

## PHSKC Agreement # 4986 EMS - Amendment 1

### AMENDMENT

This Amendment between PHSKC and the Recipient changes the referenced Agreement for the following purpose(s): Adding scope of work and budget for PPE. Contractor will provide basic life support services to residents of King County. Total amount this action: \$1,174,983 [\$810,356 (BLS), \$32,820 (Core), \$16,408 (QI), \$170,399 (MIH), and \$120,000 (EMT)] in accordance with attached 2021 Allocation Letter

Recipient Name & Address: King County Fire District #4 dba Shoreline Fire Department, 17525 Aurora Ave N, Shoreline, WA 98133

Project Title: Basic Life Support Services

Effective Date of Amendment: January 01, 2021

Agreement End Date:  No Change  Change to:

Agreement Amount:  No Change  Change to: \$2,293,192.00

Funding Details:  No Change  Revise the following funding details:

<u>Funding Source</u>	<u>PHSKC Contract #</u>	<u>Amount</u>	<u>Effective Dates</u>	<u>New or Revised</u>
EMS Levy	NA	\$1,174,983.00	Jan 01 2021 TO Dec 31 2021	New


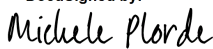
Funding Summary:  No Change  Revise to read:

FEDERAL: COUNTY: \$2,293,192.00 STATE: OTHER:

Exhibits:  No Change  Revise as follows:  
Add Exhibit G, Scope of Work and Budget for PPE Warehouse

King County Terms & Conditions:  No Change  Revise as follows:

All other terms and conditions of the referenced Agreement and any previous Agreement amendment not revised herein shall remain unchanged and in full force and effect.

<b>RECIPIENT SIGNATURE</b> <small>DocuSigned by:</small>  <small>CS773F0D3ED047D...</small>	<b>PRINTED NAME AND TITLE</b> Matt Cowan Fire Chief	<b>DATE SIGNED</b> 2/3/2021
<b>PHSKC SIGNATURE</b> <small>DocuSigned by:</small>  <small>13BC7C8E2C294C0</small>	<b>PRINTED NAME AND TITLE</b> Michele Plorde Division Director	<b>DATE SIGNED</b> 2/3/2021

**Emergency Medical Services Division**

401 Fifth Avenue, Suite 1200  
Seattle, WA 98104-1818

**206-296-4693** Fax 206-296-4866  
TTY Relay: 711

[www.kingcounty.gov/health](http://www.kingcounty.gov/health)



December 17, 2020

Matt Cowan, Chief  
Shoreline Fire Department  
17525 Aurora Ave. N.  
Shoreline, WA 98133

Dear Chief Cowan:

As was endorsed during the recent levy planning process, the BLS contract for the 2020-2025 levy span consolidates the funding for several programs into just one contract. This helps streamline the complexities of managing and executing separate contracts for the various programs.

**This letter serves as notification of the different BLS allocations available to your agency for 2021.** Following is a programmatic breakdown of Shoreline Fire Department 2021 BLS contract:

BLS Basic Allocation	\$810,356
BLS Core Services	\$ 32,820
BLS Training and QI Strategic Initiative	\$ 16,408
Mobile Integrated Healthcare (MIH)	\$ 170,399
Initial EMT Training	\$120,000
PPE Warehouse	\$ 25,000
<b>TOTAL</b>	<b>\$1,174,983</b>

Because the PPE Warehouse is new to the contract, Public Health – Seattle & King County will send you a contract amendment, outlining the scope. The amendment will arrive from the [Adobe DocuSign email system](#). After signing and returning the contract, you can begin billing for reimbursement following the appropriate program regulations - application and usage information is outlined in the next few pages and is also available on the EMS webpage under the [Regional Groups](#) tab [www.kingcounty.gov/ems/regional](http://www.kingcounty.gov/ems/regional).

If the amendment doesn't show up in your inbox, please check your spam or junk folder; if there is still no sign of the contract by the first week of February, please give a call and we will track it down for you.

Should you have any questions about the contract, programmatic requirements, or invoicing, please reach out at any time ~

Sincerely,

A handwritten signature in black ink, appearing to read 'Helen Chatalas', with a long horizontal flourish extending to the right.

