

## REMSA Franchise Compliance Checklist

Franchise Article	Title	Compliance Documentation	Responsible Party	Date Received	Reviewer's Notes
1	<b>Definitions</b>	<b>1.1 Definitions</b> Definitions are stated in the franchise, but are not part of compliance determination			
2	<b>Granting of Exclusive Franchise</b>	<b>2.1 Exclusive Market Rights</b> <input type="checkbox"/> The franchise agreement signed by DBOH and REMSA which gives REMSA the exclusive market rights within the franchise service area <input type="checkbox"/> All disaster agreements <input type="checkbox"/> All mutual aid agreements including WCHD MAEA agreement	WCHD		
			REMSA		
			REMSA		
		<b>2.2 Franchise Service Area</b> <input type="checkbox"/> All maps of the REMSA franchise area effective during FY	WCHD		
		<b>2.3 Level of Care</b> <input type="checkbox"/> A copy of state certification for ALS services <input type="checkbox"/> ALS Transport Policy <input type="checkbox"/> ILS Transfer or Transport Policy <input type="checkbox"/> BLS Transfer Policy	REMSA		

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		<b>2.4 Review Process</b> Annual review of the International Academy of Emergency Dispatch (IAED) determinate code and QA/QI process through the JAC	WCHD		
		<b>2.5 Term</b> The franchise term is stated in the franchise, but is not part of compliance determination until 2024			
		<b>2.6 Periodic Review</b> Terms will be evaluated after year 10 (2024) and year 16 (20230), if extended			
		<b>2.7 Oversight Fee</b> <input type="checkbox"/> Copies of quarterly invoices, and payments, paid to the EMS Program	WCHD		
		<b>2.8 Supply Exchange and Reimbursement</b> <input type="checkbox"/> The current signed supply exchange/reimbursement agreements with each fire agency <input type="checkbox"/> Confirmation from jurisdictions that they were reimbursed	REMSA		
			WCHD		

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		<b>2.9 No Obligation for Subsidy</b> <input type="checkbox"/> A statement from REMSA attesting they do not receive any funding/monetary subsidy from the Cities of Reno and Sparks and Washoe County	REMSA		
3	Governing Body	<b>3.1 REMSA Board of Directors</b> <input type="checkbox"/> Formal list of Board members (letter from the Board or minutes) <input type="checkbox"/> Legal confirmation via letter from the Chair, that all contractual relationships involving a member of the REMSA Board have been approved by a majority of the disinterested members (if board members have changed from previous FY or change during FY)	REMSA		
		<b>3.2 Board Member Separation</b> <input type="checkbox"/> A signed statement by each Board member that declares any contracts/conflicts of interest, and states the Board member is not an employee of REMSA or the contractor	REMSA		
		<b>3.3 Meetings</b> <input type="checkbox"/> Formal list of six Board meetings held, with a quorum of its members, during the fiscal year from the Chair of the Board (or approved meeting minutes)	REMSA		

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4	<b>Contract Competitive Bidding and Market Survey</b>	<b>4.1 Market Survey and Competitive Bidding</b> A market survey or competitive bid will be completed December 31, 2021, and 2027, with the following documents required: <ul style="list-style-type: none"> <li>a) Letter of recommendation of Consultant approved by the DISTRICT</li> <li>b) Market areas recommended for review</li> <li>c) Consultant contract confirming reliable data for comparison</li> <li>d) Competitive bid or performance improvements, depending upon completion of the market study</li> <li>e) Approval of no bid required (approved meeting minutes)</li> <li>f) Competitive bid, if applicable</li> </ul>	REMSA		
5	<b>Communications</b>	<b>5.1 Radio</b> <input type="checkbox"/> Current 800 MHz MOU Formal documentation that identifies communication capabilities with current 911 system requirements	REMSA		

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		<b>5.2 Dispatch</b> <input type="checkbox"/> Documentation of secondary emergency communication system and operational drill conducted annually (AAR) <input type="checkbox"/> Documentation of CAD system <input type="checkbox"/> Documentation of CAD-to-CAD meetings that demonstrate progress towards interface <input type="checkbox"/> Documentation that demonstrates progress towards AVL connections between agencies	REMSA		
		<b>5.3 Change of Priority</b> <input type="checkbox"/> Formal documentation of the number of calls that were upgraded and downgraded and why this action occurred <i>(included in monthly report – list of number and types of calls and why)</i>	REMSA		
<b>6</b>	<b>Data and Records Management</b>	<b>6.1 Data and Records</b> <input type="checkbox"/> CAD-to-CAD interface documentation to demonstrate obtain and utilize combined identifiers which will be used to analyze EMS responses and PSAP data (reference 5.2) <input type="checkbox"/> Log/list of data and records requested by DHO during the fiscal year (if applicable)	REMSA From 5.2		
			WCHD		

