

**SIERRA-SACRAMENTO VALLEY EMS AGENCY  
PROGRAM POLICY**

**REFERENCE NO. 410**

**SUBJECT: SERVICE PROVIDER: APPLICATION PROCESS AND PROCEDURE  
FOR APPROVAL/ RENEWAL, DENIAL, SUSPENSION, REVOCATION  
AND APPEAL PROCESS**

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**PURPOSE:**

To establish the application process and procedure for approval, denial, suspension, revocation and appeal of Service Providers in the S-SV EMS Region. This does not apply to existing S-SV Exclusive Operating Area service providers.

**AUTHORITY:**

California Health & Safety Code, Division 2.5, Sections 1797, et seq.

California Code of Regulations, Title 22, Division 9, Sections 100167, 100168, 100169, 100170 and 100171.

California Code of Regulation Title 13, Section 1100 et seq.

**POLICY:**

A Service Provider shall meet all requirements set forth by State law, regulations and S-SV EMS Agency policy.

**PROCEDURE:**

I. **All applicant agencies shall fully complete the "Service Provider Application for Approval" packet. INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.**

II. **Service Provider Application for Approval packet**

Applicants shall submit the following information/ documentation in the following order:

A. PREFACE

1. Application Check Off List – (Form # 89400-1)
2. Statement of Fact – (Form # 89400-2)

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Effective Date: 12/01/2008  
Next Review Date: 06/2011

Date Last Reviewed / Revised: 06/2008  
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Approved by:

William Koenig, MD  
S-SV EMS Medical Director

Victoria Pinette  
S-SV EMS Regional Executive Director

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3. Statement of Good Faith – (Form # 89400-3)

**B. SECTION I - ORGANIZATION/BUSINESS INFORMATION**

1. Application Face Sheet - (Form # 89401-1)

2. Organization Chart

3. PUBLIC AGENCY - List of Chief of Department, EMS Coordinator,  
Medical Director (if applicable) - (Form # 89401-3A)

PRIVATE SERVICE - List of Owners, Partners, Board of Directors, Chief  
Executive Officer, Medical Director (if applicable) - (Form # 89401-3B).

4. Statement of Legal History - (Form # 89401-4).\*

5. Application for Criminal Record Check - (Form # 89401-5).\*

6. Description of service/intended service

7. Location of stations/substations - (Form # 89401-7).

8. Copies of business license and county permit(s) for ambulance services, as  
applicable

9. A Letter of Intent or copy of an executed contract with an S-SV base hospital  
to provide base hospital service for ALS service

(A copy of an executed agreement with an S-SV base hospital **will be  
required prior to implementation of a service.**)

10. Description **and flow chart** of complaint investigation procedure and  
resolution process related to: (a) billing, (b) personnel and (c) delivery of  
service

11. Three letters of reference in support of service

**\*NOT APPLICABLE TO PUBLIC AGENCIES.**

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C. SECTION II - FISCAL INFORMATION

1. PUBLIC AGENCY - Provide copy of agency budget, including budget for the service.

PRIVATE SERVICE - Provide the company's financial statement for the previous fiscal year, prepared by the company's auditor. **(Financial information will remain confidential.)**

IF A SERVICE PROVIDER APPLICANT IS A NEWLY ESTABLISHED BUSINESS - attach a Business Financial Plan.

2. Provide a statement regarding your service's policy on accepting or not accepting Medicare assignments, if applicable, or statement that you do not bill for service.
3. Provide a list of rates charged for services, if applicable, or statement that you do not bill for service.

D. SECTION III – INSURANCE

1. Proof of insurance coverage: Attach certificates or copies. If self-insured: Provide statement of self-insurance.

E. SECTION IV - PERSONNEL

1. Provide name, current address, and certification/local accreditation and/or professional license number of all the following applicable employees:
  - a) Drivers and attendants - (Form # 89404-1A).
  - b) EMT-Paramedics - (Form # 89404-1B).
  - c) Licensed personnel, including; physicians, registered nurses and/or respiratory therapists. If EMS aircraft service provider, list pilots - (Form # 89404-1C).

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2. Describe staffing necessary for the number of units to be operated by the service.
3. Describe, or attach policy, and provide an organization chart showing who is responsible for the supervision of EMT and ALS personnel. Provide description of supervisors' duties and responsibilities.
4. Describe how the service proposes that its personnel will comply with requirements for continuing education/training and periodic certification/licensing.
5. Describe or attach the employee orientation policy or program.
6. Complete and attach Alcohol/Drug-Free Workplace Certification form - (Form # 89404-6).
7. Attach policy related to providing an Alcohol/Drug-Free Workplace in accordance with Government Code, Section 8355.

