



**AMERICAN MEDICAL RESPONSE  
OF  
COCHISE COUNTY LLC**

**CERTIFICATE OF NECESSITY APPLICATION  
FOR  
TRANSFER OF CON 120**

**RECEIVED  
JAN 05 2021  
BEMS/CON**

**AMERICAN MEDICAL RESPONSE OF COCHISE COUNTY LLC**  
**Initial Application**

**TABLE OF CONTENTS**

**COVER LETTER**

**ARIZONA AMBULANCE OF DOUGLAS, INC. REQUEST TO TRANSFER CON**

**APPLICATION FORM**

**PROVISION OF ALS SERVICES**

1. A current written contract for ALS medical direction; and
2. Proof of professional liability insurance for ALS personnel required in R9-25-909(A)(1)(b).

**INFORMATION REQUIRED AS PART OF THE APPLICATION PACKET**

1. Where the ground ambulance vehicles in subsection (A)(1)(i) are located within the applicant's proposed service area;
2. A statement of the proposed general public rates;
3. A statement of the proposed charges;
4. The applicant's proposed response times, response codes, and response-time tolerances for each scene locality in the proposed service area, based on the following:
  - a. The population demographics within the proposed service area,
  - b. The square miles within the proposed service area,
  - c. The medical needs of the population within the proposed service area,
  - d. The number of anticipated requests for each type and level of ground ambulance service in the proposed service area,
  - e. The available routes of travel within the proposed service area,
  - f. The geographic features and environmental conditions within the proposed service area, and
  - g. The available medical and emergency medical resources within the proposed service area;
5. A plan to provide temporary ground ambulance service to the proposed service area for a limited time when the applicant is unable to provide ground ambulance service to the proposed service area;
6. Whether a ground ambulance service currently operates in all or part of the proposed service area and if so, where; and
7. Whether an applicant or a designated manager:
  - a. Has ever been convicted of a felony or a misdemeanor involving moral turpitude,
  - b. Has ever had a license or certificate of necessity for a ground ambulance service suspended or revoked by any state or political subdivision, or
  - c. Has ever operated a ground ambulance service without the required certification or licensure in this or any other state.

**DOCUMENTS REQUIRED AS PART OF THE APPLICATION PACKET**

1. A description of the proposed service area by any method specified in A.R.S. § 36-2233(E) and a map that illustrates the proposed service area;
2. A projected Ambulance Revenue and Cost Report;
3. The financing agreement for all capital acquisitions exceeding \$5,000;
4. The source and amount of funding for cash flow from the date the ground ambulance service commences operation until the date cash flow covers monthly expenses;
5. Any proposed ground ambulance service contract under A.R.S. §§ 36-2232(A)1) and 36-2234(K);

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**AMERICAN MEDICAL RESPONSE OF COCHISE COUNTY LLC**  
**Initial Application**

6. The information and documents specified in R9-25-1101, if the applicant is requesting to establish general public rates;
7. Any subscription service contract under A.R.S. §§ 36-2232(A)(1) and 36-2237(B);
8. A certificate of insurance or documentation of self-insurance required in A.R.S. § 36-2237(A) and R9-25-909;
9. A surety bond if required under A.R.S. § 36-2237(B); and
10. The applicant's and designated manager's resume or other description of experience and qualification to operate a ground ambulance service.

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6363 S. Fiddlers Green Circle, Ste. 1400  
Greenwood Village, CO 80111  
[www.globalmedicalresponse.com](http://www.globalmedicalresponse.com)

January 4, 2021

**VIA HAND DELIVERY AND EMAIL**

Ms. Rachel Zenuk Garcia  
Bureau Chief  
Arizona Department of Health Services  
Bureau of Emergency Medical Services and  
Trauma System  
150 N. 18th Avenue, Suite 540  
Phoenix, AZ 85007

**Re: American Medical Response of Cochise County LLC acquisition of Arizona Ambulance of Douglas, Inc. CON 120 (the "Transaction")**

Dear Chief Garcia:

We are pleased to inform you on December 2, 2020 American Medical Response of Cochise County LLC, a wholly owned subsidiary of American Medical Response, Inc. ("**AMR**") and Arizona Ambulance of Douglas, Inc. ("**Arizona Ambulance**") have entered into an asset purchase agreement (the "**Purchase Agreement**"), whereby AMR intends to acquire substantially all the assets of Arizona Ambulance, upon the approval of the transfer of Certificate of Necessity No. 120 (the "**Transaction**").

In order to effectuate the terms of the proposed Transaction, please accept this letter and its attachments as the complete application to the Arizona Department of Health Services ("**Department**") to transfer CON 120 from Arizona Ambulance to AMR pursuant to Arizona Administrative Rules R9-25-901(9) the result of the Transaction is a "Change of Ownership," and the controlling interest of CON 120 would transfer, upon the Department's approval and closing under the Purchase Agreement, from Arizona Ambulance to AMR.

**I. American Medical Response of Cochise County LLC**

American Medical Response of Cochise County LLC, a wholly owned subsidiary of American Medical Response, Inc. is the proposed "Transferee" of CON 120. As set forth herein, AMR intends to acquire Arizona Ambulance to advance its medical transportation community solutions under its ultimate parent company, Global Medical Response, Inc. ("**GMR**"). With more than 38,000 employees, GMR teams deliver compassionate, quality medical care, primarily in the areas of emergency and patient transportation services in the United States, the District of Columbia and around the world. GMR was formed by combining the industry leaders in air, ground, managed medical transportation, and community, industrial/specialty and wildland fire services. Each of our companies has a long history of proudly serving the communities where we live: AMR, Rural Metro Fire, Air Evac Lifeteam, REACH Air Medical Services, Med-Trans Corporation, AirMed International and Guardian Flight.

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PROVIDING CARE TO THE WORLD AT A MOMENT'S NOTICE

GMR's integrated solutions allow GMR operating entities to provide the best service designed to meet the needs of the immediate community. AMR, with its proposed acquisition of Arizona Ambulance, intends to continue providing services to the citizens of Cochise County under the terms and conditions of CON 120.

## II. Proposed Transfer

To preserve Arizona Ambulance's exceptional services and minimize any interruption to its operations, customers, employees, and the community, our goal is to expedite any and all processes that allow us to get to closing. Closing under the Purchase Agreement is contingent upon the transfer of CON 120 and the Transaction will not be completed until after such transfer is fully approved by the Department. As set forth below, we have included all information required by Arizona law, Administrative Rules and Department's guidance. If there is additional information required by the Department or you require clarification of any of the information set forth herein, we ask that you reach out to our internal teams, including Ed Armijo and Jim Roeder who will be able to address any and all questions and concerns.

## III. Application

Attached hereto for your consideration are the following as required under R9-25-902:

1. The Application form containing all requirements under R9-25-902(1)(a)-(p);
2. The information required pursuant to R9-25-902(2);
3. A map that illustrates the service area;
4. A projected Ambulance Revenue and Cost Report;
5. There is no financing of the capital acquisition required and AMR shall pay Arizona Ambulance at closing pursuant to the terms of the Purchase Agreement;
6. Documentation showing the source of the funding for cash flow from operations;
7. There are no proposed ground ambulance service contracts at this time;
8. Information establishing general public rates;
9. There are no proposed subscription contracts at this time;
10. A certificate of insurance;
11. The resumes and experience of AMR's proposed management;
12. All other documentation previously considered by the Department for proposed transfers of a CON;
13. Organization Chart showing related and affiliated operating entities in the State of Arizona; and
14. The fees required under Arizona law and the Administrative Rules.

We are excited about the transaction and the opportunity to continue to serve the citizens and communities of Arizona. Please do not hesitate to contact us for any additional information or to answer any questions that you may have.

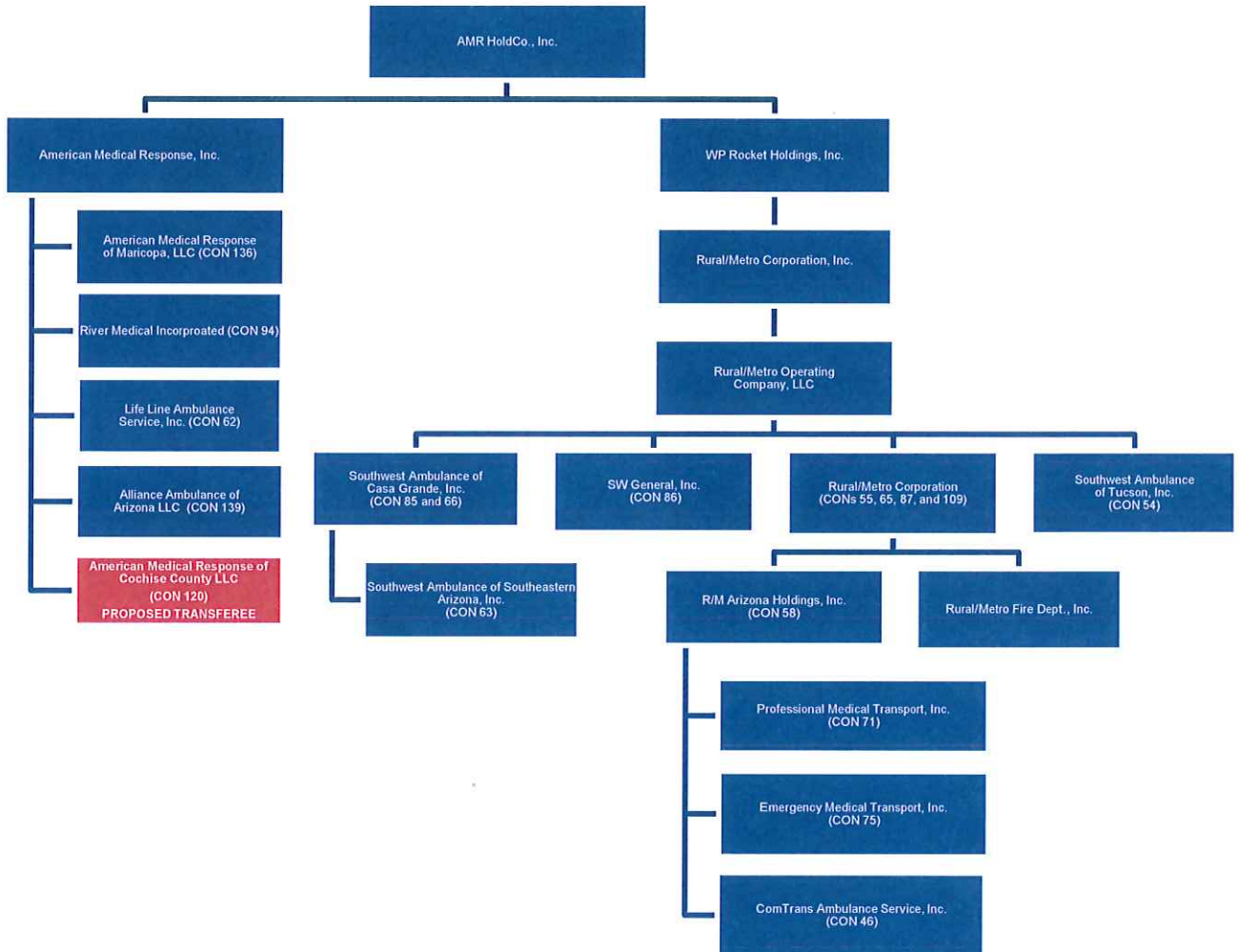
Sincerely,

**AMERICAN MEDICAL RESPONSE OF COCHISE COUNTY LLC**



**Glenn R. Kasprzyk**  
President – Southwest Region

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**ARIZONA AMBULANCE TRANSPORT**  
4266 INDUSTRY DRIVE, SUITE 3  
PO Box 1689  
SIERRA VISTA, ARIZONA 85636  
(520) 459-4040  
(520) 459-6060 FAX



January 4, 2021

Ms. Rachel Zenuk Garcia  
Bureau Chief  
Arizona Department of Health Services  
Bureau of Emergency Medical Services and Trauma System  
150 N. 18th Avenue, Suite 540  
Phoenix, AZ 85007

Re: Arizona Ambulance of Douglas, Inc., dba Arizona Ambulance Transport  
(CON 120)

Dear Ms. Garcia:

On December 2, 2020 Arizona Ambulance of Douglas, Inc. and American Medical Response of Cochise County LLC, a wholly owned subsidiary of American Medical Response, Inc. entered into an asset purchase agreement. Accordingly, and pursuant to A.A.C. R9-25-902(C)(1), Arizona Ambulance of Douglas, Inc. hereby requests that the above-referenced Certificate of Necessity ("CON") be transferred to American Medical Response of Cochise County LLC.

Should you have any questions about this transfer, please feel free to contact me at [ppedersen@azambulance.com](mailto:ppedersen@azambulance.com). Thank you for your time and consideration.

Sincerely

Paul A. Pedersen, Jr.  
Managing Partner

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**APPLICATION FORM**

**I. IDENTIFICATION**

AMERICAN MEDICAL RESPONSE OF COCHISE COUNTY LLC

Legal business or corporate name

dba Arizona Ambulance Transport, dba AMR dba Life Line

Identifying Name (DBA)

6363 S Fiddlers Green Circle, 14th Floor, Greenwood Village, CO 80111

Legal address

8465 N Pima Road, Scottsdale, AZ 85258

Mailing address if different

575-640-6521

480-257-1351

Glenn.Kasprzyk@gmr.net

Telephone number

Facsimile number

E-mail address

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**II. MANAGEMENT**

**Provide the following for each applicant and individual responsible for managing the ground ambulance service:**

NAME	TITLE	ADDRESS	TELEPHONE NUMBER
Edward Van Horne	Chief Operating Officer	6363 S Fiddlers Green Circle, 14 <sup>th</sup> Fl Greenwood Village, CO 80111	682-227-6078
Glenn Kasprzyk	President – SW Region	8465 N. Pima Rd. Scottsdale, AZ 85258	480-606-3214

**Provide the following for the business representative or designated manager:**

NAME	TITLE	ADDRESS	TELEPHONE NUMBER
Jackie Evans	Regional Director	3759 N Commerce Drive, Tucson, AZ 85705	520-820-0897

**Provide the following for the individual to contact to access the ground ambulance service's records required in R9-25-910:**

NAME	TITLE	ADDRESS	TELEPHONE NUMBER
Suzie Robinson	VP Revenue Cycle Mgt	8465 N. Pima Rd., Scottsdale, AZ 85258	480-257-1350

**Provide the following for the statutory agent for the ground ambulance service, if applicable:**

NAME	TITLE	ADDRESS	TELEPHONE NUMBER
Corporation Service Company (CSC)	Registered Agent	2335 W Royal Palm Road Suite J, Phoenix, AZ 85021	602-234-9600

**III. CLASSIFICATION**

<b>Type of Business</b>	Proprietary <input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation for profit <input type="checkbox"/> Limited liability corporation <input type="checkbox"/> Other _____	Non-profit <input type="checkbox"/> Corporation <input type="checkbox"/> Other _____	Governmental <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipal
	<b>Level of Service:</b> (Check Most Approp) <input type="checkbox"/> Advanced Life Support	<input checked="" type="checkbox"/> Advanced Life Support & Basic Life Support	<input type="checkbox"/> Basic Life Support
<b>Type of Service</b> (Check all Applicable)	<input checked="" type="checkbox"/> Immediate Response Transport	<input checked="" type="checkbox"/> Interfacility Transport	<input checked="" type="checkbox"/> Convalescent Transport
<b>Hours of Operation</b>	<input checked="" type="checkbox"/> 24 hrs/7 days a week	<input type="checkbox"/> Other (explain in detail on an attached sheet)	



**IV. MEDICAL DIRECTION/COMMUNICATION**

<b>Provide the following for each base hospital or centralized medical direction communications center:</b>		
NAME	ADDRESS	TELEPHONE NUMBER
Banner University Medical Center/University of Arizona Dept of Emergency Medicine	1625 N Campbell, Tucson, AZ	520-694-0111
<b>Provide the following for the ground ambulance service's dispatch center:</b>		
ADDRESS:	TELEPHONE NUMBER:	
3759 N. Commerce Dr. Tucson, AZ 85705	(520) 407-4300	
<b>Provide the following for each suboperation station located within the proposed service area:</b>		
ADDRESS:	TELEPHONE NUMBER:	
4266 Industry Dr., Sierra Vista, AZ	520-459-4040	
91 E. 7 <sup>th</sup> St., Douglas, AZ	520-459-4040	
406 Bisbee Rd., Bisbee, AZ	520-459-4040	
<b>Provide a description of the communication equipment to be used in each:</b>		
<u>Ground ambulance vehicle:</u> UHF & VHF mobile and portable radios		
<u>Suboperation station:</u> Motorola XPR portable radios & Motorola VHF portable radios		

**V. AMBULANCES**

	Make of Vehicle	Year
1	Chevy Type 2 – 4WD	2007
2	Ford Type 3	2012
3	Ford Type 2	2014
4	Ford Type 2	2014
5	Ford Type 2	2014

	Make of Vehicle	Year
6	Ford Type 2	2014
7	Ford Type 2	2015
8	Ford Type 3	2017
9	Ford Type 2	2017
10	Ford Type 3	2019

	Make of Vehicle	Year
11		
12		
13		
14		
15		

**VI. AMBULANCE ATTENDANTS**

Arizona Certified EMCTs under the provisions of ARS § 36-2201					First Responders operating under the provisions of ARS § 36-2202	Physicians licensed under Title 32, Chapter 13 or 17	Professional Nurses licensed under Title 32, Chapter 15	
BASIC	EMT	AEMT	EMT-I	PARA			Prehospital Care	Interfacility Transport
	34			17			3	3

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## PROVISION OF ALS SERVICES

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For an applicant seeking to provide ALS, the following information, required as part of the application packet, is attached:

1. A current written contract for ALS medical direction; and
2. Proof of professional liability insurance for ALS personnel required in R9-25-909(A)(1)(b).

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### INFORMATION REQUIRED AS PART OF THE APPLICATION PACKET

---

The following information, required as part of the application packet, is attached:

1. Where the ground ambulance vehicles in subsection (A)(1)(i) are located within the applicant's proposed service area;
2. A statement of the proposed general public rates;
3. A statement of the proposed charges;
4. The applicant's proposed response times, response codes, and response-time tolerances for each scene locality in the proposed service area, based on the following:
  - a. The population demographics within the proposed service area,
  - b. The square miles within the proposed service area,
  - c. The medical needs of the population within the proposed service area,
  - d. The number of anticipated requests for each type and level of ground ambulance service in the proposed service area,
  - e. The available routes of travel within the proposed service area,
  - f. The geographic features and environmental conditions within the proposed service area, and
  - g. The available medical and emergency medical resources within the proposed service area;
5. A plan to provide temporary ground ambulance service to the proposed service area for a limited time when the applicant is unable to provide ground ambulance service to the proposed service area;
6. Whether a ground ambulance service currently operates in all or part of the proposed service area and if so, where; and
7. Whether an applicant or a designated manager:
  - a. Has ever been convicted of a felony or a misdemeanor involving moral turpitude,
  - b. Has ever had a license or certificate of necessity for a ground ambulance service suspended or revoked by any state or political subdivision, or
  - c. Has ever operated a ground ambulance service without the required certification or licensure in this or any other state.

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### DOCUMENTS REQUIRED AS PART OF THE APPLICATION PACKET

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The following documents, required as part of the application packet, are attached:

1. A description of the proposed service area by any method specified in A.R.S. § 36-2233E and a map that illustrates the proposed service area;
2. A projected Ambulance Revenue and Cost Report;
3. The financing agreement for all capital acquisitions exceeding \$5,000;
4. The source and amount of funding for cash flow from the date the ground ambulance service commences operation until the date cash flow covers monthly expenses;
5. Any proposed ground ambulance service contract under A.R.S. §§ 36-2232(A)1 and 36-2234(K);
6. The information and documents specified in R9-25-1101, if the applicant is requesting to establish general public rates;
7. Any subscription service contract under A.R.S. §§ 36-2232(A)(1) and 36-2237(B);
8. A certificate of insurance or documentation of self-insurance required in A.R.S. § 36-2237(A) and R9-25-909;
9. A surety bond if required under A.R.S. § 36-2237(B); and
10. The applicant's and designated manager's resume or other description of experience and qualification to operate a ground ambulance service.

Pursuant to Arizona Revised Statute §41-1030:

- B. An agency shall not base a licensing decision in whole or in part on a licensing requirement or condition that is not specifically authorized by statute, rule or state tribal gaming compact. A general grant of authority in statute does not constitute a basis for imposing a licensing requirement or condition unless a rule is made pursuant to that general grant of authority that specifically authorizes the requirement or condition.
- D. This section may be enforced in a private civil action and relief may be awarded against the state. The court may award reasonable attorney fees, damages and all fees associated with the license application to a party that prevails in an action against the state for a violation of this section.
- E. A state employee may not intentionally or knowingly violate this section. A violation of this section is cause for disciplinary action or dismissal pursuant to the Agency's adopted personnel policy.
- F. This section does not abrogate the immunity provided by section 12-820.01 or 12-820.02.

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### APPLICATION FILING FEE

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A \$100 application filing fee for an initial certificate of necessity, required as part of the application, is attached with the application packet.

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**ACKNOWLEDGMENT/SIGNATURE**

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I hereby certify, under penalty of perjury, that

- \* I am duly authorized and qualified to act for or on behalf of the applicant(s) submitting this application.
- \* The applicant is requesting to operate ground ambulance vehicles and a ground ambulance service in this State;
- \* The applicant has received a copy of 9 A.A.C. 25 and A.R.S. Title 36, Chapter 21.1;
- \* The applicant will comply with the Department's statutes and rules in any matter relating to or affecting the ground ambulance service; and
- \* That the information and documentation contained in the application form, attached to the application form, submitted as part of the application packet, or submitted in any subsequent amendment or filing to this application has been complied from records I have verified, and I know that the facts recited herein are true and correct.



January 4, 2021

X

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Signature of the applicant or the applicant's designated representative

Date

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JAN 05 2021

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PERSONAL MONEY ORDER

0602600098

0006026 11-24  
Office AU # 1210(8)

Remitter: JAMES ROEDER  
Operator I.D.: u805493

January 4, 2021

PAY TO THE ORDER OF \*\*\*ARIZONA DEPT. OF HEALTH SERVICES\*\*\*

\*\*One Hundred and 00/100 -US Dollars \*\*

\*\*\$100.00\*\*

Payee Address:  
Memo: AMR OF COCHISE COUNTY APPLICATION FEE

VOID IF OVER US \$ 100.00

WELLS FARGO BANK, N.A.  
8991 E MOUNTAIN VIEW RD  
SCOTTSDALE, AZ 85258  
FOR INQUIRIES CALL (480) 394-3122

*James Roeder*  
Purchaser's Signature

Security Features Included. Details on Back.

⑈0602600098⑈ ⑆121000248⑆4945 776052⑈

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**AMERICAN MEDICAL RESPONSE OF COCHISE COUNTY LLC**  
**Initial Application**

**REQUIRED FOR PROVISION OF ALS SERVICES**

1. A current written contract for ALS medical direction; and
2. Proof of professional liability insurance for ALS personnel required in R9-25-909(A)(1)(b)

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## MEDICAL DIRECTOR AGREEMENT

THIS AGREEMENT is made between the American Medical Response company ("AMR") and the physician (the "Medical Director") set out on the signature page of this Agreement. This Agreement is effective as of AUGUST 1, 2015 ("Effective Date").

WHEREAS, the Medical Director is duly qualified and licensed to practice medicine in the state and approved to act as a medical director;

WHEREAS, the Medical Director acknowledges expertise in the field of medicine, emergency medical services, emergency medical services oversight and administration;

WHEREAS, AMR provides emergency medical services and other related services and desires to obtain the services of a medical director;

WHEREAS, the Medical Director is willing to provide the services of a medical director to AMR for its operations in Prescott, AZ at Life Line Ambulance Service, Inc.;

NOW THEREFORE, in consideration of the foregoing and for other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the parties incorporate the above recitals and agree as follows:

1. **Medical Director Services.** The Medical Director shall provide the following services to AMR:
  - a. Supervise clinical services delivered by AMR's emergency medical services personnel;
  - b. Provide medical oversight and guidance for AMR's quality leadership activities through serving as a liaison between AMR and the local medical community, collaborating with local quality councils to define quality standards, identify metrics, review performance data, identify opportunities for improvement, test new processes, and ultimately to adopt best practices.
  - c. Review quality improvement and performance reports, provided by AMR and identify deficiencies in patient care and make recommendations for improvement;

- d. Review recorded medical command conversations (if available) to assure appropriate orders or requests for orders;

- e. Review and respond to requests to review high priority clinical cases within twenty-four (24) hours of being notified;

- f. Make or direct the making of such reports and records relating to patient care as may be required by AMR and/or regulatory bodies, whether public or private;

- g. Advise and assist in the development and enforcement of requirements for designation of clinical privileges of AMR's emergency medical services personnel;

- h. Advise, assist, and/or participate in initial, ongoing and remedial education of emergency medical services personnel in accordance with AMR's policies;

- i. Instruct and inform AMR management and governmental boards or agencies to summarily limit, suspend, or withdraw clinical privileges of emergency medical service personnel;

- j. Advise and assist in the organization and implementation of an effective utilization review program for AMR and perform utilization review services;

- k. Assist in the design and development of protocols, guidelines, patient information forms, medical record forms, and consent forms for use in the field or for AMR purposes;

- l. Undertake activities, as reasonably requested by AMR, including but not limited to professional contacts with physicians, hospitals, public health agencies, paramedic associations, nursing associations, governmental agencies, and state and local medical societies in order to apprise such individuals and groups of the nature and availability of facilities and services of AMR and facilitate the exchange of information on patient care, administration, medical policy, and utilization review;

- m. Use best effort to elevate the standing of AMR in the fields of emergency medicine and emergency medical services;

- n. Give technical advice and assistance as may be requested to facilitate the evaluation, acquisition, implementation and utilization of medical equipment, expansion of AMR services, as well as general strategic planning and collaborative efforts with other healthcare systems;
- o. Fulfill all Medical Director Functions including protocol development, education and performance review associated with the operation of any AMR communications centers within the area;
- p. Fulfill all Medical Director Functions associated with the operation of any AMR Inter-facility, Specialty or Critical Care Transport operations;
- q. Perform any other reasonable functions associated with the role of a medical director as may be requested by AMR;
- r. Participate in all required activities associated with local and/or national accreditation processes;
- s. Participate in sanctioned research activities, as available.
2. **Time Commitment.** The Medical Director shall be expected to provide a minimum of 10 (Ten) hours per month to the above duties.
3. **Compensation.** As payment for the services rendered by Medical Director, AMR shall pay to Medical Director the amount \$2500.00 per calendar month. Any services over the 10 (Ten) hour minimum shall be billed at \$150 per hour. The amount will be pro-rated for any partial calendar month. AMR will make payment to Medical Director within thirty (30) days after the end of the calendar month in which the services were rendered.
4. **Term.** The term of this Agreement shall commence on the Effective Date and shall be for one (1) year. This Agreement shall automatically renew for subsequent one-year periods thereafter, subject to the termination rights herein. The initial term and all renewal periods shall be cumulatively referred to as the "Term".
5. **Termination.** This agreement may be terminated prior to the expiration of its Term as follows:
- a. Immediately by AMR upon the suspension, revocation or restriction of Medical Director's license to practice medicine or dispense medications;
- b. Immediately by AMR if it determines in its reasonable discretion that continued provision of services by the Medical Director will jeopardize health or safety; or
- c. With or without cause by either party by providing written notice of intent to terminate. Such termination shall become effective and the agreement shall be terminated in its entirety on the 30<sup>th</sup> calendar day following receipt of the written notice of terms herein described.
6. **Relationship.** In the performance of services under this Agreement, Medical Director and AMR shall at all times be acting and performing as independent contractors. Nothing contained herein shall be deemed or construed to create any agency, partnership, joint venture, or employer-employee relationship between Medical Director and AMR. Medical Director is an independent contractor and not liable for any claim, injury, damage, lawsuit, cause of action, liability or loss, which is alleged to have resulted from any act, omission or fault on the part of AMR. AMR shall not have direct supervision over the manner in which Medical Director performs medical direction services pursuant to this Agreement. AMR shall not be responsible for the payment of any applicable taxes or withholdings related to Medical Director's services. AMR and Medical Director agree that all services provided hereunder shall be provided in accordance with the terms and conditions of standard medical protocols in the state where the services are provided.
7. **Right to Engage in Other Activities.** Except where a conflict of interest may exist (e.g., working for a competitor of AMR or working for a governmental agency involved in emergency medical ground transport services), nothing contained herein shall be deemed to restrict or prevent Medical Director from engaging in consultation services or in any other business at such times, places, and in such manner as Medical Director shall determine in its discretion during the Term of this Agreement and thereafter so long as Medical Director is able to carry out the provisions of this Agreement.
8. **Standard of Care.** Medical Director shall render services in compliance with the accepted medical standard of care in the community and profession.
9. **Compliance with Laws.** The parties will comply in all material respects with all applicable federal and state laws and regulations including, the federal Anti-kickback statute. Medical Director shall also maintain all licenses,

certifications or accreditations necessary to provide Services hereunder.

10. **Maintenance of Records.** As applicable, each party will retain books and records respecting services rendered to patients for the time periods required under all applicable laws (including the requirements of the Secretary of Health and Human Services ("HHS")) and allow access to such books and records by duly authorized agents of the Secretary of HHS, the Comptroller General and others to the extent required by law. Run reports and patient care records shall be maintained in accordance with the requirements of AMR and Medical Director and shall be treated as confidential so as to comply with all federal and state laws and regulations regarding the confidentiality of patient records. Each of the parties shall have the right to obtain copies of relevant portions of patient records maintained by the other party to the extent necessary to defend against legal actions taken against such party or its physicians or employees involved in the care of a patient.
11. **Insurance.** AMR's professional liability insurance covers Medical Director for services that are provided under this Agreement as a medical director. AMR will provide a certificate of insurance reflecting such coverage prior to the commencement of this Agreement. AMR is to provide 30 days' prior written notice to Dr. Stites of any cancellation of said policy.
12. **Indemnity.** Each party will defend, indemnify and hold the other party harmless from and against all liability, claims and costs resulting from or alleged to result from any negligence or willful misconduct of the indemnifying party related to the performance of this Agreement. In the event of any such claim, the party to be indemnified shall provide notice to the other party as soon as reasonably possible but no later than thirty (30) days after receipt of a claim (except for good cause shown).
13. **HIPAA.** Each party shall comply with the privacy provisions of the *Health Insurance Portability and Accountability Act of 1996* and the regulations thereunder ("HIPAA"), and with such other requirements of HIPAA that may become effective during the Term. Each party acknowledges and agrees that it is considered a covered entity under HIPAA. Accordingly, both parties are permitted to use and disclose Protected Health Information in accordance with HIPAA without an additional written authorization of the patient as long as both parties have a direct relationship with the patient. All patient medical records shall be treated as

confidential so as to comply with all state and federal laws.

14. **Notices.** Any notice required or permitted by this Agreement shall be in writing and shall be delivered as follows, with notice deemed given as indicated: (a) by personal delivery, when delivered personally; (b) by overnight courier, upon written verification of receipt; (c) by facsimile transmission, upon acknowledgment of receipt of electronic transmission; or (d) by certified or registered mail, return receipt requested, upon verification of receipt. Notice shall be sent to the following addresses:

If to Medical Director:

Daniel Stites, M.D.  
10255 North 43<sup>rd</sup> Street  
Phoenix, Arizona 85028

If to AMR:

General Manager  
Life Line Ambulance Service, Inc.  
1099 W. Iron Springs Road  
Prescott, AZ 86305

With Mandatory Copy to:

Legal Department  
American Medical Response, Inc.  
6200 South Syracuse Way, Suite 200  
Greenwood Village, Colorado 80111

15. **Confidentiality.** All information with respect to the operations and business of a party (including the rates charged hereunder) and any other information considered to be and treated as confidential by that party gained during the negotiation or Term of this Agreement will be held in confidence by the other party and will not be divulged to any unauthorized person without prior written consent of the other party, except for access required by law, regulation and third party reimbursement agreements.
16. **Compliance Program and Code of Conduct.** AMR has made available to the Facility a copy of its Code of Conduct, Anti-kickback policies and other compliance policies, as may be changed from time-to-time, at AMR's web site, located at: [www.amr.net](http://www.amr.net), and the Facility acknowledges receipt of such documents. AMR warrants that its personnel shall comply with AMR's compliance policies, including training related to the Anti-kickback Statute.
17. **Non-Exclusion.** Each party represents and certifies that neither it nor any practitioner who orders or provide Services on its behalf hereunder

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has been convicted of any conduct that constitutes grounds for mandatory exclusion as identified in 42 U.S.C. § 1320a-7(a). Each party further represents and certifies that it is not ineligible to participate in Federal health care programs or in any other state or federal government payment program. Each party agrees that if DHHS/OIG excludes it, or any of its practitioners or employees who order or provide Services, from participation in Federal health care programs, the party must notify the other party within five (5) days of knowledge of such fact, and the other party may immediately terminate this Agreement, unless the excluded party is a practitioner or employee who immediately discontinues ordering or providing Services hereunder.


other party, such consent not to be unreasonably withheld; (d) shall be binding on and inure to the benefit of the parties hereto and their respective successors and permitted assigns; (e) shall be interpreted and enforced in accordance with the laws of the state where the services are rendered, without regard to the conflict of laws provisions thereof, and the federal laws of the United States applicable therein; (f) this Agreement may be executed in several counterparts (including by facsimile), each of which shall constitute an original and all of which, when taken together, shall constitute one agreement; and (g) this Agreement shall not be effective until executed by both parties. In the event of a disagreement between this Agreement and any Schedule hereto, the terms of this Agreement shall govern.

18. **Miscellaneous.** This Agreement (including the Schedules hereto): (a) constitutes the entire agreement between the parties with respect to the subject matter hereof, superseding all prior oral or written agreements with respect thereto; (b) may be amended only by written instrument executed by both parties; (c) may not be assigned by either party without the written consent of the

19. Should any provision of this Agreement or application therefore be held invalid or unenforceable, the remainder of this Agreement shall not be affected and shall continue to be valid and enforceable to the fullest extent permitted by law unless to do so would defeat the purposes of this Agreement.

**IN WITNESS WHEREOF**, the parties have hereto executed this Agreement.

**Life Line Ambulance Service, Inc.**

By:   
Glenn Kasprzyk, General Manager

Danniel Stites

By: 

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**AMERICAN MEDICAL RESPONSE OF COCHISE COUNTY LLC**  
**Initial Application**

**INFORMATION REQUIRED AS PART OF THE APPLICATION PACKET**

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**AMERICAN MEDICAL RESPONSE OF COCHISE COUNTY LLC**  
**Initial Application**

1. WHERE THE GROUND AMBULANCE VEHICLES IN SUBSECTION (a)(1)(i) ARE LOCATED WITHIN THE APPLICANT'S PROPOSED SERVICE AREA

4266 Industry Dr., Sierra Vista, AZ

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**American Medical Response of Cochise County LLC  
Initial Application**

**2. PROPOSED GENERAL PUBLIC RATES**

(We are not requesting a change from Arizona Ambulance of Douglas, Inc. rates)

ALS BASE RATE	\$1,085.27
BLS BASE RATE	\$1,085.27
MILEAGE	\$ 19.09
STANDBY/WAITING	\$ 271.33

**PROPOSED CHARGES**

The applicant does not plan to charge for disposable supplies, medical supplies, medications, or oxygen-related costs.

*\*\*See current ADHS approved rate schedule attached.*

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**ARIZONA GROUND AMBULANCE SERVICE RATE SCHEDULE**  
 ARIZONA DEPARTMENT OF HEALTH SERVICES, Bureau of Emergency Medical Services and Trauma System  
 150 North 18th Avenue, Suite 540, Phoenix, AZ, 85007-3248  
 Phone: (602) - 364 - 3150; Fax: (602) - 364 - 3567  
 Download this schedule at: <http://www.azdhs.gov/bems/ambulance/ground.htm>

Prepared: October 15, 2020

CON No.	Type Entity	Entity dba	RATES					EMS Control No.	Rates Effective Date	Separate Charges For Disposable Medical Supplies
			ALS	BLS	Mileage	Standby Waiting	Subscription Service			
139	fp	ABC Ambulance	852.67	759.22	11.70	189.80		00411	04/07/20	Yes
90	fp	Action Medical Service Inc. - Ganado	1,361.81	1,361.81	16.84	340.44		00497	05/04/20	No
104	fp	Action Medical Service Inc. - Winslow	1,109.61	1,109.61	19.97	277.40		00497	05/04/20	No
101	np	Ajo Ambulance, Inc. American Medical Response of Maricopa, LLC dba American Medical Response, dba AMR, dba SW General, Inc., dba Southwest Ambulance dba Southwest Ambulance of Casa Grande, Inc.	1,779.84	1,779.84	11.14	444.96		00841	06/21/18	No
136	fp	dba Southwest Ambulance and Rescue of Arizona	997.05	888.15	20.67	222.03	93.12	00411	04/07/20	Yes
134	fd	Arivaca Fire District Arizona Ambulance of Douglas, Inc.	1,138.26	1,138.26	11.12	284.57	77.61	00762	06/21/19	No
120	fp	dba Arizona Ambulance Transport	1,085.27	1,085.27	19.09	271.33		00411	04/07/20	No
110	fp	Arrowhead Mobile Healthcare, Inc.	1,576.89	1,576.89	16.73	80.87	67.05	00740	05/31/18	No
5	fd	Avra Valley Fire District	1,405.43	1,405.43	13.31	344.12		00184	06/01/20	No
131	fp	Baker Emergency Medical Services, Inc.	872.00	769.00	16.00	192.25		3157	03/02/09	No
124	fd	Beaver Dam/Littlefield Fire District Bisbee, City of	1,123.14	1,123.14	13.88	279.01		00437	04/09/19	No
100	muni	dba Bisbee Fire Department Blue Ridge Fire District	1,462.57	1,462.57	11.92	NONE		01132	10/15/20	No
128	fd	dba Blue Ridge Fire Department Buckeye Valley Rural Volunteer Fire District	2,161.02	2,161.02	11.80	540.26		00184	06/01/20	No
8	fd	dba Buckeye Valley Volunteer Rescue Unit	1,206.98	1,206.98	15.38	301.76		00885	08/02/19	No
39	fd	Bullhead City Fire Department Ambulance Service	1,161.28	1,161.28	15.93	290.31		00587	05/20/19	No
22	fd	Colorado City Fire District dba Colorado City Fire Department	1,280.35	1,280.35	20.71	NONE		00184	06/01/20	only Oxygen
3	fd	Copper Canyon Fire & Medical District	1,720.96	1,720.96	11.85	430.23		00452	05/04/20	No
105	fd	Daisy Mountain Fire District Douglas, City of	1,224.39	1,224.39	14.24	NONE		00411	04/07/20	No
32	muni	dba Douglas Ambulance Service Drexel Heights Fire District	1,341.40	1,341.40	11.33	335.35		00486	04/25/19	No
11	fd	dba Drexel Heights Fire Department	1,635.44	1,635.44	23.34	408.85		00419	04/08/20	No
17	fd	Elfrida Fire District dba Elfrida Ambulance Service Eloy Fire District	976.53	976.53	16.81	224.18		00419	04/08/20	No
13	fd	dba Eloy Fire District Ambulance Service	1,635.44	1,635.44	23.34	408.85		00452	05/04/20	No
26	hosp	Flagstaff Medical Center dba Guardian Medical Transport	1,444.21	1,444.21	23.24	361.07		00411	04/07/20	Yes
29	fd	Forest Lakes Fire District	2,014.07	2,014.07	16.65	503.52		00452	05/04/20	Yes
82	fd	Fort Mojave Mesa Fire Department	1,123.23	1,123.23	16.04	77.44		00587	05/20/19	No
18	fd	Fry Fire District	1,183.64	1,183.64	16.45	295.92		00568	06/10/20	Yes
78	muni	Gila Bend, Town of dba Gila Bend Rescue/Ambulance Gilbert, Town of	2,819.08	2,819.08	11.18	704.77		00691	02/14/19	No
149	muni	dba Gilbert Fire & Rescue Department Golden Shores Fire Department	913.01	813.65	15.80	203.42		0562	06/07/17	Yes
40	fd	dba Golden Shores Fire Department Ambulance Service	1,246.64	1,246.64	11.67	311.66		01136	10/07/19	No
56	fd	Golder Ranch Fire District	1,432.47	1,432.47	14.55	358.11	97.30	00531	05/18/20	Yes
150	fd	Green Valley Fire District Greenlee County Ambulance Service	1,412.80	1,277.69	11.78	319.42		00419	04/08/20	Yes
84	cnty	dba Greenlee County EMS	1,300.30	1,231.38	11.11	55.62		01009	09/17/19	No
103	fp	Healthcare Innovations, Inc.	1,689.05	1,689.05	18.60	422.26		00497	05/04/20	Yes
4	fd	Heber-Overgaard Fire District	1,500.90	1,500.90	11.29	NONE		00885	08/02/19	No
88	np	Holbrook E.M.S., Inc.	1,452.44	1,452.44	20.56	363.10		00452	05/04/20	No
23	muni	Kearny, Town of dba Kearny Ambulance Service, Town of	1,987.24	1,987.24	16.44	496.81		01145	10/15/20	No
99	fd	Lake Mohave Ranchos Fire District	1,845.11	1,845.11	15.01	461.28		00752	06/19/18	No
62	fp	Life Line Ambulance Service, Inc.	1,699.47	1,699.47	25.44	175.30	56.29	00411	04/07/20	Yes
147	fp	Maricopa Ambulance LLC*** dba Maricopa Ambulance	997.05	888.15	20.67	222.03		00411	04/07/20	Yes
117	fd	Mayer Fire District Ambulance Service	1,700.17	1,700.17	11.88	425.05		00184	06/01/20	Yes

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\*\*\* Phoenix Rate Group    ^^^ Tucson Rate Group  
 fd = fire district        fp = for profit  
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**ARIZONA GROUND AMBULANCE SERVICE RATE SCHEDULE**  
 ARIZONA DEPARTMENT OF HEALTH SERVICES, Bureau of Emergency Medical Services and Trauma System  
 150 North 18th Avenue, Suite 540, Phoenix, AZ, 85007-3248  
 Phone: (602) - 364 - 3150; Fax: (602) - 364 - 3567  
 Download this schedule at: <http://www.azdhs.gov/bems/ambulance/ground.htm>

Prepared: October 15, 2020

CON No.	Type Entity	Entity dba	RATES					EMS Control No.	Rates Effective Date	Separate Charges For Disposable Medical Supplies
			ALS	BLS	Mileage	Standby Waiting	Subscription Service			
140	muni	Mesa, City of dba Mesa Fire and Medical Department	921.85	921.85	19.11	NONE		00105	06/01/19	Yes
38	fd	Mohave Valley Fire Department Ambulance Service	1,339.58	1,339.58	16.42	334.90		00628	05/30/18	No
30	muni	Nogales Fire Department, City of dba Nogales Ambulance Service	1,249.04	1,249.04	16.28	312.25		4035	06/01/15	No
114	fd	North County Fire & Medical District	1,339.49	1,339.49	16.53	334.87		00419	04/08/20	No
138	fd	Northwest Fire District	1,158.48	1,158.48	19.81	NONE		00820	05/03/19	No
102	muni	Page Fire Department Ambulance Service, City of Peoria, City of ***	1,043.48	1,043.48	12.28	61.27		3743	06/01/12	No
146	muni	dba Peoria Fire and Medical Dept.	997.05	888.15	20.67	222.03		00411	04/07/20	Yes
76	muni	Phoenix ETS (Emergency Transportation Services), City of ***	997.05	888.15	20.67	222.03		00411	04/07/20	Yes
52	fd	Picture Rocks Fire District Pine/Strawberry Fire District	1,372.36	1,372.36	18.41	343.19		0654	06/19/17	No
81	fd	dba Pine/Strawberry Fire Department	1,697.61	1,697.61	16.37	424.40		00885	08/02/19	Yes
96	fd	Pinetop Volunteer Fire District Pinewood Fire District	1,677.51	1,677.51	12.29	419.38		00568	06/10/20	No
2	fd	dba Pinewood Fire Department	1,067.54	1,067.54	12.30	75.41		00419	04/08/20	No
71	fp	Professional Medical Transport, Inc. *** dba PMT Ambulance, dba Life Line Ambulance dba Comtrans Ambulance Service, Inc. dba Comtrans Ambulance Service dba Promed Transport dba American Comtrans dba American Medical Response, dba AMR	997.05	888.15	20.67	222.03	93.12	00411	04/07/20	Yes
116	fd	Puerco Valley Ambulance Service	1,361.24	1,361.24	19.27	340.31		00452	05/04/20	No
144	muni	Queen Creek, Town of dba Queen Creeke Fire And Medical Department	942.77	846.59	10.85	211.65		4033	02/18/16	Yes
58	fp	R/M Arizona Holdings, Inc. dba Canyon State Ambulance, dba Payson Medical Transport dba Lifestar EMS, dba Life Line Ambulance	1,664.59	1,664.59	24.78	128.05	118.60	00411	04/07/20	Yes
92	fd	Rincon Valley Fire District	1,597.43	1,597.43	22.65	399.36	64.99	00497	05/04/20	No
20	fd	Rio Rico Fire District	1,174.42	1,174.42	15.29	293.60		00430	04/08/19	No
143	fd	Rio Verde Fire District River Medical, Inc.	1,129.61	978.61	15.35	NONE		4056	11/12/15	No
94	fp	dba Life Line Ambulance	1,608.05	1,608.05	23.28	402.03	134.60	00411	04/07/20	No
109	fp	Rural/Metro Corporation (Maricopa) *** dba Rural/Metro Ambulance Service dba Arizona Medical Transport, dba AMT	997.05	888.15	20.67	222.03	93.12	00411	04/07/20	Yes
55	fp	Rural/Metro Corporation (Pima) ^^^ Rural/Metro Corporation (Pinal)	1,277.97	1,146.85	21.86	286.73	83.87	00411	04/07/20	Yes
87	fp	dba Tri-City Med, dba Line Line Ambulance Rural/Metro Corporation (Yuma)	2,371.60	2,371.60	13.62	108.82		00411	04/07/20	No
65	fp	dba Rural/Metro Ambulance Service	1,438.06	1,438.06	24.85	359.51	158.35	00411	04/07/20	Yes
127	fp	Sacred Mountain Medical Service, Inc.	1,003.34	1,003.34	12.53	250.84		00452	05/04/20	Yes
151	trbl	San Carlos Apache Tribe - Emergency Medical Services San Luis, City of	1,936.75	1,936.75	11.80	484.19		00452	05/04/20	No
142	muni	dba San Luis Fire Department, City of	1,221.27	1,221.27	11.00	NONE		00532	05/20/19	No
1	fd	Sedona Fire District	1,749.58	1,749.58	13.97	437.40		00568	06/10/20	No
24	muni	Sierra Vista Fire & Medical Services Snowflake/Taylor Ambulance Service	1,018.10	1,018.10	17.91	254.52		00452	05/04/20	No
47	muni	dba Taylor EMS, dba Taylor Snowflake Fire & Medical, dba TSFMD	1,492.57	1,492.57	11.70	373.14		00411	04/07/20	No
79	muni	Somerton, City of dba Somerton Fire Department Sonoita-Elgin Fire District	1,114.70	1,114.70	19.69	282.60	127.95	00242	06/01/18	No
132	fd	Sonoita-Elgin Ambulance South County Fire & Medical District	1,280.76	1,280.76	17.68	320.19		00184	06/01/20	No
12	fd	dba Arizona Fire & Medical Authority Southwest Ambulance of Casa Grande, Inc. dba Southwest Ambulance of Casa Grand	1,526.78	1,526.78	21.81	361.68		00419	04/08/20	No
85	fp	dba American Medical Response, dba AMR Southwest Ambulance of Tucson, Inc. ^^^	1,515.91	1,408.24	23.78	352.05	127.88	00411	04/07/20	Yes
54	fp	dba Kord's Southwest, dba American Medical Response, dba AMR Southwest Ambulance Service of Southeastern Arizona, Inc.	1,277.97	1,146.85	21.86	286.73	83.87	00411	04/07/20	Yes
63	fp	dba Southwest Ambulance of Safford, dba Life Line Ambulance	1,663.79	1,663.79	13.62	108.82		00411	04/07/20	No
36	muni	St. Johns Emergency Services Sun City Fire District ***	1,113.78	1,113.78	15.58	89.10		00452	05/04/20	No
145	fd	dba Sun City Fire and Medical Department	997.05	888.15	20.67	222.03		00411	04/07/20	Yes

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 fd = fire district        fp = for profit  
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**ARIZONA GROUND AMBULANCE SERVICE RATE SCHEDULE**  
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Prepared: October 15, 2020

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			ALS	BLS	Mileage	Standby Waiting			
33	fd	Sunsites-Pearce Fire District dba Sunsites-Pearce Fire District Ambulance Service Superior, Town of	942.66	942.66	18.85	235.66	00584	05/20/20	No
125	muni	dba Superior Emergency Medical Services	1,993.99	1,993.99	11.92	498.50	01132	10/15/20	No
137	fd	Superstition Fire & Medical District	1,517.32	1,406.98	16.55	NONE	00184	06/01/20	No
141	muni	Surprise Fire-Medical Department ***	997.05	888.15	20.67	222.03	00411	04/07/20	Yes
148	muni	Tempe Fire Medical Rescue***	997.05	888.15	20.67	222.03	00411	04/07/20	Yes
122	fd	Three Points Fire District Timber Mesa Fire and Medical District	1,424.89	1,424.89	15.42	123.27	00411	04/07/20	No
111	fd	dba Lakeside Fire District	1,356.91	1,356.91	15.30	339.23	00568	06/10/20	No
112	fd	Tonto Basin Fire District Tri-City Fire District	1,606.28	1,606.28	15.96	401.57	00411	04/07/20	No
126	fd	dba Tri-City Fire District Ambulance Service	1,854.59	1,854.59	11.18	463.65	00152	01/03/19	No
35	np	Tri-Valley Ambulance Service, Inc. Tubac Fire District	1,650.51	1,650.51	11.58	NONE	62.92 01453	12/31/19	No
6	fd	dba Tubac Fire District Ambulance Tucson, City of ^^	1,198.80	1,198.80	13.33	299.70	00885	08/02/19	No
108	muni	dba Tucson Fire Department	1,277.97	NONE	21.86	NONE	00411	04/07/20	Yes
49	np	Verde Valley Ambulance Company, Inc.	1,143.70	1,143.70	19.05	272.82	00752	06/19/18	No
123	fd	Verde Valley Fire District	1,409.90	1,409.90	19.88	352.47	00242	06/01/18	No
119	fd	Whetstone Fire District dba Whetstone Fire District Ambulance Service White Mountain Ambulance Service, Inc.	1,152.60	1,152.60	15.77	288.13	00452	05/04/20	No
64	np	dba W.M.A.S., Inc.	1,262.00	1,262.00	16.20	66.14	00105	06/01/19	No
135	fd	Williamson Valley Fire District	1,469.95	1,469.95	10.74	NONE	3913	12/18/13	No
133	muni	Yuma, City of dba Yuma Fire Department, City of	1,343.01	NONE	18.15	NONE	00184	06/01/20	No

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**AMERICAN MEDICAL RESPONSE OF COCHISE COUNTY LLC**  
**Initial Application**

**3. A STATEMENT OF THE PROPOSED CHARGES**

The applicant does not plan to charge for disposable supplies, medical supplies, medication and oxygen related costs.

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**American Medical Response of Cochise County LLC  
Initial Application**

**4. PROPOSED RESPONSE TIMES, RESPONSE CODES AND RESPONSE-TIME TOLERANCES**

(The applicant is not requesting a change in response times)

- A) Within the City of Douglas:
  - 1) Ten (10) minutes on seventy (70) percent of all emergency calls
  - 2) Fifteen (15) minutes on eighty (80) percent of all emergency calls
  - 3) Twenty (20) minutes on ninety (90) percent of all emergency calls
  - 4) Sixty (60) minutes on one hundred (100) percent of all emergency calls
  
- B) Within the City of Sierra Vista:
  - 1) Ten (10) minutes on seventy (70) percent of all emergency calls
  - 2) Twelve (12) minutes on eighty (80) percent of all emergency calls
  - 3) Fifteen (15) minutes on ninety (90) percent of all emergency calls
  - 4) Twenty (20) minutes on one hundred (100) percent of all emergency calls
  
- C) The Remainder of the C.O.N. Service Area:
  - 1) Twenty (20) minutes on seventy (70) percent of all emergency calls
  - 2) Thirty (30) minutes on eighty (80) percent of all emergency calls
  - 3) Sixty (60) minutes on ninety (90) percent of all emergency calls
  - 4) Ninety (90) minutes on one hundred (100) percent of all emergency calls

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**4.a THE POPULATION DEMOGRAPHICS WITHIN THE PROPOSED SERVICE AREA**

**CITY OF DOUGLAS:**

As of the census of 2010, there were 17,509 people, 4,986 households, and 3,662 families residing in the city. The population density was 1,750.9 people per square mile (676.0/km<sup>2</sup>). There were 5,652 housing units at an average density of 565.2 per square mile (218.2/km<sup>2</sup>). The racial makeup of the city was 68.2% white, 2.8% black or African-American, 1.7% American Indian or Alaska Native, 0.5% Asian, 0.1% Native Hawaiian or other Pacific Islander, 24.2% some other race, and 2.6% two or more races. 82.6% of the population were Hispanic or Latino of any race.<sup>[15]</sup>

There were 4,986 households, out of which 45.9% had children under the age of 18 living with them, 42.9% were headed by married couples living together, 24.0% had a female householder with no husband present, and 26.6% were non-families. 23.5% of all households were made up of individuals, and 11.3% were someone living alone who was 65 years of age or older. The average household size was 2.98, and the average family size was 3.56.<sup>[15]</sup>

In the city, the age distribution of the population was 28.2% under the age of 18, 10.4% from 18 to 24, 28.2% from 25 to 44, 21.7% from 45 to 64, and 11.5% who were 65 years of age or older. The median age was 32.2 years. For every 100 females, there were 120.7 males. For every 100 females age 18 and over, there were 127.4 males.<sup>[15]</sup>

For the period 2008–12, the estimated median annual income for a household in the city was \$28,548, and the median income for a family was \$33,117. Male full-time workers had a median income of \$25,853 versus \$31,222 for females. The per capita income for the city was \$13,376. About 25.1% of families and 30.2% of the population were below the poverty line, including 36.8% of those under age 18 and 29.0% of those age 65 or over.<sup>[16]</sup>

**CITY OF SIERRA VISTA:**

Sierra Vista is the largest of seven incorporated cities in Cochise County, accounting for one-third of the county's population.<sup>[40]</sup> The population at the 2010 census was 43,888, up from 37,775 at the 2000 census, for a growth rate of 16.2% over the decade. Sierra Vista is the 21st largest incorporated place in Arizona as of the 2010 census.

Also indicated in the CER 2009 Economic Outlook publication, the Arizona DEC estimates the Sierra Vista Area population is approximately 75,000, which includes outlying areas of the Sierra Vista Southeast Census Designated Place, Huachuca City, Tombstone, Whetstone, Hereford and unincorporated surrounding areas. The population of the Sierra Vista Area is estimated to reach nearly 100,000 by 2028.

According to the 2000 Census figures, the Sierra Vista population consists of 14,196 households, and 9,993 families residing in the city. The population density was 246.1 people per square mile (95.0/km<sup>2</sup>). There were 15,685 housing units at an average density of 102.2 per square mile (39.5/km<sup>2</sup>). The racial makeup of the city was 73.3% White, 10.9% Black or African American, 3.6% Asian, 0.8% Native American and 0.5% Pacific Islander. 6.1% of the population is from other races, and 4.9% from two or more races. 15.8% of the population is Hispanic or Latino.

There were 14,196 households, out of which 34.9% had children under the age of 18 living with them, 56.5% were married couples living together, 25.1% of all households were made up of individuals, and 7.7% had someone living alone who was 65 years of age or older. The average household size was 2.48 and the average family size was 2.96.

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In the city, the age distribution of the population shows 25.8% under the age of 18, 13.0% from 18 to 24, 29.2% from 25 to 44, 19.9% from 45 to 64, and 12.1% who were 65 years of age or older. The median age was 32 years. For every 100 females, there were 100.7 males. For every 100 females age 18 and over, there were 100.7 males.

The median income for a household in the city was \$38,427, and the median income for a family was \$44,077. Males had a median income of \$30,053 versus \$23,805 for females. The per capita income for the city was \$18,436. About 8.0% of families and 10.5% of the population were below the poverty line, including 15.8% of those under age 18 and 4.0% of those age 65 or over.

As of the 2000 Census, of the population (37,775) 25 years and older 91.5 percent had at least a high school diploma or equivalent and an estimated 25.7 percent held a bachelor's degree or higher. The CER indicates that there has been an increasing trend for residents to attain a bachelor's degree or higher making the local area competitive in today's technological working environment. The estimated population of resident's educated at a post-secondary level (some college credit or more) in Sierra Vista is estimated to be higher than county, state, and national averages.<sup>[40]</sup>

#### COCHISE COUNTY

As of the 2000 census, there were 117,755 people, 43,893 households, and 30,768 families residing in the county. The population density was 19 people per square mile (7/km<sup>2</sup>). There were 51,126 housing units at an average density of 8 per square mile (3/km<sup>2</sup>). The racial makeup of the county was 76.66% White, 4.52% Black or African American, 1.15% Native American, 1.65% Asian, 0.26% Pacific Islander, 12.05% from other races, and 3.72% from two or more races. 30.69% of the population were Hispanic or Latino of any race. 25.35% reported speaking Spanish at home, while 1.31% speak German [1].

There were 43,893 households, out of which 32.00% had children under the age of 18 living with them, 55.10% were married couples living together, 11.10% had a female householder with no husband present, and 29.90% were non-families. 25.30% of all households were made up of individuals, and 10.10% had someone living alone who was 65 years of age or older. The average household size was 2.55 and the average family size was 3.07.

In the county, the population was spread out, with 26.30% under the age of 18, 9.30% from 18 to 24, 26.00% from 25 to 44, 23.70% from 45 to 64, and 14.70% who were 65 years of age or older. The median age was 37 years. For every 100 females there were 101.60 males. For every 100 females age 18 and over, there were 101.20 males.

The median income for a household in the county was \$32,105, and the median income for a family was \$38,005. Males had a median income of \$30,533 versus \$22,252 for females. The per capita income for the county was \$15,988. About 13.50% of families and 17.70% of the population were below the poverty line, including 25.80% of those under age 18 and 10.40% of those age 65 or over.

