Supplement to Second Amendment to the Service Plan: Description of Services

Conversion from a Special Ambulance District
to a
Health Service District

September 16, 2014

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Problem Statement:

Ute Pass Regional Ambulance District (UPRAD) desires to implement a Community Paramedic/Mobile Integrated Healthcare Service (CP/MIHP) intended to better serve the healthcare needs of area residents. However, as an ambulance district, current statue does not permit UPRAD the necessary flexibility to provide enhanced healthcare services on its own or in partnership with any other healthcare providers. To operate the CP/MIHP as planned, the Colorado Department of Public Health and Environment (Department) is requiring UPRAD to obtain a Home Health Provider license or certificate of compliance under Title 27, Article 27.5, C.R.S. Currently, UPRAD, as an ambulance district, is not allowed by statute to acquire this needed license/certificate thus, UPRAD must amend its service plan and change to a "Health Service District" before initiating its CP/MIHP.

This change would allow for:

> *(b) A health service district created pursuant to this article that may establish, maintain, or operate, directly or indirectly through lease to or from other parties or other arrangement, public hospitals, convalescent centers, nursing care facilities, intermediate care facilities, emergency facilities, community clinics, or other facilities providing health and personal care services and may organize, own, operate, control, direct, manage, contract for, or furnish ambulance service.*

Solution/Request

The Board of Directors of UPRAD are requesting pursuant to Part 2, Article 1, Title 32, approval of the UPRAD's Service Plan modification amendment to change its name, designation as a health service district and its authorized services. UPRAD requests that its name be changed to the Ute Pass Regional Health Service District, and that its authorized services and powers be enhanced to include all those specified in statute permitted to a health service district. Those authorized services and powers include, but are not limited to, those outlined in the enclosed application to the Department to operate its Community Paramedic Program as a Home Health Provider.

Introduction and Background

In 2004 the UPRAD was formed to provide full-time emergency medical services (EMS) along with emergent and non-emergent ambulance transportation services to patients needing such services in the Southwestern portions of Douglas and all of Northern Teller Counties. These services are provided in the area that was previously served by Woodland Park Ambulance Service (WPAS) a 501-C-3 not-for-profit corporation. The formation of the ambulance district was seen as the only way to best serve the EMS needs in the area. In 2005 the High Country Emergency Medical Services (HCEMS), another 501-C-3 not-for-profit corporation serving the Florissant and Lake George areas of Park County suddenly ceased operations. The sudden demise of HCEMS and service void necessitated UPRAD to submit the *First Amendment to the Service Plan* that provided for the inclusion of the Florissant and Lake George areas into UPRAD's boundaries. It was determined at that time that the residents of the area would receive improved services by the formation of the District.

Since that time, UPRAD has followed through on the original Service Plan and exceeded the level of service originally contemplated by the Service Plan. UPRAD purchases and maintains quality medical equipment, hires superior and highly trained personnel and continues to provide 24/7/365 readiness and response to the citizens and visitors to those parts of Douglas, Park and Teller Counties.

Yet, at the time the District was formed the exact growth in emergency calls and the need for other services; and, the broad changes in overall healthcare and its funding systems were unknown. In 2010 the United States Congress passed the Patient Protection and Affordable Care Act (ACA) intended to, among other things, enhance patient access to health service, improve patient outcomes and reduce overall healthcare costs.

In essence, this change shifts the provision of healthcare services including EMS away from quantity of services provided to quality of care provided. This paradigm shift demands that healthcare providers form collaborative partnership systems that enhance quality, reduce costs and streamlines the delivery of healthcare. Over the past 2 years UPRAD has made strides to partner with local health providers, the Counties' Public Health Departments and the hospitals to create a unique program to serve the community in new and better ways. The Community Paramedic model is recognized as the future of EMS and a shift in paradigms for caring for patients and communities.

