

SERVICES AGREEMENT

This Services Agreement (“Agreement”) is entered into by and between Public Consulting Group LLC (“PCG”) and Port Chester-Rye-Rye Brook Emergency Medical Services – the PCRRBEMS (“CLIENT”) as of 12/1/2021 (“Effective Date”).

WHEREAS, CLIENT is seeking services to perform an EMS Organizational Model Study, and

WHEREAS, PCG possesses professional skills that can assist CLIENT; and

WHEREAS, CLIENT wishes to engage PCG as an independent contractor to perform certain professional services for CLIENT;

THEREFORE, for good and valuable consideration, the receipt and adequacy of which is acknowledged, PCG and CLIENT hereby agree as follows:

1. **Description of Services.** PCG will provide the professional services assigned by CLIENT and more fully described in **Attachment A** (the “Contracted Services”). PCG acknowledges and agrees that time is of the essence in the value of the Contracted Services, and shall render such Contracted Services in a prompt and diligent manner.
2. **Term.** This Agreement will be effective from the Effective Date through the completion of the Final Report, which is anticipated to be completed in approximately six (6) months of the Effective Date, unless this Agreement is terminated earlier pursuant to Section 4 or extended by written agreement of the parties. Unless otherwise specified by CLIENT in writing, PCG will provide the Contracted Services for the full duration of this Agreement. For the sake of clarity, if the Final Report is not completed within the anticipated six (6) months after the Effective Date, this Agreement will remain in effect until such Final Report is in fact completed.
3. **Compensation.** CLIENT will compensate PCG pursuant to the provisions contained in **Attachment B** and this Section 3, and unless the parties agree otherwise in writing, will not pay PCG any other benefits, expenses, or compensation.
 - a. CLIENT will compensate PCG within thirty (30) days following the receipt of itemized billing statements from PCG that satisfactorily describe the hours and dates that PCG performed the Contracted Services, the services performed, and any expenses incurred. PCG shall provide five separate billing statements, one for each of the five separate Phases identified in the Public Consulting Group Technical Proposal.

- b. Upon termination of this Agreement, other than termination for cause, PCG will be entitled to receive compensation for Contracted Services satisfactorily provided prior to the effective date of termination.
4. **Termination.** This Agreement may be terminated immediately by either party following a material breach of this Agreement and a failure to cure such breach within a reasonable period after written notice, not to exceed ten (10) business days. Termination of this Agreement will not discharge the obligations of the parties with respect to the protection of Proprietary or Confidential Information.
5. **Notices and Contact Persons.** Any notices, requests, consents and other communications hereunder shall be in writing and shall be effective either when delivered personally to the party for whom intended, e-mailed with an acknowledgment of receipt, or five days following deposit of the same into the United States mail (certified mail, return receipt requested, or first class postage prepaid), addressed to such party at the address set forth below, who shall serve as Contact Persons unless replaced by a party by written notice to the other party:
- | | |
|--|--|
| For PCG:
Public Consulting Group LLC
148 State Street, 10 th Floor
Boston, MA 02109
Attn: Legal
Email: dhartnagel@pcgus.com | For CLIENT:
Port Chester-Rye-Rye Brook EMS
417 Ellendale Avenue
Port Chester, NY 10573
Attn: Scott Moore, Administrator
Email: emsadm2@aol.com |
|--|--|
6. **PCG Representation.** PCG represents that it is not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in transactions by any federal, state, or local governmental authority. PCG shall immediately notify CLIENT regarding the circumstances if this representation becomes no longer accurate during the term of this Agreement.
7. **Standards of Conduct.** PCG shall comply with all applicable laws, rules, regulations, and standards of ethical conduct in the performance of this Agreement.
8. **Relationship of the Parties**
- a. The parties agree that PCG is an independent contractor, and that neither it nor any of its employees is an employee, agent, partner, or joint-venturer of CLIENT.
- b. PCG shall secure and maintain all insurance, licenses, and/or permits necessary to perform the Contracted Services. PCG shall be responsible for paying its employees, and for paying all applicable state and federal taxes including unemployment insurance, social security taxes, and state and federal withholding taxes. PCG understands that neither it nor its employees will be eligible for benefits or privileges provided by CLIENT to its employees. CLIENT will

deliver to PCG statements of income at the end of each tax year consistent with its independent contractor status.

- c. Except as may be otherwise provided in this Agreement, PCG has complete and exclusive authority over the means and methods of performing the Contracted Services, need not adhere to policies and procedures applicable to CLIENT employees, and may perform the Contracted Services according to its own schedule at its own offices or at any other location. PCG shall hire its own employees, use its own tools and equipment, and purchase its own supplies.
 - d. PCG has no authority to and shall not purport to bind, represent, or speak for CLIENT or otherwise incur any obligation on behalf of CLIENT for any purpose unless expressly authorized by CLIENT.
 - e. At CLIENT's written request, PCG shall provide to CLIENT: (i) its federal employer tax identification number; and (ii) copies of any applicable business licenses.
9. **Record Maintenance.** With respect to all records of any kind that PCG acquires or creates for purposes of performing the Contracted Services, PCG shall not knowingly destroy records that are required to be preserved by law and shall maintain project records in an orderly manner.
10. **Insurance.** PCG shall maintain during the term of this Agreement such insurance, including general liability in the amount of \$1,000,000 and worker's compensation insurance, as will fully protect both CLIENT and PCG from claims that may arise from PCG's performance of the Contracted Services. Proof of insurance, by way of a certificate of insurance, shall be provided to and approved by CLIENT.
11. **Assignment.** This Agreement may not be assigned by either party without the prior written consent of the other party, which consent may not be unreasonably withheld or delayed. Notwithstanding the foregoing, this Agreement may be assigned by either party: (i) to one of its affiliates or subsidiaries; or (ii) in connection with a merger, consolidation, sale of all of the equity interests of the party, or a sale of all or substantially all of the assets of the party to which this Agreement relates.
12. **Proprietary or Confidential Information.** For purposes of fulfilling its obligations under this Agreement, one party (the "Disclosing Party") may convey to the other party (the "Receiving Party") information that is considered proprietary and confidential to the Disclosing Party.
- a. "Proprietary or Confidential Information" is defined as information – including but not limited to trade secrets, strategies, financial information, sales information, pricing information, strategies, processes, policies, procedures, operational techniques, software, and intellectual property -- that (i) has not previously been published or otherwise disclosed by the Disclosing Party to the

general public, (ii) has not previously been available to the Receiving Party or others without confidentiality restrictions, or (iii) is not normally furnished to others without compensation, and which the Disclosing Party wishes to protect against unrestricted disclosure or competitive use. Proprietary or Confidential Information does not include information that, without a breach of this Agreement, is developed independently by the Receiving Party, or that is lawfully known by the Receiving Party and received from a source that was entitled to have the information and was not bound to the Disclosing Party by any confidentiality requirement.

- b.** The Receiving Party shall hold Proprietary or Confidential Information in strict confidence, in perpetuity, and shall use and disclose such information to its employees only for purposes of this Agreement and the Contracted Services.
- c.** The Receiving Party shall not divulge any such Proprietary or Confidential Information to any employee who is not working on matters relating to this Agreement and the Contracted Services, without the prior written consent of the Disclosing Party.
- d.** The Receiving Party shall use at least the same standard of care for protecting Proprietary or Confidential Information that it uses to prevent disclosure of its own proprietary or confidential information, but in no case less than reasonable care.
- e.** Nothing in this Agreement prohibits the Receiving Party from disclosing Proprietary or Confidential Information pursuant to law, a lawful order of a court or government agency, but only to the extent required by law or by such order, and only if the Receiving Party gives immediate notice of such order to the Disclosing Party in order that the Disclosing Party may seek a protective order or take other action to protect the information that was ordered to be disclosed.
- f.** Rights and obligations under this Agreement shall take precedence over specific legends or statements that may be associated with Proprietary or Confidential Information when received.
- g.** The parties agree that the Disclosing Party would suffer irreparable harm hereunder if Proprietary or Confidential Information were improperly released, conveyed, or transferred by a Receiving Party, and that in such situation the Disclosing Party shall be entitled to, in addition of any other remedies, the entry of injunctive relief and specific performance.
- h.** Upon termination or expiration of this Agreement, each party shall cease use of Proprietary or Confidential Information received from the other party. To the extent permitted by law, at the request of the Disclosing Party, the Receiving Party shall promptly destroy all physical copies of such information in its possession, custody, or control and shall furnish the Disclosing Party with written certification of such destruction within thirty (30) days of such request.

Alternatively, if the Disclosing Party fails to provide such a written request to the Receiving Party within ten (10) days of the termination or expiration of this Agreement, the Receiving Party shall return all such physical copies of such information to the Disclosing Party. If return is not practicable, the Receiving Party shall so notify the Disclosing Party and shall keep such information secure and confidential in perpetuity.

- i.** Any Final Report will be a public document and shared with public officials of the Villages of Port Chester and Rye Brook and the City of Rye. The Final Report will not be considered confidential for purposes of the New York State Public Officers Law (FOIL).
- 13. Intellectual Property.** Neither party makes any representation or warranty as to the accuracy or completeness of its Proprietary or Confidential Information disclosed under this Agreement. PCG guarantees that its use or creation of any intellectual property under this Agreement does not infringe upon the intellectual property rights of any third party.
- 14. Conflicts of Interest.** The parties understand that PCG is not required to perform the Contracted Services on a full-time basis for CLIENT and may perform services for other individuals and organizations consistent with the limitations in this Agreement.
- 15. Waiver.** The failure of a party to enforce a provision of this Agreement shall not constitute a waiver with respect to that provision or any other provision of this Agreement.
- 16. Entire Agreement.** This Agreement (including the attachments) constitutes the entire agreement between the parties with respect to the subject matter of the Contracted Services, and supersedes all prior agreements and understandings, both written and oral. Notwithstanding the foregoing, any separate written agreement between the parties regarding the confidentiality and security of information exchanged or used by the parties for purposes of this Agreement shall be effective unless and until it is specifically terminated.
- 17. Amendment.** This Agreement may be amended only by written agreement of the parties, signed by authorized representatives and referencing this Agreement.
- 18. Severability.** If any provision in this Agreement is found by a court of competent jurisdiction to be invalid or unenforceable, the remaining provisions in this Agreement shall continue in full force and effect.
- 19. Applicable Law and Venue.** This Agreement, and all other aspects of the business relationship between the parties, is construed, interpreted, and enforced under and in accordance with the laws of the State of New York, without regard to choice of law provisions. The parties also consent to the personal jurisdiction in its courts, and agree that the state and federal courts of Westchester County, New York shall have exclusive jurisdiction over the enforcement of this Agreement.

20. Miscellaneous

- a.** EXCEPT AS EXPRESSLY PROVIDED IN THIS AGREEMENT, PCG DOES NOT MAKE ANY WARRANTY WITH RESPECT TO THE CONTRACTED SERVICES, WHETHER EXPRESS OR IMPLIED, AND SPECIFICALLY DISCLAIMS ANY IMPLIED WARRANTIES, WHETHER OF MERCHANTABILITY, SUITABILITY, FITNESS FOR A PARTICULAR PURPOSE, OR OTHERWISE FOR SAID CONTRACTED SERVICES.
- b.** NEITHER PARTY SHALL BE LIABLE TO THE OTHER ANY INCIDENTAL, INDIRECT, SPECIAL, PUNITIVE OR CONSEQUENTIAL DAMAGES, INCLUDING, BUT NOT LIMITED TO, SUCH DAMAGES ARISING FROM ANY TYPE OR MANNER OF COMMERCIAL, BUSINESS, OR FINANCIAL LOSS, EVEN IF THE OTHER PARTY HAD ACTUAL OR CONSTRUCTIVE KNOWLEDGE OF THE POSSIBILITY OF SUCH DAMAGES AND REGARDLESS OF WHETHER SUCH DAMAGES WERE FORESEEABLE. OTHER THAN A CLAIM BY PCG THAT CLIENT HAS NOT PAID COMPENSATION UNDER SECTION 3, UNDER NO CIRCUMSTANCES SHALL EITHER PARTY'S AGGREGATE LIABILITY TO THE OTHER PARTY UNDER THIS AGREEMENT EXCEED AN AMOUNT EQUAL TO THE TOTAL FEES PAID BY CLIENT TO PCG PURSUANT TO SECTION 3 OF THIS AGREEMENT DURING THE PRIOR TWELVE (12) MONTH PERIOD.
- c.** The parties agree that the terms of this Agreement result from negotiations between them. This Agreement will not be construed in favor of or against either party by reason of authorship.
- d.** Neither party shall be responsible for delays or failures in performance resulting from acts of God, acts of civil or military authority, terrorism, fire, flood, strikes, war, epidemics, pandemics, shortage of power, or other acts or causes reasonably beyond the control of that party. The party experiencing the force majeure event agrees to give the other party notice promptly following the occurrence of a force majeure event, and to use diligent efforts to re-commence performance as promptly as commercially practicable.
- e.** The captions and headings in this Agreement are for convenience only and are not intended to, and shall not be construed to, limit, enlarge, or affect the scope or intent of this Agreement. nor the meaning of any provisions hereof.
- f.** Each party represents that: (i) it has the authority to enter into this Agreement; and (ii) that the individual signing this Agreement on its behalf is authorized to do so.

