3.016 Public-Based Ambulance Unit Hour Cost and Medical Supply Restock Reimbursement Rates

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Title	Public-Based Ambulance Unit Hour Cost and Medical Supply Restock Reimbursement Rates	**Review Date**	To Be Determined
Section	Series 3000: Administration	**Revision Date**	To Be Determined
Policy Owner	Executive Administration	**Approved By**	Administrative Committee
Applicability	CONFIRE and Participating Agencies providing or staffing Public-Based Ambulances under agreement with CONFIRE.		
Required Reviews	Legal; Finance; EMS and Transport; affected Public-Based Ambulance agencies.		
Related Authority / Standards	Joint Powers Agreement; San Bernardino County Contract No. 23-1282, as amended; applicable Public-Based Ambulance Agreements; Administrative Committee Policies 1.001, 1.002, 1.004, 5.002, 5.003, and 6.002; then-current California Fire Assistance Agreement and Cal OES salary survey instructions.		
Supersedes	New Policy		

1. Purpose

This policy establishes a transparent, repeatable, and cost-based process for calculating and approving reimbursement rates for public agencies that provide or staff ambulances in support of San Bernardino County Contract No. 23-1282, as amended (County Contract). It memorializes the basis for each rate, supports consistent annual review, prevents duplicate reimbursement, and permits each annual calculation to be reconstructed from retained source records.

2. Authority and Order of Control

The Administrative Committee adopts this policy under the authority delegated by the Joint Powers Agreement, applicable Board policies, and the Administrative Committee Policies. Rates approved under this policy shall be consistent with the County Contract, applicable Public-Based Ambulance Agreements, the adopted CONFIRE budget, and applicable law.

If this policy conflicts with the County Contract, Board action, the Joint Powers Agreement, or applicable law (Controlling Authority), the Controlling Authority governs. An Administrative Committee rate resolution adopted under this policy establishes only the reimbursement rates authorized by the applicable Public-Based Ambulance Agreement and does not independently amend any other agreement term or authorize an expenditure beyond available appropriations or delegated authority.

When a Public-Based Ambulance Agreement expressly incorporates the annual Administrative Committee rate resolution, the resolution updates the reimbursement schedule on its effective date without a separate agreement amendment. If an agreement

does not contain that incorporation, the rate shall not change until the parties complete an amendment or other approval required by that agreement.

3. Applicability

This policy applies to CONFIRE and each Participating Agency that provides or staffs a Public-Based Ambulance for service within the exclusive operating areas covered by the County Contract. It governs the standardized reimbursement rates paid under the applicable Public-Based Ambulance Agreements. The approved standardized rate is not a representation or guarantee that it will equal the actual cost incurred by every Participating Agency.

4. Definitions

Agency-Owned Ambulance. A Public-Based Ambulance owned or leased by a Participating Agency and equipped, maintained, and restocked at the Participating Agency's or CONFIRE's cost.

Authorized Adjustment Rate. A contractually authorized or Administrative Committee-approved percentage adjustment applied for a Rate Year. The annual resolution shall identify the source of the adjustment, the percentage used, and the rate components to which it applies.

Baseline Agency. A Participating Agency included in the annual cost-profile analysis because it provides a front-line Agency-Owned Public-Based Ambulance service and has sufficient verified data for the applicable Rate Year. A Baseline Agency need not be Benchmark-Eligible.

Benchmark-Eligible Agency. A Baseline Agency for which sufficient verified rate data are available to calculate the Standard Benchmark Personnel Profile for the applicable Rate Year.

CFAA Blended Base Hourly Rate. The blended straight-time hourly classification rate reflected in, or used to prepare, the agency's then-current California Fire Assistance Agreement salary survey or equivalent verified payroll calculation, excluding any burden component separately added under this policy.

Completed Transport. A patient transport completed by a Public-Based Ambulance and recognized as a transport under the County Contract and the applicable Public-Based Ambulance Agreement.

County Contract. San Bernardino County Contract No. 23-1282, as amended, and any successor contract governing the same ambulance service program.