In 2000, the largest denominational group was the Catholics (with 25,837 adherents) and Evangelical Protestants (with 12,548 adherents).<sup>[17]</sup> The largest religious bodies were The Catholic Church (with 25,837 members) and The Southern Baptist Convention (with 5,999 members).<sup>[17]</sup>

#### 2010 census

As of the 2010 census, there were 131,346 people, 50,865 households, and 33,653 families residing in the county.<sup>[18]</sup> The population density was 21.3 inhabitants per square mile (8.2/km<sup>2</sup>). There were 59,041 housing units at an average density of 9.6 per square mile (3.7/km<sup>2</sup>).<sup>[19]</sup> The racial makeup of the county was 78.5% white, 4.2% black or African American, 1.9% Asian, 1.2% American Indian, 0.3% Pacific islander, 9.9% from other races, and 4.0% from two or more races. Those of Hispanic or Latino origin made up 32.4% of the population.<sup>[18]</sup> The largest ancestry groups were:<sup>[20]</sup>

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- 28.3% Mexican
- 16.2% German
- 11.6% Irish
- 9.8% English
- 4.5% American
- 3.7% Italian
- 2.6% French
- 2.1% Scottish
- 2.0% Dutch
- 1.9% Scotch-Irish
- 1.9% Polish
- 1.5% Norwegian
- 1.1% Puerto Rican
- 1.1% Swedish

Of the 50,865 households, 30.4% had children under the age of 18 living with them, 50.0% were married couples living together, 11.5% had a female householder with no husband present, 33.8% were non-families, and 28.2% of all households were made up of individuals. The average household size was 2.46 and the average family size was 3.02. The median age was 39.7 years.<sup>[18]</sup>

The median income for a household in the county was \$44,876 and the median income for a family was \$53,077. Males had a median income of \$42,164 versus \$31,019 for females. The per capita income for the county was \$23,010. About 11.8% of families and 15.7% of the population were below the poverty line, including 23.2% of those under age 18 and 10.7% of those age 65 or over.<sup>[21]</sup>

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4.b THE SQUARE MILES WITHIN THE PROPOSED SERVICE AREA

1,583 SQUARE MILES

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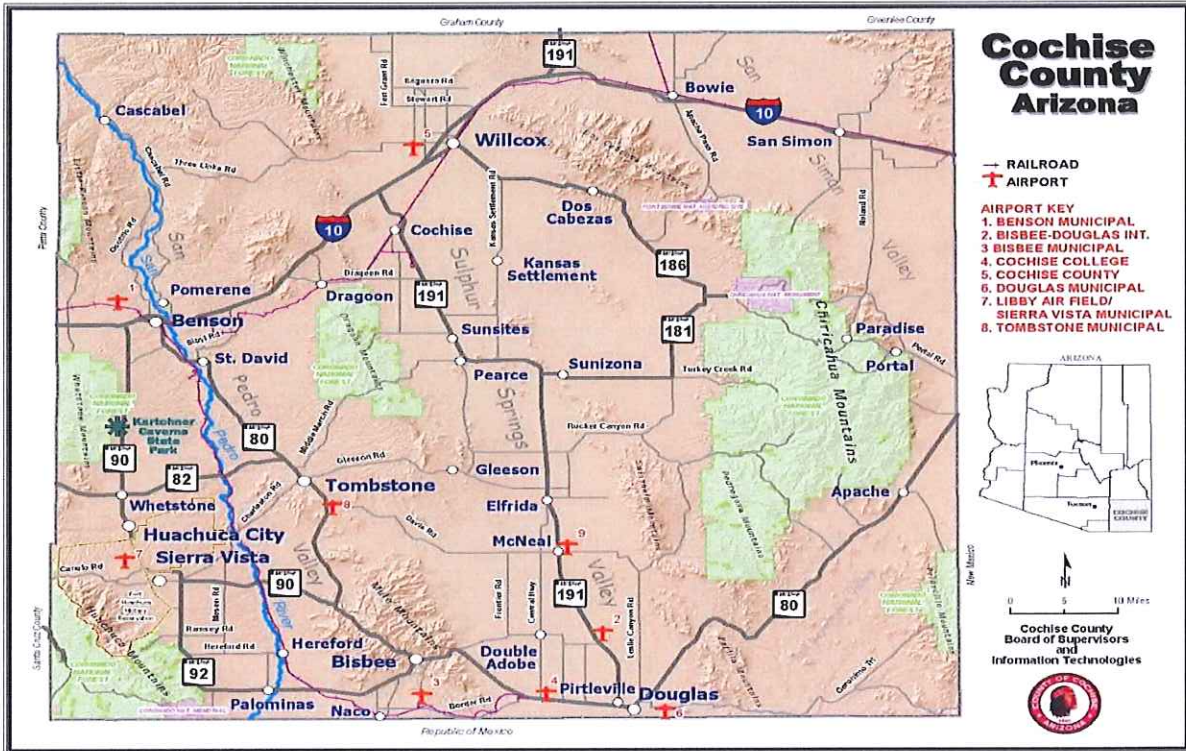
**Chiricahua Community Health Center, Inc.  
2018 Needs Assessment for Cochise County**

**TABLE OF CONTENTS**

<i>Cochise County Community Background</i>	<i>pg 2</i>
<i>Benson Area Needs Assessment</i>	<i>pg 11</i>
<i>Bisbee Area Needs Assessment</i>	<i>pg 18</i>
<i>Douglas Area Needs Assessment</i>	<i>pg 24</i>
<i>Elfrida Area Needs Assessment</i>	<i>pg 30</i>
<i>Sierra Vista Area Needs Assessment</i>	<i>pg 35</i>
<i>Willcox Area Needs Assessment</i>	<i>pg 41</i>
<i>Special Needs Assessment – Adolescents</i>	<i>pg 45</i>
<i>Special Needs Assessment - Agricultural Workers</i>	<i>pg 49</i>
<i>Special Needs Assessment – Homelessness</i>	<i>pg 58</i>
<i>Special Needs Assessment - Low Income Housing</i>	<i>pg 64</i>
<i>CCHCI County-Wide Analysis and Response</i>	<i>pg 71</i>
<i>Community Health Improvement Plan Implementation</i>	<i>pg 73</i>
<b>APPENDIX</b>	<i>pg 76</i>

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# Cochise County Community Background



## ZIP CODES in COCHISE COUNTY

(85602) Benson, Cascabel, J Six & Mescal	(85635, 85636, 85650) Sierra Vista
(85630) St. David	(85613) Ft. Huachuca
(85627) Pomerene	(85616) Huachuca City & Whetstone
(85603) Bisbee	(85638) Tombstone
(85620) Naco	(85625) Sunizona, Sunsites, Pearce
(85615) Hereford/Palominas	(85609) Dagoon
(85607, 85608) Douglas	(85643, 85644) Willcox
(85626) Pirtleville	(85605) Bowie
(85610) Elfrida	(85606) Cochise
(85617) McNeal, Double Adobe	(85632) Portal, San Simon

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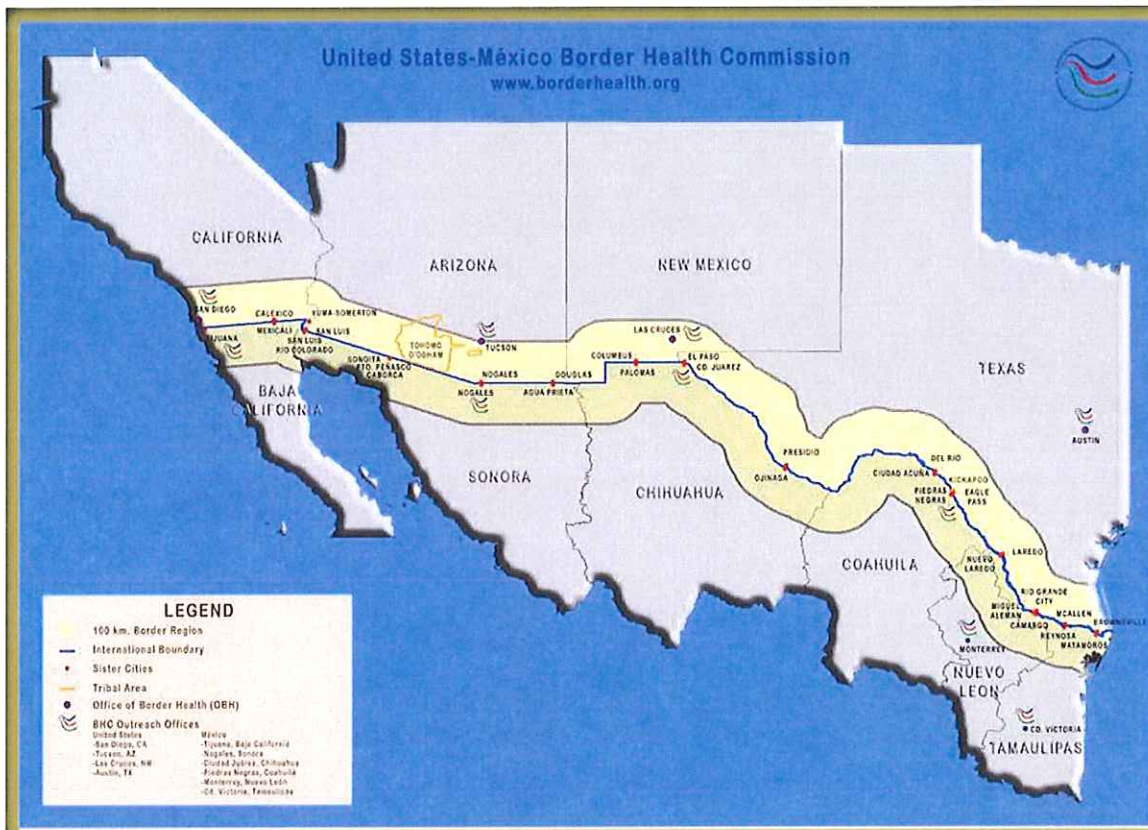
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## LOCATION

Cochise County is located in the southeastern corner of the U.S. in the state of Arizona and is part of the U.S. – Mexican border region. Cochise County is a rural area (21.3 people per square mile) comprised of small, widely dispersed communities that consist largely of low-income families. The county encompasses more than four million acres (6000 square miles) and is larger than the states of Connecticut and Rhode Island combined. The whole county is designated as a Health Professional Shortage Area and a Medically Underserved Area. The area is “high desert” with the elevation increasing as one approaches the Mexican border.



Geographically, the U.S.-Mexico border area is defined as a territory that extends along 3,141 kilometers from the Gulf of Mexico to the Pacific Ocean and includes 100 kilometers north and south of the international boundary of each county. The border region includes 48 counties in four U.S. states (Texas, New Mexico, Arizona, and California). The border region has a population of approximately 15 million inhabitants on both sides of the border. Politically, it is important to understand the border region as interdependent sister states and sister cities, with unique social and economic relationships. Nonetheless, they should be recognized as sovereign entities that are bound by their respective jurisdictional and legal frameworks and that play important roles in each of their nation’s development.

For Mexican citizens, the border region generally represents the opportunity to secure quality goods, gain employment, and earn higher incomes, especially if employed in the United States. In the Case of U.S. citizens, the border region represents a competitive labor market. However it can also represent an opportunity to cross the border to avail themselves to low cost medical and dental services, pharmaceutical supplies and medications.

Similarly, for U.S. entrepreneurs and other foreign investors, the proximity of the international border represents commercial and economic advantages in locating manufacturing plants, known as maquiladoras, on the Mexico side, considering the lower costs for skilled and unskilled labor and lower transportation costs for developed products.

**POPULATION DATA**

According to estimates by the U. S. Census Bureau, in 2010 the county was home to 131,346 people. Unlike the majority of counties in Arizona, Cochise County continues to see a decline in population. The U.S. Census Bureau’s 2015 Population estimates indicate that there are now 126,427 residents in the county, the fourth annual decline in the past five years.

- Population estimates (2015) 126, 427
- Population percent change from 2010 to 2015 -3.8%
- Per capita income \$23,506
- Population per square mile (2010) 21.3
- Persons in poverty 16.9%

**EMPLOYMENT DATA**

2017 unemployment rate for Cochise County was 4.9%.

Cochise County major employers include:

Fort Huachuca & contractors	Sierra Vista Unified School District
Cochise County Government	Canyon Vista Medical Center
General Dynamics Information Technology	Arizona State Prison Complex
Nature Sweet Produce	Douglas Unified School District
Walmart Retail & Grocery	United States Customs and Border Protection
Cochise Community College	

**POVERTY DATA**

According to recent U.S. Census Bureau data, Cochise County’s poverty rate over the five-year period from 2010 through 2014 was 17.5 percent. That was lower than the statewide rate of 18.2 percent, but higher than the national rate of 15.6 percent.

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Within Cochise County, poverty rates vary widely. Of the seven incorporated areas, Douglas had the highest poverty rate over the five-year period at 31.5 percent. That was followed by Huachuca City (28 percent), Bisbee (25.7 percent), Tombstone (25 percent), Benson (21.3 percent), and Willcox (14.1 percent). Sierra Vista had the lowest poverty rate in Cochise County from 2010 through 2014 at 12.6 percent—considerably below state and national levels. Three factors stand out as primary influences over whether one will live below the poverty line: family structure, age, and education. In Cochise County, families led by single moms are nearly three times as likely to live in poverty as married-couple families with children.

From 2010 through 2014, more than 40 percent of Cochise County households headed by single mothers lived in poverty. The situation is even worst for single-mother families with small children (those under 5 years old), nearly 60 percent of whom lived in poverty. For married-couple families with children, the poverty rate in Cochise County is 14.3 percent; for married couples with small children it's only 9.1 percent.

Countywide, 24.8 percent of all children live in poverty, compared to 25.9 percent statewide and 21.9 percent nationwide. The highest child poverty rate of Cochise County's incorporated areas is Bisbee at 41 percent. Douglas is second at 38.2 percent, followed by Benson (37 percent), Huachuca City (34.6 percent), Tombstone (30.1 percent), and Willcox (17.1 percent). Sierra Vista has the lowest childhood poverty rate at 16.2 percent.

Sierra Vista and Willcox are the only cities to have childhood poverty rates below the countywide average. The other five incorporated places (Benson, Bisbee, Douglas, Huachuca City, and Tombstone) are above the countywide rate, which is pulled down considerably by the low rate in Sierra Vista—the county's most populous city.

Due to social insurance programs such as Social Security and Medicare, seniors tend to have lower poverty rates than the general population. In Cochise County, 10.9 percent of those ages 65 and up lived below the poverty line from 2010 through 2014. That was the lowest of all age groups. The countywide senior poverty rate, however, was higher than statewide (8.6 percent) and nationwide (9.4 percent).

Of the incorporated places in Cochise County, Tombstone has the highest rate of seniors in poverty at 27.2 percent, followed by Douglas (21 percent), Bisbee (12.4 percent), Willcox (11.3 percent), Benson (10.4 percent), and Huachuca City (8.8 percent). The senior poverty rate is lowest in Sierra Vista, where only 8.2 percent of those ages 65 and over lived in poverty from 2010 through 2014.

Regarding education levels and poverty: Douglas has the highest individual poverty rate in Cochise County and the lowest share of the population with a high school diploma or higher (68.7 percent of the population ages 25 and over). Sierra Vista, which has the lowest poverty rate in the county, has the highest rate of high school graduates at 93 percent of the adult population 25 years old and up.

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Douglas also has the lowest share of the population with a bachelor's degree or higher at 9.6 percent (tied with Willcox) while Sierra Vista has the highest (31.4 percent).

Benson has the largest share of its population ages 25 years and up enrolled in college or graduate school at 32.3 percent. Sierra Vista has the second largest share of college or graduate school enrollees at 31.4 percent, followed by Douglas (31 percent), Huachuca City (30.8 percent), Bisbee (25.3 percent), and Tombstone (20.8 percent). The lowest rate of college or graduate school enrollment is Willcox (11.9 percent).

In Cochise County, **23.2% of children live below the poverty level** (2006-2010 American Community Survey). According to the same statistics, the highest rates of childhood poverty are in Miracle Valley (81.1%), Sunizona (70.8%), Douglas (43%), Naco (42.25%) and Bisbee (41.9). Additionally, because our county borders Mexico, approximately 32.4% of the population is Hispanic/Latino which is slightly higher than statewide rates (29.6%) and nearly double the nationwide rates (16.3%) (Indicators of Food Poverty in Cochise and Santa Cruz Counties). Furthermore, this same report describes that the communities with the highest number of Hispanic/Latino residents are Pirtleville (95.3%), Naco (83.9%) and Douglas (82.6%).

The **median household income in Cochise County is \$44,876** which is significantly **lower than state and national levels** as of the 2006-2010 American Community Survey. The median household income measures income at the household level, regardless of the size of the household but per capita income measures it at the individual level. In Cochise County the **per capita income of \$23,010** is 10.4% lower than the state and 15.8% lower than national levels, again as of the 2006-2010 American Community Survey.

Finally, in Cochise County, **12.5% of households receive food stamp/SNAP assistance**. These rates are **higher than state and national rates** for assistance with the exception of Sierra Vista, Dagoon, Elfrida, Mescal and Palominas (Indicators of Food Poverty in Cochise and Santa Cruz Counties).

#### **OTHER UNIQUE COMMUNITY INDICATORS: *Poverty, housing & education***

*Center for Economic Research Press Release on January 14, 2016:*

- By most measures of economic wellbeing, individuals and households in Cochise County were worse off in 2014 than in 2013 and were worse off than they were in 2007—the year before the nationwide Great Recession began.
- **INCOME:** According to recent U.S. Census Bureau data, median household income in Cochise County was \$45,688 in 2014—down 3.6 percent from 2013 after adjusting for inflation. After the inflation adjustment, the county's median household income in 2014 was down more than 10 percent from 2007.

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- Other measures of income saw similar trends. Median family income, which was \$54,167 in 2014, was down 6.3 percent from 2013 and 11.2 percent from 2007, after adjusting for inflation. Per capita income countywide in 2014 was \$23,507, down 4 percent from 2013 and 6.1 percent from 2007.
- In 2014, 18.4 percent of Cochise County's population lived below the poverty line. That was down from 19.1 percent in 2013 despite declines in median levels of income, suggesting those at the bottom of the income ladder saw increases. That's due primarily to automatic hikes in minimum wage and may also be attributable to increases in public assistance income.
- **PUBLIC ASSISTANCE:** In 2014, 3.4 percent of Cochise County households received cash public assistance income, up from 3.3 percent in 2013 and 2 percent in 2007.
- Of Cochise County households, 15.2 percent received food stamp assistance in 2014, up marginally from 15.1 percent in 2013, but up significantly from 9.3 percent in 2007.
- Despite the decline in the poverty rate from 2013 to 2014, poverty in Cochise County remained higher than in 2007, before the Great Recession. The poverty rate that year was just 15.5 percent.
- **ELDERLY POVERTY:** The poverty rate for the elderly in Cochise County was 13.8 percent in 2014, up from 13 percent in 2013 and 7.6 percent in 2007. The elderly population is generally less likely to live in poverty due to programs such as Social Security and Medicare.
- **CHILD POVERTY:** On the other hand, children are more likely to live in poverty but slight gains have been made. For children in Cochise County, the poverty rate in 2014 was 24.6 percent, down from 27 percent in 2013 and 26.2 percent in 2007.
- High child poverty rates are driven by single-parent homes, which have the highest rates of poverty. In 2014, 56.1 percent of households in Cochise County that were led by single moms lived below the poverty line, up from 43.5 percent in 2013 but down from 61.1 percent in 2007. Again, the gains since 2007 have been modest.
- **FAMILY POVERTY:** For married-couple families with children, the poverty rate in 2014 was 11.9 percent, which was down from 17.8 percent in 2013 (but higher than the rate of 8.3 percent back in 2007).
- **HEALTH INSURANCE:** In Cochise County, 10.3 percent of the population was without health insurance in 2014. That was down from 12.2 percent in 2013, but up from 9.9 percent in 2009, the first year data were published.
- The uninsured rate for children in Cochise County was 7.7 percent in 2014, down from 11.1 percent in 2013 but up from 6.3 percent in 2009.
- **HOUSING:** One of the signs of financial success and hallmarks of the American Dream is home ownership, which has been on the decline in Cochise County. The home

ownership rate countywide in 2014 was 67.1 percent, down from 70.4 percent in 2013 and 69.8 percent in 2007.

- A home is also the largest investment most people make and the value of that home is the main component of household wealth. The median value of owner-occupied homes in Cochise County in 2014 was \$144,800, down from \$150,000 in 2013 and \$156,100 in 2007—before the housing market crash.
- On the cost side, housing constitutes the largest share of costs for most households. Housing that costs more than 30 percent of gross household income is generally regarded as unaffordable. About 29.7 percent of homeowners with a mortgage in Cochise County paid 30 percent or more of their income toward housing costs in 2014, up from 27.7 percent of homeowners in 2013.
- Housing costs impact renters even more. Nearly 47 percent of renters countywide paid 30 percent or more of their income toward housing costs in 2014. That was down, however, from 52 percent the year prior due to lower rental rates. The median monthly rent in Cochise County in 2014 was \$783, which includes utilities—that was down from \$802 in 2013.
- **EDUCATION:** One of the most effective pathways out of poverty and to higher income is education. In this area we've seen steady progress. In 2014, 24.8 percent of Cochise County residents had a bachelor's degree or higher, up from 24.5 percent in 2013 and 19.9 percent in 2007.
- In a positive sign looking forward, 27.2 percent of Cochise County residents were enrolled in college or graduate school in 2014, up from 25.2 percent in 2013 and 23 percent in 2007.

## HEALTH DISPARITIES

- People who live in rural areas are at a higher risk for poor health disparities due to their geographic isolation, lower socio-economic status, higher rates of health risk behaviors, and limited job opportunities. Higher rates of chronic illness and poor health are found in rural communities compared to urban populations. (2017 Cochise Community Health Assessment Report)
- Per the 2017 Cochise County Community Health Assessment Report the leading causes of death in the county include:
  - Cancer- 231 per 100,000. The 5<sup>th</sup> highest in the state
  - Stroke – 44 per 100,000. State average is 32 per 100,000
  - Kidney Disease – 19 per 100,000. State average is 5 per 100,000
  - Diabetes – 45 per 100,000. State average is 20 per 100,000
  - Injury – 78.5 per 100,000. State average is 70 per 100,000

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- Four of the leading causes of death in Cochise County are from chronic disease.
- Cochise County has higher rates of diabetes, obesity, heart disease, and strokes, substance abuse, fetal deaths, low birth weight babies, injury, suicide and colorectal cancer deaths than state averages.
- Cochise County is identified as both a federal and state medically underserved area and a health professional shortage area.

#### **ACCESS TO SERVICES - TRANSPORTATION**

- The Cochise Connection is a public bus service operated by the City of Douglas. Opened in 2017, this service links the public transportation bus routes in the cities of Benson, Sierra Vista, Bisbee and Douglas, in a loop, from Monday through Saturday. Fees range from \$3-\$6 depending on the distance traveled. No public bus service is available in Willcox or the unincorporated areas of the county at this time.
- Amtrak provides infrequent passenger service from Benson. This service does not accommodate commuter travel to Tucson.
- Interstate 10 and State Route 90 are the primary arterials in the area. I-10 begins on the west coast and continues to Florida. It is a major interstate and international trucking route, and it is common for I-10 to have more than 40% heavy trucks in the traffic stream. The regional and state highway system emanating from Benson makes it a gateway to southeastern Arizona. U.S.

Highway 80 and State Route 90 originate in Benson and extend south to the principal cities of Cochise County. These highways also provide access to many of the tourist attractions of southeastern Arizona. The Union Pacific Railroad's main line extends through the City of Benson allowing for the shipment of materials and products by rail. The line extends east to El Paso and beyond and west to Tucson, Phoenix, Los Angeles, and San Francisco. In conjunction with I-10, the study area is traversed by two major freight corridors.

Alternatives for east-west travel in the I-10 corridor are non-existent. If the freeway needs to be closed due to a crash or for other reasons, there would be a detour about 65 miles long, using SR 82. Since there are no alternative routes, bicycles are allowed to use the shoulder of I-10, which is neither safe nor desirable.

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## ACCESS TO SERVICES – HEALTH CARE

- **330 Grantees:**
    - There are no other 330 grantees in Cochise County. CCHCI is the largest Primary Care Provider in the County. CCHCI offers the only true sliding fee discount services for both medical and dental services.
  - **Rural Health Clinics:**
    - Copper Queen Medical Associates are Rural Health Clinics operating under the auspices of the Copper Queen Community Hospital in Bisbee.
  - There are three **Critical Access Hospitals** in Cochise County:
    - Benson Hospital in Benson, Arizona
    - Copper Queen Community Hospital in Bisbee, Arizona
    - Northern Cochise Community Hospital in Willcox, Arizona
- \*\* (Cochise Regional Hospital in Douglas closed in the summer of 2015)*

### Location: FQHC's, Rural Health Clinics and Critical Access Hospitals in Cochise County



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**Cochise County Health Professional Shortage Areas (geographic and population):**

Primary Care Area	Primary Care HPSA	Dental HPSA	Mental Health HPSA
Douglas & Pirtleville	Score 15	Score 21	Score 21
Sierra Vista	Score 12	Score 13	Score 9
Bisbee	Score 16	Score 17	Score 19
Benson	Score 10	Score 7	Score 11
Willcox & Bowie	Score 12	Score 15	Score 11

**CCHCI 2018 Health Care Professional Shortage Scores:**

- Primary Care: score 17
- Dental: score 20
- Mental Health: score 19

## **Needs Assessment for Benson Service Area**

### **COMMUNITY BACKGROUND**

The Benson region was founded as a mining and transportation center in the late 1800's. It is high desert, with mountains, grasslands and native succulents predominating. Spread over the entire district the population density is about 17 persons/square mile. The City of Benson has a population density of about 120.4 persons/square mile (2015 Census Report). This is a rural setting.

**Benson** is the fourth largest city in western Cochise County located 45 miles east-southeast of Tucson Benson is situated along several trade routes: Interstate 10, State Route 80, State Route 90 and the main line of the Union Pacific Railroad.

**St. David** is an unincorporated community in Cochise County, Arizona. St. David is located approximately 7 miles south of Benson. As of the 2017, population was estimated at 1,699.

**Pomerene** is an unincorporated community in Cochise County, Arizona, United States. Pomerene is 2 miles north of Benson and has a population of about 1010 (2016 estimate).

**Dragoon** is an unincorporated community and census-designated place in Cochise County, Arizona, United States. As of the 2016, population estimated to be 286. Dragoon is 17 miles east-northeast of the city of Benson.

## POPULATION DATA

- The population of Benson as of 2015 (Census Report) was 5,013. The city is part of a larger community with a total population of 12,520 (as of Census 2010) including St. David, Mescal, Pomerene, and other nearby unincorporated areas. The population of the area swells considerably from October through April each year with an influx of winter visitors, many of whom reside in RV/travel trailer parks.
- The San Pedro Hospital District Area (SPHDA) has been estimated by the Benson Hospital Strategic Planning Committee to contain approximately 16,500 people. The J-6/Mescal and Cascabel extensions are estimated to add 1,500 people for a total of 18,000. The City of Benson estimates that winter visitors swell the local population by around 30%. Transient traffic on I-10, SR 90 to Sierra Vista and US 80 to Tombstone and Bisbee comprise an unknown impact on the service area population.
- Estimated median household income in 2015 (Census Report): \$32,010. Estimated per capita income in 2015 (Census Report): \$19,239.
- Poverty rate (2015 Census Report) is 22.1%
- Mean travel time to work (2015 Census Report) 20.6 minutes
- The racial makeup is comprised of 91% White, 12% as Hispanic/Latino. The population is expected to grow approximately 2% per year into the indefinite future. As development of the El Dorado project picks up, population growth in the area may considerably surpass the 2% projection.
- Almost one third of the population is Medicare age, which has implications for health care planning. The median age of the area is approximately 56.1 (2015 Census Report). This is higher than both Cochise County (37), and the State (34).

## EMPLOYMENT DATA

Arizona Electric Power Cooperative, Inc., Apache Nitrogen Products, Benson School District and the Benson Hospital are the area's major employers. In addition to retail chain stores, there are several unique specialty shops found on the main 4th Street that offers a variety of goods. Many residents, however, commute to Tucson and Sierra Vista for employment and shopping. The City supports a large retired population and is a winter refuge for visitors from colder climates. Its nearby historic and scenic sites are increasingly popular with tourists. The unemployment rate in Benson, Arizona, is 7.50%, with job growth of -1.04%. Future job growth over the next ten years is predicted to be 30.40%.

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## POVERTY DATA

- Benson's overall poverty rate was 22.1 percent from 2010 through 2014.
- Benson's child poverty rate is 37 percent, with seniors in poverty at 10.4 percent.
- Benson has the largest share of Cochise County population ages 25 years and up enrolled in college or graduate school at 32.3 percent.

## ACCESS TO SERVICES/COMMUNITY INSTITUTIONS AND PROVIDERS

- **Benson Hospital** was built with Hill Burton funds in the early 1970's. Benson Hospital is a Rural Critical Access Hospital intended to serve the population of the San Pedro Valley Health District (SPVHD). The hospital is licensed to operate 22 acute care beds, all of which are designated as swing beds. In 2007, the emergency room was expanded to 3,000 square feet to include eight beds, secured admitting and an isolation room with separate entrance. The emergency room is continuously staffed with a physician and ancillary personnel. Approximately 23 patients/day are seen in the emergency room. The Emergency Room is certified as a Level IV Trauma Center.

Benson Hospital includes three local physicians, seven mid-level providers, and specialists in cardiology, podiatry, and renal care. Mammography units visit the hospital. The availability of specialists in various fields varies with economic changes. Benson Hospital houses a full-service medical laboratory, radiology services that include CT, MRI, Ultrasound, Mammography and Densitometry, and rehabilitation services that include Physical Therapy, Occupational Therapy and Speech Therapy.

Other services include extensive outpatient infusion therapy, wound care, blood transfusions, anticoagulation therapy, antibiotic therapy, therapeutic drug monitoring, skilled nursing swing beds, hospice care, and nutritional counseling. Four of the 22 beds are equipped with cardiac monitors. Benson Hospital has an average inpatient census of 8 patients/day. The Laboratory, Imaging, Rehabilitation, Occupational Medicine, Respiratory Therapy and Outpatient Treatment departments combined see around 90 outpatients/day. Benson Hospital has 145 employees. (Confirmed through verbal interview with CEO, Rich Polheber in April 2018)

Benson Hospital has a renovated, 5,000 square foot Rehabilitation facility approximately one mile from the hospital at 500 S. Highway 80, Suite B, Benson AZ. This facility is newly furnished and represents over twice the previously available space for rehabilitation services.

- **Community Bridges:** Community Bridges has taken on an expanded role in the community, operating inpatient and outpatient programs out of the old SEABHS/PHF complex adjacent to Benson Hospital. They provide mental health services which include detoxification for inpatients and medication assistance, stabilization and

maintenance for outpatients. CB is dedicated primarily to substance abuse and detoxification with 24 beds, 30 employees and a census of around 15 patients/day.

- **Healthcare Innovations (HCI)** is the local ambulance service located adjacent to the Benson Hospital. This facility houses three fully-equipped ambulance units operated by emergency service technicians, half of whom are Emergency Medical Technician (EMT's) and half paramedics. Each emergency run involves one ambulance with two technicians, typically an EMT and a paramedic. The facility receives over 345 calls/month. About 260 of those calls result in a run. Approximately 67 of the monthly runs are to deliver patients to Benson Hospital's Emergency Room. HCI has 33 employees.
- **Good Samaritan Society-Quibiri Mission Nursing Home:** This is a 60-bed skilled nursing center dedicated to long-term health care and offering supportive medical services to its clients. Such services include inpatient therapy, skilled care, respite care, rehabilitation, memory care, and other modalities. Quibiri Mission has 80 employees and an average census of 50 patients/daily.
- **Cochise County Health Department:** Cochise County operates a health department in Benson intended to serve the local population. The office has services that offer teen pregnancy prevention, health education, tobacco prevention, nutrition, active adult services, Healthy Start, immunizations and nursing. There are four staff members in the Benson office, servicing around eight people per day.
- **Additional ambulance services:** Whetstone Ambulance has 16 employees and conducts around 76 runs per month, about eight of which come to Benson Hospital. Elfrida Ambulance has 17 employees and conducts around 29 runs per month, about one of which comes to Benson Hospital. Sunsites Ambulance has 22 employees and conducts around 21 runs per month about two-three of which come to Benson Hospital.

**Local area physicians include:**

- **Emergency Health Group (Banner South):** Provides ER physicians for the hospital.
- **Progressive Healthcare Group:**  
This practice includes two MDs and one mid-level provider.
- **Tucson Medical Center (TMC) One:**  
This practice includes one MD's and three mid-level providers.
- **Dr. Barbara Hartley:**  
Dr. Hartley practiced in Benson for several years. She now serves as a hospitalist at Benson Hospital approximately two weeks/month.
- **Dr. Thomas Pettinger:**  
Dr. Pettinger is the sole provider in his practice. He sees around 15 patients a day, three days per week. There are three employees at this practice. Dr. Pettinger will retire in May of 2018 and work one day a week at the Benson Hospital.

- **Rex Heaton:**  
Rex Heaton is a Family Nurse Practitioner doing occupational medicine at Benson Hospital. He sees around two to three patients daily and assists in the ER as needed. Rex manages outpatient services, overseeing wound care and IV infusion therapy, and serves as a back-up provider to patients who do not have primary care physicians.

#### **Local Dentists:**

Through a verbal interview (2018) with the CEO of the Benson Hospital, Rich Polheber, both dental practices are open only part time and do not see pediatric patients.

- **Benson Dental:** This practice has two dentists, 12 employees and sees about 35 patients/day.
- **Brett Clerc:** This practice has one dentist, five employees and sees about 27 patients/day

#### **HEALTH DISPARITIES**

The San Pedro Valley Hospital District (SPVHD) serves residents who are uninsured, low-income and members of minority groups. The demographics of the community identified a significant age distribution, with “almost one third of the population being Medicare age.” In the adult population, obesity, cholesterol monitoring, blood pressure, diabetes, substance abuse, and mental health issues are prominent. Among young residents, substance abuse, obesity, mental health issues and sexually related issues are prominent. Among children in the area, child abuse, obesity and mental health issues are prominent. To some extent, dental care issues can impact all ages.

Dr. Barbara Hartley, MD serves as the hospitalist at the Benson Hospital. She is also the Chief of Staff of the Medical Staff at Benson Hospital. Dr. Hartley brings a profound level of experience and understanding of health care to this assessment. She thinks that the health needs assessment process should be looking more to the short-term than long-term. Dr. Hartley observes that several department heads at Benson Hospital are approaching retirement. Of the physicians in practice now in the Benson area, three are in their 60’s and will probably not be practicing much longer. This, of course, impacts physician recruiting efforts, and Dr. Hartley observes that Benson Hospital may be the only entity with sufficient resources and motivation to pursue recruitment. The following is a verbatim reproduction of some of Dr. Hartley’s recommendations: “A major challenge in continuing to meet the health care needs of this community, and a limiting factor in how much the hospital has to invest in primary care and expansion of its services, is the declining reimbursement from both Medicare and AHCCCS. The majority of the hospital’s income comes from these programs, and it remains to be seen how the health care reform issue is going to play out, politically, and what the final landscape looks like.”

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Dr. Hartley continues: **“As far as the needs of the uninsured, low-income people and minorities, this community is more in need all the time of a true community health center.”** Dr. Hartley goes on to suggest that the Benson Hospital may wish to align with an existing community health center.

#### **OTHER UNIQUE COMMUNITY INDICATORS**

- In general, the area is poised for economic growth once the state and national economies improve. Developers have long viewed the area as a vital link between Tucson to the west, Sierra Vista/Ft. Huachuca to the south. The availability of land, major transportation corridors (I-10, SR90 and US80), and industrial potential at the Benson Municipal Airport, make the area attractive for both residential and commercial development. The portion of I-10 that traverses through Benson is the most heavily travelled segment of highway in the County.
- Of the county’s seven incorporated places, Benson is projected to see the fastest population growth averaging 1.6 percent annually in both the short and long term (to 2020 and 2050, respectively) according to Arizona Office of Employment and Population Statistics. Growth rates may be much higher than projected by EPS depending upon the success of the Villages at Vigneto development planned by El Dorado Holdings. El Dorado expects to build 28,000 homes in Benson in as little as 18 years, transforming the city into a community of nearly 65,000.
- The City of Benson estimates that winter visitors swell the local population by around 30%.
- About one third of the population is of Medicare age.
- Several department heads at Benson Hospital are approaching retirement. Of the physicians in practice now in the Benson area, three are in their 60’s.
- Through an internal survey and through an interview with the Benson Hospital CEO, we identified that of the two dental practices in Benson, one accepts limited Medicaid patients and the second practice does not accept Medicaid clients; neither practice is open a full 40 hours a week. Additionally, neither practice offered sedation nor pediatric dentistry.

#### **KEY FINDINGS FROM COMPLETED NEEDS ASSESSMENTS**

- Population to one FTE Primary Care Physician 1: 3781 (Ratio). Meets definition for underserved which is 1: 3,500.

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- The Benson Hospital, in 2016, identified a deficit of primary care providers. There was also a deficit of specialist with the greatest need in: OB/GYN, general surgery, orthopedic and cardiology.
- Percent of population below 200 percent of poverty was identified as 36.51%.
- Population identified as uninsured was 11.71%.
- Benson Medical Providers are elderly – 3 providers are nearing retirement age.
- In 2016, Benson community members were surveyed as part of the community health assessment. Respondents reported that 71% drove more than 25 miles to see a doctor and 47% did not feel that there was sufficient access to health care services or social services.
- Community perception is that more specialists are needed, specifically cardiac, obstetrics and gynecology, orthopedic, gastroenterology, surgery and pediatrics); more primary care physicians, need for dental/hearing and vision services, senior care and urgent care.
- Benson Hospital ER sees many patient with dental problems. One reason the hospital sees adults with dental problems is that Arizona Health Care Cost Containment System (AHCCCS) will not pay for fillings, only to have teeth pulled.”
- The health needs of the SPVHD population predominantly reflect those of a mature demographic. Recalling that the median age is around 50, health needs associated with chronic illness prevail. Health care needs are derived by historic demand, from previous studies and by expert opinion.
- The demographics of the community identified a significant age distribution, with “almost one third of the population being Medicare age.” In the adult population, obesity, cholesterol monitoring, blood pressure, diabetes, substance abuse, and mental health issues are prominent. Among young residents, substance abuse, obesity, mental health issues and sexually related issues are prominent. Among children in the area, child abuse, obesity and mental health issues are prominent. To some extent, dental care issues can impact all ages.
- Top three factors to improve the quality of life in Benson as reported in the 2017 Community Health Assessment Report:
  - Good Jobs and Healthy Economy
  - Low Crime and Safe Neighborhoods
  - Good Place to Raise Children

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- Top three health priorities for Benson as reported in the 2017 Community Health Assessment Report:
  - Good Jobs, Healthy Economy
  - Drug Abuse
  - Mental Health

## **ANALYSIS AND RESPONSE**

In late 2015 we were approached by United Health Care because no medical providers in Benson were seeing Medicaid patients. They asked for help providing primary care to their Medicaid patients. Our response was a definitive yes and we have been working toward getting mobile services into the area with the eventual goal of opening a “stand alone” clinic in that area that serves both the medical and dental needs of that community. CCHCI received support to move forward with these plans from the community including the Benson Hospital and the primary care providers. In 2017, CCHCI through their investment partner, VAST, purchased land across from the Benson Hospital for a fixed site clinic. The project is expected to be completed in late spring of 2018. The new clinic will offer 20,000 square feet of space for both adult and pediatric services. There are plans to build a dental clinic at a later time to meet the community need and demand.

## **Needs Assessment for Bisbee Service Area**

### **COMMUNITY BACKGROUND**

**Bisbee** is the third largest of seven incorporated places in Cochise County and is the county seat. The city is at an elevation of 5,350 feet located along State Route 80, approximately 50 miles south of Interstate 10, 95 miles southeast of Tucson, and 205 miles southeast of Phoenix. Bisbee was founded in the 1880s as a mining camp and was once one of the world’s richest mineral sites producing copper, silver, gold, zinc, lead, and manganese. Phelps Dodge ceased mining operations in the area in the 1970s. Since then, the city has been known for its mining history and as an artist and retirement community. Bisbee is the county seat for Cochise County.

The city of Bisbee now includes the satellite communities of Warren, Lowell, and San Jose. The Lowell and Warren town sites were consolidated into Bisbee proper during the early part of the twentieth century. There are also smaller neighborhoods interspersed between these larger boroughs, including Galena, Bakerville, Tintown, South Bisbee, Briggs, and Saginaw.

The unincorporated town of **Naco, Arizona** is a small border town that straddles the Arizona/Mexico border and is approximately 7 miles south of Bisbee. Naco was established in the early 1900s after originally having been settled by Nahua and Opata Indians. The name comes from the Opata language. Naco is famous being the only place in the continental US that was ever bombed from the air. Naco is a small residential community with limited commercial



activity. Naco is home to the Turquoise Valley Golf Course (TVGC) and RV Park, a longtime favorite with snowbirds and southern Arizona golfers. TVGC is one of the oldest courses in Arizona and its clubhouse dates to the 1930's.

Until the 1960s, the towns of Naco, Arizona and Naco, Mexico were one, small, united town. When tensions rose between the two nations over illegal immigration, the community was split in two. In 1979, residents from both sides decided to use the rusted fence as a volleyball net and for the last 34 years, they've continued to celebrate the spirit of their community in the face of strict border control and political friction.

Federal agents discovered an underground tunnel crossing the border into Mexico from Naco, Arizona in 2015. Cross-border tunnels continue to be a tried-and-true smuggling method for Mexican drug cartels. Tunnels are notoriously difficult to detect, with as many as half of them found through anonymous tips rather than tunnel detection technology or human sources. In addition to smuggling drugs, the tunnels are also often used for human trafficking.

**Palominas** means "Place of the Doves". The area is known for its wildlife and outdoor activities. Hundreds of birds and butterflies migrate through this area year round. The entry turnoff to the Coronado National Memorial is located nearby.

**Hereford** was a common stop for travelers heading from Tombstone, 15 miles northwest, down the San Pedro River en route to Naco, Arizona and thence Mexico, approximately 14 miles away. The original town site was populated until the 1950s, and the last structures disappeared in the early 1960s. Nothing remains of the original town site except for a few concrete foundations and the ballasted rail bed, the rails and ties having been pulled in 2006.

**Palominas** and **Hereford** are unincorporated communities along the San Pedro Riparian National Conservation Area approximately 19 miles southeast of Sierra Vista, and 18 miles southwest of Bisbee.

## **POPULATION DATA**

Although the population of Bisbee is 5,312 (as of 2016) the Bisbee area includes nearby populated areas that create a community of more than 35,000, including Bisbee, Naco, surrounding unincorporated areas on the U.S. side of the border, and residents of Naco, Sonora, Mexico. While the population of Bisbee declined 8.5 percent from 2000 to 2010, the wider Bisbee Census County Division (U.S. side of the border) grew by 20 percent (from 24,035 to 28,838) reflecting a greater number of residents in nearby areas outside city limits. The population of Naco, Sonora, Mexico grew by 30 percent (from 4,900 to 6,400). (Bisbee Economic Outlook 2017)

As of 2017, there were 1046 people living in Naco, Arizona. The 2017 Palominas/Hereford population was listed at 5433.

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## EMPLOYMENT DATA

In Cochise County, the largest threat to labor market improvement in recent years has come from defense budget cuts impacting Fort Huachuca (35 miles northwest of Bisbee). While defense cuts have had a dampening effect on the regional labor market, the current administration's stated interest in increasing defense spending suggests an easing of constraints.

Cochise County and the Bisbee area are also impacted by border security spending and cross-border commerce. Efforts in Washington to increase the number of border patrol agents along the U.S./Mexico border may have a boost on the labor market. The recent expansion of the Brian A. Terry Border Patrol Station, just outside Bisbee city limits, was built to accommodate 450 agents protecting 1,200 square miles, including more than 30 miles of the U.S./Mexico border.

A bright spot for Bisbee in recent years has been a rebound in the tourism industry. The city has placed increased emphasis on promoting conferences and built partnerships with other communities on both sides of the border to promote cultural-heritage and cross-border events. Bisbee Area Top Employers include:

1. Cochise County
2. U.S. Customs and Border Protection
3. Copper Queen Community Hospital
4. Bisbee Unified School District
5. City of Bisbee
6. Freeport-McMoRan
7. Bisbee Hospitality Group
8. Safety

The top four industries in Bisbee include:

1. Educational services and health care/social assistance
2. Arts, entertainment and recreation, and accommodation and food service
3. Retail trade
4. Public administration

The unemployment rate for Bisbee in 2017 was 3.9%, compared to Cochise County unemployment rate of 5.6%, and 5.1% for Arizona, and 4.5% for the entire United States.

## POVERTY DATA

- The highest child poverty rate of Cochise County's incorporated areas is Bisbee at 41 percent.
- 12.4 percent of Bisbee seniors live in poverty

## ACCESS TO SERVICES/COMMUNITY INSTITUTIONS AND PROVIDERS

- Copper Queen Community Hospital, located in Bisbee, provides a range of inpatient and outpatient services, including 24-hour emergency services, acute care, telemedicine, cardiopulmonary services, diagnostic imaging, laboratory, outpatient surgery, physical therapy, home health, and occupational medicine.
- In 2015, the hospital began offering Magnetic Resonance Imaging (MRI) services. CQCH's telemedicine programs provide real-time video links with hospitals and specialists in Phoenix and Tucson, allowing physicians to work with specialized physicians and staff at other hospitals to assess and treat patients locally or stabilize them for transfer. Programs include Teleburn (with Grossman Burn Center at St. Luke's Medical Center in Phoenix), Telecardiology (Carondelet Health Network in Tucson), Telepediatrics (Banner Health Care - Children's Medical Center in Phoenix), Telepulmonology (Pulmonary Associates of Southern Arizona), and Telestroke and Teleconcussion (Mayo Clinic in Scottsdale), along with CQCH's Home Health Telemedicine program, connecting the hospital with patients in their homes.
- In 2013 and 2014, CQCH doubled the size of its emergency department; underwent extensive renovations to its main entrance and covered drop-off; and relocated and enlarged its helistop. Other improvements included new space for a CT scanner, redesigned nursing station located at the center of patient rooms, and increased space for pharmacy and laboratory facilities. In 2015, the hospital opened a new Physical Therapy Center.
- Also in 2015, CQCH joined with hospitals from Benson, Safford, Tucson, and Willcox to form the nonprofit Southern Arizona Hospital Alliance to foster stronger ties between the hospitals and allow greater efficiencies in purchasing, insurance, and electronic medical records.
- In recent years, CQCH has expanded outreach by operating rural health clinics in Bisbee, Douglas, and Palominas. In 2014 and 2015, the hospital undertook a series of expansions of its Douglas clinic, transforming it into the Douglas Medical Complex. In 2015, following closure of Cochise Regional Hospital in Douglas, CQCH announced it would open a free-standing emergency room in that city (expected to be operational in early 2016).
- Copper Queen also has a rural health clinic in Palominas-Hereford communities which offers family medical care. As of March 2018 providers include: Brian Miles, MD, Family Medicine; Laurie Thomas, MD, Family Medicine; Kathy Griesemer, Physician's Assistant; Bobbie Moore, Family Nurse Practitioner; Brenna Petro, Family Nurse Practitioner; Roland Snure, MD Surgeon; Edward Milly, DO, Gynecology.

- Other social service and health care providers in Bisbee include: Renaissance House for women, and Verhelst Recovery House for men, and Cochise Health and Social Services.
- There is one private dental practices in Bisbee, Dr. Jerrod Long.
- There is now a medical marijuana dispensary in Bisbee which opened in 2013. This is Bisbee's first and Cochise County's second dispensary.

#### **HEALTH DISPARITIES**

- The area with the highest number of people earning less than poverty level is Palominas
- Naco has the highest household percentage of families receiving public assistance
- Bisbee has a high rate of seniors living in poverty
- Bisbee has a high rate of children living in poverty

#### **OTHER UNIQUE COMMUNITY INDICATORS**

- The most significant opportunity for the short- and long-term economic growth of Cochise County is the planned 28,000-home Villages at Vigneto development in Benson, approximately 50 miles from Bisbee. The development, if successful in achieving and maintaining an ambitious 2,000 residential-unit annual absorption rate from 2020 to 2031 as anticipated by developer El Dorado Holdings, will spur economic activity, business development, and population growth, and potentially eliminate cyclical unemployment, which has burdened the region for the past six years. Even if developers fall far short of their target, the project is likely to give a significant economic boost to the countywide economy in coming years. Bisbee can expect to benefit from potential day visitors from the new development.
- Our CCHCI Bisbee Family Health Center has the largest percentage of insured patients and the oldest (average age is 50) patient population. It is a critical mass of aging baby boomers.
- Bisbee has a significant population of gay, lesbian and transgender individuals.
- In 2017, Bisbee was named "Prettiest City in America" by the "The Daily Meal." Also in 2017, Bisbee was named "Most Picturesque Small Town in Arizona" by USA Today, and placed second in USA Today's "Best Small Towns in the Southwest."

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## KEY FINDINGS FROM COMPLETED NEEDS ASSESSMENTS

### Cochise County Health Assessment Report (2017)

In 2016 community members ranked the following issues as the top three facing Bisbee residents:

1. Alcohol/Substance Abuse
2. Good Jobs/Healthy Economy
3. Obesity and Healthy Lifestyle

In addition, residents discussed the lack of mental health care services and felt that improving access to mental health services would improve the quality of life. Affordable housing was also a concern and linked to mental illness and poverty. Many residents felt that housing rental prices were higher in Bisbee than in other places throughout the county, even though the housing stock was of lower quality.

### ANALYSIS AND RESPONSE

The CCHCI clinic in Bisbee has had the largest percentage of insured patients and the oldest patient population. It is a critical mass of aging baby boomers. In Bisbee, the need is for internal medicine and behavioral health and dental services. Efforts have been made to bring mobile medical services to a high needs area in Bisbee to address the substance abuse/opioid crisis. The mobile unit is staffed with a behavioral health specialist as well as a medical provider.

CCHCI participates in community initiatives to address the housing issues in the area. CCHCI recently received (2016) a HRSA grant to renovate the Bisbee Family Health Center. Renovations will start in mid-2018 and will be completed by the end of 2018. The clinic will be relocated to a temporary site during this construction. There are plans to bring mobile dental services to the Bisbee community after the restoration of the Bisbee Family Health Center. A cement pad is being planned as part of the clinic's renovation efforts to support mobile dental care.

Research supports planning for:

- Building a dental clinic
- Hiring "alternative medicine" practitioner to support Bisbee's culture
- Hiring a gerontologist to support the aging "baby boomer" population

## Needs Assessment for Douglas Service Area

### COMMUNITY BACKGROUND

The Douglas area was first settled by the Spanish in the 18<sup>th</sup> century. In 1854, the valley became part of the Gadsden Purchase from Mexico. Douglas was founded as a smelter town for the prosperous copper mines in Bisbee, Arizona. This town is named after the mining pioneer, Dr. James Douglas, and was incorporated in 1902. The area has a history of cattle ranching and agriculture dating back to the 1800's. The region also figures prominently in the history of the old west. Cochise County was home to many famous historical figures such as Cochise, Geronimo, John Slaughter, Wyatt Earp, and Doc Holliday and their stories played out across the grasslands of Cochise County. The Douglas Grand Theater was built in 1919 and was the largest theater between Los Angeles and San Antonio. Ginger Rogers, Anna Pavlova and John Phillip Sousa are some of the famous faces to have graced the theater's state.

In the early days of mining Douglas was a rowdy town like Bisbee, but many residents were determined to make it "clean, modern and healthful," as it would soon boast in 1908. The Arizona Rangers moved their headquarters there from Bisbee in 1902 to join with the Cochise County Sheriff in a war on crime and vice. Peace officers would also be available to break union strikes. Much effort was put into making Douglas a prosperous and comfortable community and that work paid off for generations to come. By the 1920s, there were eight miles of paved streets, 150 miles of drinking water lines, 27 miles of sewer lines, electricity, piped gas, and telephones, three city parks, 10 schools and seven churches.

Relations with Mexico have gone through periods of peace and conflict in southern Arizona. For decades there was no fence along the border with casual access available to both sides. Smelter slag piles extended across the border and when Douglas residents built an international airport in 1928 the runway extended into Mexico. But during the revolutionary period in Mexico from 1910 to 1920 a large number of US troops were stationed at Douglas to protect the border and invade Mexico as the need arose. When quiet returned, Douglas became a tourist destination. Upscale couples could reach Douglas via American Airlines after 1929 and escape both cold weather and prohibition by soaking up the "Douglas sunshine and Agua Prieta moonshine." A transcontinental highway, first called the Bankhead or Bankhead-Borderland Highway and later Highway 80 went from Bisbee through Douglas and on to New Mexico.

The city of **Douglas**, Arizona shares a border with Agua Prieta, Sonora, Mexico. Douglas is located near the southeastern corner of Arizona on the [U.S.-Mexico border](#), across from the city of [Agua Prieta, Sonora](#). [U.S. Route 191](#) leads north from Douglas 69 miles (111 km) to [Interstate 10](#) near [Willcox](#). [Arizona State Route 80](#) leads west 26 miles (42 km) to [Bisbee](#) and northeast 80 miles (130 km) to Interstate 10 in [New Mexico](#).

**Pirtleville** is a census-designated place (CDP) located approximately 1 mile north of Douglas and is considered a suburb of Douglas. Typical of Arizona mining communities, before 1950 many Hispanic workers and their families lived separately; that separate community was

Pirtleville. While Douglas incorporated in 1905, today Pirtleville is still unincorporated and without the infrastructure that city government provides. Raul Castro, Arizona's first Hispanic governor, grew up in Pirtleville and graduated from Douglas High School.

The cemetery in Pirtleville was featured in Ripley's "Believe It or Not" because of the custom of choosing to be buried facing the South towards Mexico. (It would be accurate to note that 95% of the people buried in the cemetery came to work in the smelter in Douglas). Owned by the Diocese of Tucson, no one has been buried in the cemetery for over 50 years. The people who are buried in the cemetery are real pioneers of Arizona who lived there when Arizona was still a territory.

## POPULATION DATA

Douglas is the **second largest city** in Cochise County. The population of **Douglas as of 2016** was **16,897**. The population of **Pirtleville** was **1,744** at the 2010 census. The City of Douglas is expected to see average annual population growth of 0.3% in both the short and long term. (The city's population figures include the state prison complex. As of Census 2010, approximately 2,600 residents of Douglas were inmates at the prison.) Douglas is part of a larger community with a total population of 19,772 (as of 2010 Census) on the U.S. side of the border, including Pirtleville and other unincorporated areas near the city. The daytime population is much larger than the census suggests due to the city's proximity to Agua Prieta, Mexico. With thousands of crossings into the United States each day through the Douglas Port of Entry, the city hosts many foreign shoppers, workers and visitors. As of 2010, Agua Prieta's population was just under 80,000. (2017 Bisbee Economic Development)

The racial makeup of the city is approximately 68% white, 2.8% black or African-American, 1.7% American Indian or Alaska Native, 0.5% Asian, 0.1% Native Hawaiian or other Pacific Islander, 27% some other race. 82.6% of the population were Hispanic or Latino of any race. (Census 2010)

There were 4,986 households, out of which 45.9% had children under the age of 18 living with them, 42.9% were headed by married couples living together, 24.0% had a female householder with no husband present, and 26.6% were non-families. 23.5% of all households were made up of individuals, and 11.3% were someone living alone who was 65 years of age or older. The average household size was 2.98, and the average family size was 3.56.

In the city the age distribution of the population was 28.2% under the age of 18, 10.4% from 18 to 24, 28.2% from 25 to 44, 21.7% from 45 to 64, and 11.5% who were 65 years of age or older. The median age was 32.2 years. For every 100 females there were 120.7 males. For every 100 females age 18 and over, there were 127.4 males.

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## EMPLOYMENT DATA

- There are more than 20 maquiladoras (twin factories with facilities on both sides of the border) in Agua Prieta and Douglas, with Agua Prieta serving as the manufacturing center and Douglas the warehouse distribution center. Major industrial employers in Agua Prieta include Levolor Kirsh, Commercial Vehicle Group, Takata, Velcro USA, Standex International, and Alstyle Apparel & Activewear (which built a 700,000 square-foot manufacturing facility in 2011 that will employ 3,000 workers at full capacity).
- Because of its location along the U.S./Mexico border, international commerce is important to the economy.
- The four largest industries in Douglas include:
  - Educational services, and recreation, and accommodation and food services
  - Public Administration
  - Retail Trade
  - Arts, entertainment, and recreation, and accommodation and food services
- Unemployment rate for Douglas in 2016 was listed at 8.4% (Compared to a 6.3% unemployment rate in Cochise County and 5.2% unemployment rate in Arizona, and 4.9% unemployment in the United States for the same year). (U.S. Bureau of Labor Statistics, Arizona Office of Economic Opportunity)
- 2017 Top 11 Employers in Douglas were:
  1. U. S. Department of Homeland Security
  2. Arizona State Prison Complex-Douglas
  3. Douglas Unified School Districts
  4. Advanced Call Center Technologies
  5. City of Douglas
  6. Cochise College
  7. Chiricahua Community Health Centers, Inc.
  8. Cochise Private Industry Council
  9. Cochise County
  10. Copper Queen Community Hospital
  11. Walmart

## POVERTY DATA

- Median household income for Douglas is listed as **\$27,975** ((2011-2015 American Community Survey 5- year Estimates).



- The [per capita income](#) for the city was **\$14,184**. (2011-2015 American Community Survey 5-Year Estimates). About 25.1% of families and 30.2% of the population were below the [poverty line](#), including 36.8% of those under age 18 and 29.0% of those age 65 or over.
- Poverty level is recorded at **32%** for Douglas. (The poverty level for Cochise County is 17.9%, for Arizona 18.2%, and 15.5% for the United States). (2011-2015 American Community Survey 5-Year Estimates).
- Between 80-94% of students in the Douglas Unified School System for the school year 2014 qualified for the free or reduced lunch program. (A school is considered “high needs” if 50% of its students qualify for the free or reduced lunch program).
- The Cochise College Center for Economic Research recently released data which revealed that Douglas had the highest rate of poverty within the county over a five-year period through 2010 and 2014.
- Douglas has second highest child poverty rate at 38.2 percent and the second highest rate of seniors in poverty at 21 percent).
- Douglas has the highest individual poverty rate in Cochise County and the lowest share of the population with a high school diploma or higher (68.7 percent of the population ages 25 and over).
- Douglas also has the lowest share of the population with a bachelor’s degree or higher at 9.6 percent

#### **ACCESS TO SERVICES/COMMUNITY INSTITUTIONS AND PROVIDERS**

- **CCHCI** operates two clinics in Douglas. The Jennifer “Ginger” Ryan Clinic (GRC) primarily serves adults including dental services, behavioral health, insurance eligibility/enrollment, and other support services. The Pediatric Center of Excellence (PCE) serves the younger population for acute and preventative care. In the summer of 2018, the Early Childhood Center of Excellence will open to serve “special needs” children as well as provide preventative health care to children.
- **Copper Queen Medical Associates (CQMA) Douglas Medical Complex.** Douglas Medical Complex (DMC) services include Quickcare (for minor emergencies and illnesses), Coumadin Clinic, laboratory and diagnostic imaging, onsite surgery clinic, physical therapy and telemedicine. The DMC recently completed a multimillion dollar renovation and expansion to enhance diagnostic capabilities and expand physical therapy services. In April of 2017, DMC opened its new, free-standing Douglas

Emergency department. The new facility provides 24-hour emergency services, eight treatment and exam rooms, critical care and trauma room, radiology services, laboratory, computer tomography equipment and a helipad.

- **Douglas Dialysis Center** was recognized and certified in 2007 by Centers for Medicare & Medicaid Services (CMS). Douglas Dialysis Center is located at 99 E 16th St Douglas, AZ 85607.
- **Dental Services:**
  - Douglas Dental employs 3 dentists and 1 dental hygienist
  - Gomez Clinic employs 1 dentist
  - CCHCI Douglas Dental Clinic employs multiple pediatric and adult dentists as well as dental hygienists
- **Behavioral Health:**
  - Cenpatico is the behavioral health provider for the area.

#### **HEALTH DISPARITIES**

- Douglas had the highest rate of poverty within the county over a five-year period through 2010 and 2014.
- Douglas has the highest individual poverty rate in Cochise County and the lowest share of the population with a high school diploma or higher (68.7 percent of the population ages 25 and over).
- Douglas also has the lowest share of the population with a bachelor's degree or higher at 9.6 percent.
- Childhood poverty rates for Douglas are above the county average. The highest child poverty rate of Cochise County's incorporated areas is Bisbee at 41 percent; Douglas is second at 38.2 percent.
- Between 80-94% of students in the Douglas Unified School System for the school year 2014 qualified for the free or reduced lunch program. (A school is considered "high needs" if 50% of its students qualify for the free or reduced lunch program.

#### **OTHER UNIQUE COMMUNITY INDICATORS**

- A 2008 University of Arizona study indicated 81.6 percent of Mexican residents entering the United States through Douglas did so for the purpose of shopping—highest of all land ports in Arizona.

- The International Border has a huge legal significance for the area. It is a porous border and residents routinely “cross the line” to visit with family and friends, shop and eat. Communicable diseases are shared as are other health related issues. A particular difficult issue occurs when families take tier sick children “over” and they are injected with an unknown medication. They appear at our clinics later and our providers must figure out the safest way to treat them. Many of the elderly combine medication prescribed in Mexico, along with those from the U.S. which are produced in factories with lower manufacturing standards.

