



**LYCOMING COUNTY  
DEPARTMENT OF PUBLIC SAFETY**

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July 20, 2015

Dear LTS EMS Agency:

Please find enclosed the Emergency Medical Services Operating Fund (EMSOF) survey for your Agency. If your organization is planning to request EMSOF funding for equipment or other initiative projects, please check the items needed on the attached forms or provide details of your project.

Guidance again from the PA DOH Bureau of EMS has been to transition from funding individual agency equipment requests, and to **focus on regional initiative projects**.

Some of the Projects that have been discussed have included:

- Support of Regional Training Institutes
- Community Paramedicine
- Airway and Tourniquet Training for Law Enforcement
- Cover Costs of National Registry Written Testing

Due to the decrease in the overall EMS Budget and subsequent EMSOF Fund this year, the council will still entertain assistance from EMS Agencies for larger cost items (Over \$1,000) to include AEDs/EKGs, Vehicles, etc. and will be considered on a case-by-case basis.

In the absence of DOH Priorities being published yet, in the Pennsylvania Bulletin, I am attaching the last list of priorities published 2013 (attached) for your reference.

Your input is important to how these funds are expended and we welcome your thoughts and suggestions.

If you have any questions reference the EMSOF program, please feel free to contact me at 570-329-4726. I ask that you **please return the survey to the Council office no later than Wednesday, August 12, 2015**

Sincerely,

Wendy S. Hastings, Director  
LTS EMS Council

[Enclosures]  
cc: Staff



**For the following, mark all equipment/vehicles your service intends to purchase from July 1, 2015, through June 30, 2016. Additionally list your services priority needs:**

**VEHICLE REPLACEMENT:** Any ALS or BLS service vehicle is eligible to be replaced or reclassified based upon the following criteria and priorities (one vehicle per service per five year period). ALS/BLS ambulances and ALS non-transport squads that are ten years old or older have at least 200,000 miles of use.

**VEHICLE INFORMATION**

- Type vehicle to be replaced: \_\_\_\_\_
- Year of vehicle to be replaced: \_\_\_\_\_
- Mileage of vehicle to be replaced: \_\_\_\_\_

<b>Priority (1,2,3)</b>	<b>Number Requested</b>	<b>Equipment Name</b>	<b>Maximum Cost</b>	<b>Urban/ Rural Reimbursement</b>	<b>Estimated Cost</b>
_____	_____	Ambulance	-----	\$15,000 / \$20,000	_____
_____	_____	Squad	-----	\$ 7,500 / \$ 9,000	_____

*\*(Reimbursement is based on available funds allocated to the LTS Region. It is unlikely that maximum reimbursement for vehicles will be awarded.)*

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**DATA COLLECTION:** (Each service/entity will only be eligible to purchase one set of hardware and software every three years.)

<b>Priority (1,2,3)</b>	<b>Number Requested</b>	<b>Equipment Name</b>	<b>Maximum Cost</b>	<b>Estimated Cost</b>
_____	_____	Max. Hardware	\$2,000	_____
_____	_____	Max Software	\$1,700	_____

**PREHOSPITAL PROVIDER EQUIPMENT:**

<b>Priority (1,2,3)</b>	<b>Number Requested</b>	<b>Equipment Name</b>	<b>Maximum Cost</b>	<b>Urban/ Rural Reimbursement</b>	<b>Estimated Cost each</b>
_____	_____	CPAP	\$1,500	\$ 750/ \$900	_____
_____	_____	Capnography Equipment	\$3,000	\$1,500/ \$1,800	_____
_____	_____	Intravenous Infusion Pump	\$2,000	\$1,000/ \$1,200	_____
_____	_____	EKG Monitor/ Defibrillator	\$12,000	\$ 6,000/\$7,200	_____
_____	_____	12 Lead EKG System	\$20,000	\$10,000/\$12,000	_____

	Ventilator, Auto.	\$3,000	\$1,500/ \$1,800
	Vehicle Safety Monitoring System	\$3500	\$1,750/ \$2,100
	AED	\$1,500	\$750/\$900
	Stair Chair (300 lb. capacity)	\$2,000	\$1,000/ \$1,200
	Stair Chair (500 lb. capacity)	\$2,650	\$1,325/ \$1,590
	Stretchers (Primary) (300 lb. capacity)	\$4,000	\$2,000/ \$2,400
	Stretchers (Primary) (700 lb. capacity)	\$13,500	\$6,500/ \$7,800

