

EXCLUSIVE OPERATING AREA PLAN FOR THE COUNTY OF MONO

I. PURPOSE

The intent of this plan is to provide an integrated, coordinated emergency medical system for the County of Mono that will assure the residents of and visitors to the County the ready availability and provision of high quality emergency medical services pursuant to the Emergency Medical Services System and Prehospital Emergency Medical Care Personnel Act (sections 1797 et seq. of the Health and Safety Code of the State of California).

Through a joint powers agreement, the County of Mono, together with the counties of Inyo and San Bernardino, has designated the Inland Counties Emergency Medical Agency (ICEMA) as the local EMS agency for many purposes of the Act. It is the purpose of this plan to assure compliance with Health and Safety Code sections 1797.224 and 1797.226 and to assure an efficient coordinated prehospital emergency medical system for the County of Mono.

II. AUTHORITY

Health and Safety Code Sections 1797.201 and 1797.224. It is the intent of this plan to establish and provide for exclusive operating areas as deemed appropriate.

III. DEFINITIONS

"Existing provider," as used in Section 1797.224 of the Health and Safety Code and in this Plan, means an existing Basic Life Support (BLS) ambulance service provider or Advanced Life Support (ALS) ambulance service provider who was providing services on January 1, 1981 and has continued to provide such services from that date to the initial date of adoption of this plan pursuant to the provisions of that section.

"Emergency medical services" means the services needed to provide urgent medical care in a condition or situation in which an individual has a need for immediate medical attention or where the potential for such need is perceived by emergency medical personnel, a public safety agency, or - with respect to interfacility transfers - qualified medical personnel of the transferring facility. Any transportation needs pursuant to a request for an emergency ambulance operating under a permit issued by the Commissioner of the California Highway Patrol or the attendance of certified/accredited emergency medical personnel or licensed medical personnel shall be deemed the providing of emergency medical services.

"Exclusive Operating Area" means an area defined by this plan for which ICEMA, upon the recommendation of Mono County, may restrict operations to one or more BLS or ALS emergency ambulance services or providers, as specified in Division 2.5 of the Health and Safety Code.

"Operating Area" means an area or subarea defined by this plan in which the provision of advanced life support, limited advanced life support, or emergency ambulance services has not been limited to one or more providers.

“Special Event” means any previously announced event where a group or gathering of people in one general locale is sufficient in number to, or involves an activity that, creates the need to have one or more ambulances at the site.

IV. GENERAL PRINCIPLES

4.01 Goal: Highest level of reliable emergency medical services

The goal of this plan shall be to provide and encourage within each area of this County the development of the highest level of reliable emergency medical services that is reasonably practicable in light of the geography, population density, and resources available.

4.02 Consideration given current providers

It is appropriate in evaluating the degree of assurance of ability to provide readily available emergency medical services of high quality to consider the level and quality of service which has been provided in the past by current providers within the County.

4.03 Establishment of EOAs

It is the determination of ICEMA at the direction of the Mono County Board of Supervisors, that the establishment of exclusive operating areas provides the best means of assuring emergency medical services of the highest quality.

4.04 ICEMA policies, procedures, and protocols controlling

The provisions of the plan shall be construed, whenever possible and reasonable, to coordinate and integrate with the regional EMS system established by ICEMA. In the event of any irreconcilable difference between provisions of this plan and ICEMA policies, procedures, and protocols, the provisions of the ICEMA policies, procedures, and protocols shall control.

4.05 Exclusion for 5150 Transports

Transports undertaken pursuant to Welfare and Institutions Code Section 5150 shall not be subject to this plan.

4.06 Performance Standards

Evaluation of authorized providers' performance under this Plan shall be conducted in accordance with ICEMA standards, policies, procedures and protocols.

4.07 Compliance

All authorized providers must comply with all ICEMA standards, policies, procedures and protocols.

V. IMPLEMENTATION AND ADMINISTRATION

Subject to the delegation of appellate rights set forth in Article VIII, this plan shall be implemented and administered by the Inland Counties Emergency Medical Agency (ICEMA), which has been designated as the local EMS agency for the County of Mono. It shall be the responsibility of ICEMA, in carrying out these duties, to meet all requirements established by the

State's Emergency Medical Services Authority and to make in a timely manner such reports to the Authority as may be established by law or regulation.