## **KEY FINDINGS FROM COMPLETED NEEDS ASSESSMENTS**

### **2012 SAC Grant Research**

In Douglas, quality pediatric care has been lacking. One of our pediatricians has a patient panel of 350 special needs children (normally a pediatrician has 1 or 2). CCHCI, in cooperation with Arizona’s First Things First Initiative, has conducted Focus Groups to identify strengths and needs of the health care safety net in Cochise County<sup>20</sup>. Results of those discussions reveal:

- A lack of widespread health insurance
- A lack of quality child care
- Significant language barriers
- A lack of accessible services for families
- A lack of affordable housing
- A need for services for children with special health care needs
- A need for dental care
- A need for behavioral health services

The issue of services for children throughout Cochise County, especially those from 0 to 5 years of age, comes up over and over again. The need for quality preschools, affordable health care and dental care topped each list. While health care insurance (Medicaid) for the underprivileged is available, many families are ineligible.

### **2016 Cochise County Community Health Assessment**

Douglas community members ranked the following issues as the top three problems facing residents:

- Mental Health, Alcohol/Substance Abuse
- Teen Pregnancy, Birth Control
- Healthy Eating, Diabetes-Obesity

Survey results also reported the following:

- 47% of Douglas respondents drive more than 25 miles to see a doctor. Of these respondents, 16% drive more than 75 miles.
- 36% of Douglas respondents do not feel that there is sufficient health care services or social services.

## ANALYSIS AND RESPONSE

CCHCI opened a Pediatric Center of Excellence (PCE) in 2011 because there was a lack of quality pediatric services in the area. To accommodate the high pediatric demand in Douglas, as well as to offset the needs of our patients, CCHCI offers patients extended hours, weekend hours and holiday hours. Additionally, we have leased a building and have begun construction for an Early Center of Excellence which will be used for our "special needs" children. The 26,000 square foot building is expected to be open in the early summer of 2018.

Plans to integrate both Behavioral Health and Dental Health into the pediatric practices in Douglas are moving forward. We offer Mobile Medical Adolescent Clinics at the Douglas High School two days a week to accommodate the needs of our adolescents which we consider to be a "special population" because of their "high risk" behaviors and their difficulty accessing our services through a "traditional" system of health care. We have hired a "pediatric dentist" to accommodate the oral health needs of our pediatric clients and have a dental clinic that is fully staffed at our Ginger Ryan Clinic and provides weekend and late hour appointments. Future plans include co-locating pediatric dentistry and pediatric medical services into the Early Childhood Center of Excellence.

Four full time adult/family practice providers were hired to staff the Ginger Ryan Clinic in the summer of 2016. Additionally, in the summer of 2016, on-site radiology services became available for patients. Plans are also underway to design a call center in Douglas to triage the high volume of calls received. Future plans for an on-site pharmacy are being developed.

## Needs Assessment for Elfrida Service Area

### COMMUNITY BACKGROUND

Elfrida is a small [unincorporated community](#) and [census-designated place](#) in the southeastern part of the [U.S. state of Arizona](#) in [Cochise County](#). Elfrida is located on [U.S. Route 191](#), 27 miles (43 km) northwest of [Douglas](#) and 6 miles (10 km) north of [McNeal](#).

The ranching industry began in Southern Arizona in 1697 when Father Kino, a Spanish Jesuit priest, brought cattle into the region to supply food for the missions he established. Settlement was encouraged but progressed slowly due to Indian attacks. A policy of Indian appeasement in 1785 lessened hostilities and by 1810 ranches dotted the area and thousands of cattle were on the range. The Mexican Revolution left the northern settlers virtually unprotected and raiding Apaches either stole or ran off their stock; the occupants fled or were killed and by 1840 about all that remained were ruins and scattered herds of wild cattle. The area was virtually deserted when immigrants passed through on their way to California during the Gold Rush.

As the population of California increased so did the demand for beef. The price of cattle rose as high as \$300 a head and made an attractive market. It became profitable to drive cattle from Texas to California through Arizona even though many cattle were lost to Apaches. Cattle herds passed through the Sulphur Springs Valley where grass was abundant and there were several springs where the cattle could be watered. The mild winters allowed cattle to remain on the range and the abundance of tall lush grass, 12 to 20 inches high, made the valley appealing to cattle raisers but the menace of Apaches kept them from settling.

After the Civil War several Army Posts were established to control the Indian problem and ranches were established in the Santa Cruz and San Pedro Valleys. But the Sulphur Springs Valley remained unsettled; it was the land of the Chiricahua Apache. The Army Posts were a good market for beef. In 1867 Henry Clay Hooker began delivering cattle to the posts; he and his men drove as many as 15,500 head annually into the valley. Hooker recognized the valley's potential for cattle raising. In 1872 he established Sierra Bonita Ranch in the northern end of the Sulphur Springs Valley becoming its first Anglo-American rancher.

In 1872 the Chiricahua Reservation, encompassing most of what is now Cochise County, was established making most of the Sulphur Springs Valley closed to settlement and not until after 1876 when the Apache were moved to the San Carlos reservation was it reopened. By 1883 white settlers entered the valley in numbers and established ranches. Cattle production in Arizona Territory and the Sulphur Springs Valley reached its peak in 1891 when there were approximately 1.5 million cattle on the open range.

The entire area, but especially the **Kansas Settlement** area is becoming known for its capacity to grow a wide range of high-quality crops which include cotton, milo, field corn, wheat, barley, alfalfa and a variety of vegetables. **Sulphur Springs Valley** has earned a reputation as the best winter raptor location in Southeastern Arizona. Up to 14 species of birds of prey find a niche in the grasslands and farms in what has come to be known as Arizona's "hawk alley." Additionally, approximately 20,000 to 25,000 Sandhill Cranes make the valley their "winter headquarters."

Elfrida is home to [Valley Union High School](#) grades 9-12 and Elfrida Elementary School grades K-8. Chiricahua Community Health Centers was founded in Elfrida in 1986. Elfrida Community Center is north of the center crossroads. Elfrida gained a library in March of 2000. The Elfrida Library is part of the Cochise County Library District. The Elfrida Fire Department is south of the center crossroads.

**Pearce** is best known as a historic ghost town. Sunsites, founded in 1961, adjoins Pearce, and the Sunizona and Richland developments are nearby. All of these communities share the Pearce, Arizona post office and ZIP code, 85625. The Pearce-Sunsites economy is based on retirees and tourism.

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**Sunizona, Sunsites and Pearce** Arizona, are adjacent unincorporated communities in the Sulphur Springs Valley of Cochise County. **Sulphur Springs Valley** is the area west of the Chiricahua Mountains between Bisbee and Douglas to the south, and Wilcox to the north. **Kansas Settlement** is located in Sulphur Spring Valley south of Willcox.

**Double Adobe** is located in the southern part of the Sulphur Springs Valley. The name Double Adobe came from two large adobe buildings that stood nearby. The buildings, long gone, were used by army scouts who frequently patrolled the territory. **Double Adobe** is located in the southern part of the Sulphur Springs Valley approximately 22 miles east of Bisbee and 20 miles north of Douglas.

#### **POPULATION DATA**

- Elfrida, as of the 2016 American Community Survey had a population of 380
- McNeal, as of the 2016 American Community Survey, had a population of 158
- Double Adobe as of the 2010 Census had a population of 1263
- Sunizona, Sunsites, and Pearce, as of the 2010 census, had a population of 2104

#### **EMPLOYMENT DATA**

Largest Employers in Elfrida:

- Elfrida Schools
- Chiricahua Community Health Centers
- Ranching and Farming

#### **POVERTY DATA**

- 3.5% unemployed (2016 American Community Survey). (The unemployment rate is 25% lower than the national average.)
- 51.9% of the population are Hispanic or Lation (U.S. Census 2010)
- 18.1% are high school graduates, 35.4% have some college but no degree, and no one has a graduate or professional degree
- Per Capital Income is \$22,484 (2016 American Community Survey). (This is 16% lower than the Arizona average and 25% lower than the national average.)
- Median household income is \$34,271 (2016 American Community Survey.) (This is 33% lower than the Arizona average and 38% lower than the national average.)
- The poverty rate in Elfrida is 10% which is 36% lower than the national average.

#### **ACCESS TO SERVICES/COMMUNITY INSTITUTIONS AND PROVIDERS**

- Our first clinic, the Cliff Whetten Clinic (CWC) is named in honor of CCHCI's founding board member. Serving the rural Sulphur Springs Valley since 1996, the CWC offers medical and dental care for the entire family. Behavioral health, insurance eligibility/enrollment and other support services are also offered.

- Elfrida Fire Department is a mostly volunteer Fire Department. Ambulance services are available. (There is a shortage of paramedics serving the area.)
- Elfrida is in the Northern Cochise Community Hospital District. Distance from Elfrida to Willcox is 47 miles.

## **HEALTH DISPARITIES**

- Roughly 30% of the households in Elfrida are living below the federal poverty level. There are very few jobs and people worry about how they are going to pay their taxes and/or rent from one month to the next. 75-79% of students in the Elfrida Elementary School qualify for the free or reduced lunch program.
- 51.9% of the population are Hispanic or Latino.

## **OTHER UNIQUE COMMUNITY INDICATORS**

- Elfrida is home to farms and ranches and migrant and seasonal farm workers. There is also a relatively large elderly population of “alternative individuals” who migrated to this area because land was cheap. The economic downturn over the last decade has stranded them miles from traditional health care providers. They live on social security and survive with commodity distributions and kindly neighbors.

## **KEY FINDINGS FROM COMPLETED NEEDS ASSESSMENTS**

### **2012 SAC CCHCI Needs Assessment**

Every survey CCHCI has conducted over the years has listed dental care as a major need. Widespread depression and substance abuse is the norm as people self-medicate their issues.

### **2013 Sulphur Springs Valley Needs Assessment**

- There are insufficient number of doctors serving the area.
- Adult population affected by the AHCCCS cuts and delaying care
- AHCCCS cuts have forced Northern Cochise Community Hospital to cut programs and staff.
- Lack of transportation prevents people from getting to the doctor.
- Major dental care is being delayed because people are unable to afford this type of care.
- There is a shortage of qualified health care workers. Once workers are trained and certified, they tend to move to areas where there is higher pay.
- Vulnerable seniors without support systems are falling through the cracks.

- People without health insurance use the emergency room.
- There are no orthopedic services located between Willcox and Douglas. People have to go to Sierra Vista if they need these services.
- More than any other issue, the need for public transportation services was considered a major reason why residents are unemployed or underemployed, unable to attend job trainings and secondary education programs, unable to access health care or other services, and why economic development is stagnant in the Sulphur Springs Valley.
- Health priorities listed in this assessment include:
  - Increase the number of persons that are covered by health insurance
  - Affordable dental care
  - Access to pharmacies and affordable prescriptions
  - Reduce use of illegal drugs
  - Greater access to health and human services
  - Reduce teen pregnancy rate
  - Reduce smoking
  - Reduce alcohol abuse
  - Reduce domestic violence
  - Reduce child abuse rates

## **ANALYSIS AND RESPONSE**

In August of 1996 CCHCI opened their first clinic in Elfrida to address the health disparities that existed because of the severely depressed economy and pervasive poverty. Today, the clinic is fully staffed with both medical and dental providers and offers early morning and weekend hour appointments. Affordable dental care is now a real option for patients. A mental health provider provides behavioral health services, part time. We have 1 FTE employee providing Outreach and Enrollment Services with the purpose of increasing the number of people that are covered by health insurance. CCHCI provides transportation to the clinic for medical/dental appointments for patients living within a 30-mile radius of the clinic.

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## Needs Assessment for Sierra Vista Service Area

### COMMUNITY BACKGROUND

**Sierra Vista**, Spanish for "Mountain Range View," is the largest city in Cochise County, Arizona, at an elevation of 4,633 feet. The founding of the city arose from the establishment of Fort Huachuca in the late 1800's as early ranchers, homesteaders, and business entrepreneurs settled and built around the army encampment. Sierra Vista was incorporated in 1956 and Fort Huachuca was annexed into the city in 1971. In addition to Fort Huachuca, the Sierra Vista area is home to several other government agencies including U.S. Forest Service, Bureau of Land Management, and Department of Homeland Security. In 2017, Sierra Vista was named a "Great American Defense Community" by the Association of Defense Communities. Sierra Vista is located along State Routes 90 and 92, approximately 30 miles south of Interstate 10, 75 miles southeast of Tucson, and 190 miles southeast of Phoenix. Sierra Vista is 35 miles north of the Mexican border; nearby cities include popular tourist destinations Tombstone and Bisbee.

**Fort Huachuca**, Cochise County's largest employer, is an active U.S. Army installation located in Sierra Vista. The fort provides critical resources and infrastructure for military intelligence, cybersecurity, and unmanned aircraft systems. The fort encompasses more than 100,000 acres and the fort manages 964 square miles of restricted air space. As of September 2016, approximately 2,300 active duty military personnel were assigned to Fort Huachuca. There are also approximately 2,600 military students temporarily assigned to the fort for training on any given day. Fort Huachuca directly employs approximately 3,000 civilian workers with an additional 400 civilians employed by other agencies operating on the installation. The fort also has defense contracts that employ more than 3,300 workers. The resident population of Fort Huachuca was 5,679 as of January 2017. Many military personnel and their families also reside off post in Sierra Vista and surrounding communities. Fort Huachuca is located in Sierra Vista, about 15 miles (24 km) north of the border with Mexico.

**Whetstone** was often referred to as the "Y" because the intersection of SR 82 and 90 had an east bound lane on 90 and a south bound lane on 82 that created a Y at the intersection. Highway 90 ended a mile or 2 further north and people traveling north had to go via highway 82 east or west and then north on either highway 83 or highway 80. **Whetstone** is a census-designated place north of Sierra Vista.

**Tombstone** is a historic western city in Cochise County, Arizona, United States, founded in 1879 by Ed Schieffelin in what was then Pima County, Arizona Territory. It was one of the last wide-open frontier boomtowns in the American Old West. The town prospered from about 1877 to 1890, during which time the town's mines produced US\$40 to \$85 million in silver bullion, the largest productive silver district in Arizona. Its population grew from 100 to around 14,000 in less than seven years. It is best known as the site of the Gunfight at the O.K. Corral and now draws most of its revenue from tourism. Tombstone sits atop a mesa (elevation 4,539 feet) in the San Pedro River valley between the Huachuca Mountains and Whetstone Mountains to the west, and the Mules and the Dragoon Mountains to the east.

**Huachuca City**, north of Fort Huachuca, is a community that is rapidly growing as a result of retirees relocating to the area and local tourist attractions. It is located at the north exit of Fort Huachuca.

## POPULATION DATA

**Sierra Vista and Fort Huachuca's** combined populations as of the 2017 was **43,824**; however, as the economic hub of Cochise County, the city's daytime population is much higher. Sierra Vista's retail market serves an estimated population of more than 110,000 from both sides of the U.S. and Mexico border. **The city of Sierra Vista's population includes Fort Huachuca.** The resident population of Fort Huachuca (those residing on post) was 6,066 as of January 2018. As of the 2011-2015 American Community Survey, 28 percent of Sierra Vista's population ages 18 and older are civilian veterans of the military (more than 3 times the national level). That is largely due to the number of Department of the Army civilian positions at Fort Huachuca, as well as defense contracting personnel, many of whom are former members of the military. Many military retirees have also settled in the region due in large part to the presence of the fort and the services and amenities available to military retirees and veterans.

**Huachuca City** population as of 2017 was reported as 1,853.

**Whetstone** population as of 2017 was reported as 2,617.

**Tombstone** population as of 2017 was reported as 1,338.

**Racial Composition** of Sierra Vista as of the 2010 Census was as follows:

White 74.5%  
Black/African American 9%  
Asian 4.1%  
American Indian/Alaskan Native 1.1%  
Native Hawaiian/Pacific Islander 0.6%  
Other 10.7%

## EMPLOYMENT DATA

- The unemployment rate for Sierra Vista in 2017 was 4.7%.
- Employment data from late 2016 through 2017 suggest Cochise County's labor market hit bottom during 2016. December 2017 was the fifth consecutive month of year-over-year job gains countywide –the longest stretch since 2008.
- A bright spot for Sierra Vista and Cochise County in recent years has been a rebound in the tourism industry
- Sierra Vista is the commercial center for Cochise County and parts of northern Mexico. Retailers such as Lowe's, Home Depot, Walmart, Target, Dillard's, Sears, and Marshalls are located in the community, along with three major supermarkets and

dozens of smaller specialty shops. The Mall at Sierra Vista is a 400,000-square-foot (37,000 m<sup>2</sup>) mall located in Sierra Vista.

- Sierra Vista has a substantial employment base due to Fort Huachuca — the community's major employer and primary driving economic force. Because of contracts with the Army, the professional, scientific and technical services sector is unusually large, but nearly half of all jobs in Sierra Vista are in the government sector.
- Sierra Vista Top Employers include:
  - Fort Huachuca
  - Canyon Vista Medical Center
  - City of Sierra Vista
  - Cochise College
  - Cochise County
  - Engility
  - General Dynamics
  - Lawley Automotive Group
  - ManTech
  - Northrop Grumman
  - Raytheon
  - Sierra Vista Unified School District
  - Teleperformance
  - Walmart
- The five largest industries in Sierra Vista (% of total workforce) are:
  - Public Administration
  - Educational Services and Health Care
  - Professional, scientific, and management, and administrative and waste management services
  - Arts, entertainment, and recreation, and accommodation and food services
  - Retail trade

## **POVERTY DATA**

### **Sierra Vista**

Unemployment rate in 2017 was 4.7%

Estimated Median Household Income \$59,091

Per Capita Income for Sierra Vista \$26,988

Poverty Level for Sierra Vista 12.7%

Hispanic/Latino Population for Sierra Vista 19.4%

Percentage of children who participate in free lunch program (2014):

Charter School 48%

Bella Vista Elementary 50%

Buena High School 29%

Carmichael Elementary 79%

Huachuca Mountain 29%

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### **Huachuca City**

Unemployment rate of 7.1%  
Estimated Median Household Income \$31,250  
Per Capita Income \$16,717  
Poverty Rate 12.7%; children in poverty 34.6%; seniors in poverty 8.8%

### **Whetstone**

Unemployment rate listed at 2%  
Estimated Median Household Income \$49,735  
Per Capita Income \$24,027  
Poverty Rate 9.5%

### **Tombstone**

Unemployment rate in 2016 was listed at 7.1%  
Estimated Median Household Income in 2016 was \$31,006  
Per Capita Income in 2016 was recorded as \$17,737  
Poverty rate 21.9%; seniors in poverty 27.2%; children in poverty 30.1%  
Percentage of children who participate in free lunch program (2014):  
    High School 46%  
    Charter School 70-74%

## **ACCESS TO SERVICES/COMMUNITY INSTITUTIONS AND PROVIDERS**

- Canyon Vista Medical Center (CVMC) is a Joint Commission Accredited, 100-bed hospital serving Sierra Vista, Fort Huachuca, and surrounding communities. The new, 177,000 square foot, facility opened in 2015 when Regional Care Hospital Partners network acquired the former Sierra Vista Regional Health Center.
- Raymond W. Bliss Army Health Center (RWBAHC) located in Ft. Huachuca provides primary care (all ages), orthopedic clinic and same day procedure, physical therapy, optometry and preventive medicine consultations. RWBAHC does not have EMERGENCY room capability. Emergency Room care is provided by Canyon Vista Medical Center Emergency Room. Access to medical care at RWBAHC is by appointment, unless otherwise stated.
- As of 2016 there are 86 Medical Groups in Sierra Vista based off of an internet search.
- Sierra Vista is supported by a public mass transit system called Vista Transit, operated by the city. There are two highways (SR 90 and SR 92) connecting Sierra Vista with neighboring communities. The city is also served by the Sierra Vista Municipal Airport which is jointly operated by the U.S. Army as Libby Army Airfield. Currently there are no commercial flights arriving to or departing from that airport.

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## HEALTH DISPARITIES

- High childhood poverty rate (Tombstone and Huachuca City)
- Tombstone has the highest rate of seniors living in poverty

## OTHER UNIQUE COMMUNITY INDICATORS

- Residents and health professionals became concerned after observing an elevated number of leukemia and related childhood cancer cases being reported in Sierra Vista since 1995. In 2001, with seven reported cases since 1995, the Arizona Department of Health Services (ADHS) determined the number of cases was statistically elevated over the expected norm. In response, the ADHS launched an environmental review of air, drinking water and soil in the Sierra Vista area to determine if environmental exposure had placed residents at greater risk of childhood leukemia or other cancers. By October 2002, the ADHS in conjunction with the Arizona Cancer Registry, determined that, "No common environmental exposure from drinking water, ambient air or waste sites were identified that might have placed residents of the Sierra Vista area at greater risk of developing leukemia." No further action was recommended at that time.
- In 2003, three more cases of leukemia were reported. The Centers for Disease Control (CDC) was hesitant to investigate in depth, initially leaving the matter to state health departments, but became involved after the ADHS requested their assistance in the spring of 2003. The CDC concluded two formal studies, in 2004 and 2006, with mixed results. They did not discover any environmental causes for the increased incidence of leukemia, but they did note that they only tested four children with leukemia. They cautioned that with such a small number of study participants, "any attempt to measure associations between environmental exposure and disease would be inherently suspect and not statistically appropriate." Biological samples were tested for 128 chemicals, with results showing average or below average levels for all chemicals except tungsten, styrene and PCB-52, which were above average.
- There were no more reported cases in the several years following the CDC reports, bringing the occurrence statistics back in line with national averages. However, with a total of thirteen children diagnosed and another five potentially linked cases being investigated since 1995, some people still have concerns. Families against Cancer and Toxics (FACT) was formed in Southern Arizona in 2003 when parents of children with cancer gathered to encourage continued investigation into the possible causes of childhood leukemia.

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## KEY FINDINGS FROM COMPLETED NEEDS ASSESSMENTS

### Top three factors to improve quality of life for Sierra Vista as reported in the 2016 CHA

- Good Jobs and Healthy Economy
- Low Crime/Safe Neighborhoods
- Good Place to Raise Children

### Top three health priorities for Sierra Vista as reported in the 2016 CHA

- Good Jobs/Healthy Economy
- Substance Abuse
- Mental Health

### Needs Identified for Sierra Vista Area

CCHCI identified the following needs for Sierra Vista:

- Significant number of families without health insurance
- No sliding-fee scale services for oral health needs in Sierra Vista
- High rates of obesity and other chronic diseases linked to poor diets
- Significant “underserved population” which includes low income housing residents, unemployed farm workers and Veterans
- The existing “provider community” wants insured patients, or those who can pay out of pocket
- About of third of the providers will not accept patients with Medicaid or Medicare (identified by surveying medical providers in the community)
- About a quarter of providers are not taking new patients (identified by surveying medical providers in the community)
- The average waiting time for a new patient appointment is 3-4 weeks (identified by surveying medical providers in the community)
- During community meetings in 2016 that were conducted as part of the Community Health Assessment, residents discussed significant problems with obtaining and retaining health care providers.

## ANALYSIS AND RESPONSE

Consolidate our dental practice in Sierra Vista, which is currently a “stand alone” clinic, into our fixed site adult and pediatric clinic which will allow for improved patient flow, integration and access.

Expand adult medical services in Sierra Vista by moving current administrative staff out of potential clinical space.

In 2018, CCHCI opened an on-site pharmacy utilizing the 340B program. The pharmacy is co-located within the pediatric and adult clinic space which allows for better access and decreased barriers for our patients.

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# Needs Assessment for Willcox Service Area

## COMMUNITY BACKGROUND

**Willcox** is located in northern Cochise County in the Sulphur Springs Valley. Interstate 10 serves the city with three exits and leads 35 miles (56 km) southwest to Benson, Arizona, and 74 miles (119 km) east to Lordsburg, New Mexico. According to the United States Census Bureau, the city has a total area of 6.3 square miles (16.3 km<sup>2</sup>), of which 6.1 square miles (15.9 km<sup>2</sup>) is land and 0.12 square miles (0.3 km<sup>2</sup>), or 2.13%, is water.

Originally known as "Maley", the town was founded in 1880. Willcox had the distinction of being a national leader in cattle production. Agriculture remains important to the local economy, but Interstate 10 has replaced the railroad as the major transportation link, and much of the economy is now tied to the highway, which runs immediately north of the town. Willcox is the birthplace of Rex Allen, known as "The Arizona Cowboy", who wrote and recorded many songs, starred in several Westerns during the early 1950s.

**Bowie** is named for Fort Bowie, whose ruins are a designated historic site. Bowie came to life in 1880 through the combined efforts of the southern and pacific railroad and frontiersman, James Tevis. Bowie is surrounded by mountain ranges with 300 miles of hiking trails. Bowie lies on Interstate 10, approximately 26 miles east of Willcox, close to the New Mexico border.

**San Simon** was a station for the Butterfield Overland Mail. It was later a relay station established to provide water and a change of horses for the mail carriers. San Simon is located along Interstate 10, 40 miles east of Willcox.

**Portal** is a popular location for birding in southeastern Arizona. It is also home to the American Museum of Natural History Southwest Research Station. Often called the Yosemite of Arizona, the rock walled canyon is composed of fused volcanic tuff. Portal is an unincorporated community. It lies 25 miles south/southeast of San Simon on the east side of the Chiricahua Mountains.

**Cochise** was created alongside the Southern Pacific Railroad in the 1880s. The city was a coal and water stop, needed for trains at the time. At its peak, the town had a population of approximately 3,000 people. Today, only 50 people still live in Cochise. The town is also home to several historic locations. In 1899, Big Nose Kate, the famed sidekick of Doc Holliday, lived in Cochise while she was working at the Cochise Hotel after Holliday's death. Cochise is an unincorporated community located 14 miles southwest of Willcox on Highway 191.

## POPULATION

Willcox's population 3,757 as of the 2010 Census  
Bowie's population 449 as of the 2010 Census  
San Simon's population 165 as of the 2010 Census  
Portal's population 1,025 (2012 Report)\* Seasonal Population  
Cochise's population 50 (multiple data sources)

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## EMPLOYMENT DATA

Primary industries in Willcox are Agriculture and Cattle

### 2015 Top Employers in Willcox:

- Sulphur Springs Valley Electric Company
- NatureSweet
- Willcox Unified School District
- Northern Cochise Community Hospital
- Valley TeleCom
- Law Enforcement (Including U.S. Border Patrol)
- AZ State Prison

## POVERTY DATA

- Income per capita \$18,545 (2016 American Community Survey). The income per capita in Willcox is 38% lower than the national average.
- Median House hold income \$43,324 (2016 American Community Survey). The median household income in Willcox is 22% lower than the national average.
- Unemployment rate 4.5% (2016 American Community Survey). The unemployment rate in Willcox is 4% lower than the national average.
- Poverty Level 20.6% (2016 American Community Survey). The poverty level in Willcox is 36% higher than the national average.
- Percentage of children approved for free or reduced-price lunches for School Year 2014:
  - Willcox Elementary 78%
  - Willcox Middle School 75%
  - Willcox High School 48%
  - Bowie Elementary 90-94%
  - Bowie High School 70-79%
  - San Simon 75%

## ACCESS TO SERVICES/COMMUNITY INSTITUTIONS AND PROVIDERS

Northern Cochise Community Hospital is a 24 bed Critical Access Hospital that has 24-hour emergency service, including Trauma Level IV certification. Outpatient services are also offered through the hospital including, inpatient and outpatient rehabilitation, laboratory services (with onsite processing for most labs), cardiopulmonary services, and an imaging department that includes: mammography, radiology, a 64 slice CT scanner, Dex-a-Scan, MRI, nuclear med, and ultrasound. Other services include outpatient endoscopy three times per month. Additionally, NCCH operates 2 rural health clinics in the PCA.

Northern Cochise Community Hospital had a transportation program that provided almost 18,000 rides a year in that area. In late 2014, they discontinued the program, so the Willcox

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area was left with no transportation. Residents requiring non-emergency transportation to the hospital had to resort to using the Sunsites-Pearce Fire Districts ambulance which strained the resources of that department. In 2016 Southeast Arizona Governments (SEAGO) received \$600,000 from the Legacy Foundation of Southeast Arizona to address access to medical-related transportation issues in that area. Four goals were outlined as part of this grant award: expand public transportation within Cochise County in order to give riders access to medical facilities in Sierra Vista, encourage existing volunteer transportation services within the county such as VICap, establish a mini grant program for nonprofit transportation program, and explore other solutions for the transportation needs of Willcox.

In addition to the hospital located in Willcox, there are primary care medical clinics, with one of the providers providing services in Bowie part time. Several dentists and chiropractors have offices, as well as one optometrist's office. There are multiple specialty disciplines that come from Tucson, AZ to provide specialty clinics in this area as well.

Mental health services are administered through a Regional Behavioral Health Authority, Cenpatco. They contract with two mental health agencies to provide those services in the Willcox/Bowie PCA. These agencies are in large part providing services only to patients enrolled in the AHCCCS (Medicaid) program, the seriously (chronically) mentally ill (SMI) population, and to those who are court ordered to receive treatment. Crisis services fall under this umbrella, but are limited in scope. No mental health providers currently serve mental health needs outside the scope defined herein.

Emergent transportation includes a local ambulance company (Health Care Innovations), and Life Net for emergent air transportation. Emergency first responder services include the Willcox Fire Department (volunteer), the Sunsites-Pearce Fire Department, Willcox Police Department, Cochise County Sheriff's Office, Arizona Department of Public Safety (Highway Patrol), and the US Border Patrol.

#### **OTHER UNIQUE COMMUNITY INDICATORS**

- Leading causes for morbidity and mortality (as reported in the 2013 Northern Cochise Community Hospital Needs Assessment):
  - Primary Diagnosis: Respiratory/Sup/Chest Symptoms
  - Primary Procedure: Coronary Artery Bypass
  - Leading Cause of death in Adults: Heart Disease
  - Leading Cause of death in children: Vehicle Accidents
  - Leading Cause of death in Infants: Maternal Complications
  
- The nursing home operated by the hospital closed in October of 2015. Hospital was operating at a loss and the closure of the nursing home was needed to secure the future of the hospital. Community members are seeking to find funding to bring a nursing home back to the community.

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## KEY FINDINGS FROM COMPLETED NEEDS ASSESSMENTS

### **Northern Cochise Community Hospital Needs Assessment (2013)**

The 2013 needs assessment performed by Northern Cochise Community Hospital (NCCH), located in Willcox, identified transportation and lack of money to pay for medical services as the two strongest barriers to care in their community; immigration concerns were listed as the community's greatest social issue. Other barriers faced include: work schedules, border patrol presence and the travel time to the closest FQHC (CCHCI) located over 45 miles away. The survey reported that only 56% respondents stated their entire family was insured. The report went on to state that **the number one priority of Northern Cochise Community Hospital is to partner with CCHCI to expand services and improve access to care.**

### **Community Needs Assessment of Sulphur Spring Valley (2013)**

A 2013 survey funded by Cochise Community Foundation and awarded to Elfrida Citizens Alliance conducted a comprehensive needs assessment of the Sulphur Springs Valley. Key findings from this report duplicate many of the concerns from the Northern Cochise Community Hospital Assessment. A summary of these findings include: insufficient number of doctors serving the area, lack of a system for people on Medicaid to access prescriptions by mail, lack of transportation prevents people from accessing medical services, delayed dental care for crowns, dentures and periodontal disease because of inability to pay for these services, shortage of health workers – once workers are trained, they move to areas where there is higher pay, vulnerable seniors without support services are falling through the cracks, overutilization of the Emergency Room because of lack of insurance, no critical care services and no orthopedic services between Willcox and Douglas.

### **Cochise Community Health Assessment (2016)**

The 2016 Cochise Health Assessment conducted through a collaborative partnership with key community stakeholders unearthed that for Willcox:

- 42% of Willcox residents report that they drive more than 25 miles to see a doctor. Of these, 17% drive more than 75 miles.
- 64% of Willcox respondents do not feel that there is sufficient access to health care or social services.

Top three factors to improve quality of life for Willcox were listed as:

Good Jobs and Healthy Economy  
Good Schools  
Good Place to Raise Children

The top three problems facing Willcox residents as reported through this survey include:

Aging problems  
Mental health  
Lack of health food.

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## ANALYSIS AND RESPONSE

For more than ten years, CCHCI has provided limited medical and dental services to the Willcox-Bowie area—primarily to migrant farm workers and the uninsured—via mobile medical and dental clinics and through outreach efforts utilizing Community Health Workers. As CCHCI’s experience working in the Willcox-Bowie area has consistently demonstrated, the needs of uninsured patients remain high and unmet, and expansion of services to this region is a top priority. CCHCI’s strategic plan, in addition to increasing services to the area, includes plans to build a stand-alone clinic when federal grant funding becomes available.

To further address the health needs of this community, CCHCI began piloting a “home visitation” program in 2018 where high risk patients and patients who are high utilizers of services will be targeted for a home visit. Case management/care coordination will be offered as part of the visit.

## Needs Assessment for Adolescents in Cochise County

### COMMUNITY BACKGROUND

Racial and ethnic minority adolescents currently represent 39% of all adolescents in the U.S. Hispanics and Blacks are the largest of that minority groups. (U.S. Census Bureau. 2005 American Community Survey) and together, they represent a third of the adolescent population. (U.S. Census Bureau. Housing and Household Economic Statistics Division.) Compared to Whites, Hispanic and Black adolescents face significant economic disadvantage. They are more than twice as likely as White adolescents to be living in families with incomes below the 200% federal poverty level. (This was \$32,180 for a family of 3 in 2005). Additionally, Black and, especially, Hispanic adolescents are more likely than Whites to be without health insurance coverage.

The evidence is clear. Both Hispanic and Black adolescents face the greatest disparities in their health and in their availability to access care. When adolescents have health insurance, their health improves. Comparably, poor health status is related to living in a primarily Spanish – speaking household, low family income and low level of household education. (The National Alliance to Advance Adolescent Health). Understanding these disparities is critical for tailoring solutions.

### POPULATION DATA

#### 2013 Cochise County:

Children 1-14	23,374	17.9%
Adolescents 15-19	8,943	6.8%

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## POVERTY DATA

### County

- % Children Living in Poverty 24.5%
- % Population with Bachelor's Degree or Higher 24.5%
- % Population Hispanic 35.5%

### Bisbee

- % Children Living in Poverty 32.8%
- % Population with Bachelor's Degree or Higher 29.6%
- % Population Hispanic 40.5%

### Douglas

- Children Living in Poverty 42.2%
- % Population with Bachelor's Degree or Higher 10.9%
- % Population Hispanic 77.6%

### Sierra Vista

- % Children Living in Poverty 13.7%
- % Population with Bachelor's Degree or Higher 31.1%
- % Population Hispanic 24.5%

### Willcox

- % Children Living in Poverty 33%
- % Population with Bachelor's Degree or Higher 9.8%
- % Population Hispanic 50.1%

### Benson

- % Children Living in Poverty 32.8%
- % Population with Bachelor's Degree or Higher 19%
- % Population Hispanic 22.6%

## HEALTH DISPARITIES

Health disparities result from multiple factors, including:

- Poverty
- Environmental threats
- Inadequate access to health care
- Individual and behavioral factors
- Educational inequalities

Health disparities are also related to inequities in education. Dropping out of school is associated with multiple social and health problems. Overall, individuals with less education are more likely to experience a number of health risks, such as obesity, substance abuse, and intentional and unintentional injury, compared with individuals with more education. Higher levels of education are associated with a longer life and an increased likelihood of obtaining or understanding basic health information and services needed to make appropriate health decisions.

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## OTHER UNIQUE COMMUNITY INDICATORS

### **Cochise County Teenage Births (Live births per 1000 females - Arizona Health Matters 2015)**

Females age 15-19: 37 (Cochise County) 26.3 (Arizona) 22.3 (National)

The dropout rate for Cochise County is 13% - 2017 American Community Survey data.

## KEY FINDINGS FROM COMPLETED NEEDS ASSESSMENTS

In Douglas, quality pediatric care has been lacking. One of our pediatricians has a patient panel of 350 special needs children (normally a pediatrician has 1 or 2). CCHCI, in cooperation with Arizona's First Things First Initiative, has conducted Focus Groups to identify strengths and needs of the health care safety net in Cochise County. Results of those discussions revealed:

- A lack of widespread health insurance.
- A lack of quality child care.
- Significant language barriers.
- A lack of accessible services for families.
- A lack of affordable housing.
- A need for services for children with special health care needs
- A need for dental care.
- A need for behavioral health services.

In 2013 the Sulphur Springs Valley Community Needs Assessment was published. The project was paid for by the Cochise Community Foundation to the Elfrida Citizens Alliance. Findings from this report that are directly related to youth include:

- 95% of students in area receive free or reduced lunches, a key indicator of poverty.
- A lack of pre-K educational opportunities results in a significant percentage of students entering school without basic pre-literacy skills.
- Multiple grades are being taught in the classroom due to funding cuts.
- Difficult in attracting highly qualified staff with Math, Science and Special Ed.
- Lack of school nurses mean that school personnel have to monitor students that need to take medication.
- The drug cartel are recruiting minors to transport drugs. Sufficient recreation programs, after-school programs and economic opportunity are not available to fill this void.
- There are few recreational options for youth that keep them engaged and entertained, and reinforce their ability to resist peer pressure, gangs and substance abuse.
- Youth programs are hampered by lack of funding to pay operating costs including liability insurance and program expenses.
- There are few resources to provide day-care services. Most often, day-care is provided at the home of the day-care provider. There are no sick-child day care programs

## ANALYSIS AND RESPONSE

Schools play a critical role in promoting the health and safety of young people and helping them establish lifelong healthy behaviors. Research also has shown that school health programs can reduce the prevalence of health-risk behaviors among young people and have a positive effect on academic achievement.

CCHCI is involved in school health programs for all of the reasons mentioned above. Adolescent Mobile Medical Services are now offered at the following schools in Cochise County:

Buena High School in Sierra Vista

Full range of adolescent primary and preventive medical services

- Monday 8:30am-4pm

Bisbee High School

Full range of adolescent primary and preventive medical services

- First Tuesday 8am-4pm

Douglas High School

Full range of adolescent primary and preventive medical services

- Monday and Wednesday 8am-4pm

Willcox High School

Full range of adolescent primary and preventive medical services

- Wednesday 9am-4pm

Cochise College Douglas Campus

Full range of adolescent primary and preventive medical services

- Thursday 8am-4pm

Adolescent school health programs are being planned for the communities of Benson and Tombstone

Early Literacy efforts are encouraged at all CCHCI locations by offering a program called "Reach Out and Read." All of our pediatricians are participants in the program and prescribe books for families to read together.

CCHCI is building an Early Childhood Center of Excellence in Douglas to specifically address children with special needs. The center, when completed in 2018, will offer access to specialist from around the state of Arizona as well as supportive services such as audiology, physical therapy and occupational therapy.

# Needs Assessment for Agriculture Workers in Cochise County

## COMMUNITY BACKGROUND

Arizona, despite a harsh climate and little rain, produces much of the U.S.'s lettuce, broccoli, spinach, melons, and animal forage. Arizona provides the majority of lettuce consumed during winter months in the U.S. and also produces cotton, durum, wheat, barley, beef, and dairy. While agriculture exists in each of the 15 counties of Arizona, production is focused in seven counties: Cochise, Graham, La Paz, Maricopa, Pima, Pinal, and Yuma.

Willcox was once one of the largest cattle breeding cities in the nation, and cattle are still important to Willcox's economy and the largest livestock auction in Arizona is held here. The heartland of Arizona, agriculture is Willcox's primary economic driver. Willcox is Arizona's Wine Grape Capital with the area producing more than three quarters of the wine grapes in the state. Willcox Wine Country has wines that have received many honors and awards, rating 88 and higher by Wine Spectator. Northern Cochise County is the world's second largest producer of pistachios. Other specialty crops such as apples, peaches and pecans thrive in the Willcox basin, while row crops such as cotton and small grains are also significant. One of the largest hydroponic tomato green houses in the world with more than 300 acres under glass makes its home in the Willcox area. Many agricultural support and research companies operate near Willcox. The world's foremost chili pepper seed company and research facility is located in northern Sulphur Springs Valley.

## LOCATION

The Sulphur Springs Valley is located in the eastern half of [Cochise County, Arizona](#), spanning from the [Chiricahua Mountains–Dos Cabezas Mountains](#) on the West, and [San Simon Valley](#) on the northeast and [San Bernardino Valley](#) on the southeast, forming a large area of flatland. Two water basins serve the area, Willcox Playa (famous for bird watching) in the north half of the Valley and the Yaqui River drainage in the south half that drains into Mexico through Douglas. Although part of the Sonoran Desert, plentiful rains help support wildlife and substantial agricultural activity. The area is rich in American history featuring cowboys, Native American tribes, outlaws and their hideouts, and several battle sites. The north-south highway, [U.S. Route 191](#), serves as the main road through Sulphur Springs Valley, connecting Douglas, AZ through Double Adobe, McNeal, Elfrida, Sunsites-Pearce to Interstate 10 and [Willcox](#). Davis Road provides access east and west across Sulphur Springs Valley.

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## POPULATION DATA

One of the most common and important questions regarding the agricultural population is how many agricultural workers there really are in a particular region, state or in the nation as a whole. Estimating the size of this population is difficult related to high mobility, language and cultural differences, and varying levels of citizenship status among others.

### Farm Labor Estimates for Cochise County 2014

Migrant	248
Seasonal	659
Non-Working Dependents	1,098
Livestock Workers –	(no data)
All Workers	907
All Workers and Dependents	2,006

### UDS 2017 Report

Migrant	571
Seasonal	1,662
Total	2,233

Health centers that receive federal funding for serving MSAW patients must file a separate report about all the MSAW patients they served during the year. This data provides basic information about a large number of MSAWS and their dependents who chose to receive care at a health center. Information about individual patients is not reported, but all patient data is aggregated by the Health Center.

MHCs are required to identify MSAWs and their dependent family members, as well as persons who have retired from agricultural work, and classify them as “migratory” or “seasonal.” All patients should be screened for MSAW identification, and identification is not dependent on ethnicity, insurance status, or any other patient characteristics but staff time constraints, lack of training, etc. may limit this practice and may result in an overall undercount of MSAW patients. Such identification is done by Health Center staff, usually through a short series of verbal or written questions as part of the patient registration process. All dependents (adult or child) of the agricultural worker are also recorded as agricultural workers. A migratory agricultural worker is “an individual whose principal employment is in agriculture, who has been so employed within the last 24 months, and who establishes for the purposes of such employment a temporary abode.” Seasonal workers and families are similarly defined but do not establish temporary homes for employment. The definition of agriculture for this group of patients follows the UDS definition of agriculture, which is based on the North American Industrial Classification System and includes all sub-codes within codes 111 (Crop Production), 112 (Animal Production and Aquaculture), 1151 (Support Activities for Crop Production), and 1152 (Support Activities for Animal Production).



The three Health Centers that receive funding for MSFW's in **Arizona** reported in 2014 the following data:

- Migratory (25%)
- Majority of workers were male (52%)
- Hispanics (97%)
- Language other than English (75%)
- Family Income Below 100% FPL (77%)
- Uninsured (slightly more than 50%)

**National** Center for Farmworker Health (2016) data identifies the following data:

#### **Birthplace/Ethnicity**

- The majority (70.7%) of all farmworkers were foreign born.
- 64.1% of all farmworkers were born in Mexico
- 29.4% were from the U.S and Puerto Rico.
- Thirty-one percent of foreign-born farmworkers have spent 20 or more years in the United States. 36% percent have been in the U.S. for 10 to 19 years, and 33% have been here for 9 years or less.
- Forty-eight percent of the crop workers were unauthorized, 33% were citizens, and 19% had work visas.

#### **Age/Family and Gender**

- Farmworkers in the United States on average are 37 years of age.
- 81% percent are over 25 years of age.
- 7.9% are between the ages of 22 and 24.
- 8.9% are between the ages of 18 and 21.
- 2.3% is between the ages of 14 and 17.
- Seventy-one percent of farmworkers were male and 29% were female
- Fifty-eight percent of farmworkers surveyed were married, 36% were single and 7% were divorced, separated or widowed
- Fifty-four percent of all farmworkers were parents
- Eighteen percent of the farmworker's spouses work on farms within the U.S.

#### **Language and Education**

- 30% speak English "a little"
- 28% could not speak English "at all"
- 33% speak English "well"
- 9% speak English "somewhat"
- 38% cannot read English "at all"
- 32% can read English "well"
- 23% can read English "a little"
- 7% can read English "somewhat"
- Sixty-nine percent of the farmworkers interviewed spoke mainly Spanish, while 29% spoke English.

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The average level of completed education was the 8th grade: 38% had completed grades 1 to 6

19% completed grades 7 to 9

25% had completed grades 10 to 12

### **Employment**

Farmworkers surveyed had an average of 15 years in U.S. farm experience.

All surveyed had worked an average of 6 years with the same employer

Forty-eight percent of farmworkers are employed year round, while 38% are employed on a seasonal basis

Farmworkers worked an average of 44 hours per week and 93% worked five to seven days a week.

Sixty-three percent of the farmworkers surveyed reported working in the fields, 27% worked in nurseries, 6% in packing houses, and 4% did other types of work.

The breakdown of the primary crops worked is as follows:

29% worked with fruit and nuts

27% worked with vegetables

24% worked in horticulture

17% worked with field crops

2% reported working in miscellaneous or multiple crops

### **POVERTY DATA**

Poverty is pervasive among agriculture workers based on National Center for Farmworker Health (2014) data. Approximately 77% of all patients from the three Health Centers in Arizona that service agriculture workers earned a family income at or below 100% FPL, and slightly more than half were uninsured.

### **Income, Benefits and Public Assistance**

- The average individual farmworker income ranged from \$15,000 to \$17,499 and the average total family income ranged from \$17,500 to \$19,999.
- 2% of all farmworkers had total family incomes below the U.S. government's poverty guidelines.
- Eighty-five percent of farmworkers were paid hourly and 15% were paid either by the piece or a combination of hourly-piece or by salary.
- Only 47% of farmworkers reported being covered by unemployment insurance, 51% said they were not, and 3% did not know.
- A mere 22% of farmworkers reported being covered by employer-provided health insurance.
- Fifty-seven percent of workers did not receive any type of need-based or contribution-based public assistance, while 43% did.

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## **OTHER UNIQUE COMMUNITY INDICATORS**

There are approximately 1065 farms in the county, with a total acreage of around 825,000 acres. Most of the growth of the number of farms occurred in small farms, 180 acres and less. The market value of products sold in the last few years in the area of \$117 million.

The severity and intensity of the current drought in the southwestern United States cannot be understated – it is the worst drought the region has seen in over 1,200 years. Water, and the lack thereof, is the biggest issue that Arizona agriculture will face in the coming years.

A U.S. Geological Survey study years ago found that the aquifer contains 25 million acre feet of water down to 1,200 feet deep. In the past few years, well levels have dropped at an average of 1.2 feet a year, which they say means the water supply could last hundreds of years. Proponents of the limits on new irrigation note that wells directly under existing farmlands are dropping much more rapidly. But they see an influx of future farmers as the bigger problem. The state released a computer model which predicts that, at current pumping rates, the water table would drop by 2115 to a maximum of 615 feet in the Bowie area and 441 feet in the San Simon area. If it keeps dropping at the current rate, it will become too expensive to pump any deeper.

Senate Bill 1070 has dramatically impacted the agricultural workforce in Arizona. SB 1070 passed in 2010 and is commonly known as the “show me your papers” bill, and has been criticized as being highly discriminatory and unconstitutional (American Civil Liberties Union). The passage of the bill also requires employer participation in E-verify, which makes it extremely difficult to find work in the state without legal documentation to work in the U.S.

## **ACCESS TO CARE**

**According to a 2015 report from the National Agricultural Worker Survey (NAWS) the following information was obtained:**

- Sixty-one percent of NAWS respondents had used health care services in the U.S in the last 2 years.
- Eight percent had used health care services in a country other than the U.S. at some point in the last two years.
- For their last visit with a health care provider
  - 41% of respondents received care from a private provider;
  - 31% of respondents received care at a federally-qualified health center;
  - 14% received care at a dentist’s office; and
  - 12% went to the hospital or emergency room.
- The majority of respondents reported paying for their own health care at their last health care visit. Forty-six percent paid for health care services out-of-pocket and 12% paid for the visit through their personal or family insurance plan. Just 14% of respondents used an employer provided health plan to pay for their last medical visit,

9% used Medicaid or Medicare and 9% were not charged for the services. The remaining 10% reported utilizing some other type of insurance plan (7%), a combination of payment sources (1%), or workers' compensation (1%). Only 1% of respondents were billed but have not paid.

- Sixty-eight percent of NAWs respondents reported that if he or she was injured at work or got sick as a result of work, his or her employer provided or would provide workers' compensation. Fourteen percent of respondents reported that no coverage existed and 17% of respondents did not know. Only 56% of respondents stated that their employer provided lost wages benefits for a work-related injury or illness, and 24% did not know.
- Thirty-two percent of NAWs respondents had health insurance. However, 82% of NAWs respondents reported that all or some of their children had health insurance. Within the last two years, 34% of respondents or someone in their household were covered through Medicaid.
- The most prevalent barriers to obtaining health care reported by respondents were:
  - Cost of health care is too expensive: 30%
  - Language barriers: 3%
  - Not treated well because "undocumented"/ "no papers": 1%
  - Lack of transportation/Health care is too far away: 1%
  - Needed services are not offered: 1%

## KEY FINDINGS FROM COMPLETED NEEDS ASSESSMENTS

### 2012 Service Area Competition Grant

The needs assessment performed for the 2012 SAC Grant application looked at the needs for both Cochise County and the Migrant and Seasonal Farm Workers. Information was gathered through satisfaction surveys, focus groups, telephone surveys, field research and a "secret shopper." The following is a summary of the needs identified as a result of this research:

1. Geographic and transportation barriers
  - a. No wide spread transportation services
  - b. High desert and mountain passes
2. Unemployment, low income and low level of education
  - a. Higher unemployment rates than national averages with low levels of income and education
3. Health disparities
  - a. Higher rates of diabetes, obesity, heart disease, and strokes, substance abuse, fetal deaths, low birth weight babies, injury, suicide and colorectal cancer deaths than state averages.
  - b. Cochise County is identified as both a federal and state medically underserved area and a health professional shortage area.

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## 2018 CCHCI AGRICULTURE WORKERS NEEDS ASSESSMENT

A written survey was distributed to agriculture workers at the beginning of January 2018. 49 surveys were returned and the results were tabulated in Survey Monkey. A summary of the assessment is as follows:

1. Demographics
  - a. 71% of people surveyed were women
  - b. 53% of those surveyed did not complete high school and the other 20% had some high school education. 20% graduated from High School or equivalent and 6% reported some college or technical school training.
  - c. 68% of those surveyed were 35 years of age and older
  - d. Approximately 47% were out of work for more than a year
  - e. 63% surveyed identified themselves as Hispanic/Latino
  - f. Respondents of survey lived primarily in Douglas (17%), Benson (18%), Willcox (35%)
2. Transportation
  - a. 63% responded that they did not have good access to public transportation
3. Health Insurance
  - a. 39% reported they did not have health insurance
  - b. Of those with insurance, 76% had Medicaid, 12% Medicare, 9% insurance from spouse's employment or from their employment
4. Safety
  - a. 12% reported their life situation to be "unsafe"
5. Overall Health
  - a. 33% identified their overall health as average or good, 43% as average, and 16% as fair, 6% as poor
6. Chiricahua Patients
  - a. 65% reported they were an established CCHCI patient
7. Number of times seen by a medical provider in a year
  - a. 47% had been examined by a medical doctor 1-2 times in the last year
  - b. 33% had been examined by a medical doctor 3-4 times in the last year
  - c. 16% had been examined by a medical doctor 5 or more times in the last year
8. Mobile Services
  - a. Almost 67% surveyed were aware of our mobile medical services
  - b. Only 16% were aware that we had mobile dental services
  - c. Only 17% were aware of our Outreach mobile services

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9. Information Regarding Health
  - a. Over 63% report that they “turned to” Outreach staff for information regarding their health
  
10. Chronic Conditions
  - a. 85% surveyed reported a history of hypertension
  - b. 73% reported high cholesterol
  - c. 33% reported diabetes (Type 1)
  - d. 69% reported diabetes (Type 2)
  - e. 33% reported heart attack
  - f. 33% reported stroke
  
11. Limitations due to a health problem
  - a. 30% reported that they, or someone in their household had activity limitations due to their health
  
12. Health Education Services
  - a. Diabetes (20 %)
  - b. Drug and Alcohol Care (20 %)
  - c. Diet and Exercise (14 %)
  - d. Heart Disease (8 %)
  - e. Teen Sex Education (8 %)
  - f. Cancer Screening and Treatment (8 %)
  - g. Child Abuse/Family Violence (6 %)
  
13. Health Education Services for Youth
  - a. After school Programs (54 %)
  - b. Alcohol and Substance Abuse (33 %)
  
14. Biggest Health Problem in Community (top three problems)
  - a. Alcohol/Drug Abuse (35 %)
  - b. Mental Health Issues (16 %)
  - c. Access to Health Care (10 %)
  - d. Lack of Transportation (10 %)
  - e. Cost of Health Care (8 %)
  - f. Cost of Insurance (8 %)
  - g. Cancer (8 %)
  
15. Current hours of services meeting needs of farm workers:
  - a. Yes (70%)
  - b. No (30%)

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16. Smokers

- a. Nonsmokers were reported at (92 %)

17. Type of Services people would like to see provided

- a. Counseling and Mental Health (53 %)
- b. Alcohol and Drug Abuse Treatment (46 %)
- c. Diabetes Care (43 %)
- d. Crisis Intervention (41 %)
- e. Services for Victims of Domestic Violence (35 %)
- f. Health Education Services (35 %)
- g. Cancer Treatment and Care (35 %)
- h. Rehabilitation Services (33 %)
- i. Elder Care Specialist (31 %)
- j. Adult Primary Care (29%)
- k. Home Health Nursing Services (27 %)
- l. Pediatric Services (23 %)
- m. Well Women Services (15 %)

**ANALYSIS AND RESPONSE**

Future plans include building a fixed permanent clinic in Willcox for medical and dental services.

Until that time, Mobile Medical and Dental Services are needed in the Willcox area. Since 2012, CCHCI has systematically increased services to the Willcox/Bowie area. As of 2016, Mobile Medical services are available at the high school in Willcox one day a week; primarily Migrant Ed students are seen on that day. The Mobile Medical Clinic travels to an agricultural area, north of Willcox, one day a week to serve primarily agriculture workers and their dependents. Mobile Dental services are provided in that community twice a month. Our Outreach Team, led by a RN, works closely with the mobile staff to support services and referrals to these clinics.

In 2018, our Outreach staff began piloting a home visitation program, focusing on migrant and seasonal farmworkers, who were “at risk” or “high risk” for serious health complications.

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## Needs Assessment for Homeless in Cochise County

### COMMUNITY BACKGROUND

**The Bisbee Coalition for the Homeless** was incorporated in 1996 and serves those who are homeless, on the verge of homelessness, in need of food, in need of advocacy. Up until 2016 the program served only men, however, in July of 2016 a new building was constructed which allowed the shelter to serve women and families with kids as well as men. Clients no longer are required to leave the property during the day; instead they are encouraged to perform jobs at the shelter. Clients are required to engage with Behavioral Health for counseling, seek employment, and seek permanent housing.

**Forgach House Domestic Violence Shelter** in Sierra Vista provides telephone crisis intervention and shelter for women and children who are victims of domestic violence. Includes advocacy, groups, parenting classes, and transportation to needed social and legal services. Length of stay: 45 days. Participants may be eligible for up to three months of transitional shelter. Also provides weekly groups for survivors of domestic violence who are not in the shelter.

**Good Neighbor Alliance** was started because there was a gap in the safety net in Sierra Vista assisting homeless men, women and families with children. Pastor J. David Barkley and the members of Sierra Vista United Methodist Church identified this gap and organized GNA to help this undeserved population. GNA was incorporated as a 501c3 non-profit organization in September 1998.

**House of Hope** is a shelter for abused women and children (including boys under the age of 18) with their mothers. This program provides shelter, food, clothing, transportation to appointments, support groups, advocacy and referrals to other community agencies. The House of Hope is a non-profit organization operating under the Catholic Community Services of Southeastern Arizona.

**Verhelst Recovery House**, in Bisbee, offers a 6 month residential program helping men learn how to live without alcohol or drugs. Recovery is guided through a 12-Step program, including setting personal goals and working in the community.

**Women's Transition House (WTP) or Renaissance House:** This is a Non-Profit Organization that provides Transitional Housing. WTP provides substance abuse treatment, temporary housing, job training, and housing placement services to underserved, rural, low-income women and their children in Southeastern Arizona. Renaissance House is a Level 2 behavioral health facility that serves homeless women in recovery from drug and alcohol dependence, victims of domestic violence, women getting out of jail or prison, women with mental illness, and women who are working to reunite their families. Renaissance House provides residents food, shelter, clothing, transportation, and childcare while offering a comprehensive array of services, treatment and training.



**LOCATIONS - Homeless Shelters in Cochise County:**

**Sierra Vista**

Good Neighbor Alliance  
420 N. 7<sup>th</sup> Street  
520-439-0776

Forgach House Domestic Crisis Center  
Location confidential  
(520) 458-9096

**Bisbee**

Bisbee (Coalition for) Homeless Shelter  
509 Romero St  
(520) 432-7839

Women's Transition Project  
240 O'Hara Ave  
(520) 432-1771

Verhelst House  
936 Tovreaville Rd.  
(520) 432-3764

**Douglas**

House of Hope  
2105 N Washington Ave  
(520) 364-2465

**POPULATION DATA**

1. 82,000 Arizonans are receiving emergency food boxes a week in Arizona.
2. More than 14,000 Arizonans experience homelessness each day.
3. 30% of Arizona's homeless population are children and teens.
4. In one year, the working poor in Arizona have seen a 10% increase in costs to maintain basic living necessities such as food, shelter and clothing.
5. Almost 50% of the homeless are women, children or families.
6. The fastest growing segment of the homeless population is families with children.
7. 43% of children living in homeless families are under the age of 6.
8. 16% of single adults suffer from some form of severe or persistent mental illness.
9. At least 40% of the adult homeless population has an addiction disorder.
10. 23% of homeless men are US veterans.

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## POVERTY DATA

Rural homelessness is even more complex to understand, in part, because there are fewer shelters in rural areas and because the demographics are largely different than urban homeless. Research shows that families, single mothers, and children make up the largest group of people who are homeless in rural areas. Additionally, homelessness amongst migrant workers and Native Americans is largely a rural phenomenon. Cochise County is particularly vulnerable to homelessness because our economy is largely based on agriculture and, to a smaller extent, mining. These type of industries are “boom or bust” industries that often don’t support sustainable employment.

The causes of rural homelessness, much like urban homelessness, is the result of poverty and lack of affordable housing. A high poverty county is defined as having a poverty rate of 20% or higher. As of the 2012-2016 American Community Survey, the rates of individuals in poverty in Cochise County was recorded at 18.9%. Additionally, the highest rates of poverty in Cochise County were:

Miracle Valley (58%), Douglas (34.3%), Sunizona (28.7%), Bowie (26.5%), Naco (26.4%), Bisbee (23.4%), Tombstone (22.7%), St. David (20%), Willcox (19.3%), McNeal (18.6%), Benson (17.1%), and Pirtleville (17.1%).

Furthermore, the rate of children living in poverty tends to be higher than the rate of individuals in poverty because larger families, with more children, tend to be vulnerable to poverty (Center for Economic Research, Cochise College). Again, the American Community Survey, states the rates of children (under 18 years) living in poverty in Cochise County were higher than statewide and nationwide averages. In Cochise County, 23.2% of children live below the poverty level. The highest rates of childhood poverty in Cochise County were:

Miracle Valley (81.1%), Sunizona (70.8%), Douglas (43%), Naco (42.25%), Bisbee (41.9%), Tombstone (35.8%), Bowie (34.9%), McNeal (30%), St David (28.6%), Willcox (23.5%), and Benson (23.1%).

