

**RESOLUTION  
NUMBER 2014-51**

DEPUTY CLERK CC

**A RESOLUTION OF THE BOARD OF COUNTY COMMISSIONERS OF LEVY COUNTY, FLORIDA, PROVIDING FOR AMENDMENT OF RESOLUTION 2009-27; ADOPTING A REVISED SCHEDULE OF PERMIT FEES AND SERVICE CHARGES FOR AMBULANCE AND ASSOCIATED EMERGENCY MEDICAL SERVICES PROVIDED BY THE LEVY COUNTY DEPARTMENT OF PUBLIC SAFETY; PROVIDING FOR REPEAL OF CONFLICTING FEE SCHEDULES; PROVIDING AN EFFECTIVE DATE.**

**RECITALS**

**WHEREAS**, on June 2, 2009, the Board of County Commissioners of Levy County, Florida ("the Board") adopted Resolution 2009-27 establishing a schedule of fees and charges for ambulance and associated emergency medical services or equipment provided by the Levy County department then known as the Emergency Medical Services Department, now known as the Levy County Department of Public Safety ("LCDPS"); and

**WHEREAS**, at the request of the LCDPS, the Board now desires to replace the schedule of fees adopted by Resolution 2009-27, and adopt a new schedule of fees for and charges for services ambulance and associated emergency medical services or equipment charged by the LCDPS;

**NOW THEREFORE, BE IT RESOLVED** by the Board of County Commissioners, of Levy County, Florida that:

1. Any references to the Emergency Medical Services Department contained in Resolution 2009-27 shall now be considered references to the LCDPS.

2. The schedule of fees and charges shown on Exhibit "A," which is attached hereto and by this reference incorporated herein, for services and equipment provided by the LCDPS is hereby adopted. Exhibit "A" attached hereto shall replace Exhibit "A" attached to Resolution 2009-27 in its entirety.

3. Any requirements or policies contained in Exhibit "A" that are in addition to a particular fee or charge are hereby adopted as administrative policies of the LCDPS. This provision does not preclude or prevent either the LCDPS from adopting any administrative policies by any other means.

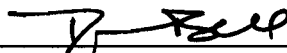
4. Any other prior resolution or prior action of the Board that is in conflict with this Resolution or the schedule of fees and charges imposed by this Resolution is hereby repealed and of no further force or effect.

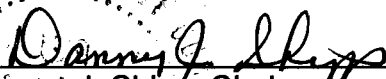
5. This Resolution shall take effect October 1, 2014.

PASSED AND DULY ADOPTED this 16<sup>th</sup> day of September, 2014.

**BOARD OF COUNTY COMMISSIONERS  
OF LEVY COUNTY, FLORIDA**

ATTEST:  
Danny J. Shipp, Clerk of Circuit  
Court and Ex Officio Clerk to the  
Board of County Commissioners

  
\_\_\_\_\_  
Ryan Bell, Chair

  
\_\_\_\_\_  
Danny J. Shipp, Clerk



APPROVED AS TO FORM  
AND LEGAL SUFFICIENCY:

  
\_\_\_\_\_  
Anne Bast Brown, County Attorney

**EXHIBIT "A"**  
**FEES AND CHARGES FOR SERVICES**  
**LEVY COUNTY DEPARTMENT OF PUBLIC SAFETY,**  
**A.K.A. LEVY COUNTY EMS**

| <b><u>DESCRIPTION OF FEE/SERVICE/POLICY</u></b> | <b><u>AMOUNT</u></b> |
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| <b><u>Advance Life Support (ALS) Non-Emergency Base Rate</u></b> | <b>\$355.16</b> |
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Advanced Life Support services are invasive procedures and techniques provided by certified emergency medical technicians – intermediate (EMT-I), and/or certified emergency medical technicians – paramedic (EMT-P).

These services include, but are not limited to:

- Advanced Airway Management
- Initiating, Administering, Monitoring IV
- Medication administration through IV
- Cardiac Monitoring

A non-emergency response is one that is scheduled, or unscheduled, to provide transportation to and/or from a facility, such as hospital discharge, transports to and from a physician office, dialysis clinic or some inter-facility transports.

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| <b><u>Advance Life Support (ALS) Emergency Base Rate</u></b> | <b>\$562.33</b> |
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Advanced Life Support services are invasive procedures and techniques as described above in the ALS Non-Emergency Base Rate OR the provision of an ALS Assessment of a patient with a medical condition requiring assessment by an ALS crew to determine whether ALS procedures may be needed during transport.

An emergency response is one that, as a result of a 911 call, it responds immediately. An immediate response is one in which the ambulance supplier begins as quickly as possible to take the steps necessary to respond to the call.

| <b><u>DESCRIPTION OF FEE/SERVICE/POLICY</u></b> | <b><u>AMOUNT</u></b> |
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| <b><u>Basic Life Support (BLS) Non-Emergency Base Rate</u></b> | <b>\$295.96</b> |
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Basic Life Support services are non-invasive procedures and techniques provided by certified Emergency Medical Technicians.

These services include, but are not limited to:

- CPR
- Splinting
- Restraints
- Immobilizers
- Oxygen Administration

A non-emergency response is one that is scheduled, or unscheduled, to provide transportation to and/or from a facility, such as hospital discharge, transports to and from a physician office, dialysis clinic or some inter-facility transports.

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| <b><u>Basic Life Support (BLS) Emergency Base Rate</u></b> | <b>\$473.54</b> |
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Basic Life Services are non-invasive procedures and techniques provided by certified Emergency Medical Technicians as listed above in the BLS Non-Emergency Base Rate.

