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**SUBMITTAL TO THE BOARD OF SUPERVISORS
COUNTY OF RIVERSIDE, STATE OF CALIFORNIA**

FROM: Community Health Agency/Department of Public Health

SUBMITTAL DATE:
June 11, 2008

SUBJECT: Approve the Second Amendment to the Master Agreement with Blythe Ambulance Service (BAS) (Contract Number DPH02K.097).

RECOMMENDED MOTION: That the Board of Supervisors:

- 1) Approve the Second Amendment to the Master Agreement with BAS and designate BAS as the emergency ambulance provider for the exclusive operating area of the Palo Verde Valley for the second, three year extension, commencing July 1, 2008 through June 30, 2011; and
- 2) Authorize the Purchasing Agent to make ministerial amendments and sign option-year amendments not to exceed the authorized amounts; and
- 3) Authorize the Chairperson to execute four (4) copies of the Amendment.

(Continued)
BB/pb

Susan D. Harrington
Susan Harrington, Director
Department of Public Health

FINANCIAL DATA	Current F.Y. Total Cost:	\$ 45,000	In Current Year Budget:	YES
	Current F.Y. Net County Cost:	\$ 0	Budget Adjustment:	NO
	Annual Net County Cost:	\$ 0	For Fiscal Year:	08/09

SOURCE OF FUNDS: 100% funded by MISP, Mental Health and within the Department of Public Health by Maddy funds and realignment	Positions To Be Deleted Per A-30	<input type="checkbox"/>
	Requires 4/5 Vote	<input type="checkbox"/>

C.E.O. RECOMMENDATION: APPROVE
Debra Cournoyer
BY: Debra Cournoyer
Debra Cournoyer

County Executive Office Signature

MINUTES OF THE BOARD OF SUPERVISORS

On motion of Supervisor Ashley, seconded by Supervisor Stone and duly carried, IT WAS ORDERED that the above matter is approved as recommended.

Ayes: Buster, Stone and Ashley
Nays: None
Absent: Tavaglione and Wilson
Date: June 24, 2008
xc: CHA, Pub. Health, Purchasing

Nancy Romero
Clerk of the Board
By: *Nancy Romero*
Deputy

Prev. Agn. Ref.: 10/25/2005 3.13 **District:** All **Agenda Number:**

ATTACHMENTS FILED

3 19

FORM APPROVES COUNTY COUNSEL
BY: *Neal R. Kipnis*
DATE: 6/13/08
Purchasing: *Mark Seiler*
Mark Seiler, Assistant Director
Departmental Concurrence

Dept't Recomm.: Consent Policy
Per Exec. Ofc.: Consent Policy

**SECOND AMENDMENT TO THE AGREEMENT
WITH
BLYTHE AMBULANCE SERVICE
(Ambulance Service)**

That certain Agreement between the COUNTY OF RIVERSIDE (COUNTY) and Blythe Ambulance Service (CONTRACTOR), approved on June 11, 2002, Item 3.14, amended for the first time on October 25, 2005 is hereby amended for the second time as follows, effective July 1, 2008.

- To extend the period of performance from July 1, 2005 through June 30, 2008 to July 1, 2008 through June 30, 2011.
- To amend Schedule E. RESPONSE TIME STANDARDS, B, II, 4., as follows:
4. Thirty (30) Minute Response Zone
Contractor shall place an ambulance at the scene within thirty (30) minutes, as measured by an analog clock until such time as a digital clock is installed into the dispatch center, from the time that the ambulance is dispatched to Chuckwalla Valley State Prison (CVSP), 19025 Wiley's Well Rd., Blythe, CA 92225 and to Ironwood State Prison (ISP), 19005 Wiley's Well Road, Blythe, CA 92225.
- To delete Schedule D (Mental Health Reimbursement Schedule), in its entirety and replace by the new Schedule D (Mental Health Reimbursement Schedule) 2008/2009, attached hereto.
- To delete Schedule G (Rate Schedule), in its entirety and replaced by the new Schedule G (Rate Schedule) 2008/2009, attached hereto.
- All other terms and conditions of this Agreement remain unchanged.

IN WITNESS WHEREOF, the Parties hereto have caused their duly authorized representatives to execute this Amendment.