VI. EXCLUSIVE OPERATING AREAS AND OPERATING AREAS WITHIN MONO COUNTY

To ensure the effectiveness and success of an EMS plan or EMS system, it is necessary to ensure the availability of qualified, competent, well-managed and financially sound emergency transportation providers. This can best be assured in many areas of the County of Mono by the establishment of exclusive operating areas as authorized by Sections 1797.6, 1797.85, and 1797.224 of the Health and Safety Code. In other areas of the County, this can best be assured by the establishment of operating areas that are not exclusive as to any provider or providers.

A. Creation and Designation of Exclusive Operating Areas and Operating Areas

1. Exclusive operating area #1 (EOA #1) for the County of Mono is hereby created and shall be defined as depicted on the attached map, which is incorporated into this plan by reference and labeled as Attachment A. The Mono County Paramedic Program is hereby designated as the sole exclusive provider of advanced life support emergency ambulance transport (ALS EA) within this area and the primary exclusive provider of basic life support emergency ambulance (BLS EA) services within this area.
2. Exclusive operating area #2, (EOA #2) for the County of Mono is hereby created and shall be defined as depicted on the attached map, which is incorporated into this plan by reference and labeled as Attachment A. The Mammoth Lakes Fire Protection District is hereby designated as the back-up provider of BLS EA services within this area. EOA #2 is located wholly within the boundaries of EOA #1. Therefore, as outlined in subsection 1 above and subject to paragraph D below, the Mono County Paramedic Program shall be the primary provider of ALS, emergency ambulance transport (ALS EA) and the primary provider of BLS EA within EOA #2.
3. Operating area #3 (OA #3) for the County of Mono is hereby created and shall be defined as depicted on the attached map, which is incorporated into this plan by reference and labeled as Attachment A. There shall be no designated exclusive provider for this area.
4. Operating area #4 (OA #4) for the County of Mono is hereby created and shall be defined as depicted on the attached map, which is incorporated into this plan by reference and labeled as Attachment A. There shall be no designated exclusive provider for this area.

B. Findings regarding noncompetitive status of EOA #1 and EOA #2

1. EOA #1

It is determined that within EOA #1, the Mono County Paramedic Program is an existing provider and has been providing ALS and BLS EA services in the same manner and scope without interruption since prior to January 1, 1981. It is further determined that it is in the best interests of this plan and the citizens of the areas to be served that ALS and BLS EA services continue to be provided through the Mono County Paramedic Program without resort to a competitive bidding process.

2. EOA #2

It is determined that within EOA #2, the Mammoth Lakes Fire Protection District (MLFPD) has provided back-up BLS EA services within its district boundaries since prior to January 1, 1981. It is further determined that it is in the best interests of this plan and the residents and visitors of the areas to be served that back-up BLS EA services continue to be provided through the MLFPD without resort to a competitive bidding process.

EOA #1 and EOA #2 shall become subject to a competitive bid process pursuant to Health and Safety Code section 1797.224 upon the occurrence of one of the following events:

1. Cessation or nonjustifiable interruption of services by the provider;
2. An amendment to this plan which designates the area as subject to competitive bid; or
3. Continued nonjustifiable violations of the performance standards applicable to the provider.

C. Findings regarding non-exclusive status of OA #3 and OA #4

It is determined that it is in the best interests of this plan and the citizens of the areas to be served to designate OA #3 and OA #4 as operating areas rather than as exclusive operating areas. OA #3 and OA #4 are presently served by the Mono County Paramedic Program, as well as by other providers. Due to their remote location and sparse population, it is desirable to maximize, rather than limit, providers serving these regions. Upon a change in circumstances affecting OA #3 or OA #4, such areas may in the future be considered for designation as exclusive operating areas pursuant to the Health and Safety Code and this plan.

