

Roswell Fire Department

EMS Operations Transition Plan



Roswell Fire Department EMS Transition Plan

	2024	2025	2026	2027	2028
Costs					
Employees					
EMS Educator (exempt)	1	1	1	1	1
Pay Grade	-	-	-	-	-
Salary	\$ 86,500.00	\$ 88,230.00	\$ 89,994.60	\$ 91,794.49	\$ 93,630.38
Benefits	\$ 14,705.00	\$ 23,822.10	\$ 24,298.54	\$ 24,784.51	\$ 25,280.20
Healthcare A	\$ 16,591.44	\$ 16,591.44	\$ 16,591.44	\$ 16,591.44	\$ 16,591.44
Healthcare B	\$ 5,623.68	\$ 5,623.68	\$ 5,623.68	\$ 5,623.68	\$ 5,623.68
Guaranteed OT	\$ 2,751.03	\$ 2,850.06	\$ 2,952.66	\$ 3,058.96	\$ 3,169.08
Cost/ employee (A)	\$ 120,547.47	\$ 131,493.60	\$ 133,837.25	\$ 136,229.41	\$ 138,671.11
Cost/ employee (B)	\$ 109,579.71	\$ 120,525.84	\$ 122,869.49	\$ 125,261.65	\$ 127,703.35
Sub Total (A only)	\$ 120,547.47	\$ 131,493.60	\$ 133,837.25	\$ 136,229.41	\$ 138,671.11
EMS Lieutenant (exempt)	3	3	3	3	3
Pay Grade	762	762	762	762	762
Salary	\$ 82,564.93	\$ 84,216.23	\$ 85,900.55	\$ 87,618.56	\$ 89,370.94
Benefits	\$ 14,036.04	\$ 22,738.38	\$ 23,193.15	\$ 23,657.01	\$ 24,130.15
Healthcare A	\$ 16,591.44	\$ 16,591.44	\$ 16,591.44	\$ 16,591.44	\$ 16,591.44
Healthcare B	\$ 5,623.68	\$ 5,623.68	\$ 5,623.68	\$ 5,623.68	\$ 5,623.68
Guaranteed OT	\$ 2,751.03	\$ 2,850.06	\$ 2,952.66	\$ 3,058.96	\$ 3,169.08
Cost/ employee (A)	\$ 115,943.43	\$ 126,396.11	\$ 128,637.81	\$ 130,925.98	\$ 133,261.61
Cost/ employee (B)	\$ 104,975.67	\$ 115,428.35	\$ 117,670.05	\$ 119,958.22	\$ 122,293.85
Sub Total (A only)	\$ 347,830.30	\$ 379,188.34	\$ 385,913.42	\$ 392,777.93	\$ 399,784.83
Paramedics (non-exempt)	12	12	12	12	12
Pay Grade	748	746	746	746	746
Salary	\$ 75,000.00	\$ 76,500.00	\$ 78,030.00	\$ 79,590.60	\$ 81,182.41
Benefits	\$ 12,750.00	\$ 13,005.00	\$ 13,265.10	\$ 13,530.40	\$ 13,801.01
Healthcare A	\$ 16,591.44	\$ 16,591.44	\$ 16,591.44	\$ 16,591.44	\$ 16,591.44
Healthcare B	\$ 5,623.68	\$ 5,623.68	\$ 5,623.68	\$ 5,623.68	\$ 5,623.68
Guaranteed OT	\$ 2,085.64	\$ 2,160.72	\$ 2,238.51	\$ 2,319.09	\$ 2,402.58
Cost/ employee (A)	\$ 106,427.08	\$ 108,257.16	\$ 110,125.05	\$ 112,031.54	\$ 113,977.44
Cost/ employee (B)	\$ 95,459.32	\$ 97,289.40	\$ 99,157.29	\$ 101,063.78	\$ 103,009.68
Sub Total	\$ 1,255,189.44	\$ 1,277,150.43	\$ 1,299,565.06	\$ 1,322,442.92	\$ 1,345,793.81
AEMTs	10	10	10	10	10
Pay Grade	746	746	746	746	746
Salary	\$ 56,500.00	\$ 57,630.00	\$ 58,782.60	\$ 59,958.25	\$ 61,157.42
Benefits	\$ 9,605.00	\$ 9,797.10	\$ 9,993.04	\$ 10,192.90	\$ 10,396.76
Healthcare A	\$ 16,591.44	\$ 16,591.44	\$ 16,591.44	\$ 16,591.44	\$ 16,591.44
Healthcare B	\$ 5,623.68	\$ 5,623.68	\$ 5,623.68	\$ 5,623.68	\$ 5,623.68
