

SIERRA-SACRAMENTO VALLEY EMS AGENCY PROGRAM POLICY

REFERENCE NO. 410

SUBJECT: SERVICE PROVIDER APPLICATION PROCESS AND PROCEDURE

PURPOSE:

To establish the application process and procedure for approval, denial, suspension, revocation and appeal of Non-Exclusive Operating Area (EOA) Service Providers in the S-SV EMS Region. This policy applies to all of the following Non-EOA Service Providers:

- A. ALS, LALS and BLS ground transport service providers.
- B. ALS and LALS non-transport service providers.
- C. EMS aircraft service providers.

AUTHORITY:

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

California Code of Regulations, Title 22, Division 9, Chapter's 2, 3, 4, 8 & 12

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

POLICY:

S-SV EMS Agency approved service providers shall meet all requirements set forth by State law, regulations and S-SV EMS Agency policy.

PROCEDURE:

All applicant agencies shall fully complete the appropriate Service Provider Application packet including all of the required items listed below. Incomplete applications will not be processed.

A. Service Provider Application for Initial Approval:

Applicants for Initial Approval shall submit the following information/documentation:

Items marked with * are not applicable to public agencies

1. Statement of Fact form.

Effective Date: 06/01/2011

Date last Reviewed / Revised: 02/11

Next Review Date: 02/2014

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Approved:

SIGNATURE ON FILE
S-SV EMS Medical Director

SIGNATURE ON FILE
S-SV EMS Regional Executive Director

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2. Statement of Good Faith form.
3. Current Organizational Chart including who is responsible for the supervision of BLS and ALS personnel. Provide a description of the supervisor's duties and responsibilities.
4. List of Owners / Fire Chief form.
5. Statement of Legal History.*
6. Application for Criminal Record Check.*
7. Description of service / intended service.
8. List of Station Locations / Hours of Operation form.
9. Copies of business license(s) and county permit(s) for ambulance services, as applicable.
10. A Letter of Intent or copy of an executed contract with an S-SV EMS approved base or modified base hospital to provide base hospital service for ALS and/or LALS service. A copy of an executed agreement with an S-SV EMS approved base or modified base hospital will be required prior to implementation of a service.
11. Description and flow chart of complaint investigation procedure and resolution process related to:
 - a. Billing
 - b. Personnel
 - c. Delivery of service
12. Three letters of reference in support of service.
13. Fiscal information:
 - a. Public Agency - Provide copy of agency budget, including budget for the service.
 - b. Private Service Provider Agency - Provide the company's financial statement for the previous fiscal year, prepared by the company's auditor. **(Financial information will remain confidential).**
 - c. Newly Established Service Provider Agency Applicant - Attach a Business Financial Plan.
14. A statement regarding your service's policy on accepting or not accepting

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Medicare assignments, if applicable, or statement that you do not bill for service.

15. A list of rates charged for services, if applicable, or statement that you do not bill for service.
16. Proof of insurance coverage – attach certificates or copies. If self insured, provide a statement of self-insurance.
17. A current EMR / EMT roster.
18. A current Paramedic / RN roster.
19. Alcohol / Drug-Free Workplace Certification form.
20. A list of all service provider vehicles and/or medical transport vehicles controlled by the applicant which will be utilized in the region. EMS aircraft applicants shall provide a description of all aircraft utilized.
21. Copies of ambulance license(s) issued by the CHP, if applicable, and any CHP inspection reports listing deficiencies found during the past year. If deficiencies were found, list the corrective action(s) taken.
22. Description or policy of applicant's vehicle maintenance program.
23. 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 policies / protocols used for dispatching service.
24. Vehicle Communication Equipment form.
25. List of Biomedical equipment service contracts and description of Biomedical equipment maintenance program.
26. A description or policy of the applicant's plan for drug storage and resupply.
27. Location of Storage, Supply or Resupply of Drugs and Controlled Substances form if the service warehouses drugs.
28. Name, current address and license number of the physician and/or pharmacist, if the service warehouses drugs.
29. 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, Division 9, Chapter 12 and 'Emergency Medical Services System Quality Improvement Program Model Guidelines', EMSA

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#166).