COUNTY OF RIVERSIDE

CONTRACTOR

By Roy Wilson
 Roy Wilson, Chairman, Board of Supervisors
 Date JUN 24 2008

Blythe Ambulance Services
 By Leslie Jessop-Watkins
Leslie Jessop-Watkins
 Print Name

Attest:
 Nancy Romero, Clerk
 By [Signature]
 Deputy

Date 6-10-08

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/td

Schedule D (2008/2009)

MENTAL HEALTH REIMBURSEMENT SCHEDULE AND SERVICE

1. Contractor shall provide ambulance transportation for persons in apparent need of mental health treatment and are under a hold pursuant to the 5150 code under the Welfare and Institution Code, from their location within the County of Riverside to an appropriate evaluation health care facility within their primary response areas. Transportation for these persons may be transported by BLS unit or subcontracted out to BLS providers.
2. Provide transportation for persons in need of mental health service, pursuant to the 5150 code under the Welfare and Institution code, from any facility within Riverside County providing healthcare to a facility within Riverside County or San Bernardino County authorized to provide intensive mental health treatment. Transportation for these persons may be transported by BLS units or subcontracted out to BLS providers. The evaluating health care facility shall first receive authorization for such transport from a Riverside County Department of Mental Health staff member who shall notify Contractor of same and providing authorization to Contractor.
3. Make a written record to include the name and address of the patient, the point of pick-up and delivery of the patient, the date and time of origin of the call, the dispatching agency and the apparent nature of the illness or cause of injury.
4. Maintain a log of all patients transported under this provision.
5. MENTAL HEALTH shall reimburse Contractor in accordance with current Medi-Cal allowable charges. This amount may be adjusted annually based on payor reimbursement rates.
6. The Contractor shall attempt reimbursement from other payor sources prior to submitting a request for reimbursement from the County.

Schedule G (2008/2009)

RATE SCHEDULE

RATE SCHEDULE	
1. ALS Rate	\$1,205.75
2. Emergency Air Ambulance Intercept Rate*	\$1500.00
3. BLS Rate	\$819.75
4. Mileage (loaded)**	\$28.00
5. Oxygen	\$95.75
6. Night Charge	\$95.75
7. Disposables	\$63.75
8. IV	\$38.35
9. EKG (3 lead)	\$82.25
10. EKG (12 lead)	\$310.75
11. Loading Fee ***	\$180.00
12. Wait Time	\$99.00 per 15 min
13. Extra Attendant	\$566.75
14. Dry Run ****	\$566.75
15. Decontamination	\$310.75

**Annual Adjustments
(to Schedule G)**

The rates set out above may be adjusted annually in the amount of 3.5%.

In addition, the Contractor may also be granted rate increases or decreases in an amount equal to Contractor's extraordinary increases or decreases in its cost of operations. The Contract Administrator shall determine the application process for such extraordinary cost increases or decreases. Such extraordinary cost increases or decreases shall be subject to:

Contract Administrator approval for additional rate increases up to 5%; and
Board of Supervisors approval for additional rate increases over 5%.

Schedule G

RATE SCHEDULE

(Page 2 of 2)

Level of Service: This Agreement requires Contractor to provide an ALS level response to all EMS incidents, except in cases involving patients subject to a hold under Welfare and Institutions Code Section 5150, and contemplates that Contractor shall bill patients and their third party payors (including Medicare) for such level of response.

*Emergency Air Ambulance Intercept Rate can only be charged when an ALS unit is required but an ALS air rescue or ALS Air Ambulance transports the patient. This is an all inclusive fee with the exception of a Night Charge where appropriate.

** Mileage can be charged only when the patient being charged is actually transported to an approved medical facility in the back of an ambulance and continuously being monitored by the paramedic or EMT.

*** Loading Fee will be charged only when a patient is transferred from the ambulance to an air ambulance at Blythe Airport.

**** Dry Run Rate can be charged when a person is assessed but not transported. An assessment includes, at a minimum, a chief complaint, vital signs and an appropriate physical assessment (see regulations and county policies to obtain a thorough description). A patient cannot be billed if this information is not documented on a proper patient care report. These patients will be charged at the Dry Run Rate for billing purposes as specified in the rate schedule above. An ALS Rate with no mileage can be assessed to a patient in full arrest when ALS interventions including medications have been given but the patient is not transported.