D. Rights pursuant to Health and Safety Code Section 1797.201

The Mammoth Lakes Fire Protection District (MLFPD) has provided BLS EA services within its district boundaries since prior to June 1, 1980. Nothing in this plan is intended to nor shall interfere with MLFPD's continued provision of BLS EA services, or of any other emergency medical service later determined to be within the MLFPD's rights pursuant to Health and Safety Code section 1797.201.

E. Interim Service within Exclusive Operating Areas

Upon an exclusive operating area becoming subject to competitive bid for one of the reasons specified in the plan or otherwise, the Health Officer of the County of Mono may, in his sole discretion and on an interim exclusive basis, authorize the continued provision of services by the then current provider or deem the area non-exclusive on an interim basis. Such interim

authorization shall cease upon selection of a qualified successor provider or providers for the area through the competitive process outlined in this plan and the authorized commencement of services by the provider or providers.

F. Authorized Providers

Except as otherwise required by statute, regulation, or other provisions of the EMS plan or plans applicable to the County of Mono or as may be otherwise permitted by the provisions of this plan, only the provider(s) designated or selected to be the provider(s) within the exclusive operating areas established by subsections A (1) and (2) (or their designees) and the provider designated pursuant to subsection D as having rights pursuant to Section 1797.201 of the Health and Safety Code shall be authorized to provide emergency medical transportation services within EOA #1 or EOA #2, as described above.

The provisions of this section shall not apply during the pendency of any disaster situation that creates a need for emergency medical services beyond the capability of the designated providers for an area nor shall they apply to services rendered pursuant to an approved mutual aid agreement. Further, this section shall not preclude ICEMA, with the approval of the Health Officer and upon payment of all required fees and other compliance with all other policies and/or protocols, from authorizing any other provider to provide emergency medical transportation services for special events nor shall it preclude an industry that maintains emergency medical services staff and equipment on a jobsite from providing, upon Health Officer authorization, emergency medical transportation to employees who become ill or injured on the jobsite.

G. Competitive Selection of Providers for Exclusive Operating Areas

Upon designation of an area as subject to competitive bid, selection of the provider or providers to serve that exclusive operating area shall proceed in the following manner:

1. Assessment

The Health Officer shall assess the area to ascertain the nature and extent of emergency medical services which are and may be required in the area. Such assessment shall include, but need not be limited to, consideration of the following factors:

- a. Geography and topography
- b. Population density and anticipated growth
- c. Surface transportation facilities, i.e., roads
- d. Location of medical facilities in or adjacent to such area
- e. The nature and extent of emergency medical services being provided in all or any portion of the area by a public entity through the expenditure of public funds
- f. Nature and extent of emergency medical services available in the territory adjacent to the area.

2. Invitation for Proposals; Providers' Conference

Upon completion of the assessment, the Health Officer shall prepare and publish an announcement that applications will be accepted for consideration from

qualified providers. The announcement shall be published pursuant to Government Code Section 6062a in a newspaper of general circulation and may also be distributed to known providers of services, and shall include at least the following information:

- a. A description of the area sufficient to identify the area with reasonable certainty
- b. The level of services to be required
- c. Whether it is the intent to award the area to a single provider or whether consideration will be given to authorizing two or more providers to serve the area.
- d. Any special conditions which must be met to satisfy particular needs disclosed by the assessment of the area.
- e. That the application will contain any further conditions which must be met by an applicant.
- f. That a providers' conference will be held on a date and at a time and place stated and that only providers who appear at the conference will be permitted to apply and will be given applications.
- g. All applications shall be submitted to the Health Officer by 4:00 p.m., twenty-one (21) calendar days from the date of the providers' conference, at which time the applications shall be opened in the Health Officer's office.

For purposes of this subsection, a "qualified provider" shall be a provider who can demonstrate that it has successfully provided emergency medical services of the level required by the announcement for a period of at least three (3) years continuously within the seven (7) years immediately preceding its application.

3. Completeness of Application and Rejection for Cause

After the closing date for submitting applications, the Health Officer shall evaluate each application received to determine if the applicant meets all standards and conditions required. Should the Health Officer determine that an applicant fails to meet one or more of the standards or conditions, the Health Officer shall notify the applicant in writing by certified mail of the specific deficiencies. If the applicant does not provide the Health Officer with proof satisfactory to the Health Officer that the applicant does meet those standards or conditions as to which deficiency notice was given within seven (7) calendar days following delivery of the notice of deficiency, then the application shall be deemed ineligible and entitled to no further consideration.