30. A description and/or policy of how the service proposes to maintain medical records on the treatment of patients.
31. A statement that the service provider will use the S-SV EMS Agency's approved electronic PCR system for all responses and/or transports within and out of the S-SV EMS region, or will provide the S-SV EMS Agency with California Emergency Medical Services Information System (CEMSIS) compliant data on a monthly basis for all responses and/or transports within or out of the S-SV EMS region. The service provider is responsible for ensuring that their data submission is compatible with the S-SV EMS Agency approved data system if applicable.
32. Describe or attach the service's plan for infection control and all applicable O.S.H.A. requirements.
33. Describe or attach the service's plan for handling and disposal of bio-hazardous materials.

B. Service Provider Application for Renewal:

On an annual basis, S-SV EMS Agency approved service providers shall submit the following information / documentation for renewal no later than July 1st of the calendar year:

1. Statement of Fact form.
2. Statement of Good Faith form.
3. A list of service complaints – attach a list and copy of all service complaints received during the past 12 months. Include outcome of investigation and complaint resolution.
4. List of Owners / Fire Chief form.
5. Current Organizational Chart.
6. Proof of insurance coverage – attach certificates or copies. If self insured, provide a statement of self-insurance.
7. List of Station Locations / Hours of Operation form.
8. Location of Storage, Supply or Resupply of Drugs and Controlled Substances form if the service warehouses drugs.
9. Name, current address and license number of the physician and/or pharmacist

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if the service warehouses drugs.

10. Name and contact information of the person(s) responsible for the service's CQI program.
11. An annual QI report for the previous year's activity.
12. The total number of EMS dispatched calls for the previous year.
13. A list of all service provider vehicles and/or medical transport vehicles controlled by the applicant which will be utilized in the region. EMS aircraft applicants shall provide a description of all aircraft utilized.
14. A current EMR / EMT roster.
15. A current Paramedic / RN roster.
16. A list of current ambulance rates if applicable.
17. Copies of ambulance license(s) issued by the CHP, if applicable, and any CHP inspection reports listing deficiencies found during the past year. If deficiencies were found, list the corrective action(s) taken.

C. Application for Initial Approval / Renewal Process:

Once a completed application for Initial Approval / Renewal is received, the S-SV EMS Agency will complete the following procedure:

1. Perform an initial review of all submitted application material for completeness.
2. Perform a background investigation of applicant service provider (Initial Approval private provider applicants only).
3. Review the application and proposed service for compliance with State law, regulations and S-SV EMS Agency requirements.
4. Perform an inspection of ambulances, vehicles and station(s) to verify compliance with S-SV EMS Agency requirements.
 - a. Initial Approval applicants – Inspections are required prior to the implementation of service.
 - b. Renewal applicants – Inspections will occur in close proximity to the approval of the service provider renewal.
5. Verify the executed agreement with an S-SV EMS Agency approved base or

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modified base hospital (Initial Approval applicants only).

6. Execute a Service Provider Agreement between the S-SV EMS Agency and the approved service provider.

D. 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:

1. Failure to provide a complete application;
2. If the applicant has previously had an applicable permit revoked or the status is directly at issue which affects their present ability to serve;
3. If the applicant has a criminal record which reasonably indicated she/he would be unlikely to properly accept the responsibilities of operating a service;
4. 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;
5. If the applicant does not have the required equipment for its units;
6. 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;
7. Failure to comply with all applicable regulations and S-SV EMS Agency policies and procedures;
8. 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, the 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.

E. 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

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provision of EMS services. A Chairperson shall be appointed.

1. Presentation of Information: Applicant shall present information outlining decision-making process and reason for denial.
2. The S-SV EMS Agency responds.
3. Review panel shall make a written recommendation to the S-SV EMS Agency Medical Director within 15 days.
4. The appeal process shall be closed to the public unless the Applicant requests the hearing to be open.
5. The appeal process shall be recorded and transcribed by S-SV EMS Agency staff 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.