Participating Agency. A public agency that is a party to a Public-Based Ambulance Agreement with CONFIRE and is authorized to provide or staff one or more Public-Based Ambulances in support of the County Contract, including front-line, surge, additional, reserve, or backup resources, whether or not the agency is included as a Baseline Agency or Benchmark-Eligible Agency for a particular Rate Year.

Priority-Owned Ambulance. An ambulance owned, equipped, maintained, and restocked by Priority Ambulance, or its successor under the County Contract, that is staffed by a Participating Agency for front-line, surge, or other approved service.

Public-Based Ambulance. An ambulance resource staffed by personnel of a Participating Agency under a Public-Based Ambulance Agreement with CONFIRE to perform services required by the County Contract, whether the ambulance is Agency-Owned or Priority-Owned.

Public-Based Ambulance Agreement. An agreement between CONFIRE and a Participating Agency governing the provision or staffing of Public-Based Ambulance resources in support of the County Contract, regardless of the agreement title used by the parties.

Rate Year. The period for which reimbursement rates are approved by Administrative Committee resolution.

Standard Benchmark Personnel Profile. A standardized two-person personnel cost profile consisting of one Firefighter/Paramedic and one Firefighter/EMT. The profile is used solely for benchmark rate calculation and does not establish or represent the actual staffing or deployment model of a Participating Agency.

Unit Hour. One hour during which an approved ambulance resource is in service and available for assignment, as determined under the applicable Public-Based Ambulance Agreement and CONFIRE CAD records.

Unit Hour Cost or UHC. The standardized hourly reimbursement rate calculated under this policy.

5. Governing Rate Principles

1. Rates shall be based on reasonable, allocable, documented costs and shall not include additional revenue beyond the approved cost-based reimbursement methodology.
2. A cost may be recovered only once. Costs included in the UHC may not also be included in the medical supply restock add-on or another reimbursement category.
3. The same lookback period and calculation rules shall be used for all Baseline Agencies to the extent practicable.
4. Personnel calculations shall use blended classification data and shall not disclose or depend on the salary of a specifically named employee.
5. Final rates shall be rounded to the nearest cent. Intermediate calculations shall retain at least four decimal places.
6. Approved rates apply prospectively from the effective date stated in the resolution and remain in effect until superseded by subsequent Administrative Committee action. There is no automatic retroactive true-up unless expressly authorized by the applicable agreement and approved by the Administrative Committee.

6. Roles and Responsibilities

Executive Director

The Executive Director or designee administers this policy, issues annual data requests, resolves routine data questions, and presents the recommended rates and supporting analysis.

Finance and EMS Staff

CONFIRE Finance and EMS staff shall validate source records, prepare the calculation workbook, identify assumptions or exclusions, calculate the rates, and prepare the staff report and proposed Administrative Committee resolution.

Participating Agencies

Each Participating Agency shall timely provide requested rate and cost information certified by an authorized finance, human resources, or executive representative. Supporting records shall be sufficient to verify each material input.

EMS Division Subsidiary Committee

Staff should present the annual calculation to the EMS Division Subsidiary Committee for review and recommendation when meeting schedules permit. The absence of an EMS Division Subsidiary Committee recommendation does not delay or limit the Administrative Committee's authority to act.

Administrative Committee

The Administrative Committee shall approve the reimbursement rates by resolution at a publicly noticed meeting. A majority vote is required unless a Controlling Authority requires a different vote.

7. Annual Rate-Setting and Approval Process

The annual review shall begin no later than December 1, or at least 90 days before the intended effective date if the Administrative Committee establishes a different schedule. Staff shall schedule the proposed annual rate resolution for the last regular Administrative Committee meeting before March 1 unless a different date is established by the Administrative Committee or required by a Controlling Authority. The resolution shall identify its effective date.