An emergency response is one that, as a result of a 911 call, it responds immediately. An immediate response is one in which the ambulance supplier begins as quickly as possible to take the steps necessary to respond to the call.

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| <b><u>Advanced Life Support 2 Base Rate</u></b> | <b>\$813.90</b> |
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Medicare recognizes a higher level of service (ALS 2) when three or more administrations of ALS medications are given or the provision of at least one of the following ALS procedures:

- Manual defibrillation/cardioversion
- Endotracheal intubation
- Central venous line
- Cardiac pacing
- Chest decompressions
- Surgical Airways
- Intraosseous line

Only medications requiring a higher level of skill to administer are considered medications for purposes of this definition. In order to bill the higher level ALS 2 procedure, the administration of the three or more medications must be via intravenous push/bolus or continuous infusion. Three separate administrations of the same medication during a single transport would qualify for payment at the ALS 2 level.

| DESCRIPTION OF FEE/SERVICE/POLICY | AMOUNT |
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| <b><u>Specialty Care Transport</u></b> | <b>\$961.88</b> |
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Medicare recognizes a higher level of care provided to critically ill or trauma related patients. In order to qualify for coverage at this level, the service must meet the following criteria:

- Inter-facility Transport (hospital-to-hospital)
- Transportation of Critically Ill or Injured Patient
- Services required beyond scope of the EMT-Paramedic

These services require the ongoing care furnished by a health professional in an appropriate specialty area that is beyond the normal scope of the EMT-Paramedic. This may include emergency or critical care nurse, respiratory care technician, cardiovascular care technician, or may be provided by a paramedic with additional training. "Additional training" is defined as the specific training that the state requires a paramedic to complete in order to qualify to furnish specialty care to a critically ill or injured patient.

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| <b><u>Transport Mileage Fee</u></b> | <b>\$14.65 per mile/1-17 miles</b>   |
|                                     | <b>\$9.76 per mile/over 17 miles</b> |

This fee will be charged to each patient that requires transport by the Department. The fee is a per mile fee, with a minimum fee of one mile. Each patient will be charged the full per mile rate for the full mileage transported, regardless of the number of patients transported from the same incident or in the same EMS unit.

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| <b><u>Fee for Waiting Time with Patients</u></b> | <b>\$125.00/1<sup>st</sup> ¼ hour</b> |
|                                                  | <b>\$60.00/subsequent ¼ hour</b>      |

This fee will be charged to the receiving facility when there is a delay in transferring a patient from the care of the Department to the care of the Receiving Facility. A minimum of five (5) minutes waiting time must accrue before charging for the first 1/4 hour period; thereafter, the charges apply as described for each 1/4 hour or portion thereof.

**DESCRIPTION OF FEE/SERVICE/POLICY****AMOUNT****Special Events or Other Occasion Where EMS Unit and Crew Requested**

BLS: \$70.00/hour

ALS: \$140.00/hour

This is a per hour fee to be charged to the party who requests or who is required to have an EMS unit and crew to be present at a particular occasion or event (herein "Applicant"), whether the occasion or event is considered a special event or not. The Applicant must complete and submit an application on a form developed by the Department at least two (2) weeks prior to the occasion or event. One application can apply to multiple occasions or events, provided that the application specifies all the dates for the multiple occasions or events for which the EMS unit and crew are requested or required. Cancellations by an Applicant must be made twenty-four (24) hours in advance, unless the cancellation is due to a weather event (rain or other inclement weather), in which case a minimum of four (4) hours notice is required. In the event a cancellation is not made twenty-four (24) hours in advance (or 4 hours in the case of a weather event), the Applicant shall be responsible for payment of a minimum fee of four (4) hours. Time for charges are calculated from the actual time of arrival of the EMS unit and crew at the occasion or event, or the requested time of arrival, whichever is later, and as documented by the Department report. Increments of greater than seven (7) minutes will be rounded up to the next 1/4 hour. All fees for the estimated and requested time for the EMS unit and crew for any occasion or event shall be paid in advance. In the event the time was estimated too low, the Applicant shall pay for the additional time required promptly after the occasion or event.

NOTE: The County cannot and does not guarantee availability of an EMS unit and crew for any given occasion, event or request. The County also reserves the right to cancel the attendance of an EMS unit and crew at any occasion or event, regardless of whether the Applicant has paid. In the event of cancellation by the County, the Applicant shall not be required to pay any fees and any prepaid fees shall be refunded to the Applicant promptly.

NOTE: All other applicable fees in this fee schedule shall apply to any patient requiring services, or to any facility for waiting time, if applicable, at or from an event or occasion at which an EMS unit and crew have been requested and are present.

**DESCRIPTION OF FEE/SERVICE/POLICY****AMOUNT****Stand-by Services**

No Charge

This is a service offered **only** to not-for-profit entities qualified under 26 U.S.C. 501(c)(3) or governmental entities. It entails the presence of an EMS unit and crew at an occasion or event, which EMS unit and crew will remain at that occasion or event unless and until the EMS unit and crew are called out to provide EMS services elsewhere or become otherwise unavailable, solely at the discretion of the Department. The party desiring the stand-by services must make application for the occasion or event at least two (2) weeks in advance, on application forms prepared by the Department. One application can apply to multiple occasions or events, provided that the application specifies all the dates for the multiple occasions or events for which the EMS unit and crew are requested or required.

NOTE: In the event a 501(c)(3) not-for-profit or governmental entity desires to have an EMS unit and crew present for the duration of an occasion or event without the EMS unit and crew being subject to being called out to provide EMS services elsewhere or become otherwise unavailable, then the entity shall be required to make application and be subject to the fees and requirements stated above for Special Events or Other Occasions Where EMS Unit and Crew Requested.