Guaranteed OT	\$ 2,004.57	\$ 2,076.73	\$ 2,151.49	\$ 2,228.95	\$ 2,309.19
Cost/ employee (A)	\$ 84,701.01	\$ 86,095.27	\$ 87,518.57	\$ 88,971.54	\$ 90,454.81
Cost/ employee (B)	\$ 73,733.25	\$ 75,127.51	\$ 76,550.81	\$ 78,003.78	\$ 79,487.05
Sub Total	\$ 803,139.01	\$ 817,081.66	\$ 831,314.70	\$ 845,844.36	\$ 860,677.01
EMTs	5	5	5	5	5
Pay Grade	744	744	744	744	744
Salary	\$ 50,000.00	\$ 51,000.00	\$ 52,020.00	\$ 53,060.40	\$ 54,121.61
Benefits	\$ 8,500.00	\$ 8,670.00	\$ 8,843.40	\$ 9,020.27	\$ 9,200.67
Healthcare A	\$ 16,591.44	\$ 16,591.44	\$ 16,591.44	\$ 16,591.44	\$ 16,591.44
Healthcare B	\$ 5,623.68	\$ 5,623.68	\$ 5,623.68	\$ 5,623.68	\$ 5,623.68
Guaranteed OT	\$ 1,926.28	\$ 1,995.62	\$ 2,067.46	\$ 2,141.89	\$ 2,219.00
Cost/ employee (A)	\$ 77,017.72	\$ 78,257.06	\$ 79,522.30	\$ 80,814.00	\$ 82,132.72
Cost/ employee (B)	\$ 66,049.96	\$ 67,289.30	\$ 68,554.54	\$ 69,846.24	\$ 71,164.96
Sub Total	\$ 385,088.58	\$ 391,285.31	\$ 397,611.52	\$ 404,070.01	\$ 410,663.61
Overtime	\$500,000.00	\$515,000.00	\$530,450.00	\$546,363.50	\$562,754.41
OT from LDTs	\$675,754.51	\$696,027.14	\$716,907.96	\$738,415.20	\$760,567.65
OT Total	\$1,175,754.51	\$1,211,027.14	\$1,247,357.96	\$1,284,778.70	\$1,323,322.06
Other Costs					
Health Physicals DOT)	\$0.00	\$15,000.00	\$15,300.00	\$15,606.00	\$15,918.12
Uniforms	\$9,858.00	\$10,055.16	\$10,256.26	\$10,461.39	\$10,670.62
Salaries total	\$ 2,911,794.79	\$ 2,864,705.73	\$ 2,914,404.70	\$ 2,965,135.22	\$ 3,016,919.27
Total Staff Cost	\$ 4,097,407.30	\$ 4,232,281.64	\$ 4,321,156.17	\$ 4,412,210.71	\$ 4,505,501.17
Operations					
Radios	\$ 55,362.18	\$ 14,255.76	\$ -	\$ -	\$ -
misc. equipment	\$ 150,000.00	\$ 140,000.00	\$ 140,000.00	\$ 140,000.00	\$ 140,000.00
monitors/cots	\$ 661,163.65	\$ 94,451.95	\$ -	\$ -	\$ -
Maint./ fuel	\$ 137,000.00	\$ 142,800.00	\$ 145,656.00	\$ 148,569.12	\$ 151,540.50
Insurance	\$ 18,400.00	\$ 18,768.00	\$ 19,143.36	\$ 19,526.23	\$ 19,916.75
Medical Direction fees	\$ 20,000.00	\$ 20,000.00	\$ 20,000.00	\$ 20,000.00	\$ 20,000.00
Billing	\$ 288,070.66	\$ 296,712.78	\$ 305,614.16	\$ 314,782.59	\$ 324,226.07
Total Operation Cost	\$ 1,329,996.49	\$ 726,988.49	\$ 630,413.52	\$ 642,877.93	\$ 655,683.32
Contingency	\$ 250,000.00	\$ 200,000.00	\$ 150,000.00	\$ 100,000.00	\$ 50,000.00
Capital Outlay					
Apparatus					
New type I & III	\$ 1,900,000.00	\$ -	\$ 600,000.00	\$ 0	\$ 0
New Type II	\$ 224,000.00	\$ 120,000.00	\$ -	\$ -	\$ 157,571.23
Total Apparatus Cost	\$ 2,124,000.00	\$ 120,000.00	\$ 600,000.00	\$ -	\$ 793,571.23
Total Costs	\$ 7,801,403.79	\$ 5,279,270.13	\$ 5,701,569.69	\$ 5,155,088.65	\$ 6,004,755.72

