



## Funding Guidelines

CHAPTER:	1000	Number:	1080	APPROVED:	8.17.2017
Last Revised:		REVIEW:			
APPROVED:		Scott Weninger, Chair			

### I. Purpose:

To establish the responsibilities of the contributing agencies for the funding of the Kitsap County emergency medical services and trauma care council and its approved programs, including the position of the medical program director, and the corresponding obligation of Kitsap County emergency medical services and trauma care council to provide a medical program director and support services to the contributing agencies, consistent with state law.

### II. Policy:

The Kitsap County emergency medical services and trauma care council shall distribute a proposed budget by September 1st of each year for the next calendar year to all contributing agencies. The proposed budget shall detail the expenses of each case EMS and trauma care council program.

### III. Procedure:

#### A. Invoicing

1. Contributing agencies shall be invoiced amounts as shown in the funding plan. The funding plan includes costs to government agencies, private agencies, and a volunteer groups all involved in the delivery of EMS in Kitsap County.
2. Invoices shall be issued every February and shall be payable within 60 days of the date of the invoice. Failure to timely pay and invoice shall constitute a default under the terms of this agreement.
3. If an agency elects to join at any point in the time other than January 1st, the Kitsap County emergency medical services and trauma care council shall revise the funding plan and adjust the charges to other agencies to account for the contributions to be made by the new agency for the following calendar year.

#### B. Funding Plan

##### 1. Contributing agency (fire service)

**MPD Fee-** annual cost of MPD service is divided equally by the number of contributing agencies.



**Physician Delegate Fee**- annual cost of physician delegates divided by the total number of providers effective on January 1st prior to the billing cycle to determine provider rate. Agency cost will be number of providers multiplied by the provider rate.

**Council support fee** - alarm cost divided by total number of EMS alarms to determine rate per alarm. Agency cost will be the rate multiplied by the total number of agency EMS alarms.

### Council Support Data Schedule

EMS Alarms	Billing Cycle
2017	2019
2018	2020
2019	2021
2020	2022
2021	2023

The alarm cost will be defined as the approved budget amount for the billing cycle of 100 personnel and 200 administrative expenditures minus the amounts allocated two MPD services, contracted services delegates, base station revenue, partner agency revenue, and regional grant revenue.

## 2. Contributing agency (private ambulance and dispatch services)

**MPD fee** - annual cost of MPD service is divided equally by the number of contributing agencies.

**Physician delegate fee** - annual cost of physician delegates divided by the total number of providers effective on January 1st prior to the billing cycle to determine provider rate. Agency cost will be number of providers multiplied by the provider rate.

## 3. Contributing agency (Kitsap County Sheriff's Office)

**Base fee** - annual cost of MPD service is divided equally by the number of contributing agencies.



#### 4. Contributing agency (hospital base station)

**Base fee** - fixed cost as determined by the KC EMS anti CC council board of directors.

Partner agency base fee fixed annual cost as determined by the KC EMS and teak council board of directors.