[signature page follows]

IN WITNESS WHEREOF, the parties have executed this Agreement as of the Effective Date written above.

PUBLIC CONSULTING GROUP LLC

PCRRBEMS

BY: 

BY: 

NAME: Marc Stauble

NAME: Scott Moore

TITLE: Director, Health Practice Area

TITLE: PCRRBEMS Administrator

DATE: 11/18/2021

DATE: 11/15/21

ATTACHMENT A CONTRACTED SERVICES

Pursuant to the terms and conditions of this Agreement and the attached Public Consulting Group Technical Proposal:

PCG to provide a draft report to CLIENT for review and comments. Once a draft report is circulated, PCG shall provide a detailed Final Report of potential EMS organizational structures, taking into consideration the following items:

1. Maintaining at least the current service levels, response times, and municipal coverage area;
2. Identify the positive and negative impacts of the current not-for-profit tri-municipal EMS service.
3. Identify the positive and negative impacts of becoming an EMS District supported through property taxes;
4. Identify the positive and negative impacts, of becoming a Civil Service EMS agency under one of the partner municipalities that would then contract to provide service with the other two involved municipalities.
5. Identify the structure and positive and negative impacts, of any other organizational structure models presented by the consultant.
6. Provide the governance and management structure for each option above.
7. Provide the short-term and long-term financial impacts to the Municipalities for each option above.
8. Seek to have the PCRRBEMS known as having a competitive compensation package and great place to establish a career as an EMS professional.
9. Provide specific existing examples of other successful EMS organizational models.
10. Address mutual aid possibilities.

PCG shall present the Final Report at public meeting at a municipal location to be determined by the CLIENT. If PCG staff is required to provide such presentation in person, CLIENT agrees to adhere to all applicable health-related, safety-related, and security-related policies and procedures. PCG acknowledges that, based on current or future public health conditions and guidelines, additional measures may be required for specific engagements, including but not limited to masking, vaccination, virtual delivery of the presentation, and other requirements.

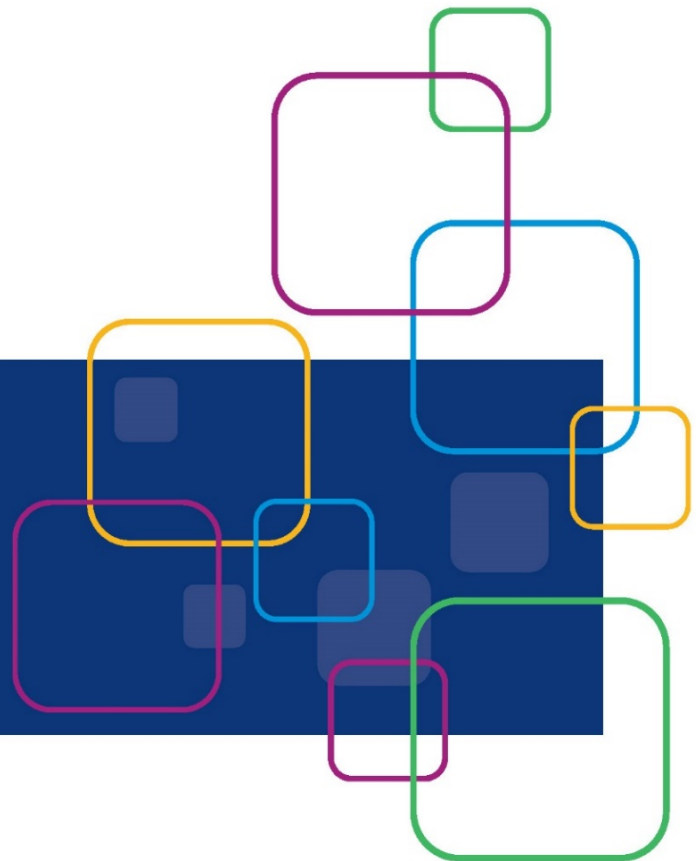
TECHNICAL PROPOSAL

EMS Organizational Model Study Port Chester-Rye-Rye Brook Emergency Medical Services

Request for Qualifications and Proposals (RFQ/RFP) Professional Consulting Services

September 8, 2021 | 4:30 PM

Christopher J. Bradbury, Village Administrator
Village of Rye Brook
938 King Street
Rye Brook, NY 10573
cbradbury@ryebrook.org





September 8, 2021

Christopher J. Bradbury, Village Administrator
Village of Rye Brook
938 King Street
Rye Brook, NY 10573

Dear Mr. Bradbury:

Public Consulting Group LLC (PCG) is pleased to present this proposal to the Port Chester-Rye-Rye Brook Emergency Medical Services (PCRRBEMS), the Villages of Port Chester and Rye Brook, and the City of Rye for the **EMS Organizational Model Study** request for qualifications and proposals (RFQ/RFP) professional consulting services. PCG hopes to be a trusted adviser to provide analysis and options to define the best organizational model that will accomplish the agency's goals of ensuring the provision of high-quality services to residents while promoting a fair and competitive compensation model for career EMS professionals.

PCG has been delivering to public providers and state agencies practical and cost-effective solutions and recommendations that matter for more than 35 years. We bring dedicated and experienced staff, company experience, and financial stability to perform the scope of work identified in the RFQ/RFP. We are uniquely qualified to perform all services identified as we offer:

- ▶ **Understanding of the Emergency Medical Services (EMS) Landscape:** Our experience providing consulting and assessment services to more than 450 Fire and EMS agencies across the country sets us apart from other firms. We have completed assessments with providers in multiple states, at all levels of government, from large metropolitan departments to urban and rural departments. Our consulting projects cover diverse focus areas: feasibility studies, community risk reduction, standards of cover, station location, operational assessments, cost service analysis, ambulance deployment and staffing, and more. Our diverse experience gives us valuable insight to facilitate this comprehensive analysis and develop practical options and sustainable recommendations.
- ▶ **Unparalleled Financial Expertise:** We specialize in data analysis, cost analysis, cost reporting and financial planning. Since 2006 we have been helping fire and EMS agencies maximize their revenues through ambulance supplemental payment programs, as well as other revenue and operational enhancement programs available to public emergency service provider agencies. In fact, we analyzed detail budgets and revenue data for over 250 public ambulance transportation providers nationwide this past year to develop their cost allocation reports.
- ▶ **High-Performing Project Teams with Practical EMS Leadership Experience:** We understand and appreciate the complexity of a project like this and assembled a well-rounded team of project management staff, subject matter experts (SMEs), and financial data analysts. Our dedicated project team will match the same level of commitment that your EMS agency does in offering the highest quality of service, focusing on professionalism and responsibility to the community.

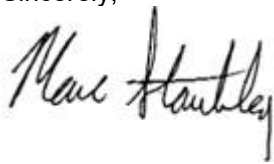
Our SMEs represent over 50 years of direct industry experience spanning over multiple aspects of EMS administrative and operational responsibilities, board member experience within multiple professional organizations, project experience conducting similar organizational studies, and progressive and analytical mindsets that will create a course-directed plan for PCRRBEMS to follow as it advances forward. **Deputy Chief Ken Riddle leads our Public Safety Consulting Services Team.** Chief Riddle served as Deputy Fire Chief with the City of Las Vegas Fire and Rescue (LVFR) and managed each of the department's five divisions over his nearly 30-year

career with the department including the implementation of a fire-based ambulance transport program. **EMS Subject Matter Expert Tim Nowak** has an expansive background within the EMS industry that includes data management, operations, quality assurance and continuous quality improvement, training, special operations, mobile integrated healthcare, community paramedicine, and industry content development.

The principal point of contact for this engagement is Chief Ken Riddle, he can be reached at **kriddle@pcgus.com** or **(702) 287-6546** for clarification regarding our response.

We greatly appreciate the opportunity to respond to this important initiative and look forward to your review of our proposal.

Sincerely,

A handwritten signature in black ink that reads "Marc Stauble". The signature is written in a cursive, flowing style.

Marc Stauble
Director, Health Practice Area
Public Consulting Group LLC

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SECTION 1: STATEMENT OF UNDERSTANDING

This statement shall be a narrative of such length and sufficiency to demonstrate that the proposer has sufficient knowledge of the EMS and Municipalities, the scope of work, and how the proposer believes that it would be best able to assist in this Study.

The EMS industry presents a unique landscape of service delivery models, organizational structures, and sets of opportunities and challenges throughout the country. What might be fitting for PCRRBEMS may not function well in its neighboring agency, Harrison EMS, or be financially feasible for the Larchmont Volunteer Ambulance Corps but might have applicability to a bit further away Westchester EMS agency. As a major partner working with over 450 Fire and EMS providers to collect and analyze data for ambulance supplemental payment programs and conduct public safety consulting studies, PCG has unique access to data sets and practical examples of organizational models based on the diversity of our clients. We are able to learn from similar entities and organizational models to analyze and benchmark service delivery costs, budget formulations, compare payroll data, organizational composition, and more.



We are adept at analyzing GIS data, response times, and call volume data to offer both insight and solutions respective to service delivery models and staffing structures. We have experience working with agencies throughout the country addressing considerations related to special taxing district formation; mergers, consolidations, and separations; and the organizational oversight that is necessary to see these agencies prosper in the future. This includes not only municipal EMS agencies and oversight boards, but also non-profit agencies and boards that range over a variety of stakeholder influences. As professionals within the industry, our team members have served (and continue to actively serve) on various professional boards, State EMS office administrative rule committees and work groups, and maintain an active presence within the industry as professional leaders and influencers keeping up on current EMS trends.

Having such a wide range of experience within the industry provides our firm with the expertise that is needed to navigate many of the challenges that EMS agencies face in the present environment. We are highly cognizant of the challenges that New York EMS agencies have been facing respective to major payor reimbursement, rural staffing shortfalls, and pay disparities that also plague much of the industry throughout the nation. We are also aware of how each of these challenges impacts the communities served by its EMS agencies—both paid and volunteer—as they are, more than ever, becoming aware of the hardships that many EMS agencies are facing.

Throughout this project, our intent is to keep each of these focal points in mind as we make recommendations, provide case examples, and show comparable data and best practices that will help to build the roadmap for the future for PCRRBEMS. We will offer short- and long-term solutions respective to operations, board governance/oversight models, and employee compensation packages, all while keeping the focus on the communities, its citizens, and best-practice models of service delivery to uphold the current mission of the organization.

We are not only prepared to tackle this project head-on, but we're also excited to partner with you to build the future of your community's EMS organization—its system—together.

SECTION 2: STATEMENT OF QUALIFICATIONS AND LIST OF STAFF

This statement shall be a narrative of such length and sufficiency to demonstrate that the proposer meets the qualification requirements as requested in Section V:

- *At least three years of experience providing similar service; experience in New York is preferred but not required.*
- *Key members of the firm or group should be in business or have relatable experience for a minimum of five years.*
- *Demonstration of all licenses and certifications required to perform the required work.*
- *Include the names, resumes, and detailed qualifications of principals, associates, and key project leaders that may be assigned to the project.*
- *Demonstrate experience and expertise in the subject matter.*
- *Ability to accomplish projects in a professional, thorough, and timely manner.*

Proposer should list all individuals that will be assigned to the project, together with a resume for each. One principal consultant shall be designated as responsible for the project work. If the proposer intends to subcontract or work jointly with another individual or firm, such arrangement must be described in detail, including the length of time in working with the proposer in such capacity.

Relevant Experience

PCG addresses problems with solutions that matter. **We work with more than 450 individual fire/EMS providers across the country.** The individuals proposed to work on this engagement have specific expertise and experience directly related to providing operational consulting services, cost reporting, data analysis, feasibility studies, and program development and implementation.

PCG is excited to outline our consulting experience conducting comprehensive analysis and assessment studies to develop reports and recommendations to improve service delivery and operations. We highlight specific sample projects that showcase our relevant experience. **We worked on several recent consulting projects that have prepared us to successfully accomplish the scope of work for this RFP.** We also bring relevant experience conducting cost of service analysis, rate studies, as well as revenue maximization experience that equip our experts with insight to facilitate the cost analysis for both Fire and EMS agencies and provide recommendations to reduce costs and maximize revenue.