INITIAL DATA:		CY2024		GROUND AMBULANCE		Tariffs (Gross Charge)						Icare Allow - NMI CY20: Medicaid Allowable - NMI			
		CHARGES	TRIPS	CONTRACTUAL	PROJECTED	HSI Historical Adj	CPT Codes	Description	Base Rate	Mileage Rate	CPT Codes	Base Rate	Mileage Rate	Base Rate	Mileage Rate
Mcicare		\$3,546,633	3,185		\$1,516,423	96%	A0426	ALS Non-Emerg	\$752.40	\$12.75	A0426	\$322.61	\$9.24	\$363.26	\$10.45
Mcicaid		\$3,369,552	3,026	WRITE-OFF	\$1,675,703	99%	A0427	ALS Emerg	\$1,191.47	\$12.75	A0427	\$510.80	\$9.24	\$575.16	\$10.45
Insurance		\$1,064,157	956		\$723,627	68%	A0428	BLS Non-Emerg	\$627.00	\$12.75	A0428	\$268.84	\$9.24	\$302.72	\$10.45
Other Gov		\$473,330	425		\$283,998	60%	A0429	BLS Emerg	\$934.56	\$12.75	A0429	\$430.15	\$9.24	\$484.36	\$10.45
Self Pay		\$708,324	636		\$28,333	4%	A0433	ALS II	\$1,506.45	\$12.75	A0433	\$739.32	\$9.24	\$832.50	\$10.45
Total		\$9,161,995	10,615		\$4,228,083		A0434	CCT/SCT	\$1,768.80	\$12.75	A0434	\$873.74	\$9.24	\$873.74	\$10.45

LDT															
Mcicare		438		143040	\$	137,318.69									
Mcicaid		416		153117	\$	151,585.92									
Insurance		131		101262	\$	68,858.40									
Other Gov		44		35352	\$	21,211.27									
Self Pay		66		51830	\$	2,073.19									
		1095		484602	\$	381,047.47									

Payor Mix (from AMR)		
Medicare		40%
Medicaid		38%
Commercial		12%
Gov. Other		4%
Self		6%

Totals
\$4,440,007.23

*Adjusted Collection Rates = Projected Payments / (Charges minus Contractual Writeoffs)

Level of Care Mix (from HSI comparable Client)				
A0426	A0427	A0428	A0429	A0434
ALS1 - NE	ALS 1 - E	BLS - NE	BLS - E	SCT
7.8%	64.8%	8.8%	15.9%	0.1%

Average Miles/Trip	3
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Avg LDT