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<b>7</b>	<b>Response Compliance and Penalties</b>	<b>7.1 Response Zones</b> <input type="checkbox"/> Date(s) of meeting(s) of the annual map review and documentation of agreement between REMSA and the DISTRICT (DBOH meeting minutes) <input type="checkbox"/> Zone A Compliance report – 90% of all P1 calls have a response time of 8:59 or less <input type="checkbox"/> Zones B, C and D, Compliance report – 90% of all P1 calls have a collective response time of 15:59, 20:59 and 30:59 <input type="checkbox"/> Zone E Compliance report – total number of calls	WCHD		
		<b>7.2 Response Determinants</b> <input type="checkbox"/> Meeting date(s) of the EMD determinants jointly reviewed by the REMSA MD and fire agency MDs <input type="checkbox"/> Formal summary of all pertinent outcomes/decisions including updates/changes to determinants, if any	REMSA		
		<b>7.3 Zone Map</b> <input type="checkbox"/> Documentation of annual map review and presentation to EMSAB and DBOH <input type="checkbox"/> List of changes to the map, if applicable	WCHD 7.1 and 2.2a		

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		<input type="checkbox"/> Documentation of response map locations made available to the public (DISTRICT website)			
		<b>7.4 Response Time Reporting</b> <input type="checkbox"/> Monthly call/response data with address and zone information (collected from the OCU) <input type="checkbox"/> Total number of responses in the fiscal year (collected from the OCU) <input type="checkbox"/> EMS staff monthly review documentation	WCHD		
		<b>7.5 Penalties</b> <input type="checkbox"/> Penalty fund dollars verification letter from REMSA and all penalty fund reconciliation documents for the fiscal year <input type="checkbox"/> CPI calculation <input type="checkbox"/> Formal documentation of all penalties – all calls that incurred penalties and numbers of minutes per month <input type="checkbox"/> Priority 1 penalty fund analysis for the fiscal year (submitted by independent accounting firm) <input type="checkbox"/> Agree-upon procedures related to Priority 1 Penalty Fund (submitted by independent accounting firm)	REMSA		
			WCHD		
			REMSA		
			REMSA		
			REMSA		

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		<b>7.6 Exemptions</b> <input type="checkbox"/> Exemption reports <i>(collected from the OCU)</i> <input type="checkbox"/> Description of REMSA’s internal exemption approval process <input type="checkbox"/> Any exemption disputes between REMSA and its contractor reviewed by the DHO, if any <input type="checkbox"/> Letter detailing approved exemptions by the DHO <input type="checkbox"/> Exemption request(s) and any approvals by the DHO or designee, during the fiscal year, if applicable	REMSA/WCHD		
			REMSA		
			WCHD		
			WCHD		
			REMSA		
		<b>7.7 Penalty Fund</b> <input type="checkbox"/> Formal letter from REMSA confirming penalty funds are recorded monthly in a separate restricted account <input type="checkbox"/> Formal documentation of costs of penalties used on educations or community programs <input type="checkbox"/> Exemption request(s) and any approvals by the DHO, or designee, during the fiscal year, if applicable	REMSA		

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		<b>7.8 Health Officer Approval</b> <input type="checkbox"/> Letter to the DHO requesting use of penalty fund dollars <input type="checkbox"/> Letter of approval from the DHO	REMSA		
			WCHD		
8	Patient Billing	<b>8.1 Average Patient Bill</b> <input type="checkbox"/> Letter from DHO informing REMSA of the CPI adjustment - applicable to REMSA and its subcontractors <input type="checkbox"/> Formal letter(s) from REMSA on schedule of rates, changes and fees as they occur throughout the fiscal year <input type="checkbox"/> Formal explanation of the average bill calculations that are reported monthly to DBOH	REMSA From 7.5		
		<b>8.2 Increase Beyond CPI</b> <input type="checkbox"/> REMSA shall present a financial impact statement and other supporting documentation <input type="checkbox"/> Additional information, if requested by the DISTRICT <input type="checkbox"/> The DISTRICT will respond in 90 days to approve or reject request	REMSA/ WCHD		

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		<b>8.3 Overage in Bill Amount</b> <input type="checkbox"/> Only applicable if REMSA exceeds the maximum average patient bill a) The authorized average bill b) The adjusted dollar amount	REMSA		
		<b>8.4 Third Party Reimbursement</b> <input type="checkbox"/> Formal explanation of billing policies/procedures related to billing third parties and mitigating out of pocket expenses (letter from REMSA)	REMSA		
		<b>8.5 Prepaid Subscription Program</b> <input type="checkbox"/> Silver Saver brochure <input type="checkbox"/> Formal number of enrolled members as of June 30 (letter from REMSA) <ul style="list-style-type: none"> <li>● REMSA establish limit for number of times service is used by an individual and report terms to DISTRICT (letter from REMSA)</li> </ul>	REMSA		
		<b>8.6 Billing</b> <input type="checkbox"/> Documentation that states REMSA is responsible for patient billing	REMSA		