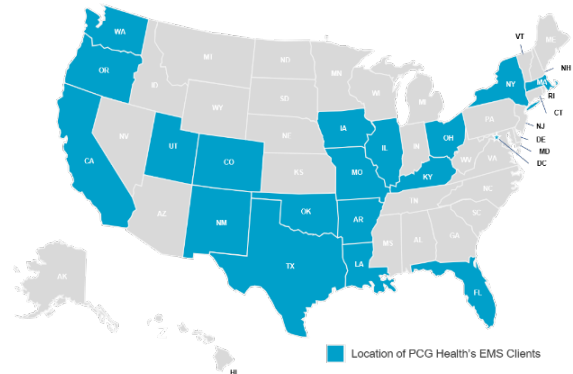


Figure 1: PCG's Fire/EMS Footprint

Our dedicated team brings a solid understanding of the operational challenges facing cities and counties to ensure the quality and effectiveness of their fire and EMS response operations. As shown in **Figure 1** above, **we have a strong footprint serving agencies across the country.** We have also worked with various agencies on projects of a similar nature to this one. Below is information on three specific projects that showcase our previous experience in this arena.

City of Ashland, Oregon

PCG was awarded a contract by the City of Ashland to conduct both a quantitative (Fiscal) and qualitative (Operational) analysis of the Ashland Fire & Rescue (AF&R) ALS Ambulance Transport program. The Ashland City Council commissioned the study to determine if they should discontinue funding this service in the AF&R budget or would discontinuing the service prove to be detrimental to the operations of the department and the community. PCG's final report included in-depth financial analysis including revenue and expenditure projections through 2035.

Scope of services provided:

- ▶ Analysis of the impact staffing reductions would have on the Ashland PPC rating provided by Insurance Services Office (ISO).
- ▶ Analysis of collateral impact to neighboring fire districts if AF&R reduced staffing.
- ▶ Benchmarking of NFPA-1710 in relationship to AF&R staffing profile.
- ▶ Recommendations on revenue enhancements.
- ▶ Recommendations on expenditure reductions/cost savings.
- ▶ Computer aided dispatch (CAD) Analysis including call density and analysis of concurrent incidents.
- ▶ Recommendations on current and future AF&R staffing.

Tooele County, Utah

In March 2020, PCG was awarded a contract to conduct an analysis of current fire service delivery throughout Tooele County as well as analysis of options for forming either multiple, separate fire districts or merge multiple smaller volunteer fire departments into a single fire district along with Tooele County. PCG researched and analyzed legislative options for forming a fire district in Utah and consulted with the Utah Association of Special Districts. PCG consulted with Utah State Tax Commission and Tooele County Assessor's Office to assess various funding options to support either district formation option and provided recommendations and options for forming a fire district that conforms to Utah State Code, Title 17.

Scope of services provided:

- ▶ Analysis of CAD data.
- ▶ Analysis of incident call volume for each fire department.
- ▶ Analysis of county-wide response times by each fire department.
- ▶ Provide NFPA-1720 Classification for each fire department.
- ▶ Analysis of each fire department and Tooele County budgets.
- ▶ Assessment of fire apparatus currently in service and make recommendations for upgrades.
- ▶ Stakeholder interviews.
- ▶ Public input survey.
- ▶ Assessment of volunteer fire departments similar to Tooele County, (Compare and Contrast).
- ▶ Research legislative requirements for forming a fire district in Utah.
- ▶ Provided recommendations and options.
- ▶ Provided final report of findings and recommendations.

Cache County, Utah

In March 2020, PCG conducted a study of the Cache County EMS (CCEMS) Authority in Cache County, Utah. This study included an analysis of the interlocal agreement that established CCEMS in 2004, the current operating structure, options to continue ambulance services if CCEMS is dissolved, and consolidation of CCEMS with the Cache County Fire District (CCFD). CCEMS consists of Cache County ambulances and Logan City Fire Department ambulances. Logan City sent a notice of termination to Cache County and had chosen to withdraw its participation with CCEMS. The County needed options to continue county-wide ambulance services. PCG provided its recommendation to continue operating CCEMS with Logan City and, if that's not possible, PCG provided four options to continue county-wide ambulance services including the consolidation of CCEMS and CCFD.

Scope of services provided:

- ▶ Analysis of CAD data.
- ▶ Analysis of incident call volume.
- ▶ Analysis of county-wide response times.
- ▶ Analysis of budgets and ambulance billing data.
- ▶ Stakeholder interviews.
- ▶ Public input survey.
- ▶ Assessment of volunteer and combination fire departments

- ▶ Provided recommendations and options
- ▶ Provided final report of findings and recommendations

Figure 2 demonstrates the diversity of our recent Fire/EMS consulting projects that involve strategic planning, operational analysis, financial analysis, and CAD analysis to successfully develop recommendations for our clients.

Recent Fire/EMS Consulting Projects	
Client	Project Scope
Tooele County, UT	<p>Feasibility Study Fire Department and Governance Analysis</p> <p>PCG was hired to conduct a study on the feasibility of creating an additional fire district or service agency to provide fire protection services for areas currently covered by mutual aid agreements. The scope of work included exploring three geographical areas, determining strengths and weaknesses of governance options, and recommendations on funding. PCG provided a comprehensive compare and contrast with similar Utah fire districts and a comprehensive roadmap for moving forward with forming a fire district between multiple stakeholders.</p>
Town of Zionsville, IN	<p>Fire Department Strategic Plan</p> <p>PCG is currently working alongside the Town of Zionsville to develop a Fire Department Strategic Plan and is performing organizational and operational analysis of the Town's Fire Department including internal and external stakeholder interviews, SCOT analysis, evaluation of system policies and protocols, cost analysis, and more. Recommendations made based on this analysis will allow the Town to respond to and maintain their services in conjunction with projected growth for the area.</p>
Travis County Emergency Services District No. 2 Pflugerville, TX	<p>District Strategic Plan</p> <p>PCG is presently performing a comprehensive update to the District's Strategic Plan. As part of this update, PCG is reviewing the District's current Standards of Cover assessment, department vision, mission, and values statements, and performance measures to make recommendations on changes to determine a long-term vision for the District and initiate a tactical plan to implement the recommended strategies. Analysis includes critical issues and service gaps, fire station locations and trigger points for new stations, and all data and information needed to support the initiatives that will be proposed in the final Strategic Plan.</p>
City of Coconut Creek, FL	<p>Transitional Study for Fire and EMS Services</p> <p>Conducted a transitional study and proposed options to the City of Coconut Creek based on our analysis to allow the City to establish a fire and EMS delivery system that provides an equal or better level of service in a cost-efficient manner compared to the current system provided by the City of Margate. PCG's fire department options focused on comprehensive community risk reduction activities and community engagement programs.</p>
Travis County Emergency Services District No. 2 Pflugerville, TX	<p>Dispatch Optimization and Feasibility Study</p> <p>PCG is conducting a comprehensive review of the cost, performance efficiency, and optimization of Travis County Emergency Services District No. 2's current dispatch services for Fire and EMS response. As part of this review, analysis includes dispatch performance, resource utilization on responses, user experience and feedback on dispatch needs, performance, and service. When completed, recommendations concerning cost for alternative dispatch services will be made to the District to improve performance and efficiency.</p>

Recent Fire/EMS Consulting Projects	
Client	Project Scope
City of Ashland, OR	Ambulance Transporting Services Cost and Service Analysis Conducted a detailed quantitative (financial) and qualitative (operational) analysis of the ambulance transport services provided by Ashland Fire & Rescue. The goal of the study was for PCG to analyze expenditures and revenue data to understand the financial costs and benefits of operating an ambulance service, and to conduct a qualitative analysis to evaluate the impacts if ambulance services were discontinued. The PCG team provided financial data and results of the operational analysis to help the City determine the future of its ambulance operations.
Jefferson Parish, LA	Feasibility Study and Report Relative to the Provisions of Public Emergency Medical Services (EMS) within and for Jefferson Parish Hospital District No. 1 and No. 2 PCG is conducting a comprehensive assessment of the needs and costs associated with establishing a new EMS agency in Jefferson Parish. This analysis includes identifying start-up costs, administrative and operational analysis, as well as implementation timelines, staffing, training, equipment and facilities, EMS delivery, and dispatch services. PCG will also identify potential revenue sources available.
City of Austin, TX	Dispatch and Equity Optimization Efficiency Study PCG interviewed City of Austin and Travis County staff and other relevant stakeholders, collected data, and conducted research to obtain a comprehensive understanding of the City's dispatch and emergency response, operations, challenges, needs, and opportunities for improving equity, promoting efficiency, reducing costs, and increasing quality of services.
Josephine County, OR	Consulting Services for Fire Protection The PCG project team was contracted to assist Josephine County in the planning and development of a permanent system for the delivery of critical fire prevention and suppression services for unprotected areas of the County. Structural fire protection is provided by for-profit, private fire companies that sell their services through subscriptions in areas of the County. PCG proposed the development of a fire protection district.
Pueblo of Sandia, NM	Fire/EMS Feasibility Study PCG conducted a needs assessment for the Pueblo and its enterprises to identify the appropriate type and level of Fire/EMS services required to meet current and future needs given the growth of the Pueblo. PCG provided a comprehensive set of fire and EMS service delivery options for the Pueblo of Sandia to have reliable services and control over the quality of EMS that residents and visitors receive.
Cache County, UT	Fire and Emergency Medical Services Study PCG completed a review of the EMS system, including an evaluation of the existing inter-local agreement and consideration of changes to that system. Work also included a full assessment of the potential advantages and disadvantages of a combined Cache County Fire District and CCEMS system.

Figure 2: Recent Fire/EMS Consulting Projects

NY Local Experience

Chief Ken Riddle, the Lead Subject Matter Expert for this study, completed a 2005 project for the New York Power Authority (NYPA) to assess the level of effort for the local fire and EMS agencies that respond to NYPA facilities and infrastructure. The purpose of the study was to tie operational needs of each of these agencies to the funds NYPA provides each year to support these agencies. An assessment of each of the fire and EMS agencies providing services to NYPA was completed and critical gaps identified that NYPA could address with financial support. NY fire and EMS regulations were reviewed as well as the ability of NYPA responding agencies to meet NYPA's needs, i.e., water rescue, high angle rescue and routine fire and EMS response capabilities.

PCG has three offices in the state of New York including Albany, New York City, and Troy.

We are currently working with the Fire Department of the City of New York (FDNY) to obtain approval to establish an EMS ambulance supplemental payment program. Since 2019, PCG has been collaborating with the FDNY to obtain NY State Department of Health (DOH) program approval to include:

- ▶ Developed and proposed cost report and instructions.
- ▶ Drafted cost reporting for the Fire Department of the City of New York. Developed proposed cost report and instructions.
- ▶ Drafted responses to CMS Requests for Additional Information (RAI).
- ▶ Collected data from FDNY and completed draft of annual cost report.
- ▶ Developed impact analysis and revenue estimates under multiple scenarios.

State Level Experience

PCG has been working with agencies in the state of New York since 2007. Currently, we have **over 15** active projects within the State. Our local, successful New York engagements are a testament to our passion of getting results for our clients. PCG is at the forefront of health care, helping agencies cut costs, implement efficient programs, and achieve the best possible outcomes for the communities they serve. Below is a selection of our most notable projects:

- ▶ New York Department of Health: contact tracing.
- ▶ New York Department of Financial Services: medical indemnity fund administrator.
- ▶ New York Department of Health: school supportive health services to assist the Department with operating its current certified public expenditure (CPE) reimbursement model.
- ▶ New York State Department of Health (DOS), Office of Health Insurance Programs (OHIP), Division of Operations and Systems (DOS): NYS has contracted with PCG to provide consulting services related to the modernization of their Medicaid Enterprise System.

Highly Qualified Project Team

We offer a robust team with a diverse group of experiences that will ensure the highest level of project experience for PCRREMS. For the scope of services set forth in this procurement request, PCG will rely on the experience and expertise of consultants and Fire and EMS subject matter experts from the Health Practice Area, specifically from the Health Care Financing Solutions team. The proposed project team is structured to maximize project leadership while balancing the wide array of subject matter expertise. Chief Ken Riddle, Lead Subject Matter Expert, will provide leadership and direction to successfully address the scope of work, along with subject matter expertise from Chief Tim Nowak. Our certified Project Manager Alina Coffman will coordinate daily project activities and communications, and Molly McDonald will provide data analysis and valuable project support. Associate Manager, Megan Morris, who is based out of our New York Albany office brings extensive health care financing expertise and will serve as project financial advisor.

We firmly believe that the strength, skills, and experience of our team sets us apart from other consulting firms. Figure 3 showcases the qualifications and related experience of our project team; full resumes of each team member are available in the appendix.

Project Team Qualifications and Related Experience	
Name, Title, Role	Project Experience
CHIEF KEN RIDDLE <i>Senior Advisor</i> LEAD SUBJECT MATTER EXPERT	Chief Riddle brings more than four decades of fire and EMS industry experience to PCG as its Public Safety Consulting Services Senior Advisor. In this role, he oversees contract negotiations, project progress and completion, and subject matter expertise and recommendations related to all forms of public safety consulting projects. Previously, Chief Riddle served 28 years with the City of Las Vegas Fire & Rescue and managed every division in the department.