188

County Subsidy percentage cost/ call total calls 850 \$ 382,500.00

	Summary					\$
	2026	2027	2028	2029	2030	
Costs						
Employee	\$ (4,097,407)	\$ (4,232,282)	\$ (4,321,156)	\$ (4,412,211)	\$ (4,505,501)	
Operations	\$ (1,329,996)	\$ (726,988)	\$ (630,414)	\$ (642,878)	\$ (655,683)	
Contingency	\$ (250,000)	\$ (200,000)	\$ (150,000)	\$ (100,000)	\$ (50,000)	
Total Operation Cost	\$ (5,677,404)	\$ (5,159,270)	\$ (5,101,570)	\$ (5,155,089)	\$ (5,211,184)	
Net Revenue						
911/Local	\$ 4,228,083	\$ 4,354,925	\$ 4,485,573	\$ 4,620,140	\$ 4,758,745	
LDT	\$ 381,047	\$ 392,479	\$ 404,253	\$ 416,381	\$ 428,872	
County Subsidy	\$ 382,500	\$ 393,975	\$ 405,794	\$ 417,968	\$ 430,507	
Total Net Revenue	\$ 4,991,630	\$ 5,141,379	\$ 5,295,621	\$ 5,454,489	\$ 5,618,124	
Operational Gain/Loss	\$ (685,773)	\$ (17,891)	\$ 194,051	\$ 299,401	\$ 406,940	
Capital Outlay	\$ (2,124,000)	\$ (120,000)	\$ (600,000)	\$ -	\$ (793,571)	
Net Deficit	\$ (2,809,773)	\$ (137,891)	\$ (405,949)	\$ 299,401	\$ (386,632)	

	July	Aug	Sept	Oct	Nov	Dec	Jan. 27	Feb. 27	Mar. 27	Apr. 27	May. 27	June. 27
Costs												
Employee Operations	\$ (341,450.61)	\$ (341,450.61)	\$ (341,450.61)	\$ (341,450.61)	\$ (341,450.61)	\$ (341,450.61)	\$ (341,450.61)	\$ (341,450.61)	\$ (341,450.61)	\$ (341,450.61)	\$ (341,450.61)	\$ (341,450.61)
Contingency	\$ (778,842.50)	\$ (23,916.67)	\$ (23,916.67)	\$ (23,916.67)	\$ (23,916.67)	\$ (23,916.67)	\$ (23,916.67)	\$ (23,916.67)	\$ (23,916.67)	\$ (23,916.67)	\$ (23,916.67)	\$ (23,916.67)
Capital Outlay	\$ (250,000.00)											
	\$ (2,124,000.00)											
Total Costs	\$ (3,494,293.11)	\$ (365,367.28)	\$ (365,367.28)	\$ (365,367.28)	\$ (365,367.28)	\$ (365,367.28)	\$ (365,367.28)	\$ (365,367.28)	\$ (365,367.28)	\$ (365,367.28)	\$ (365,367.28)	\$ (365,367.28)
Net Revenue												
911/Local	\$ -	\$ 116,272.28	\$ 232,544.57	\$ 352,340.26	\$ 352,340.26	\$ 352,340.26	\$ 352,340.26	\$ 352,340.26	\$ 352,340.26	\$ 352,340.26	\$ 352,340.26	\$ 352,340.26
LDT	\$ -	\$ 10,478.81	\$ 20,957.61	\$ 31,753.96	\$ 38,606.72	\$ 38,606.72	\$ 38,606.72	\$ 38,606.72	\$ 38,606.72	\$ 38,606.72	\$ 38,606.72	\$ 38,606.72
County Stipend	\$ -	\$ 126,751.09	\$ 253,502.18	\$ 415,969.21	\$ 422,821.98	\$ 422,821.98	\$ 422,821.98	\$ 422,821.98	\$ 422,821.98	\$ 422,821.98	\$ 422,821.98	\$ 422,821.98
Total Net Revenue	\$ (3,494,293.11)	\$ (238,616.19)	\$ (111,865.10)	\$ 50,601.93	\$ 72,069.39	\$ 57,454.70	\$ 57,454.70	\$ 57,454.70	\$ 57,454.70	\$ 57,454.70	\$ 57,454.70	\$ 57,454.70
Net Deficit												
Cumulative Deficit	\$ (3,494,293.11)	\$ (3,732,909.30)	\$ (3,844,774.39)	\$ (3,794,172.46)	\$ (3,722,103.07)	\$ (3,664,648.37)	\$ (3,607,193.67)	\$ (3,549,738.97)	\$ (3,492,284.27)	\$ (3,434,829.58)	\$ (3,377,374.88)	\$ (3,319,920.18)

Staffing Structure:

- **Ambulance Staffing:**
 - 3 ambulances staffed with 1 Paramedic and 1 EMT.
 - Station 1, 3, 5
 - 2 ambulances staffed with 1 Advanced EMT and 1 EMT.
 - Station 3, 5
- **Supervisory Roles:**
 - Each of the 3 shifts has a Paramedic Lieutenant Supervisor.
 - Station 1
 - 1 EMS Captain who also serves as an Educator (40-hour workweek).