Helen Chatalas, MPA  
Assistant Director  
King County EMS  
206-263-8560  
206-580-9904 (cell)  
[Helen.Chatalas@kingcounty.gov](mailto:Helen.Chatalas@kingcounty.gov)

## BLS FUNDING

### BLS BASIC ALLOCATION

The **BLS Basic Allocation** was developed as a way to recognize and support BLS for its significant contribution to the success of the EMS system.

- The allocation is used to help offset costs of providing EMS services. Agencies use the allocation to pay for a variety of EMS-specific (per RCW 84.52.069) items including personnel, equipment and supplies.
- The funding is a reimbursement, meaning the agency invoices the EMS Division for repayment up to the amount available/spent that year.
- Agency funding levels are determined using a formula based 50% on Assessed Valuation (AV) and 50% on call volumes.
- Agencies can invoice the full amount after costs are incurred. For example, an agency that expends an amount equivalent to their total allocation on BLS activities in the first quarter could invoice the full amount in a Q1 invoice.
- Agencies must submit the Basic Allocation expenditure invoice for reimbursement.

**If you have any questions about the BLS Basic Allocation**, please contact Helen Chatalas at 206-263-8560 or [Helen.Chatalas@kingcountygov](mailto:Helen.Chatalas@kingcountygov).



**2021 BLS Invoice - Basic Allocation**

Contract Number:  
 Exhibit: B1 - 2021 BLS Basic Allocation Invoice  
 Contract Period of Performance: 2021

**Agency Name:** \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Contact Person: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 email: \_\_\_\_\_

**ALL FIELDS MUST BE COMPLETED FOR PROMPT PAYMENT PROCESSING**

King County Accounts Payable Information	
Purchase Order #	_____
Supplier Name	_____
Supplier #	_____
Supplier Pay Site	_____
Remit to Address	_____
Req # and Receipt #	_____
Invoice Date	_____
Invoice #	_____
Amount to be Paid	_____
Note to AP	_____
Payment Type	(Circle One) CHECK or ACH
Print on Remittance	_____
PH Program name & phone	_____

**Please submit signed hardcopy invoice or PDF to:**  
 Emergency Medical Services Division  
 Attn: Mary Won  
 401 5th Ave., Suite 1200  
 Seattle, WA 98104  
[mary.won@kingcounty.gov](mailto:mary.won@kingcounty.gov)

Start Date	End Date
_____	_____
MM/DD/YY	

Invoice for services rendered under this contract for the period of:

Project	Organization	Expend Acct	Task	Award	DPH Acct	CPA	CFDA	Amount
1045572	830000	53180	002	101752				

*Attach sheet for multiple POETAs*

OPERATIONAL FUNDS	2020 Budget	Invoice Amount	Previous Total	Expense To Date	Budget Remaining
<b>Salaries &amp; Benefits</b>					
EMT Salaries	\$ -	\$ -	\$ -	\$ -	\$ -
Other Salaries	\$ -	\$ -	\$ -	\$ -	\$ -
Overtime	\$ -	\$ -	\$ -	\$ -	\$ -
Employee Benefits	\$ -	\$ -	\$ -	\$ -	\$ -
<i>Subtotal Salaries</i>	\$ -	\$ -	\$ -	\$ -	\$ -
<i>Subtotal Employee Benefits:</i>	\$ -	\$ -	\$ -	\$ -	\$ -
<b><i>Subtotal Employee Salaries &amp; Benefits:</i></b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>Other Costs:</b>					
Medical Supplies & Equipment	\$ -	\$ -	\$ -	\$ -	\$ -
Office & Computer Supplies & Equipment	\$ -	\$ -	\$ -	\$ -	\$ -
Uniforms, Fire & Safety Supplies	\$ -	\$ -	\$ -	\$ -	\$ -
Dispatch	\$ -	\$ -	\$ -	\$ -	\$ -
Communications	\$ -	\$ -	\$ -	\$ -	\$ -
Vehicle Maintenance	\$ -	\$ -	\$ -	\$ -	\$ -
Facility Costs	\$ -	\$ -	\$ -	\$ -	\$ -
Training	\$ -	\$ -	\$ -	\$ -	\$ -
Misc.	\$ -	\$ -	\$ -	\$ -	\$ -
<b><i>Subtotal Other Costs:</i></b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>2021 BLS Grand Total</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

I, the undersigned, do hereby certify under the laws of the State of Washington penalty of perjury, that this is a true and correct claim for reimbursement services rendered. I understand that any false claims, statements, documents, or concealment of material fact may be prosecuted under applicable Federal and State laws. This certification includes any attachments which serve as supporting documentation to this reimbursement request.

