



DOUGLAS COUNTY
Department of Community Development
Planning Services
100 Third Street, Castle Rock, CO 80104
(303.660.7460, FAX: 303.379.4198)
www.douglas.co.us

SPECIAL DISTRICT SERVICE PLAN APPLICATION

PLEASE FILL OUT THIS APPLICATION FORM COMPLETELY

<p>DISTRICT NAME: <u>Ute Pass Regional Ambulance District</u></p> <p>LOCATION: <u>Portions of Douglas, Teller and Park Counties</u></p> <p>LEGAL DESCRIPTION: (attach)) _____</p> <p>PLANNED DEVELOPMENT SUBDIVISIONNAME(S): _____</p> <p>FILING#: _____</p> <p>SECTION#: _____</p> <p>TOWNSHIP: _____</p> <p>RANGE: _____</p> <p>PROPERTY TAX PARCEL #(s): _____ PRESENT ZONING: _____</p> <p>_____ GROSS ACREAGE: _____</p> <p>_____</p> <p>_____</p>		<p>***PLANNING OFFICE USE ONLY***</p> <p>COMPLETE</p> <p><input type="checkbox"/> NEW DISTRICT/PRESUBMITTAL <input type="checkbox"/> MAJOR MODIFICATION <input type="checkbox"/> NEW DISTRICT <input type="checkbox"/> CONSOLIDATION</p> <p>This service plan has been reviewed by the Douglas County Community Development Department and is considered complete for purposes of submittal to the County Clerk as a formal application for staff review and subsequent public hearings. This completeness finding is not an endorsement or approval of the service plan or special district.</p> <p><u>Kathleen G. Kohn</u> Signed <u>3/5/15</u> Date _____</p> <p>PLANNER SIGNATURE _____ DATE _____</p> <p>FEE (if required) <u>250.00</u> PROJECT NO. <u>SU2015-001</u></p>	
<p>APPLICANT (Petitioner not Consultant)</p> <p>NAME: _____</p> <p>ADDRESS: _____</p> <p>_____</p> <p>PHONE: _____ FAX: _____</p>		<p>FINANCIAL CONSULTANT</p> <p>NAME: _____</p> <p>ADDRESS: _____</p> <p>_____</p> <p>PHONE: _____ FAX: _____</p>	
<p>AUTHORIZED REPRESENTATIVE</p> <p>NAME: <u>Timothy J. Dienst, Chief Exec. Officer</u></p> <p>ADDRESS: <u>P.O. Box 149</u> <u>785 Red Feather Lane</u> <u>Woodland Park, Colorado 80866</u></p> <p>PHONE: <u>719-687-2291 x4</u> FAX: <u>719-687-6410</u> Email: <u>tdienst@uprad.org</u></p>		<p>ENGINEERING CONSULTANT</p> <p>NAME: _____</p> <p>ADDRESS: _____</p> <p>_____</p> <p>PHONE: _____ FAX: _____</p>	
<p>LEGAL CONSULTANT</p> <p>NAME: <u>Robert G. Cole</u></p> <p>ADDRESS: <u>Collins Cockrel & Cole</u> <u>390 Union Blvd., Suite 400</u> <u>Lakewood, Colorado 80228</u></p> <p>PHONE: <u>303-986-1551</u> FAX: <u>303-986-1755</u> Email: <u>rcole@cccfirm.com</u></p>		<p>PROPERTY OWNER (Provide separate list if more than one owner)</p> <p>NAME: _____</p> <p>ADDRESS: _____</p> <p>_____</p> <p>PHONE: _____ FAX: _____</p>	
		<p>To the best of my knowledge, the information contained on this application is true and accurate.</p> <p><u>[Signature]</u> APPLICANT SIGNATURE</p> <p><u>1/29/15</u> DATE</p>	



Legal Description

Douglas County

Township 10 South – Range 70 West
Township 10 South – Range 69 West

Section 9-16, 21-28, 33-36
Section 7-9, 16-21, 28-33

Teller County:

Township 11 South – Range 71 West
Township 11 South – Range 70 West
Township 11 South – Range 69 West
Township 11 South – Range 68 West
Township 12 South – Range 71 West
Township 12 South – Range 70 West
Township 12 South – Range 69 West
Township 12 South – Range 68 West
Township 13 South – Range 70 West