CITY OF ROSWELL FIRE DEPARTMENT EMERGENCY MEDICAL TECHNICIAN

GENERAL DESCRIPTION

Protects life and property by performing emergency medical care, public education, and related duties. Maintains EMS equipment, apparatus, and facilities. Performs according to the New Mexico State Scope of Practice for the employee's current licensure level.

ESSENTIAL DUTIES

- Performs emergency medical services in accordance with the standards and expectations of the City of Roswell Fire Department.
 - Carries out basic and advanced medical rescue procedures to access, stabilize, and transport patients to appropriate medical facilities.
 - Provides pre-hospital emergency medical care safely and effectively in all types of emergent conditions.
 - Provides both emergent and non-emergent treatment and transport of patients as assigned by a supervisor.
 - Completes all required patient treatment documentation and other reports as required by department policy.
 - Maintains and prepares vehicles and medical equipment to ensure readiness for emergency and non-emergency responses.
 - Acts as a patient advocate while maintaining interagency teamwork and effective verbal/written communication with other medical personnel.
 - Performs all duties with maturity, professionalism, and in accordance with department policies.
 - Attends meetings, seminars, and training sessions to maintain current licensure, certifications, and required skill competencies.
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NON-ESSENTIAL DUTIES

- May serve on various employee committees, as assigned.
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MINIMUM QUALIFICATIONS

This position is subject to the City of Roswell's Drug and Alcohol Testing Policy, which includes one or more of the following: pre-employment testing, post-accident testing, random testing, reasonable suspicion testing, return-to-duty testing, and follow-up testing.

Education and Experience:

- Must possess a high school diploma or GED at the time of hire.
 - Must possess a State of New Mexico EMT certification or NREMT certification, with the ability to obtain a New Mexico EMT license within six months of hire.
 - One (1) year of experience providing emergency medical care in a pre-hospital setting preferred.
 - New hires with an EMT-B license must adhere to Roswell Fire Department's Certification and Licensure Policy by obtaining their New Mexico EMT-Intermediate license or higher.
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COMPENSATION

- **EMT Specialist Basic:** \$19.10 per hour
 - **EMT Specialist Intermediate:** \$21.35 – \$28.83 per hour
 - **EMT Specialist Paramedic:** \$24.95 – \$33.68 per hour
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SKILLS, KNOWLEDGE, AND ABILITIES

- Skilled in all aspects of emergency vehicle operation, medical rescue, and related medical specialties, including knowledge of incident management systems and unified command principles.
- Knowledge of human anatomy and physiology, disease processes, and treatment for medical and trauma patients.
- Ability to gain knowledge of Roswell Fire Department EMS protocols, departmental rules and regulations, and all applicable laws and ordinances.
- Ability to gather and compile information, follow oral and written instructions, and prepare reports and documentation accurately.
- Ability to prioritize workloads effectively based on factors such as immediate need and future objectives.
- Ability to produce clear, legible written documents using proper spelling, punctuation, and grammar.
- Ability to communicate effectively, both orally and in writing.

- Ability to establish and maintain effective working relationships with fire department personnel, other city departments, health care facilities, outside agencies, and the public.
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SPECIAL REQUIREMENTS

- Prefer applicants 21 years or older at the time of employment.
 - Must possess or obtain a valid driver's license by time of hire, with no record of suspension or revocation in any state for the past three (3) years.
 - Must obtain and maintain a valid State of New Mexico Class E (or equivalent) driver's license upon hire.
 - No felony convictions or disqualifying criminal histories within the past seven (7) years.
 - Must be able to read and write the English language.
 - Must maintain insurability and operate City vehicles in accordance with City insurance policies.
 - Residency requirement: Must reside in a primary residence within 150 miles of the Roswell city limits, as specified by the department's residency policy.
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PHYSICAL DEMANDS

The physical demands described here represent those required to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform these essential functions.

