1. How many people will the EMS Chief be supervising? (Paid staff, Volunteers)?

   The EMS Chief is an Assistant Chief in the Department, responsible for directly or indirectly supervising all EMS staff. The actual number of staff varies along with fluctuations in the volunteer ranks and the ultimate distribution of paramedic hours between full time vs per diem paramedics. Costs for implementation of the paramedic program have been based on number of hours of coverage rather than number of bodies so answering this question at this time is difficult. The fuller answer will be that the EMS Chief will supervise the number of staff required to provide 24x7x365 coverage as previously estimated.

2. What will be the administrative relationship with the CHFD Chief?

   EMS Chief serves as an assistant chief in the department and will continue to report to the CHFD Chief.

3. Was not clear we had a good read on vehicle, supplies, training questions regarding Town's obligation to pay and ability to self-sustain at some point.

   The question in this statement is unclear. But it is hoped that the program will self-sustain no later than 5 years in. However, it is impossible to guarantee. Insinuating a guaranteed self-sustaining program would be fiscally irresponsible and political suicide. This is a new program. Expense and revenue figures have been presented as accurately as can be estimated with great effort to not over-sell the program. As the program evolves we will better be able to project revenue, expenses and overall success of the program and can refine estimate at that time.

4. How were the revenue estimates determined?

   The provided revenue spreadsheet shows the projected number of calls multiplied by the 2018 state approved ambulance transport rates. The total number of calls for the most recently available fiscal year were used in this projection as actual call volume fluctuates up or down and the actual number of calls for the year was deemed to be the best estimate for number of calls for the next year.

5. Any discussion re: regionalizing program vs mutual aid to better cover costs that insurance rates do not cover?

   Not at this time. It is important to not oversell a program that is not yet even in its infancy. Implementing the paramedic program is going to be a huge undertaking. It is critical that we learn to crawl before we run. The program should be implemented first in the town of Colchester. It is anticipated that we later reach out to provide billable services to our mutual aid partners. Perhaps later we can consider having Colchester lead a charge to regionalization. However this is quite some way down the road. It also has some major implications for others in the area who are currently providing ALS services who have currently come out in support of our program. Entering into discussion of regionalization at this time could threaten to derail our progress or at least sideline it for a while. We are not in a position to regionalize a program that we have not yet seen we can implement successfully locally.

6. What is the expected 5-yr Town subsidization of program costs not covered by insurance rates.

   The expense projections previously presented include write-offs for uncollectible billings and can be extrapolated for the 5-year period. The initial start-up costs and initial purchase of the Fly Car can be excluded from subsequent year projections. There is a set-aside figure already included in the annualized expenses for anticipated replacement of the Fly Car.

7. The PPT showed that, in 2017, ~30% of calls required paramedic level response, with utilization being higher if available. Wouldn't utilization only be higher if required, not just available? Isn't payment by insurers (private, medicare, medicaid) dependent on diagnosis code consistent with level of service? Need to get better municipal comparative than the one reference in the presentation.

   We do transport patients without a paramedic when one is not available. Our current paramedic services are regional services and therefore only available if not already on a call somewhere else in the region. Our numbers of calls that require paramedic level care is a higher number than those calls on which a paramedic is available. Therefore stating that utilization should be higher if paramedic services were available is an accurate statement.

   The municipal comparative was intentionally selected as they represent a program that has not been able to sustain their program with actual revenues. While we could certainly over-hire and over-spend, the program estimates we have prepared for Colchester represent what we feel to be fiscally responsible projections.

8. How do we ensure adequate staffing 24/7/365?

   Other than providing market-rate salary, the FD Chief and EMS Chief will be responsible for ensuring adequate staffing along with appropriate backup plans.

9. Are there enough paramedics in the market to be able to hire?

   All indications are a resounding Yes. We initially compiled a list of paramedics expressing interest in working at a Colchester paramedic program but that list grew so long and the program implementation has been so long coming that I have not continued to add to the list.

10. Will we be seeing an incentive program to hire, or to stipend volunteers?

    We do not anticipate the need to incentivize or stipend paramedics as they will be hired and paid on a full time or per diem basis. It is not anticipated that the existing incentive/stipend program for EMS volunteers will be altered.

11. Will the town incur any liability if para level is required and the Town is not able to provide due to staffing issues?

    A well-staffed paramedic program with appropriate per diem/on call paramedics and back-up mutual aid or contracted ALS services will ensure 24x7x365 coverage as required by the State of CT.