**COMMUNICATIONS EQUIPMENT (MUST BE NARROW BAND CAPABLE & for Licensed EMS**

**Vehicles):**

<b>Priority (1,2,3)</b>	<b>Number Requested</b>	<b>Equipment Name</b>	<b>Maximum Cost</b>	<b>Urban/ Rural Reimbursement</b>	<b>Estimated Cost each</b>
		Radio, Mobile (2/vehicle)	\$5,000 each	\$2,500/ \$3,000 each	
		Radio, Portable (1/vehicle)	\$5,000 each	\$2,500/ \$3,000 each	

**Other Items Requested not otherwise mentioned (Please include cost and priority):**

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*In order to assist in processing requests, if you have identified multiple items for funding, please prioritize by placing a 1, 2, 3... next to the item. (THANK YOU!)*

*Please return this form to Wendy Hastings, Director, at the LTS EMS Council office prior to Wednesday August 12. (SURVEYS WILL NOT BE ACCEPTED AFTER THIS DATE!) Receipt of this survey at the council office does not guarantee EMSOF reimbursement. You will be notified, in writing, of items approved for reimbursement.*

**ALL purchases must be made & paid invoices forwarded to the Council by Wednesday March 16, 2016**

## **NOTICES**

# **Emergency Medical Services Operating Fund Funding Priorities for Fiscal Year 2013-2014**

**[43 Pa.B. 3062]  
[Saturday, June 1, 2013]**

Under 28 Pa. Code §§ 1001.22 and 1001.23 (relating to criteria for funding; and allocation of funds), the Department of Health (Department) gives notice of priorities for the distribution by the regional emergency medical services (EMS) councils of funding from the Emergency Medical Services Operating Fund (EMSOF) for the fiscal year beginning July 1, 2013, and ending June 30, 2014.

EMSOF moneys are to be used to provide funding to maintain, improve and develop the quality of the EMS system within this Commonwealth. The Department finds that the EMSOF is not sufficient to fully fund the EMS system. Therefore, it gives notice, under 28 Pa. Code § 1001.22(d), that recipients of EMSOF funding from regional EMS councils may be required to provide matching funds toward all purchases, acquisitions and projects for which the Department permits the use of EMSOF moneys.

Each regional EMS council shall prioritize the distribution of its EMSOF allocation based upon the Statewide EMS Development Plan and its regional EMS development plan, subject to the funding priorities set forth in this notice. By October 30, 2013, the regional EMS councils shall notify the providers and other appropriate entities of the established funding priorities, the application process, acquisition documentation requirements and processing deadlines. Each regional EMS council must complete all documents required for the distribution of EMSOF funding by June 30, 2014.

The Department may increase the amount of the initial payment or reimbursement from the EMSOF based upon the EMS development plans (State and regional) or documented financial hardship of a provider of EMS. A provider of EMS that seeks additional funds due to financial hardship shall be required to submit a financial disclosure statement and other documentation deemed necessary by the Department.

A provider of EMS applying for EMSOF funding must be in full compliance with all regulations, policies and priorities of the State and regional EMS systems.

Funds for purchases, acquisitions and projects for the fiscal year beginning July 1, 2013, and ending June 30, 2014, must be expended or encumbered by the regional EMS council by June 30, 2014.

### ***Funding Priorities***

The funding priorities listed as follows are not ranked. The priorities must be considered before there is any regional distribution of EMSOF moneys for initiatives that are not listed. All funding must be distributed in a manner consistent with the regional and Statewide EMS development plans. Consequently, if the priorities in this notice have been funded and additional funding is available, the request to use EMSOF money towards nonpriority items must still be supported by the Statewide and regional EMS development plans.

- ❖ Development or improvement of an organizational risk management program (safety measures, hazard recognition or mitigation and the necessary organizational structure and support processes) proposed by an ambulance service. Proposals for funding must be comprehensive and include safe vehicle operations. Approval by the Department is required prior to funding.
- ❖ Recruitment and retention programs, including scholarships or tuition reimbursement for emergency medical responder (EMR), emergency medical technician (EMT) and paramedic education in areas with

high prehospital personnel vacancy rates as determined by the regional EMS council and approved by the Department.

- ❖ Equipment required to meet basic life support (BLS) and advanced life support (ALS) ambulance service licensure.
- ❖ Capnography equipment (especially wave-form end-tidal CO<sub>2</sub> monitors).
- ❖ Replacement of an ambulance for ambulance services that is older than 10 years or has more than 200,000 miles on it. Limit to one per fiscal year.
- ❖ Software or computer equipment to enable services to collect and transmit EMS patient care reports electronically.
- ❖ Quality assurance improvement programs.
- ❖ Costs associated with investigating a potential merger or consolidation of services. These costs include consulting fees, studies, legal fees and statistical analysis.
- ❖ Costs associated with the actual merger or consolidation of services.
- ❖ Bariatric equipment to equip ambulances.