4. Evaluation of Application

Upon determination of the eligible applicants, the Health Officer shall evaluate the applicants in terms of their ability to meet the present and anticipated emergency medical services needs of the area as determined by the assessment of the area. Criteria to be used in making such evaluation shall include at least:

- a. Past experience of the applicant in providing emergency medical services

- b. Qualifications and experience of the applicant's personnel
- c. Equipment
- d. Ability to meet response time requirements established by any EMS plan applicable to the area
- e. Rates for services
- f. Whether the applicant is permitted to operate in the area by the appropriate public entities.

5. Hearing By Emergency Medical Care Committee

When the applicant has been evaluated, the Health Officer shall request that a meeting of the Emergency Medical Care Committee of the County be called and shall prepare a report to that Committee of the assessment of the area and the evaluation of the applicants. Upon receipt of the report, the Emergency Medical Care Committee shall set and notice a meeting at which the report will be considered, such meeting to be not less than fourteen (14) days nor more than twenty-eight (28) days following receipt of the report. The notice of meeting and a copy of the report shall be sent by first-class mail, postage prepaid, to each applicant and to each city that lies wholly or partly in the area under consideration.

At the time and place set for the meeting, the Emergency Medical Care Committee shall receive the report and testimony of the Health Officer and of any other person interested in presenting testimony or other evidence. Any member of the Committee who is an applicant or holds any financial interest in an applicant shall be disqualified from participation in the Committee's consideration of any exclusive operating area for which the applicant has applied. When all persons interested in presenting testimony or evidence have been heard, the Committee shall close the meeting to any further testimony or evidence. After such deliberation as it deems necessary, the Committee shall then make its recommendation in writing to the Health Officer as to which applicant or applicants it believes should be awarded authorization to provide emergency medical services in the exclusive operating area.

6. Selection of Provider(s)

Upon receipt of the recommendation of the Emergency Medical Care Committee, the Health Officer shall consider that recommendation as well as the area emergency medical services assessment and the evaluation of applicants and shall award authorization to one or more applicants as appropriate. All responders shall be notified of this decision. If authorization is not awarded to the applicant or applicants recommended by the Committee, the Health Officer shall file with the Committee a written statement of explanation as to why the Committee recommendation was not followed.

7. Term of authorization

The term of an authorization awarded pursuant to competitive bid to provide emergency medical services in an exclusive operating area shall be for an initial

term of five (5) years (subject to the renewal provisions described below) from the date of the authorization unless earlier terminated for cause or by an amendment to this plan (following a public hearing) that either deletes the designation of the area as an exclusive operating area or alters the area.

Each year, prior to the anniversary date of the award of authorization, the Health Officer shall review the performance of the authorized provider or providers and may consider, in such review, any evaluation done by the Emergency Medical Care Committee. If the Health Officer determines that the provider or providers have performed satisfactorily in achieving the requirements and goals of the emergency services system, the Health Officer shall recommend to the Board of Supervisors that it extend the term of authorization for that provider. Upon receiving such recommendation, the Board of Supervisors may, by minute order, extend the term of authorization for that provider by an additional period of up to five years.

H. Protest and Objections

All protests and objections regarding the awarding of the exclusive operating area to the most qualified applicant shall be considered. The Health Officer shall notify the protesting party in writing of his decision regarding the protest. The decision may be appealed to a court of competent jurisdiction.