Section 1-3, 10-15, 22-27, 34-36

Section 1-36

Section 1-36

Section 6, 7, 18, 19, 30, 31

Section 1-3

Section 1-6, 9-16, 21-28, 33-36

Section 1-36

Section 6, 7, 18, 19, 30, 31

Section 1-4, 9-16, 21-27, and those parts of 34-36 that lie north of a line beginning at the NW corner of Section 34, Township 13 South – Range 70 West going Southeasterly and ending at the SE corner of Section 11, Township 14 South – Range 69 West
Section 6, and Section 7 excluding the SE $\frac{1}{4}$ NW $\frac{1}{4}$, the NE $\frac{1}{4}$ SW $\frac{1}{4}$, the N $\frac{1}{2}$ SE $\frac{1}{4}$ and the SW $\frac{1}{4}$ NE $\frac{1}{4}$ except the NE $\frac{1}{4}$ SW $\frac{1}{4}$ NE $\frac{1}{4}$

Township 13 South – Range 68 West

Section 1-12, 14-23, the W $\frac{1}{2}$ of Section 26, Section 27-34, and the W $\frac{1}{2}$ of Section 35

Township 13 South – Range 69 West

That part of Section 1 that is north of a line beginning at the NW corner of Section 34, Township 13 South – Range 70 West, going Southeasterly and ending at the SE corner of Section 11, Township 14 South – Range 69 West

Township 14 South – Range 70 West

The W $\frac{1}{2}$ of Section 2, and those parts of 3-6, 9-11 that are north of a line beginning at the NW corner of Section 34 Township 13 South – Range 70 West, going Southeasterly and ending at the SE corner of Section 11, Township 14 South – Range 69 West.

Township 14 South – Range 69 West

Park County:

Township 10 South – Range 73 West
Township 10 South – Range 72 West
Township 11 South – Range 73 West
Township 11 South – Range 72 West
Township 11 South – Range 71 West
Township 12 South – Range 71 West

Sections 1-3, 10-16, 21-28, and 33-36

Sections 2-11, 14-23 and 26-35

Sections 1-4, 9-16, 21-26, 35-36

Sections 1-36

Sections 4-9, 16-21, 28-33

Those parts of Sections 4, 9, 16, 21, 28, and 33 Township 12 South – Range 71 West that are west of the east boundary of the Park County Line, and Sections 5-8, 17-20, and 29-32

Excluding:

39,285 U.S. Hwy. 24, Lake George, CO more specifically described as a tract of land being located in the NE ¼ NW ¼ NW ¼ of Section 33, Township 12 South – Range 71 West being more particularly described as commencing at the NW corner of Section 33, thence easterly along the Northern boundary line of said section 661.73 feet to the point of beginning, thence angle right 91°10'06", 316.22 feet, thence angle left 116°11'43", 338.20 feet, thence left 64°58'23", 173.08 feet to a point that intersects the Northern Boundary line of said Section 33, thence angle left 90°0'0" along the Northern line of said Section 33, 300 feet to the point of beginning.

And

39,550 U.S. Hwy. 24, Lake George, CO more specifically described as a tract of land being located in the E ½ NW ¼ NW ¼ of Section 33, Township 12 South – Range 71 West.

And

38,394 C.R. 77, Lake George, CO more specifically described as a tract of land being located in that portion of the NW ¼ of Section 7, Township 12 South – Range 71 West that lies Easterly of Park County Road 77 (60' ROW) being more particularly described as beginning at the NE corner of the W ½ SW ¼ of said Section 6, thence S 00°06'49" E, 1,639.32 feet along the Easterly line of the said W ½ SW ¼, thence S 65°07'17" W, 476.61 feet, thence N 36°23'28" W, 136.89 feet, thence S 69°36'29" W, 155.43 feet to a point of the easterly right-of-way line of Park County Road 77. The following 4 courses are along said easterly right-of-way line: thence on a curve to the right said curve having a, central angle 01°42'14", radius of 6,309.62 feet for an arc length of 187.64 feet, (long chord bears N 05°50'14" W, 187.63'); thence N 04°59'07" W, 332.86 feet; thence on a curve to the left said curve having a central angle 42°02'27" radius of 408.75 feet for an arc length of 299.91 feet; thence N 47°01'34" W, 250.26 feet, to a point on the westerly line of said Section 6, thence N 02°26'00" W, 806.38 feet, along said westerly line to the W ¼ corner of said Section 6, thence N 88°35'10" E, 1,050.24 feet to the point of beginning and containing 35.20 acres of land more or less.