Project Team Qualifications and Related Experience	
Name, Title, Role	Project Experience
	<p><u>Clients:</u> Provides subject matter expertise for all Fire/EMS projects. Provided consulting services for over 50 clients prior to joining PCG.</p> <ul style="list-style-type: none"> ▶ Project Advisor, City of Ashland (OR) Ambulance Transporting Services Analysis ▶ Project Advisor, City of Austin (TX) Dispatch Equity and Operational Efficiency Study ▶ Subject Matter Expert, Tooele County (UT) Fire Department Funding and Governance Analysis ▶ Lead Subject Matter Expert, Josephine County (OR) Consulting Services for County Fire Protection ▶ Lead Subject Matter Expert, Cache County (UT) Fire & EMS Analysis and Study ▶ Lead Subject Matter Expert, City of Coconut Creek (FL) Transitional Study for Fire & EMS Services ▶ Lead Subject Matter Expert, Pueblo of Sandia (NM) Fire/EMS Feasibility Study ▶ Lead Subject Matter Expert, City of Placentia (CA) Fire and Life Safety Department Implementation Study ▶ Multiple additional related projects through prior consulting firms as a contracted consultant <p><u>Certifications, Training, and Associations:</u></p> <ul style="list-style-type: none"> ▶ IAFC EMS Section Board Member: 1993 – 2006 ▶ National Fire Academy, Emmitsburg, MD ▶ Executive Fire Officer (EFO) Program, 1995 – 1999 ▶ Clark County Community College, North Las Vegas, NV ▶ Associates of Applied Science – Fire Service Management, 1982 – 1986 ▶ Paramedic certification 20 years ▶ Over 100 certifications, including instructor-level certifications related to Fire/EMS
<p>ALINA COFFMAN <i>Senior Operations Manager</i> PROJECT MANAGER</p>	<p>Alina Coffman shares more than 15 years of experience working with public sector clients at the state, regional, and local level as a Senior Operations Manager and primary Project Manager with PCG and its Public Safety Consulting Services team. In this role, she oversees the overall timeline process and productivity of each involved project from RFP proposal construction through final report submission. Her experience includes working coordinating complex projects and high-stakes projects with multiple stakeholders, collecting public input via forums and surveys, and managing day-to-day operations. She serves as main liaison, providing regular project status updates and risk mitigation.</p> <p><u>Clients:</u> Alina serves as Project Advisor on all public safety consulting projects and personally manages complex implementations.</p> <ul style="list-style-type: none"> ▶ Project Manager, City of Austin (TX) Dispatch Equity and Operational Efficiency Study ▶ Project Director, Josephine County (OR) Consulting Services for County Fire Protection ▶ Project Director, Cache County (UT) Fire & EMS Analysis and Study ▶ Project Manager, Pueblo of Sandia (NM) Fire/EMS Feasibility Study ▶ Project Manager, City of Placentia (CA) Fire and Life Safety Department Implementation Study ▶ EMS Cost Reporting Lead (FL, IA) ▶ Implementation Lead, Statewide (AZ, NV, OK) Education Consulting, Project Management, and Implementation Projects <p><u>Certifications and Training:</u></p> <ul style="list-style-type: none"> ▶ Project Management Professional (PMP) ▶ Master of Public Affairs, The University of Texas at Austin

Project Team Qualifications and Related Experience	
Name, Title, Role	Project Experience
<p>TIM NOWAK <i>Senior Project Specialist</i></p> <p>SUBJECT MATTER EXPERT</p>	<p>Chief Nowak, as a Senior Project Specialist, brings to PCG an expansive background within the EMS industry, which spans over the disciplines of initial and continued education and training, quality assurance and continuous quality improvement (QA/CQI), data management, operations, clinical and critical care, special operations, logistics, mobile integrated healthcare (MIH) and community paramedicine (CP), and industry content development. In addition to his EMS experience within urban, suburban, rural, and hospital settings, he also brings a decade-long career of experience as a firefighter with company officer and Level-A HazMat response experience to his subject matter expert (SME) offerings. He has also published over 200 articles through various publication platforms, has contributed as an item writer for over 25 fire department promotional exams, and is an active thought leader and influencer within the EMS industry.</p> <p><u>Clients:</u></p> <ul style="list-style-type: none"> ▶ Final Project Assistance, City of Ashland (OR) Ambulance Transporting Services Analysis ▶ Subject Matter Expert, City of Austin (TX) Dispatch Equity and Operational Efficiency Study <p><u>Certifications, Training, and Associations:</u></p> <ul style="list-style-type: none"> ▶ Nationally Registered Paramedic ▶ Licensed Wisconsin Paramedic with Critical Care Endorsement ▶ Supervising & Managing Paramedic Officer Credentialed ▶ Wisconsin Fire Fighter-I & -II, Driver/Operator-Pumper, Fire Inspector-I, and Fire Officer-I Certified ▶ Board of Directors, National Association of Mobile Integrated Healthcare Providers ▶ State Subcommittee Member, Wisconsin EMS Section, System Quality and Data ▶ Board of Directors (Former), Wisconsin EMS Association ▶ Task Force Committee Member (Former), Colorado EMTS Branch, Chapter 2 – Trauma ▶ Work Group Member (Former), Colorado EMTS Branch, Chapter 4 – Ground Ambulance Transport Rules
<p>MEGAN MORRIS <i>Associate Manager</i></p> <p>PROJECT ADVISOR, FINANCING</p>	<p>Megan Morris, an Associate Manager located in Albany, New York, will serve as Financial Project Advisor on this engagement. She is a certified Project Management Professional (PMP) with ten years of project management, policy development, and implementation experience. Ms. Morris is the project manager for the New York State Medical Indemnity Fund where PCG serves as both the fund administrator and third-party administrator (TPA). In that role, she coordinates a large team which includes data leads, customer service professionals, claims processors and case managers.</p> <p>Ms. Morris has assisted school districts, counties, FQHCs and EMS providers in New York, Georgia, Florida, North Carolina, Washington, Wisconsin and Pennsylvania with the completion of the annual Medicaid cost reports to identify the Medicaid allowable and non-allowable costs for health services.</p> <p><u>Clients:</u></p> <ul style="list-style-type: none"> ▶ Project Manager, Fire Department of New York Emergency Medical Services Medicaid Supplemental Payment Project ▶ Project Manager, State of New York Office of Mental Health RMTS and Medicaid Administrative Claiming ▶ Project Manager, State of New York Department of Health Medical Indemnity Fund (MIF) Third Party Administration (TPA) and Fund Administrator

Project Team Qualifications and Related Experience	
Name, Title, Role	Project Experience
	<ul style="list-style-type: none"> ▶ Team Lead, State of New York Department of Health School Supportive Health Services Program (SSHSP) <p><u>Certifications, Training, and Associations:</u></p> <ul style="list-style-type: none"> ▶ Project Management Professional (PMP) ▶ Master of Public Administration, University at Albany, Rockefeller College of Public Affairs and Policy
<p>MOLLY MCDONALD <i>Consultant</i></p> <p>DATA ANALYST & PROJECT SUPPORT</p>	<p>Molly McDonald, a Consultant at PCG, has worked on numerous projects to improve program effectiveness and fiscal return for PCG clients. She acts as client lead in preparing cost reports and other key deliverables for ambulance providers across multiple states.</p> <p><u>Clients:</u></p> <ul style="list-style-type: none"> ▶ 40+ Governmental Ambulance Service Providers in TX ▶ 35+ Governmental Ambulance Service Providers in FL ▶ 20+ Governmental Ambulance Service Providers in MO <p><u>Certifications, Training, and Associations:</u></p> <ul style="list-style-type: none"> ▶ Bachelor of Science in Business Administration, Marketing, Simmons College

Figure 3: Project Team Qualifications

Company History

Our Mission—Empowering Public Sector Clients to Improve Services

At PCG, we believe in the power of the public sector and we provide local/county organizations and state agencies with practical and cost-effective recommendations and **Solutions that Matter**. We empower health, EMS/fire, education, and human services organizations to make measurable improvements to their performances and processes. Our public sector focus means we have a deep understanding of the challenges our clients face—from economic constraints to demographic shifts, to regulatory changes and what it takes to surmount them.

PCG Snapshot

- ▶ Founded in 1986
- ▶ Headquartered in Boston, MA
- ▶ Experience in 50 states, six Canadian providences, and Europe
- ▶ Current contracts in 50 states
- ▶ 2,500+ employees and staff members in 45 offices

Because PCG has dedicated itself almost exclusively to government entities, the firm has developed a deep understanding of the legal and regulatory requirements as well as fiscal constraints that often dictate a public agency’s ability to meet the needs of the populations it serves. As a result, we have established a diverse service offering to support our clients. **Figure 4** shows our current global footprint.

PCG Corporate Structure

PCG is a privately held Delaware Limited Liability Company managed through four designated practice areas. Practice areas include Health, Human Services, Education, and Technology Consulting. These practice areas are supported by a corporate infrastructure that includes various administrative departments. The PCG Health practice area helps both state and municipal health agencies respond optimally to reform initiatives, restructure service delivery systems to best respond to regulatory change, maximize program revenue, and achieve regulatory compliance. We use industry best practices to help organizations deliver quality services with constrained resources, offering expertise in strategy and finance, revenue cycle management, and payer support services. PCG's Health practice area is a recognized leader in health care reform and health benefits exchange consulting, a leading provider of revenue enhancement, rate setting, and cost settlement services, and a leading provider of health care expense management services. Within the Health practice area is the Public Safety Consulting Services (PSCS) unit, which will lead your project. Our team includes former fire and EMS chiefs with deep subject matter and practical expertise, as well as project management professionals and data analysis experts who work together to carry out the scope of work.

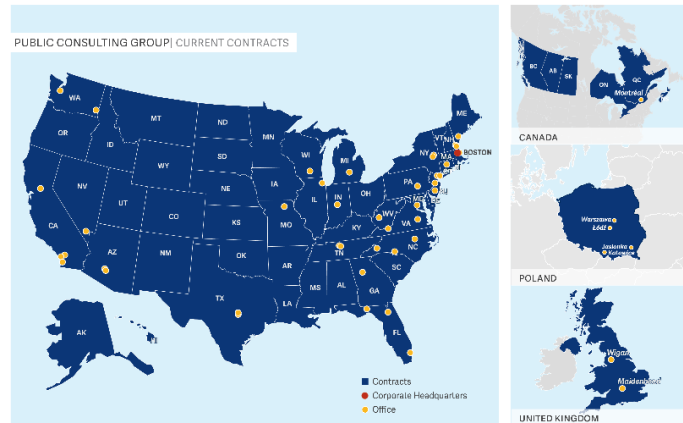


Figure 4: PCG'S Global Footprint

Our Ability to Deliver

PCG has the financial stability, resource depth, and strategic expertise to deliver—we commit to performing the scope of work effectively, on-time, and with the highest level of quality.

You can count on PCG to:

- ▶ **Be a Trusted Partner.** We build long-lasting partnerships as a result of our high customer satisfaction and diverse areas of expertise. We provide support and add value to our clients beyond initial engagement.
- ▶ **Develop Innovative Solutions.** Staff are engaged in research and application of knowledge, industry standards, best practices, legislation, and new technologies, with a pulse on the national and international trends.
- ▶ **Bring the Right Education and Experience.** We build project teams with the right combination of operational, financial, data analysis, and project management expertise.

Additional Services

Cost of Service Analysis, Rate Studies, and Revenue Enhancement

Since 2006, PCG has been working with the EMS provider community to increase Medicaid reimbursement for ambulance services. Most notably, PCG assisted the State of Texas with the establishment of the first EMS Certified Public Expenditure (CPE) Program in the country and subsequently supported the Commonwealth of Massachusetts with the approval and implementation of an EMS CPE Program in 2013. More recently, PCG helped providers in Washington, Missouri, Oklahoma, Oregon, Illinois, Iowa, and Florida to navigate the process of cost reporting, revenue maximization, and audits. In **Figure 5**, we highlight our experience in key Ambulance Supplemental Payment Program (ASPP) states.

