they may be unable to respond even to their own communities.

The need to develop a coordinated approach to manage requests, movement, and support of ambulances in a disaster has presented itself in several instances in recent years, although none of these events required the movement of large numbers of vehicles.

No EMS system exists in a vacuum. With the bombing of the federal building in 1995, the terrorist attacks in 2001, and the hurricane disaster in 2005, our nation has seen how a coordinated regional response works best. A coordinated regional response services the needs of the emergency locale as well as providing for the overall continuing emergency response capabilities of the EMS system. EMS systems need to be prepared for regional response to any disaster, which may also include pandemic flu outbreaks and other biological disasters.

In some states, the need for "Ambulance Strike Teams" and regional ambulance deployment is becoming a critical resource for disaster planning and preparedness. The state EMS agency, Homeland Security, Emergency Management, representatives from state trauma agencies, and others, must work together to create guidelines as a vital part of the State's response to disasters. The disaster medical response system would process and provide supplemental ambulances and personnel to "impacted counties" whose resources are overwhelmed by an emergency.

Ambulance personnel are an extremely valuable service delivery resource and participate in large-scale disaster response: medical triage, on-scene medical care, transportation to hospitals, shelter medical care, etc. The guidelines focus on system organization (policies and procedures), communications, and logistic support without addressing in detail the issues related to reimbursement.

Public Information and Education

Public information and education can be as important as education of emergency medical personnel. It is incumbent upon the EMS community to educate the public on the following:

- What situations constitute an "Emergency?"
- Benefits of using "9-1-1" addressing systems.
- What information is necessary for emergency medical dispatchers to properly dispatch the most appropriate equipment and personnel to the correct location?
- Early CPR and first aid measures.

In addition, a properly trained Public Information Officer can enhance the public image of the EMS system. The public news media can be the EMS system's best friend or worst enemy. Every effort should be made to present the EMS system in its best light, to highlight its successes, and to mitigate the impact of occasional errors.

CHAPTER IV
Moving Toward a Higher Level of Emergency Care

Citizens soon realize that a good, quality basic life support (BLS) system does save lives. This becomes obvious through newspaper stories, television, and populace word of mouth. As this realization occurs, progressing to an advanced life support (ALS) system provides even more life-saving opportunities.

Education and training

Training is offered at progressive levels: The typical licensure levels (EMR, EMT, AEMT, and Paramedic) were discussed earlier in this guidebook.

EMRs must possess the basic knowledge and skills necessary to provide lifesaving interventions while awaiting additional EMS response and to assist higher level personnel at the scene and during transport. EMRs perform basic interventions with minimal equipment.

At the EMT level, coursework emphasizes basic emergency skills, such as managing respiratory, trauma, and cardiac emergencies, and patient assessment. Formal courses are often combined with time in an emergency department or ambulance. The program provides instruction and practice in dealing with bleeding, fractures, airway obstruction, cardiac arrest, and emergency childbirth.

At the AEMT level, students must be trained as an EMT and also be trained in more advanced skills such as the use of advanced airway devices, intravenous fluids, and some medications.

The most advanced level of training for this occupation is Paramedic. A Paramedic must already be trained at the EMT and AEMT levels. At the Paramedic level, the caregiver receives training in anatomy and physiology as well as advanced medical skills. These programs may take up to one to two years. Extensive related coursework and clinical and field experience is required.

Refresher courses and continuing education are available for EMTs at all levels. All EMTs must take refresher training courses or complete continuing education requirements.

Components of an ALS System

In an ALS system, the delivery of emergency care is refined and many components are upgraded. Those requiring extensive improvement are:

- Manpower and Training
- Transportation
- Communications
- Facilities - Critical Care Designation
- Medical Control
- Continuous Quality Improvement (CQI)

Other system functions should have already been put into operation during the BLS phase of EMS system development and implementation. These will be continued and should be closely coordinated. Some will be intensified, particularly EMT training and provision for more life-saving equipment.

Manpower and Training

Manpower and training change dramatically when the system moves forward to ALS. EMTs licensed at advanced levels (AEMTs and Paramedics) must be available for an ALS system to function. Rural areas may find it more difficult than their urban counterparts to establish viable ALS due to run volumes resulting in lower revenues (economies of scale).

More and more, ALS is becoming the standard expectation of the public consumer. Manpower, availability of initial and continuing education, and preservation of clinical skills present much greater problems in rural areas than in cities. Usually cost prohibits staffing for two AEMTs or two Paramedics on each crew in rural areas. Therefore, several options may be considered, and each depends heavily upon a medical

priority call screening process by EMDs. ***The agency must review the state requirements regarding minimum staffing levels and licensure requirements.***

Each shift may have one or more ambulance vehicles staffed with Paramedic, AEMTs or EMTs. The ambulance is sent out only when certain medical criteria are met in the call screening process. This alternative would generally be used in communities with a moderate to large population base.

In areas of lesser population or insufficient licensed manpower, communities may opt for a crew consisting of one Nationally Registered EMR or one EMT and one AEMT or Paramedic. This combination will allow for ALS procedures to be performed, depending on the licensing level of the personnel in the ambulance.

Finally, all ambulances can be staffed as a full ALS service utilizing only advanced level EMTs (AEMTs and Paramedics). This type of system may be found only where availability of licensed personnel and financing are not great hurdles.

An additional level of certification is available to Paramedics. The Critical Care Transport Paramedic course is an additional certification level that provides for even more advanced assessment, monitoring, and therapeutic intervention techniques. This advanced capability is particularly helpful in rural areas that may have long transport times to tertiary care centers in distant cities. A strong relationship with the EMS Medical Director is of vital importance in making the critical care transport program work.

EMS educators should consult with their State EMS agency in selecting or developing curricula.

Transportation

Transportation, a prime component of an EMS system, becomes even more critical in an ALS system. Ground transportation will remain basically the same, although some systems may be staffed by teams of specialists. A neonatal transport vehicle is an example of such specialized care.

Helicopter emergency care service is developing rapidly. Some hospitals, individually or collectively, have underwritten the costs of providing helicopter services. Other helicopter services are funded by a membership subscription arrangement. Helicopters may assure rapid patient movement to the hospital best equipped and staffed to handle specific critical cases. Helicopters and other aircraft may be hindered, however, by such variables as landing location and adverse weather. EMS planners should be cautious when considering helicopter emergency care services. Helicopter transportation is simply an adjunct to the ground EMS system and should function in conjunction with it.

As the system upgrades and changes from BLS to ALS, serious study and thought should be given to planning a more sophisticated and rapid response for both emergency and routine transfers of patients. Some commercial providers offer a fixed wing air evacuation system. Such a system would allow routine transfers to move long distances on a scheduled basis, allowing ambulances to remain in their home base or immediate response area. A quick response for acute emergencies would also be made available under such a system. An air evacuation system might involve several states or at least a regional system within a state and may require financial assistance such as joint federal funding or other grants. This type of system is only practical for specific geographic areas, i.e. remote areas of Montana only accessible by air, western Kansas, frontier areas of Nevada, and Arizona.

Communications

Communications take on a new urgency with an ALS system. While the additional education makes the Paramedic more competent to provide more detailed assessment and invasive treatment protocols, the emergency department physician has an even greater responsibility to be kept informed of the patient's condition and the treatment being rendered.

Data communication equipment allows the paramedic to transmit 12-lead electrocardiograms to enhance the diagnoses and treatment of acute cardiac problems while on scene or during transportation to the hospital.

Considering various medical protocols and geographical locations, consultation with a medical communications expert is recommended to design a system to meet the precise specifications of a particular area. Some consideration should be given toward regionalization of communication systems, including call receiving, pre-arrival instructions, and EMD.

Facilities – Critical Care Designation

Facilities should have been categorized in the BLS phase. Hospitals in the ALS system must provide critical care units in the ten critical care categories or make arrangements for rapid transport to a facility outside the system that can offer such care.

These categories may be similar to the list below:

- Trauma & Emergency Operative Services: Levels I –IV
- Cardiology: Levels I –III
- Pediatric Medicine and Trauma: Levels I-IV
- Dental: Levels I-III
- Obstetrics/Gynecology: Levels I-IV
- Ophthalmology: Levels I-III
- Neurology: Levels I-III
- Psychiatry: Levels I-III
- General Medicine: Levels I-IV
- Stroke: Primary or Secondary

Medical Control

Medical Control is a requirement in all EMS systems and is especially critical in ALS systems. All EMTs, especially those possessing advanced level skills, in essence become an extension of the emergency department physician. For this reason, as well as others, emergency department physicians should assist as much as possible in educating the advanced level personnel.

Medical control does not necessarily mean voice contact and on-line direction of all pre-hospital care by the responsible physician. It also includes assisting in formation of patient care protocols and issuing standing orders. The protocols and orders should be periodically reviewed to ensure they are kept current with the rapidly changing medical environment and approved by other physicians involved in the EMS system and the hospitals. Sending and receiving physicians and hospitals should be kept aware of the protocols to ensure smooth transfer and transition of the patient into and out of their care.

Standing Orders

Standing orders are used in some instances when radio communication with a physician is not possible. These should be used with prudence and physicians should be thoroughly familiar with the education and skills of advanced EMTs authorized to execute standing orders.

Continuous Quality Improvement (CQI)

Just as a series of questions were presented for a BLS system, questions should be asked at the ALS level. These questions are all the more pertinent as we are now dealing with invasive skills and procedures, high-tech biomedical equipment, and medications of various types that interact with and react to each other in various ways. See **Appendix B** for a listing of CQI questions for an ALS system.

The same CQI planning, monitoring, and improvement process should be conducted at the ALS levels and can be adapted for any process being studied.

The ALS CQI Team should include:

- Medical Director
- Training Coordinator
- Communications Manager

- Data Management Person
- Patient Accounts Person
- AEMT or Paramedic

Peer review is one concept that works in some areas, allowing for EMTs, AEMTs, and Paramedics to review one another's reports. In this way, everyone learns from their successes and mistakes, and the peer review process assists the EMS Medical Director to key in on potential areas of concern for improvement or outstanding recognition.

Summary of Advancing the Level of Care

Typically, the EMS system is inverted, in that most ALS systems are available in the urban areas, while most rural areas are served by BLS systems. Because travel time and distances are greater in rural areas, rural BLS systems should consider the economic feasibility of advancing in the level of care provided.

CHAPTER V
Emergency Medical Response Agencies (EMRAs): "Where Do They Fit In?"

EMRs may hold the front lines of EMS by being first on the scene and responding to the immediate needs of the patient until the ambulance arrives. With proper education and basic equipment, EMRs can make great strides in patient stabilization before ambulances arrive at the scene.

An EMR is a trained or certified individual who, upon arriving early to an incident or emergency, assumes immediate responsibility for the protection and preservation of life, property, evidence and environment.

An emergency medical response agency (EMRA) can provide overall organizational support to work with all the EMRs for a specified area (typically the same area as the EMS system). An EMRA needs a sponsoring agency; i.e., typically the EMS system. The sponsoring agency will hold the license for the EMRs and also the rural fire district EMRs. For an EMRA to succeed, there must be communications amongst the sponsoring agency, all the EMRS, all the participating rural fire districts, and other emergency agencies.

The use of EMRs for smaller communities or more remote communities within the EMS response area should be emphasized and encouraged. As EMR teams within these communities are identified; their response to emergency calls should become closely integrated into the EMS system.

EMRs should become an integral part of the ambulance service with respect to continuing education and refresher courses. This interface of ambulance service and EMR crews will establish working rapport between the groups that can only improve patient care on the scene.

EMRs may be notified of an emergency by pager or portable radio. Telephones should not be considered due to the restrictive nature of this type of communication. Portable radios allow for mobility of the EMRs and allow communication with ambulance services while the EMRs are working.

EMRs have positioned themselves to come to the aid of their friends and neighbors in emergency situations. *The primary focus of the EMR is to initiate immediate life-saving care to critical patients who access the emergency medical system.* This individual possesses the basic knowledge and skills necessary to provide life-saving interventions while awaiting additional EMS response and to assist higher level personnel at the scene and during transport. EMRs function as part of a comprehensive EMS response and require medical oversight. EMRs perform basic interventions with minimal equipment.

Description of the Profession

The EMRs scope of practice includes simple skills focused on life-saving interventions for critical patients. Typically, the EMR renders on-scene emergency care while awaiting additional EMS response and may serve as part of the transporting crew, but not as the primary care giver.

In many communities, EMRs provide a mechanism to increase the likelihood that trained personnel and life-saving equipment can rapidly be deployed to serious emergencies. In all cases, EMRs are part of a tiered response system. EMRs work alongside other EMS and health care professionals as an integral part of the emergency care team.

The EMRs scope of practice includes simple, non-invasive interventions to reduce the morbidity and mortality associated with acute out-of-hospital medical and traumatic emergencies. Emergency care is based on assessment findings. Additionally, the EMR provides care designed to minimize secondary injury and comfort the patient and family while awaiting additional EMS resources.

A major difference between the lay person and the EMR is the "duty to act" as part of an organized EMS response.

In some systems, EMRs serve as a part of the crew on transporting EMS units; however, the EMR is not intended to be the highest level caregiver in such situations. They must function with an EMT or higher level personnel during the transportation of emergency patients. The scope of practice model of an EMR is limited to simple skills that are effective and can be performed safely in an out-of- hospital setting with medical oversight.

After initiating care, the EMR transfers care to higher level personnel when the ambulance vehicle arrives. The EMR serves as part of an EMS response system that ensures a progressive increase in the level of assessment and care.

Summary of EMRAs

In summary, rural EMS systems should consider the provision of a centralized EMRA. The EMRA could be licensed and coordinated by the EMS system. This would provide better communication and coordination with EMRs in the medical service area. The provision of an EMRA in conjunction with the EMS system can ensure better overall response times and can provide initial emergency care until the ambulance vehicle and the EMTs can arrive. Rural and remote areas can benefit greatly from EMRAs trained and located strategically throughout the EMS medical service area.

CHAPTER VI
Estimating Expenses of an EMS System

Knowledge of EMS expenses, as well as revenues and funding alternatives, is necessary to plan for EMS service within the community's financial capability. To obtain up-to-date expense data for providing service, consult ambulance dealers, communications equipment distributors, and medical equipment suppliers, especially those in the community's immediate area. For current EMS systems, your recordkeeping system is your best source of information. The EMS system will want to work closely with the recordkeeping system to be able to obtain the information needed to understand the expenses applicable to their specific system. Information and data to assist in expense determination will be presented in the text.

The level of service an EMS ground transportation system can provide ranges from an Emergency Medical Response Agency (EMRA) to ALS-2 (Paramedic level). The most common level of service in rural areas in most states is the basic level of care. A complete system may have EMR capabilities in remote, low-volume emergency call areas and may have Paramedic capabilities in high-volume emergency call areas. No matter what level of service is provided, the estimated expenses of providing that level of care are needed for accurate planning, cost containment, and future survival of the EMS system. Also, decision-makers desiring to provide a higher level of care can estimate the additional expenses and revenues.

Both capital and operating expenses will be discussed. Capital expenses consist of total capital equipment outlay expenses and annual capital equipment expenses. Capital and operating expenses are based on average known expenses or actual expenses. Annual capital equipment expenses are further defined as annual replacement expenses of the capital equipment items based on a straight-line depreciation system or an annual amortization amount based on the years of the loan and the annual interest rate. The annual capital replacement expenses are important since they act as a sinking fund to replace worn capital items and are needed to purchase additional capital items in the future.

Annual capital replacement funds are not a requirement, but rather, a planning tool. EMS systems may choose to only include their actual annual cost for equipment and/or the cost for loans for equipment, rather than establishing an annual capital replacement fund. Actual annual equipment costs and/or loans would become part of the annual operating expenses. Neither system is considered to be correct or incorrect. The annual capital replacement fund avoids the extra interest and financial costs of borrowing funds. However, most small EMS systems do not have adequate capital to operate without debt and have no choice but to borrow funding for their equipment needs. Either method is acceptable and can be used to establish a budget for the EMS system.

Annual operating expenses are the day-to-day expenses of operating the EMS system (salaries, wages, benefits, fuel, oil, maintenance, office supplies, medical supplies insurance, training, uniforms, etc.).

Estimated Expenses of EMRAs

Wherever people live and work, even if the population is small, one or more of them will eventually need emergency medical care. Many communities, however, experience such a small number of emergency calls that they cannot economically support a complete ambulance service and communication system. An EMRA can assist in filling this void. EMRs are usually volunteers within a community who are trained to respond to an emergency and stabilize the patient until the ambulance and EMTs arrive. EMRs are different from the First Responders in that they have the "duty to act" as part of an organized EMS response. EMRs increase the

likelihood that trained personnel and life-saving equipment can be rapidly deployed to serious emergencies. Thus, many decision-makers in rural communities have created systems including EMRAs.

Ambulance services and EMRAs can work together to meet the needs of the community for staffing, response, and preparedness. The system can be as simple as agencies responding together or more complex by sharing staff responsibilities.

EMRs need three equipment items:

- Medical supply kit (containing oxygen),
- Automated external defibrillator (AED), and
- Communications equipment.

EMRs need communication equipment so they can be notified of calls and go directly where they are needed. Two-way radio voice communication equipment is the most desirable system because it makes it possible for the EMR to communicate with appropriate personnel. All ambulances, regardless of level of care provided, should be equipped with radios with remote radio control in the patient compartment. This provides for communication with EMRs, when and if necessary. ***Narrow banding is required for ambulances and all license holders.***

A portable radio with a built-in pager for each EMR is another effective way to communicate. A portable radio allows the EMR to communicate directly with the responding ambulance. This type of portable radio (5 watts) would be adequate for most EMRAs. There are maintenance contract costs for the portable radios with built-in pagers. If distance and terrain are a problem, decision-makers might consider the installation of a repeater and tower system. The local decision-makers must take into consideration signal strength, height and construction of the tower, land acquisition and necessary federal permits. Consult your local or area communications sales for the radio system best suited for the EMS system.

Another communication system is one that involves the EMR carrying a pager while on call so the dispatcher can notify the EMR of the location and type of emergency. Alphanumeric pagers and voice pagers are available, but do not provide the ability for direct interaction.

The least desirable communication system is one that requires the EMR to remain near a telephone or in the range of a cellular telephone signal. If cellular telephones are used, the calling plans vary in cost according to regional availability and frequency of use. Most of these systems require a monthly service fee and this amount needs to be added to your chosen system.

Another expense associated with EMRAs is training. Training for EMRs is available at many technology centers, fire departments, and ambulances services. Each state may vary in the type of training and the available training resources. There is a fee for testing at the National Registry and at other testing sites. The initial certification is effective for two years. During the two year licensing period, the EMR is required to maintain CPR certification and successfully complete a refresher course for renewal.

There is typically an initial licensing fee for an EMRA agency and a renewal every two years. There are other costs associated with EMRAs, including medical supplies per call and defibrillator use per call. The EMRA sponsoring agency must provide:

- General liability insurance
- Licensing
- Medical supply kits
- EVOCs
- Initial Training
- Refresher training courses
- CPR training
- Protocols
- Medical director
- Ongoing replenishment of medical supplies

Summary
Capital and Operating Items Needed
for an Emergency Medical Response Agency

Capital Items Needed

- EMR medical supply kits
- Automated External Defibrillators (AEDs)
- Telephones (land lines)
- Cellular phones
- Pagers
- Portable radios
- Repeater & tower system

Operating Items Needed

- Medical supplies
- AED use fees
- Telephones - monthly fees
- Cellular phones - monthly fees
- Pagers
- Portable radio maintenance expenses
- EMR initial training
- EMR initial training materials
- EMR State &/or National Registry Exam
- EMR refresher/continuing education classes
- Renewal State &/or National Registry Certification
- CPR certification
- EMRA initial license fee
- EMRA renewal license
- EMR general liability insurance

The EMRA sponsoring agency takes full responsibility for ensuring licensing, insurance, supplies, monitoring training and providing refresher courses, EMR run sheets, etc.

EMRs must be trained, licensed, and insured. The EMR is typically volunteer labor; therefore, the three equipment items, training, licensing, insurance, equipment fees, and medical supplies are the main expenses necessary to sustain an EMRA. Government programs and foundations may provide partial funding for the equipment, especially to smaller, rural communities.

The cost for an EMS system to sponsor an EMRA will vary state to state and you should contact your state EMS agency to determine your states actual requirements and then determine the expenses of an EMRA for your EMS system.

Expensing the EMS System

Expenses to develop various EMS systems will be discussed next. EMS systems range from a BLS system to a BLS system with ALS-1 protocols and/or ALS-2 protocols to a full ALS-1 system or a full ALS-2 system. All EMS systems can incorporate EMRAs within their systems.

The expenses include the initial capital expenses, the annual expense to replace or amortize the capital items (or the annual equipment costs and/or equipment loan costs), and the annual recurring, operating expenses. To obtain up-to-date expense data, consult ambulance dealers, communications equipment distributors, and medical equipment suppliers, etc., especially those in the community's immediate area. For current EMS systems, appropriate recordkeeping of expenses is your best source of information.

Capital Expenses

Vehicles and Equipment

There are three types of ambulance vehicles: Type I, Type II, and Type III (**Figure 2***)*. Currently (November 2013), vehicles must comply with the Federal Specifications for the Star-of-Life Ambulance KKK-A-1822 in effect at the time of manufacture. Be sure to check on these specifications as they are subject to change. The EMS decision-makers or planners will need to decide what type of ambulance the EMS system will require as well as whether to purchase new, used, or remount vehicles. With the addition of optional available equipment, the vehicle price will increase. ***Note: The price per vehicle does not include the cost to equip the vehicle for patient care.*** An additional expense is necessary to equip the vehicle for the level of service. To equip an ambulance for ALS-2 will be at least double the dollar amount to equip for BLS.

Other vehicles that may be needed for an EMS system are command vehicles and EMR vehicles. The command vehicle is typically an

SUV that is available to the EMS Director to be available at the scene and/or to provide additional equipment and the supplies. The EMR vehicle is to provide transportation for EMRs to be at the scene. More typically, the EMRs provide their own transportation. No EMRA costs are included in the template. These vehicles (command and EMR) will not be included in the template.

Additional equipment for EMS vehicles include oxygen sets, EMR medical supply kits, and AEDs.

Summary –
Capital Expense - Vehicles and Equipment

Item
Type I Vehicles
Type II Vehicles
Type III Vehicles
BLS Equipment
ALS-1 Equipment
ALS-2 Equipment
Command Vehicle
EMR Vehicles
Oxygen Sets
EMR Medical Supply Kits
Automated External Defibrillators (AEDs)

Communication System

The type of communication system needed will depend on several factors. An EMS system may be able to use an already existing base communications through the local or area law enforcement agencies. Using an existing communication system may provide a substantial cost savings. If an existing system is not available, the EMS service may need to construct, maintain, and operate its own base communication system.

The general equipment needed to build a base communication system include: a tower, an antenna, a base radio component, and a backup generator. The base communication system must have the capability to reach the entire coverage area or a substantial portion of the area covered by the EMS system. The coverage area could have a radius in excess of forty miles.

If distance and terrain are a problem, decision-makers might consider the installation of a repeater and tower system. To determine what is needed for the installation, decision-makers must take into consideration signal strength, height and construction of the tower, land acquisition, and necessary federal permits. Consult local or area communication equipment suppliers for the radio system best suited for the EMS system.

The EMS system needs communication equipment to ensure that each employee can be contacted. The least desirable system is one that requires the EMS personnel to remain near a telephone or in the range of a cellular telephone signal. Cell phones and calling plans vary in cost according to regional availability and frequency of use. More desirable is a system that involves the EMS personnel carrying a pager while on-call so the dispatcher can notify them of the location and type of emergency. Alphanumeric pagers and voice pagers are efficient systems for an EMS system. All of these systems require monthly service costs and these need to be added to the cost of the EMS system.

A portable radio with a built-in pager for each EMS employee is a more desirable way to notify them of an emergency. A portable radio allows the EMS personnel to communicate directly with the responding ambulance. This type of portable radio (5 watts) would be adequate for most EMS systems. There are maintenance contract costs for the portable radios with built-in pagers.

Each vehicle must be equipped with a communications system that enables the personnel to be in constant contact either with the base communications, the hospital and medical staff, or law enforcement agencies. ***Narrow banding is required on ambulances and all license holders.*** The most common type of communications is a business band or VHF two-way radio installed in the vehicle. An additional radio is necessary for the patient compartment. The function of the added radio is

to maintain communications between the EMT and the hospital medical staff to inform medical

Type I Ambulance

Type II Ambulance

Type III Ambulance

Figure 2. Types of Ambulances as Described in KKK-A-1822 Specifications

personnel of patient vital signs and to receive instruction from competent medical personnel on medical procedures.

Some consideration should be given toward regionalization of communication systems, including call receiving, pre-arrival instructions, and emergency medical dispatch. Multiple EMS systems within a county or district can benefit from the "sharing" of their resources for communication. A centralized communication system is nearly always more efficient and effective. Training emergency medical dispatchers to work in the communication system should also be considered. Consult with local or area communication equipment suppliers for the best possible options.

Summary –
Capital Expense - Communication System

Item
Base Communication System
Tower
Antenna
Base Radio Component
Backup Generator
Repeater Tower System
Telephones (land lines)
Cellular Telephones
Pagers
Portable Radios
Vehicle Two-Way Radios
Vehicle Patient Compartment Radio

Building

A building is needed to house the ambulance vehicles, auxiliary equipment, living and sleeping quarters, and the EMTs. The building may also need to accommodate the administration of the system, which may include the billing office. The building can be new construction or an existing building that can be adapted to provide adequate space to meet the current and future needs of the EMS system.

The example floor plan of a two-bay building includes bay areas for two ambulance vehicles, office space, meeting room, and living and sleeping quarters for EMTs (**Figure 3**). This floor plan is used for illustration purposes only; actual size can be modified based on the needs of the system and actual costs vary considerably depending on the specific area of the country. The building is designed for around the clock housing for EMT shifts. The building should be a comfortable environment for all personnel in the living and working areas. Building costs can vary with the type of materials and the cost of labor. Construction costs can be lowered if volunteer labor can be organized for part or all of the building construction. A building built locally with donated labor is the best option to pursue.

A building can be purchased and renovated to accommodate the EMS system with cost variances depending on the location. The cost of renovating a building will also vary considerably depending on the location and local construction costs or volunteer labor.

Appendix C provides amortization factors to help determine annual building expense. Local estimates should be obtained to estimate the costs of the EMS system.

As the EMS system evolves and increases volume or becomes a regional system, additional substation(s) may be needed. These can be added to the capital items.

Building Furnishings

Building furnishings include telephones, filing cabinets, desks, chairs, couches, tables, lamps, TV/VCR, beds, etc. In some cases, items may be donated to the EMS system by community members or purchased at a reduced cost.

Computer Equipment

Capital items also include the purchase of computers, printers, and/or other computer equipment. A cost for a computer setup with a desktop and printer or a laptop and printer are typically estimated.

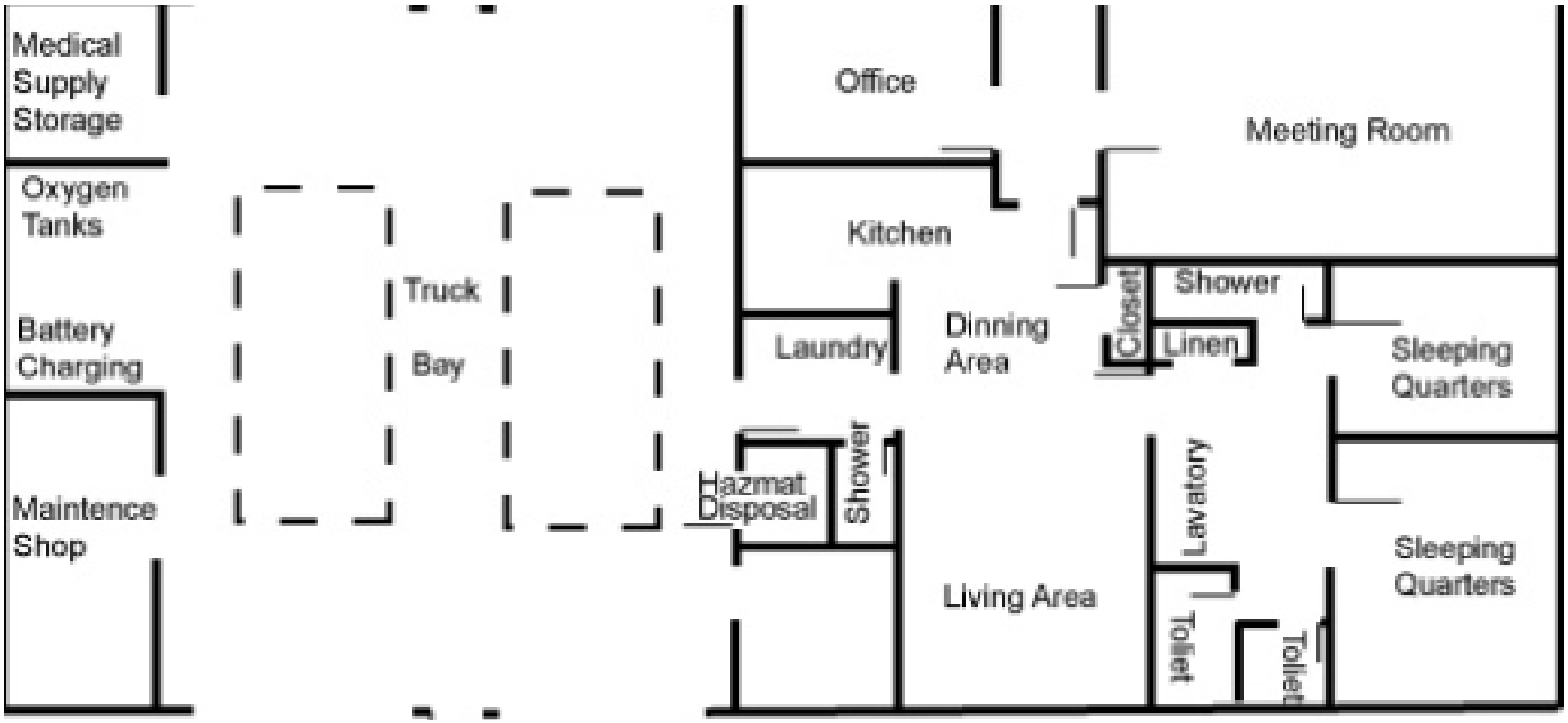

Figure 3. **Example Floor Plan of a Two-Bay Building for a Rural EMS System**

Summary –
Capital Expense -Building and Furnishings Items

Construct Buildings for Base or Substations
- *Contract for entire building*
  - 2-Bay Building
  - 2,880 sq. ft. Steel Building
- *Partial Contract, Partial Donate Labor*
  - 2-Bay Building (materials outlay only)

Purchase Buildings for Base and/or Substations
- Building Cost
- Renovation Cost

Building Furnishings for Base and/or Substation

Computers and Printers

Annual Capital Expenses

The annual capital equipment expenses provide a method to determine the annual replacement costs of the capital equipment. EMS systems are encouraged to establish a "sinking fund" or "capital equipment replacement fund" based on these total annual expenses.

The EMS system can choose the show the actual annual cost of equipment and/or the annual cost of equipment loans. Either method is acceptable.

The EMS system would set aside an amount of funding (the annual capital equipment expenses total, minus the current building costs) each year to have enough to replace the items when their usefulness has expired. By establishing this methodology, the EMS system will have available funding to replace all capital equipment items and will have up-to-date equipment at all times. In other words, each capital equipment item has a useful life expectancy (i.e., 3 years, 5 years, 7 years, or 10 years) and when the capital equipment item is no longer useful, the sinking fund would provide the capital to replace the items.

Annual capital equipment expenses are either the annual amortization cost of a loan or the replacement cost based on straight-line depreciation. For example, the building expense could be annualized based on a specified loan interest rate and length of loan. Amortization tables are provided in **Appendix B – Amortization Factors** to determine the annual building expenses based on a specified interest rate and specified number of years of payments.

Other capital equipment items can also be amortized; however, the life of the other items is a much shorter term than the building. A separate loan with a term more in line with the life expectancy of these items would be more financially prudent. If capital equipment items are donated, then the sinking fund provides funding to replace these items upon their expiration.

If a capital equipment item was funded through loans, replacement may involve initiating another loan upon the expiration of the item.

Ambulance vehicles are depreciated based on 100,000 miles or 7 years, whichever comes first. **This standard for vehicle replacement may vary from state to state.** The additional equipment is depreciated at the same rate as the vehicle. If a vehicle needs to be replaced every 3 years, then the expected life expectancy of the equipment is also calculated at 3 years due to the higher level of usage volume. The additional medical equipment has an expected life of 3-5

Summary –
Annual Capital Items and Expense Basis

Item	Expense Basis
Building	Amortize loan (max 25-30 yrs) or replacement based on life expectancy
Vehicles	
Loan Replacement	Amortize
Straight-line Depreciation	7 yrs or 100,000 miles
Vehicle Equipment	Same as vehicle
Communications	
Equipment	5 years
Base Station System	Up to 10 years
Repeater Tower System	Up to 10 years
Building Furnishings	5 years
Computer Equipment	3 years

years, depending on the level of usage and the technological changes.

The life expectancy of the communications equipment is typically 5 years. However, the base station and repeater tower systems may be up to 10 years. The building furnishings typically need to be replaced in 5 years, also.

Annual Operating Expenses

License Fees

Licenses include the initial license fee for a new EMS system as well as renewal fees. These fees may include a base fee plus a fee for additional ambulance vehicles and/or additional substations. The initial license may be larger than the renewal license fees. An EMRA agency also requires an initial license fee and, typically, a renewal license fee annually. License fees for EMTs differ by the level of training. Your state agency can provide the initial and renewal fees for your EMS system and/or EMRA agency.

Summary – License Fees

Item		
EMS System	Initial Fee	Renewal Fee
EMRA Agency	Initial Fee	Renewal Fee
EMT	Initial Fee	Renewal Fee
ALS-1	Initial Fee	Renewal Fee
ALS-2 (Paramedic)	Initial Fee	Renewal Fee

Vehicle Expenses

Vehicle operating expenses include fuel, oil, filter, lubrication, tires, insurance, and licensing. An EMS system may project estimated annual miles by analyzing call data from a prior year.

Estimated mileage can be derived from call origination and call destination data. Estimated fuel consumption uses the Environmental Protection Agency's estimated miles per gallon (mpg) and divides that number into the estimated total annual miles driven. Most Type I and Type III ambulances are estimated for fuel consumption of 8 mpg. The Type II vehicle is estimated at 9 mpg.

An EMS system may contract with a fuel supplier as a way to maintain a stable pricing structure. EMS systems that are not-for-profit or government-based or government-supported may be eligible to purchase fuel with a reduction in state and federal taxes. Consult the State EMS Division or local government representatives to determine eligibility requirements. If not eligible for this reduced fuel price, use the current fuel cost (unleaded or diesel).

Recommendations by the manufacturer suggest the vehicle should be serviced for oil, filter, and lubrication every 2,600 to 3,000 miles. An EMS system may be able to save some expense by purchasing service maintenance agreements for their vehicles, which may lower the expense for vehicle service. Also, the EMS system may be able to negotiate a service agreement at a lower cost.

Replacement of tires is a substantial expense to an EMS system. Ambulance vehicles must replace tires when a certain amount of tread is remaining. Studies have shown that the average tire wear is estimated at 30,000 miles. Tire cost can vary depending on the type and quality, load range, and road hazard. Contact your local tire dealer for the type of tire that best serves your needs.

The ambulance vehicles require other maintenance and repairs depending on the age and condition of the vehicle. These costs need to be taken into consideration when expensing the system.

Ambulance systems must carry liability and collision insurance on all vehicles. Some insurance companies will offer discounts for multi-vehicle fleets. The EMS system may find insurance at a less expensive rate through the state. Consult the state EMS Division about possible lower insurance cost availability.

Vehicle license fees may also need to be included, depending on your state and/or local government requirements.

Summary –
Annual Operating Expenses - Vehicles

Vehicle Expense Items	Expense Basis
Type I or III Vehicles	8 mpg
Type II Vehicles	9 mpg
Fuel Cost/Gallon	
Miles between Oil Changes	2,600 - 3,000 miles
Oil, Filter, and Lubrication	Cost/service
Average Tire Wear	30,000 miles/tire
Cost per Tire	
Vehicle Maintenance & Repairs	
Vehicle Insurance	
Vehicle License Fee	
City- or County-Owned	
Privately-Owned	

Communications

Operating expenses for communications equipment are assumed to equal the costs of service contracts for the separate components. A service contract for ambulance mobile radio units (vehicle radios) and base station service are monthly expenses. Consult locally for options available.

Communications expenses may also include monthly fees for cell phones or other communications equipment. A fee may also be necessary for regional dispatch services.

Summary –
Annual Operating Expenses - Communications

Maintenance Contracts	
Vehicle Radios	Annual Service Contract
Base Station	Annual Service Contract
Monthly equipment fees (i.e., cell phones, etc.)	Monthly equipment fees
Regional dispatch fees	Annual or monthly fees

Medical Expenses

This cost can vary depending on the severity of the patient's condition and the type of care needed. There could be a basic fee for all calls for basic supplies. As the level of service provided goes from Basic to ALS-1 to ALS-2, the cost of medical supplies will significantly increase.

Summary -
Annual Operating Expenses –
Medical Expenses*

Item
All Calls
Basic supplies for each call
Basic Life Support
ALS-1
ALS-2

* Costs are based on averages and can vary depending on severity of patient condition and type of care needed.

Labor Expenses

Traditionally, EMTs, regardless of license level, have been under-compensated professionals. Many paid EMTs are forced to work more than one EMS job, or to work at other types of employment, to earn enough money to raise a family above the poverty level. Many rural EMS systems are completely dependent on volunteer laborers who often work other full-time jobs. Reflecting the multi-faceted functions of the EMS system of the future and increased educational requirements coming from the federal level, compensation for these professionals must be improved.

Decision-makers in rural areas with limited budgets need to understand the downfalls in choosing the most economical solution for staffing the EMS. Since payroll is a major budget item, labor requirements under several arrangements are discussed. These alternatives are fully staffed service, volunteer service, and partly-paid, partly-volunteer service.

EMTs are classified and paid according to the level of training and licensing; i.e., EMR, EMT, AEMT, Paramedic. Depending on the size of the EMS system, the position of supervisor or EMS Director may be a full-time position. A full-time EMS Director may have a higher level of training and licensing; a professional EMS Director may not be required to be licensed as a

medic. Administrative salaries vary based on level of training and volume of calls.

In addition to the EMS Director, first-line supervisors may be needed in larger EMS systems. Supervisors may receive a base salary plus benefits or just an additional amount per hour worked as supervisor.

Dispatch may be provided through the local law enforcement agency. Depending on the size of the system, two separate individuals may be needed to occupy these positions. A smaller system may be able to utilize one person for both duties.

The most common overtime policy for all systems is time and one-half over 40 hours per week. An estimation of an additional percent of annual salary (may use an estimated percent of base salaries or an estimated number of overtime hours) can be used to calculate unscheduled annual overtime pay. The expense of fringe benefits such as insurance(s) and retirement can be estimated by using a percent of base salaries (typically ten to thirty percent of base salaries).

Summary - Annual Operating Expenses - Labor

Labor Expense Item	Expense Basis
Non-EMT Radio Dispatch/ Clerk	Hourly rate + overtime
Emergency Medical Dispatcher/EMT Radio Dispatch	Hourly rate + overtime
EMR	Hourly rate + scheduled overtime
EMT	Hourly rate + scheduled overtime
AEMT	Hourly rate + scheduled overtime
Paramedic	Hourly rate + scheduled overtime
Supervisor	Additional hourly rate or salary + benefits
EMS Director	Salary + benefits
Unscheduled Overtime Pay	Percent of base salaries or estimated number of overtime hours
Benefits	10 to 30% of base labor

The percentage will vary depending on what benefits are provided by an EMS System.

Labor - Fully Staffed EMS System

Operating a fully-staffed service, 24-hours per day, 365 days, requires 8,760 hours of labor annually per crew member. This is equivalent to 4.2 full-time equivalent employees. **Labor Summary Table 1** presents examples of annual base salary expense to staff one crew member 24 hrs/day, 365 days/year (a total of 8,760 hours per year) at the base hourly rate. For example, for an EMT with an hourly rate of $8.00, the total annual base salary cost would be $70,080. Assuming the EMS service pays benefits at 20 percent, the cost would increase to $84,096. With different EMS providers paying different pay rates at different licensing levels, the table is designed to cover different hourly rates and benefit rates.

Labor Summary Table 2 is provided to show the cost for two crew members. This table presents examples of annual base salary expense to staff two crew member 24 hours per day, 365 days per year (a total of 8,760 hours per year per crew member) at different base hourly rates. For example, for a two member crew with an EMT with an hourly rate of $8.50 and an AEMT at $11.00 hourly, the total annual base salary cost would be $170,820. Assuming the EMS service pays benefits at 20 percent, the cost would increase to $204,984.

Labor Summary Table 3 illustrates an annual salary expense for 40 hours per week with different benefit rates for one crew member. For an EMT-Basic to work 40 hours per week, the annual cost would be $22,100, based on $8.50 per hour and benefits of 25 percent.

Labor Summary Table 4 shows the 40-hour week cost for two crew members annually. For a crew with two EMTs, the annual cost would be $39,936, based on one EMT with an hourly rate of $7.50 and the second EMT with an hourly rate of $8.50, with a benefit rate of 20 percent.