The annual review shall include, but not be limited to:

1. Issue a written data request identifying the Rate Year, lookback period, required source documents, and submission deadline.
2. Validate the completeness, consistency, and non-duplication of personnel, capital, maintenance and operations, transport, and restock inputs.
3. Calculate a cost profile for each Baseline Agency and calculate the systemwide capital and maintenance and operations components.
4. Calculate the Agency-Owned Ambulance UHC, Priority-Owned Ambulance UHC, and medical supply restock add-on in accordance with Section 8.
5. Prepare a staff report stating the methodology, data periods, material assumptions, Benchmark-Eligible Agencies, excluded profiles or data, fiscal impact, and any proposed deviation from the default methodology.
6. Present the proposed rates in a formally adopted Administrative Committee resolution. Upon approval and completion of any additional action required by a Controlling Authority, provide the resolution to each affected Participating Agency and implement the rates on the stated effective date.

8. Rate Calculation Methodology

For benchmark selection, staff shall calculate the personnel component for each Benchmark-Eligible Agency using the fully burdened hourly cost of one Firefighter/Paramedic and one Firefighter/EMT. The benchmark personnel calculation is standardized for rate-comparison purposes and does not depend on the agency's actual ambulance staffing configuration.

For each benchmark position, the fully burdened hourly cost shall be calculated from the CFAA Blended Base Hourly Rate and the agency-specific burden rates in effect for the Rate Year. If a submitted CFAA rate already includes a burden component, that component shall be excluded from the separate add-on to prevent duplicate recovery.

Benchmark Personnel Profile

For each Baseline Agency, staff shall calculate the Standard Benchmark Personnel Profile using the agency's verified rates for one Firefighter/Paramedic and one Firefighter/EMT, regardless of the agency's actual ambulance staffing or deployment model. A Baseline Agency is Benchmark-Eligible when sufficient verified rate data are available for both classifications. If an agency does not maintain one of the required classifications, or sufficient verified rate data are unavailable, the agency shall not be included in benchmark selection.

Agency Personnel Cost

For each Benchmark-Eligible Agency, the Agency Personnel Cost shall equal the sum of the fully burdened hourly cost of one Firefighter/Paramedic and one Firefighter/EMT. Each position shall be calculated using the CFAA Blended Base Hourly Rate and the agency-specific burden rates in effect for the Rate Year. If a submitted CFAA rate already includes a burden component, that component shall be excluded from the separate add-on to prevent duplicate recovery.

> **Fully Burdened Hourly Cost:** CFAA Base Rate x (1 + WC/UI/Medicare Rate + Retirement Employer Rate + Fringe Rate)
> *WC/UI/Medicare means the combined workers' compensation, unemployment insurance, and Medicare burden used in the approved annual workbook.*

> **Agency Personnel Cost:** Sum of the fully burdened hourly costs for all required crew positions

Ambulance and Equipment Capital Cost

The capital component annualizes the current replacement cost of an Agency-Owned Ambulance and the standard durable equipment required to place it in service. The calculation uses straight-line cost allocation as a reimbursement methodology and is not financial-statement depreciation. No salvage value is assumed unless the Administrative Committee approves a different treatment by resolution.

A default 33 percent reserve allocation is applied to recognize approximately one shared reserve unit for every three front-line units. The annual workbook shall update current replacement costs using recent actual acquisitions, cooperative purchasing schedules, or documented vendor quotations. Asset categories, quantities, useful lives, and the reserve

allocation are listed in Appendix A. Any change shall be disclosed in the annual staff report and resolution.

> **Hourly Capital Cost:** Sum of [(Replacement Cost x Quantity x (1 + Reserve Allocation)) / Useful Life in Years] / 8,760
> *Expendable medical supply inventory and supply-exchange costs are excluded because they are addressed through the medical supply restock add-on.*

Maintenance and Operations Cost

The maintenance and operations component shall use actual costs for the most recent complete 12-month period available. The calculation shall use the actual costs of all Agency-Owned Ambulances serving the County Contract exclusive operating areas.

Eligible costs may include fuel, oil and fluids, scheduled maintenance, repairs, tires, parts, towing, required inspections, registration, directly allocable fleet-service charges, and other ordinary fleet operating costs. The calculation shall be net of rebates, credits, insurance recoveries, warranty recoveries, and amounts paid by another party. It shall exclude capital replacement costs, medical supplies, personnel costs included in the personnel component, administrative overhead not directly allocable to fleet operations, fines, penalties, and duplicative subtotals. A cost category may not be counted both as a total and as one of its component parts.