Leveraging more than 14 years of experience in this arena, we bring vast financial experience as we work with fire departments and third-service ambulance providers to stand up revenue enhancement programs, identify reimbursable costs and opportunities for revenue maximization, and complete required annual cost reports. **With our assistance, PCG clients have realized \$400 million+ in additional funding.**









		Key Wins	Results
	<p>Massachusetts Executive Office of Health & Human Services (EOHHS) appointed PCG to design, obtain federal approval, and implement the CPE Program</p> 	<ul style="list-style-type: none"> Developed and facilitated federal approval of State Plan Amendment Conducted outreach and facilitated workgroups to inform program development Created the cost report template, web-based reporting system and training materials 	<ul style="list-style-type: none"> Nearly 70 participating providers in FY17 Generating \$31 million to MA providers, \$1.7 million to EOHHS
	<p>In 2006, PCG partnered with Austin-Travis County EMS and the State of Texas Health and Human Services Commission (HHSC) to develop the Ambulance Supplemental Payment Program.</p> 	<ul style="list-style-type: none"> First federally-approved EMS supplemental payment program Adopted 1115 Waiver that expanded cost settlement to Medicaid Managed Care and the Uninsured Customized web-based EMS cost reporting tool 	<ul style="list-style-type: none"> More than 40 participating Providers Generated nearly \$71 million for Texas providers in FY17
	<p>Florida's Public Emergency Medical Transportation (PEMT) Certified Public Expenditure (CPE) Program was approved for implementation in 2016</p> 	<ul style="list-style-type: none"> Developed web-based cost reporting system for FL Conducted comprehensive review of programmatic components and developed data request, data review, and QC processes 	<ul style="list-style-type: none"> Conducted outreach and supported more than 40 providers in the first year of the program Generated more than \$25 million for Florida providers in FY17
	<p>The Washington State Health Care Authority (HCA) gained federal approval for their Ground Emergency Medical Transportation (GEMT) Program in July 2017.</p> 	<ul style="list-style-type: none"> Created a web-based cost reporting tool for data collection, data review, and enhanced reporting. Shared fiscal impact studies with individual providers to demonstrate the benefits of program participation. Developed cost reporting processes and data analysis tools to ensure compliance and revenue maximization. 	<ul style="list-style-type: none"> Completed FY16 and FY17 cost reports on behalf of more than 60 providers in the program's first reporting period.

Figure 5: Achievements and Results in Key ASPP States

Medicare Ground Ambulance Data Collection (MGADC)

PCG offers services to reduce the administrative burden of completing the Medicare Ground Ambulance Data Collection as determined by the Centers for Medicare and Medicaid Services (CMS). All providers will be selected to participate and complete the MGADC instrument, which involves collecting detailed data over a 12-month period, analyzing data, and then reporting the required elements. "Failure to sufficiently submit the required information will result in a 10-percent reduction to payments under the Ambulance Fee Schedule (AFS) for one year" (CMS, 2019). Precise and complete cost data collection is critical to the establishment of adequate future reimbursement rates.

Our MGADC services include training, cost survey preparation, and compilation of all supporting documentation as required by CMS, as well as auditing support. This supporting documentation includes complex billing data, CAD/dispatch reports, CAFR/annual financial reports, payroll reports, mileage reports, technician reports, and other relevant financial data. We understand the operations and cost structures of EMS departments, which enables us to ensure that cost surveys are completed accurately and properly in accordance with Medicare regulations.

SECTION 3: LIST OF CLIENTS

The proposer shall list all current private clients in the Village of Rye Brook, the Village of Port Chester, and the City of Rye. The proposer shall also list all private clients that it has represented before any municipal board in the Village of Rye Brook, the Village of Port Chester, or the City of Rye in the past five years. The proposer shall identify any conflicts that may exist.

PCG does not have any conflicts of interest to report.

SECTION 4: COMPENSATION, PROJECT PHASES, AND TIME FRAME

The proposer shall provide a financial proposal, which shall be in the form of a lump sum amount. There shall be no additional reimbursement for disbursements, such as copying or binding, or travel time. The proposer should also provide an estimated outline of the project, the proposed phases to prepare the project Study, and the time frame by project phase.

Compensation

PCG is pleased to present the following cost proposal to PCRRBEMS for the scope of work identified in the RFP. For this engagement, PCG offers an **all-inclusive fee of \$64,500**.

PCG will not seek reimbursement from PCRRBEMS for any travel and/or other administrative expenditures incurred with the services rendered in course of this agreement. The compensation payable to PCG for the services identified shall not exceed \$64,500. If it is requested that PCG perform additional services that are outside of the scope of the original service agreement, PCG will request that authorization for payment be provided for additional services through written request from an authorized representative.

Project Implementation Approach

The focus of this project will align with the requested services outlined in the RFP's Deliverables section (IV. Deliverables). Emphasis will be placed not only on electronic (objective) data that is gathered, but also on interview (subjective) data that is gathered from the identified stakeholders within the EMS Organizational Model Study Team, as well as other community partners and local influencers. While recommendations may arise from our own observations, it is still imperative that those that are directly invested in the "system" that is PCRRBEMS have a voice within this organizational modeling process.

The project will be approached in a series of phases and will be centered around the requirements identified in the RFP Deliverables section. **Figure 6** provides a general portrayal of PCG's project work plan (outline).



Figure 6: Project Work Plan

Phase I: Project Initiation

PCG initiates every engagement with a project kick-off meeting between our project team and a team of client representatives. These project kick-off meetings are viewed as an opportunity to formally introduce our team members that will manage the engagement and the staff that will be carrying out the tasks necessary to complete the deliverables (scope of work).

The initial kick-off meeting for this project will include the PCG project team, the EMS Organizational Model Study Team, and any additional PCRRBEMS representatives or other designated officials. Together, we will review and confirm project scope of work, anticipated deliverables, review proposed approach as well as the detailed project work schedule and timelines, and discuss next steps and other logistics.

The PCG team may also request copies of information relevant to this effort such as CAD data, budgets, Fire/EMS department activity records, training records, medical protocols, EMS billing and collection data, GIS/mapping information, any county/government plans, and other information pertinent to this study—beyond what has already been generously provided on the Rye Brook RFP website.

As part of the kick-off, we will work with the PCRRBEMS-designated individuals to develop a communication plan to facilitate ongoing communication, coordination, and project management between all parties. The plan will identify and provide contact information for all stakeholders, define meeting/periodic status report requirements, and other communication needs. PCG will provide one project manager as designated point of contact (POC) and request that the PCRRBEMS designate a POC for all correspondence and requests.

Given the evolution of the COVID-19 pandemic, PCG will work with the PCRRBEMS leadership to align processes and revise the project approach if needed to address COVID-19 safety measures and comply with federal, state, and local policies, as well as PCG's guidelines.

Phase II: Data Collection

The PCG team will conduct interviews and collect all relevant data to ensure a thorough understanding and comprehensive analysis of key administrative, operational, structural, economic, policy, and political challenges as well as opportunities. Interview topics and data collected from PCRRBEMS, and the municipalities (and any partner agencies/stakeholders), will focus on the development of sustainable organizational models for the delivery of EMS and ambulance transportation.

As a part of its stakeholder interview/input process, we will hold meetings with a diverse group of stakeholders to ensure as much input as possible is received. The PCG team may meet with a group of PCRRBEMS staff members at the same time, and/or may conduct group forums to obtain diverse feedback important to understanding the current environment and essential needs for the Organizational Model Study.

The PCG team will provide a detailed data request to collect all relevant information from key stakeholders. Data may also need to be collected from third parties/surrounding agencies, and we will work with the PCRRBEMS POC for this project to determine the best strategy for introductions and making the requests to these additional stakeholders. We will also work with the POC to define a secure process for data transfer, if needed. To promote a successful (upcoming) Phase III of our work process, timely responses and data/document turnover will be necessary in order to keep the overall project timeline on track.

Phase III: Data Analysis

During this phase of the project, the PCG project team will review and summarize all the information gathered during the interviews as well as analyze the data collected. If additional information is required, it will be requested from the network of individuals and organizations that were contacted during the data gathering stage of the project. PCG may confer with emergency services white papers, documents, and fire and EMS experts, as necessary, including the Commission on Accreditation for Ambulance Services (CAAS), State of New York Bureau of EMS, and National Highway Traffic Safety Administration (NHTSA) EMS Office.

A driving force behind the overall Organizational Model Study document will be a customized Strengths/Challenges/Opportunities/Threats (SCOT) analysis that we will complete after the interviews, survey, and respective data acquisition and review is completed. Benchmarking such strengths, weaknesses/challenges, opportunities, and threats against local and national standards will help our firm to develop objective and achievable goals for the organization to strive for, as well as lay the foundation for any future/recommended organizational changes. Further breakdown of subjective comments, individual perceptions, and anecdotal contributions will also aid our firm in assessing the overall climate that surrounds any established relationships, practices, or ambitions regarding the organization. Coupled with objective data analysis, the framework for this report will be formed within this working phase.

Phase IV: Report Development

We will develop a draft comprehensive report (Study) for review by the PCRRBEMS leadership team, Model Study Team, and other designated stakeholders from each community. This document will account for all the requested items highlighted in the Deliverables section of the RFP. PCG will work with the Model Study Team to answer questions and revise the Study to address changes and recommendations. A tentative schedule that includes timelines for draft review and revision will be updated during project kick-off to align

with the desired timelines and processes. The PCG team will work with PCRRBEMS and its Study Team to define an effective review and revision process that will incorporate input, facilitate decision making, as well as allow for discussion and building consensus. The PCG team will integrate written and verbal feedback and will host stakeholder input meetings as needed to finalize the Study document.

Project Phases

The table below provides a detailed workplan for the project phases and tasks included in the RFP and represents a transparent and reasonable timeframe to successfully accomplish the scope of work. PCG acknowledges the timeframe outlined in the RFP identifies a desired time frame of four-to-six months. **Figure 7** is our proposed four-to-six-month project schedule to implement the Scope of Work for this engagement with PCRRBEMS. The PCG team will collaborate with stakeholders as required to finetune the project schedule and timelines as part of project kick-off activities.

Phase	Task	Task Description	Responsible	Time
Phase I: Project Initiation	1.1	Schedule kick-off meeting	PCG Team & Study Team	Month 1
	1.2	Hold kick-off meeting to review and confirm project scope with EMS Model Study Team	PCG Team & Study Team	
	1.3	Develop plan for data requests, communications, and other logistics	PCG Team & Study Team	
Phase II: Data Gathering	2.1	Develop & implement survey	PCG Team	Months 1-2
	2.2	Initiate stakeholder interviews	PCG Team	
	2.3	Gather data elements EMS	PCG Team	
	2.4	Hold Month #2 Study Team Meeting	PCG Team & Study Team	
Phase III: Data Analysis	3.1	Evaluate PCRRBEMS data	PCG Team	Months 2-4
	3.2	Conduct financial analysis	PCG Team	
	3.3	Conduct SCOT analysis of organizational structure	PCG Team	
	3.4	Hold Month #3 Study Team Meeting	PCG Team & Study Team	
Phase IV: Report Development	4.1	Hold Month #4 Study Team Meeting	PCG Team & Study Team	Months 4-5
	4.2	Draft report	PCG Team	
	4.3	Review report draft	PCG Team, Study Team	
	4.4	Conduct revisions to draft report	PCG Team	
	4.5	Review final draft	PCG Team, Study Team	
	4.6	Hold Month #5 Study Team Meeting (if requested)	PCG Team & Study Team	
Phase V: Final Product	5.1	Present final product (completed report)	PCG Team	Months 5-6
	5.2	Provide follow-up Q&A and support, as needed	PCG Team	

Figure 7: Estimated Project Work Plan

Addressing the Project Deliverables

Maintaining current service levels (1)

This will serve as a benchmark for our overall approach to this project – either maintaining or enhancing the current level of service delivery and performance of the overall organization. Any recommendations that we outline will be done so in a fashion that addresses the impact of such changes, along with the rationale behind why such changes are recommended. Analysis addressing this deliverable will relate around current response times, call volume, and coverage area data. Additional insight and analysis will be provided respective to financial considerations regarding expenses and revenues/reimbursements. Our comprehensive database of cost collection data will also afford our firm the ability to provide PCRRBEMS with an unparalleled comparison of various state and national comparable agencies for benchmarking purposes.

Identifying positive/negative impacts of service organizational model changes (2-5)

This is a valid and common point within the scope of the study. We interact with many other fire/EMS agencies that are torn in their evaluation between the differences in organizational models – including not-for-profit, special taxing district, municipal/3rd (civil) service contract, fire-based, and private contract formats. As an impartial voice within this project, we can present our objective findings and evaluation reflecting the positives/negatives specific to PCRRBEMS and its communities. Impacts related to ground emergency medical transport (GEMT) programs, ambulance supplemental payment programs (ASPP), municipal versus private/non-profit revenue sources, the impact of potential tax intercept laws, municipal grant funding, and other supportive endeavors offered to each organizational model will be evaluated. Our focus will be to lay-out a transparent display of organizational models for the Study Team to evaluate, in addition to providing insights related to our firm's recommendations for the organization, based on our team's professional experiences, industry knowledge, and our professional viewpoint of the landscape surrounding PCRRBEMS and its stakeholder communities.