- Must be able to respond rapidly to ambulance calls and access patients in difficult terrain, adverse weather, or confined spaces such as vehicle accidents or machinery entrapments.
 - Must be able to carry patients and equipment over rough terrain and confined spaces.
 - Must be capable of performing CPR for extended periods and possess fine motor skills to read medication labels in stressful environments.
 - Frequently required to use hands and fingers to handle, feel, or operate objects, tools, or controls, and to reach with hands and arms.
 - Frequently required to sit, bend, stoop, talk, and hear.
 - Must occasionally lift and/or move up to 100 pounds.
 - Vision requirements include close vision, distance vision, color vision, peripheral vision, depth perception, and the ability to adjust focus.
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WORK ENVIRONMENT

The work environment characteristics described here represent those an employee encounters while performing the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform these essential functions.

- The noise level in the work environment is usually moderate, but may become loud during certain EMS operations.

DISCLAIMER

The duties listed above are intended only as illustrations of the various types of work that may be performed. The omission of specific statements of duties does not exclude them from the position if the work is similar, related, or a logical assignment to the position.

This job description does not constitute an employment agreement between the employer and employee, and is subject to change by the City of Roswell as the needs of the City and requirements of the job change.

Here's a structured **14-Month Implementation Plan** for the **Fire Department to Take Over EMS Operations** In a city that has historically used private EMS services.

Fire Department EMS Integration Implementation Plan (14 Months)

Objective: Transition EMS services from a private provider to the Fire Department while ensuring continuity of care, operational readiness, and regulatory compliance.

Phase 1: Planning & Assessment (Months 1-3)

1.1 Stakeholder Engagement & Approval

- Meet with city officials, fire department leadership, and regulatory agencies to outline the transition plan.
- Obtain necessary approvals from governing bodies (City Council, EMS regulatory agencies, etc.).
- Engage community leaders to inform and gather support for the transition.

1.2 Legal & Regulatory Compliance

- Review local, state, and federal EMS regulations for compliance.
- Apply for required EMS licenses, permits, and certifications.
- Draft necessary ordinances or agreements to transfer EMS responsibilities to the Fire Department.

1.3 Budget & Funding Allocation

- Continue Development and finalize a financial plan covering personnel, equipment, vehicles, training, and operational costs.
 - Review funding sources, including grants, municipal budgets, and potential subsidies.
 - Secure budget approval from city leadership.
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Phase 2: Infrastructure & Resource Acquisition (Months 4-7)

2.1 Fleet & Equipment Procurement

- Start Purchase process of ambulances and EMS response vehicles.
- Acquire medical equipment, supplies, and technology (monitors, stretchers, defibrillators, etc.).
- Establish maintenance protocols for EMS vehicles and equipment.
- Establish central supply and disbursement program

2.1 Support Staff acquisition

Hire for EMS Captain/Educator position

Phase 3: System Development & Implementation (Months 8-11)

3.1 Operational Policies & Protocols

- Develop EMS standard operating procedures (SOPs) in alignment with medical protocols.
- Establish response time goals and deployment strategies.
- Implement quality assurance (QA) and quality improvement (QI) processes.

3.2 Medical Direction & Oversight

- Work with the Medical Director to oversee EMS operations.
- Implement standing orders, protocols, and training programs under medical direction.
- Develop a Continuous Quality Improvement (CQI) program for ongoing evaluation.

3.3 Logistics & Supply Chain Management

- Establish inventory control procedures for medical supplies.
- Set up contracts with medical supply vendors.
- Implement a restocking and supply management system.

Phase 4: Testing, Evaluation & Final Preparations (Months 12-13)

4.1 Personnel Hiring & Training

- Implement staffing models based on projected call volume and service needs.
- Recruit and hire paramedics, EMTs, and additional fire-medics if required.
- Conduct a training program for firefighters who will provide EMS services.

4.2 Communications & Dispatch Integration

- Coordinate with the 911 dispatch center for EMS call handling.
- Implement CAD (Computer-Aided Dispatch) systems that integrate fire and EMS.
- Train dispatchers on new EMS protocols.