Ambulance Unit-Years shall equal the sum of the months each included ambulance was available to support the County Contract during the lookback period, divided by 12. This permits partial-year units to be included without treating them as full-year units.

> **Hourly M&O Cost:** Eligible Actual Annual M&O Cost / Ambulance Unit-Years / 8,760

Authorized Contract or Inflation Adjustment

An Authorized Adjustment Rate may be applied only when authorized by the Administrative Committee or a Controlling Authority. The annual staff report and resolution shall separately identify the source of the adjustment, the percentage used, the data period to which it relates, the components to which it applies, and the basis for concluding that the adjustment does not duplicate cost escalation already reflected in current-cost inputs. The adjustment may not be embedded within another component.

Adjusted Agency UHC Profile

Unless the annual resolution expressly approves a different component-specific treatment, the Authorized Adjustment Rate shall be applied to the Baseline Agency subtotal after personnel, capital, and maintenance and operations costs are calculated.

> **Adjusted Agency UHC Profile:** (Agency Personnel Cost + Hourly Capital Cost + Hourly M&O Cost) x (1 + Authorized Adjustment Rate)

Benchmark Eligibility and Selection

Only Baseline Agencies for which the Standard Benchmark Personnel Profile can be calculated using sufficient verified Firefighter/Paramedic and Firefighter/EMT rate data shall be included in benchmark selection. Staff shall rank the Benchmark-Eligible Adjusted Agency UHC Profiles from lowest to highest. The default benchmark is the highest Benchmark-Eligible profile.

The Administrative Committee may select a different benchmark only by resolution stating the material facts and reasons for the deviation.

Agency-Owned Ambulance UHC

> **Agency-Owned Ambulance UHC:** Highest Adjusted Agency UHC Profile among the Benchmark-Eligible Agencies, unless the Administrative Committee approves a documented deviation by resolution.

Priority-Owned Ambulance UHC

When a Participating Agency staffs a Priority-Owned Ambulance, the Participating Agency does not bear the ambulance capital, fleet maintenance and operations, or medical restock cost. The Priority-Owned Ambulance UHC therefore removes the systemwide capital and maintenance and operations components from the approved Agency-Owned Ambulance UHC. The rate remains subject to the Authorized Adjustment Rate embedded in the approved Agency-Owned Ambulance UHC unless the annual resolution expressly approves a different treatment.

> **Priority-Owned Ambulance UHC:** Agency-Owned Ambulance UHC - Hourly Capital Cost - Hourly M&O Cost

Medical Supply Restock Add-On

The medical supply restock add-on reimburses the cost of consumable medical supplies and medications replenished for Agency-Owned Public-Based Ambulances. It is paid per Completed Transport because the Public-Based Ambulance Agreements use a transport-based payment mechanism. The numerator shall include eligible supplies used and restocked following all Public-Based Ambulance responses, including responses that do not result in transport, because the restock obligation is triggered by use rather than by transport.

Eligible restock cost shall be based on actual acquisition cost, net of returns, rebates, credits, manufacturer replacements, hospital replacements, and amounts paid by another party. It shall exclude durable equipment, capital items, training stock, administrative overhead, and any cost included in the UHC or another reimbursement category.

> **Medical Supply Restock Add-On:** Eligible Actual Restock Cost for all Public-Based Ambulance responses / Completed Transports by those ambulances during the same period

The add-on is payable only for a Completed Transport by an Agency-Owned Ambulance when the public-based program bears the applicable restock cost. It is not payable when a

Participating Agency uses a Priority-Owned Ambulance because Priority owns and restocks that ambulance. It is also not payable when the same supply cost is otherwise reimbursed.

Beginning with the first annual review supported by a complete County Contract operating period, the rate shall use the actual costs and Completed Transports of all Public-Based Ambulances serving the County Contract exclusive operating areas.

9. Data Sufficiency, Exclusions, Deviations, and Corrections

Substitution for Incomplete Data

If a Participating Agency does not provide complete data, staff may use the agency's most recent verified data, adjusted for known changes, and shall disclose the substitution in the staff report.