I. Revocation of Exclusive Provider Authorization

Whenever the Health Officer is provided with information that the Health Officer believes constitutes cause for termination of an exclusive provider's authorization, the Health Officer shall investigate to determine whether reasonable grounds exist to believe the information to be true. If the Health Officer believes the information to be true, the Health Officer shall evaluate the impact of such information and take one of the following actions:

1. If the acts or omissions of the provider that constitute the grounds for termination for cause are deemed by the Health Officer to pose an immediate threat to the effective provision of emergency medical services and/or to the safety or health of persons requiring such services, the Health Officer shall immediately suspend the authorization of such provider and shall notify the provider, ICEMA, the Mono County Board of Supervisors, and any public safety agencies, dispatch centers, and hospitals in the provider's area of such suspension. The Health Officer may also issue to such other providers as deemed appropriate an interim authorization as a provider in that area.
 - a. Within five (5) working days, the Health Officer shall forward to the provider by certified mail a written notice of intention to revoke the provider's authorization, which shall state the ground for revocation. The notice shall advise the provider that the provider may file with the Health Officer in writing prior to a date certain (which shall be not less than fifteen (15) nor more than twenty (20) calendar days from the date of the notice) any evidence that the provider may have to controvert the

- grounds stated, and that failure to respond within the time stated shall result in summary revocation of authorization.
- b. If no response is received by the Health Officer to the notice, the Health Officer shall revoke the provider's authorization and shall initiate procedures to obtain a successor provider or providers for the area.
 - c. Upon receipt of responsive materials from the provider within the time period stated in the notice, the Health Officer shall evaluate the evidence received. If the Health Officer believes the evidence does not adequately controvert the grounds stated, the Health Officer may revoke the provider's authorization. If the Health Officer determines that the evidence substantially controverts the grounds, the Health Officer should revoke the suspension and may follow the procedures set forth in subdivision G.2. hereinafter. A determination to revoke authorization shall be subject to the appellate procedures of Article VI.
2. If the acts or omissions of the provider that constitute the grounds for termination for cause are deemed by the Health Officer to pose no immediate threat to the effective provision of emergency medical services and/or the safety and health persons requiring such services, the Health Officer shall prepare and issue to the provider by certified mail a notice to comply which shall state what the provider must do or refrain from doing to avoid being subject to revocation of authorization, what reports of proof the providers must furnish to the Health Officer of the provider's attempts at correction, and the time frame within which such corrective action must be taken and proof of correction provided.
- a. If the provider, within the time frame stated in the notice, furnishes to the Health Officer proof of correction or of attempts to correct those deficiencies stated in the notice to comply, the Health Officer may either terminate the reporting and proof requirements or may, if deemed appropriate, extend the period during which the reporting and proof requirement will be required.
 - b. At the conclusion of any notice to comply period, or the extension of any such period, if the Health Officer determines that the provider is unable or unwilling to comply, the Health Officer may revoke the provider's authorization. A determination to revoke authorization shall be subject to the appellate provisions of Article VIII.

VI. AMENDMENTS TO PLAN

The Health Officer may amend this plan at any time, in any manner which is not prohibited by or inconsistent with controlling law or any rules and regulations promulgated by the Emergency Medical Services Authority, pursuant to the following procedures:

- A. When the Health Officer determines that it would be in the best interests of the emergency medical services system and/or the interests of all or a substantial segment of the population served by that system to amend the plan in any respect, the Health Officer shall draft those amendments deemed desirable and then prepare a report in which the reasons for the proposed amendment and any data supporting such reasons

