

REMSA Franchise Compliance Checklist

Franchise Article	Title	Compliance Documentation	Responsible Party	Date Received	Reviewer's Notes
1	Definitions	1.1 Definitions - Definitions are stated in the franchise, but are not part of compliance determination			
2	Granting of Exclusive Franchise	2.1 Exclusive Market Rights a) <input checked="" type="checkbox"/> The franchise agreement signed by DBOH and REMSA in May 2014, which gives REMSA the exclusive market rights within the franchise service area	WCHD	7/1/15	
		b) <input checked="" type="checkbox"/> All disaster agreements and/or mutual aid agreements	REMSA	6/24/16	
		2.2 Franchise Service Area a) <input checked="" type="checkbox"/> Map of the REMSA franchise area	WCHD	7/1/15	
		2.3 Level of Care a) <input checked="" type="checkbox"/> A copy of state certification for ALS services	REMSA	12/9/15	
		b) <input checked="" type="checkbox"/> Documentation that demonstrates the staffing model for 9-1-1 units and interfacility transfer units	REMSA	6/9/16 & 7/7/16	
		2.4 Term - The franchise term is stated in the franchise, but is not part of compliance determination until 2024			
2.5 Periodic Review - Requirement of periodic review is stated in the franchise, but is not part of compliance determination until 2024					
		2.6 Oversight Fee a) <input checked="" type="checkbox"/> Copies of quarterly invoices paid to the EMS Program	WCHD	7/21/16	

2	Granting of Exclusive Franchise <i>(continued)</i>	2.7 Supply Exchange and Reimbursement			
		a) <input checked="" type="checkbox"/> The current signed supply exchange/reimbursement agreements with each fire agency	REMSA	10/25/16	
		b) <input checked="" type="checkbox"/> Confirmation that jurisdictions were reimbursed	WCHD	8/24/16	
		2.8 No Obligation for Subsidy			
		a) <input type="checkbox"/> A statement from the external auditor that REMSA does not receive any funding/monetary subsidy from the Cities of Reno and Sparks and Washoe County	REMSA		
		b) <input checked="" type="checkbox"/> 501C3 articles of incorporation	REMSA	11/3/16	
		c) <input type="checkbox"/> Disclosure of grant funding for franchise ground ambulance services, if any	REMSA		
3	Governing Body	3.1 Board of Directors			
		a) <input checked="" type="checkbox"/> List of Board members	REMSA	10/25/16	
		b) <input checked="" type="checkbox"/> Legal confirmation that all contractual relationships involving a member of the REMSA Board have been approved by a majority of the disinterested members	REMSA	10/18/16	
		3.2 Board Member Separation			
		a) <input checked="" 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	10/25/16	
		3.3 Meetings			
		a) <input checked="" type="checkbox"/> List of six Board meetings held during the fiscal year	REMSA	10/25/16	
		b) <input checked="" type="checkbox"/> Statement from the DHO that REMSA held six Board meetings with a quorum of its members	WCHD	10/5/16	
4	Contract, Competitive Bidding and Market Survey	4.1 Market Survey and Competitive Bidding - A market survey or competitive bid is stated in the franchise, but is not part of compliance determination until 2021			

Comment [BD1]: Waiting for confirmation of board members during fiscal year 15/16