Labor Summary Table 5 shows the annual totals for one crew member that works two 24

hour shifts, with 40 hours at regular time and 8 hours of scheduled overtime pay. For one crew member at $9.00 per hour and benefits of 25%, the annual total would be $101,835; the regular pay is $65,700, with the overtime pay of $19,710, and benefits of $16,425.

Labor Summary Table 6 shows the annual cost for two crew members, based on two 24 hour shifts, with 40 hours at regular time plus benefits and 8 hours of scheduled overtime (time and one-half) pay. For an EMT at $8.50 per hour and an EMT at $10.00, the regular pay totals $135,050, scheduled overtime pay is $40,515, for a combined total of $175,565. The benefits of 20 percent are only calculated on the regular pay for a total of $40,515 in benefits and a grand total of regular pay, scheduled overtime pay, and benefits of $135,050.

These six tables are designed to assist EMS decision-makers with budgeting their labor costs and benefits costs, based on their labor payment methodology.

These six labor summary tables are also included in the budget template (Excel spreadsheet).

Any system (especially those systems with only one crew staffed) would need to have Mutual Aid agreements with other EMS systems to provide back-up coverage when the crew is already occupied with a call. Mutual aid agreements are common among most EMS systems and are an effective way of providing EMS to the area when only one crew is available or when a crew is on a call outside of the EMS service area.

Many alternatives may be considered for staffing an EMS system. Twelve hour shifts, 24-hour shifts, 48-hour weekend shifts. Some systems work their medics for two 24-hour shifts, which would total 48 hours each week. This would pay the staff 40 regular hours and 8 hours of overtime. The staff would then be on call for two 24-hour shifts. The eight hours of overtime pay also covers call pay for the next 48 hours. Additional call-in pay would be paid to the staff if they are called in to service an EMS call. This method provides a backup crew at all times.

By adequately staffing the EMS system, overtime hours can be kept to a minimum level. Paying overtime wages can be very costly and detrimental to an EMS system. Consideration should be given to keeping overtime pay to a minimum to control costs of the EMS system.

Labor - Volunteer EMS Services

A volunteer EMS services is referred to as volunteer, but in fact, volunteers are often reimbursed for their expenses and/or paid a nominal fee. There are a large number of volunteer EMS systems. These differ some in their methods of utilizing volunteers and reimbursing volunteers for their expenses. In volunteer systems, ambulance calls are answered and dispatched by the all-emergency dispatcher located either at the fire station, local law enforcement, or area law enforcement. A volunteer EMS system will not have any added benefits other than the payments of taxes required by law. Contact your state Department of Labor or employment or equivalent agency or the U.S. Department of Labor to determine the legalities concerning volunteer labor in your region or area.

There are two basic methods of reimbursing a volunteer:

- Fee per call is a nominal fee for actually responding to a call.
- On-call fee is a nominal fee for being scheduled to be “on-call” to be available to respond to calls immediately.

Labor Summary Table 1 (Annual Cost for One Crew Member, based on 8,760 hours [365 days 24 hours/day], at Base Hourly Rate plus Benefits)
Annual Base Labor Expense based on Various Hourly Rates and Various Benefit Rates
for *ONE* Crew Member for 8,760 hours, 24/7

Possible Level of Licensing	Hourly Rate	Annual Cost (8,760 hrs)	Annual Base +10% Benefits	Annual Base +15% Benefits	Annual Base +20% Benefits	Annual Base +25% Benefits	Annual Base +30% Benefits
EMR/EMT	$7.50	$65,700	$72,270	$75,555	$78,840	$82,125	$85,410
EMR/EMT	$7.75	$67,890	$74,679	$78,074	$81,468	$84,863	$88,257
EMR/EMT	$8.00	$70,080	$77,088	$80,592	$84,096	$87,600	$91,104
EMR/EMT	$8.25	$72,270	$79,497	$83,111	$86,724	$90,338	$93,951
EMR/EMT	$8.50	$74,460	$81,906	$85,629	$89,352	$93,075	$96,798
EMR/EMT	$8.75	$76,650	$84,315	$88,148	$91,980	$95,813	$99,645
EMR/EMT	$9.00	$78,840	$86,724	$90,666	$94,608	$98,550	$102,492
EMR/EMT	$9.25	$81,030	$89,133	$93,185	$97,236	$101,288	$105,339
EMT/AEMT	$9.50	$83,220	$91,542	$95,703	$99,864	$104,025	$108,186
EMT/AEMT	$9.75	$85,410	$93,951	$98,222	$102,492	$106,763	$111,033
EMT/AEMT	$10.00	$87,600	$96,360	$100,740	$105,120	$109,500	$113,880
EMT/AEMT	$10.50	$91,980	$101,178	$105,777	$110,376	$114,975	$119,574
EMT/AEMT	$10.75	$94,170	$103,587	$108,296	$113,004	$117,713	$122,421
EMT/AEMT	$11.00	$96,360	$105,996	$110,814	$115,632	$120,450	$125,268
EMT/AEMT	$11.50	$100,740	$110,814	$115,851	$120,888	$125,925	$130,962
EMT/AEMT	$12.00	$105,120	$115,632	$120,888	$126,144	$131,400	$136,656
AEMT/Paramedic	$12.50	$109,500	$120,450	$125,925	$131,400	$136,875	$142,350
AEMT/Paramedic	$13.00	$113,880	$125,268	$130,962	$136,656	$142,350	$148,044
AEMT/Paramedic	$13.50	$118,260	$130,086	$135,999	$141,912	$147,825	$153,738
AEMT/Paramedic	$14.00	$122,640	$134,904	$141,036	$147,168	$153,300	$159,432
AEMT/Paramedic	$14.50	$127,020	$139,722	$146,073	$152,424	$158,775	$165,126
AEMT/Paramedic	$15.00	$131,400	$144,540	$151,110	$157,680	$164,250	$170,820
AEMT/Paramedic	$15.50	$135,780	$149,358	$156,147	$162,936	$169,725	$176,514
AEMT/Paramedic	$16.00	$140,160	$154,176	$161,184	$168,192	$175,200	$182,208

Labor Summary Table 2 (Annual Cost for Two Crew Members, based on 8,760 hours [365 days 24 hours/day] per Crew Member, at Base Hourly Rate plus Benefits)

Annual Base Labor Expenses based on Various Hourly Rates and Various Benefit Rates for *TWO* Crew Members for 8,760 hours, 24/7

Possible Level of Licensing	1st Crew Rate	2nd Crew Rate	Yrly Cost (8,760 hrs ea) 2 Crew Members	Annual Base +10% Benefits	Annual Base +15% Benefits	Annual Base +20% Benefits	Annual Base +25% Benefits	Annual Base +30% Benefits
EMR/EMT & EMT/EMT	$7.50	$8.50	$140,160	$154,176	$161,184	$168,192	$175,200	$182,208
EMR/EMT & EMT/EMT	$7.50	$9.00	$144,540	$158,994	$166,221	$173,448	$180,675	$187,902
EMR/EMT & EMT/EMT	$8.00	$9.00	$148,920	$163,812	$171,258	$178,704	$186,150	$193,596
EMR/EMT & EMT/EMT	$8.50	$8.50	$148,920	$163,812	$171,258	$178,704	$186,150	$193,596
EMR/EMT & EMT/EMT	$8.50	$9.00	$153,300	$168,630	$176,295	$183,960	$191,625	$199,290
EMR/EMT & EMT/EMT	$8.75	$9.00	$155,490	$171,039	$178,814	$186,588	$194,363	$202,137
EMR/EMT & EMT/EMT	$9.00	$9.25	$159,870	$175,857	$183,851	$191,844	$199,838	$207,831
EMR/EMT & EMT/EMT	$8.50	$10.00	$162,060	$178,266	$186,369	$194,472	$202,575	$210,678
EMT/AEMT & EMT/Paramedic	$8.50	$11.00	$170,820	$187,902	$196,443	$204,984	$213,525	$222,066
EMT/AEMT & EMT/Paramedic	$8.75	$12.00	$181,770	$199,947	$209,036	$218,124	$227,213	$236,301
EMT/AEMT & EMT/Paramedic	$8.75	$13.00	$190,530	$209,583	$219,110	$228,636	$238,163	$247,689
EMT/AEMT & EMT/Paramedic	$9.00	$14.00	$201,480	$221,628	$231,702	$241,776	$251,850	$261,924
EMT/AEMT & EMT/Paramedic	$9.50	$15.00	$214,620	$236,082	$246,813	$257,544	$268,275	$279,006
EMT/AEMT & EMT/Paramedic	$10.00	$15.00	$219,000	$240,900	$251,850	$262,800	$273,750	$284,700
EMT/AEMT & EMT/Paramedic	$11.00	$16.00	$236,520	$260,172	$271,998	$283,824	$295,650	$307,476
EMT/AEMT & EMT/Paramedic	$8.50	$10.50	$166,440	$183,084	$191,406	$199,728	$208,050	$216,372
AEMT/AEMT & AEMT/Paramedic	$8.50	$11.00	$170,820	$187,902	$196,443	$204,984	$213,525	$222,066
AEMT/AEMT & AEMT/Paramedic	$9.00	$11.00	$175,200	$192,720	$201,480	$210,240	$219,000	$227,760
AEMT/AEMT & AEMT/Paramedic	$9.50	$12.00	$188,340	$207,174	$216,591	$226,008	$235,425	$244,842
AEMT/AEMT & AEMT/Paramedic	$9.75	$13.00	$199,290	$219,219	$229,184	$239,148	$249,113	$259,077
AEMT/AEMT & AEMT/Paramedic	$10.00	$14.00	$210,240	$231,264	$241,776	$252,288	$262,800	$273,312
AEMT/AEMT & AEMT/Paramedic	$10.50	$15.00	$223,380	$245,718	$256,887	$268,056	$279,225	$290,394
AEMT/AEMT & AEMT/Paramedic	$11.00	$16.00	$236,520	$260,172	$271,998	$283,824	$295,650	$307,476
AEMT/AEMT & AEMT/Paramedic	$12.00	$17.00	$254,040	$279,444	$292,146	$304,848	$317,550	$330,252

Labor Summary Table 3 (Annual Cost for One Crew Member, based on 40 hours/week for 2,080 hours/year, at Base Hourly Rate plus Benefits)
Annual Base Labor Expense based on Various Hourly Rates and Various Benefit Rates
for *ONE* Crew Member for 2,080 hours/year

Possible Level of Licensing	Hourly Rate	Annual Cost (2,080 hours)	Annual Base +10% Benefits	Annual Base +15% Benefits	Annual Base +20% Benefits	Annual Base +25% Benefits	Annual Base +30% Benefits
EMR/EMT	$7.50	$15,600	$17,160	$17,940	$18,720	$19,500	$20,280
EMR/EMT	$7.75	$16,120	$17,732	$18,538	$19,344	$20,150	$20,956
EMR/EMT	$8.00	$16,640	$18,304	$19,136	$19,968	$20,800	$21,632
EMR/EMT	$8.50	$17,680	$19,448	$20,332	$21,216	$22,100	$22,984
EMR/EMT	$8.75	$18,200	$20,020	$20,930	$21,840	$22,750	$23,660
EMR/EMT	$9.00	$18,720	$20,592	$21,528	$22,464	$23,400	$24,336
EMR/EMT	$9.50	$19,760	$21,736	$22,724	$23,712	$24,700	$25,688
EMR/EMT	$9.75	$20,280	$22,308	$23,322	$24,336	$25,350	$26,364
EMT/AEMT	$10.00	$20,800	$22,880	$23,920	$24,960	$26,000	$27,040
EMT/AEMT	$10.50	$21,840	$24,024	$25,116	$26,208	$27,300	$28,392
EMT/AEMT	$10.75	$22,360	$24,596	$25,714	$26,832	$27,950	$29,068
EMT/AEMT	$11.00	$22,880	$25,168	$26,312	$27,456	$28,600	$29,744
EMT/AEMT	$11.50	$23,920	$26,312	$27,508	$28,704	$29,900	$31,096
EMT/AEMT	$12.00	$24,960	$27,456	$28,704	$29,952	$31,200	$32,448
EMT/AEMT	$12.50	$26,000	$28,600	$29,900	$31,200	$32,500	$33,800
EMT/AEMT	$13.00	$27,040	$29,744	$31,096	$32,448	$33,800	$35,152
AEMT/Paramedic	$14.00	$29,120	$32,032	$33,488	$34,944	$36,400	$37,856
AEMT/Paramedic	$15.00	$31,200	$34,320	$35,880	$37,440	$39,000	$40,560
AEMT/Paramedic	$16.00	$33,280	$36,608	$38,272	$39,936	$41,600	$43,264
AEMT/Paramedic	$16.50	$34,320	$37,752	$39,468	$41,184	$42,900	$44,616
AEMT/Paramedic	$17.00	$35,360	$38,896	$40,664	$42,432	$44,200	$45,968
AEMT/Paramedic	$17.50	$36,400	$40,040	$41,860	$43,680	$45,500	$47,320
AEMT/Paramedic	$18.00	$37,440	$41,184	$43,056	$44,928	$46,800	$48,672
AEMT/Paramedic	$19.00	$39,520	$43,472	$45,448	$47,424	$49,400	$51,376

Labor Summary Table 4 (Two Crew Members, based on 40 hours/week for 2,080 hours/year, at Base Hourly Rate plus Benefits)
Annual Base Labor Expenses based on Various Hourly Rates and Various Benefit Rates
for *TWO* Crew Members for 2,080 hours/year

Possible Level of Licensing	1st Crew Rate	2nd Crew Rate	Annual Cost (2,080 hrs ea) 2 Crew Members	Annual Base +10% Benefits	Annual Base +15% Benefits	Annual Base +20% Benefits	Annual Base +25% Benefits	Annual Base +30% Benefits
EMR/EMT & EMT/EMT	$7.50	$8.50	$33,280	$36,608	$38,272	$39,936	$41,600	$43,264
EMR/EMT & EMT/EMT	$7.50	$9.00	$34,320	$37,752	$39,468	$41,184	$42,900	$44,616
EMR/EMT & EMT/EMT	$8.00	$9.00	$35,360	$38,896	$40,664	$42,432	$44,200	$45,968
EMR/EMT & EMT/EMT	$8.50	$8.50	$35,360	$38,896	$40,664	$42,432	$44,200	$45,968
EMR/EMT & EMT/EMT	$8.50	$9.00	$36,400	$40,040	$41,860	$43,680	$45,500	$47,320
EMR/EMT & EMT/EMT	$8.75	$9.00	$36,920	$40,612	$42,458	$44,304	$46,150	$47,996
EMR/EMT & EMT/EMT	$9.50	$9.50	$39,520	$43,472	$45,448	$47,424	$49,400	$51,376
EMR/EMT & EMT/EMT	$9.75	$9.75	$40,560	$44,616	$46,644	$48,672	$50,700	$52,728
EMT/AEMT & EMT/Paramedic	$8.50	$10.00	$38,480	$42,328	$44,252	$46,176	$48,100	$50,024
EMT/AEMT & EMT/Paramedic	$8.75	$12.00	$43,160	$47,476	$49,634	$51,792	$53,950	$56,108
EMT/AEMT & EMT/Paramedic	$8.75	$13.00	$45,240	$49,764	$52,026	$54,288	$56,550	$58,812
EMT/AEMT & EMT/Paramedic	$9.00	$14.00	$47,840	$52,624	$55,016	$57,408	$59,800	$62,192
EMT/AEMT & EMT/Paramedic	$9.50	$15.00	$50,960	$56,056	$58,604	$61,152	$63,700	$66,248
EMT/AEMT & EMT/Paramedic	$10.00	$15.00	$52,000	$57,200	$59,800	$62,400	$65,000	$67,600
EMT/AEMT & EMT/Paramedic	$11.00	$16.00	$56,160	$61,776	$64,584	$67,392	$70,200	$73,008
EMT/AEMT & EMT/Paramedic	$12.00	$17.00	$60,320	$66,352	$69,368	$72,384	$75,400	$78,416
AEMT/AEMT & AEMT/Paramedic	$13.00	$18.00	$64,480	$70,928	$74,152	$77,376	$80,600	$83,824
AEMT/AEMT & AEMT/Paramedic	$14.00	$19.00	$68,640	$75,504	$78,936	$82,368	$85,800	$89,232
AEMT/AEMT & AEMT/Paramedic	$8.50	$10.50	$39,520	$43,472	$45,448	$47,424	$49,400	$51,376
AEMT/AEMT & AEMT/Paramedic	$9.00	$11.00	$41,600	$45,760	$47,840	$49,920	$52,000	$54,080
AEMT/AEMT & AEMT/Paramedic	$9.50	$11.00	$42,640	$46,904	$49,036	$51,168	$53,300	$55,432
AEMT/AEMT & AEMT/Paramedic	$9.75	$12.00	$45,240	$49,764	$52,026	$54,288	$56,550	$58,812
AEMT/AEMT & AEMT/Paramedic	$10.00	$13.00	$47,840	$52,624	$55,016	$57,408	$59,800	$62,192
AEMT/AEMT & AEMT/Paramedic	$10.50	$14.00	$50,960	$56,056	$58,604	$61,152	$63,700	$66,248

Labor Summary Table 5 (Annual Cost for One Crew Member, based on two 24 hour shifts per week, (Regular Pay 40 hours/week and Scheduled Overtime Pay 8 hours/week for 48 hours/week, for regular pay total of 7,300 hours/yr and scheduled overtime pay total of 1,460 hours/yr) based on Various Hourly Rates and Various Benefit Rates

					NOTE: No Benefits Paid on Overtime Pay			
Possible Level of Licensing	Hourly Rate	Regular Pay 7,300 Hours	Overtime Pay 1,460 Hours	Combined 8,760 Hours	Combined +15% Benefits	Combined +20% Benefits	Combined +25% Benefits	Combined +30% Benefits
EMR/EMT	$7.50	$54,750	$16,425	$71,175	$79,388	$82,125	$84,863	$87,600
EMR/EMT	$7.75	$56,575	$16,973	$73,548	$82,034	$84,863	$87,692	$90,521
EMR/EMT	$8.00	$58,400	$17,520	$75,920	$84,680	$87,600	$90,520	$93,440
EMR/EMT	$8.50	$62,050	$18,615	$80,665	$89,973	$93,075	$96,178	$99,280
EMR/EMT	$8.75	$63,875	$19,163	$83,038	$92,619	$95,813	$99,007	$102,201
EMR/EMT	$9.00	$65,700	$19,710	$85,410	$95,265	$98,550	$101,835	$105,120
EMR/EMT	$9.50	$69,350	$20,805	$90,155	$100,558	$104,025	$107,493	$110,960
EMT/AEMT	$10.00	$73,000	$21,900	$94,900	$105,850	$109,500	$113,150	$116,800
EMT/AEMT	$10.50	$76,650	$22,995	$99,645	$111,143	$114,975	$118,808	$122,640
EMT/AEMT	$11.00	$80,300	$24,090	$104,390	$116,435	$120,450	$124,465	$128,480
EMT/AEMT	$11.50	$83,950	$25,185	$109,135	$121,728	$125,925	$130,123	$134,320
EMT/AEMT	$12.00	$87,600	$26,280	$113,880	$127,020	$131,400	$135,780	$140,160
EMT/AEMT	$12.50	$91,250	$27,375	$118,625	$132,313	$136,875	$141,438	$146,000
EMT/AEMT	$13.00	$94,900	$28,470	$123,370	$137,605	$142,350	$147,095	$151,840
EMT/AEMT	$13.50	$98,550	$29,565	$128,115	$142,898	$147,825	$152,753	$157,680
AEMT/Paramedic	$14.00	$102,200	$30,660	$132,860	$148,190	$153,300	$158,410	$163,520
AEMT/Paramedic	$15.00	$109,500	$32,850	$142,350	$158,775	$164,250	$169,725	$175,200
AEMT/Paramedic	$16.00	$116,800	$35,040	$151,840	$169,360	$175,200	$181,040	$186,880
AEMT/Paramedic	$16.50	$120,450	$36,135	$156,585	$174,653	$180,675	$186,698	$192,720
AEMT/Paramedic	$17.00	$124,100	$37,230	$161,330	$179,945	$186,150	$192,355	$198,560
AEMT/Paramedic	$18.00	$131,400	$39,420	$170,820	$190,530	$197,100	$203,670	$210,240
AEMT/Paramedic	$19.00	$138,700	$41,610	$180,310	$201,115	$208,050	$214,985	$221,920
AEMT/Paramedic	$20.00	$146,000	$43,800	$189,800	$211,700	$219,000	$226,300	$233,600

Labor Summary Table 6 (Annual Cost for Two Crew Members, based on two 24 hour shifts per week, Regular Pay 40 hours/week and Scheduled Overtime Pay 8 hours/week for 48 hours/week, for regular pay total of 7,300 hours/yr/crew member and scheduled overtime pay total of 1,460 hours/yr/crew member) based on Various Hourly Rates and Various Benefit Rates

Possible Level of Licensing	1st Crew Member Rate	2nd Crew Member Rate	Regular Pay 7,300 Hours Per Member	Overtime Pay 1,460 Hours Per Member	Combined Regular & Overtime Pay	**NOTE: No Benefits Paid on Overtime Pay** Combined +15% Benefits	Combined +20% Benefits	Combined +25% Benefits	Combined +30% Benefits
EMR/EMT & EMT/EMT	$7.50	$8.50	$116,800	$35,040	$151,840	$169,360	$175,200	$181,040	$186,880
EMR/EMT & EMT/EMT	$7.50	$9.00	$120,450	$36,135	$156,585	$174,653	$120,450	$186,698	$192,720
EMR/EMT & EMT/EMT	$8.00	$9.00	$124,100	$37,230	$161,330	$179,945	$124,100	$192,355	$198,560
EMR/EMT & EMT/EMT	$8.50	$8.50	$124,100	$37,230	$161,330	$179,945	$124,100	$192,355	$198,560
EMR/EMT & EMT/EMT	$8.50	$9.00	$127,750	$38,325	$166,075	$185,238	$127,750	$198,013	$204,400
EMR/EMT & EMT/EMT	$8.75	$9.00	$129,575	$38,873	$168,448	$187,884	$129,575	$200,842	$207,321
EMR/EMT & EMT/EMT	$9.00	$9.25	$133,225	$39,968	$173,193	$193,177	$133,225	$206,499	$213,161
EMR/EMT & EMT/EMT	$8.50	$10.00	$135,050	$40,515	$175,565	$195,823	$135,050	$209,328	$216,080
EMT/AEMT & EMT/Paramedic	$8.50	$11.00	$142,350	$42,705	$185,055	$206,408	$142,350	$220,643	$227,760
EMT/AEMT & EMT/Paramedic	$8.75	$12.00	$151,475	$45,443	$196,918	$219,639	$151,475	$234,787	$242,361
EMT/AEMT & EMT/Paramedic	$8.75	$13.00	$158,775	$47,633	$206,408	$230,224	$158,775	$246,102	$254,041
EMT/AEMT & EMT/Paramedic	$9.00	$14.00	$167,900	$50,370	$218,270	$243,455	$167,900	$260,245	$268,640
EMT/AEMT & EMT/Paramedic	$9.50	$15.00	$178,850	$53,655	$232,505	$259,333	$178,850	$277,218	$286,160
EMT/AEMT & EMT/Paramedic	$10.00	$15.00	$182,500	$54,750	$237,250	$264,625	$182,500	$282,875	$292,000
EMT/AEMT & EMT/Paramedic	$11.00	$16.00	$197,100	$59,130	$256,230	$285,795	$197,100	$305,505	$315,360
EMT/AEMT & EMT/Paramedic	$8.50	$10.50	$138,700	$41,610	$180,310	$201,115	$138,700	$214,985	$221,920
AEMT/AEMT & AEMT/Paramedic	$8.50	$11.00	$142,350	$42,705	$185,055	$206,408	$142,350	$220,643	$227,760
AEMT/AEMT & AEMT/Paramedic	$9.00	$11.00	$146,000	$43,800	$189,800	$211,700	$146,000	$226,300	$233,600
AEMT/AEMT & AEMT/Paramedic	$9.50	$12.00	$156,950	$47,085	$204,035	$227,578	$156,950	$243,273	$251,120
AEMT/AEMT & AEMT/Paramedic	$9.75	$13.00	$166,075	$49,823	$215,898	$240,809	$166,075	$257,417	$265,721
AEMT/AEMT & AEMT/Paramedic	$10.00	$14.00	$175,200	$52,560	$227,760	$254,040	$175,200	$271,560	$280,320
AEMT/AEMT & AEMT/Paramedic	$10.50	$15.00	$186,150	$55,845	$241,995	$269,918	$186,150	$288,533	$297,840
AEMT/AEMT & AEMT/Paramedic	$11.00	$16.00	$197,100	$59,130	$256,230	$285,795	$197,100	$305,505	$315,360
AEMT/AEMT & AEMT/Paramedic	$12.00	$17.00	$211,700	$63,510	$275,210	$306,965	$211,700	$328,135	$338,720

The following table illustrates the different volunteer pay methodologies.

Summary
Volunteer EMS Systems – Nominal Fees

Method and Basis for Fees
Call Pay or Fee per Call
Flat rate per call serviced
Mileage fee per mile driven
(Typically, sum of above two fees cannot exceed a maximum amount per call)
On-Call Fee Options
Flat amount per shift
Nominal fee per hour
Nominal fee per 24-hour or for 48-hour weekend

Labor – Volunteer Recruitment

Being realistic with potential recruits is especially important when they are volunteers. When volunteers, especially EMS volunteers, decide the job is more than they bargained for, they can and will quit. Volunteers must not be given the impression that the job is all glamour and happy endings. They need to be aware of the difficult problems they will face so that when a crisis occurs they are not completely surprised. If the EMS organization fails to provide volunteers with sufficient notice regarding the difficult situations EMTs may face, the unanticipated emotional trauma of an emergency run with an unsatisfactory result may lead to the volunteer's subsequent failure to show up for calls or even to resignation.
By the same token, potential volunteers should be encouraged to be honest about what they can do and what their own personal limitations are. Volunteers may develop an ability to deal with difficult situations, but if they are faced with tough problems they are not ready for, they are likely to quit. Volunteers may not know how they will react to the misfortune of others and should be encouraged to think this through and make a realistic assessment of what they can handle.

There are many ways to encourage a person to volunteer. Shared experiences, films, and role-playing exercises are techniques that can be used to develop a fair assessment by both the recruiter and a potential volunteer to determine whether or not that individual should volunteer for EMS work. Recruitment does not mean dwelling on the negative parts of the job, but it does mean providing an accurate picture of what is likely to happen.

The bottom line is that volunteers themselves must have enough information about what they will do in the EMS organization to make a decision that is right for them. Written job descriptions and signed commitment statements are useful tools for ensuring that both the volunteer and the EMS organizations have shared expectations about the volunteer's role in organizational activities.

Labor – Volunteer Retention

Keeping volunteers in EMS organizations is becoming more and more difficult. An EMS organization's efforts to retain its volunteers are as important to the success of an EMS organization as its recruitment program. The best recruitment program is of little value if the organization cannot retain its members. EMS managers must identify and respond to the social, organizational, and job-related conditions that contribute to early or increased turnover if they are to maintain an adequate level of qualified volunteer staff for the organization.

There are many reasons why individuals discontinue volunteer service. Today's lifestyles and work patterns mean that many have less extra time for volunteer work in general. Two-career and single-parent families feel sharp time constraints. The changes in volunteers' lives may make it difficult for them to continue to serve for the same length of time in the same capacities as in the past.

The demands within EMS organizations also can have a negative effect on retention. The requirements for becoming and remaining an EMS professional volunteer and career are more stringent. Meeting additional training and certification requirements is time-consuming and even costly. Internal conflicts, potential health and safety risks, work-related stress, and

lack of confidence in the use and performance of specialized equipment may contribute to early volunteer resignations.

EMS Directors need to identify alternative options and develop a strategy for retaining their most valuable resource--the existing staff of trained, competent volunteers. The factors within the control of the EMS Director that contribute to turnover need to be recognized and eliminated if possible. The EMS Director needs to adjust to those factors that cannot be controlled. For example, opportunities for reduced levels of participation could be provided for volunteers whose personal life or job requires them to reduce their time commitment to the organization. Volunteers suffering from boredom or stress in their present positions could be reassigned to new or less stressful jobs at least on a temporary basis.

For additional information on recruitment and retention, review the "Emergency Medical Services **(**EMS**)** Recruitment and Retention Manual" at the Federal Emergency Management Agency website at:

http://www.usfa.fema.gov

Labor - Partly Paid/Partly Volunteer EMS System

In areas where a fully-paid system is not feasible and more service is demanded than can be provided by volunteers, the EMS system may be staffed with some full-time EMTs and some volunteers. The full-time personnel work during the busier hours of the day and the volunteers work the slack hours. The volunteers can be paid only a nominal fee per actual EMS call or the volunteers could be paid both a nominal fee per actual EMS call and a nominal fee to be on-call (the on-call fee is paid whether there are any actual calls received).

The paid staff would be paid as a regular paid staff member. The volunteer personnel would be paid as a volunteer system, with either a fee per call or a combination of fee per call and on-call pay. The EMS Director and or owner of system will decide the type of volunteer pay.

Building Expenses

Annual building operating costs will vary by locality and building type. Insurance premium costs are necessary to protect the EMS system for the building and its contents. The costs for electricity, heating, and cooling need to be included. The additional cost of fuel to heat the building using natural gas, LP gas, fuel oil, and/or electricity should be considered. Water, sewer, and domestic trash disposal is usually available in most small communities. Costs for internet access and cable TV are also part of the building costs.

Building maintenance will depend on the climate and building location for lawn service, snow removal and maintenance of the building. In smaller EMS systems, most EMTs provide the general daily housekeeping and uniform laundry within the building. A larger EMS system may consider the option of janitorial services for the building or a laundry service for uniforms**.** These building costs can vary greatly depending on ownership, climate, and location of the EMS service.

Summary
Annual Operating Expense - Building

Building Items
Insurance for building and furnishings
Rental insurance, if not owned
Electricity, Heating and Cooling
Maintenance and Repairs
Water, Sewer, Trash
Janitorial Services
Laundry Services
Internet Service
Cable TV

Telephone Expenses

A telephone at the EMS building is a necessity. Typically, only one line is necessary; however, larger EMS systems choose to have more than one phone line. EMS systems that have full-time administrative staff will need additional phone services. These costs are assuming dispatch is provided at another location and uses other

communication modes for call notification. With the other communications systems utilized in EMS, personnel should be able to keep telephone costs to a minimal amount. Cell phone costs might also be needed and paid for by the EMS.

Office Supplies

Office supplies will be needed in any EMS system. The smaller EMS providers may actually need more office supplies than larger EMS providers that outsource their billings or accounts receivables.

Billing Services

Billing for EMS services is an important component of an EMS service. Billing arrangements can vary from the EMT director or supervisory staff performing this task in-house to a billing clerk in-house to a separate specialty EMS billing service. In a municipal system, the city clerk typically does the billing. The internal billing system will not always incur an additional cost. If the EMS system chooses to outsource the billing function, the current collections rate can vary from a flat fee per every call to a percent of the total amount collected. Outsourcing billing may actually be more efficient; these services have the resources to remain up-to-date on the Medicare, Medicaid, and private insurance company billing requirements. This knowledge may assist them in maximizing the amount of collections. Check to compare what is available in your local area.

General Liability Insurance

General liability is required for all EMS services. Cost can vary based on ownership of the system, volume of calls, and the level of service. For instance, a city-owned system can include their EMS service under the city's general liability insurance. A privately-owned system would incur more costs for general liability insurance through a private insurance carrier.

Training Expenses

Additional training and continuing education is required for all EMS staff. Costs will vary based on the level of service and the level of training previously attained by each individual technician, i.e. EMR, EMT, AEMT, or Paramedic.

Building and Equipment Expenses

If the annual capital expense methodology is not being used, then the annual equipment expenses and annual building expenses should be included here. These can be the annual payment for finance building and equipment or the annual out of pocket expenses planned for the year.

Miscellaneous Expenses

A miscellaneous expense category is not designated for any particular expense, but rather is available in case of variance in the budget amounts and in case of any unexpected expenditures. The miscellaneous expense also varies by the size of the EMS system. An example to use would be 5 to 10 percent of your annual operating expenses for smaller systems and 10 to 25 percent for larger systems. It is the

Summary -
Annual Operating Expenses - General

Telephone/Cell Phones	Needed at the EMS station and/or substations
Office Supplies	Varies depending on billing
Billing Services	In-house or outsource
General Liability Insurance	Needed for all personnel
Training	Varies based on level of service
Building and Equipment	Annual financed payments and/or annual out of pocket expenses
Miscellaneous	5 to 10% for smaller services and 10 to 25% for larger services (no set amounts)

decision-makers who decide the amount of this budget item.

Summary of EMS System Expenses

One of the purposes of this guidebook is to provide a methodology to estimate expenses and revenues of an EMS system. To determine the feasibility of an EMS system, planners must analyze the call data unique to the area to be served. To estimate current call volume is to review the previous year's EMS call reports. The planners must determine the number of transport calls (both emergency and non-emergency), transfer calls, and treated, no transport calls since these calls can be billable calls. Also, decision-makers must realize that there are many EMS calls which do not generate revenues, yet still provide a service to the community. Calls such as cancelled, refused treatment, false calls, community service calls, and standby calls all have some type of expense but do not generate any revenues. The total number of emergency and non-emergency calls should be considered, as well as the level of service provided on each call. The day of week and time of day can aid the system planners on how they may want to staff the system.

Collecting data on call origination locations can play an important part in finding an ideal location for the EMS building. This also may help to determine the average response time and miles to the scene for each call. The type of traumatic incidents and chief medical complaints should also be studied to determine the level of service so the EMS system may properly equip the ambulance and train personnel appropriately for the situations they may encounter. The destination locations of calls is necessary to help determine the average miles from the scene to the destination and also estimating arrival time to the destination and the time for the ambulance vehicle to return to service. By estimating the mileage, EMS systems are able to estimate revenues available for loaded miles, as well as determine cost for fuel, maintenance, tires, and upkeep of vehicles based on the use and depreciation of the vehicles. Finally, the EMS system should look at the population demographics of the patients. Comparing these data with census population data, the EMS system can estimate the age and gender of most patients and can project future call volume. Call volume is closely tied to the age and gender of the patients.

An effective way of obtaining this information would be to gather a full year of data from the EMS systems currently serving the area. If information on EMS calls cannot be acquired, check with your EMS state agency in obtaining information vital to the success of the EMS system.

When developing a budget for an EMS system, local cost data should be utilized. The information included in this section is only intended as a general guideline; actual costs will vary across the nation. The methodology is designed to assist decision-makers in developing a budget for an EMS system to fit the local community's needs.

CHAPTER VII
EMS Funding Alternatives

Decision-makers for an EMS system have several options available to raise revenues. Some of these options, like community fund-raisers, are commendable but not reliable. More reliable sources are user fees (fee per call), mileage fees, sales tax collections, ad valorem taxes (property taxation), public utility assessments (surcharges), subscription/membership fees, county, city, or state subsidies, and third party reimbursement. Collection percentages for EMS charges have declined due to decreased Medicare and Medicaid reimbursements. Collection percentages average between 30 percent and 70 percent. The types of expense incurred in operating the EMS system were illustrated in the previous chapter; however, the "readiness" cost per ambulance will range from $200,000 to $300,000 per year and will increase as the number of calls increase above the average numbers that are the basis of the budget. This amount is important to keep in mind when you are evaluating your funding options.

Summary
EMS System Funding Mechanisms

Method
User Fee Per Call (vary based on level of service)
Non-Emergency Transport Fee
Emergency Transport Fee
Transfer Fee (Inter-facility)
Treat, No Transport Fee
Mileage Fees (per loaded miles)
City Sales Tax
County Sales Tax
State Sales Tax
Ad Valorem Taxes (Property Taxes)
Utility Assessments (surcharges)
Subscription/Membership Fees
City, County, Tribal, and/or State Subsidies
Third Party Reimbursements
Grants
Donations and/or Fundraisers

User fees and mileage fees

User fees and mileage fees are generally charged for EMS service. Different fees can be charged for non-emergency transports, emergency transports, transfer calls, and treat, no transport calls. Mileage fees are charged per loaded or transport mile. For the smaller rural EMS systems, these fees generally do not cover costs and have not kept up with EMS costs and inflation. Thus, they are often supplemented with other forms of revenues. Other funding sources may need to be used to supplement funding for the EMS system.

User fees and mileage fees are typically collected from Medicare, Medicaid, private insurances, military insurances, and private pay from individuals representing deductibles, co-pays, and full-payment from the uninsured.

Sales tax collections

Sales tax collections are another way to fund an EMS System. Typically, an election of the citizens of the designated taxation area is required to authorize a sales tax; this could be state, county, or city. Percentages for sales tax collections designated for EMS systems vary based on the size of the systems. Local, regional, and state laws must be checked to see if sales taxes are available to subsidize EMS systems and the percent of sales tax available for such subsidy.

Utility assessments/Surcharges

Public utility assessments (or surcharges) are another method that community residents might use to pay for the EMS service. This method is available for an EMS system that is owned by a city, town, or municipality that owns its utilities. Residents may already pay for water, sewer, sanitation, and/or electrical services. The city, town, or municipality can authorize through their governing board or council a public utility assessment without a vote of the residents. The assessment is added to the residents' normal utility bill and is paid monthly based on the current system of collection.

In county or multi-county EMS systems, subscriptions equal to the public utility assessment fees in the cities, towns, or municipalities are offered for sale to rural residents. In a city, town, or municipality that has a public utility assessment, when service is supplied to residents in the service area that are not paying that fee, then the EMS user fees charged to the non-participants approximates the actual costs per call or is charged at a higher fee level than the EMS user fees charged to those residents that are paying the public utility assessment. Thus, persons not within the geographical boundaries of the system will pay their fair share of the cost of EMS.

EMS systems are starting to work with private rural utility providers to collect a volunteer fee for service. This is fairly new and has not been widely utilized. Any household can choose to opt out of a voluntary fee on their rural utility bill.

Subscription/Membership fees

Subscription/membership fees are another source of funding for EMS systems. Subscription fees are voluntary payments from individuals and/or businesses. A subscriber may be allowed a discounted user fee if and when the subscriber should utilize the EMS service. These fees are collected on a voluntary basis.

City, county, tribal, and state subsidies

City and county subsidies are funds allocated to EMS systems by local governments. Local governments may allocate funds to the EMS systems to supplement the service in order to assure that the residents of the area will have adequate EMS services available. EMS is beginning to be perceived as a necessary infrastructure emergency response service, like police and fire.

Tribal governments also may choose to or elect to subsidize EMS systems. Many tribes have their own EMS systems and work with the other EMS providers within their service area.

State government may also choose to subsidize EMS systems. State legislators may elect to allocate funds for EMS to supplement the services in order to assure that state residents will have adequate EMS services available.

Third Party Reimbursements

Third party reimbursements are collections of payments made by governmental agencies and private insurance companies. These amounts can account for as much as 80 percent of the fees charged to patients. Understanding how to access these funding sources is vitally important. The rules and regulations to bill vary by source of third party collections. Many EMS systems are outsourcing their billings in order to better access these funds and the billing companies will charge a flat fee per call or a percentage of fees collected for their services. If an appropriate and successful billing service is available, the increased collections will typically pay the additional cost for the service.

Medicaid ambulance coverage

Medicaid is a joint program of the federal and state governments. Each state establishes its own Medicaid regulations. Therefore, the reimbursement level for ambulance service from Medicaid varies greatly from state to state. There is no standard methodology to determine reimbursement rates. Check with your state Medicaid agency to determine EMS reimbursement in your state.

Medicare ambulance coverage

Section 4531 (b) (2) of the Balanced Budget Act (BBA) of 1997 added a new section 1834 (l) to the Social Security Act which mandated the implementation of a national fee schedule for ambulance services furnished as a benefit under Medicare Part B. Medicare began using a national fee schedule effective January 1, 2000, as per the Balanced Budget Act of 1997. In February 2002, the Centers for Medicare and Medicaid (CMS) published the Final Rule implementing the fee schedule. The fee schedule applies to all ambulance services, including

volunteer, municipal, private, independent, and institutional providers, i.e., hospitals, critical access hospitals (except when it is the only ambulance service within 35 miles), and skilled nursing facilities.

Section 1834(l) requires mandatory assignment for all ambulance services. Ambulance providers and suppliers must accept the Medicare allowed charge as payment in full and not bill or collect from the beneficiary any amount other than any unmet Part B deductible and the Part B coinsurance amounts. The fee schedule is effective for claims with dates of service on or after April 1, 2002. Ambulance services covered under Medicare will then be paid based on the lower of the actual billed amount or the ambulance fee schedule amount. The fee schedule was fully implemented as of January 1, 2006.

Base rates and mileage rates are included in the new schedule. Base rates are adjusted for geographic cost variations and mileage rates are designated as rural, urban, or super urban based on the zip code of the trip origination.

http://www.cms.gov/AmbulanceFeeSchedule/

The rates will vary based on the level of service provided and based upon appropriate documentation of services provided, making documentation important for EMS providers to be reimbursed properly, equitably, and at the maximum allowable level. The current 42 CFR §414.601-414.625, Fee Schedule for Ambulance Services can be accessed at:

http://ecfr.gpoaccess.gov/cgi/t/text/text-idx?c=ecfr&tpl=/ecfrbrowse/Title42/42cfr414_main_02.tpl

Medicare regulations complicate the billing procedures and documentation process. The EMS providers must take a proactive role in properly billing Medicare calls and providing adequate documentation to ensure maximum reimbursement levels. The EMS providers will need to either research Medicare guidelines on a regular basis to keep billing procedures current at all times or to contract (or outsource) their billing to a professional billing service.