## ACCESS TO SERVICES/COMMUNITY INSTITUTIONS AND PROVIDERS

In Cochise County we have three communities (Sierra Vista, Douglas, and Bisbee) that provide emergency shelter for the homeless. The total number of domestic shelters and crisis shelters in the county are six. **There are no shelters in the eastern part of Cochise County (Willcox, Bowie and San Simon). Sierra Vista provides both a Domestic Violence Shelter as well as a Crisis Shelter. In Douglas, Catholic Social Services operates a Domestic Violence Shelter and in Bisbee there are two “transition houses” for women and men who are reentering society after incarceration as well as a homeless shelter.** The homeless shelter, as of the summer of 2016, expanded services to include women and children and families. CCHCI has clinics in all three communities where shelters exist.

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## **HEALTH DISPARITIES**

Homelessness, a phenomenon with complex causes and potential for tragic consequences, is a public health and societal problem in cities, towns and rural areas worldwide. Men, women and children — be they refugees in Eastern Europe, street children in Uganda or what the developed world thinks of as “the homeless” — make up a growing vulnerable population that is at an unacceptably high risk for preventable disease, progressive morbidity and premature death.

In the developed world homelessness and poverty are inextricably linked. The working poor live on a precipice that can tumble them into homelessness any time. An illness, or an unexpected layoff, brings missed paychecks, which leads to skipped utility or rent payments, which snowballs into penalties, which ends in shutoffs or eviction. That leaves a Hobson’s choice between no place at all or city-run homeless shelters, which often are dirty, noisy and unsafe.

Subgroups of people who live in poverty are at particularly high risk for becoming homeless. They include people with mental disability or post-traumatic stress syndrome, people who have been victimized, especially through domestic violence, people with drug and alcohol addiction and people who lack sufficient social support to tide them over during potentially long, or repeated, periods of crisis.

Into the mix of poverty and these other “co-morbidities,” homeless people are also plagued by multiple internal and external barriers to obtaining effective primary care. Internal barriers include the denial of health problems and the intense pressure to fulfill competing needs, such as obtaining food, clothing and shelter and maintaining safety.

External barriers include unavailable or fragmented health care services, and misconceptions, prejudices and frustrations on the part of health care professionals who care for homeless people.

## **KEY FINDINGS FROM COMPLETED NEEDS ASSESSMENTS**

### **Research for Expanded Services Grant (2015)**

Rural homelessness is even more complex to understand, in part, because there are fewer shelters in rural areas and because the demographics are largely different than urban homeless. Research shows that families, single mothers, and children make up the largest group of people who are homeless in rural areas. Additionally, homelessness amongst migrant workers and Native Americans is largely a rural phenomenon. Cochise County is particularly vulnerable to homelessness because our economy is largely based on agriculture and, to a smaller extent, mining. These type of industries are “boom or bust” industries that often don’t support sustainable employment.

### Notes from one homeless advocate in Bisbee (2015)

“For ten years between 2005 and 2014 I coordinated the sharing of food on Saturday and Sunday evenings, through a program called Bisbee Food Not Bombs. We ministered to the needs, comfort and encouragement of Bisbee's poor and homeless. We also collected donated food and delivered it to the Tintown Shelter. I have spent three years homeless between 2001 and 2008. What I want you to take away with you is that, both morally and legally, you can't criminalize homelessness because to do so is to criminalize existence, to criminalize life. Nor can you criminalize the people who help the homeless with food, as it is essential to life. I speak today to present a ten-point proposal for policing procedure reform to decriminalize homelessness. I have borrowed from the Black Lives Matter Movement's ten-point plan to curb police violence, however, all ten points of this proposal are my own. After drafting this proposal, I discovered that several of my own points corresponded with those of the Black Lives Matter plan. This does not surprise me since African Americans have the highest poverty rate of 27.4 percent, followed by Hispanics at 26.6 percent. Where there were enhancements I have incorporated them into my proposal.

I call:

- For less police presence in Old Bisbee to help rebuild trust between citizens and police.
- For the dismantling of the Bisbee Arizona Rangers to ensure uniform policing based on Bisbee Police Department procedures.
- For passage of a city ordinance making the formation of all broken windows based or problem-oriented community groups, such as neighborhood watch groups and businessmen's associations unlawful. These groups lack the training and knowledge to act in place of the police. Current active watch groups should be trained to comply with efforts to not make homelessness criminal. Broken windows policing of minor crimes and activities of the homeless needs to also be curtailed. Policing should focus on real, serious crime rather than token crime.
- For the elimination of Quota systems, limits on fines for low income people, and for police to investigate complaints of the poor with the same attention they give to complaints against the poor.
- For police demilitarization in training, procedure and weapons. And for a formal commitment of the police to remain demilitarized.
- For body cameras and a secure safeguard. I suggest creation of a position in the city government, outside of the police department, for the transfer and storage of recorded data. All citizens should be guaranteed the right to video record all interactions and police should not have the right to confiscate the recording device.
- For no permit requirements to share food with the hungry. International human rights law considers the access to adequate food to be a basic human right.

- For police policies that are supportive of persons who are aiding the poor with food. Hungry people should not fear that the police are a threat to their ability to obtain food, nor should humanitarianism be a crime.
- For sensitivity training for police interactions with the mentally ill and training to eliminate the profiling of the poor and homeless.
- For the establishment of a system of thorough, ongoing training of the police on the issues and concerns of the poor and homeless. Police should also be training on the causes of poverty and homelessness, both in Bisbee and nationwide.

Bisbee residents are the poorest in the state. 20.7 percent live below the poverty line. Anyone below the poverty line is at risk of homelessness. One in five people that the police are called to serve live below this line. This taskforce has the ability to see that this demographic is policed fairly, properly and with dignity.

On August 6, 2015 the Department of Justice filed a motion against the city of Boise, Idaho. The D.O.J. states that, "criminalizing public sleeping in a city without adequate shelter space constitutes criminalizing homelessness itself, in violation of the eighth amendment." The federal government has found the treatment of homelessness as a crime unconstitutional. In practice, criminalizing homelessness is not a solution, creating instead questions of enforcement. Do you take away someone's freedom or ability to sustain life? Do you take away life itself?"

#### **ANALYSIS AND RESPONSE**

Through an "expanded service grant" in 2015, CCHCI now has our Mobile Medical Clinic on site at the Bisbee Coalition for the Homeless on the fourth Monday of every month. Additionally, our Outreach staff provide preventative screenings at several shelters located in Cochise County. Outreach services include health checks and referrals to primary care. Domestic Violence education and advocacy were offered in Douglas and in Bisbee, at the sites serving women clients, until grant funding ended in October of 2017.

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## Needs Assessment for Low Income Housing in Cochise County

### COMMUNITY BACKGROUND

**Voucher Section 8 Housing Locations in Cochise County:** (\* denotes apartments that CCHCI provides preventive services/outreach)

#### **Benson (85602)**

Villa del Sol (40 units)

\*Ramona Morales Memorial Apartments (31 units)

San Pedro Terrace (48 units)

Cochise Apartments (24 units)

La Habra (48 units)

#### **Bisbee (85603)**

Bisbee Apartments Copper City (36 units)

Copper City Villa (36 units)

Esperanza Senior (20 units)

Esperanza Family (24 units)

San Jose (24 units)

#### **Douglas (85607)**

Peppertree (24 units)

Rancho Perilla (80 units)

Arizona (11 units)

Summer Crossing (40 units)

Sonora Vista (65 units)

Cochise Canyon (24 units)

Douglas Villas (36 units)

Casa de Oro (24 units)

Sundance (24 units)

\*Pioneer Village (28 units)

\*Coronado Courts (145 units)

#### **Huachuca City (85616)**

Huachuca Triangle Apartments (24 units)

Vista Del Norte (64 units)

#### **Tombstone (85638)**

Casa Loma Triangle Housing (21 units)

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**Sierra Vista (85635)**

Oasis (184 units)  
San Pedro (76 units)  
Santa Fe Springs (48 units)  
Sun Crest (80 units)  
Crystal Creek (89 units)  
\*Mountain View (60 units)  
Las Palomas Village (88 units)  
Sierra Vista Alzheimer's Care (21 units)  
Bonita Vista (100 units)  
Casa del Sol (88 units)  
Port Royale (208 units)  
Ida of Sierra Vista (20 units)

**Willcox (85643)**

Willcox Villa (24 units)  
Willcox Senior Apartments (30 units)  
Willcox Townhouse (40 units)  
Willcox Farmhouse Apartments (40 units)

According to a 2018 Arizona Housing Coalition report, Arizona has a housing shortage of 159,599 affordable and available rentals for extremely low income renter households. In addition, 75% of Arizona's affordable rental housing for the lowest income renters are severely housing cost burdened, meaning they are spending more than half of their limited monthly incomes on housing costs and utilities. Also, 38% of Arizona's extremely low income renter households are seniors or people with disabilities. This means without assistance, many are not able to afford rent without having to sacrifice daily necessities and much-needed health care.

The Housing Authority of Cochise County (HACC) was established by the Cochise County Board of Supervisors and is governed by a Board of Commissioners appointed from the local community. HACC's mission is to expand affordable housing options, promote home ownership and improve the quality of housing in Cochise County.

The Housing Authority of Cochise County will open its waiting list in April of 2018 to local residents who need help with home rental costs. The federally-funded Section 8 Housing Choice Voucher program, administered by the County, is restricted to just **493** households. (Section 8 is a program that helps people with low-income pay for housing. It can help you get an apartment or buy a home. If on the voucher program, people pay about 30% of their monthly household income for rent. The federal government pays the rest.) Rental assistance is provided based upon low income criteria but, due to the number of people requesting aid, there is a permanent waiting list, which is also limited. Applicants can be on the waiting list for years.

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## **POPULATION DATA**

The vast majority of Arizona's lowest income renters are seniors, people with disabilities, or individuals who are working, enrolled in school, or caring for a young child or for someone with a disability.

To be eligible for Section 8, you must:

- Have a low household income (low income limit for a family of four in 2017 was \$44,700 according to Arizona Department of Housing guidelines.
- Be a U.S. citizen or an eligible immigrant. Eligible immigrants include permanent legal residents, refugees, asylum-seekers, and lawful temporary residents.
- Not have had problems in the past with federally-funded housing programs, such as being evicted or committing fraud.

## **HEALTH DISPARITIES**

Families who pay more than 30 percent of their income for housing are considered cost burdened and may have difficulty affording necessities such as food, clothing, transportation and medical care. An estimated 12 million renter and homeowner households now pay more than 50 percent of their annual incomes for housing. A family with one full-time worker earning the minimum wage cannot afford the local fair-market rent for a two-bedroom apartment anywhere in the United States.

Housing is well understood to be an important social determinant of physical and mental health and well-being. In the context of ongoing national and state efforts to reform health care, it is important for policymakers to understand the various pathways through which housing affects health. Affordable housing alleviates crowding and makes more household resources available to pay for health care and healthy food, which leads to better health outcomes. High quality housing limits exposure to environmental toxins that impact health. Stable and affordable housing also supports mental health by limiting stressors related to financial burden or frequent moves, or by offering an escape from an abusive home environment. Affordable homeownership can have mental health benefits by offering homeowners control over their environment. Affordable housing can also serve as a platform for providing supportive services to improve the health of vulnerable populations, including the elderly, people with disabilities, and homeless individuals and families. Safe, decent, and affordable housing in neighborhoods of opportunity can also offer health benefits to low income households.

## **KEY FINDINGS FROM COMPLETED NEEDS ASSESSMENTS**

A Community Needs Assessment for Sulphur Springs Valley was published in 2013. Housing concerns were a key finding in the assessment. Listed below are some key highlights from that assessment.



### 2013 Sulphur Spring Needs Assessment:

- Housing stock is deteriorating due to disinvestment, vacant and substandard housing, and the inability of low-income persons to meet their housing needs.
- Decent and affordable housing for low income persons is insufficient to meet the needs.
- More homes are being offered for rent because sellers can't sell their homes, but it is difficult to find qualified, stable renters and difficult to secure qualified property management services at a reasonable cost.
- Need homes for large families and inter-generational families to rent.
- Rental properties that offer subsidized housing have a low vacancy and turn-over rate, and long waiting lists. There are no Section 202, Section 811 or Low-income Housing Tax Credit projects located in the Sulphur Springs Valley.
- USDA funded rental housing projects provide 330 rental units in Cochise County. 312 units offer subsidized rents. There are no projects of this nature in the Sulphur Springs Valley.
- Cochise County Housing Authority offers Section 8 Vouches, Tenant-Based Rental Assistance and Supportive Housing program opportunities but there are insufficient to meet the need.
- There are few other subsidized rental opportunities outside of the more populated urban areas. The poor condition of housing in Sulphur Springs Valley makes it difficult to find properties that meet Section 8 Housing Quality Standards.
- Only three sites in Cochise County offer emergency housing for homeless individuals. None are located in the Sulphur Springs Valley.
- Funds for emergency utility and rental assistance are not sufficient to meet the need.
- There is insufficient accessible housing available to meet the needs of elderly and disabled persons.
- Low income, elderly and disabled persons need assistance making accessibility improvements and home repairs.
- Services that support aging-in place are needed.
- Services are needed to provide "call reassurance checks" for elderly/disabled are need.
- HUD Housing counseling funds have been reduced and Housing Counseling staff have been decreased. One person covers a four-county area making resources difficult to access.

In 2014 CCHCI worked with Alex Lehr O'Connell, Director of Community Health Partners for Sustainability regarding whether or not our county had HRSA project based housing. Extensive research was done by both CCHCI and Mr. Lehr O'Connell and we determined that we did not have housing of this nature in our county.

In the first quarter of 2018, CCHCI performed their own "wellness survey". A summary of the results of that survey are as follows:

1. Demographics
  - a. 71% of people surveyed were women

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- b. 53% of those surveyed did not complete high school and the other 20% had some high school education. 20% graduated from High School or equivalent and 6% reported some college or technical school training.
  - c. 68% of those surveyed were 35 years of age and older
  - d. Approximately 47% were out of work for more than a year
  - e. 63% surveyed identified themselves as Hispanic/Latino
  - f. Respondents of survey lived primarily in Douglas (17%), Benson (18%), Willcox (35%)
2. Transportation
    - a. 63% responded that they did not have good access to public transportation
  3. Health Insurance
    - a. 39% reported they did not have health insurance
    - b. Of those with insurance, 76% had Medicaid, 12% Medicare, 9% insurance from spouse's employment or from their employment
  4. Safety
    - a. 12% reported their life situation to be "unsafe"
  5. Overall Health
    - a. 33% identified their overall health as average or good, 43% as average, and 16% as fair, 6% as poor
  6. Chiricahua Patients
    - a. 65% reported they were an established CCHCI patient
  7. Number of times seen by a medical provider in a year
    - a. 47% had been examined by a medical doctor 1-2 times in the last year
    - b. 33% had been examined by a medical doctor 3-4 times in the last year
    - c. 16% had been examined by a medical doctor 5 or more times in the last year
  8. Mobile Services
    - a. Almost 67% surveyed were aware of our mobile medical services
    - b. Only 16% were aware that we had mobile dental services
    - c. Only 17% were aware of our Outreach mobile services
  9. Chronic Conditions
    - a. 85% surveyed reported a history of hypertension
    - b. 73% reported high cholesterol
    - c. 33% reported diabetes (Type 1)
    - d. 69% reported diabetes (Type 2)
    - e. 33% reported heart attack
    - f. 33% reported stroke

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10. Information Regarding Health
  - a. Over 63% report that they “turned to” Outreach staff for information regarding their health
  
11. Limitations due to a health problem
  - a. 30% reported that they, or someone in their household had activity limitations due to their health
  
12. Health Education Services
  - a. Diabetes (20 %)
  - b. Drug and Alcohol Care (20 %)
  - c. Diet and Exercise (14 %)
  - d. Heart Disease (8 %)
  - e. Teen Sex Education (8 %)
  - f. Cancer Screening and Treatment (8 %)
  - g. Child Abuse/Family Violence (6 %)
  
13. Biggest Health Problem in Community (top three problems)
  - a. Alcohol/Drug Abuse (35 %)
  - b. Mental Health Issues (16 %)
  - c. Access to Health Care (10 %)
  - d. Lack of Transportation (10 %)
  - e. Cost of Health Care (8 %)
  - f. Cost of Insurance (8 %)
  - g. Cancer (8 %)
  
14. Type of Services people would like to see provided
  - a. Counseling and Mental Health (53 %)
  - b. Alcohol and Drug Abuse Treatment (46 %)
  - c. Diabetes Care (43 %)
  - d. Crisis Intervention (41 %)
  - e. Services for Victims of Domestic Violence (35 %)
  - f. Health Education Services (35 %)
  - g. Cancer Treatment and Care (35 %)
  - h. Rehabilitation Services (33 %)
  - i. Elder Care Specialist (31 %)
  - j. Adult Primary Care (29%)
  - k. Home Health Nursing Services (27 %)
  - l. Pediatric Services (23 %)
  - m. Well Women Services (15 %)
  
15. Smokers
  - a. Nonsmokers were reported at (92 %)

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- 16. Health Education Services for Youth
  - a. After school Programs (54 %)
  - b. Alcohol and Substance Abuse (33 %)

- 17. Current Hours of Services Meeting Need:
  - a. Yes (70%)
  - b. No (30%)

**2016 Cochise County Community Health Assessment**

At least one community, Bisbee, identified affordable housing as a concern and felt that it was linked to mental illness and poverty. The residents felt that housing rental prices in Bisbee were higher than other places in the county and that the housing stock was of lower quality than housing stock in Sierra Vista.

**ANALYSIS AND RESPONSE**

Section 8 (voucher and project based) programs do **not** count as Public Housing for HRSA. Cochise County has multiple housing of both types located in Bisbee, Benson, Huachuca City, Sierra Vista, Willcox and Tombstone. Project based voucher programs, however, **that are not Section 8**, do meet the HRSA definition. Cochise County has no housing of this type. Our project officer was notified of this when we determined that our county does not have HRSA qualified “project” based housing. We have since moved forward with a decision to continue to work with the Section 8 project based housing that we do have in our county. Our Outreach staff is presently working to bring in services (nutrition, screening, financial literacy, group support) to our Douglas sites (Coronado and Pioneer) as well as apartments in Sierra Vista (Bonita Vista and Mountain View), and Benson (Ramona Morales Apartments)

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## CCHCI County-Wide Analysis and Response

### CCHCI response to analyzed disparities

Due to the large, often remote and rural nature of our service area and because of the limited transportation options that exist for many of our rural poor, CCHCI has partnered with multiple organizations to address these barriers to care. Examples of arrangements that have been developed to address health needs include:

- **Expansion:** CCHCI is currently **updating and expanding our current fixed sites** (Douglas, Sierra Vista, Bisbee) to more efficiently meet growing patient demand, as well as adding additional sites on in both current and new communities (Douglas, Sierra Vista and Benson). The **addition of a new fixed-site facility in Benson** will in particular not only better serve approximately the one thousand current CCHCI patients residing in this region, but will likely provide access to thousands of new patients. All of these facilities seek to encourage the type of teamwork and collaboration necessary to truly implement the Patient Centered Medical Home.
- **Diagnostic Screening Arrangements:** CCHCI seeks to eliminate barriers to cancer screenings through an arrangement with a regionally based mobile digital x-ray company for mammography and ultrasound screenings. This arrangement allows our Douglas-area patients to access well woman screenings without having to leave the community.
- **Integration with Community Partners:** CCHCI works to integrate our medical services with other community partners. For instance, we provide space for our local health department to co-house WIC services within our two pediatric centers (Pediatric Center in Douglas and Vista Pediatrics in Sierra Vista). This allows “one stop” shopping for young families, in which WIC services can be accessed at the same time as a health visit. Additionally, through collaboration with our health department, adult vaccines are now offered by health department employees at select CCHCI clinics. This arrangement resulted in a financial savings for CCHCI and increased immunization rate for our patients. Lastly, **CCHCI has integrated our medical and dietetic services under the same roof as a predominant regional behavioral health provider.**
- **Specialty Care:** CCHCI has multiple arrangements with specialists to provide specialty services within our clinics. For many years, specialty care, especially for our “special needs” pediatric patients necessitated a trip to Tucson (125 miles one way if traveling from Douglas). Specialists who practice on our sites not only eliminate the need for this travel, but also ensure access to specialty care to patients participating in the Sliding Fee Discount Program.

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- **Substance Abuse Prevention & Outreach:** CCHCI received HRSA 2017 Supplemental AIMS funding to support expansion of mental health and substance abuse services. One-time funding will be used to participate in a centralized, statewide Population Health Data Management Tool (called Azara) which will support our transition to value based models of care in a clinically integrated network hosted by Arizona’s Primary Care Association. Ongoing funding will be used to hire one full time equivalent Licensed Clinical Social Worker who will focus efforts in Bisbee, where CCHCI has been invited by local authorities to assist with this community’s significant challenges with substance abuse issue.
- **Funding Relationships with other Funding Non-Profits:** CCHCI has a close relationship with the New York-based non-profit ‘Children’s Health Fund’. The Children’s Health Fund provides operational funding for ongoing mobile medical services, as well as unique and cutting-edge care initiatives. Current initiatives include funding reliable primary care to special populations, including adolescents, homeless and remote populations. CCHCI will address the challenge of limited pediatric dental services, especially for our Medicaid population and uninsured, through a collaborative arrangement with the Ronald McDonald House Charities in Tucson. This new partnership is funding an additional mobile dental unit that will provide a full range of pediatric dental services to be brought to “high needs” schools in rural areas. This will allow for services to be completed during school hours, without parents having to take time off from work to travel to a CCHCI clinic for services.
- **Outreach:** CCHCI utilizes the Community Health Worker (CHW) model to reach our migrant and seasonal farm workers as well as residents of low income housing, domestic violence victims and Mexican Nationals. A team of workers goes into the communities that these “populations” live and work to educate, screen and connect to services and resources.
- **Integration of Primary Care Services within CCHCI:** In general, CCHCI seeks to integrate primary care and even specialty services whenever possible. For instance, integration of pediatric medical, dental, behavioral health, lab, radiology, WIC and care coordination allows a child to complete all of these services during a single visit if appropriate.
- **Home Visitation:** Considering the future, CCHCI recently applied for foundation grants to identify people with the highest medical costs and the greatest needs within our service area, and develop a system to deliver better health outcomes by rendering primary care directly in patients' homes. The program will be coordinated by a Community Health Worker. Soon, many of our most vulnerable, ill and expensive patients will not have to travel to any of our seven clinics for services; rather, we will go to them.

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## Community Health Improvement Plan Implementation

Chiricahua Community Health Centers, Inc., acted as a full partner and collaborator during the 2016 Community Health Assessment and the development of the 2017 Community Health Improvement Plan. Highlighted below are CCHCI's activities and achievements contributed to the county-wide implementation in each of the CHIP priority areas:

### Mental Health and Substance Abuse

**GOAL #1: To affect state, county and local policy changes that allow and implement diversion from jail and/or prison for individuals diagnosed with mental illness and/or substance abuse.**

**Objective:** Reduce incidence of incarceration for mental health/substance abuse and increased incidence in participation in community programs

**Strategy 1:** Complete a community capacity assessment.

**Strategy 2:** Develop a training program for law enforcement and first responders regarded a comprehensive approach to diversion. *CCHCI staff on task force, Cochise Addiction and Recovery Partnership (CARP) addressing this issue.*

**Strategy 3:** Develop a communication structure among law enforcement and providers who are involved in mental health and substance abuse. *CCHCI staff involved in these discussions through Cochise Addiction and Recovery Partnership.*

**GOAL #2: Promote and expand mental health wellness and substance use disorder resources across the lifespan for all in Cochise County.**

**Objective:** Increased incidence of participation by individuals affected by mental health and substance abuse in community programs.

**Strategy 1:** Develop a systemic and sustainable communication and advertising structure to increase shared understanding among all organization about access to resources and systems. *CCHCI AIMS Grant working to address this issue.*

**Strategy 2:** Initiate a formal process to engage stakeholders on the creation of community based infrastructure for mental health and substance abuse acute treatment and resources. *MMC services located in a high needs area of Bisbee to provide increased access to care.*

**Strategy 3:** Develop a county-wide approach to reduce opioid addiction and deaths. Support local municipalities in individualized approaches. *CCHCI staff involved in piloting efforts through community partnerships.*

### Healthy Eating, Diabetes and Obesity

**GOAL #1: Build and strengthen community-based infrastructure that provides options for healthy eating and active living.**

**Objective #1:** Cochise County population can easily access information about available healthy living activities.

**Strategy 1:** Develop a "Healthy Cochise" App.

**Strategy 2:** Develop a county-wide, coordinated communication and marketing plan to promote healthy living activities with a single point of contact.

**Objective #2:** Cochise County workplaces can easily access information about best practices for healthy living policies and practices.

**Strategy 1:** Research workplace wellness policies and develop a toolkit for area businesses. *CCHCI applying for Platinum Award through the Healthy Arizona Work Place Program for efforts made to address employee wellness.*

**Strategy 2:** Research policies for alternative use public space. *CCHCI staff looking at grants that address creating outdoor space into "learning centers".*

**Strategy 3:** Research best practices for increased physical activity in schools.

**Strategy 4:** Research best practices for health care providers to prescribe healthy foods. *CCHCI staff working with regional food bank to discuss a collaboration of this nature.*

**Strategy 5:** Research best practices for health care providers to promote healthy eating and physical activities with patients.

**GOAL #2: Change cultural expectations about the definition of a good and healthy life.**

**Objective #1:** Cochise County business and community leaders are involved in developing and implementing health living policies and programs.

**Strategy 1:** Develop healthy living education resources that are culturally responsive to the population. *CCHCI offers support groups for diabetic patients to address resources, and life style changes.*

**Strategy 2:** Implement culturally responsive community education that explains the benefits of healthy living. *CCHCI staff at area high schools providing education and instruction on healthy lifestyles. CCHCI frequently asked to provide community presentations on subjects affecting communities' health.*

## **Good Jobs and a Healthy Economy**

**GOAL #1: Promote business growth and job opportunities throughout Cochise County.**

**Objective #1:** Compile a comprehensive list of all assessments of needs and challenges that impact growing and sustaining businesses and jobs in Cochise County.

**Strategy 1:** Compile a list of assessments of needs and challenges facing Cochise businesses.

**Strategy 2:** Develop a report summarizing the findings from the assessments of needs and challenges facing businesses.

**Strategy 3:** Compile a list of assessments of needs and challenges facing Cochise County job seekers.

**Strategy 4:** Develop a report summarizing the findings from the assessments of the needs and challenges facing job seekers.

**Objective #2:** Support the collaboration and partnership of all Cochise County economic development plans and projects to maintain a county-wide focus

**Strategy 1:** Increase communication, cooperation and collaboration among all the economic development efforts in Cochise County

**Strategy 2:** Identify a Healthy Cochise Coalition member to attend all city and county economic development group meetings to exchange information about development strategies and projects county-wide.



**GOAL #2: Support and promote all tourism efforts in Cochise County including eco-tourism, historic tourism and agri-tourism.**

**Objective:** Key partners, efforts, trends and groups working on economic development throughout Cochise County are connected.

**Strategy 1:** Support all efforts to develop a county-wide plan to promote all types of tourism. *CCHCI staff and Board of Directors involved in local efforts to support tourism.*

**Strategy 2:** Support all efforts to assess all Cochise County cross-border businesses and partnerships and efforts to identify opportunities.

### **Transportation and Resource Communication**

**GOAL #1: Support all efforts to expand transportation access throughout Cochise County.**

**Strategy 1:** Support SEAGO's plans to expand intercity transportation to Benson and to set up public transportation in Willcox. *CCHCI has provided care coordination staff with information of intercity services.*

**Strategy 2:** Support development of VICAP transportation services in all areas where there is no public transportation. *CCHCI care coordination staff trained on VICAP services for our patients.*

**GOAL #2: Support all efforts to consolidate and market comprehensive one-stop, county wide Resource Directory.**

**Strategy 1:** Support the Legacy Foundation to expand and maintain/update the Resource Directory. *CCHCI key staff have been given copies of the Resource Directory.*

**Strategy 2:** Support the Legacy Foundations to market the combination of all directories into one directory. *CCCHI has Resource Directory on our web site.*

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## APPENDIX

### **Cochise County Resource List**

- U.S. Census Bureau, 2010 & 2015
- 2015 Cochise Economic Outlook
- Center for Economic Research Press Release January 14, 2016
- 2017 Cochise County Community Health Assessment Report
- 2017 Cochise County Community Health Improvement Plan
- 2018 Health Professional Shortage Area Scores
- American Community Survey
- Indicators of Food Poverty in Cochise and Santa Cruz County
- Healthy Border 2020

### **Benson Resource List**

- Interviews (phone & in-person) with Benson Hospital Staff
- Bisbee Economic Outlook
- Benson Hospital Needs Assessment 2014
- Benson Hospital Strategic, Financial, and Operational Assessment for 2016
- Interview with CEO, Rich Polheber (April 2018)

### **Bisbee Resource List**

- 2017 Bisbee Economic Outlook

### **Douglas Resource List**

- Douglas Economic Outlook 2017
- Douglas Dispatch
- Arizona First Things First Focus Group
- 2011-2015 American Community Survey 5-Year Estimates
- Arizona 1912-2012

### **Elfrida Resource List**

- 2016 American Community Survey
- 2014 Cochise County stats
- 2013 Community Needs Assessment of Sulphur Springs Valley

### **Sierra Vista Resource List**

- Sierra Vista Economic Outlook 2017 and 2018
- Cochise County Health Department - Review of cluster studies; Updated January 2010

### **Willcox Resource List**

- 2013 Northern Cochise Community Hospital Needs Assessment
- 2013 Community Needs Assessment of Sulphur Springs Valley

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#### **Adolescent Resource List**

- Robert Wood Johnson Foundation (RWJ), County Health Rankings & Roadmaps, 2014
- U.S. Census
- AZ Health Matters
- American Community Survey
- 2013 Community Needs Assessment of Sulphur Springs Valley
- 2010 U.S. Census
- The National Alliance to Advance Adolescent Health

#### **Agricultural Workers Resource List**

- 2018 Service Area Competition Grant (HRSA)
- 2018 Internal Survey conducted by Community Health Workers
- 2017 UDS report CCHCI
- 2015 CCHCI Agriculture Needs Assessment
- 2015 National Agricultural Worker Survey Report
- Agricultural Worker Population Estimates State of Arizona 2014
- Alice Larsen Enumeration Study 2008

#### **Homeless Resource List**

- Notes from Bisbee Task Force on Homelessness
- Phoenix Rescue Mission – “10 Facts About Homelessness in Arizona” February 2009
- Morrison Institute Survey on Homelessness 2013
- Article from Canadian Medical Association Journal on “Homelessness: reducing health disparities” CMAJ. 2000 Jul 25; 163(2): 172–173.
- Center for Economic Research Cochise College
- 2006-2010 American Community Survey

#### **Low Income Housing Resource List**

- 2018 Internal Survey Conducted by Community Health Workers
- 2018 Arizona Housing Coalition report
- Community Health Partners for Sustainability
- HUD
- Wellness Survey Conducted by CCHCI in 2016
- 2016 Cochise County Community Health Assessment
- Center for Housing Policy 2015 “Insights”
- Arizona Department of Housing Income Guidelines for Section 8 Housing (2017)
- 2013 Community Needs Assessment for Sulphur Springs Valley

**American Medical Response of Cochise County LLC  
Initial Application**

**4d. THE NUMBER OF ANTICIPATED REQUESTS FOR EACH TYPE AND LEVEL OF GROUND  
AMBULANCE SERVICE IN THE PROPOSED SERVICE AREA**

ALS	2,062
BLS	1,171

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**4e. THE AVAILABLE ROUTES OF TRAVEL WITHIN THE PROPOSED SERVICE AREA**

The major highways in the proposed service area are

AZ – 80

AZ – 90

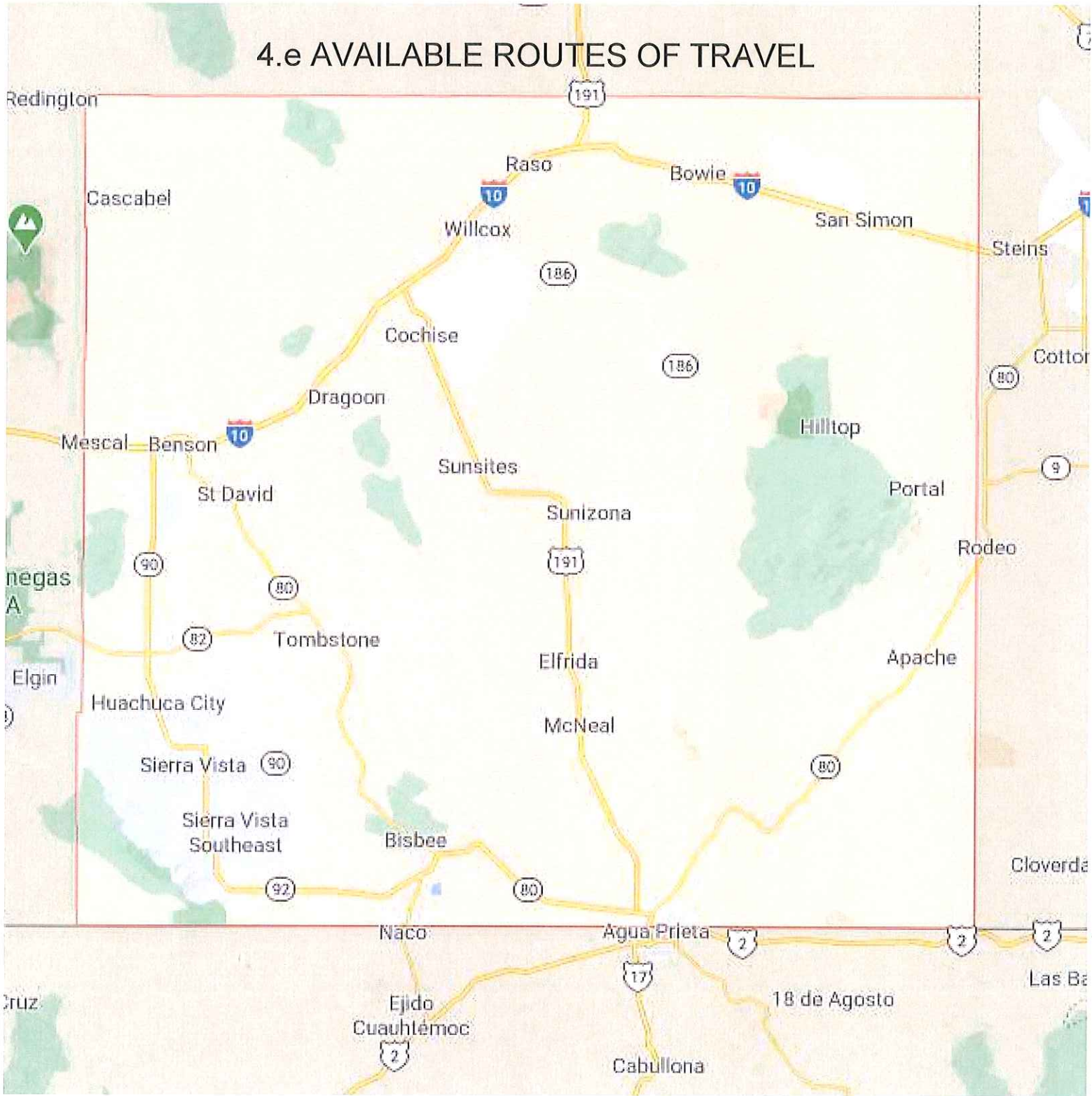
AZ – 92

US – 191

*\*map attached*

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# 4.e AVAILABLE ROUTES OF TRAVEL



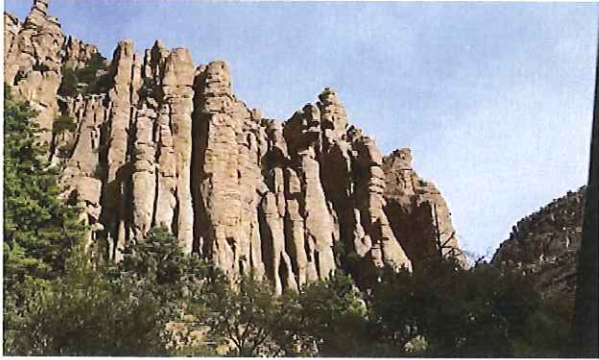
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Cochise County - Google Maps



## Cochise County

Arizona



Directions



Save



Nearby



Send to your phone



Share

### Photos



Photos



### Quick facts

Cochise County is located in the southeastern corner of the U.S. state of Arizona. The population was 131,346 at the 2010 census. The county seat is Bisbee. Cochise County includes

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Cochise County - Google Maps

the Sierra Vista-Douglas, Arizona Metropolitan Statistical Area. [Wikipedia](#)

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**4f. THE GEOGRAPHIC FEATURES AND ENVIRONMENTAL CONDITIONS WITHIN THE PROPOSED SERVICE AREA**

The proposed service area is in Southeastern Cochise County, Arizona. It has a total area of 1,583 square miles and is bordered on the south by Mexico, on the east by Hidalgo County, New Mexico.

The area has two rivers:

- The San Pedro River
- The San Bernardino River.

There are a number of mountain ranges in the proposed service area including:

- The Mule Mountains
- The Chiricahua Mountains
- The Swisshelm Mountains
- The Pedregosa Mountains
- The Huachuca Mountain

Protected areas in the proposed service area include:

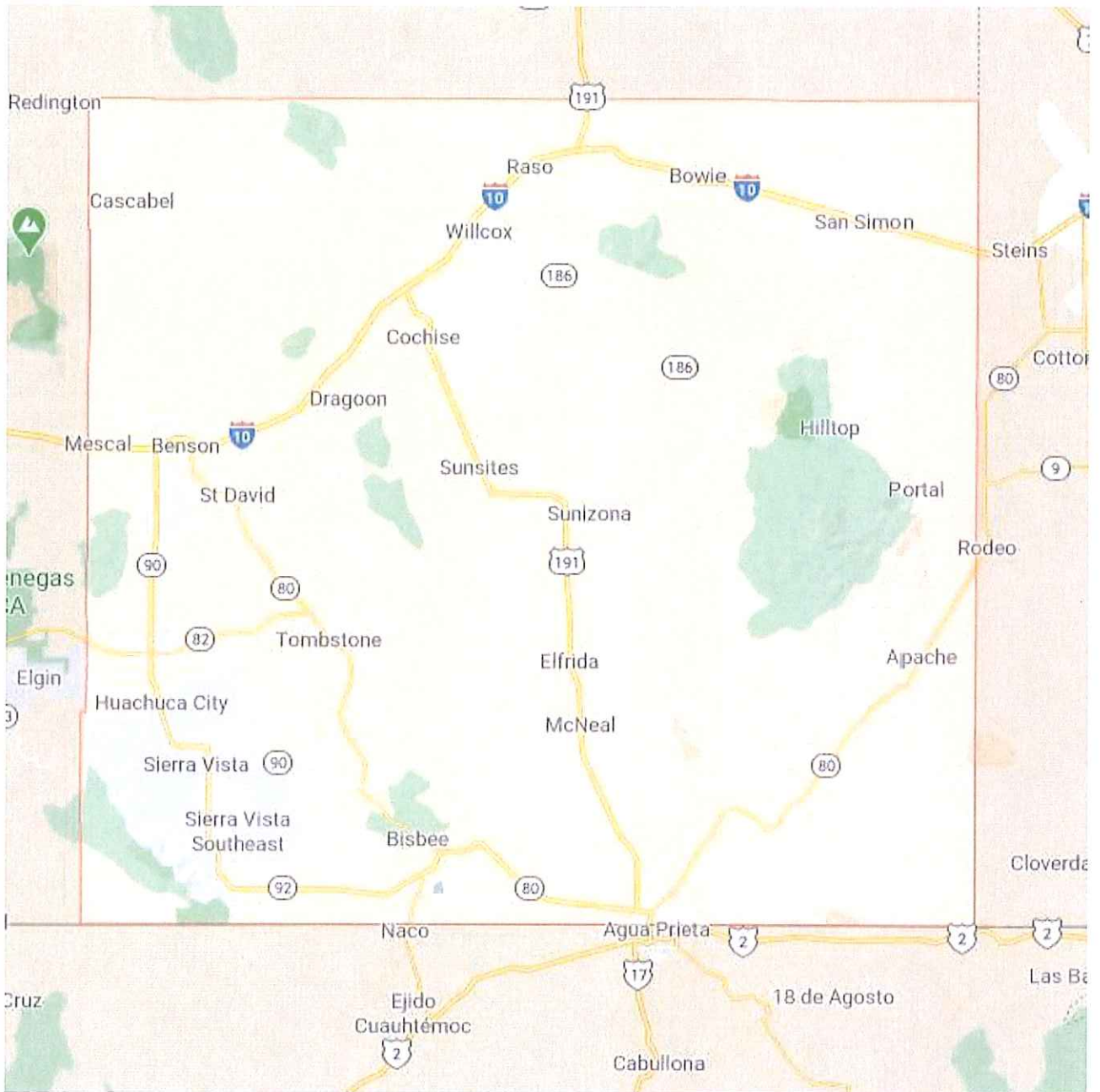
- Chiricahua National Monument
- Leslie Canyon National Wildlife Refuge

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**4g. THE AVAILABLE MEDICAL AND EMERGENCY MEDICAL RESOURCES WITHIN THE SERVICE AREA**

**FIRE DEPARTMENTS AND FIRE DISTRICTS IN THE SERVICE AREA**

Bisbee Fire Department  
 Babocomari Fire District  
 Douglas Fire Department  
 Sunnyside Fire District  
 Elfrida Fire District  
 Pirtleville Fire District  
 Portal Rescue  
 Fry Fire District  
 Sierra Vista Fire Department

**HEALTHCARE FACILITIES**

LEGALNAME	ADDRESS	CITY
CANYON VISTA MEDICAL CENTER	5700 EAST HIGHWAY 90	SIERRA VISTA
COPPER QUEEN COMMUNITY HOSPITAL	101 COLE AVENUE	BISBEE
US ARMY HOSPITAL-FT HUACHUCA	45001 WINROW SREET	FORT HUACHUCA
COPPER QUEEN - DOUGLAS EMERGENCY DEPT	100 EAST 5TH STREET	DOUGLAS
15TH STREET PEDIATRIC CENTER OF EXCELLENCE	815 15TH STREET	DOUGLAS
ARIZONA PEDIATRIC SURGERY AND UROLOGY	1151 16TH STREET	DOUGLAS
ARIZONA'S CHILDREN ASSOCIATION	942 EAST FRY BOULEVARD	SIERRA VISTA
BANNER UNIV - DIAMOND CHILDREN'S PEDIATRIC CARDI	815 EAST 15TH STREET	DOUGLAS
BANNER UNIVERSITY MEDICAL GROUP SIERRA VISTA	3533 CANYON DE FLORES, SUITE C	SIERRA VISTA
BIO-MEDICAL APPLICATIONS OF ARIZONA, LLC	5555 MESA VERDE DRIVE, SUITE 120	SIERRA VISTA
BISBEE FAMILY HEALTH CENTER	108 ARIZONA STREET	BISBEE
CANYON VISTA MED CTR ADVANCED WOUND CARE CEN	5750 EAST HIGHWAY 90, SUITE 150	SIERRA VISTA
CANYON VISTA MEDICAL CENTER LAB DRAWS	210 EL CAMINO REAL	SIERRA VISTA
CANYON VISTA MEDICAL CENTER REHABILITATION SERVI	5750 EAST HIGHWAY 90 SUITE 100	SIERRA VISTA
CARING CONNECTIONS FOR SPECIAL NEEDS, LLC	1019 F AVENUE	DOUGLAS
CARING CONNECTIONS FOR SPECIAL NEEDS, LLC	4511 NORTH COMMERCE DRIVE	SIERRA VISTA
CHIRICAHUA COMMUNITY HEALTH CENTER - CLIFF WHET	10566 HIGHWAY 191	ELFRIDA
CHIRICAHUA COMMUNITY HEALTH CENTERS SIERRA VIST	155 CALLE PORTAL, SUITE 300	SIERRA VISTA
CHIRICAHUA COMMUNITY HEALTH CENTERS, INC	4755 CAMPUS DRIVE	SIERRA VISTA
CHIRICAHUA COMMUNITY HEALTH CENTERS, INC, PEDIAT	155 CALLE PORTAL, SUITE 700	SIERRA VISTA

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LEGALNAME	ADDRESS	CITY
CHIRICAHUA COMMUNITY HEALTH CENTERS, INC.	1100 F AVENUE	DOUGLAS
CHIRICAHUA COMMUNITY HEALTH CENTERS, INC.	1151 EAST 16TH STREET	DOUGLAS
CHIRICAHUA COMMUNITY HEALTH CENTERS, INC.	815 EAST 15TH STREET	DOUGLAS
COCHISE EYE AND LASER/RF EYE PC	2445 EAST WILLCOX DRIVE	SIERRA VISTA
COCHISE HEALTH & SOCIAL SERVICES	1012 G AVENUE	DOUGLAS
COCHISE HEALTH AND SOCIAL SERVICES	1415 WEST MELODY LANE, BUILDING A	BISBEE
COCHISE HEALTH AND SOCIAL SERVICES	4115 EAST FOOTHILLS DRIVE, SUITE A	SIERRA VISTA
COMMUNITY HEALTH ASSOCIATES - BISBEE	1326 HIGHWAY 92, SUITE J	BISBEE
COMMUNITY HEALTH ASSOCIATES - DOUGLAS	1701 NORTH DOUGLAS AVENUE	DOUGLAS
COMMUNITY MEDICAL SERVICES - SIERRA VISTA	302 EL CAMINO REAL, BUILDING 10, SU	SIERRA VISTA
COMMUNITY PARTNERS INTEGRATED HEALTHCARE, INC	2039 EAST WILCOX DRIVE, SUITES A & B	SIERRA VISTA
COMMUNITY PARTNERS INTEGRATED HEALTHCARE, INC	2273 EAST WILCOX DRIVE	SIERRA VISTA
COPPER QUEEN COMMUNITY HOSPITAL - PHYSICAL THERA	850 WEST HIGHWAY 92	BISBEE
COPPER QUEEN COMMUNITY HOSPITAL-BISBEE RHC	7 BISBEE ROAD	BISBEE
COPPER QUEEN COMMUNITY HOSPITAL-BISBEE RHC	7 BISBEE ROAD	BISBEE
COPPER QUEEN COMMUNITY HOSPITAL-DOUGLAS RHC	100 EAST 5TH STREET	DOUGLAS
COPPER QUEEN COMMUNITY HOSPITAL-DOUGLAS RHC	100 EAST 5TH STREET	DOUGLAS
CORONADO SURGERY CENTER, LLC	150 SOUTH CORONADO, SUITE 100	SIERRA VISTA
DOUGLAS DIALYSIS CENTER	99 16TH STREET	DOUGLAS
DOUGLAS INTEGRATED COUNSELING CLINIC	1100 F AVENUE	DOUGLAS
DOUGLAS OUTPATIENT TREATMENT CENTER	936 F AVENUE, SUITE B	DOUGLAS
EASTER SEALS BLAKE FOUNDATION	55 SOUTH FIFTH STREET	SIERRA VISTA
EPIPHANY DERMATOLOGY	1916 PASEO SAN LUIS	SIERRA VISTA
HIGH DESERT CLINIC URGENT AND OCCUPATIONAL CARE,	77 EAST FRY BOULEVARD	SIERRA VISTA
MAX MOTION PHYSICAL THERAPY LIMITED PARTNERSHIP	3455 CANYON DE FLORES, SUITE B	SIERRA VISTA
PINAL HISPANIC COUNCIL	1940 11TH STREET	DOUGLAS
PINAL HISPANIC COUNCIL	1930 11TH STREET	DOUGLAS
SEABHS SIERRA VISTA OUTPATIENT TREATMENT CENTER	4755 CAMPUS DRIVE	SIERRA VISTA
SIERRA VISTA DIALYSIS	629 NORTH HIGHWAY 90 BYP, SUITE 6	SIERRA VISTA
SIERRA VISTA MEDICAL GROUP MULTI SPECIALTY CLINIC	5750 EAST HIGHWAY 90, SUITE 200	SIERRA VISTA
SIERRA VISTA MEDICAL GROUP OB/GYN CLINIC	5750 EAST HIGHWAY 90, SUITES 300A &	SIERRA VISTA
SIERRA VISTA MEDICAL GROUP PEDIATRICS CLINIC	5750 EAST HIGHWAY 90, SUITE 375	SIERRA VISTA
SIERRA VISTA MEDICAL GROUP SURGERY CLINIC	75 COLONIA DE SALUD, SUITE 100 C	SIERRA VISTA
SOUTHWESTERN EYE CENTER - SIERRA VISTA CLINIC	75 COLONIA DE SALUD, SUITE A100	SIERRA VISTA
SOUTHWESTERN EYE CENTER - SIERRA VISTA SURGERY CE	75 COLONIA DE SALUD, SUITE A-100	SIERRA VISTA
TELECARE SIERRA VISTA ACT	75 NORTH GARDEN AVENUE	SIERRA VISTA
TMC OBSTETRICS	155 CALLE PORTAL, SUITE 300	SIERRA VISTA
TMC ONE	155 CALLE PORTAL, SUITE 700	SIERRA VISTA

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**5. PLAN TO PROVIDE TEMPORARY GROUND AMBULANCE SERVICE TO THE PROPOSED SERVICE AREA  
FOR A LIMITED TIME WHEN THE APPLICANT IS UNABLE TO PROVIDE GROUND AMBULANCE SERVICE  
TO THE PROPOSED SERVICE AREA**

The applicant has the availability of multiple resources from the various AMR CON holders in Arizona to provide temporary coverage should the need arise. In addition, as Arizona Ambulance Transport only serves in a back-up capacity for 9-1-1 services the other 9-1-1 providers will back-up Arizona Ambulance Transport for 9-1-1 Service. The Applicant will also seek backup agreement with the other providers in and around the C.O.N. Service Area.

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**5. PLAN TO PROVIDE TEMPORARY GROUND AMBULANCE SERVICE TO THE PROPOSED SERVICE AREA  
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**6. OTHER GROUND AMBULANCE SERVICES OPERATING IN THE PROPOSED SERVICE AREA**

DOUGLAS AMBULANCE SERVICE: The entire Douglas Ambulance Service area overlaps the southeastern portion of the Arizona Ambulance Transport service area

SIERRA VISTA FIRE DEPARTMENT: Overlaps all the area within the city limits of Sierra Vista

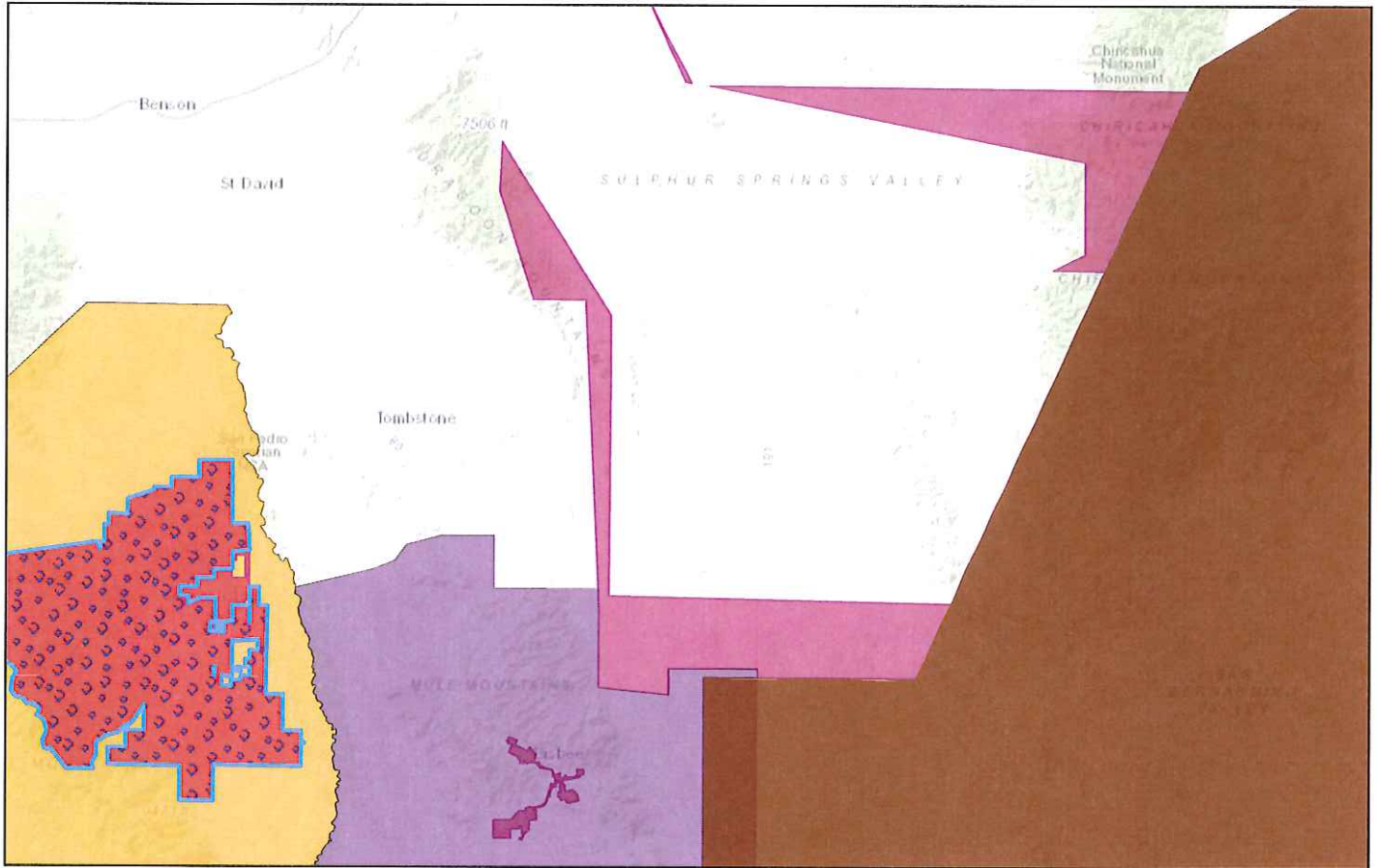
FRY FIRE DISTRICT: overlaps the area within the boundaries of Fry Fire District

BISBEE FIRE DEPARTMENT: Overlaps the service area within the city limits of Bisbee

*\*Map of overlaps attached*

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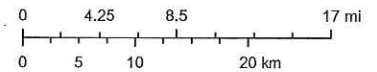
6. OTHER GROUND AMBULANCE SERVICES OPERATING IN THE PROPOSED SERVICE AREA



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- Sierra Vista Fire Department (24)
- Bisbee Fire Department (100)
- Douglas Ambulance Service (32)
- Fry Fire District (18)
- Arizona Ambulance Transport (120)

1:577,791



Esri, HERE, Garmin, USGS, NGA, EPA, USDA, NPS

Web AppBuilder for ArcGIS  
Arizona Department of Health Services

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**7. Whether an applicant or designated Manager:**

- a. Has ever been convicted of a felony or a misdemeanor involving moral turpitude,
- b. Has ever had a license or certificate of necessity for a ground ambulance service suspended or revoked by any state or political subdivision, or
- c. Has ever operated a ground ambulance service without the required certification or licensure in this or any other state.

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**ATTESTATION OF EDWARD B. VAN HORNE**

Arizona Administrative Code R9-25-902)(A)(2)(g) requires that proposed transferee provide a signed statement attesting to whether the applicant or designated manager of the ambulance service: (i) Has ever been convicted of a felony or a misdemeanor involving moral turpitude; (ii) Has ever had a license or certificate of necessity for a ground ambulance services suspended or revoked by any state or political subdivision; or (iii) Has ever operated a ground ambulance service without the required certification or licensure in this or any other state.

**In support of the Application of the American Medical Response of Cochise County LLC dba Arizona Ambulance Transport, dba AMR, I, Edward Van Horne, attest that the corporation and I have never:**

1. Been convicted of a felony or a misdemeanor involving moral turpitude;
2. Had a license or certificate of necessity for a ground ambulance services suspended or revoked by any state or political subdivision; or
3. Operated a ground ambulance service without the required certification of licensure in this or any other state.



Edward B. Van Horne  
Chief Operating Officer

1.5.2021

Date

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### ATTESTATION OF GLENN KASPRZYK

Arizona Administrative Code R9-25-902)(A)(2)(g) requires that proposed transferee provide a signed statement attesting to whether the applicant or designated manager of the ambulance service: (i) Has ever been convicted of a felony or a misdemeanor involving moral turpitude; (ii) Has ever had a license or certificate of necessity for a ground ambulance services suspended or revoked by any state or political subdivision; or (iii) Has ever operated a ground ambulance service without the required certification or licensure in this or any other state.

**In support of the Application of the American Medical Response of Cochise County LLC dba Arizona Ambulance Transport, dba AMR, I, Glenn Kasprzyk, attest that the corporation and I have never:**

1. Been convicted of a felony or a misdemeanor involving moral turpitude;
2. Had a license or certificate of necessity for a ground ambulance services suspended or revoked by any state or political subdivision; or
3. Operated a ground ambulance service without the required certification of licensure in this or any other state.

  
\_\_\_\_\_  
Glenn Kasprzyk  
Southwest Region President

01/04/2021  
Date

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**ATTESTATION OF JACQUELINE EVANS**

Arizona Administrative Code R9-25-902)(A)(2)(g) requires that proposed transferee provide a signed statement attesting to whether the applicant or designated manager of the ambulance service: (i) Has ever been convicted of a felony or a misdemeanor involving moral turpitude; (ii) Has ever had a license or certificate of necessity for a ground ambulance services suspended or revoked by any state or political subdivision; or (iii) Has ever operated a ground ambulance service without the required certification or licensure in this or any other state.

**In support of the Application of the American Medical Response of Cochise County LLC dba Arizona Ambulance Transport, dba AMR, I, Jacqueline Evans, attest that the corporation and I have never:**

1. Been convicted of a felony or a misdemeanor involving moral turpitude;
2. Had a license or certificate of necessity for a ground ambulance services suspended or revoked by any state or political subdivision; or
3. Operated a ground ambulance service without the required certification of licensure in this or any other state.

DocuSigned by:  
  
FB1CC30D64F4452...  
Jacqueline Evans  
Regional Director

1/4/2021  
Date

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**AMERICAN MEDICAL RESPONSE OF COCHISE COUNTY, LLC**  
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**DOCUMENTS REQUIRED AS PART OF THE APPLICATION PACKET**

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**AMERICAN MEDICAL RESPONSE OF COCHISE COUNTY LLC**  
**Initial Application**

**1. A DESCRIPTION OF THE PROPOSED SERVICE AREA BY ANY METHOD SPECIFIED IN A.R.S. § 36-2233(E) AND A MAP THAT ILLUSTRATES THE PROPOSED SERVICE AREA**

**Service Area:**

- a. Cochise County, Arizona
- b. Fry Fire District (CON No. 18) (See Special Provision 3.c. below)
- c. Excluding the following CON service areas:
  - a. City of Bisbee dba Bisbee Fire Department (CON No. 100) - (See Special Provision 3.d. below)
  - b. Elfrida Fire District dba Elfrida Ambulance Service (CON No. 17)
  - c. HealthCare Innovations, Inc. (CON No. 103)
  - d. Sunsites-Pearce Fire District dba Sunsites-Pearce Fire District Ambulance Service (CON No. 33)
  - e. Whetstone Fire District dba Whetstone Fire District Ambulance Service (CON No. 119)

**Special Provisions:**

- a. American Medical Response of Cochise County LLC will provide interfacility, convalescent, scheduled, and 911 emergency transports for Fort Huachuca, and for areas in Cochise County not covered by other CON holders.
- b. For the cities of Douglas and Sierra Vista, American Medical Response of Cochise County will provide interfacility and backup 911 emergency transports.
- c. American Medical Response of Cochise County will provide immediate response (911) transports within the boundaries of the Fry Fire District which is a limited portion of the entire certificated service area of Fry Fire District, CON No. 18.
- d. The legal city boundaries of the City of Bisbee. American Medical Response of Cochise County will provide interfacility, convalescent and scheduled transports and backup emergency transports (911) within the City of Bisbee as its legal city boundaries may change from time to time, which is a limited portion of the entire certificated service area of Bisbee Fire Department (CON No. 100)
- e. Pursuant to the Director's Decision and Order (2016A-EMS-0137-DHS) dated July 1, 2016, IFT services would continue to be divided between Bisbee Fire Department and Arizona Ambulance in an equitable manner provided that both parties are staffed and have resources available to accomplish an equitable division.