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		<b>8.7 Accounting Practices</b> <input type="checkbox"/> Documentation that the independent auditor adheres to GAAP and GAAS	REMSA Auditor		
		<b>8.8 Audit</b> <input type="checkbox"/> Current fiscal year financial audit from independent auditor <input type="checkbox"/> Form 990 from the previous fiscal year <input type="checkbox"/> Agreed upon procedures on the average bill <i>(submitted by an independent auditing firm)</i>	REMSA		
9	<b>Personnel and Equipment</b>	<b>9.1 Dispatch Personnel Training</b> <input type="checkbox"/> Formal list of dispatch personnel that dispatch 911 and routine transfer calls that includes EMD certification, EMT/Paramedic certification number and expiration date <input type="checkbox"/> List of new dispatch personnel that dispatch 911 and routing transfer calls and training completed within their first 6 months of employment <ul style="list-style-type: none"> <li>● Documentation of extension of 6-month training (if applicable)</li> </ul>	REMSA		

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	<b>9.2 Dispatch Accreditation</b> <input type="checkbox"/> A copy of the certification from the International Academy of Emergency Dispatch as Accredited Center of Excellence (ACE)	REMSA	
	<b>9.3 Personnel Licensing and Certification</b> <input type="checkbox"/> Formal lists of attendants, EMTs, Paramedics, and EMD certified personnel that includes certification number and expiration date <input type="checkbox"/> Letter from State EMS confirming adherence to Chapter 450B	REMSA	
		WCHD	
	<b>9.4 ICS Training</b> <input type="checkbox"/> Formal list of individuals who completed MCIP training (letter from REMSA) <input type="checkbox"/> List of individuals trained in ICS ( <i>certificates of completion on file at REMSA</i> ) <input type="checkbox"/> Formal list of field operational management personnel (both part time and full time) <input type="checkbox"/> Formal list of REMSA REOC representatives	REMSA	
<b>9.5 Ambulance Markings</b> <input type="checkbox"/> Dates of quarterly EMS program “spot checks”	WCHD		

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		<b>9.6 Ambulance Permits and Equipment</b> <input type="checkbox"/> List of all REMSA ambulances (send to State to verify) <input type="checkbox"/> Letter from State EMS office confirming adherence to Chapter 450B (NAC/NRS)	REMSA		
			WCHD From 9.3		
		<b>9.7 Field Supervisor Staffing</b> <input type="checkbox"/> Formal example of a week’s supervisor shift schedule <input type="checkbox"/> Supervisor job description	REMSA		
		<b>9.8 Medical Director</b> <input type="checkbox"/> Medical Director’s CV (upon appointment, from REMSA) <input type="checkbox"/> Documentation that MD meets NAC450B. 505 state requirements (coordination with State EMS)	WCHD		
<b>10</b>	<b>Quality Assurance</b>	<b>10.1 Personnel</b> <input type="checkbox"/> Written identification of the individuals(s) responsible for the internal coordination of medical quality assurance issues	REMSA		

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		<b>10.2 Review</b> <input type="checkbox"/> Formal documentation of the quality assurance reviews of ambulance runs for at least 5% of the previous month's ALS calls ( <i>included in the monthly Operations Report</i> )	REMSA 12.1a		
11	Community and Public Education	<b>11.1 CPR Courses</b> <input type="checkbox"/> Formal list of all CPR public courses offered during the fiscal year ( <i>included in the monthly Operations Report</i> )	12.1a		
		<b>11.2 Community Health Education</b> <input type="checkbox"/> Multimedia campaign(s) about a current need within the community ( <i>included in the monthly Operations Report</i> )	12.1a		
		<b>11.3 Clinical Skills</b> <input type="checkbox"/> List of clinical skill experience(s) offered for specific prehospital care personnel through participating hospitals and the number of attendees, if necessary	REMSA		

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		<b>11.4 Fire EMS Training</b> <input type="checkbox"/> Formal documentation of quarterly Fire EMS trainings and dates	REMSA		
12	Reporting	<b>12.1 Monthly Reports</b> <input type="checkbox"/> Monthly Operations Reports presented to the DBOH <ul style="list-style-type: none"> <li>● Response Time Reporting</li> <li>● CAD edits and call priority reclassification</li> <li>● Comments and complaints</li> <li>● Investigations and inquiries</li> <li>● Average patient bill</li> <li>● Education and training activities</li> </ul>	REMSA		
		<b>12.2 Quarterly Reports</b> <input type="checkbox"/> Quarterly Operations Reports presented to EMSAB which shall include: <ul style="list-style-type: none"> <li>● Total mutual aid Requests made by REMSA by agency</li> <li>● Tiered Response Reporting             <ul style="list-style-type: none"> <li>○ Call Processing - Total Time to Reach Final Determinate by Resource</li> <li>○ Number of ILS Responses (ILS and ILS Determinants)</li> </ul> </li> </ul>	REMSA		