5	Communications	5.1 Radio			Full compliance with article 5
		a) <input checked="" type="checkbox"/> Current 800 MHz MOU	REMSA	6/15/16	
		b) <input checked="" type="checkbox"/> A checklist and timeline that demonstrates outcomes/progress made concerning compatible communications with the Washoe County Regional Communications System (WCRCS)	REMSA	11/3/16	
		5.2 Dispatch			
		a) <input checked="" type="checkbox"/> Documentation of at least one check/drill conducted on the backup system during the year	REMSA	10/25/16	
		b) <input checked="" type="checkbox"/> Documentation of one operational drill on the backup system, including dates and names of the individuals who participated	REMSA	10/25/16	
		c) <input checked="" type="checkbox"/> A brief summary of the drill and an AAR-IP	REMSA	10/25/16	
		d) <input checked="" type="checkbox"/> Documentation of CAD to CAD meetings	WCHD	7/11/16	
		e) <input checked="" type="checkbox"/> A timeline of meetings/discussions that demonstrate REMSA's progress toward the establishment of the CAD to CAD interface	REMSA	10/25/16	
		f) <input checked="" type="checkbox"/> A timeline of meetings/discussions that demonstrate REMSA's progress towards AVL connections between agencies	REMSA	11/3/16	
g) <input checked="" type="checkbox"/> Documentation of completed efforts that demonstrates REMSA's progress toward the establishment of the CAD to CAD interface	REMSA	11/3/16			
h) <input checked="" type="checkbox"/> Documentation of completed efforts that demonstrates REMSA's progress toward AVL connections between agencies (including current capabilities)	REMSA	11/3/16			

		5.3 Change of Priority a) <input checked="" type="checkbox"/> Number of calls that were upgraded and downgraded and why this action occurred (<i>included in monthly report</i>)	REMSA	8/29/16	
6	Data and Records Management	6.1 Data and Records a) <input checked="" type="checkbox"/> A timeline of meetings/discussions that demonstrate REMSA's progress toward the establishment of the CAD to CAD interface b) <input checked="" type="checkbox"/> A checklist of completed efforts that demonstrates REMSA's progress toward the establishment of the CAD to CAD interface c) <input checked="" type="checkbox"/> List of investigations made by the DHO, or designee during the fiscal year d) <input checked="" type="checkbox"/> Response time compliance report/study zone reports e) <input checked="" type="checkbox"/> List of DHO requests for data/records during the fiscal year (identifies outcomes of requests- i.e., data provided or reasonable justification why request was not adhered to)	From 5.2 From 5.2 WCHD REMSA WCHD	10/25/16 11/3/16 7/11/16 8/26/16 9/8/16	Full Compliance with article 6
7	Response Compliance and Penalties	7.1 Response Zones a) <input checked="" type="checkbox"/> REMSA Franchise map (Zones A – E) b) <input checked="" type="checkbox"/> Date(s) of meeting(s) of the annual map review c) <input checked="" type="checkbox"/> Zone A report – 90% of all P1 calls have a response time of 8:59 or less d) <input checked="" type="checkbox"/> Zones B, C and D report – 90% of all P1 calls have a collective response time of 15:59, 20:59 and 30:59 e) <input checked="" type="checkbox"/> Zone E report – total number of calls 7.2 Response Determinants a) <input checked="" type="checkbox"/> Meeting date(s) of the EMD determinants jointly	WCHD WCHD WCHD WCHD WCHD REMSA	7/1/15 2/1/16 7/11/16 7/11/16 7/11/16 6/21/16	

7	Response Compliance and Penalties (continued)	reviewed by the REMSA MD and fire agency MDs			
		b) <input checked="" type="checkbox"/> A summary of all pertinent outcomes/decisions - including updates/changes to determinants, if any	REMSA	10/25/16	
		7.3 Zone Map			
		a) <input checked="" type="checkbox"/> Date(s) of meeting(s) of the annual map review	From 7.1b	2/1/16	
		b) <input checked="" type="checkbox"/> List of changes to the map, if applicable	WCHD	2/1/16	
		c) <input checked="" type="checkbox"/> List of locations of the REMSA franchise map	WCHD	6/30/16	
		7.4 Response Time Reporting			
		a) <input checked="" type="checkbox"/> Monthly call/response data with address and zone information (<i>collected from the OCU</i>)	WCHD	7/11/16	
		b) <input checked="" type="checkbox"/> Total number of responses in the fiscal year (<i>collected from the OCU</i>)	WCHD	7/11/16	
		c) <input checked="" type="checkbox"/> EMS staff monthly review documentation	WCHD	7/11/16	
7.5 Penalties					
a) <input type="checkbox"/> Penalty fund dollars verification letter from REMSA and all penalty fund reconciliation documents for the fiscal year	REMSA				
b) <input checked="" type="checkbox"/> CPI calculation	WCHD	5/18/15			
c) <input checked="" type="checkbox"/> Documentation of all penalties – all calls that incurred penalties and number of minutes per month	REMSA	10/25/16			
d) <input type="checkbox"/> Priority 1 penalty fund analysis for the fiscal year (<i>submitted by independent accounting firm</i>)	REMSA				
e) <input type="checkbox"/> Agreed-upon procedures related to Priority 1 Penalty Fund (<i>submitted by independent accounting firm</i>)	REMSA				