Proposed Service Enhancements

As a health service district, Ute Pass Regional Health Service District (UPRHSD) will implement the Paramedic Advanced Care Team (PACT). The PACT is a group of highly experienced paramedics and other healthcare providers' with special training in acute and sub-acute care of the chronically ill. This program emphasizes an all-inclusive approach to the assessment, treatment and navigation of patients in the out of hospital setting. PACT team members are trained to work closely with the patient's physician, home health agency, public health, DHS, the local hospitals and behavioral health. The goal of the program is to improve patient outcomes and satisfaction by visiting patients in their home to assess their condition in hopes of identifying aberrancies before they become a threat to the patient's health and wellbeing. The PACT program is currently focused on four areas of patient wellbeing;

1. **Public Health and Education Program (PEP).** This program works closely with public health partners. The goal is to identify patients in need of health care and connect them with resources for insurance and health service.
2. **Physician Oversight Program (POP).** This program works under the direction and oversight of the patient's physician to improve patient satisfaction and outcome.
3. **Mental Health Assessment Program (MAP).** This program allows our PACT member to work closely with law enforcement agencies and other local mental health providers. The goal is to navigate patients to the appropriate destination for mental health service.
4. **Home Healthcare Assistance Program (HAP).** This program is designed to work with our local home health care agencies. This partnership provides additional value to the client and improves satisfaction. This is done by bridging the current gaps in home healthcare.

The Second Amendment to the Service Plan does not replace the original Service Plan dated June 25, 2004 or the First Amendment to the Service Plan dated May 18, 2005. Instead, the Second Amendment explains the enhanced services the District intends to provide as a health service district, describes how the services will be funded and provided, and shows that the existing District residents will also benefit from this change. Revisions as they pertain to the Second Amendment are presented similarly to those of the First Amendment. The major components of the Second Amendment to the Service Plan are compared to the original and First Amendment to the Service Plan in the table in Appendix 1.

XII. Conclusion:

This Supplement to the Second Amendment to the Service Plan for Ute Pass Regional Ambulance District supplements the original Service Plan Dated June 25, 2004 and the First Amendment to the Service Plan dated May 18, 2005. It also shows, by comparison, how services are to be provided and that services in the original service area will not be adversely affected.

Conversion to a health service district must be approved by the boards of county commissioners in Douglas, Park and Teller Counties. There is a need for improved access to health service in the District. No fire protection district, city, county, or private entity is capable of, or interested in, providing the enhanced health service comparable to those being proposed by the District.

While not required for conversion to a Health Service District, the following elements have been addressed to assist the Boards in their understanding of the Second Amendment to the Service Plan:

1. A description of the proposed services to be provided by the health service district;
2. A financial plan showing how the proposed services are to be financed;
3. A preliminary survey showing how proposed services are to be provided (to be provided through existing facilities and a facility in the included area);
4. A map of the District's boundaries is not included – boundaries do not change. Also includes an estimate of the population and valuation for assessment of the District;
5. A general description of facilities to be constructed and the standards for such construction, including a statement of how the facility and service standards of the District are not included – no new facilities are contemplated at this time. Future

facilities will be compatible with the facility and service standards of the counties, municipalities, and special districts which are interested parties pursuant to C.R.S. § 32-1-204(1);

6. A general description of the estimated cost of acquiring land, engineering services, legal services, administrative services, initial proposed indebtedness and proposed maximum interest rates and discounts, and other major expenses related to the organization and initial operation of the District are not included since none are anticipated at this time;
7. A description of any arrangement or proposed agreement with any political subdivision – non anticipated at this time;
8. Information satisfactory to establish that each of the following criteria as set forth in C.R.S. § 32-1-203, although not required for conversion to a health service district, has been met:

    a. There is sufficient existing and projected need for the conversion to a health service district and addition of the CP/MIH programs;
    b. The existing services provided by the CP/MIH program in the area to be served by the health service district will enhance services provided by other healthcare providers in the area and that the service enhancements are adequate for present and projected needs;
    c. The health service district will be capable of providing economical and sufficient services within a reasonable time and on a comparable basis within its boundaries;
    d. Adequate CP/MIH services are not, and will not be, available to the area through the counties or other existing municipal or quasi-municipal corporations, including existing special districts within a reasonable time and on a comparable basis;
    e. The facility and service standards of the District are compatible with the facility and service standards of the counties within which the District is to be located and included and each municipality which is an interested party under C.R.S § 30-28-106;
    f. The proposed CP/MIH program is in substantial compliance with any master plan adopted by Douglas, Park, and Teller Counties pursuant to C.R.S. 30-28-106;
    g. That the conversion to a health service district is in compliance with any duly adopted city, county, regional, or state long-range water quality management plan for the area; and
    h. The conversion to a health service district is in the best interest of the area to be served.