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		<ul style="list-style-type: none"> <li>○ Number of ILS Responses upgraded to ALS</li> <li>○ Number of ILS Transports</li> <li>○ Average Response Time for ILS Calls by Zone</li> <li>○ Average Time on Scene for ILS</li> <li>○ Number of Calls Requiring Fire Riders on ILS Transports</li> <li>○ Number of ILS Units (%) Based on Daily Staffing</li> </ul>			
		<b>12.3 Daily Reports</b> <input type="checkbox"/> Daily staffing reports presented to all JAC partners, including the DISTRICT (letter of attestation signed by WCHD and REMSA)	REMSA/WCHD		
		<b>12.4 Annual Reports</b> <input type="checkbox"/> All documentation for the Compliance Report should be submitted to the WCHD no later than 180 days after end of fiscal year (December 31). (Documentation submitted to the <a href="mailto:EMSPprogram@washoecounty.us">EMSPprogram@washoecounty.us</a> email)	REMSA		
			WCHD		

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		<input type="checkbox"/> Documentation of compliance monitoring by the DISTRICT within 90 days of the calendar year (March 31)			
13	Failure to Comply Remedies	<b>13.1 Failure to Comply with Agreement</b> Failure to comply is stated in the franchise, but is not part of compliance determination unless REMSA does not comply with the terms of the franchise			
		<b>13.2 Notice of Noncompliance</b> Notice if noncompliance is stated in the franchise, but is not part of compliance determination unless REMSA does not comply with the terms of the franchise			
		<b>13.3 Failure to Correct/Rescission of Agreement</b> Failure to correct/rescission is stated in the franchise, but is not part of compliance determination unless REMSA does not comply with the terms of the franchise			
		<b>13.4 Alternate to Rescinding Agreement</b> Alternate to rescinding is stated in the franchise, but is not part of the compliance determination unless			

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		REMSA does not comply with the terms of the franchise			
14	<b>Dispute Resolution</b>	<b>14.1 Agreement to Mediate Disputes</b> Agreement to mediate disputes is stated in the franchise, but is not part of compliance determination unless a dispute occurs			
15	<b>Financial Assurance/Continuity of Operations</b>	<b>15.1 Financial Assurance/Continuity of Operations</b> <input type="checkbox"/> Documentation of the performance security in the amount of 3 million dollars – demonstrating that it is a reserve amount in the equity statement of the REMSA <i>financials (included in the financial audit)</i>	REMSA		
16	<b>Insurance and Indemnification</b>	<b>16.1 Insurance</b> <input type="checkbox"/> REMSA’s insurance certificates for general liability insurance, automobile liability, worker’s compensation and employer’s liability <input type="checkbox"/> Documentation that the WWCHD is listed as an additional insured	REMSA		
		<b>16.2 Indemnification</b> <input type="checkbox"/> Signed franchise agreement	WCHD		

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		<b>16.3 Limitation of Liability</b> <input type="checkbox"/> NRS Chapter 41	WCHD		
17	Miscellaneous	<b>17.1 REMSA Contract with Other Entities</b> <input type="checkbox"/> All current contracts, service agreements, MAAs and MOUs with other political entities	REMSA		
		<b>17.2 Governing Law Jurisdictions</b> Governing law: jurisdictions are stated in the franchise, but are not part of compliance determination			
		<b>17.3 Assignment</b> Assignment is stated in the franchise, but is not part of compliance determination			
		<b>17.4 Severability</b> Severability is stated in the franchise, but is not part of compliance determination			
		<b>17.5 Entire Agreement/Modification</b> Entire agreement/modification is stated in the franchise, but is not part of compliance determination			
		<b>17.6 Benefits</b>			

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		Benefits are stated in the franchise, but are not part of compliance determination			
		<b>17.7 Notice</b> Notice is stated in the franchise, but is not part of compliance determination			

The Review’s Notes column shall be used to indicate REMSA’s compliance with each checklist item. Compliance will be indicated as follows:

- Full Compliance – Documentation was provided and fulfilled the checklist requirement(s).
- Substantial Compliance – Documentation was provided but did not entirely fulfill the checklist requirement(s).
- Non-Compliance – No documentation was provided, or documentation provided did not fulfill the checklist requirements(s).