7	Response Compliance and Penalties <i>(continued)</i>	7.6 Exemptions	REMSA /WCHD	7/08/16	
		a) <input checked="" type="checkbox"/> Exemption reports <i>(collected from the OCU)</i>		10/25/16	
		b) <input checked="" type="checkbox"/> Description of REMSA’s internal exemption approval process	REMSA		
		c) <input checked="" type="checkbox"/> Any exemption disputes between REMSA and its contractor reviewed by the DHO, if any	WCHD	N/A	
		d) <input checked="" type="checkbox"/> Letter detailing approved exemptions by the DHO	WCHD	6/27/14	
		e) <input checked="" type="checkbox"/> Exemption request(s) and any approvals by the DHO, or designee, during the fiscal year, if applicable	REMSA	7/1/16	
		7.7 Penalty Fund			
		a) <input type="checkbox"/> Letter from REMSA confirming penalty funds are recorded monthly in a separate restricted account	REMSA		
		b) <input checked="" type="checkbox"/> Documentation of all penalties – all calls that incurred penalties and number of minutes per month	From 7.5	10/25/16	
		c) <input type="checkbox"/> Documentation of penalty fund usage to include dates received, services rendered, purpose, recipients, etc. <i>(included in the monthly Operations Report, as appropriate)</i>	REMSA		
d) <input type="checkbox"/> Documentation from the external auditor that the penalty fund is in a separate restricted account	REMSA				
7.8 Health Officer Approval					
a) <input checked="" type="checkbox"/> Letter to the DHO requesting use of penalty fund dollars	REMSA	3/22/16			
b) <input checked="" type="checkbox"/> Letter of approval from the DHO	WCHD	4/11/16			

8	Patient Billing	8.1 Average Patient Bill a) <input checked="" type="checkbox"/> CPI calculation	From 7.5	5/18/15	
		b) <input checked="" type="checkbox"/> Letter(s) from REMSA on schedule of rates, changes and fees as they occur throughout the fiscal year	REMSA	6/1/15	
		c) <input type="checkbox"/> Explanation of the average bill calculations that are reported monthly to DBOH	REMSA		
		8.2 Increase Beyond CPI - Only applicable if REMSA requests an increase beyond the annual CPI adjustment			
		8.3 Overage in Bill Amount - Only applicable if REMSA exceeds the maximum average patient bill			
		8.4 Third Party Reimbursement a) <input checked="" type="checkbox"/> Explanation of billing policies/procedures related to billing third parties and mitigating out of pocket expenses	REMSA	10/25/16	
		8.5 Prepaid Subscription Program a) <input checked="" type="checkbox"/> Silver Saver brochure	REMSA	8/23/16	
		b) <input checked="" type="checkbox"/> Number of enrolled members as of June 30	REMSA	8/24/16	
		8.6 Billing a) <input checked="" type="checkbox"/> REMSA organizational chart showing placement of billing department	REMSA	11/3/16	
		8.7 Accounting Practices a) <input type="checkbox"/> Documentation that the independent auditor adheres to GAAP and GAAS	WCHD		