When two or more ambulance companies have consolidated to create one entity, for the first 5 years after the ambulance companies completed consolidation, the entity may be deemed eligible to receive funding not to exceed the amount of the combined total for which the individual companies would have been eligible had they not consolidated.

### **Emergency Preparedness and Response Funding Requests**

Emergency preparedness and response funding requests must be based on local and response roles of services, regional needs and needs identified by threat vulnerability analysis. Purchases must be coordinated with county emergency, fire service, hazmat and hospital organizations in the applicant's service area to assure interoperability and to prevent duplication. Funding requests related to response to all hazard and emergency preparedness must have a clear connection to the regional EMS catastrophic plan and the regional EMS development plan. Priority will be given to fund the ambulance services in each region that have committed to participating in the EMS strike team capability project and respond to requests for EMS, both interstate and intrastate, as identified in the State and regional mass casualty plans.

### **Provider Equipment**

Purchases by providers of EMS are not limited to equipment. If an EMS provider requests EMSOF moneys to purchase equipment, the Eligible Provider Equipment List included with this announcement identifies equipment for which EMSOF funds will be made available to purchase. This list provides the types of providers of EMS eligible for equipment purchases supported by EMSOF funding and the maximum allowable cost upon which the EMSOF contribution will be calculated.

EMSOF funds will fund 60% of the maximum allowable cost of an equipment item for rural providers and will fund 50% of the maximum allowable cost of an equipment item for nonrural providers. Providers of EMS that receive funding are responsible for the balance of the purchase price. The provider may purchase an item for an amount that exceeds the maximum allowable cost, but the provider will be responsible for any amount exceeding that figure. The last two columns of the Eligible Provider Equipment List identify the percentage of EMSOF contribution towards the purchase price, up to the maximum allowable cost of the item, based upon whether the provider operates in a rural or nonrural area.

### **Examinations**

Funding may be provided to EMS services to cover the cost of the State written test for paramedic, prehospital registered nurse (PHRN), EMT and EMR certification taken by their personnel at 100% of the cost of two examination attempts up to a maximum allowable cost of \$300 for paramedic and PHRN, \$140 for EMT and \$130 for EMR per person.

## Medical Director

The maximum allowable cost for an EMS agency to contract for medical director oversight is \$10,000 for Fiscal Year 2013-2014.

### ELIGIBLE PROVIDER EQUIPMENT LIST

Equipment Description	Life Expectancy	Eligible Purchase For:				Allowable Costs <sup>1</sup>	Non	Rural
		ALS	ALS/SQ	BLS	QRS		(50%)	(60%)
EKG Monitor/Defibrillator with Pacer	5 years	Y	Y	N	N	12,000	6,000	7,200
12 Lead EKG <sup>2</sup>	5 years	Y	Y	N	N	20,000	10,000	12,000
Automated External Defibrillator (AED)	5 years	N	N	Y <sup>3</sup>	Y <sup>3</sup>	1,500	750	900
Automated External Defibrillator Trainer	5 years	N	N	Y	Y	400	200	240
Oxygen Equipment (any combination) Cylinder Demand Valve w/Hose & Mask flow—25 lpm Regulator (combination or constant capable) Case	5 years	Y	Y	Y	Y	500	250	300
Capnography Equipment	3 years	Y	Y	N	N	3,000	1,500	1,800
CPAP Ventilation Portable Equipment	5 years	Y	Y	Y	Y	1,500	750	900
Pulse Oximeter	5 years	Y	Y	Y	Y	700	350	420
Nitrous Oxide Delivery System	5 years	Y	Y	N	N	2,000	1,000	1,200
Intravenous Infusion Pumps	5 years	Y	Y	N	N	2,000	1,000	1,200
Adult /Pediatric Intubation Kits	5 years	Y <sup>4</sup>	Y <sup>4</sup>	N	N	600	300	360
Transtracheal Jet Insufflators (TTJ)	5 years	Y	Y	N	N	200	100	120
Splinting/Immobilization Devices (any combination) Backboard Cervical Immobilization Device Splints (rigid, traction, etc.)	3 years	Y	Y	Y	Y	500	250	300
Stairchair	5 years	Y	N	Y	N	Up to 5,000	1,325	1,590
Stretcher	5 years	Y	N	Y	N	Up to 10,000	5,000	6,400
Stretcher/Chair Combination	5 years	Y	N	Y	N	700	350	420
Stair Stretcher 500 lb Capacity	5 years	Y	N	Y	N	2,700	1,350	1,620
Suction (Portable)	3 years	Y	Y	Y	Y	900	450	540
Ventilator, Automatic (per Department of Health Guidelines)	5 years	Y <sup>5</sup>	Y <sup>5</sup>	Y <sup>6</sup>	Y <sup>6</sup>	3,000	1,500	1,800
Ambulance with Chevron Marking on back of unit	—	Y	N	Y	N	—	15,000	20,000
Chevron	—	Y	Y	Y	Y	1,500	750	900
Squad/ Response Vehicle with Chevron Marking on Back of Unit	—	N	Y	N	Y	—	7,500	9,000
Data Collection Software/Technology <sup>7</sup>	—	Y	Y	Y	Y	1,700	850	1,020
Data Collection Hardware <sup>8</sup>	3 years	Y	Y	Y	Y	2,000	1,000	1,200
Radio, Mobile (two per vehicle)	5 years	Y <sup>9</sup>	Y <sup>9</sup>	Y <sup>9</sup>	Y <sup>9</sup>	5,000	2,500	3,000
Radio, Portable (two per vehicle per year)	5 years	Y <sup>9</sup>	Y <sup>9</sup>	Y <sup>9</sup>	Y <sup>9</sup>	5,000	2,500	3,000
Triage Vest with Reflection Stripes Meeting ANSI National Standards	5 years	Y	Y	Y	Y	150	75	90
Triage System	5 years	Y	Y	Y	Y	750	375	450
Alerting Equipment (5 per service at \$400 each)	5 years	Y <sup>9</sup>	Y <sup>9</sup>	Y <sup>9</sup>	Y <sup>9</sup>	2,000	1,000	1,200
Vehicle Safety Monitoring Systems	5 years	Y	Y	Y	Y	3,500	1,750	2,100
Personal Protective Equipment/Turnout Gear: Helmet, Coat, Boots, Protection Vest Meeting Pants, ANSI National Standards (one set from Communicable Diseases per provider) Respiratory Protection	5 years	Y	Y	Y	Y	1,200	600	720
Protective Ballistic Vest	5 years	Y	Y	Y	Y	1,000	500	600