Signed \_\_\_\_\_ Date \_\_\_\_\_

PH Program Manager Approval \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

For Public Health Use Only					
	Received	Entered	CM/PM Review	FM Review	Official Copy Rcvd
Date					
Initial					

## BLS FUNDING

### BLS CORE SERVICES

The **BLS Core Services Program** provides funding to help cover unanticipated costs that can't be accommodated within an agency's current budget. This money is in excess of agencies' normal BLS allocation.

- Funds may be used for expenditures related to operations, capacity and/or equipment that are incurred outside standard or planned operations.
- For the 2020-2025 levy span, agencies may "save up" and carryforward previous years' funding to pay for larger purchases.
- Agencies email the EMS Division outlining how it plans to use the funds; the EMS Division will respond to the agency within a week to confirm the proposed usage meets the program's intent.
- Funding is divided among fire agencies using the current BLS allocation methodology (50% based on assessed valuation and 50% based on call volume).
- Like the BLS allocation, agencies are reimbursed for their expenses, and must submit a complete and accurate BLS Core Services expenditure invoice.

**If you have any questions about the BLS Core Services program**, please contact Helen Chatalas at 206-263-8560 or [Helen.Chatalas@kingcountygov](mailto:Helen.Chatalas@kingcountygov).



**2021 BLS Invoice - BLS Core Services**

Contract Number:  
 Exhibit: B2 - BLS Core Services Invoice  
 Contract Period of Performance: 2021

**Agency Name:**

Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Contact Person: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 email: \_\_\_\_\_

**Please submit signed hardcopy invoice or PDF to:**  
 Emergency Medical Services Division  
 Attn: Mary Won  
 401 5th Ave., Suite 1200  
 Seattle, WA 98104  
[mary.won@kingcounty.gov](mailto:mary.won@kingcounty.gov)

ALL FIELDS MUST BE COMPLETED FOR PROMPT PAYMENT PROCESSING

King County Accounts Payable Information	
Purchase Order #	_____
Supplier Name	_____
Supplier #	_____
Supplier Pay Site	_____
Remit to Address	_____
Req # and Receipt #	_____
Invoice Date	_____
Invoice #	_____
Amount to be Paid	_____
Note to AP	_____
Payment Type	(Circle One) CHECK or ACH
Print on Remittance	_____
PH Program name & phone	_____

Start Date	End Date

MM/DD/YY

Invoice for services rendered under this contract for the period of:

Project	Organization	Expend Acct	Task	Award	DPH Acct	CPA	CFDA	Amount
1127515	830000	53180		101752				\$ -

Attach sheet for multiple POETAs

OPERATIONAL FUNDS	2019 Budget	Invoice Amount	Previous Total	Expense To Date	Budget Remaining
<b>Operations</b>					
Dispatch/Communications	\$ -	\$ -	\$ -	\$ -	\$ -
EMS Student Training	\$ -	\$ -	\$ -	\$ -	\$ -
Operational Supplies	\$ -	\$ -	\$ -	\$ -	\$ -
Other Unplanned Expense	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Subtotal Operations</b>	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Capacity</b>					
Facilities	\$ -	\$ -	\$ -	\$ -	\$ -
Call Volume/Utiliation	\$ -	\$ -	\$ -	\$ -	\$ -
Expanded Capacity to meet added demand	\$ -	\$ -	\$ -	\$ -	\$ -
Unplanned Event	\$ -	\$ -	\$ -	\$ -	\$ -
Aid Car Hours	\$ -	\$ -	\$ -	\$ -	\$ -
Consumable Supplies	\$ -	\$ -	\$ -	\$ -	\$ -
Other Unplanned Expense	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Subtotal Capacity</b>	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Equipment</b>					
Vehicle	\$ -	\$ -	\$ -	\$ -	\$ -
Communications	\$ -	\$ -	\$ -	\$ -	\$ -
Medical & Other	\$ -	\$ -	\$ -	\$ -	\$ -
Stretchers	\$ -	\$ -	\$ -	\$ -	\$ -
Other	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Subtotal Equipment</b>	\$ -	\$ -	\$ -	\$ -	\$ -
<b>2021 BLS Core Grand Total</b>	\$ -	\$ -	\$ -	\$ -	\$ -

I, the undersigned, do hereby certify under the laws of the State of Washington penalty of perjury, that this is a true and correct claim for reimbursement services rendered. I understand that any false claims, statements, documents, or concealment of material fact may be prosecuted under applicable Federal and State laws. This certification includes any attachments which serve as supporting documentation to this reimbursement request.