4.3 Community Outreach & Public Education

- Inform residents of the transition and expected service improvements.
- Launch a public awareness campaign to explain 911 response changes.
- Host community engagement events and Q&A sessions.

4.4 Final Readiness Check

- Conduct full-scale drills and scenario-based training.
- Finalize fleet, equipment, and personnel assignments.
- Ensure all permits, licenses, and regulatory requirements are fully met.

Phase 5: Full EMS Transition & Post-Implementation (Month 14 & beyond)

5.1 Full-Service Launch

- Officially transition EMS operations from the private provider to the Fire Department.
- Monitor real-time system performance and make adjustments as needed.

5.2 Post-Implementation Review & Evaluation

- Assess operational efficiency, response times, and service quality.
- Gather feedback from EMS crews, fire personnel, and response partners.
- Implement further improvements based on post-transition analysis.

Ongoing Considerations

- **Continuous Training & Education** – Ongoing professional development for EMS personnel.
- **Performance Metrics & Reporting** – Regular audits of EMS performance and response times.
- **Financial Oversight** – Continuous evaluation of budget expenditures and cost efficiency.
- **Interagency Collaboration** – Strengthen partnerships with hospitals, law enforcement, and emergency management agencies.

Conclusion:

This **14-month plan** ensures a **smooth and efficient transition** from private EMS to **fire-based EMS operations**, maintaining high-quality emergency medical services while optimizing city resources.

Would you like to adjust any timelines or add additional focus areas?

Emergency EMS Service Transition Proposal (60–90 Day Implementation) ALL DEPENDENT ON AMBULANCES

Overview:

In the event of a short-notice transition of 911 EMS services (within a 60–90 day timeframe), our organization is prepared to rapidly mobilize the resources, personnel, and infrastructure necessary to ensure continued emergency medical coverage. While not ideal, this expedited deployment is feasible through coordinated action and strategic partnerships.

1. Ambulance Procurement & Fleet Readiness

- While vehicle type and configuration may be subject to availability, the vendor has committed to delivering compliant units capable of meeting state and federal standards for emergency response.
 - Initial deployment may require operating with a mixed fleet (new and refurbished units), with plans for standardization as availability improves.
-

2. Billing & Revenue Cycle Management

- Our billing partner, HSI, has confirmed a 60–90 day implementation period to establish full EMS billing operations.
 - This includes system integration, payer credentialing, electronic claims setup, staff training, and compliance with HIPAA and state regulations as well as all CMS inspections.
 - Temporary billing procedures can be implemented during the setup period to ensure continuity of financial operations and revenue capture.
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3. Medical Equipment & Supply Chain

- We have a pre-established relationship with a national medical supply distributor capable of supporting initial and ongoing inventory needs.
 - Start-up supply kits for each ambulance unit, station stock, and PPE reserves will be prioritized and can be delivered within the first 30–45 days.
 - Ongoing procurement will be managed through automated resupply programs and just-in-time logistics to avoid shortages.
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4. Staffing & Workforce Deployment

- A targeted EMS recruitment campaign will be launched immediately, leveraging existing databases, regional partners, and online platforms to attract certified EMTs and paramedics.
 - Based on current market analysis, we are confident in our ability to onboard a sufficient number of EMS professionals within 60 days.
 - In the event of temporary staffing gaps, cross-coverage will be provided by fire department personnel, with contingency planning for overtime and operational surges.
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5. Licensing, Compliance, & Operational Authorization

- All required licensing through the State Department of Transportation and EMS regulatory bodies will be prioritized and can be completed within the 60–90 day window.
 - This includes vehicle licensure, organizational permits, and operational zone authorizations.
 - Our compliance team will ensure adherence to all state and federal EMS regulations, including controlled substance licensing, clinical protocols, and quality assurance mechanisms.
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Conclusion

This expedited implementation plan requires a coordinated, “all-hands-on-deck” approach involving administration, operations, logistics, and public safety personnel. While this transition timeline is aggressive, our organization has the experience, infrastructure, and vendor support to make it achievable.

We are prepared to assume 911 EMS service delivery on short notice—while maintaining a high standard of care, regulatory compliance, and operational continuity.