Township 12 South – Range 73 West
Township 12 South – Range 72 West
Township 13 South – Range 71 West

Sections 1 and 12
Sections 1-36
Those parts of Sections 4, 9, 16, 21, 28, and 33,
Township 13 South – Range 71 West, that are west of
the east boundary of the Park County line, and
Sections 5-8, 17-20 and 29-32
Sections 1-18, 20-29, 32-36

Township 13 South – Range 72 West

Township 14 South – Range 72 West

That part of Section 6 Township 14 South – Range 71 West and those parts of Sections 1, 2, and 11 Township 14 South – Range 72 West that are north of a line beginning at the SE corner of the SW ¼ of the SW ¼ of Section 31 Township 14 South – Range

Township 14 South – Range 72 West

72 West, going Southwesterly and ending at the SE corner of the NE $\frac{1}{4}$ of the NE $\frac{1}{4}$ Section 10, Township 14 South – Range 72 West. Sections 3-5, and those parts of Sections 8, 9, and 10 that are north of a line beginning at the SE corner of the NE $\frac{1}{4}$ of the NE $\frac{1}{4}$ Section 10, Township 14 South – Range 72 West, going west and ending at the SW corner of the NW $\frac{1}{4}$ of the NW $\frac{1}{4}$ Section 8, Township 14 South – Range 72 West.

Teller County:

Township 12 South – Range 71 West

Those parts of Sections 9, 16, 21, 28, and 33 that are east of the west boundary of the Teller County line, and Sections 10-15, 22-27, 34-36

Township 12 South – Range 70 West

Sections 7-8, 17-20, 29-32

Township 13 South – Range 71 West

Those parts of Sections 4, 9, 16, 21, and 28 that are east of the west boundary of the Teller County line, and Sections 1-3, 10-15, 22-27

Township 13 South – Range 70 West

Sections 5-8, 17-20, 28-30.



**Second Amendment to the Service Plan:
Description of Services**

*Conversion from a Special Ambulance District
to a
Health Service District*

January 2015



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Problem Statement:

Ute Pass Regional Ambulance District (UPRAD) desires to implement a Community Paramedic/Mobile Integrated Healthcare Service (CP/MIHP) intended to better serve the healthcare needs of area residents. However, as an ambulance district, current statute does not permit UPRAD the necessary flexibility to provide enhanced healthcare services on its own or in partnership with any other healthcare providers. To operate the CP/MIHP as planned, the Colorado Department of Public Health and Environment (Department) is requiring UPRAD to obtain a Home Health Provider license or certificate of compliance under Title 27, Article 27.5, C.R.S. Currently, UPRAD, as an ambulance district, is not allowed by statute to acquire this needed license/certificate thus, UPRAD must amend its service plan and change to a "Health Service District" before initiating its CP/MIHP.

This change would allow for:

(b) A health service district created pursuant to this article that may establish, maintain, or operate, directly or indirectly through lease to or from other parties or other arrangement, public hospitals, convalescent centers, nursing care facilities, intermediate care facilities, emergency facilities, community clinics, or other facilities providing health and personal care services and may organize, own, operate, control, direct, manage, contract for, or furnish ambulance service.

Solution/Request

The Board of Directors of UPRAD are requesting pursuant to Part 2, Article 1, Title 32, approval of UPRAD's Service Plan amendment to change its name, designation as a health service district and its authorized services. UPRAD requests that its name be changed to the Ute Pass Regional Health Service District, and that its authorized services and powers be enhanced to include all those specified in statute permitted to a health service district. Those authorized services and powers include, but are not limited to, those outlined in the enclosed application to the Department to operate its Community Paramedic Program as a Home Health Provider.

Introduction and Background

In 2004 the UPRAD was formed to provide full-time emergency medical services (EMS) along with emergent and non-emergent ambulance transportation services to patients needing such services in the Southwestern portions of Douglas and all of Northern Teller Counties. These services are provided in the area that was previously served by Woodland Park Ambulance Service (WPAS) a 501-C-3 not-for-profit corporation. The formation of the ambulance district was seen as the only way to best serve the EMS needs in the area. In 2005 the High Country Emergency Medical Services (HCEMS), another 501-C-3 not-for-profit corporation serving the Florissant and Lake George areas of Park County suddenly ceased operations. The sudden demise of HCEMS and service void necessitated UPRAD to submit the *First Amendment to the Service Plan* that provided for the inclusion of the Florissant and Lake George areas into UPRAD's boundaries. It was determined at that time that the residents of the area would receive improved services by the formation of the District.

Since that time, UPRAD has followed through on the original Service Plan and exceeded the level of service originally contemplated by the Service Plan. UPRAD purchases and maintains quality medical equipment, hires superior and highly trained personnel and continues to provide 24/7/365 readiness and response to the citizens and visitors to those parts of Douglas, Park and Teller Counties.

