

**ORDINANCE NO. 56  
OF THE RUNNING SPRINGS WATER DISTRICT  
ESTABLISHING FEES FOR AMBULANCE SERVICES AND OTHER  
MISCELLANEOUS FIRE DEPARTMENT FEES**

**WHEREAS**, pursuant to Water Code section 31120, the Running Springs Water District has the authority to exercise any of the powers, functions, and duties which are vested in, or imposed upon, a fire protection district pursuant to the Fire Protection District Law of 1987; and

**WHEREAS**, the District provides ambulance services pursuant to the Fire Protection District Law of 1987, specifically Section 13862 of the Health and Safety Code; and

**WHEREAS**, the Inland Counties Emergency Medical Agency (“ICEMA”) has approved a list of ambulance fees as set forth in Exhibit “A” incorporated herein by this reference, that are calculated so as not to exceed the estimated cost to provide ambulance services; and

**WHEREAS**, the Running Springs Fire Department has established a list of miscellaneous fees as set forth in Exhibit “B” incorporated herein by this reference, that are calculated so as not to exceed the estimated cost to provide services; and

**WHEREAS**, Health and Safety Code Section 13916 authorizes this District to charge a fee to cover the cost of any service which the District provides and to adopt an ordinance establishing a schedule of such fees at a meeting conducted by the Board of Directors following notice of the Board’s intention to establish such fees as provided in Health and Safety Code Section 13916; and

**WHEREAS**, this District has provided notice of the fees set forth herein and has made available to the public, at least ten (10) days in advance hereof, the data indicating the estimated cost required to provide the services.

**NOW, THEREFORE, BE IT ORDAINED** by the Board of Directors of Running Springs Water District as follows:

1. The fees for ambulance services set forth in Exhibit “A” are hereby adopted.
2. The fees for the services set forth in Exhibit “B” are hereby adopted.
3. The fees may be collected by any means available to the District.
4. This ordinance shall become effective immediately upon its adoption.


**ADOPTED** this 16<sup>th</sup> day of June, 2021.

**Ayes:** Grabow, Mackzum, Acciani, Conrad

**Noes:** Terry

**Abstentions:**

**Absent:**

  
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President of the Board of Directors  
of Running Springs Water District

ATTEST:

  
\_\_\_\_\_  
Assistant Board Secretary





# EXHIBIT A

## Inland Counties Emergency Medical Agency

1425 South D Street, San Bernardino, CA 92415-0060 ■ (909) 388-5823 ■ Fax (909) 388-5825 ■ www.icema.net

*Serving San Bernardino, Inyo, and Mono Counties*  
**Tom Lynch, EMS Administrator**  
**Reza Vaezazizi, MD, Medical Director**

**DATE:** May 19, 2021

**TO:** EMS Ground Transport Providers - San Bernardino County

**FROM:** Tom Lynch  
EMS Administrator

**SUBJECT:** **FY 2021-22 AMBULANCE RATE ADJUSTMENT**  
**EFFECTIVE JULY 1, 2021 - JUNE 30, 2022**

In conformance with the ICEMA Reference #3060 - ICEMA Ground Based Ambulance Rate Setting Policy - San Bernardino County approved by the ICEMA Governing Board on May 8, 2012, the following represents ambulance rate adjustments effective July 1, 2021. The attached "Ground Ambulance Service Rate Definitions" will be utilized in the application of the rates.

Ambulance Rate Components	Base Rate FY 2020-21 Rate		Increase CPI + County Comparison		Final Rate FY 2021-22 Rate	
	Urban Operating Areas	Rural/ Wilderness Operating Areas	Urban Operating Areas	Rural/ Wilderness Operating Areas	Urban Operating Areas	Rural/ Wilderness Operating Areas
Advanced Life Support (ALS) Base Rate (All Inclusive)	\$1,650.40	\$1,815.44	\$82.52	\$90.77	\$1,732.92	\$1,906.21
Basic Life Support (BLS) Rate	\$1,188.92	\$1,307.81	\$59.45	\$65.39	\$1,248.37	\$1,373.20
Emergency Fee	\$290.81	\$319.90	\$14.54	\$16.00	\$305.35	\$335.90
Oxygen	\$180.38	\$198.41	\$9.02	\$9.92	\$189.40	\$208.33
Night Charge	\$208.21	\$229.07	\$10.41	\$11.45	\$218.62	\$240.52
Critical Care Transport	\$1,953.87	\$2,149.24	\$97.69	\$107.46	\$2,051.56	\$2,256.70
Mileage (per mile or fraction thereof)	\$30.59	\$30.59	\$1.53	\$1.53	\$32.12	\$32.12
Wait Time	\$54.62	\$54.62	\$2.73	\$2.73	\$57.35	\$57.35
EKG	\$124.16	\$124.16	\$6.21	\$6.21	\$130.37	\$130.37