An EMS provider should thoroughly document to promote good patient care, to reduce liability, and to ensure proper conscientious management.

For complete information on the new Medicare Fee Schedule, visit the CMS website at

http://cms.hhs.gov/

Grants

Grants may be available through government entities (city, county, state, and/or federal) and through private foundations or other entities. These vary across the nation and research will be needed to determine availability to a specific EMS system.

Donations/Fundraisers

The EMS system may organize fundraisers to assist with the expenses. Many entities have had chili or bean suppers or breakfasts to earn funds for their EMS system. EMS systems may accept donations and can be creative in determining ways to obtain donations.

How to Determine Fees

EMS providers can become confused about what fees can be charged to various individuals and insurance companies. The different payment polices of the third party payers are causing this confusion.

Medicare's main requirement is that the EMS system does not routinely charge other payers differently than they charge the Medicare program for the same services. An EMS provider can set up a comprehensive list of the different levels of service with pricing for each level of service that is billed to all patients/insurers.

EMS providers should establish their own fee schedules based on the needs of their

communities. They should follow the following principles:

- The levels of service must be consistently defined based on patient need, not what is covered and not covered by Medicare or other insurers.
- The levels of service should have a standard price that is charged consistently to all patients, regardless of who pays the bills.
- All coinsurance and deductibles should be collected unless the patient demonstrates financial hardship.

Medicare is strict about how EMS systems bill for the range of services for which they pay. How the EMS providers bill for services that Medicare does not cover is up to the EMS provider.

To obtain additional information on the Medicare regulations for fee determination, visit the CMS website at:

http://cms.hhs.gov/

The template provided will utilize the Medicare base rate, relative value unit (RVU) scale, the geographic practice cost index (GPCI), the rural mileage rates, and the rural call origination fee adjustment of 3% to determine the call fees for the example.

Summary of EMS Funding Alternatives

In summary, there are many mechanisms to fund EMS systems across the United States. The funding mechanisms discussed in this chapter are not all-inclusive and each state may have different funding mechanisms. This guidebook intends to provide a framework for EMS providers to develop budgets and systems to provide adequate EMS service to the residents within their service area.

The information in this guidebook could be affected by new legislation involving EMS enacted after the date of this publication. Contact your state EMS Division to determine the funding mechanisms available in your particular state.

CHAPTER VIII
Example EMS System Budget Template: "EMS Budget Generator"

A budget template has been developed utilizing a Microsoft Excel spreadsheet. The Excel spreadsheet should be available from the CD attached to the hard copy of this guidebook or the Excel spreadsheet is available on the website: www.ruralhealthworks.org. There are 11 worksheets included in the Excel Budget Template.

Worksheet #1 shows a basic budget for an EMS. **Worksheet #2** has all the parameters for changing this budget highlighted in light blue. To use this budget, add your EMS data in the light blue fields and the budget will be generated in the first worksheet. ***This is the simplest way to build a budget.*** This allows you to see the difference if you make any changes in your system; i.e., add additional calls, add a new crew, add an equipment payment etc. It also allows you to leave out the capital expenses and annual capital expenses and just show the annual mortgage payment on the building or the annual equipment loan payment or the annual equipment out of pocket payment.

Worksheet #3 allows you to build your own budget without using the parameters. This allows you to put up to five scenario budgets side by side or several years of budgets side by side.

Worksheet #4 allows you to show your budget versus the actual expenses. The budget amounts go in the first column (light blue cells). The actual expenses by category can be added each month. The worksheet will show the monthly and year to date percent variances. If the actual expenses are entered for the year, the EMS will know if it is on target for the budget or the variance from budget.

The next three worksheets (**Worksheet #5**, **#6**, and **#7**) show summaries of annual labor costs for different payment scenarios, different pay rates, and different benefit rates. **Worksheet #5** shows **Labor Summary Table 1** with the annual cost of one crew member working 365 days per year, 24 hours per day, at different regular pay rates plus different benefit rates (10 to 30%) and shows **Labor Summary Table 2** with the annual cost of two crew members working 365 days per year, 24 hours per day at different regular pay rates (vary by crew member) plus different benefit rates (10 to 30%).

Worksheet #6 shows **Labor Summary Table 3** with the annual cost of one crew member working a 40-hour week at different regular pay rates plus different benefit rates (10 to 30%) and shows **Labor Summary Table 4** with the annual cost of two crew members working a 40-hour week at different regular pay rates plus different benefit rates (10 to 30%).

Worksheet #7 shows **Labor Summary Table 5** with the annual cost of one crew member working two 24-hour shifts per week (40 hours of regular pay and 8 hours of overtime pay per week) at different regular pay rates plus different benefit rates and overtime pay and shows **Labor Summary Table 6** with the annual cost for two crew members, based on two 24 hour shifts (with 40 hours at regular time plus benefits and 8 hours at overtime pay for each crew member) at different regular pay rates plus benefit rates and overtime pay.

These six tables in **Worksheets #5**, **#6**, and **#7** are designed to assist EMS decision-makers with budgeting their labor costs and benefits costs, based on the EMS system's payment methodology.

Worksheet #8 provides amortization factors for determining the annual payment for building or equipment. The table is provided to determine an annual payment for a capital equipment item, given the interest rate and the years for repayment. For instance, the EMS systems may be considering the purchase of a $100,000 building. The amount of the building that is financed needs to be known, as well as the interest rate and the years of repayment. Assume the amount of the building to be financed is $90,000, with an interest rate of 7% and

repayment of 30 years. Using the table, go to the interest rate on left and years of repayment across the top and determine the annual factor, 0.080587. Multiply the amount to be financed, $90,000, times the factor of 0.080587 to determine the annual payment for the building of $7,253. The formula is the amount to be financed times the amortization factor (from the table) equals the annual payment.

Worksheet # 9 provides the geographic price cost indices (GPCI's) for 2013. These are utilized to calculate the Medicare reimbursement to use as the base fee per call. In **Worksheet #2 Basic Budget Parameters**, the annual revenue parameters include a methodology to use the GPCI's and base call rates to determine a base fee per call. Choose the GPCI for your geographic area and enter it in the budget. The base call rate for your specific region will also need to be entered; these base call rates vary by region and will need to be determined for your region. The RVU units per type of call are already entered into the worksheet. This methodology can be used to determine revenues, with the formula below.

The formula for calculating the Medicare reimbursement per call is:

= (RVU*(.3+(.7*GPCI)))*BASE RATE*1.03

This formula is utilized to calculate the average fee per type of call (i.e., basic call non-emergency and emergency, ALS-1 call non-emergency and emergency, and ALS-2 call non-emergency and emergency). These call fees are then used to calculate the estimated revenues for each type of call. The user must decide the percent of revenues collected and enter into the worksheet.

This is only a tool to determine the base rate per call. The EMS can adjust this to their current base rate per call.

Worksheet #10 includes nine example budgets to show the changes in the budget of an EMS system as the call volume increases and the level of service changes. **Worksheet #11** includes the parameters to change the data for the nine example budgets. These two are designed to be utilized together.

Example Budget 1 shows an average of one call per day for an annual total of 365 calls; **Example Budget 2** shows an average of two calls per day for an annual total of 730 calls; these continue with each budget increasing by one call per day to **Example Budget 9** with nine calls per day for an annual total of 3,285 calls.

There are also some changes in service levels over the nine example budgets. For **Example Budget 1**, volunteer labor is illustrated. For **Example Budgets 2** and **3**, there is one 24/7 crew staffed. For **Example Budgets 4** through **6**, a 40-hour per week day vehicle and day crew is added and system protocols to provide ALS-1 (when personnel are available) were added. For **Example Budgets 7** through **9**, there are two 24/7 crews (eliminating the day vehicle) and system protocols to provide ALS-2 (when personnel are available) were added.

These nine example budgets are to show how costs increase as the call volume increases and how the personnel, vehicle and equipment costs, etc., go up as the call volume increases and the system changes to meet the volume requirements. These example budgets are for illustration only. The expenses and revenues may vary state to state but the spreadsheet is built on parameters or budget assumptions that can be adjusted for these variations. Everything in the budget template can be modified and adjusted to fit any state.

Worksheet #11 Budget Parameters, illustrates all the budget parameters or budget assumptions for the nine example budgets. These parameters can be modified by filling in the light blue highlighted cells and the numbers will carryover (through linkages) and be included in the final budgets in **Worksheets#10**. In other words, the numbers from the budget parameters from **Worksheet #11** are carried over through linkages into the final budgets in **Worksheet #10**. For instance, go to Worksheet #11 and change the number of calls for **EX1** from 365 to 1,344. Then go to Worksheet #10 and the number of calls for **EXI** in the Basic Parameters

table will have changed to 1,344. Now go back to the first worksheet and change it back to 365 until you are ready to build your own budgets. **All items in the final budgets in Worksheet #10 have been determined by the budget parameters Worksheet #11 and can be modified by changing any budget parameter in Worksheet #11.**

The nine budget worksheets can be very useful to show several years of budgets for a system or to illustrate the costs of several different EMS providers and then show a system with the EMS providers combined. It can also be used to show several variations of budgets for one year.

All the budget worksheets, **Worksheet #1 Basic Budget**, **Worksheet #3 Build Your Own Budget**, and **Worksheet #11 EXS 1-9 Budget Parameters** include the following categories:

- **BUDGET PARAMETERS** – shows the very basic parameters or assumptions for budget examples.
- **TOTAL CAPITAL EXPENSES -** illustrates the total capital expenses for the budget examples.
- **ANNUAL CAPITAL EXPENSES** – illustrates the annual capital expenses for the budget examples.
- **ANNUAL OPERATING EXPENSES –** shows the total operating expenses for the budget examples.
- **ANALYSIS OF LABOR -**
- **SUMMARY OF EXPENSES -** shows a summary of operating expenses, annual capital expenses, and total annual capital and annual operating expenses for the budget examples**.**
- **SUMMARY OF REVENUES AND BREAKEVEN –** shows the totals for all sources of revenues and the breakeven or loss (revenues less expenses) for the budget examples.
- **EXPENSES AND REVENUES PER CALL**

All of budget parameter worksheets, **Worksheet #2 Basic Budget Parameters** and **Worksheet #11 EXS 1-9 Budget Parameters**, include the following categories:

- **BUDGET PARAMETERS**
- **TOTAL CAPITAL EXPENSES PARAMETERS**
- **ANNUAL CAPITAL EXPENSES PARAMETERS**
- **ANNUAL OPERATING EXPENSES PARAMETERS**
- **ANNUAL REVENUE PARAMETERS**

Using the Budget Generator (Excel Spreadsheet Template)

There are several ways to use the budget template. The 1st method is to modify the parameters (or budget assumptions) for a Basic Budget. To modify the parameters, go to the Excel spreadsheet to **Worksheet #2 Basic Budget Parameters**. To modify these parameters, change the parameters in all rows highlighted in a light blue. All light blue rows can be updated and the changes will be carried over through linkages to the basic budgets in **Worksheet #1 Basic Budget**. **Worksheet #1 Basic Budget** is "protected" so you can only change it through the parameters in **Worksheet #2**. However, you can "unprotect" **Worksheet #1** at any time if you do not want to use the parameters and the linkages.

The 2nd way to develop a budget is to use **Worksheet #3 Build Your Own Budget**. This worksheet has been provided for you to input your actual or estimated expenses and revenues and "Build Your Own" EMS budget. This spreadsheet is not attached to the budget parameters. This is just a budget format for the EMS systems to add their own data and the categories can be changed to reflect their categories. Anything can be changed or modified in this worksheet. There are no parameters, no links to other worksheets, and no protected cells.

The 3rd way to develop a budget is to use **Worksheets #10 EXS 1-9 Budgets** and **#11 EXS 1-9 Budget Parameters**. **Worksheet #11**

is to enter the budget parameters and then the budget or budgets will develop in **Worksheet #10**. Again, **Worksheet #10**, the final budget worksheet, is protected. Worksheet #11 is unprotected and provides the highlighted cells to type in your specific parameters. In using the nine examples, choose the Example Budget that most closely resembles your service. For instance, if you have 900 annual calls, choose **Example Budget 2** or **Example Budget 3**. Then modify the parameters in the **Worksheet #11** for either of those two budgets or both. All nine of these budgets can be used; either for nine years of budgeting (including past years, current year, and/or future years) or for variations of budgets for the current year. The nine budget can also be used to consider consolidation of EMS services. All the EMS service budgets can be entered and totaled and, then, a new combined budget can be prepared.

In the budget parameters, there are a several rows that have bright yellow and green highlights in the budget parameter worksheets. These rows require that you decide amongst different options. The option that you choose should have the total costs of that option placed on the bright yellow total line. For instance, look at Worksheet #11 under **ANNUAL OPERATING EXPENSES PARAMETERS**, there is a section on Billing. There are three options to choose for billing:

- In-house billing
- Outsource billing – Fee per Call
- Outsource billing - % of Collections

The light blue highlights indicate that you can change any of these parameters. For instance, you can change the fee per call for outsource billing or you can change the percent of collections on the next section of outsource billing. The green highlights indicate the totals for the three billing methods with different costs for each method. Once you have chosen the billing method for your EMS system, the total for that option should be placed on the Total Billing Cost line, which is in bright yellow. This line is linked to the final budget table and will show on the final budget table.

The template is available on CD or on the website:

www.ruralhealthworks.org

Remember that you can always download another copy of the spreadsheet at any time. Also, copies of the spreadsheets are included in **Appendix D**. If you need to see what was included in the original spreadsheet, you can review the data in **Appendix D**.

A Closer Look at the Budget Parameters

Looking at **Worksheet #2 Basic Budget Parameters**, the first section includes the **BUDGET PARAMETERS**. These include the level of care, protocols, and total annual number of calls. Any of the LIGHT BLUE CELLS can be changed. The average number of calls per day is a calculation and does not need to be changed.

The next parameter is the percent of calls that are billable. The number of billable calls is then calculated.

The calls need to be divided by level of service provided; i.e. the percent of calls that are considered basic level, basic emergency level, ALS-1 level, ALS-1 emergency level, and ALS-2 level, ALS-2 emergency level. The number of billable calls is then calculated from the percents provided.

Only the blue highlighted cells should be changed in the worksheet if you want the template to build your budget for you.

The total miles driven by your EMS system can be entered and the average miles per Call will be calculated. The percent of the total miles that are billable can be entered and the total of the billable miles will be calculated. The percent of miles drive by vehicle type should be entered for each vehicle and then the number of miles driven by vehicle type will be calculated. There are some CHECKS built into the parameters worksheet to be sure that your numbers are accurate.

The next section of this worksheet is the **TOTAL CAPITAL EXPENSES PARAMETERS**. All categories must be entered into the parameters spreadsheet. These parameters will be utilized to calculate the annual capital expenses. If you choose to not enter any total capital expense parameters, just leave the light blue cells blank.

The **ANNUAL CAPITAL EXPENSES PARAMETERS** will need to have the blue highlighted cells completed so that the annual capital costs will be calculated. If you chose to not list the total capital expense parameters above, there is no need to enter anything under the annual capital expenses parameters here.

The building category has the bright yellow and green highlights to indicate that there are options for you to choose from. For instance, for the base building, you can enter your monthly payment for your building or you can use the "9 Amortization Factors" worksheet to estimate the annual payment for the base building, based on the amount financed, the interest rate, and the years of repayment. Once you have chosen which method to use, the totals must be places on the bright yellow line, Total Base Bldg Annual Payment. The same method should be used for the Substation Building.

Remember that as you change the budget parameters, the final budget in **Worksheet #1** will be completed and available for you to print. To check your work, look to see that the parameters you entered are carrying forward into the final budget in **Worksheet #1**.

The **ANNUAL OPERATING EXPENSES PARAMETERS** is the largest category of parameters and the most detail. All the annual operating expenses are included here. One of the largest expenses of an EMS system is the labor. The budget template includes detailed information on labor, including categories to enter volunteer labor and paid labor. EMS systems should be able to quantify the amount of volunteer labor that goes into their EMS system. The labor information is detailed for each crew member and includes only two crews to be rural specific. You could combine information for several crews if necessary. Detailed labor summary totals are provided.

Management costs are separate from crew labor. There is provision for full-time management or part-time management. These can also be quantified into volunteer versus paid later in the worksheet.

Detailed volunteer labor is provided with summary of paid compared to volunteer labor.

The **ANNUAL OPERATING EXPENSES PARAMETERS** includes the following categories:

- Billing (In-house or Outsourcing fee per call or Outsourcing % of collections)
- Building Expenses for Base Station
- Building Expenses for Substation
- Utilities for Base Station
- Utilities for Substation
- Vehicle Expenses (insurance, licenses, oil, filter & lubrication, tires, maintenance/repairs/inspections, gas)
- Medical Supplies
- Equipment Repairs/Monthly Fees
- Licensing
- Office Supplies
- Uniform Allowance
- General Liability Insurance
- Training Expense
- Miscellaneous

The final category of the budget parameters is the **REVENUE PARAMETERS**. To determine revenues, the Medicare reimbursement rate is calculated as the base fee per call. The 2013 Geographic Price Cost Indices are provided in the worksheet, "10 Medicare GPCIs." Choose the GPCI for your geographic area and enter it. The base call rate for your specific region will also need to be entered. The RVU units per type of call are already entered into the worksheet.

The formula for calculating the Medicare reimbursement per call is:

= (RVU*(.3+(.7*GPCI)))*BASE RATE*1.03

This formula is utilized to calculate the average fee per type of call (i.e., basic call non-emergency and emergency, ALS-1 call non-emergency and emergency, and ALS-2 call non-emergency and emergency). These call fees are then used to calculate the estimated revenues for each type of call. The user must decide the percent of revenues collected and enter into the worksheet.

Mileage rates are based on Medicare rates; $7.50 for ≤ 17 miles and $5.00 for > 17 miles. There is a rural adjustment for mileage from Medicare and it is 1.03. This may be subject to change in the future. Applying the 1.03 the mileage rates utilizing to determine mileage revenues is:

Example Nine Budgets – Budgeting As the System Advances

Worksheets #10 and **#11** illustrate the nine budget examples. These two worksheets function exactly as **Worksheets #1** and **#2** for the basic budget. The only difference is that there are nine budgets, not just one budget. These provide an illustration of how the capital expenses, annual capital expenses, and labor expenses compare with the increase in volume and overall expenses. At the bottom of **Worksheet #10**, the total capital expenses, the annual capital expenses, and annual paid labor expenses are shown as a percent of paid operating expenses and as a percent of annual capital and paid operating expenses.

Look at the capital expenses as a percent of operating expense. For **EX1**, capital expenses are 377% of paid operating expense; that means that the capital expenses are almost four times as much as the operating expenses. Then for **EX9**, capital expenses are down to 118% of operating expenses. That means that the total capital expenses are 18% less than operating expenses. The capital expenses as a percent of operating expenses goes down as the volume of calls goes up.

The same basic trends apply to capital expenses as a percent of annual capital and paid operating expenses. The percent starts at 200% with **EX1** and decreases through **EX3**, then increases up with **EX4** (this is when the day vehicle is added) and trends downward through **EX6**, then increases up with **EX7** (this is when the second 24/7 crew is added) and decreases through **EX9**. This shows the overall downward trend as volume increases, with upward surges when the capital expenditures are increased.

The next category to look at is annual capital expenses as a percent of paid operating expenses. The data show that the percent increases from **EX1** thru **EX3**; then **EX4** goes back down and trends back up from **EX4** to **EX6**, then **EX7** trends back down and continues even through EX8 and down again to **EX9**. These trends follow the increases in capital needed to add a day vehicle and to add a second 24/7 crew. The annual capital expenses as a percent of annual capital and paid operating expenses follows the same trend.

The next category is the annual labor expense as a percent of operating expenses. As would be expected, **EX1-EX3** has lower percents, since these three examples all have some volunteer labor. From **EX4** thru **EX9**, the percent of labor to operating expenses remains somewhat level between 51% and 55%.

The same trends apply to labor expenses as a percent of annual capital and operating expenses. The first three examples are low due to the amount of volunteer labor. The last six examples level out with a range between 28% and 33%.

Regional Budgeting Alternatives

For current EMS systems, the methodology from above for analyzing costs and revenues could be utilized to determine if any of the following regional budgeting alternatives could be beneficial. Regional budgeting is showing regional alternatives to reduce expenses for the EMS system in total. Regional budgeting includes alternative funding mechanisms, alternative organizational options, and more efficient and effective modes of operation, including those described below:

- Purchasing options are expanded with opportunities to receive reduced prices and/or discounts on medical supplies, ambulance vehicles, etc.
- Combine billing and collections with other EMS systems
- Combine medical direction with other EMS systems
- Combine administrative and/or billing staff with other EMS systems
- Combined mechanic, maintenance, and/or repair activities with other EMS systems
- Develop Certified Emergency Medical Response Agencies (EMRAs)
- Regional dispatch and communication mechanisms
- Determine appropriate staffing patterns
- Determine appropriate user fees per call
- All-inclusive EMS system; combining two or more EMS providers

The regional budgeting considerations presented are not considered to be the only possible methods for providing more efficient and effective emergency medical services. These are presented as ideas for the EMS providers to consider. EMS providers may be innovative and develop their own ideas.

Other thoughts on regional budget considerations include location of stations and substations to maximize efficiency, review detailed call data for determination of stations and substations, review medical condition data in determining the level of care to be provided, consider the level of care that can be provided in conjunction with EMRAs to assist with coverage in remote or isolated areas, and consider seasonal trends in call frequencies and staff efficiently for coverage.

Regional budgeting alternatives are provided as ideas on developing efficiencies to maintain, sustain, and retain emergency medical services for the future.

Available Budgeting Assistance

The budget analyses, utilizing the budget template, can be provided for a single EMS provider or for multiple EMS providers considering regional budgeting alternatives. The budget spreadsheets are designed to be used for many different scenarios.

For assistance in utilizing the budget template, contact the National Center for Rural Health Works at 405-744-6083 or 6081 or 9824.

CHAPTER IX
Effective Administration: "A Key to a Viable EMS System"

What works in one EMS system may not work in another EMS system. For instance, **Example 1** in the spreadsheet illustrates an EMS system with a county sales tax. The EMS system will receive tax monies for operation, and will charge its users for services it renders. The tax revenue ensures a consistent funding stream for EMS operations, a funding mechanism for EMS capital equipment needs, and flexibility in the overall organization and management of the EMS system. If collections for service are vigorously pursued, there may be adequate continuous funding to support operation of the EMS system. Sales tax funding requires a vote of the residents of the area. Effective administration and leadership are key to obtaining the resources needed for a rural EMS system to survive. Most importantly, the EMS Director is key in providing effective administration to ensure the survival of a rural EMS system.

EMS Director

The EMS Director is the individual in charge and responsible for the overall operation of the EMS system, administration and clinical segments. The EMS Director should be the coordinator of EMS resources, an innovator of workable solutions to problems, and a capable administrator or business manager. The utilization of a qualified EMS Director will enhance the success of any EMS system. The EMS Director's role should be primarily administrative, not patient care. The EMS Director is responsible for the following:

- The EMS Director shall be responsible for the fiscal aspects of the system. Prepare and submit invoices to users of the ambulance service on a monthly basis, then accomplish actions necessary to assure maximum collection of bills for service including personal contact with debtors and where appropriate, filing actions in small claims court to collect debts. He/she should be cognizant of all avenues of payment for services rendered, particularly those involving third party reimbursement. The EMS director should also consider an alternative of contracting with a billing service to pursue billing and collections.
- The EMS Director should have a thorough knowledge of the EMS system and its components. He/she should establish contact with the state EMS agency and take full advantage of the technical assistance and other resources available.
- The EMS Director, who may or may not be a licensed EMT, should be capable of responding to major incidents to serve as Medical Incident Commander or should have staff available to serve as Medical Incident Commander. A senior-level EMT could be appointed to this important function. The EMS Director could assist in the care and transport of patients when necessary to compliment the availability of existing personnel, if a licensed EMT.
- Medical direction by physicians is required by statute and rule. Additional assistance from by nurses and allied health professionals within the EMS service area provide for the development of valuable alliances in building an EMS system. Their expertise and cooperation will be invaluable in acquiring necessary involvement from public officials, civic leaders and the area at large. The EMS Director should establish a good rapport with the medical community to ascertain their needs and solicit their participation in the system.
- Public education is a major component of any EMS system. The general public and industry will need instruction in basic first aid and cardiopulmonary resuscitation. Most will contact the EMS system to obtain this training. If this training is available from the EMS system under the auspices of the American Heart Association or the American Red Cross, the public relations benefits will be immeasurable.

- Education within the EMS system is another major task of the EMS Director. He/she should be familiar with the educational resources available in or near the EMS system. In some areas, it is desirable to appoint an In-house Instructor to provide continuing education to EMTs. It is important to seek guidance from the appropriate EMS state agency in this process.
- In order for people to use the system, they must be informed of what it does and the reasons for its existence. This can be accomplished by stressing the EMS system's goals and accomplishments through efficient media relations. The various media channels can be the greatest ally of the EMS system if properly utilized and nurtured.
- Maintaining records of service utilization and effectiveness will provide necessary data for continuing evaluation of the service, thus assuring CQI.
- Maintaining close working relationships with EMS contractors will assure that the provisions of the agreement for emergency medical care are met, if applicable.
- Maintaining working relationships with neighboring EMS systems and other emergency service agencies in the area will ensure provision of communications services and continuing education, as well as mutual aid response agreements.
- The EMS Director will perform such other administrative duties as may be required to assure the provision of quality emergency medical care and transportation services to the citizens of the EMS area.
- The EMS Director is also the personnel director responsible for selecting and hiring personnel, scheduling shifts and handling personnel grievances. He/she should have authority to deal with day-to-day personnel matters. This should include hiring and dismissal of employees coupled with an appeal mechanism before the governing body available to employees who feel they have been unjustly treated.

The salary established for the EMS Director should be lucrative enough to attract the type of person needed to manage the system and work harmoniously with employees, volunteers, elected officials, civic groups, and the general public. The position of EMS Director is extremely important. The EMS Director's task is very demanding - - the wrong person could adversely affect the public confidence in the EMS system's performance.

State EMS agencies will work with EMS system directors and community leaders to improve and strengthen their EMS services and may be contacted for additional information.

HIPAA Compliance

Public Law 104-191, The Health Insurance Portability and Accountability Act of 1996, commonly known as HIPAA, was published December 28, 2000, and required that providers get *consent* of the patient in order to use the patient's protected health information (PHI) to bill and share that information with other health care providers. Website:

http://www.hhs.gov/ocr/privacy/.

In August of 2002, the requirements were changed to only require that patients acknowledge that they have been given *notice* of the organization's privacy policies. However, the required implementation date of April 14, 2003 remained unchanged. Even though consent to use the protected health information is no longer needed, EMS providers must instill in every person in the company (or organization) that the privacy of the patient's health information must be protected and that there must be formal policies, procedures, and training established to assure compliance.

Privacy Task Force

HIPAA clearly sets a national standard for privacy that goes beyond most health care providers' rules. In order to comply with the standard, EMS providers could establish a

privacy task force within their agency that has the following responsibilities:

1. Learn the requirements of the rule.
2. Identify the patient information currently collected by the agency, how it is stored, who has access to it, how it is shared, and how it is used.
3. Develop written security standards for that information, including identification of the positions in the organization that have access to each specific piece of information (for example, billing information cannot be accessed by those who do not need it). Design patient privacy standards, patient consent forms, patient authorization forms, and business associate agreements. Designate the privacy official for the organization, and so forth.
4. Develop formal privacy training program for all employees.
5. Develop a compliance program to ensure that the privacy policies are enforced on an ongoing basis.

An EMS provider could break down the privacy requirements as they apply to each phase of the ambulance process where protected health information is collected and communicated. This is a practical approach because it addresses how the privacy provisions must be addressed in a logical fashion. It addresses the relationships with agencies (e.g., dispatch centers, first responders, emergency medical response agencies, mutual aid providers, and receiving hospitals) that share PHI with your agency.

The EMS provider should be able to answer such questions as: Is the 9-1-1 dispatch center a covered entity or a business associate? Does the rule apply to volunteer ambulance services? Is a written business associate agreement needed with hospitals? Can patient information be transmitted over the radio? In addition to the typical situations that use PHI, the EMS provider needs to determine how to deal with the use of PHI in quality assurance, mass casualty situations, etc.

EMS providers need to answer more specific legal questions such as what constitutes "notice" versus "consent" versus "authorization." It must address the definition of personal representatives (people who can sign for the patient) – something very important to ambulance providers. They also must address what information can be shared with other agencies, e.g. the State EMS agency, researchers, police law enforcement agencies, the press, etc. Another important consideration is who reviews the patients' rights to see their medical records and/or controls others' access to their medical records.

HIPAA Summary

The privacy and security rules established under HIPAA *require* that ambulance services establish new procedures that affect all phases of the operation. Those that do not establish these new procedures open themselves up to not only losing their rights to bill Medicare, but also to potential civil litigation for violation of patients' privacy rights.

Do You Need an EMS Council and a Privacy Task Force?

These two entities could have the same membership. However, the EMS Council is designed to look at overall organizational needs and the Privacy Task Force is specifically looking at patients' PHI.

CHAPTER X
Available Resources and Services

This section is designed as an aid for interested citizens and local leaders to establish or improve EMS in their area. This section lists available resources and functions of EMS groups throughout the nation and the state.

The Division of EMS in your state is typically designated as the lead state agency for emergency services. It plans, establishes, or supplements emergency services and is also the enforcement department to ensure that EMS regulations and guidelines are followed in local EMS services.

The Division of EMS acts as a clearinghouse for information on EMS activities at national, state, and local levels and directs inquiries for assistance to appropriate agencies. Contact your state EMS division for more information. Contact information is given below.

Resources

For additional information on this Guidebook, contact the following:

National Center for Rural Health Works
Oklahoma State University
Oklahoma Cooperative Extension Service
Dept of Agricultural Economics
513 Ag Hall
Stillwater, Oklahoma 74078
405-744-6083 or 6081

Review state specific legislation and information on:

- Open meeting requirements
- Funding mechanisms available
- Statutes and regulations governing emergency response systems development
- Statutes and regulations and administrative codes governing emergency medical systems
- Statutes and regulations and administrative codes governing trauma systems development
- Statutes and regulations and administrative codes governing emergency management (not just EMS)
- EMT protection laws
- Good Samaritan laws
- 911 emergency number legislation
- 911 wireless emergency number legislation
- Do-not-resuscitate legislation
- Automated External Defibrillator (AEDs) legislation
- Peer counseling legislation
- Statutes, regulations, and administrative codes governing controlled dangerous substances
- Legislation on workplace drug and alcohol testing

Review state legal opinions

- Attorney General opinions in response to requests by state agency officials, state legislators, and local decision makers to clarify questions of law and on how the law applies to particular situations. Check with your state court network.

Determine and contact State EMS associations and organizations

Review federal specific legislation and information on:

- Medicare Ambulance Fee Schedule
  - Title 42 Public Health, Part 410, Supplementary Medical Insurance (SMI) Benefits, §§410.40-410.41 http://www.ecfr.gov/cgi-bin/retrieveECFR?gp=1&SID=85b732119ea4a5caf1ccfcf92ce0946c&ty=HTML&h=L&n=42y2.0.1.2.10&r=PART
  - Negotiated Rulemaking Committee on Medicare Ambulance Fee Schedule, Committee Statement, February 14, 2000. <http://www.cms.gov>

- CY 2011 Ambulance Fee Schedule Public Use Files.
  http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AmbulanceFeeSchedule/afspuf.html
- Federal Specifications for the Star-of-Life Ambulance
  http://www.deltaveh.com/f.pdf
  or
  http://www.gsa.gov/portal/content/100721
- Health Insurance Portability and Accountability Act of 1996 (HIPPA)
  http://www.hhs.gov/ocr/privacy/
- Bloodborne pathogens, Part 1910 Occupational Safety and Health Standards, Title 29: Labor
  http://ecfr.gpoaccess.gov/cgi/t/text/text-idx?sid=fced012c200b987c437e679c297dfe35&c=ecfr&page=simple
- Airborne/Respiratory Protection, Part 1910 Occupational and Safety and Health Standards, Title 29: Labor
  http://ecfr.gpoaccess.gov/cgi/t/text/text-idx?c=ecfr&sid=0d356f19fdaa8aa3b28096140fa3150e&rgn=div8&view=text&node=29:5.1.1.1.8.9.34.3&idno=29
- Occupational Safety and Health Administration (OSHA), Public Law 91-596 (safe and healthful working conditions)
  http://www.osha.gov/about.html
- Fair Labor Standards Act (FLSA), Title 29 §553 (national minimum wage and overtime requirements)
  http://ecfr.gpoaccess.gov/cgi/t/text/text-idx?sid=2b9aa9bb0df007da757589dfb60986d9&c=ecfr&page=simple
- Family and Medical Leave Act (FMLA) of 1993, as amended, Public Law 103-3 (family and temporary medical leave)
  http://www.dol.gov/whd/fmla/fmlaAmended.htm
- Small Business Administration (writing a business plan)
  http://www.sba.gov/category/navigation-structure/starting-managing-business/starting-business/writing-business-plan
- Paramedic – functional job analysis
  http://icsw.nhtsa.gov/people/injury/ems/EMT-P/disk_1%5B1%5D/

National Association of Emergency Medical Services Officials (NASEMSO)

- 2011 National EMS Assessment. U.S. Department of Transportation, National Highway Traffic Safety Administration, FICEMS, Federal Interagency Committee on EMS, and National Association of Emergency Medical Services Officials. <http://www.nasemso.org/>

Government Agencies

Environmental Protection Agency (EPA)
Ariel Rios Building
1200 Pennsylvania Ave, NW
Washington, DC 20460
202/272-0167
www.epa.gov

Federal Emergency Management Agency
Emergency Management Institute
16825 S Seton Ave
Emmitsburg, MD 21727
301/447-1000; Fax: 301/447-1658
www.training.fema.gov

Federal Emergency Management Agency
Response and Recovery Directorate
500 C Street SW
Washington, DC 20472
202/646-2500
www.fema.gov

Federal Emergency Management Agency
U.S. Fire Administration
National Fire Academy, EMS Program Chair
16825 S Seton Ave
Emmitsburg, MD 21727
301/447-1000; Fax: 301/447-1346
www.usfa.fema.gov

Federal Emergency Management Agency
U.S. Department of Homeland Security
500 C Street, SW
Washington, D.C. 20472
202/646-2500

U.S. Dept. of Agriculture, Rural Development, Community Programs
1400 Independence Ave, SW
Washington, DC 20250-0701
202/720-2791; Fax: 202/401-7311
www.rurdev.usda.gov/rhs/index.html

U.S. Dept. of Health and Human Services, Centers for Disease Control and Prevention, National Center for Injury Prevention and Control (NCIPC)
4770 Buford Hwy, NE MS F-63
Atlanta, GA 30341-3717
800/232-4636
www.cdc.gov/injury

U.S. Dept. of Health and Human Services, CDC, National Institute for Occupational Safety and Health (NIOSH)
395 E St, SW St 9200
Patriots Plaza Building
Washington, DC 20201
202-245-0625
Fax: 513/533-8347
www.cdc.gov/niosh

Health Resources and Services Administration, Maternal and Child Health Bureau, EMS for Children National Resource Center
801 Roeder Road, Suite 600
Silver Spring, MD 20910
301/244-6300
Fax: 301/244-6301
www.childrensnational.org/emsc

U.S. Dept. of Health and Human Services, Public Health Service, National Disaster Medical System/Office of Preparedness and Emergency Operations (OPEO)
200 Independence Avenue, SW
Rm 638G
Washington, DC 20201
202/205-0872
Fax: Unknown
E-mail: kevin.yeskey@hhs.gov
http://www.phe.gov/preparedness

U.S. Dept. of Labor, Occupational Safety and Health Administration (OSHA)
Office of Public Affairs
200 Constitution Ave NW, Rm N-3649
Washington, DC 20210
800/321-6742
www.osha.gov

National Highway Traffic Safety Administration
Emergency Medical Services Division
1200 New Jersey Avenue
S.E. West Building
Washington, DC 20590
202-366-5440
Fax: 202-366-7149
http://www.ems.gov/

National Highway Traffic Safety Administration
Federal Interagency Committee on EMS
1200 New Jersey Avenue
S.E. West Building
Washington, DC 20590
888/327-4236
http://www.ems.gov/ficems

American College of Emergency Physicians
National Headquarters:
1125 Executive Circle
Irving, TX 75038-2522
Mailing Address:
PO Box 619911
Dallas, TX 75261-9911
800/798-1822 or 972/550-0911
Fax: 972/580-2816
www.acep.org

American College of Surgeons
633 N Saint Clair St
Chicago, IL 60611-3211
312/202-5000 or 800-621-4111
Fax: 312/202-5001
www.facs.org

American Medical Association
515 N State St
Chicago, IL 60654
800-621-8335
www.ama-assn.org

National Academy of Sciences National
Research Council
500 Fifth St, NW
Washington, DC 20001

202/334/2000
www.nationalacademies.org

National Association of State EMS Officials
201 Park Washington Ct
Falls Church, VA 22046-4527
703/538-1799 Fax: 703/241-5603
E-mail: info@nasemso.org
www.nasemso.org

National Registry of Emergency Medical Technicians (NREMT)
Rocco V. Morando Building
6610 Busch Blvd., PO Box 29233
Columbus, OH 43229
614/888-4484 Fax: 614/888-8920
www.nremt.org

National Highway Traffic Safety Administration

National Highway Traffic Safety Administration
Emergency Medical Services Division
1200 New Jersey Avenue
S.E. West Building
Washington, DC 20590
202-366-5440
Fax: 202-366-7149
http://www.ems.gov/

NHTSA Regional Offices

Region 1 – CT, ME, MA, NH, RI, VT
VOLPE National Transportation Systems Center
55 Broadway, Kendall Square, Code 8E
Cambridge, MA 02142
617/494-3427 Fax: 617/494-3646
E-mail: region1@dot.gov

Region 2 – NJ, NY, PA, Puerto Rico, Virgin Islands
222 Mamaroneck Ave., Ste 204
White Plains, NY 10605
914/682-6162 Fax: 914/682-6239
E-mail: region2@dot.gov

Region 3 – DE, DC, KY, MD, NC, VA, WV
10 S Howard St, Ste 6700
Baltimore, MD 21201
410/926-0090 Fax: 410/962-2770
E-mail: region3@dot.gov

Region 4 – AL, FL, GA, SC, TN
Atlanta Federal Center
61 Forsyth St SW
Atlanta, GA 30303
404/562-3739 Fax: 404/562-3763
E-mail: region4@dot.gov

Region 5 – IL, IN, MI, MN, OH, WI
4749 Lincoln Mall Dr, Ste 300B
Matteson, IL 60443-3800
708/503-8822 Fax: 708/503-8991
E-mail: region5@dot.gov

Region 6 – Indian Nations, LA, MS, NM, OK, TX
819 Taylor St, Rm 8A38
Fort Worth, TX 76102
817/978-3653 Fax: 817/978-8339
E-mail: region6@dot.gov

Region 7 – AR, IA, KS, MO, NE
901 Locust St, Rm 466
Kansas City, MO 64106
816/329-3900 Fax: 816/329-3910
E-mail: region7@dot.gov

Region 8 – CO, NV, ND, SD, UT, WY
12300 West Dakota Ave, Ste 140
Lakewood, CO 80228-2583
720/963-3100 Fax: 720/963-3124
E-mail: region8@dot.gov

Region 9 – AZ, CA, HI, Northern Marianas, American Samoa, Guam
201 Mission St, Ste 1600
San Francisco, CA 94105
415/744-3089 Fax: 415/744-2532
E-mail: region9@dot.gov

Region 10 – AK, ID, OR, WA, MT
3140 Jackson Federal Building
915 Second Ave
Seattle, WA 98174
206/220-7640 Fax: 206/220-7651
E-mail: region10@dot.gov

National Association of EMS Officials:

www.nasemso.org/

State EMS Agencies

Alabama
Alabama Department of Public Health
Office of EMS
RSA Tower Building
201 Monroe St, Suite 1100
Montgomery, AL 36104
Phone: 334/206-5383
Fax: 334/206-5260
www.adph.org

Alaska
Alaska Department of Health and Social Services
Division of Public Health
Emergency Medical Services Program
410 Willoughby Ave, Room 101
PO Box 110616
Juneau, AK 99811-0616
Phone: 907/465-3030
Fax: 907/465-1733
www.dhss.alaska.gov

American Samoa
Phone: 011-684-633-5003
www.americansamoa.gov

Arizona
Arizona Department of Health
Bureau of EMS and Trauma System
150 N. 18th Ave., Suite 540
Pheonix, AZ 85007
Phone: 602/364-3150
Fax: 602/364-3568
www.azdhs.gov

Arkansas
Arkansas Department of Health
Section of EMS
5800 West 10th Street, Suite 800
Little Rock, AR 72204
Phone: 501/661-2262
Fax: 501/280-4901
www.healthy.arkansas.gov

California
California Emergency Medical Services Authority
10901 Gold Center Drive, Suite 400
Rancho Cordova, CA 95670
Phone: 916/322-4336
www.emsa.ca.gov

Colorado
Colorado Department of Public Health and Environment
4300 Cherry Creek South Drive
Denver, CO 80246-1530
Phone: 303/692-2980
Fax: 303/691-7720
www.colorado.gov

Connecticut
Office of Emergency Medical Services
410 Capitol Ave
P.O. Box 340308
Hartford, CT 06134
Phone: 860/509-8000
www.ct.gov