Yet, at the time UPRAD was formed the exact growth in emergency calls and the need for other services; and, the broad changes in overall healthcare and its funding systems were unknown. In 2010 the United States Congress passed the Patient Protection and Affordable Care Act (ACA) intended to, among other things, enhance patient access to health service, improve patient outcomes and reduce overall healthcare costs.

In essence, this change shifts the provision of healthcare services including EMS away from quantity of services provided to quality of care provided. This paradigm shift demands that healthcare providers form collaborative partnership systems that enhance quality, reduce costs and streamlines the delivery of healthcare. Over the past 2 years UPRAD has made strides to partner with local health providers, the Counties' Public Health Departments and the hospitals to create a unique program to serve the community in new and better ways. The Community Paramedic model is recognized as the future of EMS and a shift in paradigms for caring for patients and communities.

Proposed Service Enhancements

As a health service district, Ute Pass Regional Health Service District (UPRHSD) will implement the Paramedic Advanced Care Team (PACT). The PACT is a group of highly experienced paramedics and other healthcare providers' with special training in acute and sub-acute care of the chronically ill. This program emphasizes an all-inclusive approach to the assessment, treatment and navigation of patients in and out of hospital setting. PACT team members are trained to work closely with the patient's physician, home health agency, public health, DHS, the local hospitals and behavioral health. The goal of the program is to improve patient outcomes and satisfaction by visiting patients in their home to assess their condition in hopes of identifying aberrancies before they become a threat to the patient's health and wellbeing. The PACT program is currently focused on four areas of patient wellbeing;

1. **Public Health and Education Program (PEP).** This program works closely with public health partners. The goal is to identify patients in need of health care and connect them with resources for insurance and health service.
2. **Physician Oversight Program (POP).** This program works under the direction and oversight of the patient's physician to improve patient satisfaction and outcome.
3. **Mental Health Assessment Program (MAP).** This program allows our PACT member to work closely with law enforcement agencies and other local mental health providers. The goal is to navigate patients to the appropriate destination for mental health service.
4. **Home Healthcare Assistance Program (HAP).** This program is designed to work with our local home health care agencies. This partnership provides additional value to the client and improves satisfaction. This is done by bridging the current gaps in home healthcare.

The Second Amendment to the Service Plan does not replace the original Service Plan dated June 25, 2004 or the First Amendment to the Service Plan dated May 18, 2005. Instead, the Second Amendment explains the enhanced services the District intends to provide as a health service district, describes how the services will be funded and provided, and shows that the existing District residents will also benefit from this change. Revisions as they pertain to the Second Amendment are presented similarly to those of the First Amendment. The major components of the Second Amendment to the Service Plan are compared to the original and First Amendment to the Service Plan in the table in Appedix 1.

XII. Conclusion:

This Second Amendment to the Service Plan for Ute Pass Regional Ambulance District supplements the original Service Plan Dated June 25, 2004 and the First Amendment to the Service Plan dated May 18, 2005. It also shows, by comparison, how services are to be provided and that services in the original service area will not be adversely affected.

Conversion to a health service district must be approved by the boards of county commissioners in Douglas, Park and Teller Counties. There is a need for improved access to health service in the District. No fire protection district, city, county, or private entity is capable of, or interested in, providing the enhanced health service comparable to those being proposed by the District.

While not required for conversion to a Health Service District, the following elements have been addressed to assist the Boards in their understanding of the Second Amendment to the Service Plan:

1. A description of the proposed services to be provided by the health service district;
2. A financial plan showing how the proposed services are to be financed;
3. A preliminary survey showing how proposed services are to be provided (to be provided through existing facilities and a facility in the included area);
4. A map of the District's boundaries is not included – boundaries do not change. Also includes an estimate of the population and valuation for assessment of the District;
5. A general description of facilities to be constructed and the standards for such construction, including a statement of how the facility and service standards of the District are not included – no new facilities are contemplated at this time. Future

facilities will be compatible with the facility and service standards of the counties, municipalities, and special districts which are interested parties pursuant to C.R.S. § 32-1-204(1);