If you have any questions regarding the policy and associated rate calculations, please contact me at (909) 388-5823 or via e-mail at [tom.lynch@cao.sbcounty.gov](mailto:tom.lynch@cao.sbcounty.gov) or Gerry Gardner, EMS Specialist, at (909) 388-5816 or via e-mail at [gerald.gardner@cao.sbcounty.gov](mailto:gerald.gardner@cao.sbcounty.gov).

TL/GG/jlm

Attachment

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### BOARD OF DIRECTORS

Col. Paul Cook (Ret.) First District	Janice Rutherford Second District	Dawn Rowe Vice Chair Third District	Curt Hagman Chairman Fourth District	Joe Baca, Jr. Fifth District	Leonard X. Hernandez Chief Executive Officer
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## Ground Ambulance Service Rate Definitions

### ICEMA Region

Effective July 1, 2018

*NOTE: Rates are allowable only upon transport of a patient.*

#### ***BLS All Inclusive Base Rate:***

1. When an EMT staffed ambulance responds to a call; or
2. When an advanced life support (ALS) or limited advanced life support (LALS) staffed ambulance responds to a scheduled call when not requested and/or ALS or LALS intervention is not provided.

#### ***ALS All Inclusive Base Rate:***

Any response of an approved ALS (paramedic) or LALS (AEMT) transport provider to a request for service. This charge will include, but not necessarily be limited to, the provision of the following:

1. An authorized ALS or LALS staffed and equipped ambulance response.
2. Care modalities including cardiac monitoring, telemetry, IV administration, drug administration, defibrillation, blood draw, wound dressing, splinting and disposable first aid and medical supplies related to such care and treatment.

#### ***Emergency:***

Applies to BLS All Inclusive Base Rate when a BLS scheduled response is upgraded to emergency status either in response or during transport. **This charge is included in the ALS All Inclusive Rate and cannot be charged in addition to the ALS All Inclusive Rate.**

#### ***ECG Monitoring:***

Applies when ECG Monitoring is performed as per protocol or base hospital order. **This charge is included in the ALS All Inclusive Base Rate and cannot be charged in addition to the ALS All Inclusive Base Rate.** In most cases, this charge is broken out as a line item for Medi-Cal which does not recognize the charge in the ALS All Inclusive Base Rate.

#### ***EMS Aircraft - Appropriate fee for service:***

EMS ground transportation providers may charge All Inclusive Base Rate when;

1. Ambulance personnel and/or equipment are directly involved in patient care prior to the transport and transfer of patient(s) to EMS aircraft.
2. Provider's supplies and/or procedures are utilized at rate specified in the current ambulance rates.
3. Approved mileage rate from point of transport by ground ambulance to transfer site to EMS aircraft.

#### ***Mileage:***

Applies for each patient mile or fraction thereof from point of pick-up to destination.

#### ***Night:***

Applies for services provided between the hours 1900 and 0659, military time.

***Oxygen:***

Applies for services provided whenever oxygen is administered. This charge is inclusive of material such as tubing, masks, etc., which may be used for the administration of oxygen.

***Wait Time:***

Applies to scheduled calls and is charged per fifteen (15) minutes of waiting time or portion thereof, after the first fifteen-minute period lapse occurs when an ambulance must wait for a patient at the request of the person/organization hiring the service. This rate is not contractual “stand-by” charge rate for special events.

***Specialty Care Transport:***

Applies to transportation provider’s medical personnel when equipment is needed to provide care, monitoring at a level outside and/or higher than a paramedic’s scope of practice; or utilization of specialized equipment or specialized vehicle, based upon patient’s needs. Examples of Specialty Care Transport may include Neonatal (incubator/team) transport, Bariatric unit transport, high-risk maternal team transport, ALS Respiratory Therapist transport, PA-NP-OD-MD transport, etc.