- are set forth. The proposed amendment and the report shall be forwarded by the Health Officer to the Emergency Medical Care Committee with a request that the matter be set for a hearing to be held not earlier than twenty-one (21) nor later than thirty-five (35) days from the date of the request.
- B. Upon receipt of the date set for hearing, the Health Officer shall publish a notice of the hearing pursuant to Government Code Section 6062a in a newspaper of general circulation. The notice shall contain a concise summary of the effects of the proposed amendment and shall state the address or addresses at which copies of the proposed amendment and the report may be obtained. A copy of the proposed amendment and the report shall be mailed to ICEMA, to each provider that may be affected by the proposed amendment, and to the Mono County Counsel.
 - C. At the time and place set for the hearing, the Emergency Medical Care Committee shall receive the report and testimony of the Health Officer and of any other person interested in presenting testimony or other evidence. Any member of the Committee who is directly affected by the proposed amendment shall be disqualified from participating in the Committee's consideration of the amendment. When all persons interested in presenting testimony or evidence have been heard, the Committee shall close the meeting to any further testimony or evidence. After such deliberation as it deems necessary, the Committee shall then make its recommendation in writing to the Health Officer as to whether the amendment should be adopted, adopted with revisions, or rejected.
 - D. Upon receipt of the recommendation of the Emergency Medical Care Committee, the Health Officer shall consider that recommendation and may either adopt the amendment, revise and adopt the amendment, or determine to make no amendment. If the Health Officer's action does not follow the recommendation of the Committee, the Health Officer shall file with the committee a written statement of explanation as to why the Committee recommendation was not followed.
 - E. Except as provided for in sections F and G below, a plan amendment shall become operative immediately upon its adoption, in writing, by the Health Officer.
 - F. Any amendment that directly affects the rights of an authorized provider in and to an exclusive operating area shall be subject to the appellate procedure set forth in Article VIII.
 - G. A plan amendment that proposes to change a noncompetitive exclusive operating area to a competitive exclusive operating area or to a nonexclusive area shall become operative on a date set forth in the amendment, which date shall be not less than five (5) years from the date of adoption.
 - H. Upon revocation of the authorization of a provider in a noncompetitive exclusive operating area and upon such revocation becoming final, the plan shall be deemed automatically amended to make such area a competitive exclusive operating area,

unless the Health Officer chooses to propose an amendment that has another effect and the other provisions of this Article shall not apply.

VIII. APPELLATE PROCEDURE

Any decision required to be made hereunder by the Health Officer involving awarding an authorization to a competitive exclusive operating area, revoking a provider's authorization, or making an amendment to the plan which affects an authorized provider's rights in and to an exclusive operating area or changes a noncompetitive area to a competitive or nonexclusive area shall be final unless within twenty (20) days of mailing of written notice of such decision the emergency service provider affected files a Notice of Appeal with the Mono County Board of Supervisors (through the Board's Clerk).

Such notice shall state, in general terms, the decision being appealed and the reasons(s) therefore.

Such appeal shall be heard by the Board of Supervisors as soon as reasonably possible and shall be conducted in accordance with the provisions of the Government Code.

The decision of the Board of Supervisors upon any such appeal shall be final unless within thirty (30) days of mailing a written notice of such decision the emergency service provider files an action with the Superior Court under the provisions of Code of Civil Procedure Section 1094.5 for review pursuant to administrative mandamus.

Pending any appellate procedure herein provided, no change shall occur unless the Health Officer shall, in his discretion, determine that an emergency situation exists requiring the substitution of another emergency services provider on an interim basis.