6. A general description of the estimated cost of acquiring land, engineering services, legal services, administrative services, initial proposed indebtedness and proposed maximum interest rates and discounts, and other major expenses related to the organization and initial operation of the District are not included since none are anticipated at this time;
7. A description of any arrangement or proposed agreement with any political subdivision – non anticipated at this time;
8. Information satisfactory to establish that each of the following criteria as set forth in C.R.S. § 32-1-203, although not required for conversion to a health service district, has been met:
 - a. There is sufficient existing and projected need for the conversion to a health service district and addition of the CP/MIH programs;
 - b. The existing services provided by the CP/MIH program in the area to be served by the health service district will enhance services provided by other healthcare providers in the area and that the service enhancements are adequate for present and projected needs;
 - c. The health service district will be capable of providing economical and sufficient services within a reasonable time and on a comparable basis within its boundaries;
 - d. Adequate CP/MIH services are not, and will not be, available to the area through the counties or other existing municipal or quasi-municipal corporations, including existing special districts within a reasonable time and on a comparable basis;
 - e. The facility and service standards of the District are compatible with the facility and service standards of the counties within which the District is to be located and included and each municipality which is an interested party under C.R.S § 30-28-106;
 - f. The proposed CP/MIH program is in substantial compliance with any master plan adopted by Douglas, Park, and Teller Counties pursuant to C.R.S. 30-28-106;
 - g. That the conversion to a health service district is in compliance with any duly adopted city, county, regional, or state long-range water quality management plan for the area; and
 - h. The conversion to a health service district is in the best interest of the area to be served.



Second Amendment to the Service Plan

**Application
for a
License or a Certificate of Compliance to Operate a Health Facility**

submission confirmation #

21409-6202013-01 on 6-20-13

Colorado Department of Public Health and Environment
 Health Facilities and Emergency Medical Services Division - A2
 4300 Cherry Creek Drive South
 Denver, Colorado 80246
 Phone: (303) 692-2800
 Fax: (303) 753-6214

License # Z01695

Date Approved _____

By _____

From _____ thru _____

Entered Date _____ By _____

**APPLICATION FOR A LICENSE OR A CERTIFICATE OF COMPLIANCE TO OPERATE A HEALTH
 FACILITY**

For agencies submitting more than one application, only enter information for services provided by this agency on this license application.

Printed: Thursday, June 20, 2013 9:32 AM

Agency Name: **UTE PASS REGIONAL AMBULANCE DISTRICT**Applying for **Class A** License

Certification

This agency is already certified under Medicare as a home health agency or Medicaid as a HCBS provider through Healthcare Policy and Financing.	No
This agency plans to be certified under Medicare as a home health agency or Medicaid as a HCBS provider through Healthcare Policy and Financing.	Yes

This agency is, or wishes to be, certified under Medicare as a home health agency or Medicaid as a HCBS provider through Healthcare Policy and Financing as:

Type	Is Certified As	Wishes to be certified as
Home and Community Based Waiver – Personal Care and Homemaker	No	No
Home and Community Based Waiver – Personal Care and Homemaker – Brain Injury	No	No
Home and Community Based Waiver – In-Home Support Services	No	Yes
Home and Community Based Waiver – Independent Living Skills Training – Brain Injury	No	No
Federally certified home health agency	No	No
Pace certified home health agency	No	No

This agency is certified by a HCBS waiver program not overseen by CDPHE	No
This agency plans to be certified by a HCBS waiver program not overseen by CDPHE	No
Is, or plans to be, certified by:	NA
If other, please describe:	

Licensing Activity: Initial Application

Under the authority of Sections 25-3-101 and 102 C.R.S., and 6 CCR 1011-1 an agency may **only** operate in Colorado under a valid license from the Colorado Department of Public Health and Environment. The undersigned applicant hereby requests that this department initiate licensing activity to effect the following type of license activity:

Part 1 - Insurance**Insurance Requirement**

When submitting an application for an initial or renewal license, the HCA shall include evidence of either liability insurance or a surety bond in lieu of liability insurance coverage. Such coverage shall be maintained for the duration of the license period. The minimum amount of coverage is:

Class A - \$500,000 per occurrence and \$3,000,000 aggregate.

Class B - \$100,000 per occurrence and \$300,000 aggregate.

Part 1 - Fingerprint Cards**Finger-Print Based Criminal History Record Check**

Each HCA owner, applicant or licensee shall submit a complete set of his or her fingerprints to the Colorado Bureau of Investigation for the purpose of conducting a state and national fingerprint-based criminal history record check utilizing the records of the Colorado Bureau of Investigation and the Federal Bureau of Investigation. The owner, applicant or licensee shall pay the costs associated with the fingerprint-based criminal history record check to the Colorado Bureau of Investigation.

No license shall be issued or renewed by the Department if the owner, applicant, or licensee of the home care agency has been convicted of a felony or of a misdemeanor, which felony or misdemeanor involves moral turpitude or involves conduct that the Department determines could pose a risk to the health, safety or welfare of HCA consumers.