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Memorandum of Understanding  
Related to Medical Transport Services

Recitals

Whereas the Copper Queen Community Hospital (CQCH) free-standing Emergency Department in Douglas, Arizona ("ED"), located at 100 5<sup>th</sup> Street, Building E, requires a method of transporting patients to other facilities, and the City of Douglas ("City") - providing ambulance services through the Douglas Fire Department ("DFD") - and Arizona Ambulance of Douglas, Inc. doing business as Arizona Ambulance Transport (AAT), desire to provide these services, CQCH/ED, the City/DFD, CQCH and AAT have the following understanding:

**1. Initial Request for Interfacility Transport**

All requests by the FSED for an interfacility transport shall be initiated by calling the Douglas Dispatch Center (DDC) at (520) 364-7550. The request shall include a report by the attending physician and/or nurse. The report shall include the following:

- \* A notification of the Level of Transport (as designated below) of the patient to be transported and any patient-specific transport needs.
- \* The name of the receiving Hospital or medical facility.
- \* Confirmation of receiving Hospital or medical Facility acceptance (i.e., patient room or bed placement).
- \* Name of the accepting physician.

The DDC Dispatcher shall immediately forward the request to either DFD or AAT per protocol detailed in Section 4 herein. The Dispatcher shall not report any patient identifying information over the radio.

DFD will provide monthly computer aided dispatch (CAD) reports to the ED and AAT.

The ED, DFD and AAT will review the dispatch process 90 days after implementation. Any issues will be brought up and the parties will develop solutions. If the parties cannot agree to solutions, this section of the agreement may be renegotiated.

**2. Levels of Transport/Response Times**

One of the following Levels of Transport shall be designated in the report, triggering the applicable response times set forth below:

Level 1- The ED shall designate a patient emergency "Level 1" when it involves a patient who, in the opinion of the patient's attending physician or other qualified ED staff, has an immediate life, or limb, threatening illness or condition. These patients will be transported by an ALS Ground Ambulance, CCT Ground Ambulance or CCT Air Ambulance.

For Level 1 transports response time shall be immediate.

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- i. Date and time of call.
- ii. Level of call.
- iii. Time responding entity arrived at PSED.
- iv. Time responding entity departed PSED.

Calls will be rotated on a one to DFD, one to AAT basis. In the event either party is unable to handle a transfer when their "turn" is up, the entity will lose that "turn." There will be no "banking" of transfers.

In the event AAT or DFD takes a psychiatric transfer to any facility beyond Tucson, that transfer will not count against the entity's place in rotation. Medical transfers beyond Tucson will be considered a "turn."

#### 5. Inability to Respond within the Defined Response Times

- Independent of the rotation, if DFD is unable to respond with an appropriate resource within the response times indicated in Section 2, it shall immediately contact AAT at (520) 364-3000 and provide information as described in Section 4.
- If AAT is unable to respond with an appropriate resource within the response times indicated in Section 2, it shall immediately contact DDC and request that DFD perform the transport.
- For ground ambulance transport requiring attendance by an RN or SCT Paramedic, AAT shall be immediately contacted by DFD.
- In the event DFD and AAT are unable to respond, a mutual aid ground ambulance provider selected by AAT may be contacted. Prior to AAT and DFD declining the transport, a Mutual Aid provider shall be utilized only upon a mutual agreement between DFD and AAT.

#### 6. Lack of Confirmation

In the event:

- (a) AAT or DFD does not promptly answer a call from the ED, or
- (b) the ED does not receive a confirmation call from either the DFD or AAT within 5 minutes of its initial request to the City Dispatcher:

then the ED, in its sole and absolute discretion, may either:

- (a) Notify DDC of its intent to utilize an alternative ambulance service and provide the ED with the telephone number of the assigned ambulance service.

- (b) the ED may select an alternative ambulance company that has a written back up agreement with DFD (including the parties to the "Inter-governmental Agreement to improve the coordination and delivery of emergency services within Cochise County" recorded June 3, 2008), or is authorized by DFD or AAT dispatch, to do the transport. In the event the ED arranges for an alternative ambulance company to provide a transport under this provision, it shall subsequently notify DDC.

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## 12. Obligations Related to Medications, Intravenous Pumps

ED agrees to replace, at ED's expense, DFD medications that have expired or will expire within 30 days - unless the Base Station elects to provide this service. In addition, ED agrees to purchase and provide 2 (two) new intravenous pumps to DFD.

## 13. Professional Conduct

All parties understand the value of professional conduct and the managers and directors of each organization will implement and maintain policies and cultures that minimize critical/negative comments and behaviors, especially in the public sphere.

## 14. Dispute Resolution

In the event of a dispute regarding the totation of transport requests, response times or the production or accuracy of transport data, the parties will act in good faith to use their best efforts to resolve the dispute.

- a. If the parties are unable to resolve the dispute, then the dispute shall be determined in the sole discretion of the Arbitrator mutually appointed by the parties.
- b. The decision of the Arbitrator shall be in writing, identifying the nature of the dispute and the Arbitrator's resolution of the dispute.
- c. The decision of the Arbitrator shall be final and binding upon the parties.
- d. Unless otherwise determined by the Arbitrator, the parties shall each be responsible for one-third the costs and fees of the Arbitrator in resolving the dispute.
- e. The parties shall execute any standard agreements as necessary or reasonably required and provided by the Arbitrator.

APPROVED AND AGREED TO BY THE UNDERSIGNED REPRESENTATIVES OF THESE PARTIES.

- C. Effective Date; Term; Amendments.
  1. Effective Date. This MOU is effective as of 1 April 2017 ("Effective Date").
  2. Term. This agreement shall be for one (1) year commencing as of the Effective Date and shall renew automatically at the end of each term for an additional one (1) year term, provided, however that any party may terminate this Agreement, after first giving ninety (90) days' notice to the other party and attempting to resolve any such breach through good faith negotiation and discussion between the parties. If the parties cannot resolve the issue, the Arbitration Clause shall be triggered.
  3. Amendments. Any amendments to this MOU must be made in writing and must be agreed to and executed by all parties before becoming effective.
- D. Signatures. This MOU is executed by authorized representatives of ED, City/DFD and AAT.

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RESOLUTION NO. 17-1207

A RESOLUTION OF THE MAYOR AND COUNCIL OF THE CITY OF DOUGLAS, COCHISE COUNTY, ARIZONA, AUTHORIZING THE EXECUTION OF A MEMORANDUM OF UNDERSTANDING BETWEEN THE CITY OF DOUGLAS FIRE DEPARTMENT ("DFD"), COPPER QUEEN COMMUNITY HOSPITAL (CQCH) FREE-STANDING EMERGENCY DEPARTMENT (FSED) AND ARIZONA AMBULANCE OF DOUGLAS, INC. DOING BUSINESS AS ARIZONA AMBULANCE TRANSPORT (AAT) TO TRANSPORT PATIENTS FROM THE FSED TO OTHER FACILITIES WITHIN COCHISE COUNTY AND BEYOND, FOR THE CITY OF DOUGLAS, ARIZONA.

WHEREAS, in an effort to ensure efficient EMS response times, the City of Douglas Fire Department currently seeks to enter in cooperative professional relationship with Arizona Ambulance and Copper Queen Hospital (CQCH) Free Standing Emergency Department setting forth terms and guidelines for transporting patients from the FSED to other medical facilities in the county and beyond; and

WHEREAS, the City of Douglas seeks to enter into a Memorandum of Understanding with the named entities thereby expanding their relationship to continue providing timely and responsive EMS services times as part of the core DFD mission in Douglas, Arizona; and

WHEREAS, the Memorandum of Understanding providing the terms and conditions of said agreement entered into by the parties is attached as Exhibit "A", and incorporated herein by reference; and

WHEREAS, the City Council finds that it is in the best interests of the City of Douglas to renew the Memorandum of Understanding.


NOW, THEREFORE, BE IT RESOLVED, by the Mayor and Council of the City of Douglas, Arizona, as follows:

**Section 1.** The terms of the Memorandum of Understanding are for the public benefit and are found to be in the best interest of the City of Douglas.

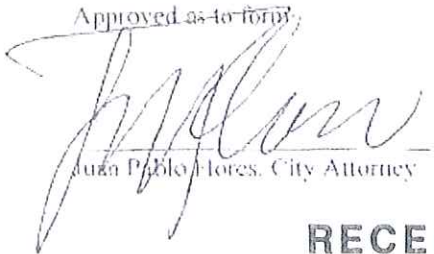
**Section 2.** The City Manager, Fire Chief and the City Clerk are hereby authorized to execute and deliver said Memorandum of Understanding and any related documents necessary to consummate the transaction contemplated by the agreement for and on behalf of the City of Douglas.

**Section 3.** The officers of the City Council and the City of Douglas are hereby authorized and directed to fulfill all obligations under the terms of the Memorandum of Understanding.


PASSED AND ADOPTED by the Mayor and Council of the City of Douglas, Arizona, this 29<sup>th</sup> day of March, 2017.

  
Robert Uribe, Mayor

Approved as to form:

  
Juan Pablo Flores, City Attorney

Attest:

  
Brenda Aguilar, City Clerk

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From: **Kevin Lomeli** kevin.lomeli@douglasaz.gov  
Subject: Re: Douglas Interfacility Transports  
Date: June 14, 2019 at 11:22 AM  
To: Paul Pedersen ppedersen@azambulance.com  
Cc: Christopher Alleman calleman@azambulance.com

Perfect!

Thank you,

Kevin Lomeli  
Fire Chief  
Douglas Fire Dept.  
1400 10th st.  
Douglas AZ, 85607  
(520) 727-0605

On Jun 14, 2019, at 11:07, Paul Pedersen <ppedersen@azambulance.com> wrote:

Kevin,

This is my understanding of our concept of handling interfacility transports coming out of DED:

- AZA will be assigned all DED-Tucson transports.
- DFD will be assigned all DED-CQCH transports.
- AZA and DFD will split DED-CVMC transports on a 50-50 basis.
- AZA will make best efforts to handle all DED-Tucson transports utilizing system-wide AZA resources. In the event AZA is unable to handle a transport in a timely manner, DFD will endeavor to handle the transport.
- This is a trial that will commence on 15 Jul and run for one month. Either AZA or DFD have the right to terminate the trial prior to termination if the trial is not working well. If this were to occur, AZA and DFD will work to create a plan that serves all the parties.
- AZA and DFD agree that in order for the trial to be successful, DED must be served at least as well as is the case currently.
- AZA Comm (AMR Tucson) will serve as initial point of contact for DED effective 1 Jul. AZA Comm will subsequently dispatch AZA or DFD as appropriate.

Paul

**Paul A. Pedersen Jr.**  
Managing Partner  
Arizona Ambulance Transport  
4266 Industry Drive  
Sierra Vista AZ 85635  
Office 520 459-4040  
Cell 503 710-2130

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Memorandum of Understanding  
Related to Medical Transport Services

Recitals

Whereas the Copper Queen Community Hospital Emergency Department in Bisbee, Arizona ("CQCH") requires a method of transporting patients to other facilities, and the City of Bisbee ("City") - providing ambulance services through the Bisbee Fire Department ("BFD") - and Arizona Ambulance Transport (AAT), desire to provide these services, CQCH, the City/BFD and AAT have the following understanding:

1. Initial Request for Interfacility Transport

All requests by the CQCH for an interfacility transport shall be initiated by calling AAT's communications center at (520) 364-3000. The request shall include a report by the attending physician and/or nurse. The report shall include the following:

- A notification of the Level of Transport (as designated below) of the patient to be transported and any patient-specific transport needs.
- The name of the receiving hospital.
- Confirmation of receiving hospital acceptance (i.e., patient room or bed placement).
- Name of the accepting physician.

The Dispatcher shall immediately forward the request to either BFD or AAT per protocol detailed in Section 4. The Dispatcher shall not report any patient identifying information over the radio.

AAT will provide monthly computer aided dispatch (CAD) reports to the CQCH and BFD.

The CQCH, BFD and AAT will review the dispatch process 90 days after implementation. Any issues will be brought up and the parties will develop solutions. If the parties cannot agree to solutions, this section of the agreement may be renegotiated.

2. Levels of Transport/Response Times

One of the following Levels of Transport shall be designated in the report, triggering the applicable response times set forth below:

Level I- The CQCH shall designate a patient emergency "Level I" when it involves a patient who, in the opinion of the patient's attending physician or other qualified CQCH staff, has an immediate life, or limb, threatening illness or condition. These patients will be transported by an ALS Ground Ambulance, CCT Ground Ambulance or CCT Air Ambulance.

Response time shall be immediate.

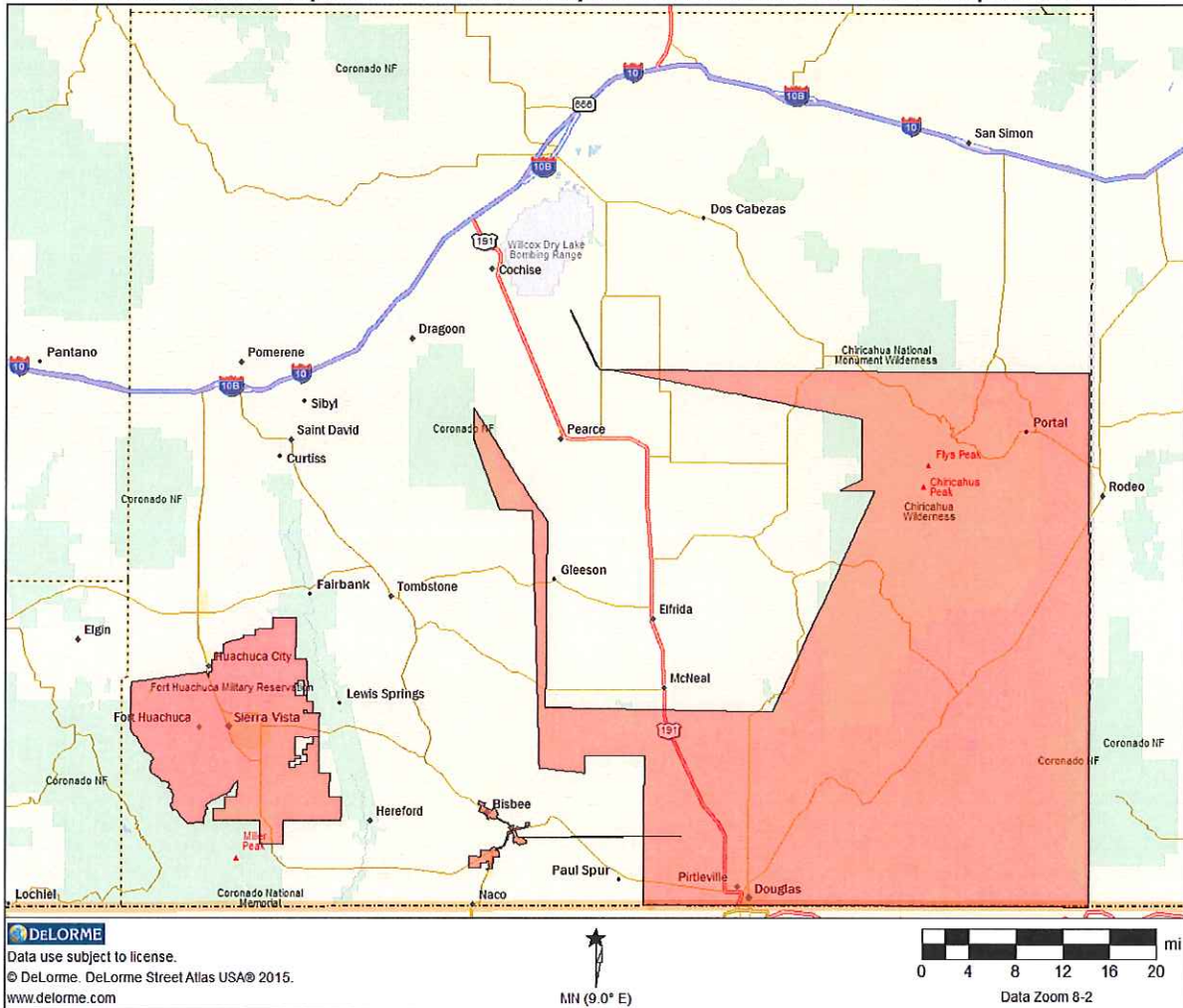
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*PAJ*  
*041720*

American Medical Response of Cochise County LLC dba Arizona Ambulance Transport CON 120



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www.delorme.com

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0 4 8 12 16 20 mi  
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Arizona Ambulance Service Area

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**ACTUAL FINANCIAL DATA**

**AMBULANCE REVENUE and COST REPORT**

**GENERAL INFORMATION and CERTIFICATION**

Legal Name of Company: American Medical Response of Cochise County LLC CON No. 120

D.B.A. (Doing Business As): Arizona Ambulance Business Phone: 480-606-3630

Financial Records Address: 6363 S Fiddler's Green Circle, 14th Floor City: Greenwood Village Zip Code: 80111

Mailing Address (If Different): \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Owner / Manager: Southwest Region President - Glenn Kasprzyk

Report Contact Person: Southwest Region President - Glenn Kasprzyk Business Phone: 480-606-3630 Ext. \_\_\_\_\_

Report for Period From: From: Projected First Year To: \_\_\_\_\_

Method of Valuing Inventory: LIFO: \_\_\_\_\_ FIFO: (x) Other (Explain): \_\_\_\_\_

**Please attach a list of all affiliated organizations (parents/subsidiaries) that exhibit at least 5% ownership/vesting.**  
*American Medical Response, Inc., Envision Healthcare Holdings, Inc.*

*I hereby verify that I have directed the preparation of the enclosed annual report in accordance with the reporting requirements of the State of Arizona.*

*I have read this report and hereby verify that the information provided is true and correct to the best of my knowledge.*

*This report has been prepared using the accrual basis of accounting.*

Authorized Signature:



Howard Gordon

Title:

Vice President, Finance

Date: January 4, 2021

Mail to:

Department of Health Services  
Bureau of Emergency Medical Services  
Certificate of Necessity and Rates Section  
150 North 18th Avenue, Suite 540  
Phoenix, AZ 85007-3248  
Telephone: (602) 364-3150  
Fax: (602) 364-3567

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## AMBULANCE REVENUE AND COST REPORT

**AMBULANCE SERVICE ENTITY:** American Medical Response of Cochise County LLC

**FOR THE PERIOD** Projected First Year **TO:** \_\_\_\_\_

**STATISTICAL SUPPORT DATA**

Line No.	<u>DESCRIPTION</u>	(1) SUBSCRIPTION SERVICE TRANSPORTS	(2)** TRANSPORTS UNDER CONTRACT	(3) TRANSPORTS NOT UNDER CONTRACT	(4) TOTALS
1	Number of ALS Billable Transports:	_____	239	2,076	2,315
2	Number of BLS Billable Transports:	_____	151	1,151	1,302
3	Number of Loaded Billable Miles:	_____	33,150	274,295	307,445
4	Waiting Time (Hr. & Min.):	-	_____	_____	-
5	Canceled (Non-Billable) Runs:	_____	_____	_____	350
					Number
					Donated Hours
<b>Volunteer Services: (OPTIONAL)</b>					
6	Paramedic and IEMT	.....			_____
7	Emergency Medical Technician - B	.....			_____
8	Other Ambulance Attendants	.....			_____
9	Total Volunteer Hours	.....			-

\*\* This column reports only those runs where a contracted discount rate was applied. See Page 7 to provide additional information regarding discounted contract runs.

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## AMBULANCE REVENUE AND COST REPORT

**AMBULANCE SERVICE ENTITY:** American Medical Response of Cochise County LLC

**FOR THE PERIOD** Projected First Year **TO:** \_\_\_\_\_

**STATISTICAL SUPPORT DATA**

		(1)	(2)	(3)
<u>Line No.</u>	<u>Type of Service</u>	<u>SUBSIDIZED PATIENTS</u>	<u>NON-SUBSIDIZED PATIENTS</u>	<u>TOTALS</u>
1	Number of ALS Billable Transports:		2,315	2,315
2	Number of BLS Billable Transports:		1,302	1,302
3	Number of Loaded Billable Miles:		307,445	307,445
4	Waiting Time (Hr. & Min.):		-	-
5	Canceled (Non-Billable) Runs:		350	350
				Number
				Donated Hours
<b>Volunteer Services: (OPTIONAL)</b>				
6	Paramedic and IEMT	.....		
7	Emergency Medical Technician - B	.....		
8	Other Ambulance Attendants	.....		
9	Total Volunteer Hours	.....		-

Note: This page and page 3.1, Routine Operating Revenue, are only for those governmental agencies that apply subsidy to patient billings.

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## AMBULANCE REVENUE AND COST REPORT

**AMBULANCE SERVICE ENTITY:**

American Medical Response of Cochise County LLC

**FOR THE PERIOD**

**FROM:** Projected First Year

**TO:** \_\_\_\_\_

**STATEMENT OF INCOME**

Line No.	<u>DESCRIPTION</u>	<u>FROM</u>	
<b>Operating Revenues:</b>			
1	Ambulance Service Routine Operating Revenue .....	Page 3, Line 10 & Page 3.1, Line 10 .....	\$ <u>9,899,547</u>
<b>Less:</b>			
2	AHCCCS Settlement .....	Page 3.1, Line 11 .....	<u>976,647</u>
3	Medicare Settlement .....	Page 3.1, Line 12 .....	<u>2,490,802</u>
4	Contractual Discounts .....	Page 7, Line 32 .....	<u>596,667</u>
5	Subscription Service Settlement .....	Page 8, Line 4 .....	<u>-</u>
6	Other (Attach Schedule) .....	Page 3.1, Line 13 .....	<u>-</u>
7	Total .....	Sum of Lines 2 through 6 .....	<u>4,064,117</u>
8	Net Revenue from Ambulance Runs .....	Line 1, minus Line 7 .....	<u>5,835,430</u>
9	Sales of Subscription Service Contracts .....	Page 8, Line 8 .....	<u>-</u>
10	Total Operating Revenue .....	Line 8, plus Line 9 .....	\$ <u>5,835,430</u>
<b>Ambulance Operating Expenses:</b>			
11	Bad Debt (Includes Subscription Services Bad Debt) .....	.....	<u>443,589</u>
12	Wages, Payroll Taxes, and Employee Benefits ....	Page 4, Line 22 .....	<u>2,823,092</u>
13	General and Administrative Expenses .....	Page 5, Line 20 .....	<u>455,878</u>
14	Cost of Goods Sold .....	Page 3, Line 15 .....	<u>25,570</u>
15	Other Operating Expense .....	Page 6, Line 28 .....	<u>918,089</u>
16	Interest Expense (Attach Schedule IV) .....	Page 14, Line 15, Column 4 & 5 .....	<u>-</u>
17	Subscription Service Direct Selling .....	Page 8, Line 23 .....	<u>-</u>
18	Total Operating Expense .....	Sum of Lines 11 through 17 .....	<u>4,666,217</u>
19	Ambulance Service Income (Loss) .....	Line 10, minus Line 18 .....	<u>1,169,213</u>
<b>Other Revenue / Expenses:</b>			
20	Other Operating Revenue and Expense .....	Page 9, Line 17 .....	<u>-</u>
21	Non-Operating Revenue and Expense .....	.....	<u>-</u>
22	Non-Deductible Expenses (Attach Schedule) .....	.....	<u>-</u>
23	Total Other Revenues / Expenses .....	Sum of Lines 20 & 21 .....	<u>-</u>
24	Ambulance Service Income (Loss) - Before Income Taxes .....	Sum of Line 19, plus Line 23 .....	<u>1,169,213</u>
<b>Provision for Income Taxes:</b>			
25	Federal Income Tax .....	.....	<u>257,227</u>
26	State Income Tax .....	.....	<u>122,767</u>
27	Total Income Tax .....	Lines 25, plus Line 26 .....	<u>379,994</u>
28	<b>Ambulance Service Net Income (Loss)</b> .....	Line 24, minus Line 27 .....	<u>789,219</u>

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## AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: American Medical Response of Cochise County LLC

FOR THE PERIOD FROM: Projected First Year TO: \_\_\_\_\_

**ROUTINE OPERATING REVENUE**

Line No.	DESCRIPTION						
<b>Ambulance Service Routine Operating Revenue:</b>							
1	ALS Base Rate Amount	Rate	\$ 1,085.27	x No. of Runs	2,315.00	=	\$ 2,512,400
		Rate		x No. of Runs		=	
2	BLS Base Rate Amount	Rate	1,085.27	x No. of Runs	1,302.00	=	1,413,022
		Rate		x No. of Runs		=	
3	Mileage Rate Amount	Rate	19.09	x No. of Billable Miles	307,445.00	=	5,869,125
		Rate		x No. of Billable Miles		=	
4	Waiting Charge Amount	Rate	-	x No. of Hours	-	=	
		Rate		x No. of Hours		=	
5	Medical Supplies (Gross Charges to patients)						-
6	Nurses Charges						95,000
7	Total						9,889,547
8	Standby Revenue (Attach Schedule)						10,000
9	Other Ambulance Service Revenue (Attach Schedule)						-
10	<b>Total Ambulance Service Routine Operating Revenue (To Page 2, Line 1)</b>						<b>\$ 9,899,547</b>

**Cost of Goods Sold: (Medical Supplies)**

11	Inventory at Beginning of Year				-
12	Plus Purchases				75,570
13	Plus Other Costs				-
14	Less Inventory at End of Year				50,000
15	<b>Cost of Goods Sold (To Page 2, Line 14)</b>				<b>\$ 25,570</b>

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## AMBULANCE REVENUE AND COST REPORT

**AMBULANCE SERVICE ENTITY:**

American Medical Response of Cochise County LLC

**FOR THE PERIOD**

From : Projected First Year

TO: \_\_\_\_\_

**ROUTINE OPERATING REVENUE**

Identified by subsidized and non-subsidized patients

Line No.	<u>DESCRIPTION</u>	(1) SUBSIDIZED PATIENTS	(2) NON-SUBSIDIZED PATIENTS	(3) TOTALS
<b>AMBULANCE SERVICE OPERATING REVENUE</b>				
1	ALS Base Rate .....	\$ _____	\$ 2,512,400	\$ 2,512,400
2	BLS Base Rate .....	_____	1,413,022	1,413,022
3	Mileage Charge .....	_____	5,869,125	5,869,125
4	Waiting Charge .....	_____	-	-
5	Medical Supplies ..... (Gross Charges) ....	_____	-	-
6	Nurses' Charges .....	_____	95,000	95,000
7	<b>Total</b>	\$ _____	\$ 9,889,547	\$ 9,889,547
<b>Plus:</b>				
8	Standby Revenue ..... (Attach Schedule) .....	_____	_____	10,000
9	Other Ambulance Service Revenue (Attach Schedule) .....	_____	_____	-
10	<b>Total Ambulance Service Routine Operating Revenue</b> (Post to Pg 2, Line 1) .....	_____	_____	\$ 9,899,547
<b>Less:</b>				
11	AHCCCS Settlement (Post total to Pg 2, Line 2)	\$ _____	\$ 976,647	\$ 976,647
12	Medicare Settlement (Post total to Pg 2, Line 3)	_____	2,490,802	2,490,802
13	Subsidy (Post total to Pg 2, Line 6)	_____	-	-
14	Other (Attach Schedule)	_____	596,667	596,667
15	<b>Total Settlements</b> (Post to Pg 2, Line 7)	\$ _____	\$ 4,064,117	\$ 4,064,117

Note: This page and page 1.1, are only for those governmental agencies that apply subsidy to patient billings.

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## AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: American Medical Response of Cochise County LLC

FOR THE PERIOD FROM: Projected First Year TO: \_\_\_\_\_

**WAGES, PAYROLL TAXES, and EMPLOYEE BENEFITS**

Line No.	DESCRIPTION	No. of *F.T.E.	AMOUNT
<b>OFFICERS / OWNERS</b> (Attach Schedule 1, Wage Category; Pg 10, Line 7)			
1	Gross Wages .....	-	\$ -
2	Payroll Taxes .....		-
3	Employee Fringe Benefits .....		-
4	Total .....	-	-
<b>MANAGEMENT</b> (Attach Schedule II, Wage Detail; Pg 11)			
5	Gross Wages .....	1.3	130,000
6	Payroll Taxes .....		12,025
7	Employee Fringe Benefits .....		18,655
8	Total .....	1.3	160,680
<b>AMBULANCE PERSONNEL</b> (Attach Schedule II, Wage Detail; Pg 11)      ** Casual Labor      Wages			
9	Paramedics and IEMT .....	10.5	630,555
10	Emergency Medical Technician (EMT) .....	21.5	942,389
11	Nurses .....	3.0	253,020
12	Payroll Taxes .....		168,902
13	Employee Fringe Benefits .....		262,026
14	Total .....	35.0	2,256,892
<b>OTHER PERSONNEL</b> (Attach Schedule II, Wage Detail; Pg 11)			
15	Dispatch .....	-	-
16	Mechanics .....	-	-
17	Office and Clerical .....	7.0	328,091
18	Other .....	-	-
19	Payroll Taxes .....		30,348
20	Employee Fringe Benefits .....		47,081
21	Total .....	7.0	405,520
22	<b>Total F.T.E., Wages, Payroll Taxes, &amp; Employee Benefits</b> (Post to Pg 2, line 12) .....	43.3	\$ 2,823,092

\* Full-time equivalents (F.T.E.) is the sum of all hours for which employee wages were paid during the year divided by 2,080.

\*\* The sum of Casual Labor (wages paid on a per run basis) plus Wages paid is entered in Column 2 by line item. However when calculating F.T.E.s, do not include casual labor hours worked or expenses incurred.

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## AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: American Medical Response of Cochise County LLC

FOR THE PERIOD FROM: Projected First Year TO: \_\_\_\_\_

### ALLOCATION OF WAGES, PAYROLL TAXES, and EMPLOYEE BENEFITS

Line No.	DESCRIPTION	(1) No. of *F.T.E.	(2) Total Expenditure	(3) Allocation Percentage	(4) Ambulance Amount
<b>MANAGEMENT</b>					
1	Gross Wages (Attach Schedule II)	1.3	130,000	100%	130,000
2	Payroll Taxes		12,025	100%	12,025
3	Employee Fringe Benefits		18,655	100%	18,655
4	Total	1.3	160,680		160,680
<b>AMBULANCE PERSONNEL</b>					
		** Contractual	Wages		
	Gross Wages (Attach Schedule I	Labor			
5	Paramedics and IEMT	_____ \$ _____	10.5	100%	630,555
6	Emergency Medical Technician (EMT)	_____	21.5	100%	942,389
7	Nurses	_____	3.0	100%	253,020
8	Drivers	_____	0.0	100%	-
9	Payroll Taxes		168,902	100%	168,902
10	Employee Fringe Benefits		262,026	100%	262,026
11	Total	35.0	2,256,892		2,256,892
<b>OTHER PERSONNEL</b>					
	Gross Wages (Attach Schedule II)				
12	Dispatch	0.0	-	100%	-
13	Mechanics	0.0	-	100%	-
14	Office and Clerical	7.0	328,091	100%	328,091
15	Other	0.0	-	100%	-
16	Payroll Taxes		30,348	100%	30,348
17	Employee Fringe Benefits		47,081	100%	47,081
18	Total	7.0	405,520		405,520
19	<b>TOTAL F.T.E., WAGES, PAYROLL TAXES &amp; EMPLOYEE BENEFITS</b>	(Post to Pg 2, line 12) 43.3	2,823,092		\$ 2,823,092

\* Full-time equivalents (F.T.E.) is the sum of all hours for which employee wages were paid during the year divided by 2,080.

\*\* The sum of Casual Labor (wages paid on a per run basis) plus Wages paid is entered in Column 2 by line item. However, when calculating F.T.E.'s, do not include casual labor hours worked or expenses incurred.

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## AMBULANCE REVENUE AND COST REPORT

**AMBULANCE SERVICE ENTITY:** American Medical Response of Cochise County LLC

**FOR THE PERIOD** FROM: Projected First Year TO: \_\_\_\_\_

**BASIS OF ALLOCATIONS OF WAGES, PAYROLL et al.**

Line No.	<u>DESCRIPTION</u>	<u>Basis of Allocations</u>	
1	Gross Wages - MANAGEMENT	All personnel are 100% dedicated to ambulance services.	
2	Payroll Taxes	100% ambulance services	
3	Employee Fringe Benefits	100% ambulance services	
4	Total	100% ambulance services	
		Contractual	Wages
	<b>Gross Wages - AMBULANCE PERSONNEL</b>		
5	Paramedics and IEMT	_____	100% ambulance services
6	Emergency Medical Technician (EMT)	_____	100% ambulance services
7	Nurses	_____	100% ambulance services
8	Drivers	_____	100% ambulance services
9	Payroll Taxes	_____	100% ambulance services
10	Employee Fringe Benefits	_____	100% ambulance services
11	Total	_____	100% ambulance services
	<b>Gross Wages - OTHER PERSONNEL</b>		
12	Dispatch	_____	100% ambulance services
13	Mechanics	_____	100% ambulance services
14	Office and Clerical	_____	100% ambulance services
15	Other	_____	100% ambulance services
16	Payroll Taxes	_____	100% ambulance services
17	Employee Fringe Benefits	_____	100% ambulance services
18	Total	_____	100% ambulance services

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## AMBULANCE REVENUE AND COST REPORT

**AMBULANCE SERVICE ENTITY:** American Medical Response of Cochise County LLC  
**FOR THE PERIOD** FROM: Projected First Year TO: \_\_\_\_\_

**GENERAL and ADMINISTRATIVE EXPENSES**

Line No.	DESCRIPTION		
<b>Professional Service:</b>			
1	Legal Fees .....	\$	-
2	Collection Fees .....		112,091
3	Accounting and Auditing .....		9,019
4	Data Processing Fees .....		-
5	Other (Attach Schedule) .....		100,182
6	<b>Total</b> .....	\$	<u>221,292</u>
 <b>Travel and Entertainment:</b>			
7	Meals and Entertainment .....		3,323
8	Transportation - Other Company Vehicles .....		-
9	Travel .....		-
10	Other (Attach Schedule) .....		-
11	<b>Total</b> .....		<u>3,323</u>
 <b>Other General and Administrative:</b>			
12	Office Supplies .....		10,493
13	Postage .....		2,421
14	Telephone .....		24,544
15	Advertising .....		9,157
16	General Liability Insurance .....		21,284
17	Workers Comp .....		83,391
18	Other (Attach Schedule) .....		79,973
19	<b>Total</b> .....		<u>231,263</u>
20	<b>Total General and Administrative Expenses</b> (Post to Page 2, Line 13) .....	\$	<u>455,878</u>

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## AMBULANCE REVENUE AND COST REPORT

**AMBULANCE SERVICE ENTITY:** American Medical Response of Cochise County LLC  
**FOR THE PERIOD** FROM: Projected First Year TO: \_\_\_\_\_

**GENERAL and ADMINISTRATIVE EXPENSES**

Line No.	DESCRIPTION		
<b>Professional Service:</b>			
1	Consulting .....	\$	30,000
2	Medical Director .....		57,810
3	Temp Staffing .....		-
4	Other Professional Fees .....		12,372
5	.....		-
6	<b>Total</b> .....	\$	100,182
 <b>Travel and Entertainment:</b>			
7	.....		-
8	.....		-
9	.....		-
10	.....		-
11	<b>Total</b> .....		-
 <b>Other General and Administrative:</b>			
12	Employee Relations & Training .....		4,749
13	Lobbying & Political .....		-
14	Printing .....		822
15	Software Licenses & Maintenance .....		-
16	Recruiting .....		-
17	Sales & Use Tax .....		-
18	Fines and Penalties .....		-
19	Misc. G&A .....		11,426
20	Dues & Subscriptions .....		3,729
21	Allocated Shared Support Services .....		59,246
22	<b>Total</b> .....		79,973

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## AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: American Medical Response of Cochise County LLC

FOR THE PERIOD FROM: Projected First Year TO: \_\_\_\_\_

**ALLOCATION of GENERAL and ADMINISTRATIVE EXPENSES**

Line No.	DESCRIPTION	(1) Total Expenditure	(2) Allocation Percentage	(3) Ambulance Amount
<b>Professional Service:</b>				
1	Legal Fees .....	\$ -	100%	\$ -
2	Collection Fees .....	112,091	100%	112,091
3	Accounting and Auditing .....	9,019	100%	9,019
4	Data Processing Fees .....	-	100%	-
5	Other (Attach Schedule) .....	100,182	100%	100,182
6	Total .....	221,292		221,292
<b>Travel and Entertainment:</b>				
7	Meals and Entertainment .....	3,323	100%	3,323
8	Transportation - Other Company Vehicles .....	-	100%	-
9	Travel .....	-	100%	-
10	Other (Attach Schedule) .....	-	100%	-
11	Total .....	3,323		3,323
<b>Other General and Administrative:</b>				
12	Office Supplies .....	10,493	100%	10,493
13	Postage .....	2,421	100%	2,421
14	Telephone .....	24,544	100%	24,544
15	Advertising .....	9,157	100%	9,157
16	Professional Liability Insurance .....	21,284	100%	21,284
17	Dues and Subscriptions .....	83,391	100%	83,391
18	Other (Attach Schedule) .....	79,973	100%	79,973
19	Total .....	231,263		231,263
20	<b>Total General and Administrative Expenses</b> (Post to Page 2, Line 13)	\$ 455,878		455,878

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## AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: American Medical Response of Cochise County LLC

FOR THE PERIOD FROM: Projected First Year TO: \_\_\_\_\_

**BASIS of ALLOCATION OF GENERAL and ADMINISTRATIVE EXPENSES**

<u>Line No.</u>	<u>DESCRIPTION</u>	<u>Basis of Allocation</u>
<b>Professional Service:</b>		
1	Legal Fees	100% Ambulance Services
2	Collection Fees	100% Ambulance Services
3	Accounting and Auditing	100% Ambulance Services
4	Data Processing Fees	100% Ambulance Services
5	Other (Attach Schedule)	100% Ambulance Services
6	Total	
<b>Travel and Entertainment:</b>		
7	Meals and Entertainment	100% Ambulance Services
8	Transportation - Other Company Vehicles	100% Ambulance Services
9	Travel	100% Ambulance Services
10	Other (Attach Schedule)	100% Ambulance Services
11	Total	
<b>Other General and Administrative:</b>		
12	Office Supplies	100% Ambulance Services
13	Postage	100% Ambulance Services
14	Telephone	100% Ambulance Services
15	Advertising	100% Ambulance Services
16	Professional Liability Insurance	100% Ambulance Services
17	Dues and Subscriptions	100% Ambulance Services
18	Other (Attach Schedule)	100% Ambulance Services
19	Total	

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## AMBULANCE REVENUE AND COST REPORT

**AMBULANCE SERVICE ENTITY:** American Medical Response of Cochise County LLC

**FOR THE PERIOD** FROM: Projected First Year TO: \_\_\_\_\_

**OTHER OPERATING EXPENSES**

Line No.	<u>DESCRIPTION</u>		
<b>Depreciation and Amortization:</b>			
1	Depreciation (Attach Schedule III) ..... (From Pg 13, Line 20, Col I) .....	\$ 232,898	
2	Amortization .....	-	
3	<b>Total</b> .....		\$ 232,898
4	Rent / Lease (Attach Schedule III) ..... (From Pg 13, Line 20, Col K) .....		171,092
<b>Building / Station Expense:</b>			
5	Building and Cleaning Supplies .....	4,052	
6	Utilities .....	31,894	
7	Property Taxes .....	-	
8	Property Insurance .....	-	
9	Repairs and Maintenance .....	12,308	
10	Other (Attach Schedule) .....	-	
11	<b>Total</b> .....		48,254
<b>Vehicle Expense - Ambulance Units:</b>			
12	License / Registration .....	5,013	
13	Fuel .....	150,823	
14	General Vehicle & Equip Service and Maint .....	78,814	
15	Major Repairs .....	35,000	
16	Insurance - Service Vehicles .....	47,626	
17	Other (Attach Schedule) .....	-	
18	<b>Total</b> .....		317,276
<b>Other Expenses:</b>			
19	Dispatch .....	65,432	
20	Education / Training .....	-	
21	Uniforms and Uniform Cleaning .....	16,780	
22	Meals and Travel for Ambulance personnel .....	-	
23	Maintenance Contracts .....	-	
24	Minor Equipment - Not Capitalized .....	-	
25	Ambulance Supplies - Nonchargeable .....	59,804	
26	Other (Attach Schedule) .....	6,553	
27	<b>Total</b> .....		148,569
28	<b>Total Other Operating Expenses</b> ..... (Post to Page 2, Line 15) .....		\$ 918,089

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## AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: American Medical Response of Cochise County LLC

FOR THE PERIOD FROM: Projected First Year TO: \_\_\_\_\_

**OTHER OPERATING EXPENSES**

Line  
No.    **DESCRIPTION**

**Building / Station Expense Other:**

1	Other building/station expenses .....	_____	-
2	.....	_____	
3	.....	_____	
4	.....	_____	
5	.....	_____	
6	.....	_____	
7	Total .....	_____	-

**Vehicle Expense - Ambulance Units Other:**

8	Tires .....	_____	-
9	.....	_____	
10	.....	_____	
11	.....	_____	
12	.....	_____	
13	.....	_____	
14	Total .....	_____	-

**Other Expenses:**

15	External Provider Expense .....	5,472.94	
16	Other Operating Expense .....	1,080.32	
17	.....	-	
18	.....	_____	
19	.....	_____	
20	.....	_____	
21	.....	_____	
22	.....	_____	
23	Total .....	_____	6,553.26

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## AMBULANCE REVENUE AND COST REPORT

**AMBULANCE SERVICE ENTITY:** American Medical Response of Cochise County LLC

**FOR THE PERIOD** FROM: Projected First Year TO: \_\_\_\_\_

**ALLOCATION of OTHER OPERATING EXPENSES**

Line No.	DESCRIPTION	(1) Total Expenditure	(2) Allocation Percentage	(3) Ambulance Amount
<b>Depreciation and Amortization:</b>				
1	Depreciation (Attach Schedule III) ..... (From Pg 13, Line 20, Col I)	\$ 232,898	100%	\$ 232,898
2	Amortization .....	0	100%	0
3	Total .....	232,898		232,898
4	Rent / Lease (Attach Schedule III) ..... (From Pg 13, Line 20, Col K)	171,092	100%	171,092
<b>Building / Station Expense:</b>				
5	Building and Cleaning Supplies .....	4,052	100%	4,052
6	Utilities .....	31,894	100%	31,894
7	Property Taxes .....	0	100%	0
8	Property Insurance .....	0	100%	0
9	Repairs and Maintenance .....	12,308	100%	12,308
10	Other (Attach Schedule) .....	0	100%	0
11	Total .....	48,254		48,254
<b>Vehicle Expense - Ambulance Units:</b>				
12	License / Registration .....	5,013	100%	5,013
13	Fuel .....	150,823	100%	150,823
14	General Vehicle Service and Maintenance .....	78,814	100%	78,814
15	Major Repairs .....	35,000	100%	35,000
16	Insurance - Service Vehicles .....	47,626	100%	47,626
17	Other (Attach Schedule) .....	0	100%	0
18	Total .....	317,276		317,276
<b>Other Expenses:</b>				
19	Dispatch .....	65,432	100%	65,432
20	Education / Training .....	0	100%	0
21	Uniforms and Uniform Cleaning .....	16,780	100%	16,780
22	Meals and Travel - Ambulance Personnel .....	0	100%	0
23	Maintenance Contracts .....	0	100%	0
24	Minor Equipment - Not Capitalized .....	0	100%	0
25	Ambulance Supplies - Nonchargeable .....	59,804	100%	59,804
26	Other (Attach Schedule) .....	6,553	100%	6,553
27	Total .....	148,569		148,569
28	Total Other Operating Expenses ..... (Post to Page 2, Line 15)	\$ 918,089		\$ 918,089

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## AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: American Medical Response of Cochise County LLC

FOR THE PERIOD FROM: Projected First Year TO: \_\_\_\_\_

**BASIS of ALLOCATION OF OTHER EXPENSES**

Line No.	<u>DESCRIPTION</u>	<u>Basis of Allocation</u>
<b>Depreciation and Amortization:</b>		
1	Depreciation	100% Ambulance Services
2	Amortization	100% Ambulance Services
3	Total	100% Ambulance Services
4	Rent / Lease	100% Ambulance Services
<b>Building / Station Expense:</b>		
5	Building and Cleaning Supplies	100% Ambulance Services
6	Utilities	100% Ambulance Services
7	Property Taxes	100% Ambulance Services
8	Property Insurance	100% Ambulance Services
9	Repairs and Maintenance	100% Ambulance Services
10	Other	100% Ambulance Services
11	Total	100% Ambulance Services
<b>Vehicle Expense - Ambulance Units:</b>		
12	License / Registration	100% Ambulance Services
13	Fuel	100% Ambulance Services
14	General Vehicle Service and Maintenance	100% Ambulance Services
15	Major Repairs	100% Ambulance Services
16	Insurance - Service Vehicles	100% Ambulance Services
17	Other	100% Ambulance Services
18	Total	100% Ambulance Services
<b>Other Expenses:</b>		
19	Dispatch	100% Ambulance Services
20	Education / Training	100% Ambulance Services
21	Uniforms and Uniform Cleaning	100% Ambulance Services
22	Meals and Travel for Ambulance personnel	100% Ambulance Services
23	Maintenance Contracts	100% Ambulance Services
24	Minor Equipment - Not Capitalized	100% Ambulance Services
25	Ambulance Supplies - Nonchargeable	100% Ambulance Services
26	Other (Attach Schedule)	100% Ambulance Services
27	Total	100% Ambulance Services

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## AMBULANCE REVENUE AND COST REPORT

**AMBULANCE SERVICE ENTITY:** American Medical Response of Cochise County LLC

**FOR THE PERIOD** FROM: Projected First Year TO: \_\_\_\_\_

**DETAIL OF CONTRACTUAL ALLOWANCES**

Line No.	Name of Contracting Entity	Total Billable Runs	Gross Billing	Percent Discount	Allowance
1	<u>Southern Arizona VA Health Care</u>	110	\$ 298,210	20%	\$ 59,642
2	<u>Cooper Queen Community Hospital</u>	250	\$ 387,750	30%	\$ 116,325
3	<u>BCBS of AZ</u>	175	\$ 490,000	10%	\$ 49,000
4	<u>Aetna</u>	35	\$ 98,000	25%	\$ 24,500
5	<u>UHC Community Plan</u>	15	\$ 42,000	30%	\$ 12,600
6	<u>United Healthcare</u>	60	\$ 168,000	25%	\$ 42,000
7	<u>ICE Health Service Corps</u>	30	\$ 84,000	55%	\$ 46,200
8	<u>Healthnet Tricare West</u>	160	\$ 448,000	55%	\$ 246,400
9	_____	_____	_____	_____	_____
10	_____	_____	_____	_____	_____
11	_____	_____	_____	_____	_____
12	_____	_____	_____	_____	_____
13	_____	_____	_____	_____	_____
14	_____	_____	_____	_____	_____
15	_____	_____	_____	_____	_____
16	_____	_____	_____	_____	_____
17	_____	_____	_____	_____	_____
18	_____	_____	_____	_____	_____
19	_____	_____	_____	_____	_____
20	_____	_____	_____	_____	_____
21	_____	_____	_____	_____	_____
22	_____	_____	_____	_____	_____
23	_____	_____	_____	_____	_____
24	_____	_____	_____	_____	_____
25	_____	_____	_____	_____	_____
26	_____	_____	_____	_____	_____
27	_____	_____	_____	_____	_____
28	_____	_____	_____	_____	_____
29	_____	_____	_____	_____	_____
30	_____	_____	_____	_____	_____
31	_____	_____	_____	_____	_____
32	(Post Total to Page 2, Line 4)	835	\$ 2,015,960		\$ 596,667

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## AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY:

American Medical Response of Cochise County LLC

FOR THE PERIOD

FROM: Projected First Year TO: \_\_\_\_\_

**SUBSCRIPTION SERVICE REVENUE AND  
DIRECT SELLING EXPENSES**

Line No.	Description	
1	Billings at Fully Established Rate .....	\$ _____ -
<u>Less:</u>		
2	AHCCCS Settlement .....	\$ _____ -
3	Medicare Settlement .....	_____ -
4	Subscription Service Settlement ..... (Post to Pg 2, Line 5) ...	_____ -
5	Subscription Service Bad Debt .....	_____ -
6	Total .....	_____ -
<u>Plus:</u>		
7	Net Revenue from Subscription Service Runs .....	_____ -
8	Sales of Subscription Service ..... (Post to Pg 2, Line 9) .....	_____ -
9	Other Revenue ..... (attach schedule) .....	_____ -
10	Total Subscription Service Revenue ..... (total of Lines 7, 8 and 9)	_____ -
 <b>Direct Expenses Incurred Selling Subscription Contracts</b>		
11	Salaries / Wages .....	_____
12	Payroll Taxes .....	_____
13	Employee Fringe Benefits .....	_____
14	Professional Services .....	_____
15	Contract Labor .....	_____
16	Travel .....	_____
17	Other General & Administrative Expenses .....	_____
18	Depreciation / Amortization .....	_____
19	Rent / Lease .....	_____
20	Building / Station Expense .....	_____
21	Transportation / Vehicles .....	_____
22	Other: _____ (attach schedule) .....	_____
23	Total Subscription Service Expenses ..... (Post to Pg 2, Line 17) .....	\$ _____ -

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## AMBULANCE REVENUE AND COST REPORT

**AMBULANCE SERVICE ENTITY:** American Medical Response of Cochise County LLC

**FOR THE PERIOD** FROM: Projected First Year TO: \_\_\_\_\_

**OTHER OPERATING REVENUES & EXPENSES**

Line No.	Description	
<b>Other Operating Revenues:</b>		
1	Supportive Funding - Local (attach schedule) .....	\$ _____
2	Grant Funds - State (attach schedule) .....	_____
3	Grant Funds - Federal (attach schedule) .....	_____
4	Grant Funds - Other (attach schedule) .....	_____
5	Patient Finance Charges .....	_____
6	Patient Late Payment Charges .....	_____
7	Interest Earned - Related Person / Organization .....	_____
8	Interest Earned - Other .....	_____
9	Gain on Sale of Operating Property .....	_____
10	Other: _____ .....	-
11	Other: _____ .....	-
12	<b>Total Other Operating Revenues</b> .....	<b>\$ _____ -</b>
<b>Other Operating Expenses:</b>		
13	Loss on Sale of Operating Property .....	_____
14	Other: <u>Interest Expense</u> .....	-
15	Other: _____ .....	_____
16	<b>Total Other Operating Expenses</b> .....	<b>_____ -</b>
17	<b>Net Other Operating Revenues and Expenses</b> ..... (Post to Pg 2, Line 20) .....	<b>\$ _____ -</b>

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**AMBULANCE REVENUE AND COST REPORT**

AMBULANCE SERVICE ENTITY: American Medical Response of Cochise County LLC

FOR THE PERIOD FROM: Projected First Year TO: \_\_\_\_\_

Schedule I  
DETAIL OF SALARIES / WAGES  
Officers / Owners

Line No.	Name	Title	% of Ownership	Management	*FTE	CEP IEMT EMT	*FTE	OFFICE	*FTE	OTHER	*FTE	WAGES PAID TO OWNERS	*FTE
1	_____	_____	_____	\$ _____	_____	\$ _____	_____	\$ _____	_____	\$ _____	_____	\$ _____	_____
2	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
4	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
5	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
6	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
7	TOTAL		_____	\$ _____	_____	\$ _____	_____	\$ _____	_____	\$ _____	_____	\$ _____	_____

\* Full-time equivalents (F.T.E.) is the sum of all hours for which employee wages were paid during the year divided by 2080

Post Total  
to Pg 4, Column 2,  
Line 1

Post Total  
to Pg 4, Column 1,  
Line 1

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## AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: American Medical Response of Cochise County LLC

FOR THE PERIOD FROM: Projected First Year TO: \_\_\_\_\_

Schedule II  
 DETAIL of SALARIES / WAGES  
Management, Ambulance Personnel, Other Personnel

Line No.	<u>Detail of Salaries / Wages - Other Than Officers / Owners</u>				
1	<b>MANAGEMENT:</b>				
	Certification and / or Title	Scheduled Shifts ( no. of hours worked each week)	Hourly Wage	Annual Salary	\$ Per Run or Shift
	Operational Managers	40+ week	_____	Varies	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
2	<b>AMBULANCE PERSONNEL:</b>				
	CEP/EMT Full time	56 hrs/week	Varies	_____	_____
	Field Supervisor	56 hrs/week	Varies	_____	_____
	EMT Full time	56 hrs/week	Varies	_____	_____
	RNs	as needed	Varies	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
3	<b>OTHER PERSONNEL:</b>				
	Office Staff	40+ week	Varies	_____	_____
	Maintenance & Supply	40+ week	Varies	_____	_____
	Trainer	40+ week	Varies	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____

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**AMBULANCE REVENUE AND COST REPORT**

AMBULANCE SERVICE ENTITY: American Medical Response of Cochise County LLC

FOR THE PERIOD FROM: Projected First Year TO: \_\_\_\_\_

Schedule III  
DEPRECIATION and/or RENT / LEASE EXPENSE  
AMBULANCE VEHICLES & ACCESSORIAL EQUIPMENT ONLY

Line No.	A Description of Property	B Date Placed in Service	C Cost or Other Basis	D Business Use Percent	E Basis for Depreciation	F Method "straight line" Depreciation	G Recovery Period (in years)	H Depreciation Prior Years	I Current Year Depreciation	J Remaining Basis	K Rent / Lease Amounts *
1	Vehicle - Ambulance	Various	655,000	100%	655,000	SL	Various	-	110,857	544,143	
2											
3	Equipment - Ambulance	Various	464,200	100%	464,200	SL	Various	-	91,240	372,960	
4											
5	Equipment Rental										-
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16											
17											
18											
19											

20	<b>SUBTOTAL</b>		1,119,200		1,119,200				202,097	917,103	-
----	-----------------	--	-----------	--	-----------	--	--	--	---------	---------	---

\* Complete Description of property, date placed in service, and rent/lease amount only. Post to Pg 13, Line 19, Column I Post to Pg 13, Line 19, Column K

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**AMBULANCE REVENUE AND COST REPORT**

AMBULANCE SERVICE ENTITY: American Medical Response of Cochise County LLC

FOR THE PERIOD FROM: Projected First Year TO: \_\_\_\_\_

Schedule III  
DEPRECIATION and/or RENT / LEASE EXPENSE  
ALL OTHER ITEMS

Line No.	A Description of Property	B Date Placed in Service	C Cost or Other Basis	D Business Use Percent	E Basis for Depreciation	F Method "straight line" Depreciation	G Recovery Period (in years)	H Depreciation Prior Years	I Current Year Depreciation	J Remaining Basis	K Rent / Lease Amounts *
1	Land	Various	-	100%	-	SL	Various	-	-	-	-
2	Buildings	Various	-	100%	-	SL	Various	-	-	-	-
3	LHI	Various	-	100%	-	SL	Various	-	-	-	-
4	Vehicle - Other	Various	15,000	100%	15,000	SL	Various	5	3,000	11,995	-
5	Equipment - Computer	Various	22,000	100%	22,000	SL	Various	3	7,333	14,664	-
6	Computer Software	Various	-	100%	-	SL	Various	-	-	-	-
7	Office Furn/Equip	Various	72,754	100%	72,754	SL	Various	3	20,467	52,284	-
8	Equipment - Fleet Maint	Various	-	100%	-	SL	Various	-	-	-	-
9	Rented Real Estate										171,092
10											
11											
12											
13											
14											
15											
16											
17											
18	SUBTOTAL above		109,754		109,754				30,801	78,942	171,091.79
19	SUBTOTAL from Page 12, Line 20		1,119,200		1,119,200				202,097	917,103	-
									Post from Pg 12, Line 20 Column I		Post from Pg 12, Line 20 Column K
20	SUM of Line 18 & 19		1,228,954		1,228,954				232,898	996,045	171,091.79
									Post to Pg 6, Line 1		Post to Pg 6, Line 4

\* Complete Description of property, date placed in service, and rent/lease amount only.

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## AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY:

American Medical Response of Cochise County LLC

FOR THE PERIOD

FROM:

Projected First Year

TO:

\_\_\_\_\_

Schedule IV  
DETAIL OF INTEREST

Line No.	Description	(1)	(2)	(3)	(4)	(5)
		Interest Rate	Principal Balance		Interest Expense	
			Beginning of Period	End of Period	Related Persons or Organizations	Other
	Service Vehicles & Accessorial Equipment Name of Payee:					
1	_____	%	\$	\$	\$	\$
2	_____					
3	_____					
4	_____					
	Communication Equipment Name of Payee:					
5	_____					
6	_____					
7	_____					
	Other Property and Equipment Name of Payee:					
8	_____					
9	_____					
10	_____					
	Working Capital Name of Payee:					
11	_____					
12	_____					
13	_____					
	Other Name of Payee:					
14	_____	%				
15	TOTAL		\$ -	\$ -	\$ -	\$ -

Post totals of Column 4 & 5 to Pg 2, Line 16

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## AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: American Medical Response of Cochise County LLC

FOR THE PERIOD FROM: Projected First Year TO: \_\_\_\_\_

**BALANCE SHEET**

**ASSETS**

CURRENT ASSETS

1	Cash	\$	-	
2	Accounts Receivable		1,237,443	
3	Less: Allowance for Doubtful Accounts		(508,015)	
4	Inventory		50,000	
5	Prepaid Expenses		-	
6	Other Current Assets		-	
7	<b>TOTAL CURRENT ASSETS</b>			<b>\$ 779,429</b>
9	PROPERTY & EQUIPMENT			1,228,954
10	Less: Accumulated Depreciation			(232,898)
11	OTHER NON CURRENT ASSETS			-
12	<b>TOTAL ASSETS</b>			<b>\$ 1,775,485</b>

**LIABILITIES & EQUITY**

CURRENT LIABILITIES

13	Accounts Payable	\$	199,971	
14	Current Portion of Notes Payable		-	
15	Current Portion of Long-Term Debt		-	
16	Deferred Subscription Income		-	
17	Accrued Expenses and Other		-	
18	_____			
19	_____			
20	<b>TOTAL CURRENT LIABILITIES</b>			<b>\$ 199,971</b>
21	NOTES PAYABLE		-	
22	LONG-TERM DEBT OTHER		-	
23	<b>TOTAL LONG-TERM DEBT</b>			<b>-</b>

EQUITY & OTHER CREDITS

Paid-In Capital:

24	Common Stock			
25	Paid-In Capital in Excess of Par Value			
26	Contributed Capital			
27	Retained Earnings		789,219	
28	Intercompany Payable to Parent		786,295	
29	_____			
30	Fund Balance			
31	<b>TOTAL EQUITY</b>			<b>1,575,513</b>
32	<b>TOTAL LIABILITIES &amp; EQUITY</b>			<b>\$ 1,775,485</b>

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## AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: American Medical Response of Cochise County LLC

FOR THE PERIOD FROM: Projected First Year TO: \_\_\_\_\_

### STATEMENT OF CASH FLOWS

<b>OPERATING ACTIVITIES:</b>		
1	Net (loss) Income .....	\$ 789,219
	<i>Adjustments to Reconcile Net Income to Net Cash</i>	
	<i>Provided by Operating Activities:</i> Note: a increase in these accounts improves cash flow	
2	Depreciation & Amortization E .....	232,898
3	Deferred Income Tax .....	-
4	Loss (gain) on Disposal of Property & Equipment .....	-
	<i>(Increase) Decrease in:</i> Note: a decrease in these accounts improves cash flow	
5	Accounts Receivable .....	(1,237,443)
6	Inventories .....	(50,000)
7	Prepaid Expenses .....	-
	<i>Increase (Decrease) in:</i> Note: a increase in these accounts improves cash flow	
8	Accounts Payable .....	199,971
9	Accrued Expenses .....	-
10	Deferred Subscription Income .....	-
11	<b>NET CASH PROVIDED (Used) BY OPERATING ACTIVITIES</b>	<b>\$ (65,355)</b>
<b>INVESTING ACTIVITIES:</b>		
12	Purchases of Property & Equipment .....	(1,228,954)
13	Proceeds from Disposal of Property & Equipment .....	-
14	Purchases of Investments .....	-
15	Proceeds from Disposal of Investments .....	-
16	Loans Made .....	-
17	Collections on Loans .....	-
18	Net Working capital payments from/(to) Parent .....	786,295
19	<b>NET CASH PROVIDED (Used) BY INVESTING ACTIVITIES</b>	<b>(442,659)</b>
<b>FINANCING ACTIVITIES:</b>		
	<i>New Borrowings:</i>	
20	Long-Term .....	-
21	Short-Term .....	-
	<i>Debt Reduction:</i>	
22	Long-Term .....	-
23	Short-Term .....	-
24	Capital Contributions .....	-
25	Dividends Paid .....	-
26	<b>NET CASH PROVIDED (Used) BY FINANCING ACTIVITIES</b>	<b>-</b>
27	<b>NET INCREASE (Decrease) IN CASH</b>	<b>(508,015)</b>
28	<b>CASH AT BEGINNING OF YEAR</b>	<b>-</b>
29	<b>CASH AT END OF YEAR</b>	<b>(508,015)</b>
<b>SUPPLEMENTAL DISCLOSURES:</b>		
	<i>Non-cash Investing and Financing Transactions:</i>	
30	.....	-
31	.....	-
32	.....	-
33	Interest Paid (Net of Amounts Capitalized) .....	-
34	Income Taxes Paid .....	\$ 379,994

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**AMERICAN MEDICAL RESPONSE OF COCHISE COUNTY LLC  
Initial Application**

**3. THE FINANCING AGREEMENT FOR ALL CAPITAL ACQUISITIONS EXCEEDING \$5,000**

There are no financed capital acquisitions at this time. Funding source, if needed would be Bank of America. (See attached BoA letter)

**4. THE SOURCE AND AMOUNT OF FUNDING FOR CASH FLOW FROM THE DATE THE GROUND  
AMBULANCE SERVICE COMMENCES OPERATIONS UNTIL THE DATE CASH FLOW COVERS MONTHLY  
EXPENSES.**

American Medical Response of Cochise County LLC through its parent Global Medical Response, Inc. will provide the necessary financial support to sustain operations until the operation generates its own positive cash flow (See attached letter from Bank of America, next page.) Historically Arizona Ambulance has had positive cash flow and therefore we don't anticipate any forward looking issues.