Global Positioning System Receiver 1 per licensed Ambulance or Recognized QRS Vehicle	5 years	Y	Y	Y	Y	500	250	275
Traffic Safety Equipment	5 years	Y	Y	Y	Y	2,500	1,250	1,500
Large Patient Moving/Carrying Device	10 years	Y	Y	Y	Y	3,000	1,500	1,800
Self Contained Breathing Apparatus (2 per licensed vehicle)	10 years	Y	Y	Y	Y	3,000	1,500	1,800
EMT-P / PHRN Testing (Written)	—					300	300	300
EMT Testing (Written)	—					140	140	140
EMR Testing (Written)	—					130	130	130
CO Detectors (Monitors)	5 Years	Y	Y	Y	Y	200	100	120
12 Lead EKG Transmitter System	5 Years	Y	Y	N	N	1,000	500	600
IO Drills or Bone Injection Systems	5 Years	Y	Y	N	N	300	150	180
Narcotics Security Systems	5 Years	Y	Y	N	N	900	450	540
Refrigerators (mini)	10 Years	Y	Y	N	N	1,200	600	720
Pediatric Safe Transport Device	10 Years	Y	N	Y	N	Up to 400	200	240
Tourniquet (tactical)	5 Years	Y	Y	Y	Y	25	12.50	10
Bariatric equipment	5 Years	Y	Y	Y	Y	27,000	13,500	10,800

<sup>1</sup> All figures are dollar amounts for each item of equipment.

<sup>2</sup> Amount includes \$1,000 for communications package. Receiving facility must have appropriate communications capabilities.

<sup>3</sup> Must be an approved AED service or part of regional planning and AED medical director required.

<sup>4</sup> Must be durable equipment, not disposable equipment.

<sup>5</sup> Completion of approved training program required.

<sup>6</sup> Completion of approved training program required and BLS service medical director approval required.

<sup>7</sup> Must be a Department-approved software program, version and vendor.

<sup>8</sup> Data collection hardware may include computer, modem, printer, backup device and battery system.

<sup>9</sup> Must be compatible with regional and State EMS communications plan.

Questions regarding the Eligible Provider Equipment List or other matters addressed in this notice should be directed to Robert D. Cooney, EMS Program Manager, Bureau of Emergency Medical Services, Department of Health, Room 606, Health and Welfare Building, 625 Forster Street, Harrisburg, PA 17120-0701, (717) 787-8740.

Persons with a disability who require an alternative format of this notice (for example, large print, audiotape, Braille) should contact Joseph W. Schmider at the previously listed address or telephone number, or for speech or hearing impaired persons may use VTT (717) 783-6514, or the Pennsylvania AT&T Relay Service at (800) 654-5984.

MICHAEL WOLF,  
Secretary

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