[Click here](#) for background check reference document.

Fingerprint cards have been submitted to the Colorado Bureau of Investigation for:

Name	Tim
Title	Dienst
Address	785 Red Feather Lane, Woodland Park, CO 80863
Phone number	719-687-2291
Date submitted	04/09/2013
Description of legal authority over the agency	board of directors

1 Fingerprint card Entered.

Part 1 - Agency Demographic Information

1.	Agency Name of Record: (The name that your agency holds out to the public on signage, letterhead, etc)	UTE PASS REGIONAL AMBULANCE DISTRICT
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The agency name, shown above, has not yet been approved by the division, and is subject to change.	
2.	Official Agency Name: (Name filed with the Secretary of State)
3.	Administrator:
	Date of Employment:
	Date of Appointment:
	Phone:
	Fax:
	Email Address:
4.	Licensing Contact Person:
	Phone:
	Fax:
	Email Address:
5.	Agency Phone:
6.	Agency Fax:
6.	Agency Website Address (url):
7.	Agency Physical Address:
8.	Agency Mailing Address:
9.	Director of Nursing:
	License #:
	State that issued license:
	Date of Employment:

Part 1 - Home Care Demographic Information

1.	Home Health Agency provides directly:	Both
2a.	Type of Agency:	Other
2b.	*If Medicare/Medicaid certified, give the provider number:	
3.	Type of Control:	For Profit - Proprietary
4.	Geographic Service Area / Contiguous Counties Served:	Douglas, Teller, and Park Counties
5.	This agency has been providing services for at least one year.	Yes

A signed zoning form is required for each branch location.

Part 1 - Patient Census Information

Current Consumer Census	
Census as of	1/1/2004
Total	19101 (All payor sources)
Most Recent 12 Months	
Start Date	1/1/2011

End Date 1/1/2012

Admissions		
Code	Category	Census for Most Recent 12 Months
A1	Admissions	0

Discharges		
Code	Category	Census for Most Recent 12 Months
D1	Discharge to hospital	0
D2	Discharge to Nursing Home	0
D3	Goals met discharges	0
D4	Death discharges	0
D5	Total discharges	0
D6	Decline Services	0
D7	Transfer discharge to another agency	0

Part 1 - Services Provided

Below, please code each service delivered under this license to indicate how the service is provided.

Codes:

- 1 = Services provided by agency staff
- 2 = Services provided by arrangement or agreement
- 3 = Services provided through a combination of agency staff and through agreement

Circle one code for only those services provided.

	Service Provided	Code
101	Nursing Care	1
103	Occupational Therapy	1
105	Medical Social Worker	1
108	Nutritional Guidance	1
112	Laboratory Services	1
114	ADL Guidance	1
115	Wound Care	1
116	Respiratory Therapy	1
118	Other	1

HCBS Waiver Services		
	Service Provided	Code
203	In-Home Support Services	1
204	Independent Living Skills Training	1

Part 1 - Staffing

If you apply for more than one HCA license please enter only data that applies to the services to be provided under this license.

>

Staffing			
Staff Code	Staff Type	FTE *	Number of Staff
S1	Registered Nurse	0	0
S2	Licensed Practical Nurse	0	0
S3	Physical Therapist	0	0
S4	Occupational Therapist	0	0
S5	Speech Pathologist/Audiologist	0	0
S6	Social worker	0	0
S7	Home Health Aide	0	0
S8	Pharmacist	0	0
S9	Dietitian	0	0
S10	Physical Therapy Assistant	0	0
S11	Occupational Therapy Assistant	0	0
S12	Physician Assistant	0	0
S13	Physician	1	0
S14	Respiratory Therapist	0	0
S15	Respiratory Therapist Assistant	0	0
S16	Home Care Worker / Personal Care Provider	0	0
S17	Home Maker	0	0
S18	Companion	0	0
S19	IHSS Attendant	0	0
S20	Nurse Attendant	0	0
S21	ILST	0	0
S22	All Others	4	4
TOTALS		5	4

*FTE – Full Time Equivalent is a measurement equal to one staff person working a full-time work schedule for one year. Example 2 persons working 20 hours per week for a year would equal 1 FTE (40 hours of work).

Please complete the table above. The data entered into each column should include all staff employed directly or by contract that provides care and services to the consumers served by the agency. The Monies Paid column does not have to be completed if the Workers Compensation Audit form is submitted with the application.