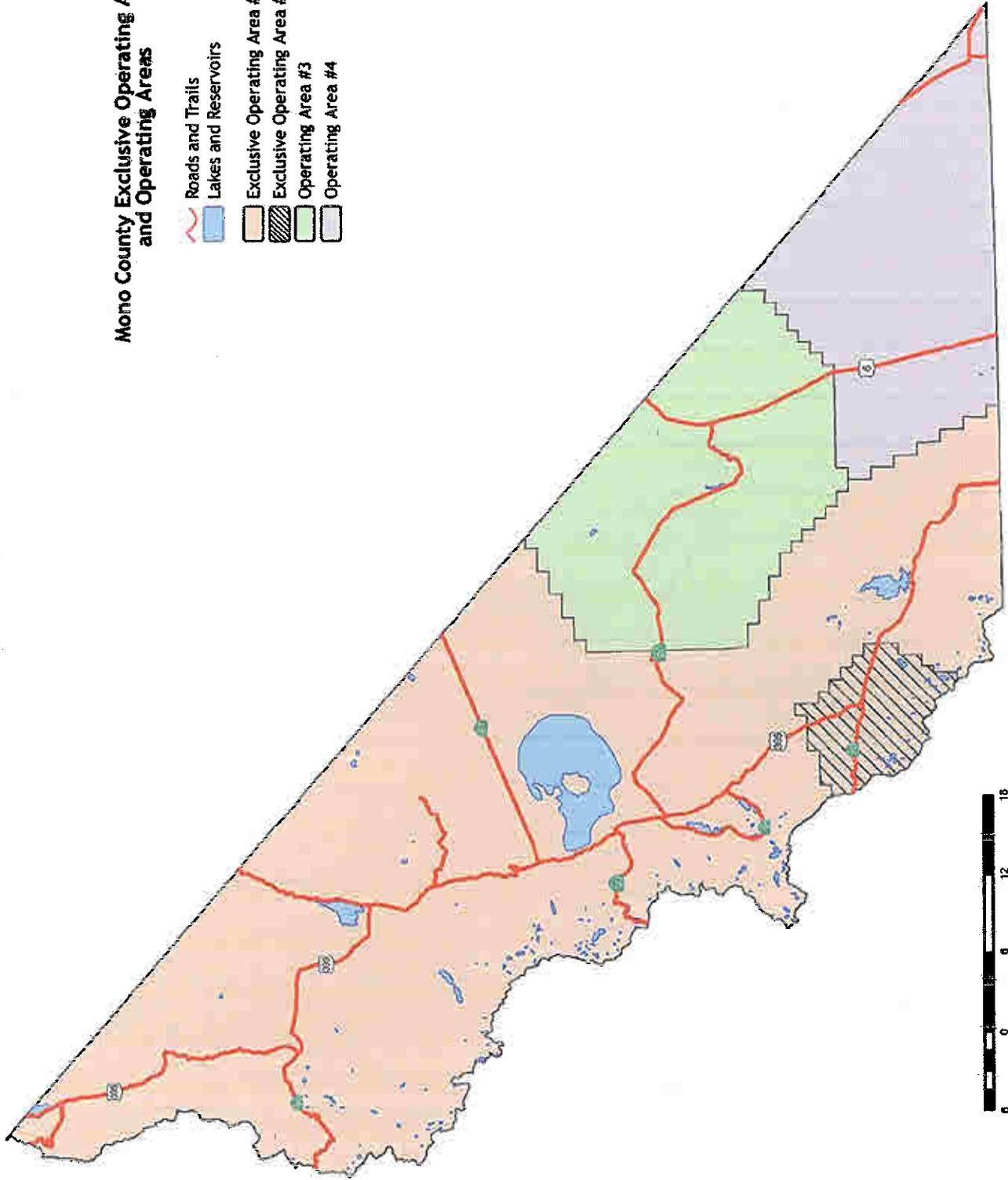
IX. SEVERABILITY

Each part and aspect of this Plan has been separately considered and evaluated. Should any provision or aspect of this Plan be declared or determined by any Court of competent jurisdiction to be illegal or invalid, the validity of the remaining parts, terms or provisions shall not be affected thereby and said illegal or invalid part, term, or provision shall be deemed not to be a part of this Plan.

Attachment "A"

Mono County Exclusive Operating Areas
and Operating Areas

-  Roads and Trails
-  Lakes and Reservoirs
-  Exclusive Operating Area #1
-  Exclusive Operating Area #2
-  Operating Area #3
-  Operating Area #4



**EMS PLAN
AMBULANCE OPERATING AREA SUMMARY FORM**

In order to evaluate the nature of each area or sub area, the following information should be compiled for each operating area individually. Please include a separate form for each exclusive and/or nonexclusive ambulance operating area.

Local EMS Agency or County Name: Inland Counties Emergency Medical Agency Mono County
Area or sub area Name or Title: Exclusive Operating Area #1
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or sub area. Mono County Paramedic Program (ALS/BLS Ambulance Service).
Area or sub area (Zone) Geographic Description: All areas of Mono County (including both unincorporated area and the incorporated Town of Mammoth Lakes), except that southeastern portion of the County including and surrounding the Benton, Chalfant, and Hammil Valleys (the Tri-Valley area), as depicted on the attached map.
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. <input checked="" type="checkbox"/> Exclusive -- Meets grand fathering requirement of 1797.224. <input type="checkbox"/> Non-exclusive
Type of Exclusivity, Emergency Ambulance, ALS, or LALS (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). This area is exclusive as to BLS, ALS, and interfacility transport ambulance services.
Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>grand fathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. The Mono County paramedic program or its predecessors have delivered uninterrupted service with no changes to scope and manner of service to the operating area since prior to January 1, 1981. This provider began providing paramedic ambulance service in the area in 1975. If <u>competitively determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

**EMS PLAN
AMBULANCE OPERATING AREA SUMMARY FORM**

In order to evaluate the nature of each area or sub area, the following information should be compiled for each operating area individually. Please include a separate form for each exclusive and/or nonexclusive ambulance operating area.