8	Patient Billing <i>(Continued)</i>	8.8 Audit a) <input type="checkbox"/> Current fiscal year financial audit from independent auditor b) <input checked="" type="checkbox"/> Form 990 from the previous fiscal year c) <input type="checkbox"/> Agreed-upon procedures on the average bill <i>(submitted by an independent auditing firm)</i>	REMSA REMSA REMSA	4/4/16	
9	Personnel and Equipment	9.1 Dispatch Personnel Training a) <input checked="" type="checkbox"/> List of dispatch personnel that dispatch 911 and routine transfer calls that includes EMD certification, EMT/Paramedic certification number and expiration date b) <input checked="" type="checkbox"/> List of new dispatch personnel that dispatch 911 and routine transfer calls and training completed within their first 6-months of employment 9.2 Dispatch Accreditation a) <input checked="" type="checkbox"/> A copy of the certification of the National Academy of Emergency Medical Dispatchers accreditation of the Accredited Center of Excellence (ACE) b) <input checked="" type="checkbox"/> List of ACE standards/requirements 9.3 Personnel Licensing and Certification a) <input checked="" type="checkbox"/> Lists of attendants, EMTs, Paramedics, and EMD certified personnel that includes certification number and expiration date b) <input type="checkbox"/> Letter from State EMS confirming adherence to Chapter 450B 9.4 ICS Training a) <input type="checkbox"/> List of individuals who completed MCIP training	REMSA REMSA REMSA WCHD REMSA WCHD REMSA	8/25/16 10/25/16 7/1/14 7/11/16 8/25/16 8/25/16 8/25/16	

9	Personnel and Equipment <i>(continued)</i>	b) <input type="checkbox"/> List of individuals trained in ICS 100 (<i>certificates of completion on file at REMSA</i>)	REMSA		
		c) <input type="checkbox"/> List of individuals trained in ICS 200 (<i>certificates of completion on file at REMSA</i>)	REMSA		
		d) <input type="checkbox"/> List of individuals trained in ICS 300 (<i>certificates of completion on file at REMSA</i>)	REMSA		
		e) <input type="checkbox"/> List of individuals trained in ICS 400 (<i>certificates of completion on file at REMSA</i>)	REMSA		
		f) <input type="checkbox"/> List of individuals trained in ICS 700 (<i>certificates of completion on file at REMSA</i>)	REMSA		
		g) <input checked="" type="checkbox"/> List of field operational management personnel (both part-time and full-time)	REMSA	10/25/16	
		h) <input checked="" type="checkbox"/> List of REMSA REOC representatives	REMSA	10/25/16	
		9.5 Ambulance Markings			
		a) <input checked="" type="checkbox"/> Dates of quarterly EMS program “spot checks”	WCHD	4/7/16	
		9.6 Ambulance Permits and Equipment			
		a) <input checked="" type="checkbox"/> List of all REMSA ambulances	REMSA	10/25/16	
		b) <input checked="" type="checkbox"/> List of all ambulance capital equipment: monitors, power cots, stair chairs, etc.	REMSA	10/25/16	
		c) <input type="checkbox"/> Letter from State EMS office confirming adherence to Chapter 450B (NAC/NRS)	From 9.3		
		9.7 Field Supervisor Staffing			
a) <input checked="" type="checkbox"/> Example of a week’s supervisor shift schedule	REMSA	11/4/16			
b) <input checked="" type="checkbox"/> Supervisor job description	REMSA	10/25/16			

9	Personnel and Equipment <i>(continued)</i>	9.8 Medical Director a) <input type="checkbox"/> Medical Director’s CV (from State EMS) b) <input type="checkbox"/> Documentation that MD meets NAC 450B. 505 state requirements (coordination with State EMS)	WCHD WCHD		
10	Quality Assurance	10.1 Personnel a) <input checked="" type="checkbox"/> Written identification of the individual(s) responsible for the internal coordination of medical quality assurance issues 10.2 Review a) <input checked="" type="checkbox"/> 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>) b) <input checked="" type="checkbox"/> Summary of the quality assurance review activities conducted throughout the fiscal year	REMSA REMSA REMSA	10/25/16 7/28/16 10/25/16	Full compliance with article 10
11	Community Relations and Public Education	11.1 CPR Courses a) <input checked="" type="checkbox"/> List of all CPR public courses offered during the fiscal year – separated into REMSA employee conducted training and REMSA affiliated trainings (<i>included in the monthly Operations Report</i>) 11.2 Community Health Education a) <input checked="" type="checkbox"/> Multimedia campaign(s) about a current need within the community (<i>included in the monthly Operations Report</i>) 11.3 Clinical Skills a) <input checked="" 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 REMSA REMSA	7/28/16 7/28/16 10/25/16	Full compliance with article 11