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date

\_\_\_\_\_  
PH Program Manager Approval

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

For Public Health Use Only					
	Received	Entered	CM/PM Review	M Review	Official Copy Rcvd
Date					
Initial					



## BLS FUNDING

### RUN REVIEW - BLS TRAINING & QI INITIATIVE

The **Run Review** facet of the BLS Training and QI Initiative examines EMT medical performance, decision making, and understanding of current education concepts.

- BLS agencies receive resources to conduct a "minimum level" of standard patient care record review (run review) and related EMT training.
- Each agency receives \$5,000 from the total allocation, and remaining funds are then distributed based on percentage of call volume.
- The EMS Division and its regional partners collaboratively identify "minimum standard level" on an annual basis. The expected level or focus includes both clinical and administrative review.
- Paramedics and certified CBT instructors conduct Run Review, and provide feedback EMT(s) within 14 days of the call.
- Agencies provide subsequent training consisting of at least conducting one training class per agency per quarter.
- Agencies will receive their allocations based on completing the scope of work and submitting an invoice that reflects the work.

**If you have any questions about the BLS Training & QI Initiative**, please contact Helen Chatalas at 206-263-8560 or [Helen.Chatalas@kingcountygov](mailto:Helen.Chatalas@kingcountygov).



EXHIBIT B3

ALL FIELDS MUST BE COMPLETED FOR PROMPT PAYMENT PROCESSING

## 2021 BLS Invoice - Run Review BLS Training & QI Initiative

Contract Number:  
Exhibit: B3 - BLS Training and QI Program Invoice  
Contract Period of Performance: 2021

**Agency Name:** \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
email: \_\_\_\_\_

King County Accounts Payable Information	
Purchase Order #	_____
Supplier Name	_____
Supplier #	_____
Supplier Pay Site	_____
Remit to Address	_____
Invoice Date	_____
Invoice #	_____
Amount to be Paid	_____
Note to AP	_____
Payment Type	(Circle One) CHECK or ACH
Print on Remittance	_____
PH Program name & phone	_____

*Please submit signed hardcopy invoice or PDF to:*  
Emergency Medical Services Division  
Attn: Helen Chatalas  
401 5th Ave., Suite 1200  
Seattle, WA 98104  
[helen.chatalas@kingcounty.gov](mailto:helen.chatalas@kingcounty.gov)

**Invoice for services rendered under this contract  
for the period of:**

Start Date	End Date

MM/DD/YY

Project	Organization	Expend Acct	Task	Award	DPH Acct	CPA	CFDA	Amount
1138795	830000	53180	100	101752				

*Attach sheet for multiple POETAs*

Direct Costs	Budget	Current	Previous Billed	Expense to Date	Balance
Run Reviews and Training	\$ -	\$ -	\$ -	\$ -	\$ -

I, the undersigned, do hereby certify under the laws of the State of Washington penalty of perjury, that this is a true and correct claim for reimbursement services rendered. I understand that any false claims, statements, documents, or concealment of material fact may be prosecuted under applicable Federal and State laws. This certification includes any attachments which serve as supporting documentation to this reimbursement request.