Delaware
Delaware Office of Emergency Medical Services
1901 North Du Pont Highway, Main Building
New Castle, DE 19720
Phone: 302/223-1350
Fax: 302/223-1330
www.dhss.delaware.gov

District of Columbia
Emergency Medical Services Division of the Department of Health
899 North Capitol Street NE
Washington, DC 20002
Phone: 202/671-4222
Fax: 202/671-0707
www.doh.dc.gov

Florida
Florida Department of Health
Emergency Medical Services Program
4052 Bald Cypress Way
Tallahasse, FL 32399-1738
Phone: 850/245-4440
Fax: 850/488-9408
www.fl-ems.com

Georgia
Georgia Department of Health
Emergency Medical Services
2600 Skyland Drive
Atlanta, Georgia 30319
Phone: 404/679-0547
Fax: 404/679-0526
www.ems.ga.gov

Guam
Phone: 671/735-7303
www.dphss.guam.gov

Hawaii
State of Hawaii Department of Health
Emergency Medical Services & Injury
Prevention System Branch
3675 Kilauea Avenue, Room 102
Honolulu, HI 96816
Phone: 808/733-9210
Fax: 808/733-9216
www.hawaii.gov

Idaho
Idaho Department of Health and Welfare
Bureau of Emergency Medical Services
1720 North Westgate Drive
Boise, ID 83702
Phone: 208/334-4000
www.healthandwelfare.idaho.gov

Illinois
Illinois Department of Public Health
Emergency Medical Systems and Highway
Saftey
535 West Jefferson Street
Springfield, IL 62761
Phone: 217/782-4977
Fax: 217/782-3987
www.idph.state.il.us

Indiana
Indiana Department of Homeland Security
Emergency Medical Services Commission
302 West Washington Street
Indianapolis, IN 46204
Phone: 317/234-6804
Fax: 317/233-0497
www.in.gov

Iowa
Iowa Department of Public Health
Bureau of Emergency Medical Services
Lucas State Office Building
321 E. 12th Street
Des Moines, IA 50319
Phone: 1 800/728-3367
www.idph.state.ia.us

Kansas
Kansas Board of Emergency Medical Services
900 Southwest Jackson Street
Topeka, KS 66612
Phone: 785/296-7296
Fax: 785/296-6212
www.ksbems.org

Kentucky
Kentucky Board of Emergency Medical Services
118 James Court, Ste. 50
Lexington, KY 40505
859/256-3565
859/256-3128
www.kbems.kctcs.edu

Louisiana
Louisiana Bureau of Emergency Medical
Services
7173 Florida Boulevard, Suite A
Baton Rouge, LA 70806
Phone: 225/925-7200
Fax: 225/925-3832
www.new.dhh.louisiana.gov

Maine
Maine Emergency Medical Services
Department of Public Saftey
45 Commerce Drive Suite 1
152 State House Station
Augusta, ME 04333-0152
Phone: 207/626-3860
Fax: 207/287-6251
www.maine.gov

Maryland
Institute for Emergency Medical Services
Systems
653 West Pratt Street
Baltimore, MD 21201
Phone: 1 800/762-7157
www.miemss.org

Massachusetts
Office of Emergency Medical Services
99 Chauncy Street 11th floor
Boston, Massachusetts 02111
Phone: 617/753-7300
Fax: 617/753-7320
www.mass.gov

Michigan
Department of Community Health
EMS and Trauma Systems Section
Capitol View Building
201 Townsend Street
Lansing, Michigan 49813
Phone: 517/241-3025
Fax: 517/241-9458
www.michigan.gov

Minnesota
Minnesota Emergency Medical Services
Regulatory Board
2829 SE University Avenue
Minneapolis, MN 55414
Phone: 651/201-2800
Fax: 651/201-2812
www.emsrb.state.mn.us

Mississippi
Mississippi Emergency Medical Services
570 East Woodrow Wilson Drive
Jackson, MS 39216
Phone: 601/576-7400
www.msdh.ms.gov

Missouri
Missouri Department of Health
Bureau of Emergency Medical Services
P.O. Box 570
Jefferson City, MO 65102-0570
Phone: 573/751-6356
Fax: 573/751-6348
www.health.mo.gov

Montana
Montana Emergency Medical Services and
Injury Prevention Section
1400 Broadway Street
Cogswell Building
Helena, MT 59620
Phone: 406/444-3895
www.dphhs.mt.gov

Nebraska
Nebraska Department of Health and Human
Services
Emergency Medical Services Program
301 Centennial Mall South
Lincoln, Nebraska 68509-5007
Phone: 402/471-0124
www.dhhs.ne.gov

Nevada
Nevada State Health Division
Emergency Medical Services Program
4150 Technology Way
Carson City, NV 89706
Phone: 775/687-7590
Fax: 775/687-7595
www.health.nv.gov

New Hampshire
New Hampshire Bureau of Emergency Medical
Services
98 Smokey Bear Boulevard
Concord, New Hampshire 03301
Phone: 603/223-4200
Fax: 603/271-4567
www.nh.gov

New Jersey
New Jersey Department of Health
Office of Emergency Medical Services
P.O. Box 360
Trenton, NJ 08625-0360
Phone: 609/633-7777
Fax: 609/633-7954
www.state.nj.us

New Mexico
New Mexico Emergency Medical Systems
1301 Siler Road, Building F.
Santa Fe, NM 87507
Phone: 505/476-8246
Fax: 505/476-8262
www.nmems.org

New York
Bureau of Emergency Medical Systems
875 Central Avenue
Albany, NY 12206-1388
Phone: 518/402-0996
Fax: 518/402-0985
www.health.ny.gov

North Carolina
North Carolina Division of Health Service Regulation
Office of Emergency Medical Services
2707 Mail Service Center
Raleigh, NC 27699-2707
Phone: 919/855-3935
Fax: 919/733-7021
www.ncdhhs.gov

North Dakota
North Dakota Department of Health
Emergency Medical Services and Trauma
600 E Blvd Ave, Dept. 301
Bismarck, ND 58505-0200
Phone: 701/328-2388
Fax: 701/328-1702
www.ndhealth.gov

Northern Mariana Islands
Phone: 670/664-9135
www.dps.gov.mp

Ohio
Ohio Emergency Medical Services
1970 West Broad Street
P.O. Box 182073
Columbus, Ohio 43218-2073
Phone: 614/466-9447
Fax: 614/466-9461
www.publicsafety.ohio.gov

Oklahoma
Oklahoma State Department of Health
Emergency Systems, EMS Division
Trauma and System Development Division
1000 NE 10th
Oklahoma City, Oklahoma 73117-1299
405-271-4027
http://www.ok.gov/health/

Oregon
Emergency Medical Services and Trauma Systems Program
800 NE Oregon St. Suite 465
Portland, OR
Phone: 971/673-0520
Fax: 971/673-0555
www.public.health.oregon.gov

Pennsylvania
Pennsylvania Bureau of Emergency Medical Services
625 Forster St.
Harrisburg, PA 17120
Phone: 717/787-8740
Fax: 717/772-0910
www.portal.state.pa.us

Puerto Rico
Phone: 787/754-2550
No web site provided.

Rhode Island
Rhode Island Department of Health
Emergency Medical Services
3 Capitol Hill, Room 103
Providence, RI 02908
Phone: 401/222-2401
Fax: 401/222-3352
www.health.ri.gov

South Carolina
South Carolina Emergency Medical Services
1777 St. Julian Place, Suite 100
Columbia, SC 29204
Phone: 803/545-4204
Fax: 803/545-4989
www.scdhec.gov

South Dakota
South Dakota Emergency Medical Services
118 West Capitol Avenue
Pierre, South Dakota 57501
Phone: 605/773-4031
Fax: 605/773-6631
www.dps.sd.gov

Tennessee
Tennessee Department of Health
227 French Landing, Suite 303
Nashville, TN 37243
Phone: 615/741-2584
Fax: 615/741-4217
www.health.state.tn.us

Texas
Texas Department of State Health Services
8407 Wall Street, Suite N-410
Austin, TX 78754
Phone: 512/834-6700
Fax: 512/834-6714
www.dshs.state.tx.us

Utah
Utah Bureau of Emergency Medical Services
3760 S. Highland Dr, FI 4 & 5
Salt Lake City, UT
Phone: 801/273-6666
Fax: 801/273- 4149
www.health.utah.gov

Vermont
Vermont Office of Emergency Medical Services
and Injury Prevention
108 Cherry Street
Burlington, VT 05402
Phone: 802/863-7310
Fax: 802/863-7577
www.healthvermont.gov

Virgin Islands
Phone: 340/776-8311
No web site provided.

Virginia
Virginia Department of Health
Office of Emergency Medical Services
1041 Technology Park Drive
Glen Allen, VA 23059
Phone: 804/888-9100
Fax; 804/731-3108
www.vdh.virginia.gov

Washington
Washington State Department of Health
111 Israel Road S.E.
Tumwater, WA 98501
Phone: 360/236-4700
Fax: 360/236-4818
www.doh.wa.gov

West Virginia
West Virginia Office of Emergency Medical
Services
350 Capitol St Rm 425
Charleston, WV 25301
Phone: 304/558-3956
Fax: 304/558-3856
www.wvoems.org

Wisconsin
Wisconsin Department of Health Service
Room 372 1 West Wilson Street
Madison, WI 53703
Phone: 608/266-1568
Fax: 608/261-6392
www.dhs.wisconsin.gov

Wyoming
Wyoming Department of Health
Public Health Division
Office of Emergency Medical Services
6101 Yellowstone Road
Cheyenne, WY 82002
Phone: 307/777-7955
Fax: 307/777-5639
www.health.wyo.gov

Other Resources

2011 National EMS Assessment.
U.S. Department of Transportation
National Highway Traffic Safety
Administration
FICEMS
Federal Interagency Committee on EMS, and
National Association of Emergency Medical
Services Officials.
<http://www.nasemso.org/>

Negotiated Rulemaking Committee on Medicare
Ambulance Fee Schedule, Committee
Statement, February 14, 2000.
<http://www.cms.gov>

CY 2011 Ambulance Fee Schedule Public Use
Files. http://www.cms.gov/Medicare/
Medicare-Fee-for-Service-Payment/
AmbulanceFeeSchedule/afspuf.html>

APPENDIX A

Summary of Recommendations to Achieve the Goals for the EMS Attributes

Comparing the Attributes and the Goals to Achieve the Attributes from the "Rural/Frontier EMS Agenda for the Future" and the "EMS Agenda for the Future"

Rural/Frontier EMS Agenda for the Future	EMS Agenda for the Future
1. Integration of Health Services	1. Integration of Health Services
• Encourage EMS-based community health service program development through the funding of pilots, cataloguing of existing successful practices, exploration of opportunities for expanded EMS scopes of practice, and on-going reimbursement for the provision of such services. • Federal and state incentives should exist for participation in EMS-based health care services and for other forms of EMS integration with the greater health system, public safety services, academic centers, and the community at large. • Establish statewide rural/frontier health care committees which include EMS. • Federal, state and local programs addressing all-hazards planning, and addressing the specific needs of special rural populations, should include EMS as a categorical component. Establish statewide and border-state networks of formal regional EMS mutual aid agreements, including EMS licensee recognition. • The Indian Health Service should integrate tribal EMS-based community health service and Community Health Representative programming and consider the use of both tribal and non-tribal sources of care.	• Expand the role of EMS in public health. • Involve EMS in community health monitoring activities. • Integrate EMS with other health care providers and provider networks. • Incorporate EMS within health care networks' structure to deliver quality care. • Be cognizant of the special needs of the entire population. Incorporate health systems within EMS that address the special needs of all segments of the population.
2. EMS Research	2. EMS Research
• Fund and implement the recommendations of the NHTSA "EMS Research Agenda for the Future" but address the following needs and challenges of rural/frontier EMS systems research: 1) No less than two of the five national EMS research centers (NEMSCRs) named and funded have rural/frontier EMS research missions and qualifications. 2) Both of the additional national centers for the coordination of multi-center research (NCCMCRs) have missions, in part, and a specific percentage of their projects, dedicated to rural/frontier EMS.	• Allocate federal and state funds for major EMS systems research thrust. • Develop information systems that provide linkage between various public safety services and other health care providers. • Develop academic institutional commitments to EMS-related research. • Interpret informed consent rules to allow for clinical and environmental circumstances inherent in conducting credible EMS research. • Develop involvement and/or support of EMS research by all those responsible for EMS structure, processes, and/or outcomes.

Rural/Frontier EMS Agenda for the Future	EMS Agenda for the Future
2. EMS Research (Continued) 3) All these centers with rural/frontier EMS research missions coordinate their rural/frontier activities with one another and with other national resources including the National EMSC Data Analysis Resource Center (NEDARC), the agency operating the National EMS Information System (NEMSIS), the rural health research center network, the Rural EMS and Trauma Technical Assistance Center (REMSTTAC), and state EMS offices and offices of rural health. 4) These centers with rural/frontier EMS research missions specifically address the role of EMS-based community health care and prevention, service regionalization, alternative modes of ALS intercept, appropriate local-county-state-federal mixes of rural/frontier EMS system funding, and other models to preserve and develop the BLS/ALS safety net in rural/frontier areas. 5) These centers with rural/frontier EMS research missions address the roles of CAHs, the use of aeromedical and other major systems and technology, the application of clinical/operational practices specific to delayed transport settings, the impact of skills retention on performance, and other clinical/ operational practices relevant to rural/frontier EMS. 6) Availability of research methodology training opportunities is expanded to candidates with Bachelor's and Master's degrees, particularly those with on-going, first-hand involvement in the clinical operations of rural/frontier EMS systems. 7) There is a well-identified set of resources among these centers and other agencies or organizations that offer materials, training and advice in basic research methodology for EMS system participants. These resources are well-communicated through every state and regional EMS system structure to all service providers. These	2. EMS Research (Continued) • Designate EMS as a physician subspecialty, and a subspecialty for other health professions. • Include research related objectives in the education processes of EMS providers and managers. • Enhance the quality of published EMS research. Develop collaborative relationships between EMS systems, medical schools, other academic institutions, and private foundations.

Rural/Frontier EMS Agenda for the Future	EMS Agenda for the Future
2. EMS Research (continued) centers pursue bringing researchers and service providers closer together to understand what they stand to gain from collaborating with each other. 8) One or more of these centers is charged with encouraging the formation of state-level EMS research committees, consisting of EMS medical directors, field professionals (volunteer and paid EMTs, Paramedics, and service managers), and researchers. These committees, affiliated with the state EMS office, would consider the need for and methods of research and evaluation projects from both practical application and research perspectives, and promote opportunities for needed research. • Make rural and frontier EMS systems research an eligible category of application for all rural, medicine, and health-related federal grant program offerings. • Existing federally funded rural health research centers, academic departments with rural and EMS interests, rural EMS fellowship programs, and other research-related entities should engage in EMS research. Integrate these entities into the proposed network of rural/frontier EMS research centers. • Encourage non-governmental funding sources, such as foundations, to provide leadership and resources in rural/frontier EMS research efforts (e.g., Robert Wood Johnson). • Make data that are collected through information systems at state and federal levels available for community-based assessment and research, and provide tools to promote community-based research.	
3. Legislation and Regulation • Authorize and fund a restructured Federal Interagency Committee on EMS (FICEMS) to coordinate and formalize the network of existing and new agencies with federal EMS responsibility and provide national leadership.	3. Legislation and Regulation • Authorize and sufficiently fund a lead federal EMS agency. • Pass and periodically review EMS enabling legislation in all states that supports innovation and integration, and establishes and sufficiently funds an EMS lead agency.

Rural/Frontier EMS Agenda for the Future	EMS Agenda for the Future
3. Legislation and Regulation (Continued) • Fund FICEMS adequately to continue the current/planned activities of the agencies it coordinates. • Create within ORHP, and coordinated by FICEMS, a dedicated, ongoing rural/frontier staff and focus. Create a FICEMS advisory board with rural/frontier representation. • Adequately fund the state EMS lead agency to enable it to carry out its designated responsibilities. • Create funding incentives and legislation models to help state EMS lead agencies acquire sufficient legal basis, authority, resources and leadership to broadly develop and implement EMS systems on an ongoing basis and to provide sufficient flexibility to adapt to the unique needs of rural/frontier EMS. • Assure that state EMS lead agency advisory boards are representative of rural/frontier EMS interests. • Create the opportunity for the development of state-level public policy to delineate the roles, support and treatment of EMS volunteers, while fulfilling public expectation on level and type of EMS provided. Give state EMS agencies the flexibility to effectively implement these policies. • The EMS interface between tribal sovereign nation status and state government regulation and coordination of EMS should be addressed by each state and tribal government. An interface between Alaskan Native/American Indian sovereign nations and state government coordination of EMS should be generated by the lead federal agency in collaboration with appropriate tribal leadership agencies. The EMS interface among local, county and state governments should be similarly addressed where conflicts have existed.	3. Legislation and Regulation (Continued) • Enhance the abilities of state EMS lead agencies to provide technical assistance. • Establish and fund the position of State EMS Medical Director in each state. • Authorize state and local EMS lead agencies to act on the public's behalf in cases of threats to the availability of quality EMS to the entire population. • Implement laws that provide protection from liability for EMS field and medical direction personnel when dealing with unusual situations.
4. System Finance • Authorize and appropriate sufficient funds for CMS (Medicare and Medicaid) to reimburse EMS providers based on the per call cost of	4. System Finance • Collaborate with other health care providers and insurers to enhance patient care efficiency.

Rural/Frontier EMS Agenda for the Future	EMS Agenda for the Future
4. System Finance (Continued) maintaining full-time response with specific recognition of the increased cost of doing so in rural/frontier areas. Third party payers must also recognize the increased cost of rural/frontier ambulance service. • Implement the following federal reimbursement reforms for emergency and interfacility EMS clinical care and operations: a. Call-components performed by first-response, ALS intercept, ambulance and other EMS response agencies which should be eligible for reimbursement, not duplicated on any given call, should include emergency response, assessment, treatment, triage and transportation or other disposition that may, or may not, involve traditional transportation. b. Retrospective review of medical necessity should not be done for emergency response calls. c. Immediately implement the patient condition codes model from the Negotiated Rule-Making process. d. Remove the "35 mile" restriction on cost-based reimbursement for EMS agencies that are owned and operated by Critical Access Hospitals. e. Employ definitions of "access" and "rural" (and its degrees) in reimbursement which will help to maintain an adequate rural/frontier EMS infrastructure. f. Consider a "critical access ambulance service" definition or other means to assure a minimal level of EMS infrastructure in all geographic areas. g. Assure that interfacility transports that are "appropriate" from an EMTALA perspective are fairly reimbursed and not subjected to retrospective medical necessity determinations. h. Adopt reimbursement practices that encourage patient treatment and recovery at the facility closest to the patient's home that is desired by the patient and capable of providing the care required at the given stage of recovery.	4. System Finance (Continued) • Develop proactive financial relationships between EMS, other health care providers, and health care insurers/provider organizations. • Compensate EMS on the basis of a preparedness-based model, reducing volume-related incentives and realizing the cost of an emergency safety net. • Provide immediate access to EMS for emergency medical conditions. • Address EMS relevant issues within governmental health care finance policy. Commit local, state, and federal attention and funds to continued EMS infrastructure.

Rural/Frontier EMS Agenda for the Future	EMS Agenda for the Future
4. System Finance (continued) i. Facilitate the use of subscription services as a part of the overall funding of the EMS safety net infrastructure, in cooperation with state insurance authorities. j. Consider a single fiscal intermediary for all EMS providers, and develop a "successful practice" guide to assist EMS providers in maximizing billing efficiency and accuracy. • Make federal and state domestic preparedness and response funding programs such as those of the Department of Homeland Security, CDC, HRSA, and ODP available explicitly and categorically to EMS systems and providers including private and for-profit agencies. • CMS, MCOs and other third-party payers should fund EMS-based community health care pilot projects and define EMS personnel as reimbursement-eligible care-providers under physician medical oversight for primary care, prevention, and other services they render. • Form, and fund through county, regional, state or federal tax dollars, rural/frontier EMS operational or service-contracting networks in those areas where they provide economies of scale, improved access to EMS care, improved quality and/or increased tax payer value.	
5. Human Resources • Extend federal and state rural and health manpower recruitment and retention planning leadership, technical assistance and funding specifically and categorically to rural/frontier/tribal EMS and implemented through state EMS offices, state offices of rural health or other appropriate entities. • Analyze, at the state EMS agency level, rural/frontier workforce recruitment and retention efforts and develop statewide plans for improvement.	5. Human Resources • Ensure that alterations in expectations of EMS personnel to provide health care services are preceded by adequate preparation. • Adopt the principles of the National EMS Education and Practice Blueprint. • Develop a system for reciprocity of EMS provider credentials. • Develop collaborative relationships between EMS systems and academic institutions. • Conduct EMS occupational health research. Provide a system for critical incident stress management.

Rural/Frontier EMS Agenda for the Future	EMS Agenda for the Future
5. Human Resources (Continued) • Establish incentive programs to recruit and retain rural/frontier EMS human resources. • Foster the development of a culture of volunteerism and community service through local schools in partnership with community agencies. • A national EMS service leadership and service management training model should be developed and shared with all state, territorial and tribal governments. This model should include successful practices in EMS volunteer and paid human resources management. • Target occupational safety in EMS for research funding and the development of guidance materials. • The REMSTTAC should maintain and disseminate successful practices in implementing components of the national EMS service leadership and service management training model.	
6. Medical Oversight • Establish statewide networks of EMS medical oversight, including medical directors at the local, regional, and state levels as appropriate in a given state to ensure the provision of EMS medical oversight for every EMS service. a. Implement at least one full time equivalent position of state EMS medical director in every state with a job description as defined by consensus of EMS-related professional medical and state EMS director organizations. b. Compensate EMS medical directors for the EMS medical oversight services which are provided. The level of compensation should be equivalent to the level of compensation the physician would experience (for the equivalent hours) in their normal clinical practice. c. Require that EMS medical directors be physicians, but encourage the use of physician extenders and regionalized arrangements of medical oversight to	6. Medical Direction • Formalize relationships between all EMS systems and medical directors. • Appropriate sufficient resources for EMS medical direction. • Require appropriate credentials for all those who provide on-line medical direction. • Develop collaborative relationships between EMS systems and academic institutions • Develop EMS as a physician and nurse subspecialty certification. Appoint state EMS medical directors.

Rural/Frontier EMS Agenda for the Future	EMS Agenda for the Future
6. Medical Oversight (Continued) increase the EMS medical oversight resources in rural/frontier areas. d. EMS medical directors must actively participate in local, regional, and state EMS program planning and implementation. States must seek out and include rural/frontier medical directors for these purposes. e. Implement EMS based community health programs and services through an interdisciplinary approach involving EMS operational and medical oversight components and primary care professionals. • Assure federal and state funding resources to maintain these statewide networks of medical oversight. a. States must assure funding of the state EMS medical director. b. System/provider reimbursement should be based on the cost for providing EMS services and patient care delivery. The cost associated with trained and qualified EMS medical oversight should be included in this cost basis. c. Federal programs which provide financial incentives to physicians serving in rural areas (underserved and hospital based programs, e.g., Critical Access Hospital program) should require involvement in the local EMS system. If the EMS system is without medical oversight, these physicians should be required to provide this service. d. Federal agencies and professional EMS organizations should provide and maintain technical assistance resources for EMS medical oversight. • Prepare and protect rural/frontier emergency and primary care physicians to serve as EMS medical directors and assure adequate systems of performance improvement to support their activities. a. Legislate, at the state level, peer review protection for EMS system quality management and performance	

Rural/Frontier EMS Agenda for the Future	EMS Agenda for the Future
6. Medical Oversight (Continued) improvement initiatives to exist without fear of discovery and litigation. b. Assure liability coverage for EMS medical oversight to be included in the normal liability coverage for primary care and emergency medicine physicians. This coverage should provide protection for both the clinical and administrative duties associated with EMS medical oversight. c. Review all existing EMS medical oversight courses and establish a Rural/Frontier EMS Medical Directors Course which should be made available and distributed through multiple mechanisms to allow maximum access by EMS medical directors. d. EMS medical oversight must be introduced in medical schools and included in the curriculums of primary care residency programs (both MD and DO degree-granting institutions).	
7. Education Systems • Address, as part of the development and implementation process for the *EMS Education Agenda for the Future: A Systems Approach*, the unique needs of rural/frontier practice and EMS-based community health services through the development of non-traditional education methods focused on: ➢ Vocational training ➢ Maintenance of clinical skills ➢ Affordability • Fund at the state and national levels a Rural/Frontier EMS Education and Training Initiative including: 1) Funding to geographic areas which considers progress in completing community EMS assessments and informed self-determination processes. 2) Funding through state EMS offices where needed, to develop effective systems of training and education program/system quality review and approval. 3) Development of flexible models for the implementation of a national model,	7. Education Systems • Ensure adequacy of EMS education programs. • Update education core content objectives frequently enough so that they reflect patient EMS health care needs. • Incorporate research, quality improvement, and management learning objectives in higher level EMS education. • Commission the development of national core contents to replace EMS program curricula. • Conduct EMS education with medical direction. • Seek accreditation for EMS education programs. • Establish innovative and collaborative relationships between EMS education programs and academic institutions. • Recognize EMS education as an academic achievement. • Develop bridging and transition programs. • Include EMS-related objectives in all health professions' education.

Rural/Frontier EMS Agenda for the Future	EMS Agenda for the Future
7. Education Systems (continued) including certificate and college-based programs, for providing basic, intermediate, and advanced EMS training and continuing education to rural/frontier areas and its implementation through state EMS offices. a. Development of this model should include strong consideration of the EMS education dissemination mechanisms, policies and procedures established by successful education programs and consortia. b. Recognition within the model that EMS education will be provider-need specific, conducted with varied teaching techniques emphasizing hands-on training and, where appropriate, distance learning, to assist the transfer of learning and retention of essential skills and knowledge so as to provide state-of-the-art rural emergency care. c. Recognition within the model that educational processes should include the evaluation of resources (e.g., EMS system, health care, public safety) and needs (e.g., for cultural competence) at a local level to encourage an integrated community-based approach to EMS education. d. Recognition within the model that training and education should be driven by health risks of the local population and time-sensitive access to definitive care (e.g., mental health, trauma, and stroke). e. Emphasis within this model on integration of EMS within the health care system, EMS-based community health service opportunities and program development, and the use of local health service resources as clinical and practical skills development settings. f. Emphasis within the national model on the adult, non-traditional student.	

Rural/Frontier EMS Agenda for the Future	EMS Agenda for the Future
7. Education Systems (continued) 4) Development of a national model to enhance career mobility within EMS practice levels, and between EMS and other health professions, to enhance the ability of rural/frontier areas to retain health workers who wish to gain new skills or advance or change health careers. 5) Emphasizing optimal interdisciplinary care of the ill or injured patient, including complex event management such as cardiac arrest and multiple casualty incidents. 6) Subsidization of training courses and continuing education programs and the instructor, equipment supply, and technical assistance infrastructure necessary to make them accessible to rural/frontier areas. 7) The use of interoperable systems of telemedicine and distance learning to improve the accessibility of training courses, effective quality improvement, and continuing education programs. 8) Incentives to increase the involvement of university medical centers and area health education centers to provide outreach educational programs to rural and frontier areas. 9) Recognition of the need for flexible scheduling to accommodate the lifestyle realities of rural volunteers. 10) Improved rural/frontier accessibility to training programs in emergency medical dispatch, critical incident stress management, and occupational safety training, as well as continuing education programs with curriculum content geared to rural/frontier application as appropriate. 11) Improved rural/frontier accessibility to a training program for service managers which includes EMS leadership, public and elected official advocacy, public education, grant-writing, data collection, research, governing board management,	

Rural/Frontier EMS Agenda for the Future	EMS Agenda for the Future
7. Education Systems (Continued) and volunteer management among other topics. 12) Encouraging the development of realistic, dynamic patient simulators and mannequins for case-based and psychomotor skill training and critical-decision making improvement. Support for the development of patient simulator outreach programs. 13) Development of state/regional stockpiling, and sharing of expensive training devices such as mannequins and patient simulators. 14) Ongoing assessment by rural/frontier EMS agencies and local hospitals of their resources and needs, and searching for common educational opportunities.	
8. Public Information, Education and Relations • Develop a national template for community EMS system assessment and informed self-determination processes to help communities determine and be accountable for their own EMS type, level and investment. • Fund processes for community EMS system assessment and informed self-determination. Consider regional and statewide resources (e.g., aeromedical services) in implementing these processes. • Federal and state EMS agencies, in partnership with public health agencies and national organizations, should continue to develop and distribute data-driven public information resources to local EMS providers which are coordinated with national campaigns but can be tailored for local use and cultural considerations. Develop materials which target the potential community volunteer pool, highlighting the educational and other benefits to volunteers and the benefits to businesses that support volunteers.	8. Public Education • Acknowledge public education as a critical activity for EMS. • Collaborate with other community resources and agencies to determine public education needs. • Engage in continuous public education programs. • Educate the public as consumers. • Explore new techniques and technologies for implementing public education. Evaluate public education initiatives

Rural/Frontier EMS Agenda for the Future	EMS Agenda for the Future
9. Prevention • Make prevention one of the EMS-based community health service roles of adequately staffed rural/frontier EMS provider agencies. • Among local, state, federal and national EMS and public health agencies (and other agencies with prevention roles), cooperatively develop and fund community health advocacy roles and prevention programs for rural/frontier EMS personnel that are mutually beneficial. • Federal agencies and national organizations with prevention roles should channel existing programs through state EMS agencies to local EMS provider agencies. • Provider agency policy/procedures and innovative incentives, EMS curricula, and accreditation and other standards target EMS provider health, safety and prevention.	9. Prevention Collaborate with community agencies and health care providers with expertise and interest in illness and injury prevention. • Support the Safe Communities concept. • Advocate for legislation that potentially results in injury and illness prevention. • Develop and maintain a prevention oriented atmosphere within EMS systems. • Include the principles of prevention and its role in improving community health as part of EMS education core contents. Improve the ability of EMS to document injury and illness circumstances.
10. Public Access • Assure telephonic or other access to completed Enhanced 9-1-1 (i.e. including accurate physical addressing) and Wireless Enhanced 9-1-1 (i.e. with geolocation of the calling device) through effective federal and state programs, mandates, and funding. a. State EMS offices should consider a patient-centered, medical leadership initiative to encourage E-9-1-1 and WE-9-1-1 system completion where other approaches have failed. b. Federal funding for state and local public safety communications development should consider progress toward E-9-1-1 and WE-9-1-1 systems completion. • Public Safety Answering Points should manage the 9-1-1 call system efficiently and effectively without redundancy (except as created for back-up protection), and assure a coordinated response across traditional, geographical, and jurisdictional boundaries. • Integrate Automatic Crash Notification (and other Intelligent Transportation System and Department of Defense technology) and health event advice lines into the process of	10. Public Access • Implement 9-1-1 nationwide. • Provide emergency telephone service for those who cannot otherwise afford routine telephone services. • Ensure that all calls to a Public Safety Answering Point (PSAP), regardless of their origins, are automatically accompanied by unique location-identifying information. • Develop uniform cellular 9-1-1 service that reliably routes calls to the appropriate PSAP. • Evaluate and employ technologies that attenuate potential barriers to EMS access. • Enhance the ability of EMS systems to triage calls and provide resource allocation that is tailored to patient's needs.

Rural/Frontier EMS Agenda for the Future	EMS Agenda for the Future
10. Public Access (Continued) EMS public access and EMS resource deployment. • Provide formal Emergency Medical Dispatch to every caller seeking EMS. • States should establish formal plans for roadside call-box, satellite, and/or cellular networks to effectively cover all rural/frontier primary roads. • State EMS offices should assure appropriate integration of AEDs and other public access emergency medical device into EMS systems. • As home health monitoring devices and automated remote diagnostic technology develop, EMS leaders should pursue roles for EMS in their use to further EMS-based community health services.	
11. Communication Systems • Conduct comprehensive state EMS communications needs assessments upon which to base federal, state, and local investment in communications infrastructure improvement. • The Universal Service Program fund, Federal Communications Commission, frequency allocation and other national public safety communications organizations and agencies should work to assure that rural/frontier EMS communications are enhanced. • Rededicate radio spectrum to EMS and other public safety use. • Explore EMS applications of innovative communications and resource management technologies. Encourage federal and state agencies to provide pilot funding and access to their agencies' technology developers and resources for this purpose. • EMS leaders should continue to develop ongoing paths of communication with state and federal telecommunications interoperability and Intelligent Transportation Systems industry planning entities.	11. Communication Systems • Assess the effectiveness of various personnel and resource attributes for EMS dispatching. • Receive all calls for EMS using personnel with the requisite combination of education, experience, and resources to optimally query the caller, make determination of the most appropriate resources to be mobilized, and implement an effective course of action. • Promulgate and update standards for EMS dispatching. • Develop cooperative ventures between communications centers and health providers to integrate communications processes and enable rapid patient-related information exchange. • Determine the benefits of real-time patient data transfer. • Appropriate federal, state, and regional funds to further develop and update geographically integrated and functionally-based EMS communications networks. • Facilitate exploration of potential uses of advancing communications technology by EMS. • Collaborate with private interests to effect shared purchasing of communication technology.

Rural/Frontier EMS Agenda for the Future	EMS Agenda for the Future
12. Clinical Care and Transportation Decisions/Resources • The national model for community EMS system assessment and informed self-determination (recommended in the section on Public Information, Education and Relations) should include systems and sources of local medical transportation. • Define and require a statewide minimum type and level of EMS to be provided to all communities including equipment and clinical care standards. Fund the services which demonstrate a reasonable inability to comply with minimum standards to enable compliance. Community EMS system assessments, and CMS and third-party payers, should utilize these state standards. • Plan, integrate and regulate, at the state level, aeromedical, critical care transport, and other statewide or regionwide systems of specialty care and transportation. Consider the evolving role of telehealth resources and their application to EMS patient management and medical oversight. • Improve community access to health care and advanced levels of EMS by creating mechanisms for EMS personnel to participate in EMS-based community health services, non-EMS personnel to participate in EMS care, and by exploring and integrating new roles and scopes of practice for all available providers. • Create a statewide policy governing the use of controlled substances, devices, and procedures in rural/frontier settings for EMS responders in private vehicles. • Facilitate a state-level process, guided by an appropriate multi-disciplinary committee, to ensure inclusive systems of trauma and other time-critical emergency care which define the roles of rural/frontier hospitals. Create a guide to assist these system development processes. • Fund pilot EMS-based community health services, transportation and other alternative ALS delivery methods, and projects to support improved EMS infrastructure in	12. Clinical Care • Commit to a common definition of what constitutes baseline community EMS care. • Subject EMS clinical care to ongoing evaluation to determine its impact on patient outcomes. • Employ new care techniques and technology only after shown to be effective. • Conduct task analyses to determine appropriate staff configurations during secondary patient transfers. • Eliminate patient transports as a criterion for compensating EMS systems. • Establish proactive relationships between EMS and other health care providers.

Rural/Frontier EMS Agenda for the Future	EMS Agenda for the Future
12. Clinical Care and Transportation Decisions/Resources (Continued) rural/frontier areas where data demonstrate a particular unmet need.	
13. Information Systems • Fund and implement the National EMS Information System (NEMSIS) to assure smooth, universal data flow from the local through national levels. Facilitate local EMS data collection and information system development. a. Implement EMS information systems to provide for the aggregation of EMS data among systems at the local, regional, state, and national levels. b. Implement and maintain a statewide EMS information system in every state. Maintain data on every EMS event in the state in a manner which is timely and of value to local and state EMS agencies. c. Implement and maintain a local EMS information system at every local EMS service/agency. Maintain data on every EMS event in a manner which is timely and able to drive the quality of the EMS system service and patient care delivery. d. As needed, share costs and resources required to implement and maintain an EMS information system among multiple systems to achieve an economy of scale. e. Reflect the development and sophistication of each EMS system in the implementation of its EMS information system. The complexity of equipment and technology used by the EMS information system should be congruent with personnel, education, training, and capability of the EMS system. f. EMS systems must provide analyzed and descriptive information on the service and patient care delivery which they provide to their EMS personnel, administration, and community. g. Include the importance, need, and use of EMS service delivery and patient care	13. Information Systems • Adopt uniform data elements and definitions and incorporate them into information systems. • Develop mechanisms to generate and transmit data that are valid, reliable, and accurate. • Develop information systems that are able to describe an entire EMS event. • Develop integrated information systems with other health care providers, public safety agencies, and community resources. Provide feedback to those who generate data.

Rural/Frontier EMS Agenda for the Future	EMS Agenda for the Future
13. Information Systems (continued) data in the educational curriculums and continuing educational programs for EMS providers, administrators, and medical directors. h. Assure a NHTSA or lead federal EMS agency mechanism for the support and every three to five year review of the Uniform EMS Prehospital Dataset, the Guide to Performance Measures and other components important to the NEMSIS effort. i. Link/integrate EMS data systems with other relevant health information systems at all levels such as public health surveillance, crash, medical examiner, hospital discharge, and emergency department, including CDC surveillance monitoring systems. j. Provide technical assistance for local EMS provider data system development through federal/state agency and professional EMS organization coordination. k. Encourage multi-system data collection for specific research and performance improvement purposes.	
14. Evaluation • Federal and state funds should be made available to support the development and implementation of state EMS evaluation activities. • Fund the availability of training and toolkits to encourage effective local service/system quality improvement processes. • Assure a mechanism for the on-going support and review of the NHTSA "Guide to Performance Measures" and "Leadership Guide to Quality Improvement for EMS Systems" and encourage their use in services and systems. • Encourage the development of evidence-based competency criteria.	14. Evaluation • Develop valid models for EMS evaluations. • Evaluate EMS effects for multiple medical conditions. • Determine EMS effects for multiple outcome categories. • Determine EMS cost-effectiveness. • Incorporate consumer input in evaluation processes. A full copy of the *EMS Agenda for the Future* is available on the internet at: http://www.ems.gov/pdf/2010/EMSAgendaWeb_7-06-10.pdf

Rural/Frontier EMS Agenda for the Future	EMS Agenda for the Future
14. Evaluation (Continued) • EMS-based community health services pilots and programs should have a physician-supervised evaluation system.	

APPENDIX B

Continuous Quality Improvement of Advanced Level Support (ALS) EMS Systems

A Listing of CQI Questions

A CQI Checklist for Your EMS System

Yes No Are emergencies promptly reported via a toll-free, 24-hour, all purpose telephone number such as 9-1-1?

Yes No Are citizens trained in first aid, the obstructed airway technique, CPR and use of the AED?

Yes No Are public safety responders trained and certified as First Responders?

Yes No Are all personnel trained and licensed in accordance with statutory requirements?

Yes No Are there two-way voice communication linkages, other than cellular telephones, between hospital emergency departments and ambulances? Public safety responders, hospitals, and ambulances? All hospitals in the area? Data transmission capabilities?

Yes No Is there a physician present in the hospital emergency department 24 hours a day?

Yes No Are emergency department nurses and physicians specially trained and certified in emergency medicine?

Yes No Are hospitals identified according to their capabilities and are critical patients transported to the hospital that can best provide care for their injuries or sudden illnesses?

Yes No Is your EMS system subject to at least quarterly review and evaluation to measure its successes and to improve on its weak points?

Yes No Are patient care records initiated by ambulance personnel and transferred with the patient through all phases of his/her care?

Yes No Are skill levels of all personnel regularly updated and continuing education classes offered at regular intervals?

Yes No Do mutual aid agreements exist with other emergency medical services in neighboring towns to "cover" while local ambulances are on call or involved in patient transfers?

Yes No Does your community have an Emergency Medical Service council or committee?

Yes No Is medical control from a recognized hospital a function of your EMS system?

Yes No Do your EMS personnel and physician medical director regularly participate in Continuous Quality Improvement (CQI) activities?

Yes No Is adequate extrication and rescue equipment available?