Survey Responses Indicate: **No Sublicensed Agencies**

Survey Responses Indicate: **No Affiliated Agencies**

Survey Responses Indicate: **No Branches**

Part 1 - Workstations

Physical Address:	785 Red Feather Lane, Woodland Park 80863 (County: TELLER)
Phone:	719-687-2219
Fax:	719-687-6410
E-mail address:	tdienst@uprad.org
Distance from parent agency:	same

1 Workstations Entered.

Part 2 - Receiver

Name:	Tim Dienst
EIN:	none
Date of Appointment as Receiver:	01/01/2012
Address:	PO Box 149, Woodland Park, CO 80866
Phone Number:	719-687-2219
Fax Number:	719-687-6410

1	Limitations Resulting from Legal Proceedings: - Check the box to the right if any person listed in your responses to the Receiver section of this application has been involved in any proceeding in the last five years, the result of which was receivership or temporary management, conditional or provisional licensing, or any other limitation upon or a suspension, revocation, or refusal to grant or renew a health agency license, professional license, certification for Medicaid or Medicare, or other public health or social services payment program, or contract for participation in Medicaid or Medicare.	<input type="checkbox"/>
If 'Yes', use additional sheets to fully describe. As a reminder, this item will be added to the list of attachments you are required to submit with your application.		
2	Civil Judgment or Criminal Conviction - Check the box to the right if the applicant, shareholders owning five (5%) percent interest or more, officers, directors, or other controlling or managing persons, listed in the Receiver section, has, within five years of the date of application, sustained a civil judgment, or criminal conviction, or in which a guilty plea or nolo contendere plea has been accepted, involving conduct or an offense in the operation, management, or ownership of a health institution related to patient or resident care or fraud in public health or social services payment program.	<input type="checkbox"/>
If 'Yes', use additional sheets to identify person(s) and fully describe each occurrence. As a reminder, this item will be added to the list of attachments you are required to submit with your application.		
3	Ownership Interest - Check the box to the right if any individual named in your responses to in the Receiver section of this application have any ownership interest (property or business) in any other health care agency?	<input type="checkbox"/>
If 'Yes', use additional sheets to fully describe. List names of individuals and health care facilities involved, including name, address, primary function, and Medicare and Medicaid numbers for each agency. As a reminder, this item will be added to the list of attachments you are required to submit with your application.		

Part 2 - Business Owner (Licensee)

Name:	UPRAD board of directors
EIN:	none
Ownership Type:	Other
Address:	PO Box 149, Woodland Park, CO 80866

Telephone:	719-687-2291
Date of Ownership	1/1/2001 to Present

Ownership Type - Other Ownership Type: Business Owner

Owner's Company Name:	
Date of Formation: (If Special District)	
Address:	, ,
Telephone:	
Contact:	
Phone:	
Contact Address:	, ,

Survey Responses Indicate: **Building Owner Same as Business Owner (Licensee)**

Survey Responses Indicate: **No Management Company**

Attachments

When you fill in this section online, the list of attachments that you will be required to submit to the Department along with your application will be built and then shown to you at the end.



Appendix 1

Amendment Revision Components For Comparison

Service Plan Element	Original Service Plan	First Amendment to Service Plan	Second Amendment to Service Plan
I. Name of the District <hr/> II. Purpose of the District	Ute Pass Regional Ambulance District. <hr/> To prepare for, and respond to both emergency and non-emergency medical calls within the boundaries of its service area. It shall also include the provision of emergency medical standby services for fire and law enforcement agencies for a cooperative mitigation of other medical and trauma related emergencies occurring in the area.	Name remains the same. <hr/> Purpose of the District remains the same.	Ute Pass Regional Health Services District (UPRHSD) <hr/> Purpose of the UPRHSD for ambulance services remains the same. The purpose of the CP/MIHP is to provide alternative healthcare and transportation related services in partnership and collaboration with other area healthcare providers. The goals are to improve access to healthcare services, coordinate healthcare procedures, improve patient outcomes and satisfactions and reduce costs to healthcare providers, District Resident patients and others requiring healthcare services and transportation.
III. Boundaries, Population, Traffic, & Valuation Boundaries: <hr/> Fire Protection Districts:	Parts of Douglas and Teller Counties. <hr/> Includes: All of Mountain Communities F.P.D. All of Northeast Teller County F.P.D. Includes those parts of Divide F.P.D. that are not included in the Southwest Teller County Hospital UPRAD	Parts of Douglas, Teller, and Park Counties. <hr/> Includes: All areas originally proposed. Those parts of the Florissant F.P.D. that are not included in the Southwest Teller County Hospital District All but the most southwesterly tip of the Lake George F.P.D. (Park County)	Boundaries remain the same. <hr/> Fire protection districts remain the same.