Signed \_\_\_\_\_ Date \_\_\_\_\_

PH Program Manager Approval \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

For Public Health Use Only					
	Received	Entered	CM/PM Review	FM Review	Official Copy Rcvd
Date					
Initial					

**2021 BLS - BLS QI & Training RUN REVIEW Report**

**1st Quarter Run Review Report**

Agency Name: \_\_\_\_\_

**RUN REVIEW** (Attach Report at Group & Topic Level)

# reviewed

Records reviewed for completeness & accuracy (Recorded times; response times; vitals; CPR data; data timeliness)

\_\_\_\_\_

**Records to be reviewed for clinical indicators**

**ALS Indicators** (Cardiac Arrest; STEMI; Stroke; Trauma)

**BLS-specific types of cases** (Anaphylaxis; Stroke; Respiratory Distress; ALS Request from scene (type of transport); Left at Scene

\_\_\_\_\_

\_\_\_\_\_

Requirements

Review/comment to EMT within 14 days

Conduct one training class per shift/ grouping per quarter

Average review/comment days

# of records

# meeting requirement

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**TRAININGS (Date/Topic/Instructor)**

Dates	Description	Instructor
Jan 10, 11, 15, 17, 20	High performance CPR with emphasis on xxxx based on observation of xxx and xxxx	Instructor A
Feb 5, x, x, x,	LAMB codes with emphasis on xxxx based on observation of xxx	Instructor B
Feb 15, x, x, x,	xxxxx with emphasis on xxxx based on observation of xxx	Instructor A
March 5, x, x, x,	xxxxx with emphasis on xxxx based on observation of xxx	Instructor B

**Run Review**

What trends did you notice during your reviews?

Clinical:

Administrative:

ESO-related:

What were your areas of achievement?

Clinical:

Administrative:

ESO-related:

Where is there room for improvement?

Clinical:

Administrative:

**2021 BLS - BLS QI & Training RUN REVIEW Report**

**2nd Quarter Run Review Report**

Agency Name: \_\_\_\_\_

**RUN REVIEW** (Attach Report at Group & Topic Level)

# reviewed

**Records reviewed for completeness & accuracy** (Recorded times; response times; vitals; CPR data; data timeliness)

\_\_\_\_\_

**Records to be reviewed for clinical indicators**

**ALS Indicators** (Cardiac Arrest; STEMI; Stroke; Trauma)

\_\_\_\_\_

**BLS-specific types of cases** (Anaphylaxis; Stroke; Respiratory Distress; ALS Request from scene (type of transport); Left at Scene)

\_\_\_\_\_

Requirements

# of records

# meeting requirement

Review/comment to EMT within 14 days

\_\_\_\_\_

Conduct one training class per shift/ grouping per quarter

\_\_\_\_\_

Average review/comment days

\_\_\_\_\_

**TRAININGS (Date/Topic/Instructor)**

Dates	Description	Instructor
April 10, 11, 15, 17, 20	High performance CPR with emphasis on xxxx based on observation of xxx and xxxx	Instructor A
May 5, x, x, x,	LAMB codes with emphasis on xxxx based on observation of xxx	Instructor B
May 15, x, x, x,	xxxxx with emphasis on xxxx based on observation of xxx	Instructor A
June 5, x, x, x,	xxxxx with emphasis on xxxx based on observation of xxx	Instructor B

**Run Review**

What trends did you notice during your reviews?

Clinical:

Administrative:

ESO-related:

What were your areas of achievement?

Clinical:

Administrative:

ESO-related:

Where is there room for improvement?

Clinical:

Administrative:

**2021 BLS - BLS QI & Training RUN REVIEW Report**

**3rd Quarter Run Review Report**

Agency Name: \_\_\_\_\_

**RUN REVIEW** (Attach Report at Group & Topic Level)

# reviewed

Records reviewed for completeness & accuracy (Recorded times; response times; vitals; CPR data; data timeliness)

\_\_\_\_\_

**Records to be reviewed for clinical indicators**

**ALS Indicators** (Cardiac Arrest; STEMI; Stroke; Trauma)

**BLS-specific types of cases** (Anaphylaxis; Stroke; Respiratory Distress; ALS Request from scene (type of transport); Left at Scene)

\_\_\_\_\_

\_\_\_\_\_

Requirements

# of records

# meeting requirement

Review/comment to EMT within 14 days

Conduct one training class per shift/ grouping per quarter

Average review/comment days

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**TRAININGS (Date/Topic/Instructor)**

Dates	Description	Instructor
June 10, 11, 15, 17, 20	High performance CPR with emphasis on xxxx based on observation of xxx and xxxx	Instructor A
July 15, x, x, x,	LAMB codes with emphasis on xxxx based on observation of xxx	Instructor B
July 15, x, x, x,	xxxxx with emphasis on xxxx based on observation of xxx	Instructor A
August 5, x, x, x,	xxxxx with emphasis on xxxx based on observation of xxx	Instructor B

**Run Review**

What trends did you notice during your reviews?