APPENDIX C

Amortization Factors

Amortization Factors

Interest Rate (Percent)	Years for Repayment									
	3	5	7	10	15	20	25	30	35	40
5	0.367215	0.230974	0.172819	0.129505	0.096342	0.080243	0.070953	0.065051	0.061072	0.058278
6	0.374111	0.237394	0.179134	0.135868	0.102963	0.087185	0.078226	0.072649	0.068974	0.066462
7	0.381054	0.243891	0.185553	0.142377	0.109795	0.094393	0.085810	0.080587	0.077234	0.075009
8	0.388034	0.250456	0.192072	0.149030	0.116830	0.101850	0.093679	0.088827	0.085803	0.083860
9	0.395055	0.257092	0.198691	0.155820	0.124059	0.109546	0.101806	0.097336	0.094636	0.092960
10	0.402115	0.263797	0.205405	0.162745	0.131474	0.117460	0.110168	0.106079	0.103690	0.102259
11	0.409213	0.270570	0.212215	0.169801	0.139065	0.125576	0.118740	0.115025	0.112927	0.111719
12	0.416349	0.277410	0.219118	0.176984	0.146824	0.133879	0.127500	0.124144	0.122317	0.121304
13	0.423522	0.284314	0.226111	0.184290	0.154742	0.142354	0.136426	0.133411	0.131829	0.130986
14	0.430731	0.291284	0.233192	0.191714	0.162809	0.150986	0.145498	0.142803	0.141442	0.140745
15	0.437976	0.298315	0.240360	0.199252	0.171017	0.159761	0.154699	0.152300	0.151135	0.150562
16	0.445257	0.305409	0.247613	0.206901	0.179358	0.168667	0.164013	0.161886	0.160892	0.160424
17	0.452573	0.312564	0.254947	0.214657	0.187822	0.177690	0.173423	0.171545	0.170701	0.170319
18	0.459923	0.319778	0.262362	0.222515	0.196403	0.186820	0.182919	0.181264	0.180550	0.180240
19	0.467308	0.327050	0.269855	0.230471	0.205092	0.196045	0.192487	0.191034	0.190432	0.190181
20	0.474725	0.334380	0.277424	0.238523	0.213882	0.205357	0.202119	0.200846	0.200339	0.200136

Calculated using the following formula: Amortization Factor $= \frac{i}{1-(1+i)^{-n}}$

where i = interest rate; n = number of years

APPENDIX D

Copies of the Budget Template Spreadsheets

Appendix D

Worksheet #1

Basic Budget

Based on Utilizing
the Basic Budget Parameters
from Worksheet #2

EXAMPLE BUDGET

	Budget
BUDGET PARAMETERS	
Level of Care	Basic
Protocols	None
Avg Calls Per day	1.2
No. of Calls	438
% of Billable Calls	0.75
No. of Billable Calls.	329
Total Miles Driven	15,314
Avg Miles Per All Calls	35
% of Billable Miles	0
No. of Billable Miles	7,044

EXAMPLE BUDGET

	Budget
TOTAL CAPITAL EXPENSES	
Building-Base	$0
Building-Substation	$0
Furnishings-Base	$0
Furnishings-Substation	$0
Computer Setups	$0
Type I Vehicles	$0
Type II Vehicles	$0
Type III Vehicles	$0
Basic Equipment	$0
ALS-1 Equipment	$0
ALS-2 Equipment	$0
Base Communications	$0
Communications/EMT	$0
Vehicle/Patient Compartment Radios	$0
0	$0
0	$0
0	$0
0	$0
0	$0
0	$0
0	$0
0	$0
Total Capital Expenses	$0

EXAMPLE BUDGET

	Budget
ANNUAL CAPITAL EXPENSES	
Building-Base	$0
Building-Substation	$0
Furnishings-Base	$0
Furnishings-Substation	$0
Computer Setups	$0
Type I Vehicles	$0
Type II Vehicles	$0
Type III Vehicles	$0
Basic Equipment	$0
ALS-1 Equipment	$0
ALS-2 Equipment	$0
Base Communications	$0
Communications/EMT	$0
Vehicle/Patient Compartment Radios	$0
0	$0
0	$0
0	$0
0	$0
0	$0
0	$0
0	$0
0	$0
Annual Capital Expenses	$0

EXAMPLE BUDGET

	Budget
ANNUAL OPERATING EXPENSES	
LABOR-TOTALS	
Crews Total On-Call Pay	$0
Crews Total Regular Pay	$105,850
Crews Total Overtime Pay	$34,366
Crews Total Benefits	$15,878
Crews Total Labor	$156,094
LABOR-MANAGEMENT	$4,025
BILLING COST (Outsource $40/call)	$13,160
BUILDING EXPENSES-BASE	$4,000
BUILDING EXPENSES-SUBSTATION	$0
UTILITIES-Base	$8,400
UTILITIES-SUBSTATION	$0
VEHICLE EXPENSES	$0
MEDICAL SUPPLIES	$14,489
EQUIPMENT REPAIRS/MO FEES	$1,500
LICENSING EXPENSES	$450
OFFICE SUPPLIES	$1,800
UNIFORM ALLOWANCE	$0
GEN'L LIABILITY INS	$0
TRAINING EXPENSES	$0
MISCELLANEOUS	$20,392
Annual Building Mortgage Payment	$13,200
Annual Equipment Loan Payment	$10,800
Annual Equipment Out of Pocket Payment	$16,790
0	$0
0	$0
0	$0
0	$0
0	$0
Total Operating Expenses	$224,310
LESS: VOLUNTEER Labor	$0
Total Operating Expenses TO PAY	$224,310

EXAMPLE BUDGET

ANALYSIS OF LABOR	**Budget**
Labor-Crew Totals	$156,094
Labor-Management Total	$4,025
TOTAL LABOR	$160,119
VOLUNTEER LABOR	$0
PAID LABOR	$160,119
Volunteer Labor as % of Total Labor	0.0%
Paid Labor as % of Total Labor	100.0%
Volunteer Labor as % of Total Operating Expenses	0.0%
Paid Labor as % of Total Operating Expenses	71.4%

EXAMPLE BUDGET

	Budget
SUMMARY OF EXPENSES	
Paid Labor	$160,119
Total-Other Operating Exp	$104,981
Total Operating Expense to Pay	$265,100
Total Annual Capital Expense	$0
Total Annual Capital and Annual Operating Expense to Pay	$265,100

EXAMPLE BUDGET

	Budget
SUMMARY OF REVENUES	
Call Revenues	
Avg Basic	$68,931
Avg Basic-Emerg	$36,755
Avg ALS-1	$0
Avg ALS-1-Emerg	$0
Avg ALS-2	$0
Avg ALS-2-Emerg	$0
Mileage Revenues	
≤ 17 miles	$30,169
> 17 miles	$21,418
Subsidies	
City Sales Tax	$0
County Sales Tax	$53,482
State Sales Tax	$0
Ad Valorem Tax	$0
City Subsidy	$0
County Subsidy	$0
State Subsidy	$0
Subscriptions	$6,500
Donations	$1,756
Grants	$20,000
Fundraisers	$2,865
Utility Assessments/Surcharges	$0
Total Revenues	$241,876
BREAKEVEN	
Revenues Less Expenses	-$23,224

EXAMPLE BUDGET

EXPENSES AND REVENUES PER CALL	**Budget**
Total All Operating Expenses & Annual Capital Expense	$224,310
Expense Per Call (All Calls)	$512
Expense Per Call (Billable Calls)	$682
Total PAID Operating Expenses & Annual Capital Expense	$265,100
Expense Per Call (All Calls)	$605
Expense Per Call (Billable Calls)	$806
Total All Revenues	$241,876
Revenue Per Call (All Calls)	$552
Revenue Per Call (Billable Calls)	$735

EXAMPLE BUDGET

FIXED CAPITAL AND LABOR COSTS	**Budget**
Total Capital Expenses	$0
Total Annual Capital Expenses	$0
Total PAID Labor Expenses	$160,119
Total PAID Operating Expenses	$265,100
Total Annual Capital and PAID Operating Expenses	$265,100
CAPITAL EXPENSES	
As a % of PAID Operating Expenses	0.0%
As a % of Annual Capital and PAID Operating Expense	0.0%
ANNUAL CAPITAL EXPENSES	
As a % of PAID Operating Expenses	0.0%
As a % of Annual Capital and PAID Operating Expense	0.0%
ANNUAL PAID LABOR EXPENSE	
As a % of PAID Operating Expenses	60.4%
As a % of Annual Capital and PAID Operating Expense	60.4%

Appendix D

Worksheet #2

Basic Budget Parameters

to build EMS Basic Budget (Worksheet #1)

EMS BASIC BUDGET PARAMETERS

	Budget Parameters
BUDGET PARAMETERS - Page 1	
Level of Care	Basic
Protocols	None
Avg Calls Per day	**1.2**
No. of Calls	438
% of Billable Calls	75.0%
% of Billable Calls-Basic	75.0%
% of Billable Calls-Basic-Emerg	25.0%
% of Billable Calls-ALS-1	0.0%
% of Billable Calls-ALS-1-Emerg	0.0%
% of Billable Calls-ALS-2	0.0%
% of Billable Calls-ALS-2-Emerg	0.0%
Total percents	100.0%
No. of Billable Calls.	329
No. of Billable Calls-Basic	247
No. of Billable Calls-Basic-Emerg	82
No. of Billable Calls-ALS-1	0
No. of Billable Calls-ALS-1-Emerg	0
No. of Billable Calls-ALS-2	0
No. of Billable Calls-ALS-2-Emerg	0
Total Billable Calls	329

EMS BASIC BUDGET PARAMETERS

	Budget Parameters
BUDGET PARAMETERS (CONTINUED - Page 2)	
Total Miles Driven	15,314
Avg Miles Per All Calls	35
% of Billable Miles	46.0%
No. of Billable Miles	7,044
% of Miles Driven/Vehicle Type	
% of Miles Driven-Type I	100.0%
% of Miles Driven-Type II	0.0%
% of Miles Drive-Type III	0.0%
No. of Miles Driven/Vehicle Type	
Miles Driven-Type I Vehicle	15,314
Miles Driven-Type II Vehicle	0
Miles Driven-Type III Vehicle	0
CHK Total Miles Driven	0
CHK (Should = 0)	0

EMS BASIC BUDGET PARAMETERS

	Budget Parameters
TOTAL CAPITAL EXPENSES PARAMETERS - Page 1	
Cost-Building Base Station	$0
Cost-Building Substation	$0
Cost-Furnishings Base Station	$0
Cost-Furnishings Substation	$0
Avg Cost/Computer Setup	$0
No. of Computer Setups	0
Cost-Type I Vehicles	$0
No. of Type I Vehicles	0
Cost-Type II Vehicles	$0
No. of Type II Vehicles	0
Cost-Type III Vehicles	$0
No. of Type III Vehicles	0
Cost-Basic Equipment	$0
No. of Basic Equipped	0
Cost-ALS-1 Equipment	$0
No. of ALS-1 Equipped	0
Cost-ALS-2 Equipment	$0
No. of ALS-2 Equipped	0
Base Communications	$0
Communications/EMT	$0
No. of EMRs/EMTs/Medics	0
Cost-Vehicle Radio/Unit	$0
No. of Vehicle/Patient Compartment Radios	0

EMS BASIC BUDGET PARAMETERS

Budget Parameters

TOTAL CAPITAL EXPENSES PARAMETERS (CONTINUED - Page 2)

EMS BASIC BUDGET PARAMETERS

	Budget Parameters
ANNUAL CAPITAL EXPENSES PARAMETERS - Page 1	
Building Base Station	
Mo. Base Building Pay	$0
Annual Base Building Based on Monthly Payment	$0
or	
Annual Amortization	8%, 25 yrs
Amortization Factor (from Worksheet)	0.093679
Annual Base Building Payment Based on Amort. Factor	$0
Total Base Bldg Annual Payment	$0
Building Substation	
Mo. Building Pay	$0
Annual Substation Building Pay Based on Monthly Payment	$0
or	
Annual Amortization	8%, 25 yrs
Amortization Factor (from Worksheet)	0.093679
Annual Substation Building Payment based on Amort. Factor	$0
Total Substation Bldg Annual Payment	$0
Yrs Life of Base Furnishings	5
Yrs Life of Substation Furnishings	
Yrs Life Computer Systems	3
No. of Miles Vehicle Life	100,000
Yrs Life of Type I Vehicles	0
Yrs Life of Type II Vehicles	0
Yrs Life of Type III Vehicles	0
Yrs Life of Basic Equipment	0
Yrs Life of ALS-1 Equipment	0
Yrs Life of ALS-2 Equipment	0

EMS BASIC BUDGET PARAMETERS

	Budget Parameters
ANNUAL CAPITAL EXPENSES PARAMETERS (CONTINUED - Page 2)	
Yrs Life of Base Comms.	
Yrs. Life of Comms./EMT	3
Yrs Life of Vehicle Radios	5

EMS BASIC BUDGET PARAMETERS

	Budget Parameters
ANNUAL OPERATING EXPENSES PARAMETERS - Page 1	
Labor-Crew	
1st Crew	
1st crew-based on two 24-hour shifts per week, with 40 hours regular pay and 8 hours of overtime pay	
1st crew member_____	EMR-Driver
ON-CALL	
On-Call Hourly Pay Rate	$0.00
No. of On-Call Hours	0
Total On-Call HOURLY Pay	$0
Fee Per Hour	$0
On-Call Pay Hours/Call	0.0
Estimated Pay/Call	$0
Total No. of Calls	403
Total On-Call CALL Pay	$0
REGULAR PAY	
Hourly Pay rate	$7.25
No. Hrs at Base Hourly Rate	7,300
Base Hourly Pay Total	$52,925
OVERTIME PAY	
No. Hrs at Scheduled Overtime Rate	1,460
Scheduled Overtime Pay Total	$15,878
Unscheduled Overtime Hours	120
Unscheduled Overtime Pay	$1,305

EMS BASIC BUDGET PARAMETERS

	Budget Parameters
ANNUAL OPERATING EXPENSES PARAMETERS (CONTINUED - Page 2)	
2nd crew member_____	EMT
ON-CALL	
On-Call Hourly Pay Rate	$0.00
No. of On-Call Hours	0
Total On-Call HOURLY Pay	$0
Fee Per Hour	$0
On-Call Pay Hours/Call	0.0
Estimated Pay/Call	$0
Total No. of Calls	438
Total On-Call CALL Pay	$0
REGULAR PAY	
Hourly Pay rate	$7.25
No. Hrs at Base Hourly Rate	7,300
Base Hourly Pay Total	$52,925
OVERTIME PAY	
No. Hrs at Overtime Rate	1,460
Overtime Rate Pay Total	$15,878
Unscheduled Overtime Hours	120
Unscheduled Overtime Pay	$1,305

EMS BASIC BUDGET PARAMETERS

	Budget Parameters
ANNUAL OPERATING EXPENSES PARAMETERS (CONTINUED - Page 3)	
2nd Crew	
1st crew member_____	EMR-Driver
ON-CALL	
On-Call Hourly Pay Rate	$0.00
No. of On-Call Hours	0
Total On-Call HOURLY Pay	$0
Fee Per Hour	$0
On-Call Pay Hours/Call	0.0
Estimated Pay/Call	$0
Total No. of Calls	438
Total On-Call CALL Pay	$0
REGULAR PAY	
Hourly Pay rate	$7.25
No. Hrs at Base Hourly Rate	0
Base Hourly Pay Total	$0
OVERTIME PAY	
No. Hrs at Overtime Rate	0
Overtime Rate Pay Total	$0
Unscheduled Overtime Hours	0
Unscheduled Overtime Pay	$0

EMS BASIC BUDGET PARAMETERS

	Budget Parameters
ANNUAL OPERATING EXPENSES PARAMETERS (CONTINUED - Page 4)	
2nd crew member_____	EMT
ON-CALL	
On-Call Hourly Pay Rate	$0.00
No. of On-Call Hours	0
Total On-Call HOURLY Pay	$0
Fee Per Hour	$0
On-Call Pay Hours/Call	0.0
Estimated Pay/Call	$0
Total No. of Calls	438
Total On-Call CALL Pay	$0
REGULAR PAY	
Hourly Pay rate	$7.25
No. Hrs at Base Hourly Rate	0
Base Hourly Pay Total	$0
OVERTIME PAY	
No. Hrs at Overtime Rate	0
Overtime Rate Pay Total	$0
Unscheduled Overtime Hours	0
Unscheduled Overtime Pay	$0

EMS BASIC BUDGET PARAMETERS

	Budget Parameters
ANNUAL OPERATING EXPENSES PARAMETERS (CONTINUED - Page 5)	
Labor-Crew Pay Subtotals	
1st Crew 1st Crew Member	
Total Call Pay	$0
Total Regular Pay	$52,925
Adjust for Call Pay	$0
Adjust Crew Regular Pay	$52,925
Total Overtime Pay	$17,183
1st Crew 2nd Crew Member	
Total Call Pay	$0
Total Crew Regular Pay	$52,925
Adjust for Call Pay	$0
Adjust Crew Regular Pay	$52,925
Total Overtime Pay	$17,183
2nd Crew 1st Crew Member	
Total Call Pay	$0
Total Crew Regular Pay	$0
Adjust for Call Pay	$0
Adjust Crew Regular Pay	$0
Total Overtime Pay	$0

EMS BASIC BUDGET PARAMETERS

	Budget Parameters
ANNUAL OPERATING EXPENSES PARAMETERS (CONTINUED - Page 6)	
Labor-Benefits	
2nd Crew 2nd Crew Member	
Total Call Pay	$0
Total Crew Regular Pay	$0
Adjust for Call Pay	$0
Adjust Crew Regular Pay	$0
Total Overtime Pay	$0
Benefit Rate	15.0%
Crew 1 Benefits	$15,878
Crew 2 Benefits	$0
Total Benefits	$15,878
CHK Benefits Total	$15,878
CHK (Should = 0)	0

EMS BASIC BUDGET PARAMETERS

	Budget Parameters
ANNUAL OPERATING EXPENSES PARAMETERS (CONTINUED - Page 7)	
LABOR SUMMARY-TOTALS	
Crews Total On-Call Pay	$0
Crews Total Regular Pay	$105,850
Crews Total Overtime Pay	$34,366
Crews Total Benefits	$15,878
Crews Total Labor	$156,094
Labor-Management	
Full-Time Manager	
Annual Salary	$0
Benefits	$0
F-T Management Annual Totals	$0
or	
Part-Time Manager	
Annual Salary	$35,000
% of Annual Salary	10.0%
Part-Time Salary	$3,500
Benefits	$525
P-T Management Annual Totals	$4,025
Total Management Annual Totals	$4,025

EMS BASIC BUDGET PARAMETERS

	Budget Parameters
ANNUAL OPERATING EXPENSES PARAMETERS (CONTINUED - Page 8)	
BILLING	
In-House Billing	
Billing Clerk Annual Salary	$25,000
% Time spent	25%
Billing Clerk Adj Salary	$6,250
Billing Clerk Benefits	
Benefit Rate	15%
Benefit Amount	$938
Billing Supplies	$600
Total In-House Billing Expense	$7,788
or	
Outsource Billling	
Fee per Call	$40
Total Fees per Call Billing Expense	$13,160
or	
Fee as % of Collections	35%
Total % of Collections Billing Expense	$55,046
Total Billing Cost	$13,160
BUILDING EXPENSES-BASE	
Rent	$0
Building & Contents Ins (own)	$1,600
Bldg Contents Ins (rent)	$0
Bldg Grounds Maint	$1,200
Other Maint & Repairs	$1,200
Total Bldg Exp-Base	$4,000
BUILDING EXPENSES-SUBSTATION	
Rent	$0
Building & Contents Ins (own)	$0
Bldg Contents Ins (rent)	$0
Bldg Grounds Maint	$0
Other Maint & Repairs	$0
Total Bldg Exp-Substation	$0

EMS BASIC BUDGET PARAMETERS

	Budget Parameters
ANNUAL OPERATING EXPENSES PARAMETERS (CONTINUED- Page 9)	
UTILITIES-BASE	
Electric	$1,800
Gas (Heat)	$3,600
Cable/Internet	$2,100
Water, Trash, Misc	$900
Total Utilities	$8,400
UTILITIES-SUBSTATION	
Electric	$0
Gas (Heat)	$0
Cable/Internet	$0
Water, Trash, Misc	$0
Total Utilities	$0
VEHICLE EXPENSES	
Vehicle Insurance	$0
Vehicle license expense	
No. of Vehicles	0
Fee for Vehicle License	$100
Total Fees for Vehicle Licenses	$0
Maint/Repairs/Insps	$0
Oil, filter, lubrication	$120
Change oil, filter & lubricate every 3,000 miles	5.1
Total cost for oil changes	$612
Tires	$1,800
Replace tires every 30,000 miles	0.5
Total cost for tires	$900
Estimated Gas Price/Gallon	$4.00
Total cost for gas	#DIV/0!
Total Vehicle Expenses	#DIV/0!

EMS BASIC BUDGET PARAMETERS

	Budget Parameters
ANNUAL OPERATING EXPENSES PARAMETERS (CONTINUED - Page 10)	
MEDICAL SUPPLIES	
Base Cost/Call for All Calls	$25
Total Base Cost for All Calls	$10,950
Add'l Cost/Call for Basic Calls	$40
Total Add'l Cost for Basic Calls	$3,539
Add'l Cost/Call for ALS-1 Calls	
Total Add'l Cost for ALS-1 Calls	0
Add'l Cost/Call for ALS-2 Calls	
Total Add'l Cost for ALS-2 Calls	0
Total Medical Supplies Cost	$14,489
Avg Med Supply Cost Per Billable Calls	$44.04
EQUIPMENT REPAIRS/MO. FEES	
Repairs	
Monthly Cost	$125
Total Equipment Repairs	$1,500
Mo. Equipment Costs	
No. of EMRs/EMTs/Medics	0
Monthly Fee	$15
Total Mo. Equipment Fees	$0
Total Equipment Repairs/Fees	$1,500
LICENSING EXPENSES	
EMS base license expense	$450
EMS Substation license expense	$0
EMT license expense	
No. of EMT	0
Fee for EMT Licenses	$25
Total Fees fo EMTs Licenses	$0
AEMTs license expense	
No. of AEMTs	0
Fee for AEMTs Licenses	$45
Total Fees for AEMTs Licenses	$0
Paramedics license expense	
No. of Paramedics	0
Fee for Paramedics Licenses	$65
Total Fees for Paramedics Licenses	$0
Total License Expense	$450

EMS BASIC BUDGET PARAMETERS

	Budget Parameters
ANNUAL OPERATING EXPENSES PARAMETERS (CONTINUED - Page 11)	
OFFICE SUPPLIES	
Monthly Office Supplies Exp	$150
Total Office Supplies Expense	$1,800
UNIFORM ALLOWANCE	
No. of EMRs/EMTs/Medics	0
Mo. Uniform Allowance	$38
Total Uniform Allowance	$0
GEN'L LIABILITY INSURANCE, if applicable	
No. of EMRs/EMTs/Medics	0
Annual Cost	$150
Total Gen'l Liability Insurance	$0
TRAINING EXPENSES	
No. of EMRs/EMTs/Medics	0
Mo. Training Allowance	$30
Total Training Expenses	$0
MISCELLANEOUS	
% of Operating Expense	10.0%
Total Operating Before Misc	$203,918
Total Miscellaneous Expense	$20,392

EMS BASIC BUDGET PARAMETERS

	Budget Parameters
ANNUAL OPERATING EXPENSES PARAMETERS (CONTINUED - Page 12)	
VOLUNTEER LABOR TO DEDUCT	
1st Crew 1st Crew Member	
Crew Regular Pay	$52,925
% Volunteer	0.0%
Total Volunteer Regular Pay	$0
Crew Benefits	$7,939
% Volunteer	0.0%
Total Volunteer Benefits	$0
Crew Overtime Pay	$15,878
% Volunteer	0.0%
Total Volunteer Overtime Pay	$0
Unscheduled Overtime	$1,305
% Volunteer	0.0%
Total Volunteer Unsched. O/T Pay	$0
1st Crew 2nd Crew Member	
Crew Regular Pay	$52,925
% Volunteer	0.0%
Total Volunteer Regular Pay	$0
Crew Benefits	$7,939
% Volunteer	0.0%
Total Volunteer Benefits	$0
Crew Overtime Pay	$15,878
% Volunteer	0.0%
Total Volunteer Overtime Pay	$0
Unscheduled Overtime	$1,305
% Volunteer	0.0%
Total Volunteer Unsched. O/T Pay	$0

EMS BASIC BUDGET PARAMETERS

	Budget Parameters
ANNUAL OPERATING EXPENSES PARAMETERS (CONTINUED - Page 13)	
Crew Regular Pay	$0
% Volunteer	0.0%
Total Volunteer Regular Pay	$0
Crew Benefits	$0
% Volunteer	0.0%
Total Volunteer Benefits	$0
Crew Overtime Pay	$0
% Volunteer	0.0%
Total Volunteer Overtime Pay	$0
Unscheduled Overtime	$0
% Volunteer	0.0%
Total Volunteer Unsched. O/T Pay	$0
2nd Crew 2nd Crew Member	
Crew Regular Pay	$0
% Volunteer	0.0%
Total Volunteer Regular Pay	$0
Crew Benefits	$0
% Volunteer	0.0%
Total Volunteer Benefits	$0
Crew Overtime Pay	$0
% Volunteer	0.0%
Total Volunteer Overtime Pay	$0
Unscheduled Overtime	$0
% Volunteer	0.0%
Total Volunteer Unsched. O/T Pay	$0

EMS BASIC BUDGET PARAMETERS

	Budget Parameters
ANNUAL OPERATING EXPENSES PARAMETERS (CONTINUED - Page 14)	
Volunteer Labor-Benefits	
Benefit Rate	15.0%
Crew 1 Benefits	$0
Crew 2 Benefits	$0
Total Benefits	$0
CHK Benefits Total	$0
CHK (Should = 0)	0
Volunteer Labor-Crew 1	
Crew 1 Regular Pay	$0
Crew 1 Overtime Pay	$0
Crew 1 Benefits	$0
Crew 1 Total Volunteer	$0
Volunteer Labor-Crew 2	
Crew 2 Regular Pay	$0
Crew 2 Overtime Pay	$0
Crew 2 Benefits	$0
Crew 2 Total Labor	$0
Volunteer Management	
Full-Time Manager	
Total Salary + Benefits	$0
% Volunteer	0.0%
Total Volunteer F-T Manager	$0
or	
Part-Time Manager	
Part-Time Salary + Benefits	$4,025
% Volunteer	0.0%
Total Volunteer P-T Manager	$0
Volunteer Management Annual Totals	$0

EMS BASIC BUDGET PARAMETERS

	Budget Parameters
ANNUAL OPERATING EXPENSES PARAMETERS (CONTINUED - Page 15)	
Volunteer Labor- SUMMARY	
Crews Total Regular Pay	$0
Crews Total Overtime Pay	$0
Crews Total Benefits	$0
Crews Total Labor	$0
Volunteer Crews & Mgmt + Benefits Total	$0
LABOR-TOTALS	
Crews Total On-Call Pay	$0
Crews Total Regular Pay	$105,850
Crews Total Overtime Pay	$34,366
Crews Total Benefits	$15,878
Crews Total Labor	$156,094
Annual Building Mortgage Payment	$13,200
Annual Equipment Loan Payment	$10,800
Annual Equipment Out of Pocket Payment	$16,790

EMS BASIC BUDGET PARAMETERS

	Budget Parameters
ANNUAL REVENUE PARAMETERS - Page 1	
% of Total Miles Driven-Basic	100.0%
No. of Total Miles Driven-Basic	15,314
% of Total Miles-ALS-1	0.0%
No. of Miles-ALS-1	0
% of Total Miles-ALS-2	0.0%
No. of Miles ALS-2	0
CHK Total Miles Driven	15,314
CHK (Should = 0)	0

% of Billable Miles-Basic	100.0%
No. of Billable Miles-Basic	7,044
% of Billable Miles-ALS-1	0.0%
No. of Billable Miles-ALS-1	0
% of Billable Miles-ALS-2	0.0%
No. of Billable Miles ALS-2	0
CHK Total Billable Miles	0
CHK (Should = 0)	0

2013 GPCI (state specific)	0.954
Base Rate (region specific)	$400
RVU Units-Avg Basic	1.00
RVU Units-Avg Basic-Emerg	1.60
RVU Units-Avg ALS-1	1.20
RVU Units-Avg ALS-1-Emerg	1.90
RVU Units-Avg ALS-2	2.75
RVU Units-Avg ALS-2-Emerg	3.25

Per Call Revenues	Formula is =(RVU*(.3+(.7*GPCI)))*BASE RATE*1.03
Avg Basic Call	$399
Avg Basic Call-Emerg	$638
Avg ALS-1 Call	$478
Avg ALS-1-Emerg	$758
Avg ALS-2 Call	$1,097
Avg ALS-2-Emerg	$1,296

EMS BASIC BUDGET PARAMETERS

	Budget Parameters
ANNUAL REVENUE PARAMETERS (CONTINUED - Page 2)	
Total Call Revenues	
Avg Basic Call	$98,473
Avg Basic Call-Emerg	$52,507
Avg ALS-1 Call	$0
Avg ALS-1-Emerg	$0
Avg ALS-2 Call	$0
Avg ALS-2-Emerg	$0
Total Call Revenues	$150,980
% of Call Revenues Collected	70%
Avg Basic Call	$68,931
Avg Basic Call-Emerg	$36,755
Avg ALS-1 Call	$0
Avg ALS-1-Emerg	$0
Avg ALS-2 Call	$0
Avg ALS-2-Emerg	$0
Total Call Revenues	$105,686
Mileage Rates (from Medicare)	
Mileage Rates ≤ 17 miles	$7.50
Mileage Rate for > 17 miles	$5.00
Mileage Rural Adjustment (from Medicare)	1.03
Adj. Mileage Rates ≤ 17 miles	$7.73
Adj. Mileage Rate for > 17 miles	$5.15
Mileage Revenues	
No. of Billable Calls	329
Avg No. of Miles Per Call	35
Mileage Revenues for ≤ 17 miles	$131
Mileage Revenues for > 17 miles	$93
Total Revenues for ≤ 17 miles	$30,169
Total Revenues for > 17 miles	$21,418

EMS BASIC BUDGET PARAMETERS

	Budget Parameters
ANNUAL REVENUE PARAMETERS (CONTINUED - Pa ge 3)	
Subsidies	
City Sales Tax	$0
County Sales Tax	$53,482
State Sales Tax	$0
Ad Valorem Tax (Property Tax)	$0
City Subsidy	$0
County Subsidy	$0
State Subsidy	$0
Subscriptions	$6,500
Donations	$1,756
Grants	$20,000
Fundraisers	$2,865
Utility Assessments/Surcharges	$0

Appendix D

Worksheet #3

Build Your Own Budget

With No Parameters

BUILD YOUR OWN EMS BUDGET

Basic Information	____	____	____	____	____
Annual Calls					
Total Miles Driven					
Avg Miles Per All Calls					
% of Billable Miles					

_____Total Capital Expenses

Total Capital Expenses	____	____	____	____	____
Building-Base					
Building-Substation					
Furnishings-Base					
Furnishings-Substation					
Computers					
Type I Vehicles					
Type II Vehicles					
Type III Vehicles					
Basic Equipment					
ALS-1 Equipment					
ALS-2 Equipment					
Base Communications					
Communications/EMT					
Vehicle/Patient Compartment Radios					
Total Capital Expenses	$0	$0	$0	$0	$0

_____Annual Capital Expenses

Annual Capital Expenses	____	____	____	____	____
Building-Base					
Building-Substation					
Furnishings-Base					
Furnishings-Substation					
Computers					
Type I Vehicles					
Type II Vehicles					
Type III Vehicles					
Basic Equipment					
ALS-1 Equipment					
ALS-2 Equipment					
Base Communications					
Communications/EMT					
Vehicle/Patient Compartment Radios					
Annual Capital Expenses	$0	$0	$0	$0	$0

_____Annual Operating Expenses

Annual Operating Expenses	____	____	____	____	____
Labor-Crews					
Crews Total On-Call Pay					
Crews Total Regular Pay					
Crews Total Overtime Pay					
Crews Total Benefits					
Crews Total Labor					
Labor-Management					
Billing Cost (Outsourcing $40 per call)					
Building Expenses-Base					
Building Expenses-Substation					
Utilities-Base					
Utilities-Substation					
Vehicle Expenses					
Medical Supplies					
Equipment Repairs/Monthly Fees					
Licensing Expenses					
Office Supplies					
Uniform Allowance					
Training Expenses					
Miscellaneous					
Total Operating Expenses	$0	$0	$0	$0	$0
LESS: Volunteer Labor					
Total Operating Expenses to pay	$0	$0	$0	$0	$0

_____Summary of Expenses

Summary of Expenses	____	____	____	____	____
Paid Labor					
Total-Other Operating Exp					
Total Operating Expense to Pay	$0	$0	$0	$0	$0
Total Annual Capital Expense	$0	$0	$0	$0	$0
Total Annual Capital and Annual Operating Expense to Pay	$0	$0	$0	$0	$0

_____Revenues and Breakeven (Loss)

Revenues	____	____	____	____	____
Call Revenues					
Avg Basic					
Avg Basic-Emerg					
Avg ALS-1					
Avg ALS-1-Emerg					
Avg ALS-2					
Avg ALS-2-Emerg					
Mileage Revenues					
≤ 17 miles					
> 17 miles					
Subsidies					
City Sales Tax					
County Sales Tax					
State Sales Tax					
Ad Valorem Tax					
City Subsidy					
County Subsidy					
State Subsidy					
Subscriptions					
Donations					
Grants					
Fundraisers					
Utility Assessments/Surcharges					
Total Revenues	$0	$0	$0	$0	$0
BREAKEVEN (LOSS)					
Revenues Less Expenses	$0	$0	$0	$0	$0

_____Expenses and Revenues Per Call

Per Call					
Total All Operating Expenses & Annual Capital Expense	$0	$0	$0	$0	$0
Expense Per Call (All Calls)					
Expense Per Call (Billable Calls)					
Total PAID Operating Expenses & Annual Capital Expense	$0	$0	$0	$0	$0
Expense Per Call (All Calls)					
Expense Per Call (Billable Calls)					
Total All Revenues	$0	$0	$0	$0	$0
Expense Per Call (All Calls)					
Expense Per Call (Billable Calls)					

Appendix D

Worksheet #4

Budget vs Actual with Variances

ACTUAL VS BUDGET VARIANCES

YEAR: ________ 1st QUARTER

			Month_______			Month_______			Month_______			1st QUARTER		
	Yrly Budget	Mo. Budget	Actual Exps	Mo. %	YTD %	Actual Exps	Mo. %	YTD %	Actual Exps	Mo. %	YTD %	Actual Exps	Qtr. %	YTD %
Total Capital Expenses														
Building-Base		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Building-Substation		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Furnishings-Base		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Furnishings-Substation		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Computers		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Type I Vehicles		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Type II Vehicles		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Type III Vehicles		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Basic Equipment		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
ALS-1 Equipment		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
ALS-2 Equipment		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Base Communications		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Communications/EMT		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Vehicle/Patient Compartment Radios		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Total Capital Expenses	$0	$0	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%

ACTUAL VS BUDGET VARIANCES

YEAR: ________ 1st QUARTER

			Month________			Month________			Month________			1st QUARTER		
	Yrly Budget	Mo. Budget	Actual Exps	Mo. %	YTD %	Actual Exps	Mo. %	YTD %	Actual Exps	Mo. %	YTD %	Actual Exps	Qtr. %	YTD %
Annual Capital Expenses														
Building-Base		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Building-Substation		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Furnishings-Base		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Furnishings-Substation		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Computers		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Type I Vehicles		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Type II Vehicles		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Type III Vehicles		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Basic Equipment		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
ALS-1 Equipment		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
ALS-2 Equipment		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Base Communications		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Communications/EMT		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Vehicle/Patient Compartment Radios		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Annual Capital Expenses	$0	$0	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%

ACTUAL VS BUDGET VARIANCES

YEAR: ________ 1st QUARTER

			Month_______			Month_______			Month_______			1st QUARTER		
	Yrly Budget	Mo. Budget	Actual Exps	Mo. %	YTD %	Actual Exps	Mo. %	YTD %	Actual Exps	Mo. %	YTD %	Actual Exps	Qtr. %	YTD %
Annual Operating Expenses														
Labor-Crews		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Crews Total On-Call Pay		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Crews Total Regular Pay		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Crews Total Overtime Pay		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Crews Total Benefits		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Crews Total Labor		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Labor-Management		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Billing Cost		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Building Expenses-Base		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Building Expenses-Substation		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Utilities-Base		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Utilities-Substation		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Vehicle Expenses		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Medical Supplies		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Equipment Repairs/Mo. Fees		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Licensing Expenses		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Office Supplies		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Uniform Allowance		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Training Expenses		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Miscellaneous		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Total Operating Expenses	$0	$0	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%
LESS: Volunteer Labor		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Total Operating Expenses to pay	$0	$0	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%

ACTUAL VS BUDGET VARIANCES

YEAR: _____ 1st QUARTER

			Month_____			Month_____			Month_____			1st QUARTER		
	Yrly Budget	Mo. Budget	Actual Exps	Mo. %	YTD %	Actual Exps	Mo. %	YTD %	Actual Exps	Mo. %	YTD %	Actual Exps	Qtr. %	YTD %
Summary Expenses														
Paid Labor	$0	$0	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%
Total-Other Operating Exp	$0	$0	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%
Total Operating Expense to Pay	$0	$0	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%
Total Annual Capital Expense	$0	$0	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%
										0.0%	0.0%		0.0%	0.0%
Total Annual Capital and Annual Operating Expense to Pay	$0	$0	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%

ACTUAL VS BUDGET VARIANCES

YEAR: _____ 1st QUARTER

			Month_____			Month_____			Month_____			1st QUARTER		
	Yrly Budget	Mo. Budget	Actual Exps	Mo. %	YTD %	Actual Exps	Mo. %	YTD %	Actual Exps	Mo. %	YTD %	Actual Exps	Qtr. %	YTD %
Revenues and Breakeven (Loss)														
Call Revenues		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Avg Basic		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Avg Basic-Emerg		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Avg ALS-1		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Avg ALS-1-Emerg		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Avg ALS-2		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Avg ALS-2-Emerg		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Mileage Revenues		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
≤ 17 miles		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
> 17 miles		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Subsidies		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
City Sales Tax		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
County Sales Tax		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
State Sales Tax		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Ad Valorem Tax		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
City Subsidy		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
County Subsidy		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
State Subsidy		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Subscriptions		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Donations		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Grants		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Fundraisers		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Utility Assessments/Surcharges		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Total Revenues	$0	$0	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%
BREAKEVEN (LOSS)														
Revenues Less Expenses	$0	$0	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%

ACTUAL VS BUDGET VARIANCES

YEAR: _____ 1st QUARTER

			Month_____			Month_____			Month_____			1st QUARTER		
	Yrly Budget	Mo. Budget	Actual Exps	Mo. %	YTD %	Actual Exps	Mo. %	YTD %	Actual Exps	Mo. %	YTD %	Actual Exps	Qtr. %	YTD %
Expenses and Revenues Per Call														
Total All Operating Expenses & Annual Capital Expense	$0	$0	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%
Expense Per Call (All Calls)	$0	$0	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%
Expense Per Call (Billable Calls)	$0	$0	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%
Total PAID Operating Expenses & Annual Capital Expense	$0	$0	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%
Expense Per Call (All Calls)	$0	$0	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%
Expense Per Call (Billable Calls)	$0	$0	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%
Total All Revenues	$0	$0	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%
Expense Per Call (All Calls)	$0	$0	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%
Expense Per Call (Billable Calls)	$0	$0	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%
Total Calls		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Total Billable Calls		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%

ACTUAL VS BUDGET VARIANCES

YEAR: ________ 2nd QUARTER

			Month_______			Month_______			Month_______			2nd QUARTER		
	Yrly Budget	Mo. Budget	Actual Exps	Mo. %	YTD %	Actual Exps	Mo. %	YTD %	Actual Exps	Mo. %	YTD %	Actual Exps	Qtr. %	YTD %
Total Capital Expenses														
Building-Base		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Building-Substation		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Furnishings-Base		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Furnishings-Substation		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Computers		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Type I Vehicles		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Type II Vehicles		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Type III Vehicles		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Basic Equipment		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
ALS-1 Equipment		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
ALS-2 Equipment		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Base Communications		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Communications/EMT		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Vehicle/Patient Compartment Radios		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Total Capital Expenses	$0	$0	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%

ACTUAL VS BUDGET VARIANCES

YEAR: ________ 2nd QUARTER

			Month________			Month________			Month________			2nd QUARTER		
	Yrly Budget	Mo. Budget	Actual Exps	Mo. %	YTD %	Actual Exps	Mo. %	YTD %	Actual Exps	Mo. %	YTD %	Actual Exps	Qtr. %	YTD %
Annual Capital Expenses														
Building-Base		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Building-Substation		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Furnishings-Base		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Furnishings-Substation		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Computers		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Type I Vehicles		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Type II Vehicles		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Type III Vehicles		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Basic Equipment		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
ALS-1 Equipment		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
ALS-2 Equipment		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Base Communications		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Communications/EMT		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Vehicle/Patient Compartment Radios		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Annual Capital Expenses	$0	$0	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%

ACTUAL VS BUDGET VARIANCES

YEAR: ________ 2nd QUARTER

			Month_______			Month_______			Month_______			2nd QUARTER		
	Yrly Budget	Mo. Budget	Actual Exps	Mo. %	YTD %	Actual Exps	Mo. %	YTD %	Actual Exps	Mo. %	YTD %	Actual Exps	Qtr. %	YTD %
Annual Operating Expenses														
Labor-Crews		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Crews Total On-Call Pay		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Crews Total Regular Pay		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Crews Total Overtime Pay		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Crews Total Benefits		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Crews Total Labor		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Labor-Management		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Billing Cost		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Building Expenses-Base		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Building Expenses-Substation		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Utilities-Base		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Utilities-Substation		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Vehicle Expenses		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Medical Supplies		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Equipment Repairs/Mo. Fees		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Licensing Expenses		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Office Supplies		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Uniform Allowance		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Training Expenses		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Miscellaneous		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Total Operating Expenses	$0	$0	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%
LESS: Volunteer Labor		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Total Operating Expenses to pay	$0	$0	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%

ACTUAL VS BUDGET VARIANCES

YEAR: _____ 2nd QUARTER

			Month_____			Month_____			Month_____			2nd QUARTER		
	Yrly Budget	Mo. Budget	Actual Exps	Mo. %	YTD %	Actual Exps	Mo. %	YTD %	Actual Exps	Mo. %	YTD %	Actual Exps	Qtr. %	YTD %
Summary Expenses														
Paid Labor	$0	$0	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%
Total-Other Operating Exp	$0	$0	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%
Total Operating Expense to Pay	$0	$0	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%
Total Annual Capital Expense	$0	$0	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%
				0.0%	0.0%		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%
Total Annual Capital and Annual Operating Expense to Pay	$0	$0	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%