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December 1, 2020

Arizona Department of Health Services  
Bureau of Emergency Medical Services & Trauma System  
150 N. 18th Ave, Suite 540  
Phoenix, AZ 85007

RE: Global Medical Response, Inc. and its subsidiaries, including but not limited to, American Medical Response, Inc., and AMR Holdco. ("Customer")

Ladies and Gentlemen:

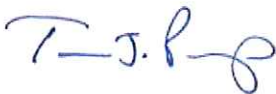
Please accept this letter as confirmation that the captioned Customer has been a client of Bank of America, N.A. ("Bank") since 2010. During this period, the Customer has satisfactorily fulfilled its obligations to the Bank.

The Bank is the administrative agent with respect to the Customer's mid-nine figure multi-lender credit facility ("Credit Facility"). The amount outstanding under the Credit Facility is currently in the low nine figure range. The availability of funds under the Credit Facility is subject to certain terms, conditions and covenants set forth in the Credit Facility.

This letter is being provided as a matter of courtesy at the request of the Customer. Please note that the information provided by the Bank in this letter is given as of the date of this letter and is subject to change without notice, and is provided in strict confidence to you for your own use only, without any responsibility, guarantee, representation, warranty (expressed or implied), commitment or liability on the part of the Bank, its parents, subsidiaries or affiliates or any of its or their directors, officers or employees to you or any third party, and none of them assumes any duties or obligations to you in connection herewith or any transaction between you or your affiliates and the Customer. This letter is not to be quoted or referred to without the Bank's prior written consent. The Bank cannot provide any opinions of the creditworthiness of the Customer or any of its affiliates, and the above information does not constitute an opinion of the Bank of the ability of the Customer to successfully perform its obligations under any agreement it may enter into with you, the Bank or any other person or entity.

The Bank has no duty and undertakes no responsibility to update or supplement the information set forth in this letter.

Very truly yours,



Tanner J. Pump  
Senior Vice President

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**AMERICAN MEDICAL RESPONSE OF COCHISE COUNTY LLC  
Initial Application**

**5. ANY PROPOSED GROUND AMBULANCE SERVICE CONTRACT UNDER A.R.S. §§ 36-2232(A)(1) AND  
36-2234(K)**

Contract with VA executed in 2017 and extended in October, 2020 (attached). Arizona Ambulance is currently the VA's only contracted provider for the service area so we anticipate that the Veterans Administration will transfer the contract to American Medical Response of Cochise County LLC.

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**SOLICITATION/CONTRACT/ORDER FOR COMMERCIAL ITEMS  
OFFEROR TO COMPLETE BLOCKS 12, 17, 23, 24, & 30**

1. REQUISITION NO. PAGE 1 OF 6

2. CONTRACT NO. VA258-15-D-1001  
 3. AWARD/EFFECTIVE DATE 10-03-2017  
 4. ORDER NO. VA258-18-J-0480  
 5. SOLICITATION NUMBER  
 6. SOLICITATION ISSUE DATE

7. FOR SOLICITATION INFORMATION CALL:  
 a. NAME Nick Lebano  
 b. TELEPHONE NO. (No Collect Calls) 520-792-1450 x2584  
 8. OFFER DUE DATE/LOCAL TIME

9. ISSUED BY  
 Department of Veterans Affairs  
 Contracting Section  
 3601 S. 6th Avenue  
 Tucson AZ 85723  
 CODE  
 10. THIS ACQUISITION IS  
 UNRESTRICTED OR  SET ASIDE: \_\_\_\_\_ % FOR:  
 SMALL BUSINESS  WOMEN-OWNED SMALL BUSINESS (WOSB) ELIGIBLE UNDER THE WOMEN-OWNED SMALL BUSINESS PROGRAM NAICS: 621910  
 HUBZONE SMALL BUSINESS  EDWOSB  
 SERVICE-DISABLED VETERAN-OWNED SMALL BUSINESS  8(A) SIZE STANDARD: \$15 Million

11. DELIVERY FOR FOB DESTINATION UNLESS BLOCK IS MARKED  
 SEE SCHEDULE  
 12. DISCOUNT TERMS  
 13a. THIS CONTRACT IS A RATED ORDER UNDER OPAS (15 CFR 700)  
 13b. RATING N/A  
 14. METHOD OF SOLICITATION  
 RFQ  IFB  RFP

15. DELIVER TO  
 Department of Veterans Affairs  
 3601 S. 6th Avenue  
 Tucson AZ 85723  
 CODE  
 16. ADMINISTERED BY  
 Department of Veterans Affairs  
 Contracting Section  
 3601 S. 6th Avenue  
 Tucson AZ 85723  
 CODE

17a. CONTRACTOR/OFFEROR  
 ARIZONA AMBULANCE OF DOUGLAS, INC.  
 ARIZONA AMBULANCE TRANSPORT  
 4266 INDUSTRY DR STE 4  
 SIERRA VISTA AZ 856352200  
 TELEPHONE NO. DUNS: 09356757DUNS+4  
 CODE  
 FACILITY CODE  
 18a. PAYMENT WILL BE MADE BY  
 This is accomplished through the Tungsten Network located at:  
<http://www.fsc.va.gov/einvoice.asp>  
 This is mandatory and the sole method for submitting invoices.  
 PHONE: FAX:

17b. CHECK IF REMITTANCE IS DIFFERENT AND PUT SUCH ADDRESS IN OFFER  
 18b. SUBMIT INVOICES TO ADDRESS SHOWN IN BLOCK 18a UNLESS BLOCK BELOW IS CHECKED  
 SEE ADDENDUM

19. ITEM NO.	20. SCHEDULE OF SUPPLIES/SERVICES	21. QUANTITY	22. UNIT	23. UNIT PRICE	24. AMOUNT
	See CONTINUATION Page SEE SCHEDULE FOR DETAILS ALL INVOICES DURING THIS PERIOD OF PERFORMANCE MUST REFERENCE PURCHASE ORDER NUMBER 678C80105 FOR PROPER AND TIMELY PAYMENTS. (Use Reverse and/or Attach Additional Sheets as Necessary)				

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25. ACCOUNTING AND APPROPRIATION DATA See CONTINUATION Page  
 26. TOTAL AWARD AMOUNT (For Govt. Use Only) \$275,000.00

27a. SOLICITATION INCORPORATES BY REFERENCE FAR 52.212-1, 52.212-4, FAR 52.212-3 AND 52.212-5 ARE ATTACHED. ADDENDA  ARE  ARE NOT ATTACHED.  
 27b. CONTRACT/PURCHASE ORDER INCORPORATES BY REFERENCE FAR 52.212-4, FAR 52.212-5 IS ATTACHED. ADDENDA  ARE  ARE NOT ATTACHED

28. CONTRACTOR IS REQUIRED TO SIGN THIS DOCUMENT AND RETURN COPIES TO ISSUING OFFICE. CONTRACTOR AGREES TO FURNISH AND DELIVER ALL ITEMS SET FORTH OR OTHERWISE IDENTIFIED ABOVE AND ON ANY ADDITIONAL SHEETS SUBJECT TO THE TERMS AND CONDITIONS SPECIFIED  
 29. AWARD OF CONTRACT: REF. \_\_\_\_\_ OFFER DATED \_\_\_\_\_ YOUR OFFER ON SOLICITATION (BLOCK 5), INCLUDING ANY ADDITIONS OR CHANGES WHICH ARE SET FORTH HEREIN IS ACCEPTED AS TO ITEMS:

30a. SIGNATURE OF OFFEROR/CONTRACTOR  
 30b. NAME AND TITLE OF SIGNER (TYPE OR PRINT)  
 Paul A. Peterson Jr. Manager - Admin  
 30c. DATE SIGNED  
 3 OCT 17  
 31a. UNITED STATES OF AMERICA (SIGNATURE OF CONTRACTING OFFICER)  
 Digitally signed by NICHOLAS A. LEBANO 635991  
 DN: dc=gov, dc=va, o=internal, ou=people,  
 cn=NICHOLAS A. LEBANO 635991  
 Date: 2017.10.03 09:15:05 -07'00'  
 31b. NAME OF CONTRACTING OFFICER (TYPE OR PRINT)  
 LEBANO 635991

VA258-15-D-1001

VA258-18-J-0480

**Table of Contents**

**SECTION A** ..... 1

    A.1 SF 1449 SOLICITATION/CONTRACT/ORDER FOR COMMERCIAL ITEMS..... 1

    A.2 PRICE/COST SCHEDULE..... 3

        ITEM INFORMATION..... 3

        ACCOUNTING AND APPROPRIATION DATA..... 4

    A.3 DELIVERY SCHEDULE..... 4

**TASK ORDER TERMS AND CONDITIONS**..... 5

    A.4 VAAR 852.232-72 ELECTRONIC SUBMISSION OF PAYMENT REQUESTS (NOV 2012) ..... 5

    A.5 VAAR 852.237-70 CONTRACTOR RESPONSIBILITIES (APR 1984) ..... 6

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*Handwritten:*  
P&D  
100317



VA258-15-D-1001

VA258-18-J-0480

BLS Rate Per Job: \$17.19

Contract Period: Option 3

POP Begin: 10-01-2017

POP End: 09-30-2018

**GRAND TOTAL \$275,000.00**

**ACCOUNTING AND APPROPRIATION DATA**

ACRN	APPROPRIATION	REQUISITION NUMBER	AMOUNT
1	678-3680160-139-829800 P/T CARE TVL (86-2112 INTERFACILITY TRAVEL-010041089	678-18-1-139-0003 (P)	\$275,000.00

**A.3 DELIVERY SCHEDULE**

ITEM NUMBER		QUANTITY	DELIVERY DATE
0004	SHIP TO: Southern Arizona VA Health Care System 3601 S. 6th Avenue Tucson, AZ 85723 MARK FOR: 520-792-1450 x4591 <a href="mailto:kyle.cipra@va.gov">kyle.cipra@va.gov</a>	1.00	10/01/2017 - 09/30/2018
0004a	SHIP TO: Southern Arizona VA Health Care System 3601 S. 6th Avenue Tucson, AZ 85723 MARK FOR: 520-792-1450 x4591 <a href="mailto:kyle.cipra@va.gov">kyle.cipra@va.gov</a>	1.00	10/01/2017 - 09/30/2018
0004b	SHIP TO: Southern Arizona VA Health Care System 3601 S. 6th Avenue Tucson, AZ 85723 MARK FOR: 520-792-1450 x4591 <a href="mailto:kyle.cipra@va.gov">kyle.cipra@va.gov</a>	1.00	10/01/2017 - 09/30/2018
0004c	SHIP TO: Southern Arizona VA Health Care System 3601 S. 6th Avenue Tucson, AZ 85723 MARK FOR: 520-792-1450 x4591 <a href="mailto:kyle.cipra@va.gov">kyle.cipra@va.gov</a>	1.00	10/01/2017 - 09/30/2018

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## TASK ORDER TERMS AND CONDITIONS

---

 NOT SPECIFIED IN THE CONTRACT
 

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<u>FAR Number</u>	<u>Title</u>	<u>Date</u>
852.203-70	COMMERCIAL ADVERTISING	JAN 2008
852.246-71	INSPECTION	JAN 2008

**A.4 VAAR 852.232-72 ELECTRONIC SUBMISSION OF PAYMENT REQUESTS (NOV 2012)**

(a) *Definitions.* As used in this clause—

(1) *Contract financing payment* has the meaning given in FAR 32.001.

(2) *Designated agency office* has the meaning given in 5 CFR 1315.2(m).

(3) *Electronic form* means an automated system transmitting information electronically according to the

Accepted electronic data transmission methods and formats identified in paragraph (c) of this clause. Facsimile, email, and scanned documents are not acceptable electronic forms for submission of payment requests.

(4) *Invoice payment* has the meaning given in FAR 32.001.

(5) *Payment request* means any request for contract financing payment or invoice payment submitted by the contractor under this contract.

(b) *Electronic payment requests.* Except as provided in paragraph (e) of this clause, the contractor shall submit payment requests in electronic form. Purchases paid with a Government-wide commercial purchase card are considered to be an electronic transaction for purposes of this rule, and therefore no additional electronic invoice submission is required.

(c) *Data transmission.* A contractor must ensure that the data transmission method and format are through one of the following:

(1) VA's Electronic Invoice Presentment and Payment System. (See Web site at <http://www.fsc.va.gov/einvoice.asp>.)

(2) Any system that conforms to the X12 electronic data interchange (EDI) formats established by the Accredited Standards Center (ASC) and chartered by the American National Standards Institute (ANSI). The X12 EDI Web site (<http://www.x12.org>) includes additional information on EDI 810 and 811 formats.

(d) *Invoice requirements.* Invoices shall comply with FAR 32.905.

(e) *Exceptions.* If, based on one of the circumstances below, the contracting officer directs that payment requests be made by mail, the contractor shall submit payment requests by mail through the United States Postal Service to the designated agency office. Submission of payment requests by mail may be required for:

(1) Awards made to foreign vendors for work performed outside the United States;

(2) Classified contracts or purchases when electronic submission and processing of payment requests could compromise the safeguarding of classified or privacy information;

(3) Contracts awarded by contracting officers in the conduct of emergency operations, such as responses to national emergencies;

(4) Solicitations or contracts in which the designated agency office is a VA entity other than the VA Financial Services Center in Austin, Texas; or

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VA258-15-D-1001

VA258-18-J-0480

(5) Solicitations or contracts in which the VA designated agency office does not have electronic invoicing capability as described above.

(End of Clause)

**A.5 VAAR 852.237-70 CONTRACTOR RESPONSIBILITIES (APR 1984)**

The contractor shall obtain all necessary licenses and/or permits required to perform this work. He/she shall take all reasonable precautions necessary to protect persons and property from injury or damage during the performance of this contract. He/she shall be responsible for any injury to himself/herself, his/her employees, as well as for any damage to personal or public property that occurs during the performance of this contract that is caused by his/her employees fault or negligence, and shall maintain personal liability and property damage insurance having coverage for a limit as required by the laws of the State of Arizona. Further, it is agreed that any negligence of the Government, its officers, agents, servants and employees, shall not be the responsibility of the contractor hereunder with the regard to any claims, loss, damage, injury, and liability resulting there from.

(End of Clause)

*PA  
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**SOLICITATION/CONTRACT/ORDER FOR COMMERCIAL ITEMS  
OFFEROR TO COMPLETE BLOCKS 12, 17, 23, 24, & 30**

1. REQUISITION NO. \_\_\_\_\_ PAGE 1 OF 34

2. CONTRACT NO. VA258-15-D-1001      3. AWARD/EFFECTIVE DATE October 1, 2014      4. ORDER NO. \_\_\_\_\_  
5. SOLICITATION NUMBER VA258-14-R-0320      6. SOLICITATION ISSUE DATE 08-05-2014

7. FOR SOLICITATION INFORMATION CALL: \_\_\_\_\_      a. NAME Gregory D. Manning      b. TELEPHONE NO. (No Collect Calls) 520-629-4929      8. OFFER DUE DATE/LOCAL TIME 08-21-2014

9. ISSUED BY Department of Veterans Affairs  
SAO-W / NCO 18 / SVS Team #1  
Contracting Division (Mail Code:9-90C)  
3601 S. 6th Avenue  
Tucson AZ 85723      CODE \_\_\_\_\_

10. THIS ACQUISITION IS  UNRESTRICTED OR  SET ASIDE: \_\_\_\_\_ % FOR:  
 SMALL BUSINESS       WOMEN-OWNED SMALL BUSINESS (WOSB) ELIGIBLE UNDER THE WOMEN-OWNED SMALL BUSINESS PROGRAM      NAICS: 621910  
 HUBZONE SMALL BUSINESS       EDWOSB       SERVICE-DISABLED VETERAN-OWNED SMALL BUSINESS       8(A)      SIZE STANDARD: \$15 Million

11. DELIVERY FOR FOB DESTINATION UNLESS BLOCK IS MARKED  SEE SCHEDULE      12. DISCOUNT TERMS \_\_\_\_\_

13a. THIS CONTRACT IS A RATED ORDER UNDER DPAS (15 CFR 700)       13b. RATING N/A

14. METHOD OF SOLICITATION  RFQ  IFB  RFP

15. DELIVER TO Department of Veterans Affairs  
SAO-W / NCO 18 / SVS Team #1  
Contracting Division (Mail Code:9-90C)  
3601 S. 6th Avenue  
Tucson AZ 85723      CODE \_\_\_\_\_

16. ADMINISTERED BY Department of Veterans Affairs  
SAO-W / NCO 18 / SVS Team #1  
Contracting Division (Mail Code:9-90C)  
3601 S. 6th Avenue  
Tucson AZ 85723      CODE \_\_\_\_\_

17a. CONTRACTOR/OFFEROR CODE \_\_\_\_\_ FACILITY CODE \_\_\_\_\_  
ARIZONA AMBULANCE OF DOUGLAS, INC.  
ARIZONA AMBULANCE TRANSPORT  
4266 INDUSTRY DR STE 4  
SIERRA VISTA AZ 856352200  
TELEPHONE NO. \_\_\_\_\_ DUNS:093567571 DUNS+4: \_\_\_\_\_

18a. PAYMENT WILL BE MADE BY Department of Veterans Affairs  
FMS-VA-FSC  
P.O. Box 149971  
Austin TX 78714-9971  
PHONE: \_\_\_\_\_ FAX: (512) 460-5540

17b. CHECK IF REMITTANCE IS DIFFERENT AND PUT SUCH ADDRESS IN OFFER      18b. SUBMIT INVOICES TO ADDRESS SHOWN IN BLOCK 18a UNLESS BLOCK BELOW IS CHECKED  SEE ADDENDUM

19. ITEM NO.	20. See CONTINUATION Page SCHEDULE OF SUPPLIES/SERVICES	21. QUANTITY	22. UNIT	23. UNIT PRICE	24. AMOUNT
	<p>Contractor shall supply all labor, tools, equipment, transportation, facilities, management and all other elements necessary to provide ambulance services to the designated service location(s) stated in the solicitation in strict accordance with Arizona State Bureau of Medical SVS and AZ Department of Health Services and the included statement of work. This Base IDIQ Award Covers CoN #32</p> <p>Provide transportation rates in Sec. B, Schedule of Pricing. Only one Task Order will be written to cover each area of responsibility (AOR). Offeror must have a "Certificate of Necessity" (CON) issued by the Arizona Department of Health Services, and Bureau of Emergency Medical Services to qualify for an award. The State only awards one CON per AOR.</p> <p>Period of Performance shall be from date of award through Sep 30, 2015. There will be four additional option periods available to the government to exercise unilaterally.</p> <p>Refer to Section B for Schedule of Pricing and Delivery. (Use Reverse and/or Attach Additional Sheets as Necessary)</p>				

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25. ACCOUNTING AND APPROPRIATION DATA See CONTINUATION Page  
To be identified on each task order awarded under the subsequent requirements contract.

26. TOTAL AWARD AMOUNT (For Govt. Use Only) \$0.00

27a. SOLICITATION INCORPORATES BY REFERENCE FAR 52.212-1, 52.212-4. FAR 52.212-3 AND 52.212-5 ARE ATTACHED. ADDENDA  ARE  ARE NOT ATTACHED.  
 27b. CONTRACT/PURCHASE ORDER INCORPORATES BY REFERENCE FAR 52.212-4. FAR 52.212-5 IS ATTACHED. ADDENDA  ARE  ARE NOT ATTACHED

28. CONTRACTOR IS REQUIRED TO SIGN THIS DOCUMENT AND RETURN \_\_\_\_\_ COPIES TO ISSUING OFFICE. CONTRACTOR AGREES TO FURNISH AND DELIVER ALL ITEMS SET FORTH OR OTHERWISE IDENTIFIED ABOVE AND ON ANY ADDITIONAL SHEETS SUBJECT TO THE TERMS AND CONDITIONS SPECIFIED

29. AWARD OF CONTRACT: REF. \_\_\_\_\_ OFFER DATED \_\_\_\_\_ YOUR OFFER ON SOLICITATION (BLOCK 5), INCLUDING ANY ADDITIONS OR CHANGES WHICH ARE SET FORTH HEREIN IS ACCEPTED AS TO ITEMS:

30a. SIGNATURE OF OFFEROR/CONTRACTOR \_\_\_\_\_      31a. UNITED STATES OF AMERICA (SIGNATURE OF CONTRACTING OFFICER) \_\_\_\_\_

30b. NAME AND TITLE OF SIGNER (TYPE OR PRINT) \_\_\_\_\_      30c. DATE SIGNED \_\_\_\_\_      31b. NAME OF CONTRACTING OFFICER (TYPE OR PRINT) GREGORY D. MANNING      31c. DATE SIGNED \_\_\_\_\_

Table of Contents

SECTION A..... 1  
A.1 SF 1449 SOLICITATION/CONTRACT/ORDER FOR COMMERCIAL ITEMS..... 1  
SECTION B - CONTINUATION OF SF 1449 BLOCKS ..... 3  
B.1 CONTRACT ADMINISTRATION DATA..... 3  
B.2 SCHEDULE OF PRICING ..... 4  
B.3 DELIVERY SCHEDULE ..... 8  
B.4 STATEMENT OF WORK..... 8  
SECTION C - CONTRACT CLAUSES ..... 18  
C.1 52.252-2 CLAUSES INCORPORATED BY REFERENCE (FEB 1998)..... 18  
C.2 VAAR 852.270-1 REPRESENTATIVES OF CONTRACTING OFFICERS (JAN 2008)..... 18  
C.3 52.212-4 CONTRACT TERMS AND CONDITIONS—COMMERCIAL ITEMS (MAY 2014)..... 18  
C.4 52.212-5 CONTRACT TERMS AND CONDITIONS REQUIRED TO IMPLEMENT STATUTES OR  
EXECUTIVE ORDERS—COMMERCIAL ITEMS (JUN 2014) ..... 24  
C.5 52.216-18 ORDERING (OCT 1995) ..... 29  
C.6 52.216-19 ORDER LIMITATIONS (OCT 1995)..... 30  
C.7 52.216-21 REQUIREMENTS (OCT 1995) ..... 30  
C.8 52.217-8 OPTION TO EXTEND SERVICES (NOV 1999)..... 31  
C.9 52.217-9 OPTION TO EXTEND THE TERM OF THE CONTRACT (MAR 2000)..... 31  
C.10 52.228-5 INSURANCE—WORK ON A GOVERNMENT INSTALLATION (JAN 1997) ..... 31  
C.11 SUPPLEMENTAL INSURANCE REQUIREMENTS ..... 31  
C.12 52.232-18 AVAILABILITY OF FUNDS (APR 1984)..... 32  
C.13 52.232-19 AVAILABILITY OF FUNDS FOR THE NEXT FISCAL YEAR (APR 1984)..... 32  
C.14 VAAR 852.203-70 COMMERCIAL ADVERTISING (JAN 2008)..... 32  
C.15 VAAR 852.203-71 DISPLAY OF DEPARTMENT OF VETERAN AFFAIRS HOTLINE POSTER (DEC  
1992) ..... 32  
C.16 VAAR 852.237-70 CONTRACTOR RESPONSIBILITIES (APR 1984)..... 33  
C.17 VAAR 852.271-70 NONDISCRIMINATION IN SERVICES PROVIDED TO BENEFICIARIES (JAN  
2008) ..... 33  
SECTION D - CONTRACT DOCUMENTS, EXHIBITS, OR ATTACHMENTS ..... 34

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**SECTION B - CONTINUATION OF SF 1449 BLOCKS**

**B.1 CONTRACT ADMINISTRATION DATA**

(continuation from Standard Form 1449, block 18A.)

1. Contract Administration: All contract administration matters will be handled by the following individuals:

- a. CONTRACTOR: Arizona Ambulance Transport  
Arizona Ambulance of Douglas, Inc.  
4266 Industry Drive  
Sierra Vista, AZ 85635  
(520) 459-4040 or (503)710-2130  
Attn: Paul Pedersen

- b. GOVERNMENT: Gregory D. Manning, Contracting Officer, Site: 00678  
Department of Veterans Affairs  
SAO-W / NCO 18 / SERVICES TEAM #1  
Contracting Division (Mail Code: 9-90C)  
3601 S. 6th Avenue  
Tucson AZ 85723

2. CONTRACTOR REMITTANCE ADDRESS: All payments by the Government to the contractor will be made in accordance with:

52.232-34, Payment by Electronic Funds Transfer -Other than Central Contractor Registration, or

3. INVOICES: Invoices shall be submitted monthly in arrears upon completion and acceptance of services by the contracting officer's representative (COR). NO invoices shall be loaded into the below database (OB10) without prior approval of the COR. Failure to have prior approval from the COR will result in the invoice being returned, which will require the submission of a new invoice with the current submission date.
4. GOVERNMENT INVOICE ADDRESS: All Invoices from the contractor shall be submitted electronically in accordance with VAAR Clause 852.232-72 "Electronic Submission of Payment Requests." This is now accomplished through the "OB10" website, located at <http://www.ob10.com/us/en/#&panell-1>. This is the mandatory and sole method for submission of vendor invoices, so please ensure you are properly registered to avoid any potential payment delays.

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B-2 Price/Cost Schedule

Specific Schedule/Contract Terms: Advanced Life Support (ALS) and Basic Life Support (BLS)

Item Information

ITEM NO.	DESCRIPTION OF SUPPLIES/SERVICES	QTY	UNIT	UNIT PRICE	AMOUNT
0001	Contract Period: Base POP Begin: 10/01/2014 POP End: 09/30/2015 Contractor shall provide ambulance services, ALS and BLS, in accordance with the State of Arizona Department of Health Services Revised Statutes, Bureau of Emergency Medical Services Statutes and the Statement of Work. IAW with AZ State requirements, there is only one Certificate of Necessity (CON) awarded to a contractor within each area of responsibility (AOR). This multiple award task order type contract seeks to establish orders to the holder of the CON in AOR 32.	1	JB	\$ <u>793.01</u> ALS Rate	\$ <u>793.01</u>
		1	JB	\$ <u>793.01</u> BLS Rate	\$ <u>793.01</u>

**CON Number: 32**

Unit Pricing (JB) will consist of one all-encompassing fee which will include all labor, equipment, materials, supplies, etc., as well as up to 15 miles for the transportation. Additional mileage limits will be covered by the followings CLINs.

Notes Apply to the Base and all option periods.

Note 1 – The estimated quantities (JB (trips)) cited in this Price Schedule are based solely on the predictable average number of Emergency trips/calls of previous years that may be required during a given year. This information is provided for information purposes only and is not intended to imply or guarantee any fixed number of trips to the contractor! Obligations against this contract shall be placed against individual task orders on a yearly basis.

Note 2 – This contract will be fully executed and effective upon approval of the Contracting Officer and the Arizona Director of Emergency Medical Services.

Note 3 – Funding may be increased/decreased unilaterally by the government IAW availability of funds and de-obligation of excess funding on awarded Task Orders. Government will be responsible for adequate funding.

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<b>0001a</b>	Contract Period: Base POP Begin: 10-01-2014 POP End: 09-30-2015 Fee for additional mileage beyond base included limit: 16-25 Miles	1 JB	ALS Rates \$ <u>15.73</u>	\$ <u>15.73</u>
		1 JB	BLS Rates \$ <u>15.73</u>	\$ <u>15.73</u>
<b>0001b</b>	Contract Period: Base POP Begin: 10-01-2014 POP End: 09-30-2015 Fee for additional mileage beyond base included limit: 26-50 Miles	1 JB	ALS Rates \$ <u>15.73</u>	\$ <u>15.73</u>
		1 JB	BLS Rates \$ <u>15.73</u>	\$ <u>15.73</u>
<b>0001c</b>	Contract Period: Base POP Begin: 10-01-2014 POP End: 09-30-2015 Fee for additional mileage beyond base included limit: Greater than 51 Miles	1 JB	ALS Rates \$ <u>15.73</u>	\$ <u>15.73</u>
		1 JB	BLS Rates \$ <u>15.73</u>	\$ <u>15.73</u>
<b>0002</b>	Contract Period: Option 1 POP Begin: 10-01-2015 POP End: 09-30-2016 Contractor shall provide ambulance services, ALS and BLS, in accordance with the State of Arizona Department of Health Services Revised Statutes, Bureau of Emergency Medical Services Statutes and the Statement of Work.  Unit Pricing (JB) will consist of one all-encompassing fee which will include all labor, equipment, materials, supplies, etc., as well as up to 15 miles for the transportation. Additional mileage limits will be covered by the followings CLINs.	1 JB	ALS Rate \$ <u>1,195.51</u>	\$ <u>1,195.51</u>
		1 JB	BLS Rate \$ <u>1,195.51</u>	\$ <u>1,195.51</u>
<b>0002a</b>	Contract Period: Option 1 POP Begin: 10-01-2015 POP End: 09-30-2016 Fee for additional mileage beyond base included limit: 16-25 Miles	1 JB	ALS Rates \$ <u>16.20</u>	\$ <u>16.20</u>
		1 JB	BLS Rates \$ <u>16.20</u>	\$ <u>16.20</u>
<b>0002b</b>	Contract Period: Option 1 POP Begin: 10-01-2015 POP End: 09-30-2016 Fee for additional mileage beyond base included limit: 26-50 Miles	1 JB	ALS Rates \$ <u>16.20</u>	\$ <u>16.20</u>
		1 JB	BLS Rates \$ <u>16.20</u>	\$ <u>16.20</u>
<b>0002c</b>	Contract Period: Option 1 POP Begin: 10-01-2015 POP End: 09-30-2016 Fee for additional mileage beyond base included limit: Greater than 51 Miles	1 JB	ALS Rates \$ <u>16.20</u>	\$ <u>16.20</u>
		1 JB	BLS Rates \$ <u>16.20</u>	\$ <u>16.20</u>

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0003	Contract Period: Option 2 POP Begin: 10-01-2016 POP End: 09-30-2017 Contractor shall provide ambulance services, ALS and BLS, in accordance with the State of Arizona Department of Health Services Revised Statutes, Bureau of Emergency Medical Services Statutes and the Statement of Work.	1	JB	\$ <u>1,231.38</u> ALS Rate	\$ <u>1,231.38</u>
		1	JB	\$ <u>1,231.38</u> BLS Rate	\$ <u>1,231.38</u>
Unit Pricing (JB) will consist of one all-encompassing fee which will include all labor, equipment, materials, supplies, etc., as well as up to 15 miles for the transportation. Additional mileage limits will be covered by the followings CLINs.					
0003a	Contract Period: Option 2 POP Begin: 10-01-2016 POP End: 09-30-2017 Fee for additional mileage beyond base included limit: 16-25 Miles	1	JB	ALS Rates \$ <u>16.69</u>	\$ <u>16.69</u>
		1	JB	BLS Rates \$ <u>16.69</u>	\$ <u>16.69</u>
0003b	Contract Period: Option 2 POP Begin: 10-01-2016 POP End: 09-30-2017 Fee for additional mileage beyond base included limit: 26-50 Miles	1	JB	ALS Rates \$ <u>16.69</u>	\$ <u>16.69</u>
		1	JB	BLS Rates \$ <u>16.69</u>	\$ <u>16.69</u>
0003c	Contract Period: Option 2 POP Begin: 10-01-2016 POP End: 09-30-2017 Fee for additional mileage beyond base included limit: Greater than 51 Miles	1	JB	ALS Rates \$ <u>16.69</u>	\$ <u>16.69</u>
		1	JB	BLS Rates \$ <u>16.69</u>	\$ <u>16.69</u>
0004	Contract Period: Option 3 POP Begin: 10-01-2017 POP End: 09-30-2018 Contractor shall provide ambulance services, ALS and BLS, in accordance with the State of Arizona Department of Health Services Revised Statutes, Bureau of Emergency Medical Services Statutes and the Statement of Work.	1	JB	\$ <u>1,268.32</u> ALS Rate	\$ <u>1,268.32</u>
		1	JB	\$ <u>1,268.32</u> BLS Rate	\$ <u>1,268.32</u>
Unit Pricing (JB) will consist of one all-encompassing fee which will include all labor, equipment, materials, supplies, etc., as well as up to 15 miles for the transportation. Additional mileage limits will be covered by the followings CLINs.					
0004a	Contract Period: Option 3 POP Begin: 10-01-2017 POP End: 09-30-2018	1	JB	ALS Rates \$ <u>17.19</u>	\$ <u>17.19</u>

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	Fee for additional mileage beyond base included limit: 16-25 Miles	1 JB	BLS Rates \$ <u>17.19</u>	\$ <u>17.19</u>
<b>0004b</b>	Contract Period: Option 3 POP Begin: 10-01-2017 POP End: 09-30-2018 Fee for additional mileage beyond base included limit: 26-50 Miles	1 JB	ALS Rates \$ <u>17.19</u>	\$ <u>17.19</u>
		1 JB	BLS Rates \$ <u>17.19</u>	\$ <u>17.19</u>
<b>0004c</b>	Contract Period: Option 3 POP Begin: 10-01-2017 POP End: 09-30-2018 Fee for additional mileage beyond base included limit: Greater than 51 Miles	1 JB	ALS Rates \$ <u>17.19</u>	\$ <u>17.19</u>
		1 JB	BLS Rates \$ <u>17.19</u>	\$ <u>17.19</u>
<b>0005</b>	Contract Period: Option 4 POP Begin: 10-01-2018 POP End: 09-30-2019 Contractor shall provide ambulance services, ALS and BLS, in accordance with the State of Arizona Department of Health Services Revised Statutes, Bureau of Emergency Medical Services Statutes and the Statement of Work.  Unit Pricing (JB) will consist of one all-encompassing fee which will include all labor, equipment, materials, supplies, etc., as well as up to 15 miles for the transportation. Additional mileage limits will be covered by the followings CLINs.	1 JB	\$ <u>1,306.37</u> ALS Rate	\$ <u>1,306.37</u>
		1 JB	\$ <u>1,306.37</u> BLS Rate	\$ <u>1,306.37</u>
<b>0005a</b>	Contract Period: Option 4 POP Begin: 10-01-2018 POP End: 09-30-2019 Fee for additional mileage beyond base included limit: 16-25 Miles	1 JB	ALS Rates \$ <u>17.70</u>	\$ <u>17.70</u>
		1 JB	BLS Rates \$ <u>17.70</u>	\$ <u>17.70</u>
<b>0005b</b>	Contract Period: Option 4 POP Begin: 10-01-2018 POP End: 09-30-2019 Fee for additional mileage beyond base included limit: 26-50 Miles	1 JB	ALS Rates \$ <u>17.70</u>	\$ <u>17.70</u>
		1 JB	BLS Rates \$ <u>17.70</u>	\$ <u>17.70</u>
<b>0005c</b>	Contract Period: Option 4 POP Begin: 10-01-2018 POP End: 09-30-2019 Fee for additional mileage beyond base included limit: Greater than 51 Miles	1 JB	ALS Rates \$ <u>17.70</u>	\$ <u>17.70</u>
		1 JB	BLS Rates \$ <u>17.70</u>	\$ <u>17.70</u>

Note: All above pricing is inclusive of any potential increases/decreases to the "Arizona Ground Ambulance Service Rate Schedule" issued by the AZ Department of Health Services, Bureau of Emergency Medical Services and Trauma System. Accordingly, prices for the base and option years are Firm-Fixed Prices and will remain unchanged for the contract term.

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B-3. - Delivery Schedule

ITEM NUMBER		QTY	DELIVERY DATE
0001 – 0001c	Base Period of Performance	1	October 1, 2014 thru September 30, 2015
0002 – 0002c	Option Year One	1	October 1, 2015 thru September 30, 2016
0003 – 0003c	Option Year Two	1	October 1, 2016 thru September 30, 2017
0004 – 0004c	Option Year Three	1	October 1, 2017 thru September 30, 2018
0005 – 0005c	Option Year Four	1	October 1, 2018 thru September 30, 2019

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# STATEMENT OF WORK

For

**“EMERGENCY/GROUND  
AMBULANCE SERVICES”**

At

**VETERAN ADMINISTRATION  
HEALTH CARE SYSTEM FACILITIES  
IN ARIZONA**

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Table of Contents

Section Number and Title

- 1.0 Description of Services
- 1.1 Description of Services/Introduction
- 1.2 Background
- 1.3 Objective
  - 1.3.1 Scope
- 1.4 Reserved
- 1.6 General Information
  - 1.6.1 Quality Control (QC)
  - 1.6.2 Quality assurance
  - 1.6.3 Recognized Holidays
  - 1.6.4 Hours of Operation
  - 1.6.5 Place of Performance
  - 1.6.6 Type of Contact
  - 1.6.7 Security Requirements
    - 1.6.7.1 PHYSICAL Security
  - 1.6.8 Special Qualifications
  - 1.6.9 Post Award Conference/Periodic Progress Meetings
  - 1.6.10 Contacting Officer Representative (COR)
  - 1.6.11 Required Document
- 2.0 Definitions and Acronyms
  - 2.1 Definitions
  - 2.2 Acronyms
- 3.0 Government Furnished Property

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**VA258-15-D-1001**

- 3.1 Government Furnished Property, Items
- 4.0 Contractor Furnished Items and Responsibilities
  - 4.1 General
  - 4.2 Materials
  - 4.3 Equipment
  - 4.4 Facility and Personal
- 5.0 Specific Tasks
- 6.0 Applicable Publications
- 7.0 Patient Eligibility

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STATEMENT OF WORK (SOW)

“GROUND AMBULANCE SERVICES” FOR ARIZONA VA’S

**1.0 DESCRIPTION OF SERVICES.**

**1. GENERAL:**

This is a non-personal services contract to provide ground ambulance transportation services, ALS or BLS, in the form of transport from either undesignated locations within Arizona or to and from locations designated by authorized employees of the Phoenix VA, Northern AZ (Prescott) VA, or the Southern AZ (Tucson) VA Health Care Systems. The Government shall not exercise any supervision or control over the contract service providers performing the services herein. Such contract service providers shall be accountable solely to the Contractor who, in turn is responsible to the Government. Contractors shall perform in strict accordance with the rules and regulations of the Arizona Department of Health Services, the Bureau of Emergency Medical Services, and the additional requirements of the Department of Veteran’s Affairs as listed in this SOW.

**1.1 Description of Services/Introduction:**

The contractor shall provide all personnel, equipment, supplies, facilities, transportation, tools, materials, supervision, and other items and non-personal services necessary to perform ground ambulance services as regulated under Arizona Revised Statute (A.R.S.) numbers §§ 36-136(F), 36-2209(A) and 36-2232,. To operate within the State of Arizona, an ambulance company must have a Certificate of Necessity (CON) issued by the State under Article 9, consisting of Sections R9-25-901 through R9-25-912, adopted by final rulemaking at 7 A.A.R. 1098, effective February 13, 2001 (Supp. 01-1). Contractor must immediately notify the Contracting Officer if they lose their CON. The contractor shall perform to all standards of State of AZ regulatory guidance, as well as the specifics in this contract. (Reference Part 6 for additional information)

**1.2 Background:**

The three VA Health Care System s within Arizona provide health care services to veterans of the U.S. armed services. Part of the care provided to veterans involves providing ground ambulance services in the form of Emergency, Basic Life Support Ambulance (BLS), Advanced Cardiac Life Support (ACLS) and Critical Care Ambulance (Registered Nurse). The guidance and support for veterans, family members, hospital staff, and our community, ensuring the all areas of ambulance transportation are administered with dignity, benevolence, confidentiality, efficiency, and earned respect.

**1.3 Objectives:**

Pickup, treat, transport and deliver veterans via ground ambulance to the nearest appropriate trauma center and/or to location(s) determined necessary by authorized VA and/or other treating medical personnel.

**1.4 Scope:**

The Contractor shall provide staff, equipment, supplies and services to transport Veterans to the required health care facility for emergency/continued medical treatment(s). Calls are generated either by parties calling through 911 emergency channels or by government personnel transferring authorized veteran’s to necessary facilities.

**1.5 Hours of Operation and Recognized Holidays:**

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The contractor shall provide transport services seven days per week, 24 hours per day, 365 days a year ground ambulance service ALS/BLS transport services for veteran beneficiaries.

**1.6 Security Requirements:**

Contractor personnel shall have a general background check and be appropriately licensed for the jobs they perform IAW Arizona statutes. Drivers transporting Veterans shall be licensed drivers holding a license appropriate to the vehicle being utilized for the transport services.

**1.7 PHYSICAL Security:**

The contractor shall be responsible for safeguarding all Veterans during transport to and from facilities. If the contractor identifies a potential security risk or concern while at a VA facility, the risk/concern shall be conveyed immediately to the VA Police.

**1.8 Special Qualifications:**

Employees and subcontracted personnel shall have a general background check and be appropriately licensed for the jobs they perform. Drivers transporting Veterans and the transport team shall be licensed holding a license appropriate to the vehicle and care of the veteran being utilized for the transport services.

- The contractor shall maintain the following types of insurance during the life of the contract: Motor Vehicle, General Liability and Workers Compensation.
- Unless otherwise specifically provided in this contract, the quality of all services rendered hereunder shall conform to the highest standards in the relevant profession, trade or field of endeavor. All services shall be rendered by or supervised directly by individuals fully qualified in the relevant profession, trade or field, and holding any licenses required by law.

**1.9 Post Award Conference/Periodic Progress Meetings:**

The Contractor agrees to attend any post award conference convened by the contracting activity or contract administration office in accordance with Federal Acquisition Regulation Subpart 42.5. The contracting officer, Contracting Officers Representative (COR), and other Government personnel, as appropriate, may meet periodically with the contractor to review the contractor's performance. At these meetings the contracting officer will apprise the contractor of how the government views the contractor's performance and the contractor will apprise the Government of problems, if any, being experienced. Appropriate action shall be taken to resolve outstanding issues. These meetings shall be at no additional cost to the government.

**1.10 Contracting Officer Representative (COR):**

The (COR) will be identified by separate letter. The COR monitors all technical aspects of the contract and assists in contract administration. The COR is authorized to perform the following functions: assure that the Contractor performs the technical requirements of the contract; perform inspections necessary in connection with contract performance; maintain written and oral communications with the Contractor concerning technical aspects of the contract; issue written interpretations of technical requirements, including Government drawings, designs, specifications; monitor Contractor's performance and notifies both the Contracting Officer and Contractor of any deficiencies; coordinate availability of government furnished property, and provide site entry of Contractor personnel. A letter of designation issued to the COR, a copy of which is sent to the Contractor, states the responsibilities and limitations of the COR, especially with regard to

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changes in cost or price, estimates or changes in delivery dates. The COR is not authorized to change any of the terms and conditions of the resulting order.

**1.11 Required Documentation:** All employees shall wear a nametag or other identifying apparel.

## PART 2

### DEFINITIONS & ACRONYMS

#### **2. DEFINITIONS AND ACRONYMS:**

##### **2.1. DEFINITIONS:**

2.1.1. **CONTRACTOR.** A supplier or vendor awarded a contract to provide specific supplies or service to the government. The term used in this contract refers to the prime.

2.1.2. **CONTRACTING OFFICER.** A person with authority to enter into, administer, and or terminate contracts, and make related determinations and findings on behalf of the government. Note: The only individual who can legally bind the government.

2.1.3. **CONTRACTING OFFICER'S REPRESENTATIVE (COR).** An employee of the U.S. Government appointed by the contracting officer to administer elements of the contract. Such appointment shall be in writing and shall state the scope of authority and limitations. This individual has authority to provide technical direction to the Contractor as long as that direction is within the scope of the contract, does not constitute a change, and has no funding implications. This individual does NOT have authority to change the terms and conditions of the contract.

2.1.4. **DEFECTIVE SERVICE.** A service output that does not meet the standard of performance associated with the Performance Work Statement.

2.1.5. **DELIVERABLE.** Anything that can be physically delivered, but may include non-manufactured things such as meeting minutes or reports.

2.1.6. **KEY PERSONNEL.** Contractor personnel that are evaluated in a source selection process and that may be required to be used in the performance of a contract by the Key Personnel listed in the SOW. When key personnel are used as an evaluation factor in best value procurement, an offer can be rejected if it does not have a firm commitment from the persons that are listed in the proposal.

2.1.7. **PHYSICAL SECURITY.** Actions that prevent the loss or damage of Government property.

2.1.8. **QUALITY ASSURANCE.** The government procedures to verify that services being performed by the Contractor are performed according to acceptable standards.

2.1.9. **QUALITY ASSURANCE Surveillance Plan (QASP).** An organized written document specifying the surveillance methodology to be used for surveillance of contractor performance.

2.1.10. **QUALITY CONTROL.** All necessary measures taken by the Contractor to assure that the quality of an end product or service shall meet contract requirements.

2.1.11. **SUBCONTRACTOR.** One that enters into a contract with a prime contractor. The Government does not have privity of contract with the subcontractor.

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2.1.12. WORK DAY. The number of hours per day the Contractor provides services in accordance with the contract.

2.1.12. WORK WEEK. Monday through Friday, unless specified otherwise.

2.2. ACRONYMS:

ACOR	Alternate Contracting Officer's Representative
ACLS	Advanced Cardiac Life Support
BLS	Basic Life Support
CBOC	Community Based Outpatient Clinic
CCE	Contracting Center of Excellence
CFR	Code of Federal Regulations
CONUS	Continental United States (excludes Alaska and Hawaii)
COR	Contracting Officer Representative
COTR	Contracting Officer's Technical Representative
COTS	Commercial-Off-the-Shelf
FAR	Federal Acquisition Regulation
HIPAA	Health Insurance Portability and Accountability Act of 1996
CO	Contracting Officer
OCI	Organizational Conflict of Interest
PIPO	Phase In/Phase Out
POC	Point of Contact
PRS	Performance Requirements Summary
SOW	Performance Work Statement
QA	Quality Assurance
QAP	Quality Assurance Program
QASP	Quality Assurance Surveillance Plan
QC	Quality Control
QCP	Quality Control Program
SAVAHCS	Southern Arizona VA Health Care System
TE	Technical Exhibit

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**PART 3**

**GOVERNMENT FURNISHED PROPERTY, EQUIPMENT, AND SERVICES**

**3. GOVERNMENT FURNISHED ITEMS AND SERVICES:**

3.1 Materials: N/A No items or services will provided by the Government.

**PART 4**

**CONTRACTOR FURNISHED ITEMS AND SERVICES**

**4. CONTRACTOR FURNISHED ITEMS AND RESPONSIBILITIES:**

4.1 General: The Contractor shall furnish all supplies, equipment, facilities and services required to perform work under this contract that are not listed under Section 3 of this SOW.

4.2. Materials: The Contractor shall provide all materials required to provide ground ambulance transportation for veterans.

4.3. Equipment: The Contractor shall provide appropriate vehicles, including stretchers/gurneys and motor vehicles, for transport of remains under this contract. Each ambulance shall have patient compartment facilities, oxygen and suction systems and equipment, environmental climatic equipment, communication and additional systems equipment accessories and supplies required by the Arizona Department of Health Services (ADHS).

4.4. Facility and Personnel: The Contractor shall employ protective and precautionary hygienic measures and techniques.

**PART 5**

**SPECIFIC TASKS**

**5. Specific Tasks:**

5.1. Basic Services. The contractor shall provide for ground ambulance transport of Veterans within the State of Arizona. Determination of a veterans authorization will be made after appropriate investigation of the members specific circumstances. Refer to part 7 below for specific requirements.

5.1.1. The contractor shall provide an appropriate vehicle based on the type of request from the VA within 90 minutes of the call being received by the contractor. Depending on the level of care required, emergency service may be required to the event of emergency; the contractor shall provide an appropriate vehicle within 60 minutes of the call being received. Types of transport: BCS and ACLS. Specific response call for 911 calls is regulated by the State of Arizona Department of Health Services who will take appropriate actions if the time standards are not met.

**PART 6**

**APPLICABLE PUBLICATIONS**

**6. APPLICABLE PUBLICATIONS (CURRENT EDITIONS)**

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6.1. The Contractor must abide by all applicable regulations, publications, manuals, and local policies and procedures regarding ground ambulance transport.

6.2. Contractors shall perform services IAW the State of Arizona guidance. They are found electronically under the Arizona Department of Health Services web site at: [www.azdhs.gov/beme/regulations/](http://www.azdhs.gov/beme/regulations/) and further codified under Arizona Statutes at: [http://www.azsos.gov/public\\_services/title\\_09/9-25.htm](http://www.azsos.gov/public_services/title_09/9-25.htm) and under Arizona State Legislature, Title 36 – Public Health and Safety at: <http://www.azleg.gov/arizonarevisedstatutes.asp?Title=36>

6.3. The maps of the respective Areas of Responsibility and identification of the holders of the Certificates of Necessity for each, are identified at: <http://www.azdhs.gov/bems/ambulance/maps/index.php>

## PART 7

### PATIENT ELIGIBILITY

#### REQUIREMENTS FOR DETERMINING ACCEPTANCE OF FINANCIAL RESPONSIBILITY BY THE DEPARTMENT OF VETERANS AFFAIRS

#### 7. GUIDANCE AND APPLICABLE PUBLICATIONS NECESSARY FOR DETERMINING ELIGIBILITY

7.1. Contractor is advised that parties stating they are veterans and who have placed a call for emergency medical treatment and transportation are NOT automatically covered by the government. Contractor will initially bill the patient directly for services. Patient is then responsible for providing the bill to the VA, Medicare, Medicaid, or another private supplemental insurance company.

7.2. Upon receipt of a bill and subsequent claim for ambulance services for an individual, VA personnel will determine patient eligibility by ensuring the patient is an authorized veteran who has a service connected disability which would in fact warrant payment of the claim. Government personnel will also review the regulatory guidance found in 38 CFR Part 70.2, 38 USC 111, 38 USC 1725 and 38 USC 1728 to ensure complete compliance with special mode of transportation requirements.

7.3 If VA personnel place the call for patient transportation, they have already determined patient eligibility. In these cases the contractor will bill the VA directly IAW the contract terms and conditions.

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**SECTION C - CONTRACT CLAUSES**

**C.1 52.252-2 CLAUSES INCORPORATED BY REFERENCE (FEB 1998)**

This contract incorporates one or more clauses by reference, with the same force and effect as if they were given in full text. Upon request, the Contracting Officer will make their full text available. Also, the full text of a clause may be accessed electronically at this/these address(es):

<http://www.acquisition.gov/far/index.html>  
<http://www.va.gov/oal/library/vaar/>

(End of Clause)

<u>FAR Number</u>	<u>Title</u>	<u>Date</u>
52.203-17	CONTRACTOR EMPLOYEE WHISTLEBLOWER RIGHTS AND REQUIREMENT TO INFORM EMPLOYEES OF WHISTLEBLOWER RIGHTS	APR 2014
52.204-4	PRINTED OR COPIED DOUBLE-SIDED ON RECYCLED PAPER	MAY 2011
52.232-40	PROVIDING ACCELERATED PAYMENTS TO SMALL BUSINESS SUBCONTRACTORS	DEC 2013
852.228-71	INDEMNIFICATION AND INSURANCE	JAN 2008

**C.2 VAAR 852.270-1 REPRESENTATIVES OF CONTRACTING OFFICERS (JAN 2008)**

The contracting officer reserves the right to designate representatives to act for him/her in furnishing technical guidance and advice or generally monitor the work to be performed under this contract. Such designation will be in writing and will define the scope and limitation of the designee's authority. A copy of the designation shall be furnished to the contractor.

(End of Provision)

**C.3 52.212-4 CONTRACT TERMS AND CONDITIONS—COMMERCIAL ITEMS (MAY 2014)**

(a) *Inspection/Acceptance.* The Contractor shall only tender for acceptance those items that conform to the requirements of this contract. The Government reserves the right to inspect or test any supplies or services that have been tendered for acceptance. The Government may require repair or replacement of nonconforming supplies or reperformance of nonconforming services at no increase in contract price. If repair/replacement or reperformance will not correct the defects or is not possible, the Government may seek an equitable price reduction or adequate consideration for acceptance of nonconforming supplies or services. The Government must exercise its post-acceptance rights—

- (1) Within a reasonable time after the defect was discovered or should have been discovered; and
- (2) Before any substantial change occurs in the condition of the item, unless the change is due to the defect in the item.

(b) *Assignment.* The Contractor or its assignee may assign its rights to receive payment due as a result of performance of this contract to a bank, trust company, or other financing institution, including any Federal lending agency in accordance with the Assignment of Claims Act (31 U.S.C. 3727). However, when a third party makes payment (e.g., use of the

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Governmentwide commercial purchase card), the Contractor may not assign its rights to receive payment under this contract.

(c) *Changes.* Changes in the terms and conditions of this contract may be made only by written agreement of the parties.

(d) *Disputes.* This contract is subject to 41 U.S.C. chapter 71, Contract Disputes. Failure of the parties to this contract to reach agreement on any request for equitable adjustment, claim, appeal or action arising under or relating to this contract shall be a dispute to be resolved in accordance with the clause at FAR 52.233-1, Disputes, which is incorporated herein by reference. The Contractor shall proceed diligently with performance of this contract, pending final resolution of any dispute arising under the contract.

(e) *Definitions.* The clause at FAR 52.202-1, Definitions, is incorporated herein by reference.

(f) *Excusable delays.* The Contractor shall be liable for default unless nonperformance is caused by an occurrence beyond the reasonable control of the Contractor and without its fault or negligence such as, acts of God or the public enemy, acts of the Government in either its sovereign or contractual capacity, fires, floods, epidemics, quarantine restrictions, strikes, unusually severe weather, and delays of common carriers. The Contractor shall notify the Contracting Officer in writing as soon as it is reasonably possible after the commencement of any excusable delay, setting forth the full particulars in connection therewith, shall remedy such occurrence with all reasonable dispatch, and shall promptly give written notice to the Contracting Officer of the cessation of such occurrence.

(g) *Invoice.*

(1) The Contractor shall submit an original invoice and three copies (or electronic invoice, if authorized) to the address designated in the contract to receive invoices. An invoice must include—

(i) Name and address of the Contractor;

(ii) Invoice date and number;

(iii) Contract number, contract line item number and, if applicable, the order number;

(iv) Description, quantity, unit of measure, unit price and extended price of the items delivered;

(v) Shipping number and date of shipment, including the bill of lading number and weight of shipment if shipped on Government bill of lading;

(vi) Terms of any discount for prompt payment offered;

(vii) Name and address of official to whom payment is to be sent;

(viii) Name, title, and phone number of person to notify in event of defective invoice; and

(ix) Taxpayer Identification Number (TIN). The Contractor shall include its TIN on the invoice only if required elsewhere in this contract.

(x) Electronic funds transfer (EFT) banking information.

(A) The Contractor shall include EFT banking information on the invoice only if required elsewhere in this contract.

(B) If EFT banking information is not required to be on the invoice, in order for the invoice to be a proper invoice, the Contractor shall have submitted correct EFT banking information in accordance with the applicable solicitation

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provision, contract clause (e.g., 52.232-33, Payment by Electronic Funds Transfer—System for Award Management, or 52.232-34, Payment by Electronic Funds Transfer—Other Than System for Award Management), or applicable agency procedures.

(C) EFT banking information is not required if the Government waived the requirement to pay by EFT.

(2) Invoices will be handled in accordance with the Prompt Payment Act (31 U.S.C. 3903) and Office of Management and Budget (OMB) prompt payment regulations at 5 CFR part 1315.

(h) *Patent indemnity.* The Contractor shall indemnify the Government and its officers, employees and agents against liability, including costs, for actual or alleged direct or contributory infringement of, or inducement to infringe, any United States or foreign patent, trademark or copyright, arising out of the performance of this contract, provided the Contractor is reasonably notified of such claims and proceedings.

(i) *Payment.*—

(1) *Items accepted.* Payment shall be made for items accepted by the Government that have been delivered to the delivery destinations set forth in this contract.

(2) *Prompt payment.* The Government will make payment in accordance with the Prompt Payment Act (31 U.S.C. 3903) and prompt payment regulations at 5 CFR part 1315.

(3) *Electronic Funds Transfer (EFT).* If the Government makes payment by EFT, see 52.212-5(b) for the appropriate EFT clause.

(4) *Discount.* In connection with any discount offered for early payment, time shall be computed from the date of the invoice. For the purpose of computing the discount earned, payment shall be considered to have been made on the date which appears on the payment check or the specified payment date if an electronic funds transfer payment is made.

(5) *Overpayments.* If the Contractor becomes aware of a duplicate contract financing or invoice payment or that the Government has otherwise overpaid on a contract financing or invoice payment, the Contractor shall—

(i) Remit the overpayment amount to the payment office cited in the contract along with a description of the overpayment including the—

(A) Circumstances of the overpayment (e.g., duplicate payment, erroneous payment, liquidation errors, date(s) of overpayment);

(B) Affected contract number and delivery order number, if applicable;

(C) Affected contract line item or subline item, if applicable; and

(D) Contractor point of contact.

(ii) Provide a copy of the remittance and supporting documentation to the Contracting Officer.

(6) *Interest.*

(i) All amounts that become payable by the Contractor to the Government under this contract shall bear simple interest from the date due until paid unless paid within 30 days of becoming due. The interest rate shall be the interest rate established by the Secretary of the Treasury as provided in 41 U.S.C. 7109, which is applicable to the period in which the

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amount becomes due, as provided in (i)(6)(v) of this clause, and then at the rate applicable for each six-month period as fixed by the Secretary until the amount is paid.

(ii) The Government may issue a demand for payment to the Contractor upon finding a debt is due under the contract.