Clinical:

Administrative:

ESO-related:

What were your areas of achievement?

Clinical:

Administrative:

ESO-related:

Where is there room for improvement?

Clinical:

Administrative:

**2021 BLS - BLS QI & Training RUN REVIEW Report**

**4th Quarter Run Review Report**

Agency Name: \_\_\_\_\_

**RUN REVIEW** (Attach Report at Group & Topic Level)

# reviewed

Records reviewed for completeness & accuracy (Recorded times; response times; vitals; CPR data; data timeliness)

\_\_\_\_\_

Records to be reviewed for clinical indicators

**ALS Indicators** (Cardiac Arrest; STEMI; Stroke; Trauma)

**BLS-specific types of cases** (Anaphylaxis; Stroke; Respiratory Distress; ALS Request from scene (type of transport); Left at Scene)

\_\_\_\_\_

\_\_\_\_\_

Requirements

# of records

# meeting requirement

Review/comment to EMT within 14 days

Conduct one training class per shift/ grouping per quarter

Average review/comment days

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**TRAININGS (Date/Topic/Instructor)**

Dates	Description	Instructor
Sept 10, 11, 15, 17, 20	High performance CPR with emphasis on xxxx based on observation of xxx and xxxx	Instructor A
Oct 5, x, x, x,	LAMB codes with emphasis on xxxx based on observation of xxx	Instructor B
Oct 15, x, x, x,	xxxxx with emphasis on xxxx based on observation of xxx	Instructor A
Nov 5, x, x, x,	xxxxx with emphasis on xxxx based on observation of xxx	Instructor B

**Run Review**

What trends did you notice during your reviews?

Clinical:

Administrative:

ESO-related:

What were your areas of achievement?

Clinical:

Administrative:

ESO-related:

Where is there room for improvement?

Clinical:

Administrative:

## 2021 BLS - BLS QI & Training RUN REVIEW Report

Cumulative -- 2021

Agency Name:

Quarterly Allocation -->

\$ -

**RUN REVIEW** (Attach Report at Group & Topic Level)

**Records reviewed for completeness & accuracy** (*Recorded times; response times; vitals; CPR data; data timeliness*)

# of records

# reviewed

0

0

**Records to be reviewed for clinical indicators** (attach report)

**ALS Indicators** (*Cardiac Arrest; STEMI; Stroke; Trauma*)

**BLS-specific types of cases** (*Anaphylaxis; Stroke; Respiratory Distress; ALS Request from scene (type of transport); Left at Scene*)

0

0

0

0

Requirements

Review/comment to EMT within 10 days

Conduct one training class per shift/ grouping per quarter

Average review/comment days

# of records

# meeting  
requirement

0

0

0

0

## BLS FUNDING

### MOBILE INTEGRATED HEALTHCARE (MIH)

**Mobile Integrated Healthcare (MIH)** programs connect low-acuity and vulnerable EMS clients to the appropriate resources to address their complex needs through alternative response and referral strategies. The region collectively identified extending MIH services to all parts of the King County as a top priority for the 2020-2025 levy span.

- BLS agencies receive funding to provide MIH services. Agencies may choose to run their own program, or partner with other nearby agencies to create a larger effort.
- MIH funding must be used only for MIH services; it is not intended to fund existing BLS, ALS, or fire services
- The funding is a reimbursement, meaning the agency invoices the EMS Division for repayment up to the amount allocated that year. The EMS Division determines and regularly updates guidance on MIH-eligible expenses.
- Agency funding levels mirror those of the BLS allocation, based 50% on assessed valuation (AV) and 50% on call volumes.
- Agencies implementing MIH will support good regional stewardship of the program through close collaboration with the EMS Division and other King County MIH programs at the MIH stakeholder meetings (MIH Network) and by adhering to the MIH Program Guidelines established by the EMS Division.
- For the 2020-2025 levy span, agencies may carryforward previous years' funding. This can allow for the building up of programs or to set aside funds for larger expenses.

**If you have any questions about the MIH program**, please contact Marlee Fischer at 206-263-6956 or [marfischer@kingcounty.gov](mailto:marfischer@kingcounty.gov).