Provide governance and management structures for different organizational models (6)

Each outlined model will include a recommended example oversight/governance structure that provides for either the equal or fair representation from each of the stakeholder municipalities involved. When possible, we will also highlight comparable fire/EMS agencies utilizing such model and their reflective governance structure. Our observation and research into this topic outlines various pathways that reflect each organizational model's advantages differently. For instance, in one special taxing district model, financial support is divided equally amongst its partnering communities, while in another, the costs are divided following a formula reflecting population and growth trends. Under a different municipal/3rd (civil) service contract model, we have observed capital expenses such as ambulances and facilities being under the ownership and financial responsibility of each (individual) partnering community; while in another model, the primary service community owns all its capital items and divides its costs appropriately for each of its contracting communities. Organizationally, one not-for-profit agency structures its oversight with equal representation from of its stakeholder communities, while another bases it on retrospective call volumes. Each example – and organizational model – represents its own set of organizational, financial, and operational positives/negatives that will be reflected in each breakdown provided by our firm. It is because of our expansive knowledge and experience within the EMS and public safety industry that we are able to provide PCRRBEMS and its Study Team with an unparalleled analysis within this subject.

Provide short-/long-term financial impacts for each model (7)

Financial responsibility, including transparency, is an important aspect of any project of this scope – especially when its impact will be felt by its citizens. In our final report, we will outline the anticipated financial impact and present our projections related to anticipated revenues and costs reflective of each organizational model. Much like a master plan, we will work with PCRRBEMS and its Study Team to outline a roadmap that sets up the organization for both financial transparency and preparedness as it approaches future capital, human resource, and operational budget needs.

Presenting a comprehensive compensation package (8)

Along with the tangible aspects of operating an ambulance service/EMS agency are its subjective/affective attributes. Conducting internal employee/stakeholder interviews will allow our team to present a cultural overview of the agency that will aid in highlighting – and correcting, as needed – the positive aspects of both becoming and remaining a PCRRBEMS employee (addressing recruitment and retention aspects). In this

study, we will analyze local, state, and national wages/benefits to identify both a competitive and fiscally responsible benefits package to not only improve the organization's recruitment efforts, but to also address its retention as well. Nationally, this is a hot topic within the EMS industry that our firm is intimately in-tune with.

Provide specific examples of other EMS organizational models (9)

Coinciding with items #2-5, we will provide case examples of comparable organizational models that best fit the mold of what different structures may look like for PCRRBEMS. In fulfilling this process, we will leverage our existing expertise of different systems and conduct further research to identify relative case examples for the proposed models to mirror. We will walk through our observations and research with the Study Team to present the various strengths and challenges of each example presented and will assist with identifying best practices that can either be replicated or modified to meet the specific needs of PCRRBEMS. Much like a prior project of our firm's from across the country, the end goal is identifying what will work best for PCRRBEMS and its communities ... not what is generic and a "cookie-cutter" toward the organization and management of an EMS agency.

Project Management Methodology and Quality Control

Our project success is based on our dedicated and well-rounded team of Fire and EMS subject matter experts from across the country supported by our data analysts and project management staff. Our PMI certified project manager has over 15 years of project management experience and will employ PCG's quality control processes to provide high-quality products and services on time. PCG will regularly review progress, tasks, and deliverables to ensure the project stays on track and meets standards agreed upon by PCG and PCRRBEMS.

Our project management and strategies are based on the Project Management Body of Knowledge (PMBOK) standards. Using the PMBOK standards and our experience in implementing complex state-level projects, we have developed a series of tools and techniques that promote communication, transparency, accountability, and problem resolution as outlined in **Figure 8**.

Strong project management strategies lay a solid foundation for successful project implementation, especially when working under tight timelines. A proven project

management methodology provides a thorough and efficient framework for managing communication, as well as any issues or changes to the stakeholders and team members. These processes provide important feedback loops to all team members to ensure execution of tasks, timely and adequate problem resolution, and completion of project objectives. Our approach includes:

- ▶ Creating a collaborative and transparent process between PCG and the Municipalities so that all stakeholders can thoughtfully participate in key project decisions.
- ▶ Developing a detailed and transparent project work plan, and updating stakeholders on our progress towards completing the project deliverables.
- ▶ Hosting regular status meetings to review project progress and milestones achieved, and to address project issues and risks.
- ▶ Maintaining a proactive approach to identifying and overcoming risks and obstacles to complete the project successfully and on time.

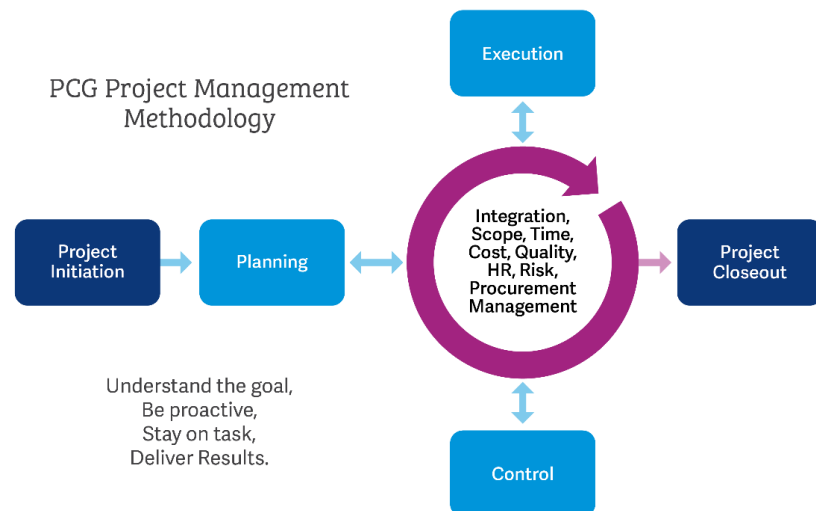


Figure 8: Project Management Methodology

The PCG Project Manager will serve as primary point of contact and will coordinate communication, meetings, data requests, and status updates with PCRRBEMS's designated point of contact(s). Given that this project involves significant collaboration, it is essential to have a communication plan in place that will define all relevant stakeholders, communication methods, expectations for regular meetings (as necessary), and status updates as determined by PCRRBEMS and its stakeholder group. The communication plan document will be developed during project kick-off. The PCG project manager will facilitate at minimum monthly meetings between PCG and the Study Team, will collaborate with stakeholders to draft agenda, and provide meeting summary notes and action items.

SECTION 5: REFERENCES

The provider shall provide at least 2 references for clients to whom the proposer currently or previously provided municipal and/or EMS Consulting services. All references should be for projects completed within the last five years. Please include, at minimum, the following information for each reference:

1. *Client (corporation, public agency, etc.)*
2. *Special features, accomplishments, or problems*
3. *Specific services provided*
4. *Dates of service*
5. *Approximate contract value*
6. *Individual references for each project with contact information.*

References

PCG works with our clients in mind. We are proud to highlight references that showcase the quality of work, customer service, and value we bring to our clients. We help clients achieve better outcomes, reduce costs, and improve operational efficiency. As client satisfaction is one of our main goals, **current clients value our partnership** and have agreed to provide references about the high-quality services we provide.

Reference: City of Ashland Ambulance Transporting Services Cost and Service Analysis	
Client	City of Ashland, OR
Project	Ambulance Transporting Services – Cost and Service Analysis
Dates of Service	January 2021 – June 2021
Approximate Contract Value	\$48,000
Services Provided	PCG conducted a detailed quantitative (financial) and qualitative (operational) analysis of the ambulance transport services provided by Ashland Fire & Rescue (AF&R). The City wanted to know the impact from discontinuing ambulances related to AF&R staffing. To complete the study, PCG analyzed expenditures and revenue data to understand the financial costs and benefits of operating an ambulance service. A qualitative analysis was conducted to evaluate the impacts if ambulance services were discontinued. Additional revenue sources were identified as well as other enhancements to improve service delivery. The results of this analysis will help the City to determine the future of its ambulance operations.
Special Features, Accomplishments, Problems	The City of Ashland, OR and its tourism industry has been heavily affected by several extenuating factors caused by the COVID-19 outbreak and subsequent government-imposed closures. In addition, a major wildland fire struck the area in September 2020 causing thousands of residents to lose their homes and businesses which also increased the negative financial impact to the area. As a result, the City Council and leadership team were forced to scale back or eliminate City programs. Ashland Fire & Rescue's (AF&R) ambulance transport service was one of the programs that the Council was evaluating. PCG recommended that the City retain the AF&R ambulance transporting program and concluded that the City did not have a plan for how to replace the revenue generated by the program. Additionally, PCG's operational analysis concluded that the loss of firefighter positions staffing AF&R ambulances would have further negative fiscal impacts throughout the community as a result of a reduction in the ISO rating.
Individual Reference	Ralph Sartain, Fire Chief (541) 301-8872 ralph.sartain@ashland.or.us

Reference: Travis County Emergency Services District No. 2 Dispatch Study	
Client	Travis County ESD No. 2
Project	Dispatch Study, Strategic Planning
Dates of Service	April – August 2021
Approximate Contract Value	\$48,500 – Dispatch Study \$88,000 – Strategic Planning
Services Provided	<p>PCG recently completed a review of TCESD2's fire and EMS dispatch services, and PCG is currently working with the TCESD2 to facilitate a comprehensive update to the District' Strategic Plan.</p> <p><i>Dispatch Study:</i> The purpose of the study was to conduct a thorough analysis of the current Inter-Local Agreements for dispatching services provided to the District by the City of Austin as well as explore alternatives for dispatch services. The consulting team conducted interviews to understand level of service, opportunities, and challenges; conducted peer department input surveys; analyzed CAD data to evaluate performance against national standards, analyzed dispatch costs; and researched best practices and methodologies for defining dispatch costs.</p> <p><i>Strategic Planning:</i> PCG is reviewing the District' existing Strategic Plan and other relevant information to develop a ten-year (2025-2035) strategic plan. Analysis includes crucial service gaps, fire station locations, trigger points for new stations, recruitment/retention of dual-role firefighter/paramedics, training and career development, capital asset replacement and Community Risk Reduction strategies - all data and information needed to identify and support the initiatives that will be proposed in the final Strategic Plan.</p> <p>The PCG team recently participated in the Districts annual strategic planning retreat and led a Strengths, Challenges, Opportunities and Threat (SCOT) analysis that included fire department leadership, city council members, and District board members. The PCG team will also facilitate community engagement in the form of public engagement surveys.</p>
Special Features, Accomplishments, Problems	As part of the final report, PCG provided seven different dispatching options for District leadership to consider with strengths and challenges to facilitate decision-making. Insights from this study will also be incorporated into the strategic planning project.
Individual Reference	Nick Perkins, Assistant Fire Chief (512) 251-2801 nperkins@pflugervillefire.org

APPENDIX

Resumes



Senior Advisor at Public Consulting Group LLC

Chief Ken Riddle has more than four decades of experience in EMS and fire services. He retired from the Las Vegas Department of Fire & Rescue (LVF&R) after 28 years of service. He served as the Assistant Fire Chief and the Deputy Fire Chief of every division including the Operations Division, Emergency Medical Services Division, Support Services Division, and the Fire Prevention Division, where he served as the Fire Marshal. While serving in those positions, he designed and developed several major programs, including a comprehensive in-house firefighter health and wellness program, and a fire-based EMS ambulance transport service. Chief Riddle has served as the Executive Director of the Nevada Fire Chiefs since 2007 and was responsible for overseeing the development and implementation of Nevada's Medicaid supplemental ambulance payments under their GEMT program.

Chief Riddle has been extremely active in national fire and EMS issues since 1992, serving as an elected officer on the Executive Committee for the International Association of Fire Chief's (IAFC) EMS Section including the chairman of the Section and as the International Director for EMS on the IAFC Board of Directors. He also served as the President of the Southern Nevada Fire Chiefs Association.

RELEVANT PROJECT EXPERIENCE

Medical Transportation Management (MTM), Inc., States of Nevada and Idaho

(2016 – 2019): State Education, Training, and Outreach Coordinator
Chief Riddle: Responsible for community outreach to medical facilities in the states of Nevada and Idaho, working with case managers, social workers, and other medical professionals regarding non-emergency medical transportation services for Medicaid recipients.

Nevada Fire Chiefs Association

Member of the Board of Trustees (2007 – 2019): Executive Director
Chief Riddle: Responsible for the day-to-day administration and management of a non-profit member driven organization. Manage three federal grants for the recruitment and retention of volunteer firefighters in rural Nevada.

Riddle & Associates, State of Nevada

(2006 – Present): Independent Fire and EMS Consultant
Chief Riddle: Served as an independent contractor for fire and EMS studies for a few select fire/EMS consulting firms including the Abaris Group, the Ludwig Group, FACETS Consulting and a few others. Completed several fire and EMS studies including the following:

- ▶ City of Tukwila (WA) Fire Station Location Study (2017)
- ▶ City of Houston (TX) Fire Department Operational Assessment (2016)
- ▶ City of Phoenix (AZ) Fire Department Ambulance Deployment and Staffing (2016)

- ▶ Fort Wayne (IN) Fire Department EMS Transport Feasibility Study (2016)
- ▶ City of San Antonio (TX) Fire Department EMS Study
- ▶ Orange County (FL) Fire Department Consolidation Study
- ▶ New York Power Authority EMS Study
- ▶ Sugar Foods Corporation (CA) Fire Safety Study
- ▶ EMD Pharmaceuticals- Cyanide Antidote Medical Advisory Member
- ▶ US Fire Administration-Coordinated the rewrite of the EMS Safety and Infection Control Manuals
- ▶ Fire and Emergency Television Network-Researched and developed two national training programs, Fire Department response to Bomb incidents and Cold and Ice Water Rescue
- ▶ Several Telephone Consulting projects for investment or equity firms related to fire/ EMS and ambulance services, SCBA, software, safety equipment, ePCR, PPE and use of unmanned aircraft systems

National Fire Protection Association, Commonwealth of Massachusetts

(2010 – 2011): Fire Service Training Consultant

Chief Riddle: Subject-matter expert in developing training programs for fire and EMS response to emergencies involving electric and hybrid vehicles. Participated as a team member to develop the NFPA's Emergency Response to hybrid and electric vehicle incidents.