(iii) *Final decisions.* The Contracting Officer will issue a final decision as required by 33.211 if—

(A) The Contracting Officer and the Contractor are unable to reach agreement on the existence or amount of a debt within 30 days;

(B) The Contractor fails to liquidate a debt previously demanded by the Contracting Officer within the timeline specified in the demand for payment unless the amounts were not repaid because the Contractor has requested an installment payment agreement; or

(C) The Contractor requests a deferment of collection on a debt previously demanded by the Contracting Officer (see 32.607-2).

(iv) If a demand for payment was previously issued for the debt, the demand for payment included in the final decision shall identify the same due date as the original demand for payment.

(v) Amounts shall be due at the earliest of the following dates:

(A) The date fixed under this contract.

(B) The date of the first written demand for payment, including any demand for payment resulting from a default termination.

(vi) The interest charge shall be computed for the actual number of calendar days involved beginning on the due date and ending on—

(A) The date on which the designated office receives payment from the Contractor;

(B) The date of issuance of a Government check to the Contractor from which an amount otherwise payable has been withheld as a credit against the contract debt; or

(C) The date on which an amount withheld and applied to the contract debt would otherwise have become payable to the Contractor.

(vii) The interest charge made under this clause may be reduced under the procedures prescribed in 32.608-2 of the Federal Acquisition Regulation in effect on the date of this contract.

(j) *Risk of loss.* Unless the contract specifically provides otherwise, risk of loss or damage to the supplies provided under this contract shall remain with the Contractor until, and shall pass to the Government upon:

(1) Delivery of the supplies to a carrier, if transportation is f.o.b. origin; or

(2) Delivery of the supplies to the Government at the destination specified in the contract, if transportation is f.o.b. destination.

(k) *Taxes.* The contract price includes all applicable Federal, State, and local taxes and duties.

(l) *Termination for the Government's convenience.* The Government reserves the right to terminate this contract, or any part hereof, for its sole convenience. In the event of such termination, the Contractor shall immediately stop all work

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Page 21 of 34

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hereunder and shall immediately cause any and all of its suppliers and subcontractors to cease work. Subject to the terms of this contract, the Contractor shall be paid a percentage of the contract price reflecting the percentage of the work performed prior to the notice of termination, plus reasonable charges the Contractor can demonstrate to the satisfaction of the Government using its standard record keeping system, have resulted from the termination. The Contractor shall not be required to comply with the cost accounting standards or contract cost principles for this purpose. This paragraph does not give the Government any right to audit the Contractor's records. The Contractor shall not be paid for any work performed or costs incurred which reasonably could have been avoided.

(m) *Termination for cause.* The Government may terminate this contract, or any part hereof, for cause in the event of any default by the Contractor, or if the Contractor fails to comply with any contract terms and conditions, or fails to provide the Government, upon request, with adequate assurances of future performance. In the event of termination for cause, the Government shall not be liable to the Contractor for any amount for supplies or services not accepted, and the Contractor shall be liable to the Government for any and all rights and remedies provided by law. If it is determined that the Government improperly terminated this contract for default, such termination shall be deemed a termination for convenience.

(n) *Title.* Unless specified elsewhere in this contract, title to items furnished under this contract shall pass to the Government upon acceptance, regardless of when or where the Government takes physical possession.

(o) *Warranty.* The Contractor warrants and implies that the items delivered hereunder are merchantable and fit for use for the particular purpose described in this contract.

(p) *Limitation of liability.* Except as otherwise provided by an express warranty, the Contractor will not be liable to the Government for consequential damages resulting from any defect or deficiencies in accepted items.

(q) *Other compliances.* The Contractor shall comply with all applicable Federal, State and local laws, executive orders, rules and regulations applicable to its performance under this contract.

(r) *Compliance with laws unique to Government contracts.* The Contractor agrees to comply with 31 U.S.C. 1352 relating to limitations on the use of appropriated funds to influence certain Federal contracts; 18 U.S.C. 431 relating to officials not to benefit; 40 U.S.C. chapter 37, Contract Work Hours and Safety Standards; 41 U.S.C. chapter 87, Kickbacks; 41 U.S.C. 4712 and 10 U.S.C. 2409 relating to whistleblower protections; 49 U.S.C. 40118, Fly American; and 41 U.S.C. chapter 21 relating to procurement integrity.

(s) *Order of precedence.* Any inconsistencies in this solicitation or contract shall be resolved by giving precedence in the following order:

- (1) The schedule of supplies/services.
- (2) The Assignments, Disputes, Payments, Invoice, Other Compliances, Compliance with Laws Unique to Government Contracts, and Unauthorized Obligations paragraphs of this clause;
- (3) The clause at 52.212-5.
- (4) Addenda to this solicitation or contract, including any license agreements for computer software.
- (5) Solicitation provisions if this is a solicitation.
- (6) Other paragraphs of this clause.
- (7) The Standard Form 1449.

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(8) Other documents, exhibits, and attachments

(9) The specification.

(t) *System for Award Management (SAM)*.

(1) Unless exempted by an addendum to this contract, the Contractor is responsible during performance and through final payment of any contract for the accuracy and completeness of the data within the SAM database, and for any liability resulting from the Government's reliance on inaccurate or incomplete data. To remain registered in the SAM database after the initial registration, the Contractor is required to review and update on an annual basis from the date of initial registration or subsequent updates its information in the SAM database to ensure it is current, accurate and complete. Updating information in the SAM does not alter the terms and conditions of this contract and is not a substitute for a properly executed contractual document.

(2)(i) If a Contractor has legally changed its business name, "doing business as" name, or division name (whichever is shown on the contract), or has transferred the assets used in performing the contract, but has not completed the necessary requirements regarding novation and change-of-name agreements in FAR subpart 42.12, the Contractor shall provide the responsible Contracting Officer a minimum of one business day's written notification of its intention to (A) change the name in the SAM database; (B) comply with the requirements of subpart 42.12; and (C) agree in writing to the timeline and procedures specified by the responsible Contracting Officer. The Contractor must provide with the notification sufficient documentation to support the legally changed name.

(ii) If the Contractor fails to comply with the requirements of paragraph (t)(2)(i) of this clause, or fails to perform the agreement at paragraph (t)(2)(i)(C) of this clause, and, in the absence of a properly executed novation or change-of-name agreement, the SAM information that shows the Contractor to be other than the Contractor indicated in the contract will be considered to be incorrect information within the meaning of the "Suspension of Payment" paragraph of the electronic funds transfer (EFT) clause of this contract.

(3) The Contractor shall not change the name or address for EFT payments or manual payments, as appropriate, in the SAM record to reflect an assignee for the purpose of assignment of claims (see Subpart 32.8, Assignment of Claims). Assignees shall be separately registered in the SAM database. Information provided to the Contractor's SAM record that indicates payments, including those made by EFT, to an ultimate recipient other than that Contractor will be considered to be incorrect information within the meaning of the "Suspension of payment" paragraph of the EFT clause of this contract.

(4) Offerors and Contractors may obtain information on registration and annual confirmation requirements via SAM accessed through <https://www.acquisition.gov>.

(u) *Unauthorized Obligations*.

(1) Except as stated in paragraph (u)(2) of this clause, when any supply or service acquired under this contract is subject to any End User License Agreement (EULA), Terms of Service (TOS), or similar legal instrument or agreement, that includes any clause requiring the Government to indemnify the Contractor or any person or entity for damages, costs, fees, or any other loss or liability that would create an Anti-Deficiency Act violation (31 U.S.C. 1341), the following shall govern:

(i) Any such clause is unenforceable against the Government.

(ii) Neither the Government nor any Government authorized end user shall be deemed to have agreed to such clause by virtue of it appearing in the EULA, TOS, or similar legal instrument or agreement. If the EULA, TOS, or similar legal instrument or agreement is invoked through an "I agree" click box or other comparable mechanism (e.g., "click-wrap" or

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“browse-wrap” agreements), execution does not bind the Government or any Government authorized end user to such clause.

(iii) Any such clause is deemed to be stricken from the EULA, TOS, or similar legal instrument or agreement.

(2) Paragraph (u)(1) of this clause does not apply to indemnification by the Government that is expressly authorized by statute and specifically authorized under applicable agency regulations and procedures.

(End of Clause)

**C.4 52.212-5 CONTRACT TERMS AND CONDITIONS REQUIRED TO IMPLEMENT STATUTES OR EXECUTIVE ORDERS—COMMERCIAL ITEMS (JUN 2014)**

(a) The Contractor shall comply with the following Federal Acquisition Regulation (FAR) clauses, which are incorporated in this contract by reference, to implement provisions of law or Executive orders applicable to acquisitions of commercial items:

(1) 52.222-50, Combating Trafficking in Persons (FEB 2009) (22 U.S.C. 7104(g)).

Alternate I (AUG 2007) of 52.222-50 (22 U.S.C. 7104 (g)).

(2) 52.233-3, Protest After Award (Aug 1996) (31 U.S.C. 3553).

(3) 52.233-4, Applicable Law for Breach of Contract Claim (Oct 2004) (Public Laws 108-77 and 108-78 (19 U.S.C. 3805 note)).

(b) The Contractor shall comply with the FAR clauses in this paragraph (b) that the Contracting Officer has indicated as being incorporated in this contract by reference to implement provisions of law or Executive orders applicable to acquisitions of commercial items:

(1) 52.203-6, Restrictions on Subcontractor Sales to the Government (Sept 2006), with Alternate I (Oct 1995) (41 U.S.C. 4704 and 10 U.S.C. 2402).

(2) 52.203-13, Contractor Code of Business Ethics and Conduct (APR 2010)(41 U.S.C. 3509).

(3) 52.203-15, Whistleblower Protections under the American Recovery and Reinvestment Act of 2009 (JUN 2010) (Section 1553 of Pub. L. 111-5). (Applies to contracts funded by the American Recovery and Reinvestment Act of 2009.)

(4) 52.204-10, Reporting Executive Compensation and First-Tier Subcontract Awards (Jul 2013) (Pub. L. 109-282) (31 U.S.C. 6101 note).

(5) [Reserved]

(6) 52.204-14, Service Contract Reporting Requirements (JAN 2014) (Pub. L. 111-117, section 743 of Div. C).

(7) 52.204-15, Service Contract Reporting Requirements for Indefinite-Delivery Contracts (JAN 2014) (Pub. L. 111-117, section 743 of Div. C).

(8) 52.209-6, Protecting the Government's Interest When Subcontracting with Contractors Debarred, Suspended, or Proposed for Debarment. (Aug 2013) (31 U.S.C. 6101 note).

(9) 52.209-9, Updates of Publicly Available Information Regarding Responsibility Matters (Jul 2013) (41 U.S.C. 2313).

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Page 24 of 34

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- (10) 52.209-10, Prohibition on Contracting with Inverted Domestic Corporations (MAY 2012) (section 738 of Division C of Pub. L. 112-74, section 740 of Division C of Pub. L. 111-117, section 743 of Division D of Pub. L. 111-8, and section 745 of Division D of Pub. L. 110-161).
- (11) 52.219-3, Notice of HUBZone Set-Aside or Sole Source Award (NOV 2011) (15 U.S.C. 657a).
- (12) 52.219-4, Notice of Price Evaluation Preference for HUBZone Small Business Concerns (JAN 2011) (if the offeror elects to waive the preference, it shall so indicate in its offer) (15 U.S.C. 657a).
- (13) [Reserved]
- (14)(i) 52.219-6, Notice of Total Small Business Set-Aside (NOV 2011) (15 U.S.C. 644).
- (ii) Alternate I (NOV 2011).
- (iii) Alternate II (NOV 2011).
- (15)(i) 52.219-7, Notice of Partial Small Business Set-Aside (June 2003) (15 U.S.C. 644).
- (ii) Alternate I (Oct 1995) of 52.219-7.
- (iii) Alternate II (Mar 2004) of 52.219-7.
- (16) 52.219-8, Utilization of Small Business Concerns (MAY 2014) (15 U.S.C. 637(d)(2) and (3)).
- (17)(i) 52.219-9, Small Business Subcontracting Plan (Jul 2013) (15 U.S.C. 637(d)(4)).
- (ii) Alternate I (Oct 2001) of 52.219-9.
- (iii) Alternate II (Oct 2001) of 52.219-9.
- (iv) Alternate III (JUL 2010) of 52.219-9.
- (18) 52.219-13, Notice of Set-Aside of Orders (NOV 2011) (15 U.S.C. 644(r)).
- (19) 52.219-14, Limitations on Subcontracting (NOV 2011) (15 U.S.C. 637(a)(14)).
- (20) 52.219-16, Liquidated Damages—Subcontracting Plan (Jan 1999) (15 U.S.C. 637(d)(4)(F)(i)).
- (21)(i) 52.219-23, Notice of Price Evaluation Adjustment for Small Disadvantaged Business Concerns (OCT 2008) (10 U.S.C. 2323) (if the offeror elects to waive the adjustment, it shall so indicate in its offer.)
- (ii) Alternate I (June 2003) of 52.219-23.
- (22) 52.219-25, Small Disadvantaged Business Participation Program—Disadvantaged Status and Reporting (Jul 2013) (Pub. L. 103-355, section 7102, and 10 U.S.C. 2323).
- (23) 52.219-26, Small Disadvantaged Business Participation Program—Incentive Subcontracting (Oct 2000) (Pub. L. 103-355, section 7102, and 10 U.S.C. 2323).
- (24) 52.219-27, Notice of Service-Disabled Veteran-Owned Small Business Set-Aside (NOV 2011) (15 U.S.C. 657f).
- (25) 52.219-28, Post Award Small Business Program Rerepresentation (Jul 2013) (15 U.S.C. 632(a)(2)).

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(26) 52.219-29, Notice of Set-Aside for Economically Disadvantaged Women-Owned Small Business (EDWOSB) Concerns (Jul 2013) (15 U.S.C. 637(m)).

(27) 52.219-30, Notice of Set-Aside for Women-Owned Small Business (WOSB) Concerns Eligible Under the WOSB Program (Jul 2013) (15 U.S.C. 637(m)).

(28) 52.222-3, Convict Labor (June 2003) (E.O. 11755).

(29) 52.222-19, Child Labor—Cooperation with Authorities and Remedies (JAN 2014) (E.O. 13126).

(30) 52.222-21, Prohibition of Segregated Facilities (Feb 1999).

(31) 52.222-26, Equal Opportunity (Mar 2007) (E.O. 11246).

(32) 52.222-35, Equal Opportunity for Veterans (SEP 2010) (38 U.S.C. 4212).

(33) 52.222-36, Affirmative Action for Workers with Disabilities (Oct 2010) (29 U.S.C. 793).

(34) 52.222-37, Employment Reports on Veterans (SEP 2010) (38 U.S.C. 4212).

(35) 52.222-40, Notification of Employee Rights Under the National Labor Relations Act (DEC 2010) (E.O. 13496).

(36) 52.222-54, Employment Eligibility Verification (AUG 2013). (Executive Order 12989). (Not applicable to the acquisition of commercially available off-the-shelf items or certain other types of commercial items as prescribed in 22.1803.)

(37)(i) 52.223-9, Estimate of Percentage of Recovered Material Content for EPA-Designated Items (May 2008) (42 U.S.C.6962(c)(3)(A)(ii)). (Not applicable to the acquisition of commercially available off-the-shelf items.)

(ii) Alternate I (MAY 2008) of 52.223-9 (42 U.S.C. 6962(i)(2)(C)). (Not applicable to the acquisition of commercially available off-the-shelf items.)

(38)(i) 52.223-13, Acquisition of EPEAT®-Registered Imaging Equipment (JUN 2014) (E.O.s 13423 and 13514).

(ii) Alternate I (JUN 2014) of 52.223-13.

(39)(i) 52.223-14, Acquisition of EPEAT®-Registered Televisions (JUN 2014) (E.O.s 13423 and 13514).

(ii) Alternate I (JUN 2014) of 52.223-14.

(40) 52.223-15, Energy Efficiency in Energy-Consuming Products (DEC 2007)(42 U.S.C. 8259b).

(41)(i) 52.223-16, Acquisition of EPEAT®-Registered Personal Computer Products (JUN 2014) (E.O.s 13423 and 13514).

(ii) Alternate I (JUN 2014) of 52.223-16.

(42) 52.223-18, Encouraging Contractor Policies to Ban Text Messaging While Driving (AUG 2011)

(43) 52.225-1, Buy American—Supplies (MAY 2014) (41 U.S.C. chapter 83).

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- (44)(i) 52.225-3, Buy American—Free Trade Agreements—Israeli Trade Act (MAY 2014) (41 U.S.C. chapter 83, 19 U.S.C. 3301 note, 19 U.S.C. 2112 note, 19 U.S.C. 3805 note, 19 U.S.C. 4001 note, Pub. L. 103-182, 108-77, 108-78, 108-286, 108-302, 109-53, 109-169, 109-283, 110-138, 112-41, 112-42, and 112-43).
  - (ii) Alternate I (MAY 2014) of 52.225-3.
  - (iii) Alternate II (MAY 2014) of 52.225-3.
  - (iv) Alternate III (MAY 2014) of 52.225-3.
  - (45) 52.225-5, Trade Agreements (NOV 2013) (19 U.S.C. 2501, *et seq.*, 19 U.S.C. 3301 note).
  - (46) 52.225-13, Restrictions on Certain Foreign Purchases (JUN 2008) (E.O.'s, proclamations, and statutes administered by the Office of Foreign Assets Control of the Department of the Treasury).
  - (47) 52.225-26, Contractors Performing Private Security Functions Outside the United States (Jul 2013) (Section 862, as amended, of the National Defense Authorization Act for Fiscal Year 2008; 10 U.S.C. 2302 Note).
  - (48) 52.226-4, Notice of Disaster or Emergency Area Set-Aside (Nov 2007) (42 U.S.C. 5150).
  - (49) 52.226-5, Restrictions on Subcontracting Outside Disaster or Emergency Area (Nov 2007) (42 U.S.C. 5150).
  - (50) 52.232-29, Terms for Financing of Purchases of Commercial Items (Feb 2002) (41 U.S.C. 4505, 10 U.S.C. 2307(f)).
  - (51) 52.232-30, Installment Payments for Commercial Items (Oct 1995) (41 U.S.C. 4505, 10 U.S.C. 2307(f)).
  - (52) 52.232-33, Payment by Electronic Funds Transfer—System for Award Management (Jul 2013) (31 U.S.C. 3332).
  - (53) 52.232-34, Payment by Electronic Funds Transfer—Other than System for Award Management (Jul 2013) (31 U.S.C. 3332).
  - (54) 52.232-36, Payment by Third Party (MAY 2014) (31 U.S.C. 3332).
  - (55) 52.239-1, Privacy or Security Safeguards (Aug 1996) (5 U.S.C. 552a).
  - (56)(i) 52.247-64, Preference for Privately Owned U.S.-Flag Commercial Vessels (Feb 2006) (46 U.S.C. Appx. 1241(b) and 10 U.S.C. 2631).
  - (ii) Alternate I (Apr 2003) of 52.247-64.
- (c) The Contractor shall comply with the FAR clauses in this paragraph (c), applicable to commercial services, that the Contracting Officer has indicated as being incorporated in this contract by reference to implement provisions of law or Executive orders applicable to acquisitions of commercial items:
- (1) 52.222-41, Service Contract Labor Standards (MAY 2014) (41 U.S.C. chapter 67).
  - (2) 52.222-42, Statement of Equivalent Rates for Federal Hires (MAY 2014) (29 U.S.C. 206 and 41 U.S.C. chapter 67).

Employee Class

Monetary Wage-Fringe Benefits

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(3) 52.222-43, Fair Labor Standards Act and Service Contract Labor Standards—Price Adjustment (Multiple Year and Option Contracts) (MAY 2014) (29 U.S.C. 206 and 41 U.S.C. chapter 67).

(4) 52.222-44, Fair Labor Standards Act and Service Contract Labor Standards—Price Adjustment (MAY 2014) (29 U.S.C. 206 and 41 U.S.C. chapter 67).

(5) 52.222-51, Exemption from Application of the Service Contract Labor Standards to Contracts for Maintenance, Calibration, or Repair of Certain Equipment—Requirements (MAY 2014) (41 U.S.C. chapter 67).

(6) 52.222-53, Exemption from Application of the Service Contract Labor Standards to Contracts for Certain Services—Requirements (MAY 2014) (41 U.S.C. chapter 67).

(7) 52.222-17, Nondisplacement of Qualified Workers (MAY 2014) (E.O. 13495).

(8) 52.226-6, Promoting Excess Food Donation to Nonprofit Organizations (MAY 2014) (42 U.S.C. 1792).

(9) 52.237-11, Accepting and Dispensing of \$1 Coin (SEP 2008) (31 U.S.C. 5112(p)(1)).

(d) Comptroller General Examination of Record. The Contractor shall comply with the provisions of this paragraph (d) if this contract was awarded using other than sealed bid, is in excess of the simplified acquisition threshold, and does not contain the clause at 52.215-2, Audit and Records—Negotiation.

(1) The Comptroller General of the United States, or an authorized representative of the Comptroller General, shall have access to and right to examine any of the Contractor's directly pertinent records involving transactions related to this contract.

(2) The Contractor shall make available at its offices at all reasonable times the records, materials, and other evidence for examination, audit, or reproduction, until 3 years after final payment under this contract or for any shorter period specified in FAR Subpart 4.7, Contractor Records Retention, of the other clauses of this contract. If this contract is completely or partially terminated, the records relating to the work terminated shall be made available for 3 years after any resulting final termination settlement. Records relating to appeals under the disputes clause or to litigation or the settlement of claims arising under or relating to this contract shall be made available until such appeals, litigation, or claims are finally resolved.

(3) As used in this clause, records include books, documents, accounting procedures and practices, and other data, regardless of type and regardless of form. This does not require the Contractor to create or maintain any record that the Contractor does not maintain in the ordinary course of business or pursuant to a provision of law.

(e)(1) Notwithstanding the requirements of the clauses in paragraphs (a), (b), (c), and (d) of this clause, the Contractor is not required to flow down any FAR clause, other than those in this paragraph (e)(1) in a subcontract for commercial items. Unless otherwise indicated below, the extent of the flow down shall be as required by the clause—

(i) 52.203-13, Contractor Code of Business Ethics and Conduct (APR 2010) (41 U.S.C. 3509).

(ii) 52.219-8, Utilization of Small Business Concerns (MAY 2014) (15 U.S.C. 637(d)(2) and (3)), in all subcontracts that offer further subcontracting opportunities. If the subcontract (except subcontracts to small business concerns) exceeds \$650,000 (\$1.5 million for construction of any public facility), the subcontractor must include 52.219-8 in lower tier subcontracts that offer subcontracting opportunities.

(iii) 52.222-17, Nondisplacement of Qualified Workers (MAY 2014) (E.O. 13495). Flow down required in accordance with paragraph (l) of FAR clause 52.222-17.

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(iv) 52.222-26, Equal Opportunity (Mar 2007) (E.O. 11246).

(v) 52.222-35, Equal Opportunity for Veterans (SEP 2010) (38 U.S.C. 4212).

(vi) 52.222-36, Affirmative Action for Workers with Disabilities (Oct 2010) (29 U.S.C. 793).

(vii) 52.222-40, Notification of Employee Rights Under the National Labor Relations Act (DEC 2010) (E.O. 13496).  
Flow down required in accordance with paragraph (f) of FAR clause 52.222-40.

(viii) 52.222-41, Service Contract Labor Standards (MAY 2014) (41 U.S.C. chapter 67).

(ix) 52.222-50, Combating Trafficking in Persons (FEB 2009) (22 U.S.C. 7104(g)).

Alternate I (AUG 2007) of 52.222-50 (22 U.S.C. 7104(g)).

(x) 52.222-51, Exemption from Application of the Service Contract Labor Standards to Contracts for Maintenance, Calibration, or Repair of Certain Equipment—Requirements (MAY 2014) (41 U.S.C. chapter 67).

(xi) 52.222-53, Exemption from Application of the Service Contract Labor Standards to Contracts for Certain Services—Requirements (MAY 2014) (41 U.S.C. chapter 67).

(xii) 52.222-54, Employment Eligibility Verification (AUG 2013).

(xiii) 52.225-26, Contractors Performing Private Security Functions Outside the United States (Jul 2013) (Section 862, as amended, of the National Defense Authorization Act for Fiscal Year 2008; 10 U.S.C. 2302 Note).

(xiv) 52.226-6, Promoting Excess Food Donation to Nonprofit Organizations (MAY 2014) (42 U.S.C. 1792). Flow down required in accordance with paragraph (e) of FAR clause 52.226-6.

(xv) 52.247-64, Preference for Privately Owned U.S.-Flag Commercial Vessels (Feb 2006) (46 U.S.C. Appx. 1241(b) and 10 U.S.C. 2631). Flow down required in accordance with paragraph (d) of FAR clause 52.247-64.

(2) While not required, the contractor may include in its subcontracts for commercial items a minimal number of additional clauses necessary to satisfy its contractual obligations.

(End of Clause)

#### C.5 52.216-18 ORDERING (OCT 1995)

(a) Any supplies and services to be furnished under this contract shall be ordered by issuance of delivery orders or task orders by the individuals or activities designated in the Schedule. Such orders may be issued from the effective date of the contract through last day of the respective period of performance.

(b) All delivery orders or task orders are subject to the terms and conditions of this contract. In the event of conflict between a delivery order or task order and this contract, the contract shall control.

(c) If mailed, a delivery order or task order is considered "issued" when the Government deposits the order in the mail. Orders may be issued orally, by facsimile, or by electronic commerce methods only if authorized in the Schedule.

(End of Clause)

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C.6 52.216-19 ORDER LIMITATIONS (OCT 1995)

(a) *Minimum order.* When the Government requires supplies or services covered by this contract in an amount of less than zero, the Government is not obligated to purchase, nor is the Contractor obligated to furnish, those supplies or services under the contract.

(b) *Maximum order.* The Contractor is not obligated to honor—

(1) Any order for a single item in excess of no limitation for this critical care service.;

(2) Any order for a combination of items in excess of no limitation for this critical care service.; or

(3) A series of orders from the same ordering office within 365 calendar days that together call for quantities exceeding the limitation in paragraph (b)(1) or (2) of this section.

(c) If this is a requirements contract (i.e., includes the Requirements clause at subsection 52.216-21 of the Federal Acquisition Regulation (FAR)), the Government is not required to order a part of any one requirement from the Contractor if that requirement exceeds the maximum-order limitations in paragraph (b) of this section.

(d) Notwithstanding paragraphs (b) and (c) of this section, the Contractor shall honor any order exceeding the maximum order limitations in paragraph (b), unless that order (or orders) is returned to the ordering office within 30 calendar days after issuance, with written notice stating the Contractor's intent not to ship the item (or items) called for and the reasons. Upon receiving this notice, the Government may acquire the supplies or services from another source.

(End of Clause)

C.7 52.216-21 REQUIREMENTS (OCT 1995)

(a) This is a requirements contract for the supplies or services specified, and effective for the period stated, in the Schedule. The quantities of supplies or services specified in the Schedule are estimates only and are not purchased by this contract. Except as this contract may otherwise provide, if the Government's requirements do not result in orders in the quantities described as "estimated" or "maximum" in the Schedule, that fact shall not constitute the basis for an equitable price adjustment.

(b) Delivery or performance shall be made only as authorized by orders issued in accordance with the Ordering clause. Subject to any limitations in the Order Limitations clause or elsewhere in this contract, the Contractor shall furnish to the Government all supplies or services specified in the Schedule and called for by orders issued in accordance with the Ordering clause. The Government may issue orders requiring delivery to multiple destinations or performance at multiple locations.

(c) Except as this contract otherwise provides, the Government shall order from the Contractor all the supplies or services specified in the Schedule that are required to be purchased by the Government activity or activities specified in the Schedule.

(d) The Government is not required to purchase from the Contractor requirements in excess of any limit on total orders under this contract.

(e) If the Government urgently requires delivery of any quantity of an item before the earliest date that delivery may be specified under this contract, and if the Contractor will not accept an order providing for the accelerated delivery, the Government may acquire the urgently required goods or services from another source.

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(f) Any order issued during the effective period of this contract and not completed within that period shall be completed by the Contractor within the time specified in the order. The contract shall govern the Contractor's and Government's rights and obligations with respect to that order to the same extent as if the order were completed during the contract's effective period; provided, that the Contractor shall not be required to make any deliveries under this contract after the end of the base or current option periods of performance.

(End of Clause)

**C.8 52.217-8 OPTION TO EXTEND SERVICES (NOV 1999)**

The Government may require continued performance of any services within the limits and at the rates specified in the contract. These rates may be adjusted only as a result of revisions to prevailing labor rates provided by the Secretary of Labor. The option provision may be exercised more than once, but the total extension of performance hereunder shall not exceed 6 months. The Contracting Officer may exercise the option by written notice to the Contractor within 30 days.

(End of Clause)

**C.9 52.217-9 OPTION TO EXTEND THE TERM OF THE CONTRACT (MAR 2000)**

(a) The Government may extend the term of this contract by written notice to the Contractor within 30 days; provided that the Government gives the Contractor a preliminary written notice of its intent to extend at least 60 days before the contract expires. The preliminary notice does not commit the Government to an extension.

(b) If the Government exercises this option, the extended contract shall be considered to include this option clause.

(c) The total duration of this contract, including the exercise of any options under this clause, shall not exceed five (5) years.

(End of Clause)

**C.10 52.228-5 INSURANCE—WORK ON A GOVERNMENT INSTALLATION (JAN 1997)**

(a) The Contractor shall, at its own expense, provide and maintain during the entire performance of this contract, at least the kinds and minimum amounts of insurance required in the Schedule or elsewhere in the contract.

(b) Before commencing work under this contract, the Contractor shall notify the Contracting Officer in writing that the required insurance has been obtained. The policies evidencing required insurance shall contain an endorsement to the effect that any cancellation or any material change adversely affecting the Government's interest shall not be effective—

(1) For such period as the laws of the State in which this contract is to be performed prescribe; or

(2) Until 30 days after the insurer or the Contractor gives written notice to the Contracting Officer, whichever period is longer.

(c) The Contractor shall insert the substance of this clause, including this paragraph (c), in subcontracts under this contract that require work on a Government installation and shall require subcontractors to provide and maintain the insurance required in the Schedule or elsewhere in the contract. The Contractor shall maintain a copy of all subcontractors' proofs of required insurance, and shall make copies available to the Contracting Officer upon request.

(End of Clause)

**C.11. SUPPLEMENTAL INSURANCE REQUIREMENTS**

In accordance with FAR 28.307-2 and FAR 52.228-5, the following minimum coverage shall apply to this contract:

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(a) Workers' compensation and employers liability: Contractors are required to comply with applicable Federal and State workers' compensation and occupational disease statutes. If occupational diseases are not compensable under those statutes, they shall be covered under the employer's liability section of the insurance policy, except when contract operations are so commingled with a Contractor's commercial operations that it would not be practical to require this coverage. Employer's liability coverage of at least \$100,000 is required, except in States with exclusive or monopolistic funds that do not permit workers' compensation to be written by private carriers.

(b) General Liability: \$500,000.00 per occurrences.

(c) Automobile liability: \$200,000.00 per person; \$500,000.00 per occurrence and \$20,000.00 property damage.

(d) The successful bidder must present to the Contracting Officer, prior to award, evidence of general liability insurance without any exclusionary clauses for asbestos that would void the general liability coverage.

(End of Clause)

**C.12 52.232-18 AVAILABILITY OF FUNDS (APR 1984)**

Funds are not presently available for this contract. The Government's obligation under this contract is contingent upon the availability of appropriated funds from which payment for contract purposes can be made. No legal liability on the part of the Government for any payment may arise until funds are made available to the Contracting Officer for this contract and until the Contractor receives notice of such availability, to be confirmed in writing by the Contracting Officer.

(End of Clause)

**C.13 52.232-19 AVAILABILITY OF FUNDS FOR THE NEXT FISCAL YEAR (APR 1984)**

Funds are not presently available for performance under this contract beyond . The Government's obligation for performance of this contract beyond that date is contingent upon the availability of appropriated funds from which payment for contract purposes can be made. No legal liability on the part of the Government for any payment may arise for performance under this contract beyond , until funds are made available to the Contracting Officer for performance and until the Contractor receives notice of availability, to be confirmed in writing by the Contracting Officer.

(End of Clause)

**C.14 VAAR 852.203-70 COMMERCIAL ADVERTISING (JAN 2008)**

The bidder or offeror agrees that if a contract is awarded to him/her, as a result of this solicitation, he/she will not advertise the award of the contract in his/her commercial advertising in such a manner as to state or imply that the Department of Veterans Affairs endorses a product, project or commercial line of endeavor.

(End of Clause)

**C.15 VAAR 852.203-71 DISPLAY OF DEPARTMENT OF VETERAN AFFAIRS HOTLINE POSTER (DEC 1992)**

(a) Except as provided in paragraph (c) below, the Contractor shall display prominently, in common work areas within business segments performing work under VA contracts, Department of Veterans Affairs Hotline posters prepared by the VA Office of Inspector General.

(b) Department of Veterans Affairs Hotline posters may be obtained from the VA Office of Inspector General (53E), P.O. Box 34647, Washington, DC 20043-4647.

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(c) The Contractor need not comply with paragraph (a) above if the Contractor has established a mechanism, such as a hotline, by which employees may report suspected instances of improper conduct, and instructions that encourage employees to make such reports.

(End of Clause)

**C.16 VAAR 852.237-70 CONTRACTOR RESPONSIBILITIES (APR 1984)**

The contractor shall obtain all necessary licenses and/or permits required to perform this work. He/she shall take all reasonable precautions necessary to protect persons and property from injury or damage during the performance of this contract. He/she shall be responsible for any injury to himself/herself, his/her employees, as well as for any damage to personal or public property that occurs during the performance of this contract that is caused by his/her employees fault or negligence, and shall maintain personal liability and property damage insurance having coverage for a limit as required by the laws of the State of Arizona. Further, it is agreed that any negligence of the Government, its officers, agents, servants and employees, shall not be the responsibility of the contractor hereunder with the regard to any claims, loss, damage, injury, and liability resulting there from.

(End of Clause)

**C.17 VAAR 852.271-70 NONDISCRIMINATION IN SERVICES PROVIDED TO BENEFICIARIES (JAN 2008)**

The contractor agrees to provide all services specified in this contract for any person determined eligible by the Department of Veterans Affairs, regardless of the race, color, religion, sex, or national origin of the person for whom such services are ordered. The contractor further warrants that he/she will not resort to subcontracting as a means of circumventing this provision.

(End of Provision)

(End of Addendum to 52.212-4)

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**SECTION D - CONTRACT DOCUMENTS, EXHIBITS, OR ATTACHMENTS**

**D -1 Department of Labor Wage Determination**

Arizona Wage Determination – Pima County - #WD 05-2025 (Rev. – 16), dated 08/05/2014, Date of Revision: 07252014, www.wdol.gov on 06/25/2013. Hard copy of the determination included with the signed contract.

**D -2 Estimated Quantities for each CON**

CON #32/120 Douglas Estimated Number of Service Calls: 35

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<b>SOLICITATION/CONTRACT/ORDER FOR COMMERCIAL ITEMS OFFEROR TO COMPLETE BLOCKS 12, 17, 23, 24, &amp; 30</b>				1. REQUISITION NO.	PAGE 1 OF 32
2. CONTRACT NO. 36C25821D0020	3. AWARD/EFFECTIVE DATE 10-01-2020	4. ORDER NO.	5. SOLICITATION NUMBER 36C25820Q0087	6. SOLICITATION ISSUE DATE 09-15-2020	
7. FOR SOLICITATION INFORMATION CALL:	a. NAME Blaine Greenwalt	b. TELEPHONE NO. (No Collect Calls) 5207921450 x4457	8. OFFER DUE DATE/LOCAL TIME 09-18-2020 15:00		
9. ISSUED BY Blaien Greenwalt Department of Veterans Affairs NCO22-Gilbert Network Contracting 3601 S. 6th Avenue Tucson AZ 85723	CODE 36C258	10. THIS ACQUISITION IS <input checked="" type="checkbox"/> UNRESTRICTED OR <input type="checkbox"/> SET ASIDE: _____ % FOR: <input type="checkbox"/> SMALL BUSINESS <input type="checkbox"/> WOMEN-OWNED SMALL BUSINESS (WOSB) ELIGIBLE UNDER THE WOMEN-OWNED SMALL BUSINESS PROGRAM NAICS: 621910 <input type="checkbox"/> HUBZONE SMALL BUSINESS <input type="checkbox"/> EDWOSB <input type="checkbox"/> SERVICE-DISABLED VETERAN-OWNED SMALL BUSINESS <input type="checkbox"/> 8(A) SIZE STANDARD: \$16.5 Million			
11. DELIVERY FOR FOB DESTINATION UNLESS BLOCK IS MARKED <input type="checkbox"/> SEE SCHEDULE	12. DISCOUNT TERMS NET 30 Days	<input type="checkbox"/> 13a. THIS CONTRACT IS A RATED ORDER UNDER DPAS (15 CFR 700)	13b. RATING N/A		
15. DELIVER TO Department of Veterans Affairs Southern Arizona VA Healthcare System 3601 S. 6th Avenue Tucson AZ 85723	CODE 36C258	16. ADMINISTERED BY Department of Veterans Affairs NCO22-Gilbert Network Contracting 3601 S. 6th Avenue Tucson AZ 85723			
17a. CONTRACTOR/OFFEROR ARIZONA AMBULANCE OF DOUGLAS, INC. ARIZONA AMBULANCE TRANSPORT  4266 INDUSTRY DR STE 4 SIERRA VISTA AZ 85635	CODE 4FWN6	FACILITY CODE	18a. PAYMENT WILL BE MADE BY  This is accomplished through the Tungsten Network located at: <a href="http://www.fsc.va.gov/einvoice.asp">http://www.fsc.va.gov/einvoice.asp</a> This is mandatory and the sole method for submitting invoices.  PHONE: FAX:		
TELEPHONE NO. DUNS: 093567571 DUNS+4:	18b. SUBMIT INVOICES TO ADDRESS SHOWN IN BLOCK 18a UNLESS BLOCK BELOW IS CHECKED <input type="checkbox"/> SEE ADDENDUM				
<input type="checkbox"/> 17b. CHECK IF REMITTANCE IS DIFFERENT AND PUT SUCH ADDRESS IN OFFER	19. ITEM NO.				
20. SCHEDULE OF SUPPLIES/SERVICES See CONTINUATION Page		21. QUANTITY	22. UNIT	23. UNIT PRICE	24. AMOUNT
Contractor shall supply all labor, tools, equipment, transportation, facilities, management and all other elements necessary to provide ambulance services to the designated service location(s) stated in the solicitation in strict accordance with Arizona State Bureau of Medical SVS and AZ Department of Health Services and the included statement of work.  Period of Performance shall be from date of award through Sep 30, 2021. There will be four additional option periods available to the government to exercise unilaterally.  Refer to Section B for Schedule of Pricing and Delivery.  (Use Reverse and/or Attach Additional Sheets as Necessary)					
25. ACCOUNTING AND APPROPRIATION DATA See CONTINUATION Page		26. TOTAL AWARD AMOUNT (For Govt. Use Only) \$0.00			
<input type="checkbox"/> 27a. SOLICITATION INCORPORATES BY REFERENCE FAR 52.212-1, 52.212-4. FAR 52.212-3 AND 52.212-5 ARE ATTACHED. ADDENDA		<input checked="" type="checkbox"/> ARE <input type="checkbox"/> ARE NOT ATTACHED.			
<input type="checkbox"/> 27b. CONTRACT/PURCHASE ORDER INCORPORATES BY REFERENCE FAR 52.212-4. FAR 52.212-5 IS ATTACHED. ADDENDA		<input type="checkbox"/> ARE <input type="checkbox"/> ARE NOT ATTACHED			
<input checked="" type="checkbox"/> 28. CONTRACTOR IS REQUIRED TO SIGN THIS DOCUMENT AND RETURN 1 COPIES TO ISSUING OFFICE. CONTRACTOR AGREES TO FURNISH AND DELIVER ALL ITEMS SET FORTH OR OTHERWISE IDENTIFIED ABOVE AND ON ANY ADDITIONAL SHEETS SUBJECT TO THE TERMS AND CONDITIONS SPECIFIED		29. AWARD OF CONTRACT: REF. _____ OFFER DATED _____ YOUR OFFER ON SOLICITATION (BLOCK 5), INCLUDING ANY ADDITIONS OR CHANGES WHICH ARE SET FORTH HEREIN IS ACCEPTED AS TO ITEMS:			
30a. SIGNATURE OF OFFEROR/CONTRACTOR		31a. UNITED STATES OF AMERICA (SIGNATURE OF CONTRACTING OFFICER)			
30b. NAME AND TITLE OF SIGNER (TYPE OR PRINT)	30c. DATE SIGNED	31b. NAME OF CONTRACTING OFFICER (TYPE OR PRINT) Lisette P. Fernandez VA-VHA-2020-CB581B4C		31c. DATE SIGNED	

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**Table of Contents**

**SECTION A ..... 1**  
    A.1 SF 1449 SOLICITATION/CONTRACT/ORDER FOR COMMERCIAL ITEMS ..... 1

**SECTION B - CONTINUATION OF SF 1449 BLOCKS ..... 3**  
    B.1 CONTRACT ADMINISTRATION DATA..... 3  
    B.2 PRICE/COST SCHEDULE ..... 12  
        ITEM INFORMATION..... 12  
        ACCOUNTING AND APPROPRIATION DATA ..... 18

**SECTION C - CONTRACT CLAUSES ..... 19**  
    C.1 52.252-2 CLAUSES INCORPORATED BY REFERENCE (FEB 1998) ..... 19  
    C.2 52.212-5 CONTRACT TERMS AND CONDITIONS REQUIRED TO IMPLEMENT  
    STATUTES OR EXECUTIVE ORDERS—COMMERCIAL ITEMS (JUN 2020) ..... 19  
    C.3 52.216-18 ORDERING (OCT 1995) ..... 27  
    C.4 52.216-19 ORDER LIMITATIONS (OCT 1995) ..... 27  
    C.5 52.216-22 INDEFINITE QUANTITY (OCT 1995) ..... 28  
    C.6 52.217-8 OPTION TO EXTEND SERVICES (NOV 1999)..... 28  
    C.7 52.217-9 OPTION TO EXTEND THE TERM OF THE CONTRACT (MAR 2000) ... 28  
    C.8 52.232-19 AVAILABILITY OF FUNDS FOR THE NEXT FISCAL YEAR (APR  
    1984) ..... 29  
    C.9 VAAR 852.212-70 PROVISIONS AND CLAUSES APPLICABLE TO VA  
    ACQUISITION OF COMMERCIAL ITEMS (APR 2020)..... 29  
    C.10 SUPPLEMENTAL INSURANCE REQUIREMENTS..... 31  
    C.11 MANDATORY WRITTEN DISCLOSURES..... 31

**SECTION D - CONTRACT DOCUMENTS, EXHIBITS, OR ATTACHMENTS..... 32**

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## SECTION B - CONTINUATION OF SF 1449 BLOCKS

### B.1 CONTRACT ADMINISTRATION DATA

1. Contract Administration: All contract administration matters will be handled by the following individuals:

a. CONTRACTOR: AZ Ambulance of Douglas  
Paul Pederson  
520-459-4040  
[ppedersen@azambulance.com](mailto:ppedersen@azambulance.com)

b. GOVERNMENT: Contracting Officer 36C258 Lissette Fernandez

Blaine Greenwalt  
Department of Veterans Affairs  
NCO22-Gilbert Network Contracting  
3601 S. 6th Avenue  
Tucson AZ 85723

2. CONTRACTOR REMITTANCE ADDRESS: All payments by the Government to the contractor will be made in accordance with:

- 52.232-33, Payment by Electronic Funds Transfer—System For Award Management, or  
 52.232-36, Payment by Third Party

3. INVOICES: Invoices shall be submitted in arrears:

- a. Quarterly   
b. Semi-Annually   
c. Other  MONTHLY BASED ON APPROVED INVOICES

4. GOVERNMENT INVOICE ADDRESS: All Invoices from the contractor shall be submitted electronically in accordance with VAAR Clause 852.232-72 Electronic Submission of Payment Requests.

This is accomplished through the  
Tungsten Network located at:  
<http://www.fsc.va.gov/einvoice.asp>  
This is mandatory and the sole method  
for submitting invoices.

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# **STATEMENT OF WORK**

For

**“EMERGENCY/GROUND  
AMBULANCE SERVICES”**

At

**VETERAN ADMINISTRATION  
HEALTH CARE SYSTEM  
FACILITIES IN ARIZONA**

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Table of Contents

Section Number and Title

- 1.0 Description of Services
- 1.1 Description of Services/Introduction
- 1.2 Background
- 1.3 Objective
- 1.3.1 Scope
- 1.4 Reserved
- 1.6 General Information
- 1.6.1 Quality Control (QC)
- 1.6.2 Quality assurance
- 1.6.3 Recognized Holidays
- 1.6.4 Hours of Operation
- 1.6.5 Place of Performance
- 1.6.6 Type of Contact
- 1.6.7 Security Requirements
- 1.6.7.1 PHYSICAL Security
- 1.6.8 Special Qualifications
- 1.6.9 Post Award Conference/Periodic Progress Meetings
- 1.6.10 Contacting Officer Representative (COR)
- 1.6.11 Required Document
- 2.0 Definitions and Acronyms
- 2.1 Definitions
- 2.2 Acronyms
- 3.0 Government Furnished Property
- 3.1 Government Furnished Property, Items
- 4.0 Contractor Furnished Items and Responsibilities
- 4.1 General
- 4.2 Materials
- 4.3 Equipment
- 4.4 Facility and Personal
- 5.0 Specific Tasks
- 6.0 Applicable Publications
- 7.0 Patient Eligibility

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**STATEMENT OF WORK (SOW)**

**“GROUND AMBULANCE SERVICES” FOR ARIZONA VA’S**

**1.0 DESCRIPTION OF SERVICES.**

**1. GENERAL:**

This is a non-personal services contract to provide ground ambulance transportation services, ALS or BLS, in the form of transport from either undesignated locations within Arizona or to and from locations designated by authorized employees of the Northern VA Healthcare System (Prescott), Phoenix VA Healthcare System (Phoenix) and the Southern AZ (Tucson) VA Health Care System. The Government shall not exercise any supervision or control over the contract service providers performing the services herein. Such contract service providers shall be accountable solely to the Contractor who, in turn is responsible to the Government. Contractors shall perform in strict accordance with the rules and regulations of the Arizona Department of Health Services, the Bureau of Emergency Medical Services, and the additional requirements of the Department of Veteran’s Affairs as listed in this SOW.

**1.1 Description of Services/Introduction:**

The contractor shall provide all personnel, equipment, supplies, facilities, transportation, tools, materials, supervision, and other items and non-personal services necessary to perform ground ambulance services as regulated under Arizona Revised Statute (A.R.S.) numbers §§ 36-136(F), 36-2209(A) and 36-2232. To operate within the State of Arizona, an ambulance company must have a Certificate of Necessity (CON) issued by the State under Article 9, consisting of Sections R9-25-901 through R9-25-912, adopted by final rulemaking at 7 A.A.R. 1098, effective February 13, 2001 (Supp. 01-1). Contractor must immediately notify the Contracting Officer if they lose their CON. The contractor shall perform to all standards of State of AZ regulatory guidance, as well as the specifics in this contract. (Reference Part 6 for additional information)

**1.2 Background:**

The three AZ VA Healthcare Systems provide health care services to Veterans of the U.S. Armed Services. Part of the care provided to veterans involves providing ground ambulance services in the form of Emergency, Basic Life Support Ambulance (BLS), Advanced Cardiac Life Support (ACLS) and Critical Care Ambulance (Registered Nurse). The guidance and support for veterans, family members, hospital staff, and our community, ensuring the all areas of ambulance transportation are administered with dignity, benevolence, confidentiality, efficiency, and earned respect.

**1.3 Objectives:**

Pickup, treat, transport and deliver Veterans via ground ambulance to the nearest appropriate trauma center and/or to location(s) determined necessary by authorized VA and/or other treating medical personnel.

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**1.4 Scope:**

The Contractor shall provide staff, equipment, supplies and services to transport Veterans to the required health care facility for emergency/continued medical treatment(s). Calls are generated either by parties calling through 911 emergency channels or by government personnel transferring authorized Veteran's to necessary facilities.

**1.5 Hours of Operation and Recognized Holidays:**

The contractor shall provide transport services seven days per week, 24 hours per day, 365 days a year ground ambulance service ALS/BLS transport services for Veteran beneficiaries.

**1.6 Security Requirements:**

Contractor personnel shall have a general background check and be appropriately licensed for the jobs they perform IAW Arizona statutes. Drivers transporting Veterans shall be licensed drivers holding a license appropriate to the vehicle being utilized for the transport services.

**1.7 PHYSICAL Security:**

The contractor shall be responsible for safeguarding all Veterans during transport to and from facilities. If the contractor identifies a potential security risk or concern while at a VA facility, the risk/concern shall be conveyed immediately to the VA Police.

**1.8 Special Qualifications:**

Employees and subcontracted personnel shall have a general background check and be appropriately licensed for the jobs they perform. Drivers transporting Veterans and the transport team shall be licensed holding a license appropriate to the vehicle and care of the Veteran being utilized for the transport services.

- The contractor shall maintain the following types of insurance during the life of the contract: Motor Vehicle, General Liability and Workers Compensation.
- Unless otherwise specifically provided in this contract, the quality of all services rendered hereunder shall conform to the highest standards in the relevant profession, trade or field of endeavor. All services shall be rendered by or supervised directly by individuals fully qualified in the relevant profession, trade or field, and holding any licenses required by law.

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**1.9 Post Award Conference/Periodic Progress Meetings:**

The Contractor agrees to attend any post award conference convened by the contracting activity or contract administration office in accordance with Federal Acquisition Regulation Subpart 42.5. The contracting officer, Contracting Officers Representative (COR), and other Government personnel, as appropriate, may meet periodically with the contractor to review the contractor's performance. At these meetings the contracting officer will apprise the contractor of

how the government views the contractor's performance and the contractor will apprise the Government of problems, if any, being experienced. Appropriate action shall be taken to resolve outstanding issues. These meetings shall be at no additional cost to the government.

**1.10 Contracting Officer Representative (COR):**

The (COR) will be identified by separate letter. The COR monitors all technical aspects of the contract and assists in contract administration. The COR is authorized to perform the following functions: assure that the Contractor performs the technical requirements of the contract: perform inspections necessary in connection with contract performance: maintain written and oral communications with the Contractor concerning technical aspects of the contract: issue written interpretations of technical requirements, including Government drawings, designs, specifications: monitor Contractor's performance and notifies both the Contracting Officer and Contractor of any deficiencies; coordinate availability of government furnished property, and provide site entry of Contractor personnel. A letter of designation issued to the COR, a copy of which is sent to the Contractor, states the responsibilities and limitations of the COR, especially with regard to changes in cost or price, estimates or changes in delivery dates. The COR is not authorized to change any of the terms and conditions of the resulting order.

**1.11 Required Documentation:** All employees shall wear a nametag or other identifying apparel.

**PART 2**

**DEFINITIONS & ACRONYMS**

**2. DEFINITIONS AND ACRONYMS:**

**2.1. DEFINITIONS:**

2.1.1. CONTRACTOR. A supplier or vendor awarded a contract to provide specific supplies or service to the government. The term used in this contract refers to the prime.

2.1.2. CONTRACTING OFFICER. A person with authority to enter into, administer, and or terminate contracts, and make related determinations and findings on behalf of the government. Note: The only individual who can legally bind the government.

2.1.3. CONTRACTING OFFICER'S REPRESENTATIVE (COR). An employee of the U.S. Government appointed by the contracting officer to administer elements of the contract. Such appointment shall be in writing and shall state the scope of authority and limitations. This individual has authority to provide technical direction to the Contractor as long as that direction is within the scope of the contract, does not constitute a change, and has no funding implications. This individual does NOT have authority to change the terms and conditions of the contract.

2.1.4. DEFECTIVE SERVICE. A service output that does not meet the standard of performance associated with the Performance Work Statement.

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- 2.1.5. DELIVERABLE. Anything that can be physically delivered but may include non-manufactured things such as meeting minutes or reports.
- 2.1.6. KEY PERSONNEL. Contractor personnel that are evaluated in a source selection process and that may be required to be used in the performance of a contract by the Key Personnel listed in the SOW. When key personnel are used as an evaluation factor in best value procurement, an offer can be rejected if it does not have a firm commitment from the persons that are listed in the proposal.
- 2.1.7. PHYSICAL SECURITY. Actions that prevent the loss or damage of Government property.
- 2.1.8. QUALITY ASSURANCE. The government procedures to verify that services being performed by the Contractor are performed according to acceptable standards.
- 2.1.9. QUALITY ASSURANCE Surveillance Plan (QASP). An organized written document specifying the surveillance methodology to be used for surveillance of contractor performance.
- 2.1.10. QUALITY CONTROL. All necessary measures taken by the Contractor to assure that the quality of an end product or service shall meet contract requirements.
- 2.1.11. SUBCONTRACTOR. One that enters into a contract with a prime contractor. The Government does not have privity of contract with the subcontractor.
- 2.1.12. WORK DAY. The number of hours per day the Contractor provides services in accordance with the contract.
- 2.1.12. WORK WEEK. Monday through Friday, unless specified otherwise.

2.2. ACRONYMS:

ACOR	Alternate Contracting Officer's Representative
ACLS	Advanced Cardiac Life Support
BLS	Basic Life Support
CBOC	Community Based Outpatient Clinic
CCE	Contracting Center of Excellence
CFR	Code of Federal Regulations
CO	Contracting Officer
CONUS	Continental United States (excludes Alaska and Hawaii)
COR	Contracting Officer Representative
COTR	Contracting Officer's Technical Representative
COTS	Commercial-Off-the-Shelf
FAR	Federal Acquisition Regulation
HIPAA	Health Insurance Portability and Accountability Act of 1996
NAVAHCS	Northern Arizona VA Health Care System
OCI	Organizational Conflict of Interest
PIPO	Phase In/Phase Out
POC	Point of Contact
PRS	Performance Requirements Summary
PVAHCS	Phoenix VA Health Care System

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SOW	Performance Work Statement
QA	Quality Assurance
QAP	Quality Assurance Program
QASP	Quality Assurance Surveillance Plan
QC	Quality Control
QCP	Quality Control Program
SAVAHCS	Southern Arizona VA Health Care System
TE	Technical Exhibit

**PART 3**

**GOVERNMENT FURNISHED PROPERTY, EQUIPMENT, AND SERVICES**

**3. GOVERNMENT FURNISHED ITEMS AND SERVICES:**

3.1 Materials: (N/A) No items or services will provided by the Government.

**PART 4**

**CONTRACTOR FURNISHED ITEMS AND SERVICES**

**4. CONTRACTOR FURNISHED ITEMS AND RESPONSIBILITIES:**

4.1 General: The Contractor shall furnish all supplies, equipment, facilities and services required to perform work under this contract that are not listed under Section 3 of this SOW.

4.2. Materials: The Contractor shall provide all materials required to provide ground ambulance transportation for veterans.

4.3. Equipment: The Contractor shall provide appropriate vehicles, including stretchers/gurneys and motor vehicles, for transport of remains under this contract. Each ambulance shall have patient compartment facilities, oxygen and suction systems and equipment, environmental climatic equipment, communication and additional systems equipment accessories and supplies required by the Arizona Department of Health Services (ADHS).

4.4. Facility and Personnel: The Contractor shall employ protective and precautionary hygienic measures and techniques.

**PART 5**

**SPECIFIC TASKS**

**5. Specific Tasks:**

5.1. Basic Services. The contractor shall provide for ground ambulance transport of Veterans within the State of Arizona. Determination of a Veteran's authorization will be made after appropriate investigation of the members specific circumstances. Refer to part 7 below for specific requirements.

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5.1.1. The contractor shall provide an appropriate vehicle based on the type of request from the VA within 90 minutes of the call being received by the contractor. Depending on the level of care required, emergency service may be required to the event of emergency; the contractor shall provide an appropriate vehicle within 60 minutes of the call being received. Types of transport: BCS and ACLS. Specific response call for 911 calls is regulated by the State of Arizona Department of Health Services who will take appropriate actions if the time standards are not met.

**PART 6**

**APPLICABLE PUBLICATIONS**

**6. APPLICABLE PUBLICATIONS (CURRENT EDITIONS)**

6.1. The Contractor must abide by all applicable regulations, publications, manuals, and local policies and procedures regarding ground ambulance transport.

6.2. Contractors shall perform services IAW the State of Arizona guidance. They are found electronically under the Arizona Department of Health Services web site at: [www.azdhs.gov/beme/regulations/](http://www.azdhs.gov/beme/regulations/) and further codified under Arizona Statutes at: [http://www.azsos.gov/public\\_services/title\\_09/9-25.htm](http://www.azsos.gov/public_services/title_09/9-25.htm) and under Arizona State Legislature, Title 36 – Public Health and Safety at: <http://www.azleg.gov/arizonarevisedstatutes.asp?Title=36>

6.3. The maps of the respective Areas of Responsibility and identification of the holders of the Certificates of Necessity for each, are identified at: <http://www.azdhs.gov/bems/ambulance/maps/index.php>

**PART 7**

**PATIENT ELIGIBILITY**

**REQUIREMENTS FOR DETERMINING ACCEPTANCE OF FINANCIAL  
RESPONSIBILITY BY THE DEPARTMENT OF VETERANS AFFAIRS**

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**7. GUIDANCE AND APPLICABLE PUBLICATIONS NECESSARY FOR DETERMINING  
ELIGIBILITY**

7.1. Contractor is advised that parties stating they are Veterans and who have placed a call for emergency medical treatment and transportation are NOT automatically covered by the government. Contractor will initially bill the patient directly for services. Patient is then responsible for providing the bill to the VA, Medicare, Medicaid, or another private supplemental insurance company.

7.2. Upon receipt of a bill and subsequent claim for ambulance services for an individual, VA personnel will determine patient eligibility by ensuring the patient is an authorized veteran who has a service connected disability which would in fact warrant payment of the claim. Government personnel will also review the regulatory guidance found in 38 CFR Part 70.2, 38 USC 111, 38 USC 1725 and 38 USC 1728 to ensure complete compliance with special mode of transportation requirements.

7.3 If VA personnel place the call for patient transportation, they have already determined patient eligibility. In these cases, the contractor will bill the VA directly IAW the contract terms and conditions.