**2020 - 2025 BLS Invoice – Agencies that operate an MIH program**

Fire Agency Name  
 Exhibit: C – Invoice and Budget Summary  
 Contract Period: 1/1/2020 to 12/31/2025

Fire Agency Name  
 Address 1  
 Address 2  
 Name, Title  
 (111) 111-1111  
[email@email.com](mailto:email@email.com)

EMS Division Invoice Contact:  
 Marlee Fischer ([marfischer@kingcounty.gov](mailto:marfischer@kingcounty.gov))  
 Public Health—Seattle & King County  
 Emergency Medical Services Division  
 401 5<sup>th</sup> Ave., Suite 1200  
 Seattle, WA 98104

ALL FIELDS MUST BE COMPLETED FOR PROMPT PAYMENT PROCESSING

King County Accounts Payable Information	
Purchase Order #	_____
Supplier Name	_____
Supplier #	_____
Supplier Pay Site	_____
Remit to Address	_____
Invoice Date	_____
Invoice #	_____
Amount to be Paid	_____
Note to AP	_____
Payment Type	(Circle One) CHECK or ACH
Print on Remittance	_____
PH Program Name & Phone	_____

Invoices for services rendered under this contract for the period of:

Start Date	End Date
MM/DD/YY	MM/DD/YY

For Public Health Use Only				
	Rcv'd	FM Review	Entered	Approved
Date				
Initial				

Project	Organization	Expend Acct	Task	Award	DPH Acct	CPA	CFDA	Amount

Attach sheet for multiple POETAs

Direct Costs	Budget	Billed to Date	Current Report	Cumulative	Balance
<b>Personnel Costs</b>	\$	\$	\$	\$	\$
Salaries	--	--	\$	\$	--
Overtime	--	--	\$	\$	--
Benefits	--	--	\$	\$	--
<b>Program Support</b>	\$	\$	\$	\$	\$
Supplies & Uniforms	--	--	\$	\$	--
Planning	--	--	\$	\$	--
Training	--	--	\$	\$	--
<b>Vehicle/Vehicle Support</b>	\$	\$	\$	\$	\$
<b>Technology/Reporting</b>	\$	\$	\$	\$	\$
<b>Professional Services</b>	\$	\$	\$	\$	\$
<b>Total Direct Costs</b>	\$	\$	\$	\$	\$

<b>Grand Total</b> (Your agency's portion)	\$	\$	\$	\$	\$
			Amount Due		

I, the undersigned, do hereby certify under the laws of the State of Washington penalty of perjury that this is a true and correct claim for reimbursement services rendered. I understand that any false claims, statements, documents, or concealment of material fact may be prosecuted under applicable Federal and State laws. This certification includes any attachments which serve as supporting documentation to this reimbursement request.

\_\_\_\_\_  
 Signed Date

\_\_\_\_\_  
 PH Program Manager Approval Date

\_\_\_\_\_  
 Print Name

# Public Health

Seattle & King County

## 2020 - 2025 BLS Invoice – Agencies that contract for MIH program

Fire Agency Name  
 Exhibit: C – Invoice and Budget Summary  
 Contract Period: 1/1/2020 to 12/31/2025

Fire Agency Name  
 Address 1  
 Address 2  
 Name, Title  
 (111) 111-1111  
[email@email.com](mailto:email@email.com)

EMS Division Invoice Contact:

Marlee Fischer ([marfischer@kingcounty.gov](mailto:marfischer@kingcounty.gov))  
 Public Health—Seattle & King County  
 Emergency Medical Services Division  
 401 5<sup>th</sup> Ave., Suite 1200  
 Seattle, WA 98104

ALL FIELDS MUST BE COMPLETED FOR PROMPT PAYMENT PROCESSING

King County Accounts Payable Information	
Purchase Order #	_____
Supplier Name	_____
Supplier #	_____
Supplier Pay Site	_____
Remit to Address	_____
Invoice Date	_____
Invoice #	_____
Amount to be Paid	_____
Note to AP	_____
Payment Type	(Circle One) CHECK or ACH
Print on Remittance	_____
PH Program Name & Phone	_____

**Invoices for services rendered under this contract for the period of:**

Start Date	End Date
MM/DD/YY	MM/DD/YY

For Public Health Use Only				
	Rcv'd	FM Review	Entered	Approved
Date				
Initial				

Project	Organization	Expend Acct	Task	Award	DPH Acct	CPA	CFDA	Amount
1137930	830500	53180	002	101752				

*Attach sheet for multiple POETAs*

MIH program expenses included in this invoice were incurred by the below listed agency. Applicable supporting documentation for the expenses will be organized and available from the below listed agency.