The Abaris Group, State of California

(1999 – 2013): Senior Consultant

Chief Riddle: Lead consultant on several fire and EMS studies:

- ▶ State of Colorado EMS Department Regional Emergency and Trauma Advisory Councils (RETAC) assessment and strategic planning
- ▶ City of Spokane (WA) Fire Department EMS Study
- ▶ City of Great Falls (MT) Fire Department EMS Assessment
- ▶ El Paso (TX) Hospital Study regarding the impact of EPFD establishing hospital destination policy
- ▶ City of Clinton (IA) EMS Study
- ▶ Santa Clara County (CA) EMS Study
- ▶ City of San Diego (CA) Fire Department EMS Study
- ▶ Merced County (CA) EMS Ambulance RFP Evaluator
- ▶ Monterey County (CA) EMS Ambulance RFP Evaluator
- ▶ Sonoma County (CA) EMS Study and Development of Ambulance RFP
- ▶ Multnomah County (OR) EMS Ambulance RFP Evaluator
- ▶ Hamilton County (OH) Fire Department EMS Study
- ▶ Town of Pahrump (NV) Fire Department EMS Study
- ▶ Washington D.C. Fire Department EMS System, Consultant, and Subject Matter Expert for Mayor's Office
- ▶ Researched and wrote the 2011 edition of Trends in the Ambulance Industry for The Abaris Group

ADDITIONAL CREDENTIALS

Mobile Healthcare Network	2012 – 2017
Fire Chief Recruiters	2012 – 2013
Las Vegas Fire News	1993 – 2006

City of Las Vegas Department of Fire & Rescue	1978 – 2006
International Association of Fire Chiefs	1993 – 2006
Southern Nevada Fire Chiefs Association	2001 – 2004
Southern Nevada Fire Chiefs Association	1997 – 2001

EDUCATION

Polytechnical College

Cupertino, CA

Fire Administration, Part-Time Upper Level courses, 2001 – 2006

National Fire Academy

Emmitsburg, MD

Executive Fire Officer Program, 1995 – 1999

Clark County Community College

North Las Vegas, NV

Associates of Applied Science – Fire Service Management, 1982 – 1986

Clark County Community College

North Las Vegas, NV

Associates of Applied Science – Fire Service Technology, 1982 – 1986



Tim Nowak

*Subject Matter Expert
Public Consulting Group
LLC*

Tim Nowak is an experienced EMS clinician, educator, content contributor, and administrator with a nearly 20-year background extending over training, quality assurance, administration, operations, logistics, and mobile integrated healthcare/community paramedicine disciplines. He has work experience in rural, suburban, urban, and hospital settings extending throughout four states, and also has experience participating on various EMS association boards and state rule work groups. He is a Nationally Registered Paramedic (NRP) with additional credentials as a Critical Care Emergency Medical Transport Paramedic (CCEMTP), Supervising Paramedic Officer (SPO), Managing Paramedic Officer (MPO), and is certified at the instructor level for BLS/CPR, ACLS, and PALS.

RELEVANT EXPERIENCE

Emergency Medical Solutions, LLC

Founder & CEO (2010 - Present):

Small business owner, EMS training & consulting, contract education for medical directors & EMS agencies, online/app/webinar-based training development & delivery, quality assurance auditor, former Editor-in-Chief of a printed publication, podcast host & guest, contract item writer for fire/EMS promotional exams, online quiz & exam subject matter expert, online columnist, conference presenter/speaker, EMS & incident management reference product developer, sales & marketing, vendor/partnership relations, business operations, and social media influencer.

Manatee County EMS (FL)

Assistant EMS Chief – Special Operations (2020 - 2021):

Equivalent planning & logistics section chief and special operations branch director functions for a county-wide, municipal EMS agency running over 50,000 calls per year. Overseeing special operations, emergency preparedness, disaster & deployment response, special event operations, logistics, community risk reduction, and community paramedicine programs/functions. CAAS accreditation project manager, CARES spending coordination, grant application & management, and COVID-19 vaccine site staffing/operations.

Centura Health/Castle Rock Adventist Hospital (CO)

EMS Educator (2016 - 2020):

EMS continued education development & delivery, training program development, online/webinar-based training development & delivery, quality assurance & performance improvement, data tracking & reporting, hospital service line representative, medical direction representative, hospital-to-EMS liaison, protocol development & waiver reporting, Webinar Week coordinator & presenter, PreHospital Advanced Stroke Training (PHAST) program coordinator. Experience commensurate with that of a Director or Division/Deputy Chief of Training/Quality.

Multiple Agencies (WI, MN, CO)

Paramedic/Critical Care Paramedic (2004 - 2018):

Chaffee County EMS (CO) (2018), Gundersen Tri-County Hospital & Clinics (WI) (2016), Winona Area Ambulance Service (MN) (2015-2016), River Falls Area Ambulance Service (WI) (2015), County Rescue Services (WI) (2007-2014), Tri-County Rescue Squad (WI) (2004-2005).

Green Bay Metro Fire Department (WI)

Firefighter/Paramedic (2004 - 2015):

Acting Engineer/Paramedic & Acting Lieutenant/Paramedic, HazMat Technician – Level-A Regional Response Team, Firefighter/Paramedic for an urban/metropolitan fire-based EMS agency serving a population of 125,000 and responding to 12,000 calls annually (agency totals), engine/ladder/ambulance company operations, incident command experience. Experience commensurate with that of a Supervisor or Lieutenant.

PROFESSIONAL BACKGROUND

Colorado Department of Public Health & Environment

Trauma Chapter 2 & 3 Task Force	2016-2018
EMS Chapter 4 Ground Ambulance Standards Workgroup	2018

Wisconsin EMS Association

Board of Directors, Succession Planning Committee Chairperson, Board of Directors Application Project Lead	2013-2016
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Northeast Wisconsin Regional Trauma Advisory Council

Executive Council, Education & Injury Prevention Committee Chairperson	2010-2014
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National Registry of EMTs

Advanced Psychomotor Exam Representative

EMS Director (Quarterly-printed, former official publication of NEMSMA)

Founder & Editor-in-Chief

Published Contributor/Columnist (200+ Published Works)

EMS1.com "Critical Clinical Concepts" Column
(ems1.com/columnists/tim-nowak)

FireRescue1.com

Paramedic Chief, EMS Director (emsdirector.com)

EMS Professionals (WEMSA)

Trauma System News (trauma-news.com)

Content Contributor/Subject Matter Expert, Blog Writer & Social Media Influencer

MediCredits (online/app/webinar-based EMS CE)

Quizlet ("EMSEducator" – online/app-based EMS terms, quizzes, and exam content)

ZOLL Data Blog

EDUCATION

Columbia Southern University

Orange Beach, AL

BS Degree, Fire Science, 2014

Undergraduate Certificate, Human Resource Management, 2014

Northeast Wisconsin Technical College

Green Bay, WI

Technical Diploma- EMT-Paramedic, 2006

Fox Valley Technical College

Grand Chute, WI

Associate of Applied Science, Fire Protection Technician, 2003

CERTIFICATIONS / PUBLICATIONS / SPECIAL SKILLS

Nationally Registered Paramedic (NREMT)

Licensed Paramedic/Critical Care (WI)

Critical Care Emergency Medical Transport Paramedic (UMBC)

Supervising Paramedic Officer (ACPE)

Managing Paramedic Officer (ACPE)

BLS/ACLS/PALS Instructor (AHA)

Certified Ambulance Documentation Specialist (NAAC)

CEVO-4: Ambulance Instructor (Coaching Systems, LLC)

NAEMT EMS Safety Course Certificate

Professional Development Series Certificate (FEMA-EMI)

IS-100, IS-200, ICS-300, ICS-400, IS-700, IS-800; IS-1, IS-5, IS-15, IS-120, IS-120.a, IS-230.b, IS-235, IS-240, IS-241, IS-242, IS-244, IS-275, IS-346, IS-546, IS-806, IS-808 Certificates

Fire Fighter-I & -II, Driver/Operator-Pumper, Fire Inspector-I, Fire Officer-I, and Emergency Services Instructor-I (former) Certified (WI)

HazMat Technician with Multiple Certificates Related to WMD/Rad/Nuc Incident Response (EPA, NFPA)



Alina Coffman
Senior Operations
Manager at Public
Consulting Group LLC

Alina Coffman has over 15 years' experience working with public sector clients at the state, regional, and local level. She's led projects to implement technical solutions, developed processes to improve efficiencies, and provided technical assistance, consulting, and training services. Alina currently works with EMS providers in IA, OK, and FL to facilitate the Medicaid cost reporting process and provide audit support. She is also the Project Manager for the Placentia Fire and Life Safety Department implementation and the Fire/EMS feasibility study for the Pueblo of Sandia in New Mexico.

RELEVANT PROJECT EXPERIENCE

City of Austin

Dispatch Equity and Operations Efficiency Study (October 2020 – Present): Project Manager

Project: As Project Manager, Alina provides overall project coordination, and communication to keep the project on track, on budget, and facilitate the work of teams.

Pueblo of Sandia

Fire/EMS Feasibility Study (December 2019 – Spring 2020): Project Manager

Project: Conduct a fire/EMS feasibility study to provide the Pueblo of Placentia with recommendations to improve quality of Fire/EMS services and options for the Pueblo to provide its own fire and EMS delivery system.

Placentia Fire and Life Safety Department, California

Implementation of New Fire and Life Safety Department (July 2019 – June 2020): Project Manager

Project: To assist with the implementation of a new fire and life safety department; working with city staff on all aspects of establishing a new Fire and EMS department including operations, communications center set-up, staffing, procedures, technology, best practices and compliance.

EMS Cost Reporting, IA, OK, FL

Cost Reporting Client Lead

Project: Work with EMS and fire departments to collect and analyze data; and develop cost report to help providers maximize revenue reimbursement. Provide comprehensive support throughout the State's desk review process.

Education Consulting, Project Management, and Implementation

State Level Work (May 2011 – June 2019): Implementation Lead

Projects: Implemented projects with state departments of education including online instructional assessments with the Arizona Department of Education, content development with the Oklahoma State Department of Education, and digital library for the Nevada Department of Education.

PROFESSIONAL BACKGROUND

Public Consulting Group

Austin, TX

May 2011 – Present

Texas Education Agency

Austin, TX

October 2005 – January 2011

University of Texas

Houston and Austin, TX

February 2002 – June 2005

EDUCATION

University of Texas at Austin

Austin, TX

Master of Public Affairs, 2005

Honors College at the University of Houston

Houston, TX

Bachelor of Science, Human Development and Family Studies, 2002

CERTIFICATIONS / PUBLICATIONS / SPECIAL SKILLS

Project Management Professional (PMP), 2015 – Current



Megan Morris
*Senior Consultant at
Public Consulting Group
LLC*

Ms. Megan Morris, a Senior Consultant located in the Albany, New York office, will serve as key staff on this engagement. Currently, Ms. Morris oversees several rate setting and cost reporting projects and provides project management to support multiple engagements. She leads the Wisconsin Medicaid Cost Reporting (WIMCR) project which implements a cost-based payment system for counties certified as Medicaid providers of community-based services. Ms. Morris and the PCG WIMCR team review over 120 cost reports from county agencies and local health departments annually and facilitate the interim and final cost settlement processes to ensure appropriate payment for Medicaid services rendered. These critical services are mechanisms for the State of Wisconsin Department of Health Services to generate additional federal revenues for Medicaid services provided by local health and human service agencies. Additionally, Ms. Morris is the project manager for the New York State Medical Indemnity Fund where PCG serves as both the fund administrator and third-party administrator (TPA). In that role, she coordinates a large team which includes data leads, customer service professionals, claims processors and case managers. Ms. Morris has assisted school districts, counties, FQHCs and EMS providers in New York, Georgia, Florida, North Carolina, Washington, Wisconsin and Pennsylvania with the completion of the annual Medicaid cost reports to identify the Medicaid allowable and non-allowable costs for health services. She has completed an audit of a regional managed care entity in western Michigan. She has also conducted financial trainings to assist providers in completing their annual cost reports. Ms. Morris has aided in the preparation of responses to CMS' State Plan Amendments and Requests for Additional Information pertaining to multiple Medicaid programs. Ms. Morris has ten years of policy development and implementation experience with a focus on health and Medicaid based programs. At Public Consulting Group, Ms. Morris has coordinated all stages of Medicaid reimbursement programs, including initial development and planning, managing project timelines, and analyzing and evaluating completed Medicaid financial reports.