## B.2 PRICE/COST SCHEDULE

### ITEM INFORMATION

ITEM NUMBER	DESCRIPTION OF SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0001	Contractor shall provide ambulance services, ALS and BLS, in accordance with the State of Arizona Department of Health Services Revised Statutes, Bureau of Emergency Medical Services Statutes and the Statement of Work. IAW with AZ State requirements, there is only one Certificate of Necessity (CON) awarded to a contractor within each area of responsibility (AOR). This IDIQ type contract seeks to establish orders to the holders of the CON within the following AOR: 120 Contract Period: Base POP Begin: 10-01-2020 POP End: 09-30-2021 PRINCIPAL NAICS CODE: 621910 - Ambulance Services PRODUCT/SERVICE CODE: V225 - Transportation/Travel/Relocation- Travel/Lodging/Recruitment: Ambulance	1.00	YR	\$500,000.00	\$500,000.00
0001AA	Unit Pricing (JB) will consist of one all encompassing fee which will include all labor, equipment, materials, supplies, etc., as well as up to 15 miles for the transportation. Additional mileage limits will be covered by the followings CLINs. Contract Period: Base POP Begin: 10-01-2020 POP End: 09-30-2021 PRINCIPAL NAICS CODE: 621910 - Ambulance Services PRODUCT/SERVICE CODE: V225 - Transportation/Travel/Relocation- Travel/Lodging/Recruitment: Ambulance Unit Price: \$1,234.44	0.00	JB	NSP	\$0.00
0001AB		0.00	JB	NSP	\$0.00

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										Fee for additional mileage beyond base included limit: 16-25 Miles Contract Period: Base POP Begin: 10-01-2020 POP End: 09-30-2021 PRINCIPAL NAICS CODE: 621910 - Ambulance Services PRODUCT/SERVICE CODE: V225 - Transportation/Travel/Relocation- Travel/Lodging/Recruitment: Ambulance Unit Price: \$17.18
<b>0001AC</b>		0.00	JB		NSP				\$0.00	Fee for additional mileage beyond base included limit: 26-51 Miles Contract Period: Base POP Begin: 10-01-2020 POP End: 09-30-2021 PRINCIPAL NAICS CODE: 621910 - Ambulance Services PRODUCT/SERVICE CODE: V225 - Transportation/Travel/Relocation- Travel/Lodging/Recruitment: Ambulance Unit Price: \$17.18
<b>0001AD</b>		0.00	JB		NSP				\$0.00	Fee for additional mileage beyond base included limit: Greater than 51 Miles Contract Period: Base POP Begin: 10-01-2020 POP End: 09-30-2021 PRINCIPAL NAICS CODE: 621910 - Ambulance Services PRODUCT/SERVICE CODE: V225 - Transportation/Travel/Relocation- Travel/Lodging/Recruitment: Ambulance Unit Price: \$17.18
<b>1001</b>		1.00	YR			\$500,000.00			\$500,000.00	Contractor shall provide ambulance services, ALS and BLS, in accordance with the State of Arizona Department of Health Services Revised Statutes, Bureau of Emergency Medical Services Statutes and the Statement of Work. IAW with AZ State requirements, there is only one Certificate of Necessity (CON) awarded to a contractor within each area of responsibility (AOR). This IDIQ type contract seeks to establish orders to the holders of the CON within the following AOR: 120 Contract Period: Option 1 POP Begin: 10-01-2021 POP End: 09-30-2022 PRINCIPAL NAICS CODE: 621910 - Ambulance Services PRODUCT/SERVICE CODE: V225 - Transportation/Travel/Relocation- Travel/Lodging/Recruitment: Ambulance
<b>1001AA</b>		0.00	JB		NSP				\$0.00	

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<p>Unit Pricing (JB) will consist of one all encompassing fee which will include all labor, equipment, materials, supplies, etc., as well as up to 15 miles for the transportation. Additional mileage limits will be covered by the followings CLINs.</p> <p>Contract Period: Option 1                  POP Begin: 10-01-2021                  POP End: 09-30-2022                  PRINCIPAL NAICS CODE: 621910 - Ambulance Services                  PRODUCT/SERVICE CODE: V225 -                  Transportation/Travel/Relocation- Travel/Lodging/Recruitment:                  Ambulance                  Unit Price: \$1,271.54</p>				
<b>1001AB</b>	0.00	JB	NSP	\$0.00
<p>Fee for additional mileage beyond base included limit: 16-25 Miles                  Contract Period: Option 1                  POP Begin: 10-01-2021                  POP End: 09-30-2022                  PRINCIPAL NAICS CODE: 621910 - Ambulance Services                  PRODUCT/SERVICE CODE: V225 -                  Transportation/Travel/Relocation- Travel/Lodging/Recruitment:                  Ambulance                  Unit Price: \$17.70</p>				
<b>1001AC</b>	0.00	JB	NSP	\$0.00
<p>Fee for additional mileage beyond base included limit: 26-50 Miles                  Contract Period: Option 1                  POP Begin: 10-01-2021                  POP End: 09-30-2022                  PRINCIPAL NAICS CODE: 621910 - Ambulance Services                  PRODUCT/SERVICE CODE: V225 -                  Transportation/Travel/Relocation- Travel/Lodging/Recruitment:                  Ambulance                  Unit Price: \$17.70</p>				
<b>1001AD</b>	0.00	JB	NSP	\$0.00
<p>Fee for additional mileage beyond base included limit: Greater than 51 Miles                  Contract Period: Option 1                  POP Begin: 10-01-2021                  POP End: 09-30-2022                  PRINCIPAL NAICS CODE: 621910 - Ambulance Services                  PRODUCT/SERVICE CODE: V225 -                  Transportation/Travel/Relocation- Travel/Lodging/Recruitment:                  Ambulance                  Unit Price: \$17.70</p>				
<b>2001</b>	1.00	YR	\$500,000.00	\$500,000.00
<p>Contractor shall provide ambulance services, ALS and BLS, in accordance with the State of Arizona Department of Health</p>				

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	Services Revised Statutes, Bureau of Emergency Medical Services Statutes and the Statement of Work. IAW with AZ State requirements, there is only one Certificate of Necessity (CON) awarded to a contractor within each area of responsibility (AOR). This IDIQ type contract seeks to establish orders to the holders of the CON within the following AOR: 120 Contract Period: Option 2 POP Begin: 10-01-2022 POP End: 09-30-2023 PRINCIPAL NAICS CODE: 621910 - Ambulance Services PRODUCT/SERVICE CODE: V225 - Transportation/Travel/Relocation- Travel/Lodging/Recruitment: Ambulance				
<b>2001AA</b>	Unit Pricing (JB) will consist of one all encompassing fee which will include all labor, equipment, materials, supplies, etc., as well as up to 15 miles for the transportation. Additional mileage limits will be covered by the followings CLINs. Contract Period: Option 2 POP Begin: 10-01-2022 POP End: 09-30-2023 PRINCIPAL NAICS CODE: 621910 - Ambulance Services PRODUCT/SERVICE CODE: V225 - Transportation/Travel/Relocation- Travel/Lodging/Recruitment: Ambulance Unit Price: \$1,309.67	0.00	JB	NSP	\$0.00
<b>2001AB</b>	Fee for additional mileage beyond base included limit: 15-25 Miles Contract Period: Option 2 POP Begin: 10-01-2022 POP End: 09-30-2023 PRINCIPAL NAICS CODE: 621910 - Ambulance Services PRODUCT/SERVICE CODE: V225 - Transportation/Travel/Relocation- Travel/Lodging/Recruitment: Ambulance Unit Price: \$18.23	0.00	JB	NSP	\$0.00
<b>2001AC</b>	Fee for additional mileage beyond base included limit: 26-50 Miles Contract Period: Option 2 POP Begin: 10-01-2022 POP End: 09-30-2023 PRINCIPAL NAICS CODE: 621910 - Ambulance Services PRODUCT/SERVICE CODE: V225 - Transportation/Travel/Relocation- Travel/Lodging/Recruitment: Ambulance Unit Price: \$18.23	0.00	JB	NSP	\$0.00
<b>2001AD</b>		0.00	JB	NSP	\$0.00

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					<p>Fee for additional mileage beyond base included limit: Greater Than 51 Miles                  Contract Period: Option 2                  POP Begin: 10-01-2022                  POP End: 09-30-2023                  PRINCIPAL NAICS CODE: 621910 - Ambulance Services                  PRODUCT/SERVICE CODE: V225 -                  Transportation/Travel/Relocation- Travel/Lodging/Recruitment: Ambulance                  Unit Price: \$18.23</p>
<b>3001</b>	1.00	YR	\$500,000.00	\$500,000.00	<p>Contractor shall provide ambulance services, ALS and BLS, in accordance with the State of Arizona Department of Health Services Revised Statutes, Bureau of Emergency Medical Services Statutes and the Statement of Work. IAW with AZ State requirements, there is only one Certificate of Necessity (CON) awarded to a contractor within each area of responsibility (AOR). This IDIQ type contract seeks to establish orders to the holders of the CON within the following AOR: 120                  Contract Period: Option 3                  POP Begin: 10-01-2023                  POP End: 09-30-2024                  PRINCIPAL NAICS CODE: 621910 - Ambulance Services                  PRODUCT/SERVICE CODE: V225 -                  Transportation/Travel/Relocation- Travel/Lodging/Recruitment: Ambulance</p>
<b>3001AA</b>	0.00	JB	NSP	\$0.00	<p>Unit Pricing (JB) will consist of one all encompassing fee which will include all labor, equipment, materials, supplies, etc., as well as up to 15 miles for the transportation. Additional mileage limits will be covered by the followings CLINs.                  Contract Period: Option 3                  POP Begin: 10-01-2023                  POP End: 09-30-2024                  PRINCIPAL NAICS CODE: 621910 - Ambulance Services                  PRODUCT/SERVICE CODE: V225 -                  Transportation/Travel/Relocation- Travel/Lodging/Recruitment: Ambulance                  Unit Price: \$1349.01</p>
<b>3001AB</b>	0.00	JB	NSP	\$0.00	<p>Fee for additional mileage beyond base included limit: 16-25 Miles                  Contract Period: Option 3                  POP Begin: 10-01-2023                  POP End: 09-30-2024                  PRINCIPAL NAICS CODE: 621910 - Ambulance Services                  PRODUCT/SERVICE CODE: V225 -                  Transportation/Travel/Relocation- Travel/Lodging/Recruitment: Ambulance</p>

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Unit Price: \$18.78				
<b>3001AC</b>	0.00	JB	NSP	\$0.00
Fee for additional mileage beyond base included limit: 26-50 Miles Contract Period: Option 3 POP Begin: 10-01-2023 POP End: 09-30-2024 PRINCIPAL NAICS CODE: 621910 - Ambulance Services PRODUCT/SERVICE CODE: V225 - Transportation/Travel/Relocation- Travel/Lodging/Recruitment: Ambulance Unit Price: \$18.78				
<b>3001AD</b>	0.00	JB	NSP	\$0.00
Fee for additional mileage beyond base included limit: Greater Than 51 Miles Contract Period: Option 3 POP Begin: 10-01-2023 POP End: 09-30-2024 PRINCIPAL NAICS CODE: 621910 - Ambulance Services PRODUCT/SERVICE CODE: V225 - Transportation/Travel/Relocation- Travel/Lodging/Recruitment: Ambulance Unit Price: \$18.78				
<b>4001</b>	1.00	YR	\$500,000.00	\$500,000.00
Contractor shall provide ambulance services, ALS and BLS, in accordance with the State of Arizona Department of Health Services Revised Statutes, Bureau of Emergency Medical Services Statutes and the Statement of Work. IAW with AZ State requirements, there is only one Certificate of Necessity (CON) awarded to a contractor within each area of responsibility (AOR). This IDIQ type contract seeks to establish orders to the holders of the CON within the following AOR: 120 Contract Period: Option 4 POP Begin: 10-01-2024 POP End: 09-30-2025 PRINCIPAL NAICS CODE: 621910 - Ambulance Services PRODUCT/SERVICE CODE: V225 - Transportation/Travel/Relocation- Travel/Lodging/Recruitment: Ambulance				
<b>4001AA</b>	0.00	JB	NSP	\$0.00
Unit Pricing (JB) will consist of one all encompassing fee which will include all labor, equipment, materials, supplies, etc., as well as up to 15 miles for the transportation. Additional mileage limits will be covered by the followings CLINs. Contract Period: Option 4 POP Begin: 10-01-2024 POP End: 09-30-2025 PRINCIPAL NAICS CODE: 621910 - Ambulance Services PRODUCT/SERVICE CODE: V225 -				

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	Transportation/Travel/Relocation- Travel/Lodging/Recruitment: Ambulance Unit Price: \$1,389.43				
<b>4001AB</b>	Fee for additional mileage beyond base included limit: 16-25 Miles Contract Period: Option 4 POP Begin: 10-01-2024 POP End: 09-30-2025 PRINCIPAL NAICS CODE: 621910 - Ambulance Services PRODUCT/SERVICE CODE: V225 - Transportation/Travel/Relocation- Travel/Lodging/Recruitment: Ambulance Unit Price: \$19.34	0.00	JB	NSP	\$0.00
<b>4001AC</b>	Fee for additional mileage beyond base included limit: 26-50 Miles Contract Period: Option 4 POP Begin: 10-01-2024 POP End: 09-30-2025 PRINCIPAL NAICS CODE: 621910 - Ambulance Services PRODUCT/SERVICE CODE: V225 - Transportation/Travel/Relocation- Travel/Lodging/Recruitment: Ambulance Unit Price: \$19.34	0.00	JB	NSP	\$0.00
<b>4001AD</b>	Fee for additional mileage beyond base included limit: Greater Than 51 Miles Contract Period: Option 4 POP Begin: 10-01-2024 POP End: 09-30-2025 PRINCIPAL NAICS CODE: 621910 - Ambulance Services PRODUCT/SERVICE CODE: V225 - Transportation/Travel/Relocation- Travel/Lodging/Recruitment: Ambulance Unit Price: \$19.34	0.00	JB	NSP	\$0.00
<b>GRAND TOTAL</b>					<b>\$0.00</b>

**ACCOUNTING AND APPROPRIATION DATA**

ACRN	APPROPRIATION	REQUISITION NUMBER	AMOUNT
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Funding will be included at the Task Order Level

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## SECTION C - CONTRACT CLAUSES

### C.1 52.252-2 CLAUSES INCORPORATED BY REFERENCE (FEB 1998)

This contract incorporates one or more clauses by reference, with the same force and effect as if they were given in full text. Upon request, the Contracting Officer will make their full text available. Also, the full text of a clause may be accessed electronically at this/these address(es):

<http://www.acquisition.gov/far/index.html>  
<http://www.va.gov/oal/library/vaar/>

(End of Clause)

<u>FAR Number</u>	<u>Title</u>	<u>Date</u>
52.203-17	CONTRACTOR EMPLOYEE WHISTLEBLOWER RIGHTS AND REQUIREMENT TO INFORM EMPLOYEES OF WHISTLEBLOWER RIGHTS	JUN 2020
52.204-4	PRINTED OR COPIED DOUBLE-SIDED ON POSTCONSUMER FIBER CONTENT PAPER	MAY 2011
52.204-18	COMMERCIAL AND GOVERNMENT ENTITY CODE MAINTENANCE	JUL 2016
52.212-4	CONTRACT TERMS AND CONDITIONS—COMMERCIAL ITEMS	OCT 2018
52.228-5	INSURANCE—WORK ON A GOVERNMENT INSTALLATION	JAN 1997
52.232-18	AVAILABILITY OF FUNDS	APR 1984
52.232-40	PROVIDING ACCELERATED PAYMENTS TO SMALL BUSINESS SUBCONTRACTORS	DEC 2013
52.237-3	CONTINUITY OF SERVICES	JAN 1991

### C.2 52.212-5 CONTRACT TERMS AND CONDITIONS REQUIRED TO IMPLEMENT STATUTES OR EXECUTIVE ORDERS—COMMERCIAL ITEMS (JUN 2020)

(a) The Contractor shall comply with the following Federal Acquisition Regulation (FAR) clauses, which are incorporated in this contract by reference, to implement provisions of law or Executive orders applicable to acquisitions of commercial items:

(1) 52.203-19, Prohibition on Requiring Certain Internal Confidentiality Agreements or Statements (JAN 2017) (section 743 of Division E, Title VII, of the Consolidated and Further Continuing Appropriations Act, 2015 (Pub. L. 113-235) and its successor provisions in subsequent appropriations acts (and as extended in continuing resolutions)).

(2) 52.204-23, Prohibition on Contracting for Hardware, Software, and Services Developed or Provided by Kaspersky Lab and Other Covered Entities (Jul 2018) (Section 1634 of Pub. L. 115-91).

(3) 52.204-25, Prohibition on Contracting for Certain Telecommunications and Video Surveillance Services or Equipment. (AUG 2019) (Section 889(a)(1)(A) of Pub. L. 115-232).

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(4) 52.209-10, Prohibition on Contracting with Inverted Domestic Corporations (NOV 2015).

(5) 52.233-3, Protest After Award (Aug 1996) (31 U.S.C. 3553).

(6) 52.233-4, Applicable Law for Breach of Contract Claim (Oct 2004) (Public Laws 108-77 and 108-78 (19 U.S.C. 3805 note)).

(b) The Contractor shall comply with the FAR clauses in this paragraph (b) that the Contracting Officer has indicated as being incorporated in this contract by reference to implement provisions of law or Executive orders applicable to acquisitions of commercial items:

(1) 52.203-6, Restrictions on Subcontractor Sales to the Government (JUN 2020), with Alternate I (OCT 1995) (41 U.S.C. 4704 and 10 U.S.C. 2402).

(2) 52.203-13, Contractor Code of Business Ethics and Conduct (JUN 2020) (41 U.S.C. 3509).

(3) 52.203-15, Whistleblower Protections under the American Recovery and Reinvestment Act of 2009 (JUN 2010) (Section 1553 of Pub. L. 111-5). (Applies to contracts funded by the American Recovery and Reinvestment Act of 2009.)

(4) 52.204-10, Reporting Executive Compensation and First-Tier Subcontract Awards (JUN 2020) (Pub. L. 109-282) (31 U.S.C. 6101 note).

(5) [Reserved]

(6) 52.204-14, Service Contract Reporting Requirements (OCT 2016) (Pub. L. 111-117, section 743 of Div. C).

(7) 52.204-15, Service Contract Reporting Requirements for Indefinite-Delivery Contracts (OCT 2016) (Pub. L. 111-117, section 743 of Div. C).

(8) 52.209-6, Protecting the Government's Interest When Subcontracting with Contractors Debarred, Suspended, or Proposed for Debarment. (JUN 2020) (31 U.S.C. 6101 note).

(9) 52.209-9, Updates of Publicly Available Information Regarding Responsibility Matters (Oct 2018) (41 U.S.C. 2313).

(10) [Reserved]

(11)(i) 52.219-3, Notice of HUBZone Set-Aside or Sole-Source Award (MAR 2020) (15 U.S.C. 657a).

(ii) Alternate I (MAR 2020) of 52.219-3.

(12)(i) 52.219-4, Notice of Price Evaluation Preference for HUBZone Small Business Concerns (MAR 2020) (if the offeror elects to waive the preference, it shall so indicate in its offer) (15 U.S.C. 657a).

(ii) Alternate I (MAR 2020) of 52.219-4.

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**JAN 05 2021**

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- (13) [Reserved]
- (14)(i) 52.219-6, Notice of Total Small Business Set-Aside (MAR 2020) (15 U.S.C. 644).
- (ii) Alternate I (MAR 2020).
- (15)(i) 52.219-7, Notice of Partial Small Business Set-Aside (MAR 2020) (15 U.S.C. 644).
- (ii) Alternate I (MAR 2020) of 52.219-7.
- (16) 52.219-8, Utilization of Small Business Concerns (Oct 2018) (15 U.S.C. 637(d)(2) and (3)).
- (17)(i) 52.219-9, Small Business Subcontracting Plan (JUN 2020) (15 U.S.C. 637(d)(4)).
- (ii) Alternate I (NOV 2016) of 52.219-9.
- (iii) Alternate II (NOV 2016) of 52.219-9.
- (iv) Alternate III (JUN 2020) of 52.219-9.
- (v) Alternate IV (JUN 2020) of 52.219-9.
- (18) 52.219-13, Notice of Set-Aside of Orders (MAR 2020) (15 U.S.C. 644(r)).
- (19) 52.219-14, Limitations on Subcontracting (MAR 2020) (15 U.S.C. 637(a)(14)).
- (20) 52.219-16, Liquidated Damages—Subcontracting Plan (Jan 1999) (15 U.S.C. 637(d)(4)(F)(i)).
- (21) 52.219-27, Notice of Service-Disabled Veteran-Owned Small Business Set-Aside (MAR 2020) (15 U.S.C. 657f).
- (22)(i) 52.219-28, Post Award Small Business Program Rerepresentation (MAR 2020) (15 U.S.C. 632(a)(2)).
- (ii) Alternate I (MAR 2020) of 52.219-28.
- (23) 52.219-29, Notice of Set-Aside for, or Sole Source Award to, Economically Disadvantaged Women-Owned Small Business (EDWOSB) Concerns (MAR 2020) (15 U.S.C. 637(m)).
- (24) 52.219-30, Notice of Set-Aside for, or Sole Source Award to, Women-Owned Small Business Concerns Eligible Under the Women-Owned Small Business Program (MAR 2020) (15 U.S.C. 637(m)).
- (25) 52.219-32, Orders Issued Directly Under Small Business Reserves (MAR 2020) (15 U.S.C. 644(r)).
- (26) 52.219-33, Nonmanufacturer Rule (MAR 2020) (15 U.S.C. 637(a)(17))
- (27) 52.222-3, Convict Labor (June 2003) (E.O. 11755).

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JAN 05 2021

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(28) 52.222-19, Child Labor—Cooperation with Authorities and Remedies (JAN 2020) (E.O. 13126).

(29) 52.222-21, Prohibition of Segregated Facilities (APR 2015).

(30)(i) 52.222-26, Equal Opportunity (SEP 2016) (E.O. 11246).

(ii) Alternate I (FEB 1999) of 52.222-26.

(31)(i) 52.222-35, Equal Opportunity for Veterans (JUN 2020) (38 U.S.C. 4212).

(ii) Alternate I (JULY 2014) of 52.222-35.

(32)(i) 52.222-36, Equal Opportunity for Workers with Disabilities (JUN 2020) (29 U.S.C. 793).

(ii) Alternate I (JULY 2014) of 52.222-36.

(33) 52.222-37, Employment Reports on Veterans (JUN 2020) (38 U.S.C. 4212).

(34) 52.222-40, Notification of Employee Rights Under the National Labor Relations Act (DEC 2010) (E.O. 13496).

(35)(i) 52.222-50, Combating Trafficking in Persons (JAN 2019) (22 U.S.C. chapter 78 and E.O. 13627).

(ii) Alternate I (MAR 2015) of 52.222-50 (22 U.S.C. chapter 78 and E.O. 13627).

(36) 52.222-54, Employment Eligibility Verification (OCT 2015). (E. O. 12989). (Not applicable to the acquisition of commercially available off-the-shelf items or certain other types of commercial items as prescribed in 22.1803.)

(37)(i) 52.223-9, Estimate of Percentage of Recovered Material Content for EPA-Designated Items (May 2008) (42 U.S.C.6962(c)(3)(A)(ii)). (Not applicable to the acquisition of commercially available off-the-shelf items.)

(ii) Alternate I (MAY 2008) of 52.223-9 (42 U.S.C. 6962(i)(2)(C)). (Not applicable to the acquisition of commercially available off-the-shelf items.)

(38) 52.223-11, Ozone-Depleting Substances and High Global Warming Potential Hydrofluorocarbons (JUN 2016) (E.O. 13693).

(39) 52.223-12, Maintenance, Service, Repair, or Disposal of Refrigeration Equipment and Air Conditioners (JUN 2016) (E.O. 13693).

(40)(i) 52.223-13, Acquisition of EPEAT®-Registered Imaging Equipment (JUN 2014) (E.O.s 13423 and 13514).

(ii) Alternate I (OCT 2015) of 52.223-13.

(41)(i) 52.223-14, Acquisition of EPEAT®-Registered Televisions (JUN 2014) (E.O.s 13423 and 13514).

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JAN 05 2021

Page 22 of 32

**BEMS/CON**

- (ii) Alternate I (JUN 2014) of 52.223-14.
- (42) 52.223-15, Energy Efficiency in Energy-Consuming Products (DEC 2007)(42 U.S.C. 8259b).
- (43)(i) 52.223-16, Acquisition of EPEAT®-Registered Personal Computer Products (OCT 2015) (E.O.s 13423 and 13514).
- (ii) Alternate I (JUN 2014) of 52.223-16.
- (44) 52.223–18, Encouraging Contractor Policies to Ban Text Messaging While Driving (JUN 2020) (E.O. 13513).
- (45) 52.223-20, Aerosols (JUN 2016) (E.O. 13693).
- (46) 52.223-21, Foams (JUN 2016) (E.O. 13693).
- (47) (i) 52.224-3, Privacy Training (JAN 2017) (5 U.S.C. 552a).
- (ii) Alternate I (JAN 2017) of 52.224-3.
- (48) 52.225-1, Buy American—Supplies (MAY 2014) (41 U.S.C. chapter 83).
- (49)(i) 52.225-3, Buy American—Free Trade Agreements—Israeli Trade Act (MAY 2014) (41 U.S.C. chapter 83, 19 U.S.C. 3301 note, 19 U.S.C. 2112 note, 19 U.S.C. 3805 note, 19 U.S.C. 4001 note, Pub. L. 103-182, 108-77, 108-78, 108-286, 108-302, 109-53, 109-169, 109-283, 110-138, 112-41, 112-42, and 112-43).
- (ii) Alternate I (MAY 2014) of 52.225-3.
- (iii) Alternate II (MAY 2014) of 52.225-3.
- (iv) Alternate III (MAY 2014) of 52.225-3.
- (50) 52.225–5, Trade Agreements (OCT 2019) (19 U.S.C. 2501, et seq., 19 U.S.C. 3301 note).
- (51) 52.225-13, Restrictions on Certain Foreign Purchases (JUN 2008) (E.O.'s, proclamations, and statutes administered by the Office of Foreign Assets Control of the Department of the Treasury).
- (52) 52.225–26, Contractors Performing Private Security Functions Outside the United States (OCT 2016) (Section 862, as amended, of the National Defense Authorization Act for Fiscal Year 2008; 10 U.S.C. 2302 Note).
- (53) 52.226-4, Notice of Disaster or Emergency Area Set-Aside (Nov 2007) (42 U.S.C. 5150).
- (54) 52.226-5, Restrictions on Subcontracting Outside Disaster or Emergency Area (Nov 2007) (42 U.S.C. 5150).
- (55) 52.229–12, Tax on Certain Foreign Procurements (JUN 2020).

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JAN 05 2021

Page 23 of 32

BEMS/CON

(56) 52.232-29, Terms for Financing of Purchases of Commercial Items (Feb 2002) (41 U.S.C. 4505, 10 U.S.C. 2307(f)).

(57) 52.232-30, Installment Payments for Commercial Items (JAN 2017) (41 U.S.C. 4505, 10 U.S.C. 2307(f)).

(58) 52.232-33, Payment by Electronic Funds Transfer—System for Award Management (Oct 2018) (31 U.S.C. 3332).

(59) 52.232-34, Payment by Electronic Funds Transfer—Other than System for Award Management (Jul 2013) (31 U.S.C. 3332).

(60) 52.232-36, Payment by Third Party (MAY 2014) (31 U.S.C. 3332).

(61) 52.239-1, Privacy or Security Safeguards (AUG 1996) (5 U.S.C. 552a).

(62) 52.242-5, Payments to Small Business Subcontractors (JAN 2017)(15 U.S.C. 637(d)(13)).

(63)(i) 52.247-64, Preference for Privately Owned U.S.-Flag Commercial Vessels (Feb 2006) (46 U.S.C. Appx. 1241(b) and 10 U.S.C. 2631).

(ii) Alternate I (Apr 2003) of 52.247-64.

(iii) Alternate II (FEB 2006) of 52.247-64.

(c) The Contractor shall comply with the FAR clauses in this paragraph (c), applicable to commercial services, that the Contracting Officer has indicated as being incorporated in this contract by reference to implement provisions of law or Executive orders applicable to acquisitions of commercial items:

(1) 52.222-41, Service Contract Labor Standards (AUG 2018) (41 U.S.C. chapter 67).

(2) 52.222-42, Statement of Equivalent Rates for Federal Hires (MAY 2014) (29 U.S.C. 206 and 41 U.S.C. chapter 67).

Employee Class

Monetary Wage-Fringe Benefits

(3) 52.222-43, Fair Labor Standards Act and Service Contract Labor Standards—Price Adjustment (Multiple Year and Option Contracts) (AUG 2018) (29 U.S.C. 206 and 41 U.S.C. chapter 67).

(4) 52.222-44, Fair Labor Standards Act and Service Contract Labor Standards—Price Adjustment (MAY 2014) (29 U.S.C 206 and 41 U.S.C. chapter 67).

(5) 52.222-51, Exemption from Application of the Service Contract Labor Standards to Contracts for Maintenance, Calibration, or Repair of Certain Equipment—Requirements (MAY 2014) (41 U.S.C. chapter 67).

(6) 52.222-53, Exemption from Application of the Service Contract Labor Standards to Contracts for Certain Services—Requirements (MAY 2014) (41 U.S.C. chapter 67).

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JAN 05 2021

Page 24 of 32

BEMS/CON

[X] (7) 52.222-55, Minimum Wages Under Executive Order 13658 (DEC 2015).

[X] (8) 52.222-62, Paid Sick Leave Under Executive Order 13706 (JAN 2017) (E.O. 13706).

[] (9) 52.226-6, Promoting Excess Food Donation to Nonprofit Organizations (JUN 2020) (42 U.S.C. 1792).

(d) Comptroller General Examination of Record. The Contractor shall comply with the provisions of this paragraph (d) if this contract was awarded using other than sealed bid, is in excess of the simplified acquisition threshold, as defined in FAR 2.101, on the date of award of this contract, and does not contain the clause at 52.215-2, Audit and Records—Negotiation.

(1) The Comptroller General of the United States, or an authorized representative of the Comptroller General, shall have access to and right to examine any of the Contractor's directly pertinent records involving transactions related to this contract.

(2) The Contractor shall make available at its offices at all reasonable times the records, materials, and other evidence for examination, audit, or reproduction, until 3 years after final payment under this contract or for any shorter period specified in FAR Subpart 4.7, Contractor Records Retention, of the other clauses of this contract. If this contract is completely or partially terminated, the records relating to the work terminated shall be made available for 3 years after any resulting final termination settlement. Records relating to appeals under the disputes clause or to litigation or the settlement of claims arising under or relating to this contract shall be made available until such appeals, litigation, or claims are finally resolved.

(3) As used in this clause, records include books, documents, accounting procedures and practices, and other data, regardless of type and regardless of form. This does not require the Contractor to create or maintain any record that the Contractor does not maintain in the ordinary course of business or pursuant to a provision of law.

(e)(1) Notwithstanding the requirements of the clauses in paragraphs (a), (b), (c), and (d) of this clause, the Contractor is not required to flow down any FAR clause, other than those in this paragraph (e)(1) in a subcontract for commercial items. Unless otherwise indicated below, the extent of the flow down shall be as required by the clause—

(i) 52.203-13, Contractor Code of Business Ethics and Conduct (JUN 2020) (41 U.S.C. 3509).

(ii) 52.203-19, Prohibition on Requiring Certain Internal Confidentiality Agreements or Statements (JAN 2017) (section 743 of Division E, Title VII, of the Consolidated and Further Continuing Appropriations Act, 2015 (Pub. L. 113-235) and its successor provisions in subsequent appropriations acts (and as extended in continuing resolutions)).

(iii) 52.204-23, Prohibition on Contracting for Hardware, Software, and Services Developed or Provided by Kaspersky Lab and Other Covered Entities (Jul 2018) (Section 1634 of Pub. L. 115-91).

(iv) 52.204-25, Prohibition on Contracting for Certain Telecommunications and Video Surveillance Services or Equipment. (AUG 2019) (Section 889(a)(1)(A) of Pub. L. 115-232).

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(v) 52.219–8, Utilization of Small Business Concerns (Oct 2018) (15 U.S.C. 637(d)(2) and (3)), in all subcontracts that offer further subcontracting opportunities. If the subcontract (except subcontracts to small business concerns) exceeds the applicable threshold specified in FAR 19.702(a) on the date of subcontract award, the subcontractor must include 52.219–8 in lower tier subcontracts that offer subcontracting opportunities.

(vi) 52.222-21, Prohibition of Segregated Facilities (APR 2015).

(vii) 52.222–26, Equal Opportunity (SEP 2016) (E.O. 11246).

(viii) 52.222–35, Equal Opportunity for Veterans (JUN 2020) (38 U.S.C. 4212).

(ix) 52.222–36, Equal Opportunity for Workers with Disabilities (JUN 2020) (29 U.S.C. 793).

(x) 52.222–37, Employment Reports on Veterans (JUN 2020) (38 U.S.C. 4212).

(xi) 52.222-40, Notification of Employee Rights Under the National Labor Relations Act (DEC 2010) (E.O. 13496). Flow down required in accordance with paragraph (f) of FAR clause 52.222-40.

(xii) 52.222-41, Service Contract Labor Standards (AUG 2018) (41 U.S.C. chapter 67).

(xiii)(A) 52.222-50, Combating Trafficking in Persons (JAN 2019) (22 U.S.C. chapter 78 and E.O. 13627).

(B) Alternate I (MAR 2015) of 52.222-50 (22 U.S.C. chapter 78 and E.O. 13627).

(xiv) 52.222-51, Exemption from Application of the Service Contract Labor Standards to Contracts for Maintenance, Calibration, or Repair of Certain Equipment—Requirements (MAY 2014) (41 U.S.C. chapter 67).

(xv) 52.222-53, Exemption from Application of the Service Contract Labor Standards to Contracts for Certain Services—Requirements (MAY 2014) (41 U.S.C. chapter 67).

(xvi) 52.222-54, Employment Eligibility Verification (OCT 2015) (E. O. 12989).

(xvii) 52.222-55, Minimum Wages Under Executive Order 13658 (DEC 2015).

(xviii) 52.222-62 Paid Sick Leave Under Executive Order 13706 (JAN 2017) (E.O. 13706).

(xix)(A) 52.224-3, Privacy Training (JAN 2017) (5 U.S.C. 552a).

(B) Alternate I (JAN 2017) of 52.224-3.

(xx) 52.225–26, Contractors Performing Private Security Functions Outside the United States (OCT 2016) (Section 862, as amended, of the National Defense Authorization Act for Fiscal Year 2008; 10 U.S.C. 2302 Note).

(xxi) 52.226–6, Promoting Excess Food Donation to Nonprofit Organizations (JUN 2020) (42 U.S.C. 1792). Flow down required in accordance with paragraph (e) of FAR clause 52.226-6.

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(xxii) 52.247-64, Preference for Privately Owned U.S.-Flag Commercial Vessels (Feb 2006) (46 U.S.C. Appx. 1241(b) and 10 U.S.C. 2631). Flow down required in accordance with paragraph (d) of FAR clause 52.247-64.

(2) While not required, the Contractor may include in its subcontracts for commercial items a minimal number of additional clauses necessary to satisfy its contractual obligations.

(End of Clause)

### **C.3 52.216-18 ORDERING (OCT 1995)**

(a) Any supplies and services to be furnished under this contract shall be ordered by issuance of delivery orders or task orders by the individuals or activities designated in the Schedule. Such orders may be issued from 1 October 2020 through 30 September 2025.

(b) All delivery orders or task orders are subject to the terms and conditions of this contract. In the event of conflict between a delivery order or task order and this contract, the contract shall control.

(c) If mailed, a delivery order or task order is considered "issued" when the Government deposits the order in the mail. Orders may be issued orally, by facsimile, or by electronic commerce methods only if authorized in the Schedule.

(End of Clause)

### **C.4 52.216-19 ORDER LIMITATIONS (OCT 1995)**

(a) *Minimum order.* When the Government requires supplies or services covered by this contract in an amount of less than \$2,500.00, the Government is not obligated to purchase, nor is the Contractor obligated to furnish, those supplies or services under the contract.

(b) *Maximum order.* The Contractor is not obligated to honor—

- (1) Any order for a single item in excess of \$2,500,000.00;
- (2) Any order for a combination of items in excess of \$2,500,000.00; or

(3) A series of orders from the same ordering office within 1 days that together call for quantities exceeding the limitation in paragraph (b)(1) or (2) of this section.

(c) If this is a requirements contract (i.e., includes the Requirements clause at subsection 52.216-21 of the Federal Acquisition Regulation (FAR)), the Government is not required to order a part of any one requirement from the Contractor if that requirement exceeds the maximum-order limitations in paragraph (b) of this section.

(d) Notwithstanding paragraphs (b) and (c) of this section, the Contractor shall honor any order exceeding the maximum order limitations in paragraph (b), unless that order (or orders) is returned to the ordering office within 5 days after issuance, with written notice stating the Contractor's intent not to ship the item (or items) called for and the reasons. Upon receiving this notice, the Government may acquire the supplies or services from another source.

(End of Clause)

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### **C.5 52.216-22 INDEFINITE QUANTITY (OCT 1995)**

(a) This is an indefinite-quantity contract for the supplies or services specified, and effective for the period stated, in the Schedule. The quantities of supplies and services specified in the Schedule are estimates only and are not purchased by this contract.

(b) Delivery or performance shall be made only as authorized by orders issued in accordance with the Ordering clause. The Contractor shall furnish to the Government, when and if ordered, the supplies or services specified in the Schedule up to and including the quantity designated in the Schedule as the "maximum." The Government shall order at least the quantity of supplies or services designated in the Schedule as the "minimum."

(c) Except for any limitations on quantities in the Order Limitations clause or in the Schedule, there is no limit on the number of orders that may be issued. The Government may issue orders requiring delivery to multiple destinations or performance at multiple locations.

(d) Any order issued during the effective period of this contract and not completed within that period shall be completed by the Contractor within the time specified in the order. The contract shall govern the Contractor's and Government's rights and obligations with respect to that order to the same extent as if the order were completed during the contract's effective period; *provided*, that the Contractor shall not be required to make any deliveries under this contract after 30 September 2025.

(End of Clause)

### **C.6 52.217-8 OPTION TO EXTEND SERVICES (NOV 1999)**

The Government may require continued performance of any services within the limits and at the rates specified in the contract. These rates may be adjusted only as a result of revisions to prevailing labor rates provided by the Secretary of Labor. The option provision may be exercised more than once, but the total extension of performance hereunder shall not exceed 6 months. The Contracting Officer may exercise the option by written notice to the Contractor within 30 days.

(End of Clause)

### **C.7 52.217-9 OPTION TO EXTEND THE TERM OF THE CONTRACT (MAR 2000)**

(a) The Government may extend the term of this contract by written notice to the Contractor within 30 days; provided that the Government gives the Contractor a preliminary written notice of its intent to extend at least 60 days before the contract expires. The preliminary notice does not commit the Government to an extension.

(b) If the Government exercises this option, the extended contract shall be considered to include this option clause.

(c) The total duration of this contract, including the exercise of any options under this clause, shall not exceed five (5) years.

(End of Clause)

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### **C.8 52.232-19 AVAILABILITY OF FUNDS FOR THE NEXT FISCAL YEAR (APR 1984)**

Funds are not presently available for performance under this contract beyond 30 September 2021. The Government's obligation for performance of this contract beyond that date is contingent upon the availability of appropriated funds from which payment for contract purposes can be made. No legal liability on the part of the Government for any payment may arise for performance under this contract beyond 30 September 2021, until funds are made available to the Contracting Officer for performance and until the Contractor receives notice of availability, to be confirmed in writing by the Contracting Officer.

(End of Clause)

### **C.9 VAAR 852.212-70 PROVISIONS AND CLAUSES APPLICABLE TO VA ACQUISITION OF COMMERCIAL ITEMS (APR 2020)**

(a) The Contractor agrees to comply with any provision or clause that is incorporated herein by reference to implement agency policy applicable to acquisition of commercial items or components. The following provisions and clauses that have been checked by the Contracting Officer are incorporated by reference.

- 852.203–70, Commercial Advertising.
- 852.209–70, Organizational Conflicts of Interest.
- 852.211–70, Equipment Operation and Maintenance Manuals.
- 852.214–71, Restrictions on Alternate Item(s).
- 852.214–72, Alternate Item(s). [Note: this is a fillable clause.]
- 852.214–73, Alternate Packaging and Packing.
- 852.214–74, Marking of Bid Samples.
- 852.215–70, Service-Disabled Veteran-Owned and Veteran-Owned Small Business Evaluation Factors.
- 852.215–71, Evaluation Factor Commitments.
- 852.216–71, Economic Price Adjustment of Contract Price(s) Based on a Price Index.
- 852.216–72, Proportional Economic Price Adjustment of Contract Price(s) Based on a Price Index.
- 852.216–73, Economic Price Adjustment—State Nursing Home Care for Veterans.
- 852.216–74, Economic Price Adjustment—Medicaid Labor Rates.
- 852.216–75, Economic Price Adjustment—Fuel Surcharge.
- 852.219–9, VA Small Business Subcontracting Plan Minimum Requirements.

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852.219–10, VA Notice of Total Service-Disabled Veteran-Owned Small Business Set-Aside.

852.219–11, VA Notice of Total Veteran-Owned Small Business Set-Aside.

852.222–70, Contract Work Hours and Safety Standards—Nursing Home Care for Veterans.

852.228–70, Bond Premium Adjustment.

852.228–71, Indemnification and Insurance.

852.228–72, Assisting Service-Disabled Veteran-Owned and Veteran-Owned Small Businesses in Obtaining Bonds.

852.232–72, Electronic Submission of Payment Requests.

852.233–70, Protest Content/Alternative Dispute Resolution.

852.233–71, Alternate Protest Procedure.

852.237–70, Indemnification and Medical Liability Insurance.

852.246–71, Rejected Goods.

852.246–72, Frozen Processed Foods.

852.246–73, Noncompliance with Packaging, Packing, and/or Marking Requirements.

852.270–1, Representatives of Contracting Officers.

852.271–72, Time Spent by Counselee in Counseling Process.

852.271–73, Use and Publication of Counseling Results.

852.271–74, Inspection.

852.271–75, Extension of Contract Period.

852.273–70, Late Offers.

852.273–71, Alternative Negotiation Techniques.

852.273–72, Alternative Evaluation.

852.273–73, Evaluation—Health-Care Resources.

852.273–74, Award without Exchanges.

(b) All requests for quotations, solicitations, and contracts for commercial item services to be provided to beneficiaries must include the following clause:

852.237–74, Nondiscrimination in Service Delivery.

(End of Clause)

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## **C.10 SUPPLEMENTAL INSURANCE REQUIREMENTS**

In accordance with FAR 28.307-2 and FAR 52.228-5, the following minimum coverage shall apply to this contract:

(a) Workers' compensation and employers liability: Contractors are required to comply with applicable Federal and State workers' compensation and occupational disease statutes. If occupational diseases are not compensable under those statutes, they shall be covered under the employer's liability section of the insurance policy, except when contract operations are so commingled with a Contractor's commercial operations that it would not be practical to require this coverage. Employer's liability coverage of at least \$100,000 is required, except in States with exclusive or monopolistic funds that do not permit workers' compensation to be written by private carriers.

(b) General Liability: \$500,000.00 per occurrences.

(c) Automobile liability: \$200,000.00 per person; \$500,000.00 per occurrence and \$20,000.00 property damage.

(d) The successful bidder must present to the Contracting Officer, prior to award, evidence of general liability insurance without any exclusionary clauses for asbestos that would void the general liability coverage.

(End of Clause)

## **C.11 MANDATORY WRITTEN DISCLOSURES**

Mandatory written disclosures required by FAR clause 52.203-13 to the Department of Veterans Affairs, Office of Inspector General (OIG) must be made electronically through the VA OIG Hotline at <http://www.va.gov/oig/contacts/hotline.asp> and clicking on "FAR clause 52.203-13 Reporting." If you experience difficulty accessing the website, call the Hotline at 1-800-488-8244 for further instructions.

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## **SECTION D - CONTRACT DOCUMENTS, EXHIBITS, OR ATTACHMENTS**

### **D.1 – ARIZONA WAGE DETERMINATIONS**

The following is a list of wage determinations for the 15 counties within the State of Arizona. Contractors should download them in their entirety from the following Department of Labor Wage Determination web site: [www.beta.sam.gov](http://www.beta.sam.gov)

Apache	- WD 2015-5477 (Rev.-13) 06/05/2020
Cochise	- WD 2015-5719 (Rev.-10) 06/30/2020
Coconino	- WD 2015-5465 (Rev.-12) 06/30/2020
Gila	- WD 2015-5477 (Rev.-13) 06/05/2020
Graham	- WD 2015-5481 (Rev.-13) 06/05/2020
Greenlee	- WD 2015-5481 (Rev.-13) 06/05/2020
La Paz	- WD 2015-5479 (Rev.-12) 06/30/2020
Maricopa	- WD 2015-5469 (Rev.-12) 06/30/2020
Mohave	- WD 2015-5467 (Rev.-13) 06/30/2020
Navajo	- WD 2015-5477 (Rev.-13) 06/05/2020
Pima	- WD 2015-5473 (Rev.-10) 06/30/2020
Pinal	- WD 2015-5469 (Rev.-12) 06/30/2020
Santa Cruz	- WD 2015-5481 (Rev.-13) 06/05/2020
Yavapai	- WD 2015-5471 (Rev.-10) 06/30/2020
Yuma	- WD 2015-5475 (Rev.-10) 06/30/2020

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**Initial Application**

**6. THE INFORMATION AND DOCUMENTS SPECIFIED IN R9-25-1101, IF THE APPLICANT IS REQUESTING TO ESTABLISH GENERAL PUBLIC RATES.**

1. The applicant's name. – *see application form*
2. The requested general public rates – *see item 2 in the Information Required Section of this application*
3. A copy of the Applicant's most recent financial statements or an Ambulance Revenue and Cost Report – *See proposed ARCR*
4. For a consecutive 12-month period:
  - a. A projected income statement; and *(See Proposed ARCR)*
  - b. A projected cash-flow statement. *(See Proposed ARCR)*
5. A list of all purchase agreements or lease agreements for real estate, ground ambulance vehicles, and equipment exceeding \$5,000 used in connection with the ground ambulance service, that includes the monetary amount and duration of each agreement. *(There are no such agreements at this time)*
6. The identifications of:
  - a. Each of the applicant's affiliations, such as a parent company or subsidiary owned or operated by the applicant; and *(See Cover Letter of this application)*
  - b. The methodology and calculations used in allocating costs among the applicant and government entities or profit or not for profit businesses; *(See Cover Letter of this application)*
7. A copy of the applicant's contract with each federal or tribal entity for ground ambulance service, if applicable; *(See Item 5 of Required Documents section of this application)*
8. Other documents, exhibits, or statements that may assist the Department in setting the general public rates; *(See the current ADHS rate schedule in Item 2 of Information Required section of this application)*
9. An attestation signed by the applicant that information and documents provided by applicant are true, and *(See Item 10 of the Required Documents)*
10. Any other information or documents requested by the Director to clarify or complete the application.

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**Initial Application**

**7. ANY SUBSCRIPTION SERVICE CONTRACT UNDER A.R.S. §§ 36-2232(A)(1) AND 36-2237(B)**

There are no subscriptions contracts.

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**Initial Application**

- 8. A CERTIFICATE OF INSURANCE OR DOCUMENTATION OF SELF-INSURANCE REQUIRED IN  
A.R.S. § 36-2237(A) AND R9-25-909**

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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
3/30/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Woodruff-Sawyer & Co. 717 - 17th Street, Suite 625 Denver CO 80202	CONTACT NAME: Jennifer Westphal
	PHONE (A/C, No., Ext): 720-593-5407 FAX (A/C, No.):
	E-MAIL ADDRESS: GMRrequest@woodruffssawyer.com
	INSURER(S) AFFORDING COVERAGE NAIC #
INSURED AMERICAN MEDICAL RESPONSE, INC. 6363 S. FIDDLERS GREEN CIRCLE, 14TH FLOOR GREENWOOD VILLAGE, CO 80111	INSURER A : ACE American Insurance Company 22667
	INSURER B : Indemnity Insurance Company of North America 43575
	INSURER C : ACE Fire Underwriters Insurance Company 20702
	INSURER D : Lloyds of London - Beazley
	INSURER E :
	INSURER F :

COVERAGES CERTIFICATE NUMBER: 1406415667 REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> SIR 250,000 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			XSLG71574453	3/31/2020	3/31/2021	EACH OCCURRENCE \$ 2,750,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 0 PERSONAL & ADV INJURY \$ 2,750,000 GENERAL AGGREGATE \$ 5,000,000 PRODUCTS - COMP/OP AGG \$ 2,750,000 \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			ISAH25299218	3/31/2020	3/31/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 10,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
D	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			W1B173200501	3/31/2020	3/31/2021	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$
B A C A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N N/A	WLRC66927830 WLR66927799 SCFC66927878 WCUC6692791A	3/31/2020 3/31/2020 3/31/2020 3/31/2020	3/31/2021 3/31/2021 3/31/2021 3/31/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
D	Professional Liability			W1B173200501	3/31/2020	3/31/2021	Each Claim & Aggr Retention \$10,000,000 \$3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 \*\$1,000,000 SIR APPLIES TO EXCESS WC POLICY NO. WCUC6692791A \*\*Medical Expense coverage falls within the SIR

Contract Numbers: ADHS17-151123 Rural Metro Corp, ADHS16-125127 Southwest Ambulance and ADHS17-151110 PMT Ambulance Ground.

Evidence of Insurance for the following additional named insureds:

See Attached... RECEIVED  
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<b>CERTIFICATE HOLDER</b>  Arizona Department of Health Services Bureau of Emergency Medical Services & Trauma System Attn: Taylor Pike 150 N 18th Avenue, Suite 540 Phoenix, AZ 85007	<b>CANCELLATION</b>  <div style="text-align: center; font-weight: bold; font-size: 1.2em;">BEMS/CON</div> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
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**AMERICAN MEDICAL RESPONSE OF COCHISE COUNTY LLC**  
**Initial Application**

**9. A SURETY BOND IF REQUIRED UNDER A.R.S. § 36-2237(B).**

A surety bond is not required as we are not requesting a subscription program or subscription rate, and have no subscription contracts.

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**AMERICAN MEDICAL RESPONSE OF COCHISE COUNTY LLC**  
**Initial Application**

**10. THE APPLICANT'S AND DESIGNATED MANAGER'S RESUME OR OTHER DESCRIPTION OF EXPERIENCE AND QUALIFICATION TO OPERATE A GROUND AMBULANCE SERVICE.**

- 10a Edward Van Horne
- 10b Glenn Kasprzyk
- 10c Jacqueline Evans

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**Edward B. Van Horne**  
**Global Medical Response (GMR) – Chief Operating Officer**

**Professional Bio**

Mr. Van Horne is well known throughout the industry for his leadership in clinical excellence and his diverse, innovative approach to emergency medical services system design - from implementation and transition to the maintenance of efficient and cost-effective operations. As Chief Operating Officer (COO) of GMR, Mr. Van Horne oversees all Group Presidents (U.S. & International), business development, marketing and operating financial performance of the company. Operations include Air Ambulance, Ground Ambulance, Fire operations, Non-Medical Transportation, and the national Membership program. Prior to being named COO, Mr. Van Horne served as the CEO of American Medical Response where he directed operations across the United States. He holds a Bachelor of Science in Health Systems Administration from the Rochester Institute of Technology and earned his MBA in 2001. He received his Paramedic certification from Western New York EMS Training Institute, Buffalo, NY.

**Qualifications:**

- More than 30 years of EMS Management experience, including financial management (profit and loss, budgeting) and employee supervision.
- Over 20 years' experience in accounting and accounts receivables with increasing responsibilities in management and policy development.
- More than 10 years' ambulance experience in many different departments, i.e. billing, operations, business development, and communications.
- Proficient in managing multiple priorities and projects within tight deadlines.
- Possess very strong analytical, innovation, detail/follow-through and problem solving skills.
- Leads and is responsible for GMR operations nationwide including, air operations, ground operations, Federal Emergency Management Agency response (National Ambulance Contract) and strategic innovation through multiple state and national disaster responses including the COVID-19 pandemic.

**Education:**

1999 - 2002    Masters of Business Administration  
**University of Phoenix**  
Tucson, Arizona

1988 – 1994    Bachelor of Science  
**Rochester Institute of Technology, Rochester, NY**  
Department of Health Systems Administration  
New York State Certificate of Business Management  
Industrial Design

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## **Experience:**

2018 – Current **Board of Directors**, Global Medical Response

2018 – Current **Board of Directors**, All Clear Foundation

2018 – Current **Chief Operating Officer** - Global Medical Response– Greenwood Village, Colorado

- Responsible for operating and financial performance for all Group Presidents which includes all Air, Ground & Fire Operations across the U.S & International.
- Direct oversight of department heads for Strategic Innovation, Managed Transportation, Marketing & Communications, Business Development, and National Membership program.

2013 – 2018 **President & CEO**– American Medical Response, Greenwood Village, Colorado

- Led the \$620 million acquisition, integration and legislative components of Rural/Metro Corporation (2015) transaction.
- Responsible for leading the successful implementation of AMR's strategic and operational initiatives nationwide.
- Direct reports include AMR's regional chief executive officers and other key AMR executive and support staff.
- Served as the liaison and executive leader between AMR and its parent company, Envision Healthcare.
- Achieved significant year-over-year EBITDA improvement with increased focus on executing strategies using well defined operating metrics and more integrated cross functional solutions.

2006 – 2013 **Chief Executive Officer, South Region** – American Medical Response, Arlington Texas

- Participated in the formulation of EBITDA performance expectations for the South Division, overseeing 50 business units in thirteen (13) states.
- Developed operating and capital budgets and re-allocated resources on an ongoing basis to optimize use of available resources
- Ensured optimal service levels to patients, agencies, hospitals and the medical community. Analyzed information regarding customer satisfaction; modified processes and directs employees to ensure high levels of patient care and customer service

2005 – 2006 **Vice President Business Development West Region** – American Medical Response

- Responsible for market expansions, new business growth, 9-1-1 Request for Proposals in all states west of the Mississippi. Primary focus on markets and opportunities not currently in business footprint. Responsible for 22% growth during this period.

2002 – 2005 **Director of Operations & Paramedic** – American Medical Response, San Bernardino CA

- Participated in the formulation of EBITDA performance expectations for the county ambulance contract.
- Ensured optimal service levels to patients, agencies, hospitals and the medical community. Analyzed information regarding customer satisfaction; modified processes and directs employees to ensure high levels of patient care and customer service
- Directed high performance 9-1-1 operation, 110 ambulances in combined urban/suburban population.
- Implemented communication center upgrade and technology improvement roll-out.

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2 | Page

JAN 05 2021

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- Medical & Transportation sector lead for Inland Counties Emergency Medical Authority during the 2003 California Wildfires and subsequent evacuations.
- Command Center and Strike Team leader during Hurricane Rita, deployed to San Antonio and Galveston, Texas immediately after landfall. Coordinated evacuation of area medical centers and worked closely with area 9-1-1 providers to assure ambulance system integrity.

2000-current **Owner, Arizona Ambulance of Douglas, Inc.** – Sierra Vista, Arizona

- Owner of Arizona Ambulance of Douglas, Inc. AZ CON # 120, providing critical and advanced life support to communities within Cochise County, Arizona. Operations focus on high acuity and long distance transportation for patients requiring higher and long-term care.

2006 - Current **Owner, AmbiServ** –Sierra Vista, Arizona

- Owner of medical billing services that provides billing and administrative services for municipal fire departments and private ambulance services.

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# Glenn R. Kasprzyk

1111 East Missouri Avenue • Unit 17 • Phoenix, AZ 85014  
(928) 308-5692  
Email: glenn.kasprzyk@gmr.net

## PROFILE

Dedicated pre-hospital industry leader with over twenty-five years of proven achievement in emergency medical services. Core philosophy of working collaboratively and honestly with others regardless of background or experience, earn trust and effectively build consensus to produce measurable outcomes.

## PROFESSIONAL EXPERIENCE

**AMERICAN MEDICAL RESPONSE (AMR), Scottsdale, Arizona** 2020-Present  
**President - Southwest Region - Arizona, Nevada and New Mexico**

- Perform ongoing strategic market analysis, air and ground integration and synergies of pre-hospital EMS services for enhanced service delivery.
- Develop and implement strategies to sustain and grow business across all service lines.
- Interact with key public and private community stakeholders to ensure a high level of service delivery and customer service expectations are met.
- Work with business unit directors to meet budget expectations, operational metrics and goals for each of their respective operations.
- Direct reporting to West Group CEO

**AMERICAN MEDICAL RESPONSE (AMR), Scottsdale, Arizona** 2015-2020  
**Vice President of Operations / Regional COO - Arizona and New Mexico**

- Ongoing market analysis, integration and planning of out-of-hospital EMS services to encompass ambulance service and mobile integrated healthcare.
- Monitor continuous quality improvement metrics for all operational departments and local regulators.
- Negotiate contracts with community partners; governmental and private.
- Plan, control and monitor operating budgets.
- Establish goals and objectives for all operational departments and ensure alignment with corporate initiatives.
- Direct reporting to Regional President.

**LIFE LINE AMBULANCE SERVICE (AMR), Prescott, Arizona** 2006-2015  
**Chief Operations Officer**

- Responsible for direct budget management of operational departments.
- Monitor operational and quality assurance data to ensure maximum system efficiency.
- Process analysis to ensure data collection, compliance and review between all departments.
- Direct reporting and accountability to Chief Executive Officer.

## PROFESSIONAL INVOLVEMENT

Member of Arizona Emergency Medical Services (EMS) Council; Vice Chair  
Member of Governor's Council on Infectious Disease Preparedness and Response  
Board Member - Central AZ Partnership, AZ Chamber of Commerce and Mesa Chamber of Commerce  
Registered Lobbyist - Arizona

## EDUCATION and PROFESSIONAL DEVELOPMENT

NAED - Advanced Emergency Medical Dispatcher  
National Academy of Ambulance Coding - Certified Ambulance Coder  
NYS Certified Paramedic - Western New York EMS Training Institute - June 1994  
Business concentration credits earned towards a degree - Erie Community College - May 1994  
Continuous professional development through educational courses, seminars, speaking engagements, and workshops.

References available upon request

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## Jacqueline Evans

(520) 820-0897

Jacqueline.Evans@GMR.net

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### PROFILE:

Professional and dedicated individual with 25 plus years in the EMS industry. Proven experience in developing and solidifying relationships with Fire Departments and Facilities. Team player to achieve corporate goals and initiatives.

### WORK HISTORY:

July 2002 – present

**American Medical Response/Global Medical Response**

**Jan 2020-present**

**Regional Director**

**Oct 2005 – Jan 2020**

**Operations Manager (Tucson and Salt Lake City)**

**July 2002 – October 2005**

**Training Manager**

#### Regional Director:

Highlight of accomplishment:

- Provide overall strategic direction and management of Global Medical Response business units
- Meet financial objectives and support business goals of an assigned area and region
- Ensure internal and external customer satisfaction
- Develop/retain profitable market share, increasing revenue growth
- Coordinates and monitors overall system performance to ensure highest standards of service, customer satisfaction, and contract compliance
- Foster an environment of teamwork and good communication among associates
- Assures a collaborative working relationship between GMR air and ground operations and assists in identifying opportunities of both air and ground in the assigned areas

#### Operations Manager:

Highlight of accomplishments:

- Build and maintain relationships with key partners within hospitals and fire departments
- Participation and attendance at key meetings and events to ensure that GMR is visible and participate in key initiatives within Southern Arizona
- Ensure that promotion and hiring fosters diversity in the workplace
- Work collaboratively with internal and external partners and ensure that others within the team work together including the fire and air integration
- Coordination of the COPA initiative for AMR, RMFD and LifeLine to ensure objectives and deadlines are met
- Effectively communicated GMR business objectives to employees through transparency and open communication
- Continuous monitoring and making necessary changes to 911 and inter-facility system performance and meeting customer needs

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- Support and facilitate as necessary to ensure employee mental health needs are met
- Profitable EBITDA margin and knowledge to adjust unit hours, staffing and expense control to meet the desired EBITDA expectations
- Budgetary knowledge and ability to optimize available resources
- Negotiated fire contracts and inter-facility contracts
- Member of the management team to negotiate the union collective bargaining agreement
- Build and maintain a positive working relationship with the labor union to ensure both groups are working towards the same goals; to ensure the longevity of GMR within the market and employee retention
- Review and develop ambulance response modes

Training Manager:

Highlight of accomplishments:

- Built ADHS ALS and BLS training programs
- Responsible for New Employee Orientation Program and Field Training
- Instruction and oversight for yearly OSHA and ensuring compliance
- Develop paramedic curriculum and instructed in-house paramedic program, paramedic refresher courses and continuing education classes
- Develop EMT-Basic curriculum and instructed in-house EMT-Basic academies, EMT-Basic refresher courses and continuing education
- Worked with local Fire Departments and hospitals to obtain vehicular and clinical contracts for the ADHS training programs
- Assisted the operations department with protocol review to ensure quality patient care through quality assurance and quality improvement
- Established working relationship with Medical Directors

Nov 1994-July 2001

**ASARCO, Inc Hayden Smelter and Concentrator, Ray Mine and Concentrator**  
**1997-2001 Training Coordinator/Safety Department**  
**1994-1997 Laborer, Powder Loader, Haul Truck Driver**

- Developed an inhouse EMS Program to ensure there were EMT's staffed 24 hours a day at all 3 ASARCO locations
- Instructor to ASARCO personnel to become First Responder's and EMTs
- Developed a Confined Space Rescue Team and TRT teams for ASARCO smelter, concentrator and mine
- Developed a Hearing Conservation Program to satisfy MSHA regulations
- Quarterly safety tours with Local unions to address safety concerns and provide information to OSHA and MSHA (dependent on location)

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