MIH Agency: \_\_\_\_\_

MIH Costs	Budget	Billed to Date	Current Report	Cumulative	Balance
MIH Agency Costs	\$	\$	\$	\$	\$
<b>Total Direct Costs</b>	\$	\$	\$	\$	\$
<b>Grand Total</b>	\$	\$	\$	\$	\$
			Amount Due		

I, the undersigned, do hereby certify under the laws of the State of Washington penalty of perjury that this is a true and correct claim for reimbursement services rendered. I understand that any false claims, statements, documents, or concealment of material fact may be prosecuted under applicable Federal and State laws. This certification includes any attachments which serve as supporting documentation to this reimbursement request.

\_\_\_\_\_  
 Signed Date

\_\_\_\_\_  
 PH Program Manager Approval Date

\_\_\_\_\_  
 Print Name

## **Exhibit G - Scope of Work and Budget**

### **Emergency Medical Services (EMS) Division: Regional Personal Protective Equipment (PPE) Warehouse**

**and**

### **Shoreline Fire Department**

**Project Goal:** The EMS Division, Public Health – Seattle & King County will contract with identified fire departments to establish strategic locations in King County to store emergency supplies of infectious disease personnel protective equipment (PPE). This will be in coordination with the three Fire/EMS Zone (1, 3, 5) representatives and the identified local fire department.

**Project Overview:**

Recent COVID-19 pandemic operations have shown the approach to pre-position PPE stocks for emergency response highly effective. No agency in King County has been required to operate without PPE during the outbreak. The region's deliberate pandemic response plans, PPE stocks and collaboration between the EMS Division and regional fire departments all contributed to King County successfully responding to this emergent health crisis.

COVID-related spikes, influenza, tuberculosis and other respiratory or infectious disease outbreaks should be expected in the coming years. However, the COVID-19 pandemic revealed that neither the Washington State nor the Federal PPE supply systems can support a nationwide epidemic response. The struggle for King County agencies to get PPE was further exacerbated by local and state level priorities and distribution systems which placed components of the entire health care system in competition with each other for limited resources.

Extended use/reuse and decontamination methods currently employed by EMS agencies are not a factor for planning and forecasting future PPE needs. There is not enough data to effectively evaluate the impacts of contingency mode operations. However, based on our current experiences, we can be sure of the positive impacts of decontamination methods.

Contingency mode operations have decreased the demand on PPE supplies for EMS agencies across King County. Departments will be required to actively participate in the storage, distribution and use of PPE. All agencies will be expected to maintain their own baseline PPE inventory.

**Scope of Work:** The work will be comprised of three elements: Storage, Inventory, and Regional Coordination.

Storage: Shoreline Fire Department will provide a safe and secure location for the purpose of storing an emergency supply of PPE for Zone 1 agencies. Minimum requirements include 500 square feet of storage.

Inventory: Shoreline Fire Department will maintain an ongoing inventory to ensure adequate oversight of the supplies.

Coordination: Shoreline Fire Department will coordinate with the Zone Representatives who will provide coordination for acquisition and distribution of PPE supplies to fire departments in King County.

Hold Harmless and Indemnification:

The Recipient further agrees that it is financially responsible for and will repay the County all indicated amounts following an audit exception which occurs due to the negligence, intentional act, and/or failure, for any reason, to comply with the terms of this Scope by the Recipient, its officers, employees, agents, and/or representatives. The Recipient will not be held financially responsible for damage to goods stored, IF damage occurs that is beyond the control of the Recipient. Examples to include, water, earthquake, fire or acts of violence due to social unrest. This duty to repay the County shall not be diminished or extinguished by the prior termination of the Scope pursuant to the Term and Termination section.

**Budget**:

A total of \$5,000 will be paid on an annual basis starting January 1, 2021 through December 31, 2025 upon successful completion of the identified body of work.

	<b>Budget 2021-2025</b>
	\$5,000 x 5 years
<b>Total</b>	<b>\$25,000</b>