Minimum Data Sufficiency

If fewer than three Benchmark-Eligible Agency profiles are available, staff shall recommend a rate based on the best available verified data, and the Administrative Committee resolution shall state the basis and findings supporting the selected benchmark.

Exclusions

Staff may exclude unsupported, duplicative, non-allocable, extraordinary, or non-recurring amounts. Each material exclusion shall be identified in the staff report.

Off-Cycle Rate Action

The Administrative Committee may approve an off-cycle rate resolution when a material contract amendment, staffing change, cost shift, calculation error, or other documented circumstance makes the existing rate unreasonable or inconsistent with this policy.

Corrections

A correction based on a calculation error shall be prospective unless the applicable Public-Based Ambulance Agreement and law authorize a retroactive correction and the resolution expressly approves it.

10. Required Contents of the Annual Resolution

The annual resolution, together with the supporting staff report when incorporated by reference, shall identify the following:

1. The Rate Year and effective date.
2. The Agency-Owned Ambulance UHC.
3. The Priority-Owned Ambulance UHC.
4. The medical supply restock add-on.
5. The lookback periods and Baseline Agencies used.
6. Each Baseline Agency profile considered, its Benchmark-Eligible status, and the reason for any benchmark exclusion.
7. The personnel, capital, maintenance and operations, and Authorized Adjustment Rate components, including the source and application of the Authorized Adjustment Rate.
8. The benchmark-selection result and any deviation from the default methodology.

9. Any substituted or prior-year data and any material exclusion from the annual calculation.
10. Any change to the Appendix A standard capital asset schedule, useful lives, or reserve allocation.
11. The estimated fiscal impact and confirmation that implementation is within delegated authority and available appropriations, or identification of additional action required by a Controlling Authority.
12. The version date or other identifier of the approved annual calculation workbook and a statement that the resolution supersedes the prior annual rate resolution on its effective date.

11. Records, Audit, and Confidentiality

CONFIRE shall retain the annual calculation workbook, source documents, agency certifications, staff report, resolution, and material correspondence in accordance with Administrative Committee Policy 1.004, the County Contract, and any longer applicable audit or legal-hold requirement. Participating Agencies shall provide supporting records upon reasonable request as required by their Public-Based Ambulance Agreements.

The public staff report and resolution shall use aggregated or blended data. Individual employee salary information and other confidential records shall be handled in accordance with applicable law and CONFIRE policy. Nothing in this section limits lawful audit, litigation, or regulatory access.

12. Related Authority and Records

- Third Amended and Restated Joint Powers Agreement for Consolidated Fire Agencies, as amended.
- San Bernardino County Contract No. 23-1282, as amended.
- Applicable Public-Based Ambulance Agreements.
- Administrative Committee Policy 1.001, Administrative Committee Policy Establishment and Numbering.
- Administrative Committee Policy 1.002, Adoption/Amendment of Policies.
- Administrative Committee Policy 1.004, Record Retention.
- Administrative Committee Policy 5.002, Administrative Committee Meeting Agenda.
- Administrative Committee Policy 5.003, Minutes of Administrative Committee Meetings.
- Administrative Committee Policy 6.002, EMS Division Subsidiary Committee.
- Then-current California Fire Assistance Agreement and Cal OES salary survey instructions.
- Annual Administrative Committee Public-Based Ambulance rate resolution and supporting calculation workbook.

APPENDIX A
STANDARD CAPITAL ASSET SCHEDULE

The annual workbook shall update the replacement cost for each included asset. The quantities, useful lives, and reserve allocation below reflect the initial standard. Any change requires disclosure in the annual staff report and resolution. The 33 percent reserve allocation represents approximately one shared reserve unit for every three front-line units.