## RUNNING SPRINGS FIRE DEPARTMENT FEE SCHEDULE

Service	DESCRIPTION	FEE	
<b>Adminstration/FIRE</b>	Returned Check	\$30.00	
	Collections	\$40.00	
	Fire Cause and Origin Report	\$30.00	
	Blank	\$0.00	
<b>Plans Review</b>	<b>FIRE SPRINKLER SYSTEMS</b>		
	<b>New Commercial NFPA Fire Sprinkler System</b>		
	Plans Review/FIRE Letter	\$260.00	
	Inspection, 1-20 fire sprinkler heads, 1st riser	\$301.00	
	Inspection, 21-50 fire sprinkler heads, 1st riser	\$301.00	
	Inspection, 51-100 fire sprinkler heads, 1st riser	\$301.00	
	Inspection, >101 fire sprinkler heads, 1st riser	\$401.00	
	Each additional riser (same hazard class)	\$100.00	
	<b>Single Family Residential -NFPA 13D Fire Sprinkler</b>		
	Plans Review/FIRE Letter	\$197.00	
	Inspection, 1-3,600 sq.ft	\$201.00	
	Inspection, 3,600-5,000 sq.ft	\$201.00	
	Inspection, >5,000 sq.ft	\$301.00	
	<b>Multi-Family Residential Fire Sprinkler, NFPA 13R</b>		<b>Per Riser</b>
	Plans Review/FIRE Letter	\$260.00	
	Inspection, 1-50 fire sprinkler heads, per riser	\$201.00	
	Inspection, >100 fire sprinkler heads, per riser	\$301.00	
	<b>Per-Engineered Systems/Equipment</b>		
	Inspection, Industrial Ovens, per system	\$201.00	
	Inspection, Hood and Duct Extinguishing System	\$201.00	
	<b>CONSTRUCTION PROJECTS</b>		
	<b>Single Family Residnetial Construction Projects</b>		
	Plans Review	\$170.00	
	Inspection,new construction	\$110.00	
	Inspection, addition	\$110.00	
	<b>Multi-Family Residential Construction Projects</b>		
	Plans Review	\$219.00	
Inspection, 1-10,000 sq. ft	\$201.00		
Inspection, >10,000 sq. ft	\$301.00		
<b>Commercial/Industrial New Construction Projects</b>			
Plans Review	\$219.00		
Inspection, 1-10,000 sq. ft	\$201.00		
Inspection >10,000 sq.ft	\$301.00		



# RUNNING SPRINGS FIRE DEPARTMENT FEE SCHEDULE

<b>Special Permits</b>	<b>Special Event</b>	
	Film/Movie Shoot	\$110.00
	Special Event/Temporay Use	\$110.00
	Tents, Canopies, and Temporary Membrane Structure	\$110.00
***Fee can be waived or adjusted for other Agencies or Non-Profit or Special Community Groups		
<b>Mandated Inspections</b>	<b>State Fire Marshall Regulated Occupancies</b>	
	Organized Camps- Group C Occupancy	\$331.00
	Day Care Facility- Group E Occupancy	\$210.00
	Multi-Family Housing- Hotel/Motel/Apartments	\$331.00
	Public and Private Schools-Group E Occupancy	\$210.00
	Short -Term Residential Rental	\$210.00
	<del>Commercial Business</del>	<del>\$210.00</del>
<b>Fire Prevention</b>	<b>Weed Abatement Program</b>	
	Property Violation/Non-Compliance	\$255.00
	Property Warrant/Cost Recovery	\$425.00
	Non-Compliance Extension	\$34.00
	Property Abatement- Contractor Cost	Actual Cost
	<b>Hydrants</b>	
	Hydrant Flow Test	\$225.00
<b>Public Education</b>	<b>Education</b>	<b>Per Student</b>
	CPR Training/Certification	\$78.00
	First Aid Training/Certification	\$52.00
<b>Cost Recovery</b>	<b>Employee Clasification</b>	<b>Per Hour</b>
	Administrative Secretary	\$59.76
	Fire Chief	\$113.62
	Battalion Chief	\$110.42
	Fire Captian/Paramedic	\$60.67
	Engineer/Pramedic	\$54.57
	Firefighter/Paramedic	\$50.57

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## RUNNING SPRINGS FIRE DEPARTMENT FEE SCHEDULE

<b>Cost Recovery</b>	<b>Equipment Rates (does not include staffing)</b>	<b>Per Hour</b>
	Ambulance	\$230.00
	Engine Type I	\$140.00
	Engine Type III	\$126.50
	Squad Unit	\$120.00
	Snow Cat ( Includes Truck & Trailer)	\$225.26
	Utility Vehicle	\$140.00
	<b>Special Event Stand By Fee</b>	<b>Per Hour</b>
	<b>Personnel</b>	
	Billed at the same rate as the employee classification	
	hourly rate	
	<b>Equipment Stand By (does not include staffing)</b>	
	Fire Engine Type I	\$27.72
	Fire Engine Type III	\$25.20
	Ambulance	\$15.05
	Squad Unit	\$20.23