ACTUAL VS BUDGET VARIANCES

YEAR: _____ 2nd QUARTER

			Month_____			Month_____			Month_____			2nd QUARTER		
	Yrly Budget	Mo. Budget	Actual Exps	Mo. %	YTD %	Actual Exps	Mo. %	YTD %	Actual Exps	Mo. %	YTD %	Actual Exps	Qtr. %	YTD %
Revenues and Breakeven (Loss)														
Call Revenues		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Avg Basic		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Avg Basic-Emerg		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Avg ALS-1		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Avg ALS-1-Emerg		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Avg ALS-2		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Avg ALS-2-Emerg		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Mileage Revenues		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
≤ 17 miles		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
> 17 miles		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Subsidies		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
City Sales Tax		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
County Sales Tax		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
State Sales Tax		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Ad Valorem Tax		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
City Subsidy		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
County Subsidy		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
State Subsidy		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Subscriptions		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Donations		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Grants		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Fundraisers		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Utility Assessments/Surcharges		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Total Revenues	$0	$0	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%
BREAKEVEN (LOSS)														
Revenues Less Expenses	$0	$0	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%

ACTUAL VS BUDGET VARIANCES

YEAR: _____ 2nd QUARTER

			Month_____			Month_____			Month_____			2nd QUARTER		
	Yrly Budget	Mo. Budget	Actual Exps	Mo. %	YTD %	Actual Exps	Mo. %	YTD %	Actual Exps	Mo. %	YTD %	Actual Exps	Qtr. %	YTD %
Expenses and Revenues Per Call														
Total All Operating Expenses & Annual Capital Expense	$0	$0	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%
Expense Per Call (All Calls)	$0	$0	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%
Expense Per Call (Billable Calls)	$0	$0	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%
Total PAID Operating Expenses & Annual Capital Expense	$0	$0	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%
Expense Per Call (All Calls)	$0	$0	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%
Expense Per Call (Billable Calls)	$0	$0	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%
Total All Revenues	$0	$0	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%
Expense Per Call (All Calls)	$0	$0	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%
Expense Per Call (Billable Calls)	$0	$0	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%
Total Calls		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Total Billable Calls		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%

ACTUAL VS BUDGET VARIANCES

YEAR: ________ 3rd QUARTER

			Month________			Month________			Month________			3rd QUARTER		
	Yrly Budget	Mo. Budget	Actual Exps	Mo. %	YTD %	Actual Exps	Mo. %	YTD %	Actual Exps	Mo. %	YTD %	Actual Exps	Qtr. %	YTD %
Total Capital Expenses														
Building-Base		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Building-Substation		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Furnishings-Base		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Furnishings-Substation		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Computers		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Type I Vehicles		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Type II Vehicles		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Type III Vehicles		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Basic Equipment		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
ALS-1 Equipment		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
ALS-2 Equipment		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Base Communications		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Communications/EMT		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Vehicle/Patient Compartment Radios		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Total Capital Expenses	$0	$0	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%

ACTUAL VS BUDGET VARIANCES

YEAR: ________ 3rd QUARTER

			Month________			Month________			Month________			3rd QUARTER		
	Yrly Budget	Mo. Budget	Actual Exps	Mo. %	YTD %	Actual Exps	Mo. %	YTD %	Actual Exps	Mo. %	YTD %	Actual Exps	Qtr. %	YTD %
Annual Capital Expenses														
Building-Base		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Building-Substation		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Furnishings-Base		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Furnishings-Substation		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Computers		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Type I Vehicles		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Type II Vehicles		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Type III Vehicles		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Basic Equipment		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
ALS-1 Equipment		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
ALS-2 Equipment		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Base Communications		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Communications/EMT		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Vehicle/Patient Compartment Radios		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Annual Capital Expenses	$0	$0	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%

ACTUAL VS BUDGET VARIANCES

YEAR: ________ 3rd QUARTER

			Month________			Month________			Month________			3rd QUARTER		
	Yrly Budget	Mo. Budget	Actual Exps	Mo. %	YTD %	Actual Exps	Mo. %	YTD %	Actual Exps	Mo. %	YTD %	Actual Exps	Qtr. %	YTD %
Annual Operating Expenses														
Labor-Crews		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Crews Total On-Call Pay		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Crews Total Regular Pay		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Crews Total Overtime Pay		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Crews Total Benefits		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Crews Total Labor		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Labor-Management		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Billing Cost		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Building Expenses-Base		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Building Expenses-Substation		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Utilities-Base		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Utilities-Substation		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Vehicle Expenses		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Medical Supplies		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Equipment Repairs/Mo. Fees		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Licensing Expenses		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Office Supplies		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Uniform Allowance		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Training Expenses		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Miscellaneous		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Total Operating Expenses	$0	$0	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%
LESS: Volunteer Labor		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Total Operating Expenses to pay	$0	$0	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%

ACTUAL VS BUDGET VARIANCES

YEAR: _____ 3rd QUARTER

			Month_____			Month_____			Month_____			3rd QUARTER		
	Yrly Budget	Mo. Budget	Actual Exps	Mo. %	YTD %	Actual Exps	Mo. %	YTD %	Actual Exps	Mo. %	YTD %	Actual Exps	Qtr. %	YTD %
Summary Expenses														
Paid Labor	$0	$0	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%
Total-Other Operating Exp	$0	$0	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%
Total Operating Expense to Pay	$0	$0	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%
Total Annual Capital Expense	$0	$0	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%
				0.0%	0.0%		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%
Total Annual Capital and Annual Operating Expense to Pay	$0	$0	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%

ACTUAL VS BUDGET VARIANCES

YEAR: _____ 3rd QUARTER

			Month_____			Month_____			Month_____			3rd QUARTER		
	Yrly Budget	Mo. Budget	Actual Exps	Mo. %	YTD %	Actual Exps	Mo. %	YTD %	Actual Exps	Mo. %	YTD %	Actual Exps	Qtr. %	YTD %
Revenues and Breakeven (Loss)														
Call Revenues		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Avg Basic		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Avg Basic-Emerg		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Avg ALS-1		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Avg ALS-1-Emerg		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Avg ALS-2		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Avg ALS-2-Emerg		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Mileage Revenues		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
≤ 17 miles		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
> 17 miles		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Subsidies		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
City Sales Tax		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
County Sales Tax		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
State Sales Tax		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Ad Valorem Tax		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
City Subsidy		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
County Subsidy		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
State Subsidy		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Subscriptions		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Donations		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Grants		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Fundraisers		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Utility Assessments/Surcharges		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Total Revenues	$0	$0	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%
BREAKEVEN (LOSS)														
Revenues Less Expenses	$0	$0	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%

ACTUAL VS BUDGET VARIANCES

YEAR: _____ 3rd QUARTER

			Month_____			Month_____			Month_____			3rd QUARTER		
	Yrly Budget	Mo. Budget	Actual Exps	Mo. %	YTD %	Actual Exps	Mo. %	YTD %	Actual Exps	Mo. %	YTD %	Actual Exps	Qtr. %	YTD %
Expenses and Revenues Per Call														
Total All Operating Expenses & Annual Capital Expense	$0	$0	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%
Expense Per Call (All Calls)	$0	$0	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%
Expense Per Call (Billable Calls)	$0	$0	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%
Total PAID Operating Expenses & Annual Capital Expense	$0	$0	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%
Expense Per Call (All Calls)	$0	$0	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%
Expense Per Call (Billable Calls)	$0	$0	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%
Total All Revenues	$0	$0	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%
Expense Per Call (All Calls)	$0	$0	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%
Expense Per Call (Billable Calls)	$0	$0	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%
Total Calls		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Total Billable Calls		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%

ACTUAL VS BUDGET VARIANCES

YEAR: ________ 4th QUARTER

			Month_______			Month_______			Month_______			4th QUARTER		
	Yrly Budget	Mo. Budget	Actual Exps	Mo. %	YTD %	Actual Exps	Mo. %	YTD %	Actual Exps	Mo. %	YTD %	Actual Exps	Qtr. %	YTD %
Total Capital Expenses														
Building-Base		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Building-Substation		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Furnishings-Base		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Furnishings-Substation		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Computers		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Type I Vehicles		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Type II Vehicles		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Type III Vehicles		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Basic Equipment		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
ALS-1 Equipment		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
ALS-2 Equipment		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Base Communications		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Communications/EMT		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Vehicle/Patient Compartment Radios		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Total Capital Expenses	$0	$0	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%

ACTUAL VS BUDGET VARIANCES

YEAR: ________ 4th QUARTER

			Month_______			Month_______			Month_______			4th QUARTER		
	Yrly Budget	Mo. Budget	Actual Exps	Mo. %	YTD %	Actual Exps	Mo. %	YTD %	Actual Exps	Mo. %	YTD %	Actual Exps	Qtr. %	YTD %
Annual Capital Expenses														
Building-Base		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Building-Substation		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Furnishings-Base		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Furnishings-Substation		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Computers		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Type I Vehicles		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Type II Vehicles		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Type III Vehicles		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Basic Equipment		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
ALS-1 Equipment		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
ALS-2 Equipment		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Base Communications		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Communications/EMT		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Vehicle/Patient Compartment Radios		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Annual Capital Expenses	$0	$0	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%

ACTUAL VS BUDGET VARIANCES

YEAR: ________ 4th QUARTER

			Month_______			Month_______			Month_______			4th QUARTER		
	Yrly Budget	Mo. Budget	Actual Exps	Mo. %	YTD %	Actual Exps	Mo. %	YTD %	Actual Exps	Mo. %	YTD %	Actual Exps	Qtr. %	YTD %
Annual Operating Expenses														
Labor-Crews		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Crews Total On-Call Pay		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Crews Total Regular Pay		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Crews Total Overtime Pay		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Crews Total Benefits		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Crews Total Labor		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Labor-Management		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Billing Cost		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Building Expenses-Base		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Building Expenses-Substation		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Utilities-Base		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Utilities-Substation		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Vehicle Expenses		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Medical Supplies		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Equipment Repairs/Mo. Fees		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Licensing Expenses		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Office Supplies		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Uniform Allowance		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Training Expenses		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Miscellaneous		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Total Operating Expenses	$0	$0	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%
LESS: Volunteer Labor		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Total Operating Expenses to pay	$0	$0	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%

ACTUAL VS BUDGET VARIANCES

YEAR: _____ 4th QUARTER

			Month_____			Month_____			Month_____			4th QUARTER		
	Yrly Budget	Mo. Budget	Actual Exps	Mo. %	YTD %	Actual Exps	Mo. %	YTD %	Actual Exps	Mo. %	YTD %	Actual Exps	Qtr. %	YTD %
Summary Expenses														
Paid Labor	$0	$0	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%
Total-Other Operating Exp	$0	$0	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%
Total Operating Expense to Pay	$0	$0	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%
Total Annual Capital Expense	$0	$0	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%
				0.0%	0.0%		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%
Total Annual Capital and Annual Operating Expense to Pay	$0	$0	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%

ACTUAL VS BUDGET VARIANCES

YEAR: _____ 4th QUARTER

			Month_____			Month_____			Month_____			4th QUARTER		
	Yrly Budget	Mo. Budget	Actual Exps	Mo. %	YTD %	Actual Exps	Mo. %	YTD %	Actual Exps	Mo. %	YTD %	Actual Exps	Qtr. %	YTD %
Revenues and Breakeven (Loss)														
Call Revenues		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Avg Basic		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Avg Basic-Emerg		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Avg ALS-1		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Avg ALS-1-Emerg		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Avg ALS-2		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Avg ALS-2-Emerg		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Mileage Revenues		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
≤ 17 miles		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
> 17 miles		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Subsidies		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
City Sales Tax		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
County Sales Tax		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
State Sales Tax		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Ad Valorem Tax		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
City Subsidy		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
County Subsidy		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
State Subsidy		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Subscriptions		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Donations		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Grants		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Fundraisers		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Utility Assessments/Surcharges		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Total Revenues	$0	$0	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%
BREAKEVEN (LOSS)														
Revenues Less Expenses	$0	$0	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%

ACTUAL VS BUDGET VARIANCES

YEAR: _____ 4th QUARTER

			Month_____			Month_____			Month_____			4th QUARTER		
	Yrly Budget	Mo. Budget	Actual Exps	Mo. %	YTD %	Actual Exps	Mo. %	YTD %	Actual Exps	Mo. %	YTD %	Actual Exps	Qtr. %	YTD %
Expenses and Revenues Per Call														
Total All Operating Expenses & Annual Capital Expense	$0	$0	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%
Expense Per Call (All Calls)	$0	$0	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%
Expense Per Call (Billable Calls)	$0	$0	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%
Total PAID Operating Expenses & Annual Capital Expense	$0	$0	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%
Expense Per Call (All Calls)	$0	$0	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%
Expense Per Call (Billable Calls)	$0	$0	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%
Total All Revenues	$0	$0	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%
Expense Per Call (All Calls)	$0	$0	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%
Expense Per Call (Billable Calls)	$0	$0	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%
Total Calls		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%
Total Billable Calls		$0		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%	$0	0.0%	0.0%

ACTUAL VS BUDGET VARIANCES

YEAR: ________ SUMMARY, FOUR QUARTERS AND ANNUAL

			1st QUARTER			2nd QUARTER			3rd QUARTER			4th QUARTER			ANNUAL	
	Yrly Budget	Mo. Budget	Actual Exps	Qtr. %	YTD %	Actual Exps	Qtr. %	YTD %	Actual Exps	Qtr. %	YTD %	Actual Exps	Qtr. %	YTD %	Actual Exps	YTD %
Total Capital Expenses																
Building-Base		$0	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%
Building-Substation		$0	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%
Furnishings-Base		$0	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%
Furnishings-Substation		$0	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%
Computers		$0	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%
Type I Vehicles		$0	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%
Type II Vehicles		$0	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%
Type III Vehicles		$0	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%
Basic Equipment		$0	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%
ALS-1 Equipment		$0	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%
ALS-2 Equipment		$0	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%
Base Communications		$0	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%
Communications/EMT		$0	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%
Vehicle/Patient Compartment Radios		$0	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%
		$0	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%
		$0	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%
		$0	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%
		$0	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%
		$0	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%
		$0	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%
		$0	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%
		$0	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%
		$0	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%
		$0	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%
Total Capital Expenses	$0	$0	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%

ACTUAL VS BUDGET VARIANCES

YEAR: ________ SUMMARY, FOUR QUARTERS AND ANNUAL

			1st QUARTER			2nd QUARTER			3rd QUARTER			4th QUARTER			ANNUAL	
	Yrly Budget	Mo. Budget	Actual Exps	Qtr. %	YTD %	Actual Exps	Qtr. %	YTD %	Actual Exps	Qtr. %	YTD %	Actual Exps	Qtr. %	YTD %	Actual Exps	YTD %
Annual Capital Expenses																
Building-Base		$0	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%
Building-Substation		$0	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%
Furnishings-Base		$0	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%
Furnishings-Substation		$0	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%
Computers		$0	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%
Type I Vehicles		$0	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%
Type II Vehicles		$0	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%
Type III Vehicles		$0	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%
Basic Equipment		$0	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%
ALS-1 Equipment		$0	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%
ALS-2 Equipment		$0	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%
Base Communications		$0	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%
Communications/EMT		$0	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%
Vehicle/Patient Compartment Radios		$0	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%
		$0	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%
		$0	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%
		$0	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%
		$0	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%
		$0	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%
		$0	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%
		$0	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%
		$0	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%
		$0	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%
Annual Capital Expenses	$0	$0	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%

ACTUAL VS BUDGET VARIANCES

YEAR: ________ SUMMARY, FOUR QUARTERS AND ANNUAL

			1st QUARTER			2nd QUARTER			3rd QUARTER			4th QUARTER			ANNUAL	
	Yrly Budget	Mo. Budget	Actual Exps	Qtr. %	YTD %	Actual Exps	Qtr. %	YTD %	Actual Exps	Qtr. %	YTD %	Actual Exps	Qtr. %	YTD %	Actual Exps	YTD %
Annual Operating Expenses																
Labor-Crews		$0	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%
Crews Total On-Call Pay		$0	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%
Crews Total Regular Pay		$0	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%
Crews Total Overtime Pay		$0	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%
Crews Total Benefits		$0	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%
Crews Total Labor		$0	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%
Labor-Management		$0	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%
Billing Cost		$0	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%
Building Expenses-Base		$0	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%
Building Expenses-Substation		$0	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%
Utilities-Base		$0	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%
Utilities-Substation		$0	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%
Vehicle Expenses		$0	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%
Medical Supplies		$0	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%
Equipment Repairs/Mo. Fees		$0	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%
Licensing Expenses		$0	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%
Office Supplies		$0	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%
Uniform Allowance		$0	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%
Training Expenses		$0	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%
Miscellaneous		$0	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%
		$0	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%
		$0	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%
		$0	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%
		$0	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%
		$0	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%
		$0	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%
		$0	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%
		$0	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%
		$0	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%
		$0	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%
		$0	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%
Total Operating Expenses	$0	$0	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%
LESS: Volunteer Labor		$0	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%
Total Operating Expenses to pay	$0	$0	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%

ACTUAL VS BUDGET VARIANCES

YEAR: _____ SUMMARY, FOUR QUARTERS AND ANNUAL

			1st QUARTER			2nd QUARTER			3rd QUARTER			4th QUARTER			ANNUAL	
	Yrly Budget	Mo. Budget	Actual Exps	Qtr. %	YTD %	Actual Exps	Qtr. %	YTD %	Actual Exps	Qtr. %	YTD %	Actual Exps	Qtr. %	YTD %	Actual Exps	YTD %
Summary Expenses																
Paid Labor	$0	$0	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%
Total-Other Operating Exp	$0	$0	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%
Total Operating Expense to Pay	$0	$0	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%
Total Annual Capital Expense	$0	$0	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%
				0.0%	0.0%		0.0%	0.0%		0.0%	0.0%		0.0%	0.0%		0.0%
Total Annual Capital and Annual Operating Expense to Pay	$0	$0	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%

ACTUAL VS BUDGET VARIANCES

YEAR: _____ SUMMARY, FOUR QUARTERS AND ANNUAL

			1st QUARTER			2nd QUARTER			3rd QUARTER			4th QUARTER			ANNUAL	
	Yrly Budget	Mo. Budget	Actual Exps	Qtr. %	YTD %	Actual Exps	Qtr. %	YTD %	Actual Exps	Qtr. %	YTD %	Actual Exps	Qtr. %	YTD %	Actual Exps	YTD %
Revenues and Breakeven (Loss)																
Call Revenues		$0	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%
Avg Basic		$0	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%
Avg Basic-Emerg		$0	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%
Avg ALS-1		$0	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%
Avg ALS-1-Emerg		$0	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%
Avg ALS-2		$0	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%
Avg ALS-2-Emerg		$0	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%
		$0	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%
Mileage Revenues		$0	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%
≤ 17 miles		$0	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%
> 17 miles		$0	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%
		$0	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%
Subsidies		$0	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%
City Sales Tax		$0	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%
County Sales Tax		$0	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%
State Sales Tax		$0	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%
Ad Valorem Tax		$0	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%
City Subsidy		$0	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%
County Subsidy		$0	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%
State Subsidy		$0	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%
Subscriptions		$0	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%
Donations		$0	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%
Grants		$0	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%
Fundraisers		$0	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%
Utility Assessments/Surcharges		$0	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%
Total Revenues	$0	$0	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%
BREAKEVEN (LOSS)																
Revenues Less Expenses	$0	$0	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%

ACTUAL VS BUDGET VARIANCES

YEAR: _____ SUMMARY, FOUR QUARTERS AND ANNUAL

			1st QUARTER			2nd QUARTER			3rd QUARTER			4th QUARTER			ANNUAL	
	Yrly Budget	Mo. Budget	Actual Exps	Qtr. %	YTD %	Actual Exps	Qtr. %	YTD %	Actual Exps	Qtr. %	YTD %	Actual Exps	Qtr. %	YTD %	Actual Exps	YTD %
Expenses and Revenues Per Call																
Total All Operating Expenses & Annual Capital Expense	$0	$0	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%
Expense Per Call (All Calls)	$0	$0	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%
Expense Per Call (Billable Calls)	$0	$0	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%
Total PAID Operating Expenses & Annual Capital Expense	$0	$0	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%
Expense Per Call (All Calls)	$0	$0	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%
Expense Per Call (Billable Calls)	$0	$0	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%
Total All Revenues	$0	$0	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%
Expense Per Call (All Calls)	$0	$0	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%
Expense Per Call (Billable Calls)	$0	$0	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%
Total Calls		$0	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%
Total Billable Calls		$0	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%	0.0%	$0	0.0%

Appendix D

Worksheet #5

Labor Tables 1 and 2

Labor Summary Table 1 (Annual Cost for One Crew Member, based on 8,760 hours [365 days 24 hours/day], at Base Hourly Rate plus Benefits)
Annual Base Labor Expense based on Various Hourly Rates and Various Benefit Rates for ONE Crew Member for 8,760 hours, 24/7

Labor Summary Table 2 (Annual Cost for Two Crew Members, based on 8,760 hours [365 days 24 hours/day] per Crew Member, at Base Hourly Rate plus Benefits)
Annual Base Labor Expenses based on Various Hourly Rates and Various Benefit Rates for TWO Crew Members for 8,760 hours, 24/7

Labor Summary Table 1 (Annual Cost for One Crew Member, based on 8,760 hours [365 days 24 hours/day], at Base Hourly Rate plus Benefits)
Annual Base Labor Expense based on Various Hourly Rates and Various Benefit Rates
for *ONE* Crew Member for 8,760 hours, 24/7

Possible Level of Licensing	Hourly Rate	Annual Cost (8,760 hrs)	Annual Base +10% Benefits	Annual Base +15% Benefits	Annual Base +20% Benefits	Annual Base +25% Benefits	Annual Base +30% Benefits
EMR/EMT	$7.50	$65,700	$72,270	$75,555	$78,840	$82,125	$85,410
EMR/EMT	$7.75	$67,890	$74,679	$78,074	$81,468	$84,863	$88,257
EMR/EMT	$8.00	$70,080	$77,088	$80,592	$84,096	$87,600	$91,104
EMR/EMT	$8.25	$72,270	$79,497	$83,111	$86,724	$90,338	$93,951
EMR/EMT	$8.50	$74,460	$81,906	$85,629	$89,352	$93,075	$96,798
EMR/EMT	$8.75	$76,650	$84,315	$88,148	$91,980	$95,813	$99,645
EMR/EMT	$9.00	$78,840	$86,724	$90,666	$94,608	$98,550	$102,492
EMR/EMT	$9.25	$81,030	$89,133	$93,185	$97,236	$101,288	$105,339
EMT/AEMT	$9.50	$83,220	$91,542	$95,703	$99,864	$104,025	$108,186
EMT/AEMT	$9.75	$85,410	$93,951	$98,222	$102,492	$106,763	$111,033
EMT/AEMT	$10.00	$87,600	$96,360	$100,740	$105,120	$109,500	$113,880
EMT/AEMT	$10.50	$91,980	$101,178	$105,777	$110,376	$114,975	$119,574
EMT/AEMT	$10.75	$94,170	$103,587	$108,296	$113,004	$117,713	$122,421
EMT/AEMT	$11.00	$96,360	$105,996	$110,814	$115,632	$120,450	$125,268
EMT/AEMT	$11.50	$100,740	$110,814	$115,851	$120,888	$125,925	$130,962
EMT/AEMT	$12.00	$105,120	$115,632	$120,888	$126,144	$131,400	$136,656
AEMT/Paramedic	$12.50	$109,500	$120,450	$125,925	$131,400	$136,875	$142,350
AEMT/Paramedic	$13.00	$113,880	$125,268	$130,962	$136,656	$142,350	$148,044
AEMT/Paramedic	$13.50	$118,260	$130,086	$135,999	$141,912	$147,825	$153,738
AEMT/Paramedic	$14.00	$122,640	$134,904	$141,036	$147,168	$153,300	$159,432
AEMT/Paramedic	$14.50	$127,020	$139,722	$146,073	$152,424	$158,775	$165,126
AEMT/Paramedic	$15.00	$131,400	$144,540	$151,110	$157,680	$164,250	$170,820
AEMT/Paramedic	$15.50	$135,780	$149,358	$156,147	$162,936	$169,725	$176,514
AEMT/Paramedic	$16.00	$140,160	$154,176	$161,184	$168,192	$175,200	$182,208

Labor Summary Table 2 (Annual Cost for Two Crew Members, based on 8,760 hours [365 days 24 hours/day] per Crew Member, at Base Hourly Rate plus Benefits)
Annual Base Labor Expenses based on Various Hourly Rates and Various Benefit Rates
for *TWO* Crew Members for 8,760 hours, 24/7

Possible Level of Licensing	1st Crew Rate	2nd Crew Rate	Yrly Cost (8,760 hrs ea) 2 Crew Members	Annual Base +10% Benefits	Annual Base +15% Benefits	Annual Base +20% Benefits	Annual Base +25% Benefits	Annual Base +30% Benefits
EMR/EMT & EMT/EMT	$7.50	$8.50	$140,160	$154,176	$161,184	$168,192	$175,200	$182,208
EMR/EMT & EMT/EMT	$7.50	$9.00	$144,540	$158,994	$166,221	$173,448	$180,675	$187,902
EMR/EMT & EMT/EMT	$8.00	$9.00	$148,920	$163,812	$171,258	$178,704	$186,150	$193,596
EMR/EMT & EMT/EMT	$8.50	$8.50	$148,920	$163,812	$171,258	$178,704	$186,150	$193,596
EMR/EMT & EMT/EMT	$8.50	$9.00	$153,300	$168,630	$176,295	$183,960	$191,625	$199,290
EMR/EMT & EMT/EMT	$8.75	$9.00	$155,490	$171,039	$178,814	$186,588	$194,363	$202,137
EMR/EMT & EMT/EMT	$9.00	$9.25	$159,870	$175,857	$183,851	$191,844	$199,838	$207,831
EMR/EMT & EMT/EMT	$8.50	$10.00	$162,060	$178,266	$186,369	$194,472	$202,575	$210,678
EMT/AEMT & EMT/Paramedic	$8.50	$11.00	$170,820	$187,902	$196,443	$204,984	$213,525	$222,066
EMT/AEMT & EMT/Paramedic	$8.75	$12.00	$181,770	$199,947	$209,036	$218,124	$227,213	$236,301
EMT/AEMT & EMT/Paramedic	$8.75	$13.00	$190,530	$209,583	$219,110	$228,636	$238,163	$247,689
EMT/AEMT & EMT/Paramedic	$9.00	$14.00	$201,480	$221,628	$231,702	$241,776	$251,850	$261,924
EMT/AEMT & EMT/Paramedic	$9.50	$15.00	$214,620	$236,082	$246,813	$257,544	$268,275	$279,006
EMT/AEMT & EMT/Paramedic	$10.00	$15.00	$219,000	$240,900	$251,850	$262,800	$273,750	$284,700
EMT/AEMT & EMT/Paramedic	$11.00	$16.00	$236,520	$260,172	$271,998	$283,824	$295,650	$307,476
EMT/AEMT & EMT/Paramedic	$8.50	$10.50	$166,440	$183,084	$191,406	$199,728	$208,050	$216,372
AEMT/AEMT & AEMT/Paramedic	$8.50	$11.00	$170,820	$187,902	$196,443	$204,984	$213,525	$222,066
AEMT/AEMT & AEMT/Paramedic	$9.00	$11.00	$175,200	$192,720	$201,480	$210,240	$219,000	$227,760
AEMT/AEMT & AEMT/Paramedic	$9.50	$12.00	$188,340	$207,174	$216,591	$226,008	$235,425	$244,842
AEMT/AEMT & AEMT/Paramedic	$9.75	$13.00	$199,290	$219,219	$229,184	$239,148	$249,113	$259,077
AEMT/AEMT & AEMT/Paramedic	$10.00	$14.00	$210,240	$231,264	$241,776	$252,288	$262,800	$273,312
AEMT/AEMT & AEMT/Paramedic	$10.50	$15.00	$223,380	$245,718	$256,887	$268,056	$279,225	$290,394
AEMT/AEMT & AEMT/Paramedic	$11.00	$16.00	$236,520	$260,172	$271,998	$283,824	$295,650	$307,476
AEMT/AEMT & AEMT/Paramedic	$12.00	$17.00	$254,040	$279,444	$292,146	$304,848	$317,550	$330,252

Appendix D

Worksheet #6

Labor Tables 3 and 4

Labor Summary Table 3 (Annual Cost for One Crew Member, based on 40 hours/week for 2,080 hours/year, at Base Hourly Rate plus Benefits)
Annual Base Labor Expense based on Various Hourly Rates and Various Benefit Rates for ONE Crew Member for 2,080 hours/year

Labor Summary Table 4 (Two Crew Members, based on 40 hours/week for 2,080 hours/year, at Base Hourly Rate plus Benefits)
Annual Base Labor Expenses based on Various Hourly Rates and Various Benefit Rates for TWO Crew Members for 2,080 hours/year

Labor Summary Table 3 (Annual Cost for One Crew Member, based on 40 hours/week for 2,080 hours/year, at Base Hourly Rate plus Benefits)
Annual Base Labor Expense based on Various Hourly Rates and Various Benefit Rates
for *ONE* Crew Member for 2,080 hours/year

Possible Level of Licensing	Hourly Rate	Annual Cost (2,080 hours)	Annual Base +10% Benefits	Annual Base +15% Benefits	Annual Base +20% Benefits	Annual Base +25% Benefits	Annual Base +30% Benefits
EMR/EMT	$7.50	$15,600	$17,160	$17,940	$18,720	$19,500	$20,280
EMR/EMT	$7.75	$16,120	$17,732	$18,538	$19,344	$20,150	$20,956
EMR/EMT	$8.00	$16,640	$18,304	$19,136	$19,968	$20,800	$21,632
EMR/EMT	$8.50	$17,680	$19,448	$20,332	$21,216	$22,100	$22,984
EMR/EMT	$8.75	$18,200	$20,020	$20,930	$21,840	$22,750	$23,660
EMR/EMT	$9.00	$18,720	$20,592	$21,528	$22,464	$23,400	$24,336
EMR/EMT	$9.50	$19,760	$21,736	$22,724	$23,712	$24,700	$25,688
EMR/EMT	$9.75	$20,280	$22,308	$23,322	$24,336	$25,350	$26,364
EMT/AEMT	$10.00	$20,800	$22,880	$23,920	$24,960	$26,000	$27,040
EMT/AEMT	$10.50	$21,840	$24,024	$25,116	$26,208	$27,300	$28,392
EMT/AEMT	$10.75	$22,360	$24,596	$25,714	$26,832	$27,950	$29,068
EMT/AEMT	$11.00	$22,880	$25,168	$26,312	$27,456	$28,600	$29,744
EMT/AEMT	$11.50	$23,920	$26,312	$27,508	$28,704	$29,900	$31,096
EMT/AEMT	$12.00	$24,960	$27,456	$28,704	$29,952	$31,200	$32,448
EMT/AEMT	$12.50	$26,000	$28,600	$29,900	$31,200	$32,500	$33,800
EMT/AEMT	$13.00	$27,040	$29,744	$31,096	$32,448	$33,800	$35,152
AEMT/Paramedic	$14.00	$29,120	$32,032	$33,488	$34,944	$36,400	$37,856
AEMT/Paramedic	$15.00	$31,200	$34,320	$35,880	$37,440	$39,000	$40,560
AEMT/Paramedic	$16.00	$33,280	$36,608	$38,272	$39,936	$41,600	$43,264
AEMT/Paramedic	$16.50	$34,320	$37,752	$39,468	$41,184	$42,900	$44,616
AEMT/Paramedic	$17.00	$35,360	$38,896	$40,664	$42,432	$44,200	$45,968
AEMT/Paramedic	$17.50	$36,400	$40,040	$41,860	$43,680	$45,500	$47,320
AEMT/Paramedic	$18.00	$37,440	$41,184	$43,056	$44,928	$46,800	$48,672
AEMT/Paramedic	$19.00	$39,520	$43,472	$45,448	$47,424	$49,400	$51,376

Labor Summary Table 4 (Two Crew Members, based on 40 hours/week for 2,080 hours/year, at Base Hourly Rate plus Benefits)
Annual Base Labor Expenses based on Various Hourly Rates and Various Benefit Rates
for *TWO* Crew Members for 2,080 hours/year

Possible Level of Licensing	1st Crew Rate	2nd Crew Rate	Annual Cost (2,080 hrs ea) 2 Crew Members	Annual Base +10% Benefits	Annual Base +15% Benefits	Annual Base +20% Benefits	Annual Base +25% Benefits	Annual Base +30% Benefits
EMR/EMT & EMT/EMT	$7.50	$8.50	$33,280	$36,608	$38,272	$39,936	$41,600	$43,264
EMR/EMT & EMT/EMT	$7.50	$9.00	$34,320	$37,752	$39,468	$41,184	$42,900	$44,616
EMR/EMT & EMT/EMT	$8.00	$9.00	$35,360	$38,896	$40,664	$42,432	$44,200	$45,968
EMR/EMT & EMT/EMT	$8.50	$8.50	$35,360	$38,896	$40,664	$42,432	$44,200	$45,968
EMR/EMT & EMT/EMT	$8.50	$9.00	$36,400	$40,040	$41,860	$43,680	$45,500	$47,320
EMR/EMT & EMT/EMT	$8.75	$9.00	$36,920	$40,612	$42,458	$44,304	$46,150	$47,996
EMR/EMT & EMT/EMT	$9.50	$9.50	$39,520	$43,472	$45,448	$47,424	$49,400	$51,376
EMR/EMT & EMT/EMT	$9.75	$9.75	$40,560	$44,616	$46,644	$48,672	$50,700	$52,728
EMT/AEMT & EMT/Paramedic	$8.50	$10.00	$38,480	$42,328	$44,252	$46,176	$48,100	$50,024
EMT/AEMT & EMT/Paramedic	$8.75	$12.00	$43,160	$47,476	$49,634	$51,792	$53,950	$56,108
EMT/AEMT & EMT/Paramedic	$8.75	$13.00	$45,240	$49,764	$52,026	$54,288	$56,550	$58,812
EMT/AEMT & EMT/Paramedic	$9.00	$14.00	$47,840	$52,624	$55,016	$57,408	$59,800	$62,192
EMT/AEMT & EMT/Paramedic	$9.50	$15.00	$50,960	$56,056	$58,604	$61,152	$63,700	$66,248
EMT/AEMT & EMT/Paramedic	$10.00	$15.00	$52,000	$57,200	$59,800	$62,400	$65,000	$67,600
EMT/AEMT & EMT/Paramedic	$11.00	$16.00	$56,160	$61,776	$64,584	$67,392	$70,200	$73,008
EMT/AEMT & EMT/Paramedic	$12.00	$17.00	$60,320	$66,352	$69,368	$72,384	$75,400	$78,416
AEMT/AEMT & AEMT/Paramedic	$13.00	$18.00	$64,480	$70,928	$74,152	$77,376	$80,600	$83,824
AEMT/AEMT & AEMT/Paramedic	$14.00	$19.00	$68,640	$75,504	$78,936	$82,368	$85,800	$89,232
AEMT/AEMT & AEMT/Paramedic	$8.50	$10.50	$39,520	$43,472	$45,448	$47,424	$49,400	$51,376
AEMT/AEMT & AEMT/Paramedic	$9.00	$11.00	$41,600	$45,760	$47,840	$49,920	$52,000	$54,080
AEMT/AEMT & AEMT/Paramedic	$9.50	$11.00	$42,640	$46,904	$49,036	$51,168	$53,300	$55,432
AEMT/AEMT & AEMT/Paramedic	$9.75	$12.00	$45,240	$49,764	$52,026	$54,288	$56,550	$58,812
AEMT/AEMT & AEMT/Paramedic	$10.00	$13.00	$47,840	$52,624	$55,016	$57,408	$59,800	$62,192
AEMT/AEMT & AEMT/Paramedic	$10.50	$14.00	$50,960	$56,056	$58,604	$61,152	$63,700	$66,248

Appendix D

Worksheet #7

Labor Tables 5 and 6

Labor Summary Table 5 (Annual Cost for One Crew Member, based on two 24 hour shifts per week, (Regular Pay 40 hours/week and Scheduled Overtime Pay 8 hours/week for 48 hours/week, for regular pay total of 7,300 hours/yr and scheduled overtime pay total of 1,460 hours/yr) based on Various Hourly Rates and Various Benefit Rates

Labor Summary Table 6 (Annual Cost for Two Crew Members, based on two 24 hour shifts per week, Regular Pay 40 hours/week and Scheduled Overtime Pay 8 hours/week for 48 hours/week, for regular pay total of 7,300 hours/yr/crew member and scheduled overtime pay total of 1,460 hours/yr/crew member) based on Various Hourly Rates and Various Benefit Rates

Labor Summary Table 5 (Annual Cost for One Crew Member, based on two 24 hour shifts per week, (Regular Pay 40 hours/week and Scheduled Overtime Pay 8 hours/week for 48 hours/week, for regular pay total of 7,300 hours/yr and scheduled overtime pay total of 1,460 hours/yr) based on Various Hourly Rates and Various Benefit Rates

					NOTE: No Benefits Paid on Overtime Pay			
Possible Level of Licensing	Hourly Rate	Regular Pay 7,300 Hours	Overtime Pay 1,460 Hours	Combined 8,760 Hours	Combined +15% Benefits	Combined +20% Benefits	Combined +25% Benefits	Combined +30% Benefits
EMR/EMT	$7.50	$54,750	$16,425	$71,175	$79,388	$82,125	$84,863	$87,600
EMR/EMT	$7.75	$56,575	$16,973	$73,548	$82,034	$84,863	$87,692	$90,521
EMR/EMT	$8.00	$58,400	$17,520	$75,920	$84,680	$87,600	$90,520	$93,440
EMR/EMT	$8.50	$62,050	$18,615	$80,665	$89,973	$93,075	$96,178	$99,280
EMR/EMT	$8.75	$63,875	$19,163	$83,038	$92,619	$95,813	$99,007	$102,201
EMR/EMT	$9.00	$65,700	$19,710	$85,410	$95,265	$98,550	$101,835	$105,120
EMR/EMT	$9.50	$69,350	$20,805	$90,155	$100,558	$104,025	$107,493	$110,960
EMT/AEMT	$10.00	$73,000	$21,900	$94,900	$105,850	$109,500	$113,150	$116,800
EMT/AEMT	$10.50	$76,650	$22,995	$99,645	$111,143	$114,975	$118,808	$122,640
EMT/AEMT	$11.00	$80,300	$24,090	$104,390	$116,435	$120,450	$124,465	$128,480
EMT/AEMT	$11.50	$83,950	$25,185	$109,135	$121,728	$125,925	$130,123	$134,320
EMT/AEMT	$12.00	$87,600	$26,280	$113,880	$127,020	$131,400	$135,780	$140,160
EMT/AEMT	$12.50	$91,250	$27,375	$118,625	$132,313	$136,875	$141,438	$146,000
EMT/AEMT	$13.00	$94,900	$28,470	$123,370	$137,605	$142,350	$147,095	$151,840
EMT/AEMT	$13.50	$98,550	$29,565	$128,115	$142,898	$147,825	$152,753	$157,680
AEMT/Paramedic	$14.00	$102,200	$30,660	$132,860	$148,190	$153,300	$158,410	$163,520
AEMT/Paramedic	$15.00	$109,500	$32,850	$142,350	$158,775	$164,250	$169,725	$175,200
AEMT/Paramedic	$16.00	$116,800	$35,040	$151,840	$169,360	$175,200	$181,040	$186,880
AEMT/Paramedic	$16.50	$120,450	$36,135	$156,585	$174,653	$180,675	$186,698	$192,720
AEMT/Paramedic	$17.00	$124,100	$37,230	$161,330	$179,945	$186,150	$192,355	$198,560
AEMT/Paramedic	$18.00	$131,400	$39,420	$170,820	$190,530	$197,100	$203,670	$210,240
AEMT/Paramedic	$19.00	$138,700	$41,610	$180,310	$201,115	$208,050	$214,985	$221,920
AEMT/Paramedic	$20.00	$146,000	$43,800	$189,800	$211,700	$219,000	$226,300	$233,600

Labor Summary Table 6 (Annual Cost for Two Crew Members, based on two 24 hour shifts per week, Regular Pay 40 hours/week and Scheduled Overtime Pay 8 hours/week for 48 hours/week, for regular pay total of 7,300 hours/yr/crew member and scheduled overtime pay total of 1,460 hours/yr/crew member) based on Various Hourly Rates and Various Benefit Rates