11	Community Relations and Public Edu. <i>(continued)</i>	11.4 Fire EMS Training a) <input checked="" type="checkbox"/> List of quarterly Fire EMS trainings and dates	REMSA	8/25/16	
12	Reporting	12.1 Monthly Reports a) <input checked="" type="checkbox"/> Monthly Operations Reports presented to the DBOH 12.2 Annual Reports a) <input type="checkbox"/> All documentation for the Compliance Report should be submitted to the WCHD no later than December 31 b) <input checked="" type="checkbox"/> Documentation of compliance monitoring	REMSA	7/28/16	
13	Failure to Comply/ Remedies	13.1 Failure to Comply with Agreement - 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 13.2 Notice of Noncompliance - Notice of noncompliance is stated in the franchise, but is not part of compliance determination unless REMSA does not comply with the terms of the Franchise 13.3 Failure to Correct/Rescission of Agreement - 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 13.4 Alternate to Rescinding Agreement - Alternate to rescinding is stated in the franchise, but is not part of compliance determination unless REMSA does not comply with the terms of the Franchise			
14	Dispute Resolution	14.1 Agreement to Mediate Disputes - Agreement to mediate disputes is stated in the franchise, but is not part of compliance determination unless a dispute occurs			

15	Financial Assurance/Continuity of Operations	15.1 Financial Assurance/Continuity of Operations a) <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 financials (<i>included in the financial audit</i>)	REMSA		
16	Insurance and Indemnification	16.1 Insurance a) <input checked="" type="checkbox"/> REMSA's insurance certificates for general liability insurance, automobile liability, workers compensation and employer's liability b) <input checked="" type="checkbox"/> Documentation that the WCHD is listed as an additional insured 16.2 Indemnification a) <input checked="" type="checkbox"/> Signed franchise agreement 16.3 Limitation of Liability a) <input checked="" type="checkbox"/> NRS Chapter 41 b) <input checked="" type="checkbox"/> Signed franchise agreement	REMSA	10/25/16	Full compliance with article 16
REMSA	11/4/16		WCHD	7/1/15	
WCHD	7/11/16		WCHD	7/1/15	
17	Miscellaneous	17.1 REMSA Contract with Other Entities a) <input checked="" type="checkbox"/> All current contracts, service agreements MAAs and MOUs with other political entities	REMSA	10/25/16	Full compliance with article 17

17	Miscellaneous (continued)	<p>17.2 Governing Law; Jurisdictions</p> <ul style="list-style-type: none"> - Governing law; jurisdictions are stated in the franchise, but are not part of compliance determination <p>17.3 Assignment</p> <ul style="list-style-type: none"> - Assignment is stated in the franchise, but is not part of compliance determination <p>17.4 Severability</p> <ul style="list-style-type: none"> - Severability is stated in the franchise, but is not part of compliance determination <p>17.5 Entire Agreement/Modification</p> <ul style="list-style-type: none"> - Entire agreement/modification is stated in the franchise, but is not part of compliance determination <p>17.6 Benefits</p> <ul style="list-style-type: none"> - Benefits are stated in the franchise, but are not part of compliance determination <p>17.7 Notice</p> <ul style="list-style-type: none"> - Notice is stated in the franchise, but is not part of compliance determination 			
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The Reviewer’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 requirement(s).