**F. SECTION V - VEHICLES/EQUIPMENT/SUPPLIES**

1. List of all service provider vehicles, including ambulances, which will be utilized in providing services in the S-SV EMS region - (Form # 89405-1).
2. Attach copies of ambulance license(s) issued by CHP, as applicable.
3. Attach copies of any CHP vehicle inspection reports, unless exempt, include deficiencies found during the past year. If deficiencies were found, list corrective action taken.
4. Description or policy of applicant's vehicle maintenance program.
5. Description of communications and 24-hour dispatch capabilities, including recording of telephone and radio communications of the service, recording maintenance and retrieval system, recording of response times and the protocols used for dispatching service.
6. Attach completed Vehicle Communication Equipment form - (Form # 89405-6).

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7. List of Biomedical equipment service contracts - and description of biomedical equipment maintenance program.
8. Attach statement that your service will comply with the S-SV inventory requirements.
9. Provide a description or policy of the service's plan for drug storage and resupply.
10. Provide location of storage, supply or resupply of drugs, dangerous drugs and controlled substances.
11. List name, current address and license number of the physician and/or clinical pharmacist, if the service warehouses drugs.

**G. SECTION VI - CONTINUOUS QUALITY IMPROVEMENT AND MEDICAL RECORDS:**

1. Attach a copy of the service provider's internal quality improvement program. Include name(s) of responsible individual(s). (See California Code of Regulations, Title 22, Section 100167.)
2. Provide a description and/or policy of how the service proposes to maintain medical records on the treatment of patients.
3. Provide statement that the service will use the S-SV EMS Agency's scannable Patient Care Report (PCR) form on all responses and/or transports within and out of the S-SV EMS region. (See California Code of Regulations, Title 22, Section 100167.)

Patient Care Report data shall be forwarded to the S-SV EMS Agency, at minimum, on a monthly basis.

**H. SECTION VII - INFECTION CONTROL AND BIO-HAZARDOUS MATERIALS:**

1. Describe or attach the service's plan for infection control and all applicable O.S.H.A. requirements.
2. Describe or attach the service's plan for handling and disposal of bio-hazardous materials.

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III. **Application for Designation/Approval Process by S-SV EMS:**

The Service Provider Application for Designation/Approval process shall include all of the following:

- A. Perform initial review of all submitted application material for completeness.
- B. Perform background investigation of applicant service provider.
- C. Review application and proposed service for compliance with State law, regulations and S-SV EMS Agency requirements.
- D. Inspection by S-SV EMS Agency of ambulances, vehicles and station(s) to verify compliance with S-SV inventory and station requirements.
- E. Verify executed agreement with an S-SV approved base hospital.
- F. An executed Service Provider Agreement with the S-SV EMS Agency.

IV. **Grounds for Disapproval, Denial, Suspension and Revocation of Permit Application:**

Determination by S-SV EMS Agency that the applicant fails to meet any of the following requirements:

- A. Failure to provide a complete application;
- B. If the applicant has previously had an applicable permit revoked or the status is directly at issue which affects his present ability to serve;
- C. If the applicant has a criminal record which reasonably indicated she/he would be unlikely to properly accept the responsibilities of operating a service;
- D. If there is reasonable cause to believe that the applicant will not provide emergency medical service or medical transport in a manner that will promote the health and general welfare of persons within the Region who may need to utilize the applicants proposed services;
- E. If the applicant does not have the required equipment for its units;

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- F. If the applicant proposes to operate a service within a service area where another ambulance service or entity has been granted an exclusive operating area;
- G. Failure to comply with all applicable regulations and S-SV EMS Agency policies and procedures;
- H. A person who exhibits unprofessional conduct or failure to maintain that standard of performance; the use of obscene, abusive, slanderous or threatening language.

If the application is denied, S-SV EMS Agency will provide notice, in writing, the reason(s) for the denial and submit specific recommendations to fulfill compliance requirements (if any) within 45 days.

V. **Appeal Process**

The Applicant may request an appeal of the decision to deny. The request must be submitted in writing within 14 days of receipt of denial. The Ambulance Advisory Committee will convene a three person review panel made up of either its members or members it selects that are knowledgeable in EMS and/or the provision of ALS services. A Chairperson shall be appointed.

- A. Presentation of Information: Applicant shall present information outlining decision-making process and reason for denial.
- B. S-SV EMS Agency responds.
- C. Review panel shall make a written recommendation to the S-SV EMS Agency Medical Director within 15 days.
- D. The appeal process shall be closed to the public unless the Applicant requests the hearing to be open.
- E. The appeal process shall be recorded and transcribed by S-SV EMS Agency and made available to the Applicant after a decision is rendered. The S-SV EMS Agency Medical Director has the final decision to either award or deny the provider applicant based upon the recommendation of the Review Panel.