RELEVANT PROJECT EXPERIENCE

Department of Health Services, State of Wisconsin

Wisconsin Medicaid Cost Reporting (WIMCR) (June 2013 – Present):
Project Lead

Project: Collaborated with Wisconsin DHS to develop a WIMCR reporting methodology, which consolidates twelve Medicaid reimbursable programs into a single web based financial report. Developed and managed a web-based tool to collect cost report data, generate notifications and apply automated reviews. Compiled feedback from county stakeholders to ensure that all unique county agency structures and program specific concerns were addressed. Drafted State Plan Amendment (SPA) language and supported the state in obtaining CMS program approval.

Ms. Morris: Recommended enhanced cost reporting methodologies to the state. Oversaw the development of a web-based reporting tool. Directed regional in-person and web-based trainings to ensure county compliance and preparedness. Led the review of over 120 completed cost reports from county agencies and local health departments and facilitated the interim and final cost settlement processes to ensure appropriate payment for Medicaid services rendered. Conducted

compliance reviews, monitored settlement amounts, and developed relevant communications.

Behavioral Health Services Department, County of San Diego

Behavioral Health Consulting Services (July 2019 – Present): Incentive Payment Model Lead

Project: Provide behavioral health consulting services as the county tries to reform the care continuum and shift towards more data-driven decision making. PCG's scope includes estimating the impact of various value-based payment incentive strategies, setting up a data workshop, providing insight on developing crisis stabilization units, inpatient psychiatric services, psychiatric health facilities, and crisis treatment options.

Ms. Morris: Developed an Incentive Payment Model (IPM) for inpatient psychiatric acute care services demonstrating the potential impact of investments in care coordination, prevention and boosting Medi-Cal access. Megan's role included coordinating data collection, developing baseline assumptions and modeling the estimated impact of incentive dollars.

Office of Mental Health, State of New York

RMTS and Medicaid Administrative Claiming (October 2019 – Present): Project Manager

Project: Operate two Random Moment Time Studies (RMTSs) for Medicaid administrative cost claiming for the local government units (LGUs). Collect and review quarterly cost reports from LGUs and calculate quarterly administrative claims for review by the department.

Ms. Morris: Oversees all time study and claim calculation activities.

Serves as the primary point of contact for OMH. Provides biweekly updates and coordinates status reporting. Recommends programmatic improvements to ensure all Medicaid allowable spending is reported accurately by the LGUs and time study participation is maximized.

Agency for Health Care Administration, State of Florida

Public Emergency Medical Transport (PEMT) Supplemental Payment (June 2016 – Present): Project Manager

Project: PCG works on behalf of EMS providers to accurately identify all allowable revenue sources, ensure compliance, and prepare annual cost reports. PCG's team worked with dozens of individual EMS providers to collect data, complete and review cost reports using our web-based cost reporting system and provide ongoing program support.

Ms. Morris: Served as project manager for seven EMS providers including five of the largest EMS providers across the state. Developed a consistent approach to cost report completion across all providers.

Conducted detailed report reviews on behalf of providers and identified any audit risks or areas of inconsistency. Compiled cost report submission packages containing completed reports along with supporting documentation to be submitted to the state by each provider. Supported audit responses.

Department of Health, State of New York

School Supportive Health Services Program (SSHSP) (January 2013 – Present): SSHSP Team Lead

Project: Implemented a cost-based reimbursement methodology for the school based health services program known as SSHSP. Conducted financial trainings to assist the Local Education Agencies (LEAs) in completing an annual cost report. Provided support to school districts

and counties in the completion of the fiscal year 2012, 2013 and 2014 Medicaid cost report to identify the Medicaid allowable and non-allowable costs for school-based health services.

Ms. Morris: Reviewed completed reports for accuracy and reasonability. Assisted in preparing responses to CMS' Requests for Additional Information pertaining to the SPA and other related documents.

Department of Health, State of New York

Medical Indemnity Fund (MIF) Third Party Administration (TPA) (July 2017 – Present) and Fund Administrator (July 2018-Present): Project Manager

Project: PCG's team serves as the Third Party Administrator (TPA) for claims submitted to the Medical Indemnity Fund (MIF). PCG provides email and phone support to providers and enrollees, generated welcome packets and ID cards for new enrollees and prices and processes claims submitted to the fund.

Ms. Morris: Served as the primary point of contact for the Department of Health. Collaborates with customer service and claims processing teams to provide ongoing status reports and document progress, questions and issues for the department.

Department on Aging, State of Illinois

Rate Study for the Community Care Program (January 2018 – Present): Team Lead

Project: Conducting independent rate studies on four Community Care Programs as part of complying with the renewal of their Medicaid Home and Community-Based Services (HCBS) waiver program including Emergency Home Response Services (EHRS), Adult Day, Adult Day Transportation, and In-Home Care Services.

Ms. Morris: Oversaw the review of In-Home Care and EHRS rate studies. Coordinated the project team to determine if the current rates are adequate, efficient, cost effective, and allow for services to be delivered by an array of providers. In addition, Ms. Morris solicited feedback from stakeholders, developed recommendations and reviewed rates in comparison with comparable programs in other states.

Department of Health Services, State of Wisconsin

Federally Qualified Health Center (FQHC) Prospective Payment System (PPS) Rate Setting (October 2015 – July 2017): Project Coordination

Project: Public Consulting Group (PCG) has been charged with transitioning the FQHC reasonable cost reimbursement system (alternative payment methodology) to a prospective payment system (PPS) reimbursement methodology for non-tribal FQHCs. To date, PCG has developed data profiles of each FQHC with future, current and historical cost information including an analysis of shifts in Medicaid and Medicare cost report data, services provided, payer mix, FQHC financial statements, patient population and facilities and locations. Additionally, PCG determined which individual PPS rate reimbursement policy considerations would be the best fit for the Department and presented recommendations to FQHC stakeholders. Lastly, PCG analyzed multiple years of claims data to determine shifts in services and intensity.

Ms. Morris: facilitated regular meetings with an audience of FQHCs coordinated by the Wisconsin Primary Health Care Association (WPHCA). Completed site visits of all non-tribal FQHCs in Wisconsin to discuss their organization, address their concerns and review compiled data. Conducted and presented extensive research relating to policy options, national best practices and state and federal requirements.

Provided policy recommendations to the Department of Health Services and worked collaboratively to establish a policy direction.

Department of Health and Human Services, State of Michigan

Lakeshore Regional Entity (LRE) Program Audit (September 2015 – November 2015): Reporting and Project Management

Project: Partnered with Beacon Health Options to conduct a comprehensive review of the Lakeshore Regional Entity Prepaid Inpatient Health Plan (LRE PIHP), with a focus on include 1) managed care function review, 2) risk management strategy review, and 3) review of conflict of interest policies. The audit was completed over an eight-week period from Friday, September 11, 2015 to Friday, November 6, 2015.

Ms. Morris: Participated in meetings with a variety of stakeholders including LRE staff, board members, providers and patients. Drafted and reviewed four bi-weekly status reports in order to familiarize the MDHHS Project Manager with the activities performed. Managed the final report roles and responsibilities and timeline and drafted several components of the final report including the risk management subsection.

Department of Public Welfare, State of Pennsylvania

School Based Access Program (SBAP) (July 2013 – September 2014): SBAP Support

Project: Guided school districts and intermediate units throughout the completion of the fiscal year 2013 Medicaid cost reports to identify the Medicaid allowable and non-allowable costs for school based health services.

Ms. Morris: Conducted in person and webinar trainings to assist LEAs in meeting all reporting requirements. Assisted the state in implementing a cost based reimbursement methodology for the school based health services program known as SBAP. Conducted desk reviews on completed SBAP cost reports.

Department of Health Care Policy & and Financing, State of Colorado

Nursing Facilities Pay for Performance Review (April 2014 – May 2014): P4P Reviewer

Project: PCG reviewed, evaluated, and validated nursing home applications. The purpose of the P4P program is to encourage and support the implementation of resident centered policies and home - like environments by improving resident outcomes and the overall care throughout nursing homes in Colorado.

Ms. Morris: Performed objective reviews of the Nursing Facility applications to the DHCPF Pay for Performance program. Scored facility applications according to the requirements set forth by DHCPF. Conducted site visits of facilities to validate the accuracy of the application materials submitted. Completed policy research as part of a detailed Pay for Performance report shared with the Department of Health Care Policy & and Financing and made available to nursing homes across the state.

PROFESSIONAL BACKGROUND

Public Consulting Group

Albany, NY

January 2013 – Present

Alliance of New York State YMCAs

Albany, NY

November 2010 – December 2012

New York State Assembly

Albany, NY

April 2010 – November 2010

EDUCATION

University at Albany, Rockefeller College of Public Affairs and Policy

Albany, NY

Master of Public Administration, Public Financial Management, 2013

Emory University, Goizueta Business School

Atlanta, GA

Bachelor of Business Administration, Accounting, 2009

CERTIFICATIONS / PUBLICATIONS / SPECIAL SKILLS

Professional Associations

Project Management Institute, National and Upstate New York Chapters

Certifications

Project Management Professional (PMP)



Molly McDonald
Consultant at Public
Consulting Group LLC

Molly McDonald, a Consultant at PCG, has worked on numerous projects to improve program effectiveness and fiscal return for PCG clients. She has led and provided support in preparing cost reports and other key deliverables for school districts and ambulance providers across multiple states including leading onsite and remote training presentations, as well as facilitating and completing compliance reviews. This includes serving as a project lead to multiple fire departments in Texas, Oklahoma, Florida, and Missouri to complete cost reports for EMS Supplemental Payment Programs. Additionally, Ms. McDonald has led and contributed to project initiatives in federal and state compliance, Medicaid billing analysis, Medicaid cost reporting, statewide school-based cost settlement operations and training, process improvement and program management best practices in the state of Wisconsin.

RELEVANT PROJECT EXPERIENCE

40+ Governmental Ambulance Service Providers, State of Texas

Ambulance Supplemental Payment Program (December 2018 – Present): Project Staff

Project: Works with fire departments and ambulance providers to design, gain approval for, and implement the Ambulance Supplemental Payment Program (ASPP), a federally approved program that provides additional reimbursement for governmental providers that serve Medicaid and Uninsured patients. Leads and supports the preparation of annual cost reports as well as provides comprehensive support throughout the State's desk review process. Provide policy development support with the introduction of a new Charity Care Program.

Department of Health Services, State of Wisconsin

Medicaid School Based Services Cost Reporting/Reconciliation Initiative (December 2018 – Present): Project Staff

Project: Leads and executes efforts relating to Medicaid state-wide cost reporting and cost settlement operations for the 400 plus school districts participating in the Medicaid School Based Services program. This includes working to provide school district administrators with the utmost support in the completion of the cost reports. As well as, assisting with the conduction of numerous statewide training presentations.

Additionally, Ms. McDonald has led and facilitated onsite and remote monitoring reviews to ensure compliance with program requirements.

Oklahoma Ambulance Association (OKAMA), State of Oklahoma

EMS Supplemental Reimbursement Initiative (June 2019 – Present): Project Staff

Project: Conduct feasibility studies for the provider assessment initiative for the state's EMS provider community. Lead data collection efforts with the OKAMA stakeholder group and develop provider assessment models. Currently providing recommendations and supporting OKAMA and the Oklahoma Health Care Authority (OHCA) to successfully stand up a CPE Program.

35+ Governmental Ambulance Service Providers, State of Florida

Public Emergency Medical Transportation Program (July 2019 – Present): Project Staff

Project: Assists providers throughout the State of Florida to provide cost reporting services for the Public Emergency Medical Transportation

(PEMT) Program. This includes supporting PCG's annual cost reporting efforts, implementing a web-based cost reporting solution, preparing and submitting cost reports, ensuring compliance, and providing ongoing audit support services.

20+ Governmental Ambulance Service Providers, State of Missouri

Ground Emergency Medical Transport Program (September 2019 - Present): Project Staff

Project: Contract with 20 departments across the state of Missouri to administer consulting services around program design, implementation, cost reporting, and compliance for the Ground Emergency Medical Transportation (GEMT) program.

PROFESSIONAL BACKGROUND

Public Consulting Group

Boston, MA

December 2018 – Present

EDUCATION

Simmons College

Boston, MA

Bachelor of Science in Business Administration, Marketing, 2018

**ATTACHMENT B
COMPENSATION**

Pursuant to the terms and conditions of this Agreement, CLIENT shall compensate PCG in five installments for a total of \$64,500 for the services identified in the Public Consulting Group Technical Proposal made part of Attachment A.