

County of Santa Barbara – Ambulance Permit Application

APPLICATION CRITERIA ASSESSMENT

Applicant: American Medical Response West

Section	Application Question	Meets Criteria
1	Service Information	X
2	Permit Type(s)	911
3	Affirmations	X
4	Attachments	
5-5 (A) (4)	Corporations	X
5-5 (A) (5)	LLC, partnership, or LP	n/a
5-5 (A) (6)	Joint Venture or JPA	n/a
5-5 (A) (7)	Organizational Chart	X
5-5 (A) (9)	Subcontract Proposed	n/a
5-5 (A) (11)	Vehicle Fleet (VIN, mileage, service history, type, CHP permit)	X
5-5 (A) (12)	Defend and Indemnify the County, signed	X
5-5 (A) (13)	Insurance and Work Comp Coverage	X
5-5 (A) (17)	Minimum Qualifications	
5-6 (A)	Ambulance Service, Management Experience	X
5-6 (B)	Ambulance Service, Response Time Experience	X
5-6 (C) 1	Response Time Compliance Deployment Plan	X
5-6 (C) 2	Station Locations	X
5-6 (C) 3a	Vehicle Fleet, 130% of Peak Deployment	X
5-6 (C) 3b	Vehicle Fleet, Type	X
5-6 (C) 3c	Vehicle Fleet, ALS v. BLS	X
5-6 (C) 3d	Vehicle Fleet, Maintenance Program	X
5-6 (C) 3e	Vehicle Fleet, New Units (proof of purchase, number, type, ETA, expected in-service date)	n/a
5-6 (C) 4	Demand Analysis	X
5-6 (D) 1	Staff Schedule	X
5-6 (D) 2	Staff Names, Credentials, Status, Recruitment, Alternate Staffing Plans	X
5-6 (D) 3	Staff Training & Credential Management Plan	X
5-6 (D) 4	LEMSA Approved Training Platform Agreement	X
5-6 (E) 1	CQI Plan in Compliance with State Plan and LEMSA Policy	X
5-6 (E) 2	Internal Policies & Procedures that Validate “Just Culture” QI/QA Approach	X
5-6 (E) 3	Internal Policies & Procedures Commitment to “Just Culture” Case Reviews	X

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Section	Application Question	Meets Criteria
5-6 (F) 1	Audited Financial Statement, 3 Years	X
5-6 (F) 2	Provision for Fairness in Government/Private Competition Compliance	n/a
5-6 (F) 3	Proposed Rate Schedule in Compliance with Approved Rates	X
5-6 (F) 4	Financial Feasibility Assessment, per Permit Type	X
5-5 (A) (20)	Other Facts Requested by Permit Officer	n/a

Does the Applicant meet all minimum criteria?	YES
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