Local EMS Agency or County Name: Inland Counties Emergency Medical Agency Mono County
Area or sub area Name or Title: Exclusive Operating Area #2
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or sub area. Mammoth Lakes Fire Protection District (BLS Ambulance Service) Mono County Paramedic Program (ALS/BLS Ambulance Service)
Area or sub area (Zone) Geographic Description: Those areas contained within and immediately surrounding the boundaries of the incorporated Town of Mammoth Lakes, as depicted on the attached map.
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. <input checked="" type="checkbox"/> Exclusive -- Meets grand fathering requirement of 1797.224. <input type="checkbox"/> Non-exclusive
Type of Exclusivity, Emergency Ambulance, ALS, or LALS (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). The Mammoth Lakes Fire Protection District responds to basic life support emergency calls within EOA #2. (EOA #2 is a subset of and overlaps EOA #1 and, therefore, the Mono County paramedic program which is the exclusive provider for EOA #1 also responds to advanced life support, basic life support, and interfacility transport calls within EOA #2).
Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>grand fathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. The Mammoth Lakes Fire Protection District and the Mono County Paramedic Program or their predecessors have delivered uninterrupted service with no changes to scope and manner of service to the operating area since prior to January 1, 1981. The Mono County Paramedic Program began providing paramedic ambulance service in this area in 1975. The Mammoth Lakes Fire Protection District has provided BLS ambulance service in this area since 1978. If <u>competitively determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

September 22, 2004

**EMS PLAN
AMBULANCE OPERATING AREA SUMMARY FORM**

In order to evaluate the nature of each area or sub area, the following information should be compiled for each operating area individually. Please include a separate form for each exclusive and/or nonexclusive ambulance operating area.

Local EMS Agency or County Name: Inland Counties Emergency Medical Agency Mono County
Area or sub area Name or Title: Operating Area #3
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or sub area. White Mountain Fire Protection District (BLS Ambulance Service) Mono County Paramedic Program (ALS/BLS Ambulance Service)
Area or sub area (Zone) Geographic Description: Those areas including and surrounding the community of Benton to the north of the Hammil Valley, bordered to the east by the Nevada state line and to the west by the Glass Mountains, as depicted on the attached map.
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. <input type="checkbox"/> Exclusive <input checked="" type="checkbox"/> Non-exclusive
Type of Exclusivity, Emergency Ambulance, ALS, or LALS (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). This area has not been determined to be exclusive as of the date of this document. White Mountain Fire Protection District has provided BLS Ambulance Service in this area since 1982. The Mono County Paramedic Program has provided ALS Ambulance Service in this area since 1975.
Method to achieve Exclusivity, if applicable (HS 1797.224): N/A If <u>grand fathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If <u>competitively determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

September 22, 2004

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Local EMS Agency or County Name: Inland Counties Emergency Medical Agency Mono County
Area or sub area Name or Title: Operating Area #4
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or sub area. Chalfant Valley Community Services/Fire District (BLS Ambulance Service) Mono County Paramedic Program (ALS/BLS Ambulance Service).
Area or sub area (Zone) Geographic Description: Those areas including and surrounding the Hammil and Chalfant Valleys to the south of Benton Valley bordered on the east by the Nevada state line and to the south by the Inyo County line, as depicted on the attached map.
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. <input type="checkbox"/> Exclusive <input checked="" type="checkbox"/> Non-exclusive
Type of Exclusivity, Emergency Ambulance, ALS, or LALS (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). This area has not been determined to be exclusive as of the date of this document. Chalfant Valley Community Services/Fire District has operated a BLS Ambulance Service in this area since 1985. The Mono County Paramedic Program has provided ALS Ambulance Service in this area since 1975.
Method to achieve Exclusivity, if applicable (HS 1797.224): N/A If <u>grand fathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If <u>competitively determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.