Possible Level of Licensing	1st Crew Member Rate	2nd Crew Member Rate	Regular Pay 7,300 Hours Per Member	Overtime Pay 1,460 Hours Per Member	Combined Regular & Overtime Pay	NOTE: No Benefits Paid on Overtime Pay			
						Combined +15% Benefits	Combined +20% Benefits	Combined +25% Benefits	Combined +30% Benefits
EMR/EMT & EMT/EMT	$7.50	$8.50	$116,800	$35,040	$151,840	$169,360	$175,200	$181,040	$186,880
EMR/EMT & EMT/EMT	$7.50	$9.00	$120,450	$36,135	$156,585	$174,653	$180,675	$186,698	$192,720
EMR/EMT & EMT/EMT	$8.00	$9.00	$124,100	$37,230	$161,330	$179,945	$186,150	$192,355	$198,560
EMR/EMT & EMT/EMT	$8.50	$8.50	$124,100	$37,230	$161,330	$179,945	$186,150	$192,355	$198,560
EMR/EMT & EMT/EMT	$8.50	$9.00	$127,750	$38,325	$166,075	$185,238	$191,625	$198,013	$204,400
EMR/EMT & EMT/EMT	$8.75	$9.00	$129,575	$38,873	$168,448	$187,884	$194,363	$200,842	$207,321
EMR/EMT & EMT/EMT	$9.00	$9.25	$133,225	$39,968	$173,193	$193,177	$199,838	$206,499	$213,161
EMR/EMT & EMT/EMT	$8.50	$10.00	$135,050	$40,515	$175,565	$195,823	$202,575	$209,328	$216,080
EMT/AEMT & EMT/Paramedic	$8.50	$11.00	$142,350	$42,705	$185,055	$206,408	$213,525	$220,643	$227,760
EMT/AEMT & EMT/Paramedic	$8.75	$12.00	$151,475	$45,443	$196,918	$219,639	$227,213	$234,787	$242,361
EMT/AEMT & EMT/Paramedic	$8.75	$13.00	$158,775	$47,633	$206,408	$230,224	$238,163	$246,102	$254,041
EMT/AEMT & EMT/Paramedic	$9.00	$14.00	$167,900	$50,370	$218,270	$243,455	$251,850	$260,245	$268,640
EMT/AEMT & EMT/Paramedic	$9.50	$15.00	$178,850	$53,655	$232,505	$259,333	$268,275	$277,218	$286,160
EMT/AEMT & EMT/Paramedic	$10.00	$15.00	$182,500	$54,750	$237,250	$264,625	$273,750	$282,875	$292,000
EMT/AEMT & EMT/Paramedic	$11.00	$16.00	$197,100	$59,130	$256,230	$285,795	$295,650	$305,505	$315,360
EMT/AEMT & EMT/Paramedic	$8.50	$10.50	$138,700	$41,610	$180,310	$201,115	$208,050	$214,985	$221,920
AEMT/AEMT & AEMT/Paramedic	$8.50	$11.00	$142,350	$42,705	$185,055	$206,408	$213,525	$220,643	$227,760
AEMT/AEMT & AEMT/Paramedic	$9.00	$11.00	$146,000	$43,800	$189,800	$211,700	$219,000	$226,300	$233,600
AEMT/AEMT & AEMT/Paramedic	$9.50	$12.00	$156,950	$47,085	$204,035	$227,578	$235,425	$243,273	$251,120
AEMT/AEMT & AEMT/Paramedic	$9.75	$13.00	$166,075	$49,823	$215,898	$240,809	$249,113	$257,417	$265,721
AEMT/AEMT & AEMT/Paramedic	$10.00	$14.00	$175,200	$52,560	$227,760	$254,040	$262,800	$271,560	$280,320
AEMT/AEMT & AEMT/Paramedic	$10.50	$15.00	$186,150	$55,845	$241,995	$269,918	$279,225	$288,533	$297,840
AEMT/AEMT & AEMT/Paramedic	$11.00	$16.00	$197,100	$59,130	$256,230	$285,795	$295,650	$305,505	$315,360
AEMT/AEMT & AEMT/Paramedic	$12.00	$17.00	$211,700	$63,510	$275,210	$306,965	$317,550	$328,135	$338,720

Appendix D

Worksheet #8

Amortization Factors

To determine annual payment for capital items based on Interest Rate & Years for Repayment from Worksheet #2

Amortization Factors

Interest Rate (Percent) ↓	Years for Repayment 3	5	7	10	15	20	25	30	35	40
5	0.367215	0.230974	0.172819	0.129505	0.096342	0.080243	0.070953	0.065051	0.061072	0.058278
6	0.374111	0.237394	0.179134	0.135868	0.102963	0.087185	0.078226	0.072649	0.068974	0.066462
7	0.381054	0.243891	0.185553	0.142377	0.109795	0.094393	0.085810	0.080587	0.077234	0.075009
8	0.388034	0.250456	0.192072	0.149030	0.116830	0.101850	0.093679	0.088827	0.085803	0.083860
9	0.395055	0.257092	0.198691	0.155820	0.124059	0.109546	0.101806	0.097336	0.094636	0.092960
10	0.402115	0.263797	0.205405	0.162745	0.131474	0.117460	0.110168	0.106079	0.103690	0.102259
11	0.409213	0.270570	0.212215	0.169801	0.139065	0.125576	0.118740	0.115025	0.112927	0.111719
12	0.416349	0.277410	0.219118	0.176984	0.146824	0.133879	0.127500	0.124144	0.122317	0.121304
13	0.423522	0.284314	0.226111	0.184290	0.154742	0.142354	0.136426	0.133411	0.131829	0.130986
14	0.430731	0.291284	0.233192	0.191714	0.162809	0.150986	0.145498	0.142803	0.141442	0.140745
15	0.437976	0.298315	0.240360	0.199252	0.171017	0.159761	0.154699	0.152300	0.151135	0.150562
16	0.445257	0.305409	0.247613	0.206901	0.179358	0.168667	0.164013	0.161886	0.160892	0.160424
17	0.452573	0.312564	0.254947	0.214657	0.187822	0.177690	0.173423	0.171545	0.170701	0.170319
18	0.459923	0.319778	0.262362	0.222515	0.196403	0.186820	0.182919	0.181264	0.180550	0.180240
19	0.467308	0.327050	0.269855	0.230471	0.205092	0.196045	0.192487	0.191034	0.190432	0.190181
20	0.474725	0.334380	0.277424	0.238523	0.213882	0.205357	0.202119	0.200846	0.200339	0.200136

Calculated using the following formula:

$$\text{Amortization Factor} = \frac{i}{1-(1+i)^{-n}}$$

where i = interest rate; n = number of years

Appendix D

Worksheet #9

Medicare 2013 Geographic Price Cost Indices (GPCI's)

2013 Geographic Price Cost Indices (GPCI's)

Geographic Price Cost Indices (GPCI's) 2013				
Contractor	**Locality Name**	**Work ***	**Practice Expense (PE)**	**Professional Liability Insurance (PLI)**
10102	Alabama	0.976	0.878	0.474
831	Alaska**	1.500	1.067	0.661
3102	Arizona	0.976	0.978	1.015
520	Arkansas	0.967	0.865	0.450
1192	Anaheim/Santa Ana, CA	1.044	1.218	0.676
1192	Los Angeles, CA	1.036	1.154	0.642
1102	Marin/Napa/Solano, CA	1.051	1.248	0.456
1102	Oakland/Berkley, CA	1.058	1.254	0.516
1102	San Francisco, CA	1.072	1.360	0.516
1102	San Mateo, CA	1.072	1.354	0.516
1102	Santa Clara, CA	1.077	1.337	0.516
1192	Ventura, CA	1.034	1.193	0.605
1192	Rest of California*	1.024	1.085	0.547
1102	Rest of California*	1.024	1.085	0.547
4102	Colorado	0.996	1.004	0.872
13102	Connecticut	1.024	1.110	1.235
12202	DC + MD/VA Suburbs	1.049	1.198	1.130
12102	Delaware	1.012	1.044	0.672
9102	Fort Lauderdale, FL	0.994	1.051	1.982
9102	Miami, FL	0.995	1.054	2.815
9102	Rest of Florida	0.982	0.968	1.553
10202	Atlanta, GA	1.002	1.015	0.949
10202	Rest of Georgia	0.977	0.898	0.928
1202	Hawaii/Guam	1.000	1.154	0.700
5130	Idaho	0.981	0.894	0.603
952	Chicago, IL	1.030	1.051	2.077
952	East St. Louis, IL	0.987	0.936	1.934
952	Suburban Chicago, IL	1.025	1.072	1.706
952	Rest of Illinois	0.976	0.909	1.336
630	Indiana	0.969	0.923	0.613
5102	Iowa	0.958	0.887	0.456
5202	Kansas	0.962	0.894	0.957
660	Kentucky	0.971	0.871	0.752
528	New Orleans, LA	0.983	0.976	0.921
528	Rest of Louisiana	0.967	0.877	0.744
14102	Southern Maine	0.984	1.024	0.676
14102	Rest of Maine	0.964	0.904	0.676
12302	Baltimore/Surr. Cntys, MD	1.027	1.097	1.206
12302	Rest of Maryland	1.011	1.035	0.987
14202	Metropolitan Boston	1.014	1.149	0.790
14202	Rest of Massachusetts	1.013	1.062	0.790
953	Detroit, MI	1.022	1.023	1.814
953	Rest of Michigan	0.991	0.923	1.069
954	Minnesota	0.997	1.012	0.282
512	Mississippi	0.962	0.866	0.761

Geographic Price Cost Indices (GPCI's) 2013 (CONTINUED)				
Contractor	**Locality Name**	**Work ***	**Practice Expense (PE)**	**Professional Liability Insurance (PLI)**
5302	Metropolitan Kansas City, MO	0.981	0.953	1.233
5302	Metropolitan St. Louis, MO	0.989	0.964	1.064
5302	Rest of Missouri	0.956	0.851	1.023
3202	Montana***	0.945	1.000	1.103
5402	Nebraska	0.967	0.904	0.322
1302	Nevada***	0.996	1.058	1.232
14302	New Hampshire	0.990	1.044	0.860
12402	Northern NJ	1.044	1.186	1.045
12402	Rest of New Jersey	1.021	1.126	1.045
4202	New Mexico	0.988	0.916	0.997
13202	Manhattan, NY	1.062	1.162	1.271
13202	NYC Suburbs/Long I., NY	1.049	1.212	1.441
13202	Poughkpsie/N NYC Suburbs, NY	1.011	1.065	1.081
13292	Queens, NY	1.062	1.195	1.491
13282	Rest of New York	0.987	0.939	0.562
5535	North Carolina	0.971	0.927	0.695
3302	North Dakota***	0.966	1.000	0.517
883	Ohio	0.998	0.927	1.240
4302	Oklahoma	0.954	0.856	0.734
835	Portland, OR	1.005	1.044	0.625
835	Rest of Oregon	0.980	0.962	0.625
12502	Metropolitan Philadelphia, PA	1.014	1.059	1.624
12502	Rest of Pennsylvania	0.987	0.913	1.123
9202	Puerto Rico	0.908	0.678	0.249
14402	Rhode Island	1.017	1.052	1.187
880	South Carolina	0.976	0.909	0.520
3402	South Dakota***	0.949	1.000	0.432
10302	Tennessee	0.972	0.898	0.523
4402	Austin, TX	0.984	1.009	0.751
4402	Beaumont, TX	0.971	0.896	0.923
4402	Brazoria, TX	1.009	0.987	0.923
4402	Dallas, TX	1.009	1.017	0.834
4402	Fort Worth, TX	0.999	0.979	0.826
4402	Galveston, TX	1.009	0.996	0.985
4402	Houston, TX	1.009	1.002	0.923
4402	Rest of Texas	0.979	0.912	0.809
3502	Utah	0.971	0.916	1.102
14502	Vermont	0.977	1.008	0.554
904	Virginia	0.993	0.977	0.731
9202	Virgin Islands	0.998	1.002	1.010
836	Seattle (King Cnty), WA	1.025	1.144	0.881
836	Rest of Washington	0.993	1.012	0.861
884	West Virginia	0.963	0.828	1.229
951	Wisconsin	0.987	0.960	0.547
3602	Wyoming***	0.972	1.000	1.233

* The Medicare Improvements for Patients and Providers Act of 2008 (MIPPA) established a 1.500 work GPCI for Alaska.
SOURCE: American College of Rheumatology; August 2013;
http://www.rheumatology.org/Practice/Office/Medicare/2013_Geographic_Price_Cost_Indices_(GPCI_s)/

Appendix D

Worksheet #10

Example 1-9 Budgets

Based on Utilizing the Parameters from Worksheet #11

NINE EMS EXAMPLE BUDGETS

	EX1	EX2	EX3	EX4	EX5	EX6	EX7	EX8	EX9
BUDGET PARAMETERS									
Level of Care	Basic	Basic	Basic	Basic	Basic	Basic	Basic	Basic	Basic
Protocols	None	None	None	ALS-1	ALS-1	ALS-1	ALS-2	ALS-2	ALS-2
Avg Calls Per day	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**
No. of Calls	365	730	1,095	1,460	1,825	2,190	2,555	2,920	3,285
% of Billable Calls	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	70.0%	70.0%	70.0%
No. of Billable Calls.	274	548	821	1,095	1,369	1,643	1,789	2,044	2,300
Total Miles Driven	14,600	29,200	43,800	58,400	73,000	87,600	102,200	116,800	131,400
Avg Miles Per All Calls	40	40	40	40	40	40	40	40	40
% of Billable Miles	46.0%	46.0%	46.0%	46.0%	46.0%	46.0%	46.0%	46.0%	46.0%
No. of Billable Miles	6,716	13,432	20,148	26,864	33,580	40,296	47,012	53,728	60,444
For EX1, one crew, part volunteer, part paid, EMR Driver and EMT; part-time manager; two Type I vehicles, equipped with Basic equipment.									
For EX2-EX3, one crew, fully paid, EMR Driver and EMT; part-time manager; two Type I vehicles, equipped with Basic equipment.									
For EX4-EX6, 1st crew, fully paid 24/7, 2nd crew, fully paid 40 hour/week day vehicle, crews EMT and AEMT; part-time manager for EX4; full-time manager EX5-EX6; 2 Type I vehicles and one Type II vehicle, all equipped with ALS-1 equipment.									
For EX7-EX9, 1st crew and 2nd crew, fully paid, crew AEMT and Paramedic; base station and add substation; full-time manager; 2 Type I vehicles and one Type III vehicle, equipped with ALS-2 equipment									

NINE EMS EXAMPLE BUDGETS

	EX1	EX2	EX3	EX4	EX5	EX6	EX7	EX8	EX9
TOTAL CAPITAL EXPENSES									
Building-Base	$125,000	$125,000	$125,000	$150,000	$150,000	$150,000	$150,000	$150,000	$150,000
Building-Substation	$0	$0	$0	$0	$0	$0	$125,000	$125,000	$125,000
Furnishings-Base	$15,000	$15,000	$15,000	$15,000	$15,000	$15,000	$15,000	$15,000	$15,000
Furnishings-Substation	$0	$0	$0	$0	$0	$0	$15,000	$15,000	$15,000
Computer Setups	$7,000	$7,000	$7,000	$10,500	$10,500	$10,500	$14,000	$17,500	$17,500
Type I Vehicles	$260,000	$260,000	$260,000	$260,000	$260,000	$260,000	$260,000	$260,000	$260,000
Type II Vehicles	$0	$0	$0	$80,000	$80,000	$80,000	$0	$0	$0
Type III Vehicles	$0	$0	$0	$0	$0	$0	$130,000	$130,000	$130,000
Basic Equipment	$50,000	$50,000	$50,000	$0	$0	$0	$0	$0	$0
ALS-1 Equipment	$0	$0	$0	$150,000	$150,000	$150,000	$0	$0	$0
ALS-2 Equipment	$0	$0	$0	$0	$0	$0	$225,000	$225,000	$225,000
Base Communications	$10,000	$10,000	$10,000	$10,000	$10,000	$10,000	$10,000	$10,000	$10,000
Communications/EMT	$2,250	$2,250	$2,250	$2,550	$2,550	$2,550	$3,000	$3,000	$3,000
Vehicle/Patient Compartment Radios	$4,000	$4,000	$4,000	$6,000	$6,000	$6,000	$6,000	$6,000	$6,000
0	$0	$0	$0	$0	$0	$0	$0	$0	$0
0	$0	$0	$0	$0	$0	$0	$0	$0	$0
0	$0	$0	$0	$0	$0	$0	$0	$0	$0
0	$0	$0	$0	$0	$0	$0	$0	$0	$0
0	$0	$0	$0	$0	$0	$0	$0	$0	$0
0	$0	$0	$0	$0	$0	$0	$0	$0	$0
0	$0	$0	$0	$0	$0	$0	$0	$0	$0
0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Total Capital Expenses	$473,250	$473,250	$473,250	$684,050	$684,050	$684,050	$953,000	$956,500	$956,500

NINE EMS EXAMPLE BUDGETS

	EX1	EX2	EX3	EX4	EX5	EX6	EX7	EX8	EX9
ANNUAL CAPITAL EXPENSES									
Building-Base	$11,710	$11,710	$11,710	$14,052	$14,052	$14,052	$14,052	$14,052	$14,159
Building-Substation	$0	$0	$0	$0	$0	$0	$14,052	$10,800	$11,710
Furnishings-Base	$3,000	$3,000	$3,000	$3,000	$3,000	$3,000	$3,000	$3,000	$3,000
Furnishings-Substation	$0	$0	$0	$0	$0	$0	$3,000	$3,000	$3,000
Computer Setups	$2,333	$2,333	$2,333	$3,500	$3,500	$3,500	$4,667	$5,833	$5,833
Type I Vehicles	$76,471	$152,941	$236,364	$216,667	$260,000	$325,000	$288,889	$260,000	$325,000
Type II Vehicles	$0	$0	$0	$14,035	$17,391	$21,053	$0	$0	$0
Type III Vehicles	$0	$0	$0	$0	$0	$0	$46,429	$68,421	$76,471
Basic Equipment	$14,706	$29,412	$45,455	$0	$0	$0	$0	$0	$0
ALS-1 Equipment	$0	$0	$0	$26,316	$32,609	$39,474	$0	$0	$0
ALS-2 Equipment	$0	$0	$0	$0	$0	$0	$80,357	$118,421	$132,353
Base Communications	$1,000	$1,000	$1,000	$1,000	$1,000	$1,000	$1,000	$1,000	$1,000
Communications/EMT	$750	$750	$750	$850	$850	$850	$1,000	$1,000	$1,000
Vehicle/Patient Compartment Radios	$800	$800	$800	$1,200	$1,200	$1,200	$1,200	$1,200	$1,200
0	$0	$0	$0	$0	$0	$0	$0	$0	$0
0	$0	$0	$0	$0	$0	$0	$0	$0	$0
0	$0	$0	$0	$0	$0	$0	$0	$0	$0
0	$0	$0	$0	$0	$0	$0	$0	$0	$0
0	$0	$0	$0	$0	$0	$0	$0	$0	$0
0	$0	$0	$0	$0	$0	$0	$0	$0	$0
0	$0	$0	$0	$0	$0	$0	$0	$0	$0
0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Annual Capital Expenses	$110,770	$201,946	$301,412	$280,620	$333,602	$409,129	$457,646	$486,727	$574,726

NINE EMS EXAMPLE BUDGETS

	EX1	EX2	EX3	EX4	EX5	EX6	EX7	EX8	EX9
ANNUAL OPERATING EXPENSES									
LABOR-TOTALS									
Crews Total On-Call Pay	$36,500	$0	$0	$0	$0	$0	$0	$0	$0
Crews Total Regular Pay	$69,350	$105,850	$105,850	$137,050	$137,050	$137,050	$219,000	$224,475	$228,125
Crews Total Overtime Pay	$31,756	$34,018	$34,018	$45,640	$45,640	$45,640	$80,811	$83,965	$87,938
Crews Total Benefits	$15,878	$15,878	$15,878	$20,558	$20,558	$20,558	$32,850	$33,671	$34,219
Crews Total Labor	$153,484	$155,746	$155,746	$203,248	$203,248	$203,248	$332,661	$342,111	$350,282
LABOR-MANAGEMENT	$4,025	$10,063	$16,100	$28,175	$51,750	$57,500	$69,000	$74,750	$74,750
BILLING COST (Outsource $40/call)	$10,960	$21,920	$32,840	$43,800	$54,760	$65,720	$71,560	$81,760	$92,000
BUILDING EXPENSES-BASE	$4,000	$4,000	$4,000	$4,200	$4,200	$4,200	$4,200	$4,200	$4,900
BUILDING EXPENSES-SUBSTATION	$0	$0	$0	$0	$0	$0	$4,200	$4,200	$4,900
UTILITIES-Base	$8,400	$8,400	$8,400	$8,400	$8,400	$8,400	$8,400	$8,400	$8,400
UTILITIES-SUBSTATION	$0	$0	$0	$0	$0	$0	$8,400	$8,400	$8,400
VEHICLE EXPENSES	$14,562	$18,447	$23,821	$25,880	$29,462	$33,044	$36,627	$40,209	$43,792
MEDICAL SUPPLIES	$10,701	$21,401	$32,097	$48,435	$65,236	$81,079	$103,146	$117,864	$132,605
EQUIPMENT REPAIRS/MO FEES	$4,200	$4,200	$4,200	$4,860	$4,860	$4,860	$6,600	$6,600	$6,600
LICENSING EXPENSES	$825	$825	$825	$975	$975	$975	$1,740	$1,740	$1,740
OFFICE SUPPLIES	$1,800	$1,800	$1,800	$2,100	$2,100	$3,000	$3,000	$4,200	$4,200
UNIFORM ALLOWANCE	$6,840	$6,840	$6,840	$10,200	$10,200	$10,200	$24,000	$24,000	$24,000
GEN'L LIABILITY INS	$2,250	$2,250	$2,250	$2,550	$2,550	$2,550	$3,000	$3,000	$3,000
TRAINING EXPENSES	$5,400	$5,400	$5,400	$9,180	$9,180	$9,180	$14,400	$14,400	$14,400
MISCELLANEOUS	$11,393	$11,631	$10,620	$19,178	$22,346	$24,198	$34,547	$36,792	$38,698
0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0
Total Annual Operating Expenses	$238,840	$272,923	$304,939	$411,181	$469,267	$508,154	$725,481	$772,626	$812,667
LESS: VOLUNTEER Labor	$113,521	$115,910	$117,318	$8,453	$0	$0	$0	$0	$0
Total Annual Operating Expenses TO PAY	$125,319	$157,013	$187,621	$402,728	$469,267	$508,154	$725,481	$772,626	$812,667

NINE EMS EXAMPLE BUDGETS

	EX1	EX2	EX3	EX4	EX5	EX6	EX7	EX8	EX9
ANALYSIS OF LABOR									
Labor-Crew Totals	$153,484	$155,746	$155,746	$203,248	$203,248	$203,248	$332,661	$342,111	$350,282
Labor-Management Total	$4,025	$10,063	$16,100	$28,175	$51,750	$57,500	$69,000	$74,750	$74,750
TOTAL LABOR	$157,509	$165,809	$171,846	$231,423	$254,998	$260,748	$401,661	$416,861	$425,032
VOLUNTEER LABOR	$113,521	$115,910	$117,318	$8,453	$0	$0	$0	$0	$0
PAID LABOR	$43,988	$49,899	$54,528	$222,970	$254,998	$260,748	$401,661	$416,861	$425,032
Volunteer Labor as % of Total Labor	72.1%	69.9%	68.3%	3.7%	0.0%	0.0%	0.0%	0.0%	0.0%
Paid Labor as % of Total Labor	27.9%	30.1%	31.7%	96.3%	100.0%	100.0%	100.0%	100.0%	100.0%
Volunteer Labor as % of Total Operating Expenses	47.5%	42.5%	38.5%	2.1%	0.0%	0.0%	0.0%	0.0%	0.0%
Paid Labor as % of Total Operating Expenses	18.4%	18.3%	17.9%	54.2%	54.3%	51.3%	55.4%	54.0%	52.3%

NINE EMS EXAMPLE BUDGETS

	EX1	EX2	EX3	EX4	EX5	EX6	EX7	EX8	EX9
SUMMARY OF EXPENSES									
Paid Labor	$43,988	$49,899	$54,528	$222,970	$254,998	$260,748	$401,661	$416,861	$425,032
Total-Other Operating Exp	$81,331	$107,114	$133,093	$179,758	$214,269	$247,406	$323,820	$355,765	$387,635
Total Operating Expense to Pay	$125,319	$157,013	$187,621	$402,728	$469,267	$508,154	$725,481	$772,626	$812,667
Total Annual Capital Expense	$110,770	$201,946	$301,412	$280,620	$333,602	$409,129	$457,646	$486,727	$574,726
Total Annual Capital and Annual Operating Expense to Pay	$236,089	$358,959	$489,033	$683,348	$802,869	$917,283	$1,183,127	$1,259,353	$1,387,393

NINE EMS EXAMPLE BUDGETS

	EX1	EX2	EX3	EX4	EX5	EX6	EX7	EX8	EX9
SUMMARY OF REVENUES									
Call Revenues									
Avg Basic	$57,397	$114,792	$171,993	$195,119	$215,256	$240,924	$243,829	$278,602	$313,487
Avg Basic-Emerg	$30,592	$61,184	$91,687	$104,147	$114,955	$128,398	$130,229	$148,807	$167,430
Avg ALS-1	$0	$0	$0	$36,639	$68,727	$98,942	$101,752	$116,274	$130,829
Avg ALS-1-Emerg	$0	$0	$0	$29,077	$72,639	$104,635	$104,422	$119,279	$134,242
Avg ALS-2	$0	$0	$0	$0	$0	$0	$68,727	$78,479	$88,309
Avg ALS-2-Emerg	$0	$0	$0	$0	$0	$0	$32,478	$37,104	$41,731
Mileage Revenues									
≤ 17 miles	$25,126	$50,252	$75,286	$100,412	$125,537	$150,663	$164,051	$187,435	$210,910
> 17 miles	$22,632	$45,265	$67,815	$90,447	$113,079	$135,712	$147,771	$168,834	$189,980
Subsidies									
City Sales Tax	$0	$0	$0	$52,643	$0	$0	$0	$0	$0
County Sales Tax	$53,482	$0	$63,254	$0	$0	$0	$75,640	$84,300	$0
State Sales Tax	$0	$0	$0	$0	$0	$0	$0	$0	$0
Ad Valorem Tax	$0	$0	$0	$0	$0	$0	$0	$0	$94,500
City Subsidy	$0	$40,000	$0	$0	$0	$28,000	$0	$0	$0
County Subsidy	$0	$0	$0	$0	$48,500	$0	$0	$0	$0
State Subsidy	$0	$0	$0	$0	$0	$0	$0	$0	$0
Subscriptions	$6,500	$9,400	$8,400	$0	$0	$0	$0	$0	$0
Donations	$1,756	$248	$3,500	$0	$0	$5,800	$0	$0	$0
Grants	$20,000	$0	$0	$35,000	$0	$0	$35,000	$0	$0
Fundraisers	$2,865	$0	$0	$0	$8,456	$0	$0	$0	$0
Utility Assessments/Surcharges	$0	$23,812	$0	$0	$0	$0	$0	$0	$0
Total Revenues	$220,350	$344,953	$481,935	$643,484	$767,149	$893,074	$1,103,899	$1,219,114	$1,371,418
BREAKEVEN									
Revenues Less Expenses	-$15,739	-$14,006	-$7,098	-$39,864	-$35,720	-$24,209	-$79,228	-$40,239	-$15,975

NINE EMS EXAMPLE BUDGETS

	EX1	EX2	EX3	EX4	EX5	EX6	EX7	EX8	EX9
EXPENSES AND REVENUES PER CALL									
Total All Operating Expenses & Annual Capital Expense	$349,610	$474,869	$606,351	$691,801	$802,869	$917,283	$1,183,127	$1,259,353	$1,387,393
Expense Per Call (All Calls)	$958	$651	$554	$474	$440	$419	$463	$431	$422
Expense Per Call (Billable Calls)	$1,276	$867	$739	$632	$586	$558	$661	$616	$603
Total PAID Operating Expenses & Annual Capital Expense	$236,089	$358,959	$489,033	$683,348	$802,869	$917,283	$1,183,127	$1,259,353	$1,387,393
Expense Per Call (All Calls)	$647	$492	$447	$468	$440	$419	$463	$431	$422
Expense Per Call (Billable Calls)	$862	$655	$596	$624	$586	$558	$661	$616	$603
Total All Revenues	$220,350	$344,953	$481,935	$643,484	$767,149	$893,074	$1,103,899	$1,219,114	$1,371,418
Revenue Per Call (All Calls)	$604	$473	$440	$441	$420	$408	$432	$418	$417
Revenue Per Call (Billable Calls)	$804	$629	$587	$588	$560	$544	$617	$596	$596

NINE EMS EXAMPLE BUDGETS

	EX1	EX2	EX3	EX4	EX5	EX6	EX7	EX8	EX9
FIXED CAPITAL AND LABOR COSTS									
Total Capital Expenses	$473,250	$473,250	$473,250	$684,050	$684,050	$684,050	$953,000	$956,500	$956,500
Total Annual Capital Expenses	$110,770	$201,946	$301,412	$280,620	$333,602	$409,129	$457,646	$486,727	$574,726
Total PAID Labor Expenses	$43,988	$49,899	$54,528	$222,970	$254,998	$260,748	$401,661	$416,861	$425,032
Total PAID Operating Expenses	$125,319	$157,013	$187,621	$402,728	$469,267	$508,154	$725,481	$772,626	$812,667
Total Annual Capital and PAID Operating Expenses	$236,089	$358,959	$489,033	$683,348	$802,869	$917,283	$1,183,127	$1,259,353	$1,387,393
CAPITAL EXPENSES									
As a % of PAID Operating Expenses	377.6%	301.4%	252.2%	169.9%	145.8%	134.6%	131.4%	123.8%	117.7%
As a % of Annual Capital and PAID Operating Expense	200.5%	131.8%	96.8%	100.1%	85.2%	74.6%	80.5%	76.0%	68.9%
ANNUAL CAPITAL EXPENSES									
As a % of PAID Operating Expenses	88.4%	128.6%	160.6%	69.7%	71.1%	80.5%	63.1%	63.0%	70.7%
As a % of Annual Capital and PAID Operating Expense	46.9%	56.3%	61.6%	41.1%	41.6%	44.6%	38.7%	38.6%	41.4%
ANNUAL PAID LABOR EXPENSE									
As a % of PAID Operating Expenses	35.1%	31.8%	29.1%	55.4%	54.3%	51.3%	55.4%	54.0%	52.3%
As a % of Annual Capital and PAID Operating Expense	18.6%	13.9%	11.2%	32.6%	31.8%	28.4%	33.9%	33.1%	30.6%

Appendix D

Worksheet #11

Example 1-9 Budget Parameters

Utilized to build the Example 1-9 Budgets in Worksheet #10

NINE EMS BUDGET PARAMETERS

	EX1	EX2	EX3	EX4	EX5	EX6	EX7	EX8	EX9
BUDGET PARAMETERS - Page 1									
Level of Care	Basic	Basic	Basic	Basic	Basic	Basic	Basic	Basic	Basic
Protocols	None	None	None	ALS-1	ALS-1	ALS-1	ALS-2	ALS-2	ALS-2
Avg Calls Per day	**1.0**	**2.0**	**3.0**	**4.0**	**5.0**	**6.0**	**7.0**	**8.0**	**9.0**
No. of Calls	365	730	1,095	1,460	1,825	2,190	2,555	2,920	3,285
% of Billable Calls	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	70.0%	70.0%	70.0%
% of Billable Calls-Basic	75.0%	75.0%	75.0%	63.8%	56.3%	52.5%	48.8%	48.8%	48.8%
% of Billable Calls-Basic-Emerg	25.0%	25.0%	25.0%	21.3%	18.8%	17.5%	16.3%	16.3%	16.3%
% of Billable Calls-ALS-1	0.0%	0.0%	0.0%	10.0%	15.0%	18.0%	17.0%	17.0%	17.0%
% of Billable Calls-ALS-1-Emerg	0.0%	0.0%	0.0%	5.0%	10.0%	12.0%	11.0%	11.0%	11.0%
% of Billable Calls-ALS-2	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	5.0%	5.0%	5.0%
% of Billable Calls-ALS-2-Emerg	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	2.0%	2.0%	2.0%
Total percents	100.0%	100.0%	100.0%	100.1%	100.1%	100.0%	100.1%	100.1%	100.1%
No. of Billable Calls.	274	548	821	1,095	1,369	1,643	1,789	2,044	2,300
No. of Billable Calls-Basic	206	411	616	699	771	863	873	998	1,122
No. of Billable Calls-Basic-Emerg	69	137	205	233	257	288	292	333	375
No. of Billable Calls-ALS-1	0	0	0	110	205	296	304	348	391
No. of Billable Calls-ALS-1-Emerg	0	0	0	55	137	197	197	225	253
No. of Billable Calls-ALS-2	0	0	0	0	0	0	90	102	115
No. of Billable Calls-ALS-2-Emerg	0	0	0	0	0	0	36	41	46
Total Billable Calls	274	548	821	1,096	1,370	1,643	1,791	2,046	2,302

NINE EMS BUDGET PARAMETERS

	EX1	EX2	EX3	EX4	EX5	EX6	EX7	EX8	EX9
BUDGET PARAMETERS (CONTINUED - Page 2)									
Total Miles Driven	14,600	29,200	43,800	58,400	73,000	87,600	102,200	116,800	131,400
Avg Miles Per All Calls	40	40	40	40	40	40	40	40	40
% of Billable Miles	46.0%	46.0%	46.0%	46.0%	46.0%	46.0%	46.0%	46.0%	46.0%
No. of Billable Miles	6,716	13,432	20,148	26,864	33,580	40,296	47,012	53,728	60,444
% of Miles Driven/Vehicle Type									
% of Miles Driven-Type I	100.0%	100.0%	100.0%	70.0%	70.0%	70.0%	55.0%	45.0%	45.0%
% of Miles Driven-Type II	0.0%	0.0%	0.0%	30.0%	30.0%	30.0%	10.0%	10.0%	10.0%
% of Miles Drive-Type III	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	35.0%	45.0%	45.0%
No. of Miles Driven/Vehicle Type									
Miles Driven-Type I Vehicle	14,600	29,200	43,800	40,880	51,100	61,320	56,210	52,560	59,130
Miles Driven-Type II Vehicle	0	0	0	17,520	21,900	26,280	10,220	11,680	13,140
Miles Driven-Type III Vehicle	0	0	0	0	0	0	35,770	52,560	59,130
CHK Total Miles Driven	0	29,200	43,800	58,400	73,000	87,600	102,200	116,800	131,400
CHK (Should = 0)	0	0	0	0	0	0	0	0	0

NINE EMS BUDGET PARAMETERS

	EX1	EX2	EX3	EX4	EX5	EX6	EX7	EX8	EX9
TOTAL CAPITAL EXPENSES PARAMETERS - Page 1									
Cost-Building Base Station	$125,000	$125,000	$125,000	$150,000	$150,000	$150,000	$150,000	$150,000	$150,000
Cost-Building Substation	$0	$0	$0	$0	$0	$0	$125,000	$125,000	$125,000
Cost-Furnishings Base Station	$15,000	$15,000	$15,000	$15,000	$15,000	$15,000	$15,000	$15,000	$15,000
Cost-Furnishings Substation	$0	$0	$0	$0	$0	$0	$15,000	$15,000	$15,000
Avg Cost/Computer Setup	$3,500	$3,500	$3,500	$3,500	$3,500	$3,500	$3,500	$3,500	$3,500
No. of Computer Setups	2	2	2	3	3	3	4	5	5
Cost-Type I Vehicles	$130,000	$130,000	$130,000	$130,000	$130,000	$130,000	$130,000	$130,000	$130,000
No. of Type I Vehicles	2	2	2	2	2	2	2	2	2
Cost-Type II Vehicles	$80,000	$80,000	$80,000	$80,000	$80,000	$80,000	$80,000	$80,000	$80,000
No. of Type II Vehicles	0	0	0	1	1	1	0	0	0
Cost-Type III Vehicles	$130,000	$130,000	$130,000	$130,000	$130,000	$130,000	$130,000	$130,000	$130,000
No. of Type III Vehicles	0	0	0	0	0	0	1	1	1
Cost-Basic Equipment	$25,000	$25,000	$25,000	$25,000	$25,000	$25,000	$25,000	$25,000	$25,000
No. of Basic Equipped	2	2	2	0	0	0	0	0	0
Cost-ALS-1 Equipment	$50,000	$50,000	$50,000	$50,000	$50,000	$50,000	$50,000	$50,000	$50,000
No. of ALS-1 Equipped	0	0	0	3	3	3	0	0	0
Cost-ALS-2 Equipment	$75,000	$75,000	$75,000	$75,000	$75,000	$75,000	$75,000	$75,000	$75,000
No. of ALS-2 Equipped	0	0	0	0	0	0	3	3	3
Base Communications	$10,000	$10,000	$10,000	$10,000	$10,000	$10,000	$10,000	$10,000	$10,000
Communications/EMT	$150	$150	$150	$150	$150	$150	$150	$150	$150
No. of EMRs/EMTs/Medics	15	15	15	17	17	17	20	20	20
Cost-Vehicle Radio/Unit	$2,000	$2,000	$2,000	$2,000	$2,000	$2,000	$2,000	$2,000	$2,000
No. of Vehicle/Patient Compartment Radios	2	2	2	3	3	3	3	3	3

NINE EMS BUDGET PARAMETERS

TOTAL CAPITAL EXPENSES PARAMETERS (CONTINUED - Page 2)

	EX1	EX2	EX3	EX4	EX5	EX6	EX7	EX8	EX9

NINE EMS BUDGET PARAMETERS

	EX1	EX2	EX3	EX4	EX5	EX6	EX7	EX8	EX9
ANNUAL CAPITAL EXPENSES PARAMETERS - Page 1									
Building Base Station									
Mo. Base Building Pay	$0	$0	$0	$0	$0	$0	$0	$0	$0
Annual Base Building Based on Monthly Payment	$0	$0	$0	$0	$0	$0	$0	$0	$0
or									
Annual Amortization	8%, 25 yrs	8%, 25 yrs	8%, 25 yrs	8%, 25 yrs	8%, 25 yrs	8%, 25 yrs	8%, 25 yrs	8%, 25 yrs	7%, 20 yrs
Amortization Factor (from Worksheet)	0.093679	0.093679	0.093679	0.093679	0.093679	0.093679	0.093679	0.093679	0.094393
Annual Base Building Payment Based on Amort. Factor	$11,710	$11,710	$11,710	$14,052	$14,052	$14,052	$14,052	$14,052	$14,159
Total Base Bldg Annual Payment	$11,710	$11,710	$11,710	$14,052	$14,052	$14,052	$14,052	$14,052	$14,159
Building Substation									
Mo. Building Pay	$0	$0	$0	$0	$0	$0	$0	$900	$0
Annual Substation Building Pay Based on Monthly Payment	$0	$0	$0	$0	$0	$0	$0	$10,800	$0
or									
Annual Amortization	8%, 25 yrs	8%, 25 yrs	8%, 25 yrs	8%, 25 yrs	8%, 25 yrs	8%, 25 yrs	8%, 25 yrs	8%, 25 yrs	8%, 25 yrs
Amortization Factor (from Worksheet)	0.093679	0.093679	0.093679	0.093679	0.093679	0.093679	0.093679	0.093679	0.093679
Annual Substation Building Payment based on Amort. Factor	$0	$0	$0	$0	$0	$0	$11,710	$11,710	$11,710
Total Substation Bldg Annual Payment	$0	$0	$0	$0	$0	$0	$14,052	$10,800	$11,710
Yrs Life of Base Furnishings	5	5	5	5	5	5	5	5	5
Yrs Life of Substation Furnishings	5	5	5	5	5	5	5	5	5
Yrs Life Computer Systems	3	3	3	3	3	3	3	3	3
No. of Miles Vehicle Life	100,000	100,000	100,000	100,000	100,000	100,000	100,000	100,000	100,000
Yrs Life of Type I Vehicles	3.4	1.7	1.1	1.2	1.0	0.8	0.9	1.0	0.8
Yrs Life of Type II Vehicles	0	0	0	5.7	4.6	3.8	0	0	0
Yrs Life of Type III Vehicles	0	0	0	0	0	0	2.8	1.9	1.7
Yrs Life of Basic Equipment	3.4	1.7	1.1	1.2	1.0	0.8	0.9	1.0	0.8
Yrs Life of ALS-1 Equipment	0	0	0	5.7	4.6	3.8	0	0	0
Yrs Life of ALS-2 Equipment	0	0	0	0	0	0	2.8	1.9	1.7

NINE EMS BUDGET PARAMETERS

	EX1	EX2	EX3	EX4	EX5	EX6	EX7	EX8	EX9
ANNUAL CAPITAL EXPENSES PARAMETERS (CONTINUED - Page 2)									
Yrs Life of Base Comms.	10	10	10	10	10	10	10	10	10
Yrs. Life of Comms./EMT	3	3	3	3	3	3	3	3	3
Yrs Life of Vehicle Radios	5	5	5	5	5	5	5	5	5

NINE EMS BUDGET PARAMETERS

	EX1	EX2	EX3	EX4	EX5	EX6	EX7	EX8	EX9
ANNUAL OPERATING EXPENSES PARAMETERS - Page 1									
Labor-Crew									
1st Crew									
1st crew-based on two 24-hour shifts per week, with 40 hours regular pay and 8 hours of overtime pay									
1st crew member_____	EMR-Driver	EMR Driver	EMR Driver	EMT / AEMT	EMT / AEMT	EMT / AEMT	EMT / AEMT / Paramedic	EMT / AEMT / Paramedic	EMT / AEMT / Paramedic
ON-CALL									
On-Call Hourly Pay Rate	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
No. of On-Call Hours	0	0	0	0	0	0	0	0	0
Total On-Call HOURLY Pay	$0	$0	$0	$0	$0	$0	$0	$0	$0
Fee Per Hour	$25	$0	$0	$0	$0	$0	$0	$0	$0
On-Call Pay Hours/Call	2.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Estimated Pay/Call	$50	$0	$0	$0	$0	$0	$0	$0	$0
Total No. of Calls	365	730	1,095	1,460	1,825	2,190	2,555	2,920	3,285
Total On-Call CALL Pay	$18,250	$0	$0	$0	$0	$0	$0	$0	$0
REGULAR PAY									
Hourly Pay rate	$7.25	$7.25	$7.25	$7.25	$7.25	$7.25	$7.25	$7.25	$7.25
No. Hrs at Base Hourly Rate	7,300	7,300	7,300	7,300	7,300	7,300	7,300	7,300	7,300
Base Hourly Pay Total	$52,925	$52,925	$52,925	$52,925	$52,925	$52,925	$52,925	$52,925	$52,925
OVERTIME PAY									
No. Hrs at Overtime Rate	1,460	1,460	1,460	1,460	1,460	1,460	1,460	1,460	1,460
Scheduled Overtime Pay Total	$15,878	$15,878	$15,878	$15,878	$15,878	$15,878	$15,878	$15,878	$15,878
Unscheduled Overtime Hours	0	104	104	208	208	208	250	300	416
Unscheduled Overtime Pay	$0	$1,131	$1,131	$2,262	$2,262	$2,262	$2,719	$3,263	$4,524

