BOS Agreement # 18.146

Memorandum of Understanding Advanced Life Support Enhancement Funding

Memorandum of Understanding, entered into this day of 2018, between County of Mendocino, State of California (COUNTY) and Long Valley Fire Protection District, a provider of Advanced Life Support and ambulance services.

Coastal Valleys Emergency Medical Services Agency (CVEMSA) received additional funding in the Mendocino County budget for Fiscal Year 2018-19. This funding is allocated for enhancement of advanced life support (ALS) emergency medical services (EMS) in rural areas of Mendocino County. The funds may be used to support innovative projects that enhance ALS services and provide data to the EMS Agency of the long-term sustainability of service or to define the gap in maintaining the enhanced level of service.

Based on the criteria that providers are ALS permitted ambulance providers sustaining vulnerable existing ALS programs or continuing to enhance areas in which ALS does not independently exist, the following program will be approved and funding provided:

Long Valley Fire Protection District

To be eligible PROVIDER will provide or do the following:

- 1. PROVIDER shall **submit a monthly report** exhibiting the ALS staffing supported with project funds.
- 2. PROVIDER shall submit quarterly reports describing the specific advanced life support enhancements that have been achieved within the system. These reports should also include ALS and Basic Life Support (BLS) call volume. Quarterly reports are due no later than fifteen (15) days following the close of a fiscal quarter. (Quarter one is July through September, Quarter two is October through December, Quarter three is January through March, and Quarter four is April through June).
- 3. PROVIDER shall **submit quarterly financial reports** to include program costs, billing and reimbursement revenue, direct funding as provided by either partner agency, or projected revenue from additional partner opportunities, such as clinics and/or hospitals. Financial reports may be subject to third party audit.
- 4. PROVIDER shall provide within the quarterly report a description of the training and educational opportunities made possible through the partnership. This may include but not be limited to policy updates, courses to earn Continuing Education Units, and/or the provision of an on-site Emergency Medical Treatment (EMT) course in affiliation with an approved training program.
- 5. PROVIDER shall provide within the quarterly report a description of the specific equipment and supply enhancements made possible through the partnership.

Any agency special need equipment purchases must be approved by the Local Emergency Medical Services Agency (LEMSA) prior to purchasing.

- 6. PROVIDER shall provide evidence of enrollment with Partnership to become eligible for Inner Governmental Transfers (IGT) and continue commitment efforts towards supplemental funding programs including Ground Emergency Medical Transport (GEMT). In addition, pending state approval, provider will gain an understanding of SB1300 and seek eligibility of funds.
- 7. Upon conclusion of the ALS enhancement project period PROVIDER shall provide a one-time detailed report describing the partnerships fiscal and operational challenges, opportunities, and successes. This report must be approved by the CVEMSA.
- 8. PROVIDER will be paid for deliverables according to the following guidelines/ requirements: PROVIDER will submit invoices monthly, listing progress and completion of tasks/deliverables. Invoices to be submitted monthly to:

Mendocino County HHSA Public Health 1120 S. Dora St. Ukiah, CA 95482 Attn: Cindy Roper

Payments shall not exceed Sixty-Six Thousand Dollars (\$66,000) for the term of this agreement.

Upon execution of this MOU the County of Mendocino will contribute \$66,000 to Long Valley Fire Protection District. The funds must be used to directly support the partnership enhancement project and expenditure must be included in the end of year report. The funds may be allocated to personnel providing direct service, personnel costs associated with reporting requirements, equipment/supplies directly used in the partnership, and or training/education provided directly to the partnership.

IN WITNESS WHEREOF **DEPARTMENT_FISCAL REVIEW:** CONTRACTOR/COMPANY NAME Bv: Sue Carberry, Long Valley Fire Chief Tammy Moss Chandler, HHSA Director Date: Date: Budgeted: X Yes NAME AND ADDRESS OF CONTRACTOR: Budget Unit: 4016 Line Item: 86-3113 Long Valley Fire Protection District Org/Object Code: EM PO Box 89 Grant: ☐ Yes X No Laytonville, CA 95415 COUNTY OF MENDOCINO By signing above, signatory warrants and represents that he/she executed this Agreement in his/her authorized capacity and DAN HAMBURG, Chair that by his/her signature on this Agreement, **BOARD OF SUPERVISORS** he/she or the entity upon behalf of which he/she acted, executed this Agreement OCT 1 6 2018 Date: ATTEST: CARMEL, J. ANGELO, Clerk of said Board **COUNTY COUNSEL REVIEW:** APPROVED AS TO FORM: Deputy OCT 1 6 2018 KATHARINE L. ELLIOTT. County Counsel I hereby certify that according to the provisions of Government Code section 25103, delivery of this Bv: document has been made. Deputy CARMEL J. ANGELO, Clerk of said Board Date: Deputy **INSURANCE REVIEW: EXECUTIVE OFFICE/FISCAL REVIEW:** Date: 10-2-18 Date: Signatory Authority: \$0-25,000 Department; \$25,001-50,000 Purchasing Agent; \$50,001+ Board of Supervisors Exception to Bid Process Required/Completed _ _ Exempt per County Counsel Mendocino County Business License: Valid Exempt Pursuant to MCC Section: ____Exempt per Treasurer / Tax Collector, Special District