Asset Category	Qty.	Useful Life	Reserve Allocation	UHC Treatment
Type I ambulance	1	7 years	33%	Included
Cardiac monitor	1	7 years	33%	Included
Power-load system	1	7 years	33%	Included
Powered cot	1	7 years	33%	Included
Stair chair	1	7 years	33%	Included
Automated CPR device	1	7 years	33%	Included
ePCR tablet	2	3 years	33%	Included
800 MHz dual-head mobile radio	1	7 years	33%	Included
Tri-band portable radio and accessories	2	7 years	33%	Included
Cellular telephone	1	3 years	33%	Included
Tactical vest and helmet	2	7 years	33%	Included
Ambulance supply-exchange inventory	As approved	Not applicable	Not applicable	Excluded from UHC; recovered through restock add-on

Capital Formula Application

For each included asset, annualized cost equals current replacement cost multiplied by quantity and by 1.33, divided by the useful life. The hourly capital component is the sum of all annualized asset costs divided by 8,760. The annual workbook shall preserve the source for each replacement cost.

APPENDIX B
INITIAL 2026 METHODOLOGY BASIS AND RATE RECONSTRUCTION

HISTORICAL RECORD - CURRENT RATES ARE ESTABLISHED BY RESOLUTION

This appendix preserves the basis of the initial 2026 rate calculation as a historical record. It does not establish current reimbursement rates or replace a rate adopted by Administrative Committee resolution. Future rates shall be established under this policy using the then-current annual workbook and source records.

B.1 Source Basis

1. Personnel: 2026 blended CFAA base rates and agency-specific WC/UI/Medicare, retirement employer, and fringe rates for Chino Valley Fire District, Ontario Fire Department, Rancho Cucamonga Fire Protection District, and San Bernardino County Fire Protection District. County Fire used Ambulance Operator rates.
2. Capital: current replacement-cost schedule in the 2026 rate-development workbook, using the Appendix A quantities, useful lives, and 33 percent reserve allocation. The resulting hourly capital component was $10.50.
3. Maintenance and Operations: San Bernardino County Fire vehicle-management actuals for the ambulance fleet for June 1, 2025 through June 1, 2026. The workbook calculated $172.11 per ambulance-day and $7.17 per ambulance-hour.
4. Adjustment: 3.00 percent RFP inflation index applied to each agency subtotal.
5. Restock: comparable Priority Arizona operations because County Contract Public-Based Ambulance actuals were not yet available.

B.2 Agency UHC Profiles

Agency Profile	Personnel	Capital	M&O	Subtotal	3% Adj.	Adjusted UHC
Chino Valley	$168.72	$10.50	$7.17	$186.39	$5.59	$191.98
Ontario	$158.77	$10.50	$7.17	$176.44	$5.29	$181.73
Rancho Cucamonga	$129.11	$10.50	$7.17	$146.78	$4.40	$151.18
County Fire	$123.49	$10.50	$7.17	$141.16	$4.23	$145.39

The 2026 comparative analysis initially included agency personnel profiles reflecting the available source data. For benchmark selection under this policy, personnel costs are standardized using one Firefighter/Paramedic and one Firefighter/EMT regardless of an agency's actual ambulance staffing or deployment model. Benchmark eligibility therefore depends on the availability of sufficient verified rate data for those classifications. The annual benchmark calculation shall use the standardized personnel profile rather than an agency's actual ambulance staffing configuration.

B.3 Priority-Owned Ambulance Rate

Initial Priority-Owned Ambulance UHC: $181.73 - $10.50 - $7.17 = $164.06

B.4 Initial Medical Supply Restock Add-On

Priority Arizona Operation	Observed Cost per Transport
Chandler	$33.77
Glendale	$40.43
Goodyear	$39.73
Scottsdale	$36.25

The initial add-on used the highest observed amount, $40.43 per Completed Transport. This conservative transitional benchmark recognized that the comparable operations restocked fire-based agencies after all calls, including responses that did not result in transport. Once a complete County Contract operating period is available, the add-on will be replaced by the actual County Contract formula in Section 8.10.

B.5 Initial Rate Schedule for Separate Resolution

Rate	Initial Amount
Agency-Owned Ambulance UHC	$181.73 per Unit Hour
Priority-Owned Ambulance UHC	$164.06 per Unit Hour
Medical Supply Restock Add-On	$40.43 per Completed Transport; Agency-Owned Ambulances only

These amounts are included solely to reconstruct the initial methodology. The controlling rates are those stated in the then-current Administrative Committee resolution and applicable Public-Based Ambulance Agreement.