NINE EMS BUDGET PARAMETERS

	EX1	EX2	EX3	EX4	EX5	EX6	EX7	EX8	EX9
ANNUAL OPERATING EXPENSES PARAMETERS (CONTINUED - Page 2)									
2nd crew member_____	EMT	EMT	EMT	EMT / AEMT	EMT / AEMT	EMT / AEMT	EMT / AEMT / Paramedic	EMT / AEMT / Paramedic	EMT / AEMT / Paramedic
ON-CALL									
On-Call Hourly Pay Rate	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
No. of On-Call Hours	0	0	0	0	0	0	0	0	0
Total On-Call HOURLY Pay	$0	$0	$0	$0	$0	$0	$0	$0	$0
Fee Per Hour	$25	$0	$0	$0	$0	$0	$0	$0	$0
On-Call Pay Hours/Call	2.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Estimated Pay/Call	$50	$0	$0	$0	$0	$0	$0	$0	$0
Total No. of Calls	365	730	1,095	1,460	1,825	2,190	2,555	2,920	3,285
Total On-Call CALL Pay	$18,250	$0	$0	$0	$0	$0	$0	$0	$0
REGULAR PAY									
Hourly Pay rate	$7.25	$7.25	$7.25	$7.25	$7.25	$7.25	$7.25	$7.50	$7.50
No. Hrs at Base Hourly Rate	7,300	7,300	7,300	7,300	7,300	7,300	7,300	7,300	7,300
Base Hourly Pay Total	$52,925	$52,925	$52,925	$52,925	$52,925	$52,925	$52,925	$54,750	$54,750
OVERTIME PAY									
No. Hrs at Overtime Rate	1,460	1,460	1,460	1,460	1,460	1,460	1,460	1,460	1,460
Scheduled Overtime Pay Total	$15,878	$15,878	$15,878	$15,878	$15,878	$15,878	$15,878	$16,425	$16,425
Unscheduled Overtime Hours	0	104	104	208	208	208	250	300	416
Unscheduled Overtime Pay	$0	$1,131	$1,131	$2,262	$2,262	$2,262	$2,719	$3,375	$4,680

NINE EMS BUDGET PARAMETERS

	EX1	EX2	EX3	EX4	EX5	EX6	EX7	EX8	EX9
ANNUAL OPERATING EXPENSES PARAMETERS (CONTINUED - Page 3)									
2nd Crew									
For EX4-EX6, 2nd crew-based on 40 hour/week Day Crew; minimal overtime									
For EX7-EX9, 2nd crew based on two 24-hour shifts per week with Substation, with 40 hours regular pay and 8 hours of overtime pay									
1st crew member_____	EMR-Driver	EMR Driver	EMR Driver	EMT / AEMT	EMT / AEMT	EMT / AEMT	EMT / AEMT / Paramedic	EMT / AEMT / Paramedic	EMT / AEMT / Paramedic
ON-CALL									
On-Call Hourly Pay Rate	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
No. of On-Call Hours	0	0	0	0	0	0	0	0	0
Total On-Call HOURLY Pay	$0	$0	$0	$0	$0	$0	$0	$0	$0
Fee Per Hour	$0	$0	$0	$0	$0	$0	$0	$0	$0
On-Call Pay Hours/Call	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Estimated Pay/Call	$0	$0	$0	$0	$0	$0	$0	$0	$0
Total No. of Calls	365	730	1,095	1,460	1,825	2,190	2,555	2,920	3,285
Total On-Call CALL Pay	$0	$0	$0	$0	$0	$0	$0	$0	$0
REGULAR PAY									
Hourly Pay rate	$7.25	$7.25	$7.25	$7.50	$7.50	$7.50	$7.50	$7.50	$7.50
No. Hrs at Base Hourly Rate	0	0	0	2,080	2,080	2,080	7,300	7,300	7,300
Base Hourly Pay Total	$0	$0	$0	$15,600	$15,600	$15,600	$54,750	$54,750	$54,750
OVERTIME PAY									
No. Hrs at Overtime Rate	0	0	0	208	208	208	1,460	1,460	1,460
Scheduled Overtime Pay Total	$0	$0	$0	$2,340	$2,340	$2,340	$16,425	$16,425	$16,425
Unscheduled Overtime Hours	0	0	0	208	208	208	416	416	416
Unscheduled Overtime Pay	$0	$0	$0	$2,340	$2,340	$2,340	$4,680	$4,680	$4,680

NINE EMS BUDGET PARAMETERS

	EX1	EX2	EX3	EX4	EX5	EX6	EX7	EX8	EX9
ANNUAL OPERATING EXPENSES PARAMETERS (CONTINUED - Page 4)									
2nd crew member_____	EMT	EMT	EMT	EMT / AEMT	EMT / AEMT	EMT / AEMT	EMT / AEMT / Paramedic	EMT / AEMT / Paramedic	EMT / AEMT / Paramedic
ON-CALL									
On-Call Hourly Pay Rate	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
No. of On-Call Hours	0	0	0	0	0	0	0	0	0
Total On-Call HOURLY Pay	$0	$0	$0	$0	$0	$0	$0	$0	$0
Fee Per Hour	$0	$0	$0	$0	$0	$0	$0	$0	$0
On-Call Pay Hours/Call	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Estimated Pay/Call	$0	$0	$0	$0	$0	$0	$0	$0	$0
Total No. of Calls	365	730	1,095	1,460	1,825	2,190	2,555	2,920	3,285
Total On-Call CALL Pay	$0	$0	$0	$0	$0	$0	$0	$0	$0
REGULAR PAY									
Hourly Pay rate	$7.25	$7.25	$7.25	$7.50	$7.50	$7.50	$8.00	$8.50	$9.00
No. Hrs at Base Hourly Rate	0	0	0	2,080	2,080	2,080	7,300	7,300	7,300
Base Hourly Pay Total	$0	$0	$0	$15,600	$15,600	$15,600	$58,400	$62,050	$65,700
OVERTIME PAY									
No. Hrs at Overtime Rate	0	0	0	208	208	208	1,460	1,460	1,460
Scheduled Overtime Pay Total	$0	$0	$0	$2,340	$2,340	$2,340	$17,520	$18,615	$19,710
Unscheduled Overtime Hours	0	0	0	208	208	208	416	416	416
Unscheduled Overtime Pay	$0	$0	$0	$2,340	$2,340	$2,340	$4,992	$5,304	$5,616

NINE EMS BUDGET PARAMETERS

	EX1	EX2	EX3	EX4	EX5	EX6	EX7	EX8	EX9
ANNUAL OPERATING EXPENSES PARAMETERS (CONTINUED - Page 5)									
Labor-Crew Pay Subtotals									
1st Crew 1st Crew Member									
Total Call Pay	$18,250	$0	$0	$0	$0	$0	$0	$0	$0
Total Regular Pay	$52,925	$52,925	$52,925	$52,925	$52,925	$52,925	$52,925	$52,925	$52,925
Adjust for Call Pay	$18,250	$0	$0	$0	$0	$0	$0	$0	$0
Adjust Crew Regular Pay	$34,675	$52,925	$52,925	$52,925	$52,925	$52,925	$52,925	$52,925	$52,925
Total Overtime Pay	$15,878	$17,009	$17,009	$18,140	$18,140	$18,140	$18,597	$19,141	$20,402
1st Crew 2nd Crew Member									
Total Call Pay	$18,250	$0	$0	$0	$0	$0	$0	$0	$0
Total Crew Regular Pay	$52,925	$52,925	$52,925	$52,925	$52,925	$52,925	$52,925	$54,750	$54,750
Adjust for Call Pay	$18,250	$0	$0	$0	$0	$0	$0	$0	$0
Adjust Crew Regular Pay	$34,675	$52,925	$52,925	$52,925	$52,925	$52,925	$52,925	$54,750	$54,750
Total Overtime Pay	$15,878	$17,009	$17,009	$18,140	$18,140	$18,140	$18,597	$19,800	$21,105
2nd Crew 1st Crew Member									
Total Call Pay	$0	$0	$0	$0	$0	$0	$0	$0	$0
Total Crew Regular Pay	$0	$0	$0	$15,600	$15,600	$15,600	$54,750	$54,750	$54,750
Adjust for Call Pay	$0	$0	$0	$0	$0	$0	$0	$0	$0
Adjust Crew Regular Pay	$0	$0	$0	$15,600	$15,600	$15,600	$54,750	$54,750	$54,750
Total Overtime Pay	$0	$0	$0	$4,680	$4,680	$4,680	$21,105	$21,105	$21,105

NINE EMS BUDGET PARAMETERS

	EX1	EX2	EX3	EX4	EX5	EX6	EX7	EX8	EX9
ANNUAL OPERATING EXPENSES PARAMETERS (CONTINUED - Page 6)									
Labor-Benefits									
2nd Crew 2nd Crew Member									
Total Call Pay	$0	$0	$0	$0	$0	$0	$0	$0	$0
Total Crew Regular Pay	$0	$0	$0	$15,600	$15,600	$15,600	$58,400	$62,050	$65,700
Adjust for Call Pay	$0	$0	$0	$0	$0	$0	$0	$0	$0
Adjust Crew Regular Pay	$0	$0	$0	$15,600	$15,600	$15,600	$58,400	$62,050	$65,700
Total Overtime Pay	$0	$0	$0	$4,680	$4,680	$4,680	$22,512	$23,919	$25,326
Benefit Rate	15.0%	15.0%	15.0%	15.0%	15.0%	15.0%	15.0%	15.0%	15.0%
Crew 1 Benefits	$15,878	$15,878	$15,878	$15,878	$15,878	$15,878	$15,878	$16,151	$16,151
Crew 2 Benefits	$0	$0	$0	$4,680	$4,680	$4,680	$16,973	$17,520	$18,068
Total Benefits	$15,878	$15,878	$15,878	$20,558	$20,558	$20,558	$32,850	$33,671	$34,219
CHK Benefits Total	$15,878	$15,878	$15,878	$20,558	$20,558	$20,558	$32,850	$33,671	$34,219
CHK (Should = 0)	0	0	0	0	0	0	0	0	0

NINE EMS BUDGET PARAMETERS

	EX1	EX2	EX3	EX4	EX5	EX6	EX7	EX8	EX9
ANNUAL OPERATING EXPENSES PARAMETERS (CONTINUED - Page 7)									
LABOR SUMMARY-TOTALS									
Crews Total On-Call Pay	$36,500	$0	$0	$0	$0	$0	$0	$0	$0
Crews Total Regular Pay	$69,350	$105,850	$105,850	$137,050	$137,050	$137,050	$219,000	$224,475	$228,125
Crews Total Overtime Pay	$31,756	$34,018	$34,018	$45,640	$45,640	$45,640	$80,811	$83,965	$87,938
Crews Total Benefits	$15,878	$15,878	$15,878	$20,558	$20,558	$20,558	$32,850	$33,671	$34,219
Crews Total Labor	$153,484	$155,746	$155,746	$203,248	$203,248	$203,248	$332,661	$342,111	$350,282
Labor-Management									
Full-Time Manager									
Annual Salary	$0	$0	$0	$0	$45,000	$50,000	$60,000	$65,000	$65,000
Benefits	$0	$0	$0	$0	$6,750	$7,500	$9,000	$9,750	$9,750
F-T Management Annual Totals	$0	$0	$0	$0	$51,750	$57,500	$69,000	$74,750	$74,750
or									
Part-Time Manager									
Annual Salary	$35,000	$35,000	$35,000	$35,000	$0	$0	$0	$0	$0
% of Annual Salary	10.0%	25.0%	40.0%	70.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Part-Time Salary	$3,500	$8,750	$14,000	$24,500	$0	$0	$0	$0	$0
Benefits	$525	$1,313	$2,100	$3,675	$0	$0	$0	$0	$0
P-T Management Annual Totals	$4,025	$10,063	$16,100	$28,175	$0	$0	$0	$0	$0
Total Management Annual Totals	$4,025	$10,063	$16,100	$28,175	$51,750	$57,500	$69,000	$74,750	$74,750

NINE EMS BUDGET PARAMETERS

	EX1	EX2	EX3	EX4	EX5	EX6	EX7	EX8	EX9
ANNUAL OPERATING EXPENSES PARAMETERS (CONTINUED - Page 8)									
BILLING									
In-House Billing									
Billing Clerk Annual Salary	$25,000	$25,000	$25,000	$25,000	$25,000	$28,000	$30,000	$32,000	$35,000
% Time spent	25%	40%	55%	70%	100%	100%	100%	100%	100%
Billing Clerk Adj Salary	$6,250	$10,000	$13,750	$17,500	$25,000	$28,000	$30,000	$32,000	$35,000
Billing Clerk Benefits									
Benefit Rate	15%	15%	15%	15%	15%	15%	15%	15%	15%
Benefit Amount	$938	$1,500	$2,063	$2,625	$3,750	$4,200	$4,500	$4,800	$5,250
Billing Supplies	$600	$720	$840	$1,200	$1,440	$1,680	$1,920	$2,160	$2,400
Total In-House Billing Expense	$7,788	$12,220	$16,653	$21,325	$30,190	$33,880	$36,420	$38,960	$42,650
or									
Outsource Billling									
Fee per Call	$40	$40	$40	$40	$40	$40	$40	$40	$40
Total Fees per Call Billing Expense	$10,960	$21,920	$32,840	$43,800	$54,760	$65,720	$71,560	$81,760	$92,000
or									
Fee as % of Collections	35%	35%	35%	35%	35%	35%	35%	35%	35%
Total % of Collections Billing Expense	$47,511	$95,023	$142,373	$194,544	$248,568	$300,746	$347,641	$397,185	$446,921
Total Billing Cost	$10,960	$21,920	$32,840	$43,800	$54,760	$65,720	$71,560	$81,760	$92,000
BUILDING EXPENSES-BASE									
Rent	$0	$0	$0	$0	$0	$0	$0	$0	$0
Building & Contents Ins (own)	$1,600	$1,600	$1,600	$1,800	$1,800	$1,800	$1,800	$1,800	$1,800
Bldg Contents Ins (rent)	$0	$0	$0	$0	$0	$0	$0	$0	$700
Bldg Grounds Maint	$1,200	$1,200	$1,200	$1,200	$1,200	$1,200	$1,200	$1,200	$1,200
Other Maint & Repairs	$1,200	$1,200	$1,200	$1,200	$1,200	$1,200	$1,200	$1,200	$1,200
Total Bldg Exp-Base	$4,000	$4,000	$4,000	$4,200	$4,200	$4,200	$4,200	$4,200	$4,900
BUILDING EXPENSES-SUBSTATION									
Rent	$0	$0	$0	$0	$0	$0	$0	$0	$0
Building & Contents Ins (own)	$0	$0	$0	$0	$0	$0	$1,800	$1,800	$1,800
Bldg Contents Ins (rent)	$0	$0	$0	$0	$0	$0	$0	$0	$700
Bldg Grounds Maint	$0	$0	$0	$0	$0	$0	$1,200	$1,200	$1,200
Other Maint & Repairs	$0	$0	$0	$0	$0	$0	$1,200	$1,200	$1,200
Total Bldg Exp-Substation	$0	$0	$0	$0	$0	$0	$4,200	$4,200	$4,900

NINE EMS BUDGET PARAMETERS

	EX1	EX2	EX3	EX4	EX5	EX6	EX7	EX8	EX9
ANNUAL OPERATING EXPENSES PARAMETERS (CONTINUED- Page 9)									
UTILITIES-BASE									
Electric	$1,800	$1,800	$1,800	$1,800	$1,800	$1,800	$1,800	$1,800	$1,800
Gas (Heat)	$3,600	$3,600	$3,600	$3,600	$3,600	$3,600	$3,600	$3,600	$3,600
Cable/Internet	$2,100	$2,100	$2,100	$2,100	$2,100	$2,100	$2,100	$2,100	$2,100
Water, Trash, Misc	$900	$900	$900	$900	$900	$900	$900	$900	$900
Total Utilities	$8,400	$8,400	$8,400	$8,400	$8,400	$8,400	$8,400	$8,400	$8,400
UTILITIES-SUBSTATION									
Electric	$0	$0	$0	$0	$0	$0	$1,800	$1,800	$1,800
Gas (Heat)	$0	$0	$0	$0	$0	$0	$3,600	$3,600	$3,600
Cable/Internet	$0	$0	$0	$0	$0	$0	$2,100	$2,100	$2,100
Water, Trash, Misc	$0	$0	$0	$0	$0	$0	$900	$900	$900
Total Utilities	$0	$0	$0	$0	$0	$0	$8,400	$8,400	$8,400
VEHICLE EXPENSES									
Vehicle Insurance	$4,000	$4,000	$4,000	$6,000	$6,000	$6,000	$6,000	$6,000	$6,000
Vehicle license expense									
No. of Vehicles	2	2	2	3	3	3	3	3	3
Fee for Vehicle License	$100	$100	$100	$100	$100	$100	$100	$100	$100
Total Fees for Vehicle Licenses	$200	$200	$200	$300	$300	$300	$300	$300	$300
Maint/Repairs/Insps	$3,500	$3,500	$3,500	$5,250	$5,250	$5,250	$5,250	$5,250	$5,250
Oil, filter, lubrication	$120	$120	$120	$120	$120	$120	$120	$120	$120
Change oil, filter & lubricate every 3,000 miles	4.9	9.7	14.6	19.5	24.3	29.2	34.1	38.9	43.8
Total cost for oil changes	$588	$1,164	$1,752	$2,340	$2,916	$3,504	$4,092	$4,668	$5,256
Tires	$1,800	$1,800	$1,800	$1,800	$1,800	$1,800	$1,800	$1,800	$1,800
Replace tires every 30,000 miles	0.5	1.0	1.5	1.9	2.4	2.9	3.4	3.9	4.4
Total cost for tires	$900	$1,800	$2,700	$3,420	$4,320	$5,220	$6,120	$7,020	$7,920
Estimated Gas Price/Gallon	$4.00	$4.00	$4.00	$4.00	$4.00	$4.00	$4.00	$4.00	$4.00
Total cost for gas	$5,374	$10,747	$16,121	$14,330	$17,912	$21,494	$25,077	$28,659	$32,242
Total Vehicle Expenses	$14,562	$18,447	$23,821	$25,880	$29,462	$33,044	$36,627	$40,209	$43,792

NINE EMS BUDGET PARAMETERS

	EX1	EX2	EX3	EX4	EX5	EX6	EX7	EX8	EX9
ANNUAL OPERATING EXPENSES PARAMETERS (CONTINUED - Page 10)									
MEDICAL SUPPLIES									
Base Cost/Call for All Calls	$25	$25	$25	$25	$25	$25	$25	$25	$25
Total Base Cost for All Calls	$9,125	$18,250	$27,375	$36,500	$45,625	$54,750	$63,875	$73,000	$82,125
Add'l Cost/Call for Basic Calls	$20	$20	$20	$20	$20	$20	$20	$20	$20
Total Add'l Cost for Basic Calls	$1,576	$3,151	$4,722	$5,363	$5,919	$6,613	$6,705	$7,662	$8,620
Add'l Cost/Call for ALS-1 Calls	$40	$40	$40	$40	$40	$40	$40	$40	$40
Total Add'l Cost for ALS-1 Calls	0	0	0	6572	13692	19716	20036	22892	25760
Add'l Cost/Call for ALS-2 Calls	$100	$100	$100	$100	$100	$100	$100	$100	$100
Total Add'l Cost for ALS-2 Calls	0	0	0	0	0	0	12530	14310	16100
Total Medical Supplies Cost	$10,701	$21,401	$32,097	$48,435	$65,236	$81,079	$103,146	$117,864	$132,605
Avg Med Supply Cost Per Billable Calls	$39.05	$39.05	$39.10	$44.23	$47.65	$49.35	$57.66	$57.66	$57.65
EQUIPMENT REPAIRS/MO. FEES									
Repairs									
Monthly Cost	$125	$125	$125	$150	$150	$150	$250	$250	$250
Total Equipment Repairs	$1,500	$1,500	$1,500	$1,800	$1,800	$1,800	$3,000	$3,000	$3,000
Mo. Equipment Costs									
No. of EMRs/EMTs/Medics	15	15	15	17	17	17	20	20	20
Monthly Fee	$15	$15	$15	$15	$15	$15	$15	$15	$15
Total Mo. Equipment Fees	$2,700	$2,700	$2,700	$3,060	$3,060	$3,060	$3,600	$3,600	$3,600
Total Equipment Repairs/Fees	$4,200	$4,200	$4,200	$4,860	$4,860	$4,860	$6,600	$6,600	$6,600
LICENSING EXPENSES									
EMS base license expense	$450	$450	$450	$450	$450	$450	$450	$450	$450
EMS Substation license expense	$0	$0	$0	$0	$0	$0	$350	$350	$350
EMT license expense									
No. of EMT	15	15	15	12	12	12	7	7	7
Fee for EMTLicenses	$25	$25	$25	$25	$25	$25	$25	$25	$25
Total Fees fo EMTs Licenses	$375	$375	$375	$300	$300	$300	$175	$175	$175
AEMT license expense									
No. of AEMTs	0	0	0	5	5	5	4	4	4
Fee for AEMTs Licenses	$45	$45	$45	$45	$45	$45	$45	$45	$45
Total Fees for AEMTs Licenses	$0	$0	$0	$225	$225	$225	$180	$180	$180
Paramedic license expense									
No. of Paramedics	0	0	0	0	0	0	9	9	9
Fee for Paramedics Licenses	$65	$65	$65	$65	$65	$65	$65	$65	$65
Total Fees for Paramedics Licenses	$0	$0	$0	$0	$0	$0	$585	$585	$585
Total License Expense	$825	$825	$825	$975	$975	$975	$1,740	$1,740	$1,740

NINE EMS BUDGET PARAMETERS

	EX1	EX2	EX3	EX4	EX5	EX6	EX7	EX8	EX9
ANNUAL OPERATING EXPENSES PARAMETERS (CONTINUED - Page 11)									
OFFICE SUPPLIES									
Monthly Office Supplies Exp	$150	$150	$150	$175	$175	$250	$250	$350	$350
Total Office Supplies Expense	$1,800	$1,800	$1,800	$2,100	$2,100	$3,000	$3,000	$4,200	$4,200
UNIFORM ALLOWANCE									
No. of EMRs/EMTs/Medics	15	15	15	17	17	17	20	20	20
Mo. Uniform Allowance	$38	$38	$38	$50	$50	$50	$100	$100	$100
Total Uniform Allowance	$6,840	$6,840	$6,840	$10,200	$10,200	$10,200	$24,000	$24,000	$24,000
GEN'L LIABILITY INSURANCE, if applicable									
No. of EMRs/EMTs/Medics	15	15	15	17	17	17	20	20	20
Annual Cost	$150	$150	$150	$150	$150	$150	$150	$150	$150
Total Gen'l Liability Insurance	$2,250	$2,250	$2,250	$2,550	$2,550	$2,550	$3,000	$3,000	$3,000
TRAINING EXPENSES									
No. of EMRs/EMTs/Medics	15	15	15	17	17	17	20	20	20
Mo. Training Allowance	$30	$30	$30	$45	$45	$45	$60	$60	$60
Total Training Expenses	$5,400	$5,400	$5,400	$9,180	$9,180	$9,180	$14,400	$14,400	$14,400
MISCELLANEOUS									
% of Operating Expense	10.0%	8.0%	6.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%
Total Operating Before Misc	$113,926	$145,382	$177,001	$383,550	$446,921	$483,956	$690,934	$735,834	$773,969
Total Miscellaneous Expense	$11,393	$11,631	$10,620	$19,178	$22,346	$24,198	$34,547	$36,792	$38,698

NINE EMS BUDGET PARAMETERS

	EX1	EX2	EX3	EX4	EX5	EX6	EX7	EX8	EX9
ANNUAL OPERATING EXPENSES PARAMETERS (CONTINUED - Page 12)									
VOLUNTEER LABOR TO DEDUCT									
1st Crew 1st Crew Member									
Crew Regular Pay	$34,675	$52,925	$52,925	$52,925	$52,925	$52,925	$52,925	$52,925	$52,925
% Volunteer	100.0%	65.0%	65.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Total Volunteer Regular Pay	$34,675	$34,401	$34,401	$0	$0	$0	$0	$0	$0
Crew Benefits	$5,201	$7,939	$7,939	$7,939	$7,939	$7,939	$7,939	$7,939	$7,939
% Volunteer	100.0%	65.0%	65.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Total Volunteer Benefits	$5,201	$5,160	$5,160	$0	$0	$0	$0	$0	$0
Crew Overtime Pay	$15,878	$15,878	$15,878	$15,878	$15,878	$15,878	$15,878	$15,878	$15,878
% Volunteer	100.0%	100.0%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Total Volunteer Overtime Pay	$15,878	$15,878	$15,878	$0	$0	$0	$0	$0	$0
Unscheduled Overtime	$0	$1,131	$1,131	$2,262	$2,262	$2,262	$2,719	$3,263	$4,524
% Volunteer	100.0%	100.0%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Total Volunteer Unsched. O/T Pay	$0	$1,131	$1,131	$0	$0	$0	$0	$0	$0
1st Crew 2nd Crew Member									
Crew Regular Pay	$34,675	$52,925	$52,925	$52,925	$52,925	$52,925	$52,925	$54,750	$54,750
% Volunteer	100.0%	65.0%	65.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Total Volunteer Regular Pay	$34,675	$34,401	$34,401	$0	$0	$0	$0	$0	$0
Crew Benefits	$5,201	$7,939	$7,939	$7,939	$7,939	$7,939	$7,939	$8,213	$8,213
% Volunteer	100.0%	65.0%	65.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Total Volunteer Benefits	$5,201	$5,160	$5,160	$0	$0	$0	$0	$0	$0
Crew Overtime Pay	$15,878	$15,878	$15,878	$15,878	$15,878	$15,878	$15,878	$16,425	$16,425
% Volunteer	100.0%	100.0%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Total Volunteer Overtime Pay	$15,878	$15,878	$15,878	$0	$0	$0	$0	$0	$0
Unscheduled Overtime	$0	$1,131	$1,131	$2,262	$2,262	$2,262	$2,719	$3,375	$4,680
% Volunteer	100.0%	100.0%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Total Volunteer Unsched. O/T Pay	$0	$1,131	$1,131	$0	$0	$0	$0	$0	$0

NINE EMS BUDGET PARAMETERS

	EX1	EX2	EX3	EX4	EX5	EX6	EX7	EX8	EX9
ANNUAL OPERATING EXPENSES PARAMETERS (CONTINUED - Page 13)									
Crew Regular Pay	$0	$0	$0	$15,600	$15,600	$15,600	$54,750	$54,750	$54,750
% Volunteer	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Total Volunteer Regular Pay	$0	$0	$0	$0	$0	$0	$0	$0	$0
Crew Benefits	$0	$0	$0	$2,340	$2,340	$2,340	$8,213	$8,213	$8,213
% Volunteer	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Total Volunteer Benefits	$0	$0	$0	$0	$0	$0	$0	$0	$0
Crew Overtime Pay	$0	$0	$0	$2,340	$2,340	$2,340	$16,425	$16,425	$16,425
% Volunteer	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Total Volunteer Overtime Pay	$0	$0	$0	$0	$0	$0	$0	$0	$0
Unscheduled Overtime	$0	$0	$0	$2,340	$2,340	$2,340	$4,680	$4,680	$4,680
% Volunteer	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Total Volunteer Unsched. O/T Pay	$0	$0	$0	$0	$0	$0	$0	$0	$0
2nd Crew 2nd Crew Member									
Crew Regular Pay	$0	$0	$0	$15,600	$15,600	$15,600	$58,400	$62,050	$65,700
% Volunteer	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Total Volunteer Regular Pay	$0	$0	$0	$0	$0	$0	$0	$0	$0
Crew Benefits	$0	$0	$0	$2,340	$2,340	$2,340	$8,760	$9,308	$9,855
% Volunteer	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Total Volunteer Benefits	$0	$0	$0	$0	$0	$0	$0	$0	$0
Crew Overtime Pay	$0	$0	$0	$2,340	$2,340	$2,340	$17,520	$18,615	$19,710
% Volunteer	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Total Volunteer Overtime Pay	$0	$0	$0	$0	$0	$0	$0	$0	$0
Unscheduled Overtime	$0	$0	$0	$2,340	$2,340	$2,340	$4,992	$5,304	$5,616
% Volunteer	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Total Volunteer Unsched. O/T Pay	$0	$0	$0	$0	$0	$0	$0	$0	$0

NINE EMS BUDGET PARAMETERS

	EX1	EX2	EX3	EX4	EX5	EX6	EX7	EX8	EX9
ANNUAL OPERATING EXPENSES PARAMETERS (CONTINUED - Page 14)									
Volunteer Labor-Benefits									
Benefit Rate	15.0%	15.0%	15.0%	15.0%	15.0%	15.0%	15.0%	15.0%	15.0%
Crew 1 Benefits	$10,402	$10,320	$10,320	$0	$0	$0	$0	$0	$0
Crew 2 Benefits	$0	$0	$0	$0	$0	$0	$0	$0	$0
Total Benefits	$10,402	$10,320	$10,320	$0	$0	$0	$0	$0	$0
CHK Benefits Total	$10,403	$10,320	$10,320	$0	$0	$0	$0	$0	$0
CHK (Should = 0)	-1	0	0	0	0	0	0	0	0
Volunteer Labor-Crew 1									
Crew 1 Regular Pay	$69,350	$68,802	$68,802	$0	$0	$0	$0	$0	$0
Crew 1 Overtime Pay	$31,756	$31,756	$31,756	$0	$0	$0	$0	$0	$0
Crew 1 Benefits	$10,402	$10,320	$10,320	$0	$0	$0	$0	$0	$0
Crew 1 Total Volunteer	$111,508	$110,878	$110,878	$0	$0	$0	$0	$0	$0
Volunteer Labor-Crew 2									
Crew 2 Regular Pay	$0	$0	$0	$0	$0	$0	$0	$0	$0
Crew 2 Overtime Pay	$0	$0	$0	$0	$0	$0	$0	$0	$0
Crew 2 Benefits	$0	$0	$0	$0	$0	$0	$0	$0	$0
Crew 2 Total Labor	$0	$0	$0	$0	$0	$0	$0	$0	$0
Volunteer Management									
Full-Time Manager									
Total Salary + Benefits	$0	$0	$0	$0	$51,750	$57,500	$69,000	$74,750	$74,750
% Volunteer	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Total Volunteer F-T Manager	$0	$0	$0	$0	$0	$0	$0	$0	$0
or									
Part-Time Manager									
Part-Time Salary + Benefits	$4,025	$10,063	$16,100	$28,175	$0	$0	$0	$0	$0
% Volunteer	50.0%	50.0%	40.0%	30.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Total Volunteer P-T Manager	$2,013	$5,032	$6,440	$8,453	$0	$0	$0	$0	$0
Volunteer Management Annual Totals	$2,013	$5,032	$6,440	$8,453	$0	$0	$0	$0	$0

NINE EMS BUDGET PARAMETERS

	EX1	EX2	EX3	EX4	EX5	EX6	EX7	EX8	EX9
ANNUAL OPERATING EXPENSES PARAMETERS (CONTINUED - Page 15)									
Volunteer Labor- SUMMARY									
Crews Total Regular Pay	$69,350	$68,802	$68,802	$0	$0	$0	$0	$0	$0
Crews Total Overtime Pay	$31,756	$31,756	$31,756	$0	$0	$0	$0	$0	$0
Crews Total Benefits	$10,402	$10,320	$10,320	$0	$0	$0	$0	$0	$0
Crews Total Labor	$111,508	$110,878	$110,878	$0	$0	$0	$0	$0	$0
Volunteer Crews & Mgmt + Benefits Total	$113,521	$115,910	$117,318	$8,453	$0	$0	$0	$0	$0
LABOR-TOTALS									
Crews Total On-Call Pay	$36,500	$0	$0	$0	$0	$0	$0	$0	$0
Crews Total Regular Pay	$69,350	$105,850	$105,850	$137,050	$137,050	$137,050	$219,000	$224,475	$228,125
Crews Total Overtime Pay	$31,756	$34,018	$34,018	$45,640	$45,640	$45,640	$80,811	$83,965	$87,938
Crews Total Benefits	$15,878	$15,878	$15,878	$20,558	$20,558	$20,558	$32,850	$33,671	$34,219
Crews Total Labor	$153,484	$155,746	$155,746	$203,248	$203,248	$203,248	$332,661	$342,111	$350,282

NINE EMS BUDGET PARAMETERS

	EX1	EX2	EX3	EX4	EX5	EX6	EX7	EX8	EX9
ANNUAL REVENUE PARAMETERS - Page 1									
% of Total Miles Driven-Basic	100.0%	100.0%	100.0%	80.0%	80.0%	80.0%	60.0%	60.0%	50.0%
No. of Total Miles Driven-Basic	14,600	29,200	43,800	46,720	58,400	70,080	61,320	70,080	65,700
% of Total Miles-ALS-1	0.0%	0.0%	0.0%	20.0%	20.0%	20.0%	30.0%	20.0%	30.0%
No. of Miles-ALS-1	0	0	0	11,680	14,600	17,520	30,660	23,360	39,420
% of Total Miles-ALS-2	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	10.0%	20.0%	20.0%
No. of Miles ALS-2	0	0	0	0	0	0	10,220	23,360	26,280
CHK Total Miles Driven	14,600	29,200	43,800	58,400	73,000	87,600	102,200	116,800	131,400
CHK (Should = 0)	0	0	0	0	0	0	0	0	0
% of Billable Miles-Basic	100.0%	100.0%	100.0%	80.0%	80.0%	80.0%	60.0%	60.0%	50.0%
No. of Billable Miles-Basic	6,716	13,432	20,148	21,491	26,864	32,237	28,207	32,237	30,222
% of Billable Miles-ALS-1	0.0%	0.0%	0.0%	20.0%	20.0%	20.0%	30.0%	20.0%	30.0%
No. of Billable Miles-ALS-1	0	0	0	5,373	6,716	8,059	14,104	10,746	18,133
% of Billable Miles-ALS-2	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	10.0%	20.0%	20.0%
No. of Billable Miles ALS-2	0	0	0	0	0	0	4,701	10,746	12,089
CHK Total Billable Miles	0	13,432	20,148	26,864	33,580	40,296	47,012	53,728	60,444
CHK (Should = 0)	0	0	0	0	0	0	0	0	0
2013 GPCI (state specific)	0.954	0.954	0.954	0.954	0.954	0.954	0.954	0.954	0.954
Base Rate (region specific)	$400	$400	$400	$400	$400	$400	$400	$400	$400
RVU Units-Avg Basic	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
RVU Units-Avg Basic-Emerg	1.60	1.60	1.60	1.60	1.60	1.60	1.60	1.60	1.60
RVU Units-Avg ALS-1	1.20	1.20	1.20	1.20	1.20	1.20	1.20	1.20	1.20
RVU Units-Avg ALS-1-Emerg	1.90	1.90	1.90	1.90	1.90	1.90	1.90	1.90	1.90
RVU Units-Avg ALS-2	2.75	2.75	2.75	2.75	2.75	2.75	2.75	2.75	2.75
RVU Units-Avg ALS-2-Emerg	3.25	3.25	3.25	3.25	3.25	3.25	3.25	3.25	3.25
Per Call Revenues	Formula is =(RVU*(.3+(.7*GPCI)))*BASE RATE*1.03								
Avg Basic Call	$399	$399	$399	$399	$399	$399	$399	$399	$399
Avg Basic Call-Emerg	$638	$638	$638	$638	$638	$638	$638	$638	$638
Avg ALS-1 Call	$478	$478	$478	$478	$478	$478	$478	$478	$478
Avg ALS-1-Emerg	$758	$758	$758	$758	$758	$758	$758	$758	$758
Avg ALS-2 Call	$1,097	$1,097	$1,097	$1,097	$1,097	$1,097	$1,097	$1,097	$1,097
Avg ALS-2-Emerg	$1,296	$1,296	$1,296	$1,296	$1,296	$1,296	$1,296	$1,296	$1,296

NINE EMS BUDGET PARAMETERS

	EX1	EX2	EX3	EX4	EX5	EX6	EX7	EX8	EX9
ANNUAL REVENUE PARAMETERS (CONTINUED - Page 2)									
Total Call Revenues									
Avg Basic Call	$81,995	$163,989	$245,704	$278,741	$307,509	$344,177	$348,327	$398,003	$447,838
Avg Basic Call-Emerg	$43,703	$87,406	$130,981	$148,782	$164,221	$183,425	$186,041	$212,582	$239,186
Avg ALS-1 Call	$0	$0	$0	$52,341	$98,181	$141,345	$145,360	$166,105	$186,898
Avg ALS-1-Emerg	$0	$0	$0	$41,538	$103,770	$149,478	$149,174	$170,398	$191,774
Avg ALS-2 Call	$0	$0	$0	$0	$0	$0	$98,182	$112,113	$126,155
Avg ALS-2-Emerg	$0	$0	$0	$0	$0	$0	$46,397	$53,006	$59,616
Total Call Revenues	$125,698	$251,395	$376,685	$521,402	$673,681	$818,425	$973,481	$1,112,207	$1,251,467
% of Call Revenues Collected	70%	70%	70%	70%	70%	70%	70%	70%	70%
Avg Basic Call	$57,397	$114,792	$171,993	$195,119	$215,256	$240,924	$243,829	$278,602	$313,487
Avg Basic Call-Emerg	$30,592	$61,184	$91,687	$104,147	$114,955	$128,398	$130,229	$148,807	$167,430
Avg ALS-1 Call	$0	$0	$0	$36,639	$68,727	$98,942	$101,752	$116,274	$130,829
Avg ALS-1-Emerg	$0	$0	$0	$29,077	$72,639	$104,635	$104,422	$119,279	$134,242
Avg ALS-2 Call	$0	$0	$0	$0	$0	$0	$68,727	$78,479	$88,309
Avg ALS-2-Emerg	$0	$0	$0	$0	$0	$0	$32,478	$37,104	$41,731
Total Call Revenues	$87,989	$175,976	$263,680	$364,982	$471,577	$572,899	$681,437	$778,545	$876,028
Mileage Rates (from Medicare)									
Mileage Rates ≤ 17 miles	$7.50	$7.50	$7.50	$7.50	$7.50	$7.50	$7.50	$7.50	$7.50
Mileage Rate for > 17 miles	$5.00	$5.00	$5.00	$5.00	$5.00	$5.00	$5.00	$5.00	$5.00
Mileage Rural Adjustment (from Medicare)	1.03	1.03	1.03	1.03	1.03	1.03	1.03	1.03	1.03
Adj. Mileage Rates ≤ 17 miles	$7.73	$7.73	$7.73	$7.73	$7.73	$7.73	$7.73	$7.73	$7.73
Adj. Mileage Rate for > 17 miles	$5.15	$5.15	$5.15	$5.15	$5.15	$5.15	$5.15	$5.15	$5.15
Mileage Revenues									
No. of Billable Calls	274	548	821	1,095	1,369	1,643	1,789	2,044	2,300
Avg No. of Miles Per Call	40	40	40	40	40	40	40	40	40
Mileage Revenues for ≤ 17 miles	$131	$131	$131	$131	$131	$131	$131	$131	$131
Mileage Revenues for > 17 miles	$118	$118	$118	$118	$118	$118	$118	$118	$118
Total Revenues for ≤ 17 miles	$25,126	$50,252	$75,286	$100,412	$125,537	$150,663	$164,051	$187,435	$210,910
Total Revenues for > 17 miles	$22,632	$45,265	$67,815	$90,447	$113,079	$135,712	$147,771	$168,834	$189,980

NINE EMS BUDGET PARAMETERS

	EX1	EX2	EX3	EX4	EX5	EX6	EX7	EX8	EX9
ANNUAL REVENUE PARAMETERS (CONTINUED - Pa ge 3)									
Subsidies									
City Sales Tax	$0	$0	$0	$52,643	$0	$0	$0	$0	$0
County Sales Tax	$53,482	$0	$63,254	$0	$0	$0	$75,640	$84,300	$0
State Sales Tax	$0	$0	$0	$0	$0	$0	$0	$0	$0
Ad Valorem Tax (Property Tax)	$0	$0	$0	$0	$0	$0	$0	$0	$94,500
City Subsidy	$0	$40,000	$0	$0	$0	$28,000	$0	$0	$0
County Subsidy	$0	$0	$0	$0	$48,500	$0	$0	$0	$0
State Subsidy	$0	$0	$0	$0	$0	$0	$0	$0	$0
Subscriptions	$6,500	$9,400	$8,400	$0	$0	$0	$0	$0	$0
Donations	$1,756	$248	$3,500	$0	$0	$5,800	$0	$0	$0
Grants	$20,000	$0	$0	$35,000	$0	$0	$35,000	$0	$0
Fundraisers	$2,865	$0	$0	$0	$8,456	$0	$0	$0	$0
Utility Assessments/Surcharges	$0	$23,812	$0	$0	$0	$0	$0	$0	$0