Service Plan Element	Original Service Plan	First Amendment to Service Plan	Second Amendment to Service Plan
Service Plan Area: (square miles):	Douglas County: 35 Teller County: <u>226</u> Total Miles: 261	Douglas County: 35 Teller County: 277 Park County: <u>227*</u> Total Miles: 539 *Most of this area is unoccupied National Forest Land.	Does not change
Overlapping Service:	Consent from: Divide F.P.D. Mountain Communities F.P.D. Northeast Teller County F.P.D.	Consent from: All consents originally given Florissant F.P.D., attached Lake George F.P.D., attached High Country Ambulance District consent will be attached prior to obtaining order for organization.	Does not apply.
Population Estimates:	2004 Estimated Population: 14,238	2004 Estimated Population: 19,101.	2010 Estimated Population: 21,635.
Traffic:	Includes traffic on all major routes.	Traffic on all major routes already included in the original Service Plan.	Does not change
Valuation:	2005 Estimated Assessment: Douglas: \$3,125,222 Teller: <u>\$172,339,765</u> Total: \$175,464,987 \$191,502,486 For 2007 \$209,005,813 For 2009 \$228,108,944 For 2011	2005 Estimated Assessment Douglas: \$ 3,125,222 Teller: \$215,924,840 Park: <u>\$ 16,653,499</u> Total: \$235,703,561 \$257,246,865 For 2007 \$280,759,229 For 2009 \$306,420,622 For 2011	2014 Estimated Assessment Douglas: \$ 3,983,900 Teller: \$226,322,841 Park: <u>\$ 25,048,530</u> Total: \$255,355,271 \$257,908,824 For 2015 \$260,487,912 For 2016 \$263,092,791 For 2017

Service Plan Element	Original Service Plan	First Amendment to Service Plan	Second Amendment to Service Plan
<p>IV Need for the District</p> <p>Current Services:</p>	<p>The Teller County District Court ordered organization of the Ute Pass Regional Ambulance District and permits the District to seek funding through mill levy elections. The order does not allow the District to operate an ambulance service until voters approve funding. If mill levy funding is not secured by December 31, 2006, the organization of the District will be rescinded. A copy of the organizational order can be found on pages 25-29 of this First Service Plan Amendment.</p> <p>Woodland Park Ambulance Service (WPAS) continues to be the ambulance service provider within the boundaries of the District.</p> <p>When the District is funded, all physical and financial assets owned by WPAS will be transferred to the District without cost.</p>	<p>The addition of territory into the District must be approved by the voters in the area to be included. In November 2005, all voters within the District will be asked to approve funding.</p> <p>If inclusion of the additional area is not approved, patients that reside in this area may, or may not receive services from the District. Service outside of the District boundaries can only be provided when it does not detract from care for patients within the District. Non-District Patients will not receive the discounts provided to District Patients and will also be charged the Non-District Patient Fee.</p> <p>The financial health of WPAS is deteriorating. If the voters do not approve to fund the District, reductions in service will be made.</p> <p>Ambulance services in the original and inclusion areas will worsen.</p>	<p>Current services for EMS and ambulance remain the same.</p> <p>Additional services provided by UPRHSD include, but not limited to, the PACT Program Public Health and Education Program, Physician Oversight Program, Mental Health Assessment Program, and the Home Healthcare Assistance Program.</p> <p>Discounts provided to District Residents will still apply for EMS and ambulance services.</p> <p>Discounts provided to District Residents will not apply to PACT and other UPRHSD services and programs.</p>
<p>Calls for Service:</p>	<p>The original Service Plan projected call volume and transports to increase by 4% per year through 2012.</p>	<p>The original Service Plan included projections for this area because the inclusion area was already being served under a mutual aid agreement.</p>	<p>Does not Change.</p>
<p>Staffing and Volunteers:</p>	<p>Fulltime paid staff is needed to meet the demands of the service area.</p>	<p>Does not change. However, the inability of HCEMS to attract volunteers validates the need for fulltime</p>	<p>Does not change. However, additional specially trained community paramedics and other staffing may be added in</p>

Service Plan Element	Original Service Plan	First Amendment to Service Plan	Second Amendment to Service Plan
		ambulance staffing.	the future.
Training and Education:	Additional training and education for paramedics and EMT's is needed.	Does not change.	Staff is attending community paramedic classes along with normal EMS related continuing education programs and classes.
Facilities and Medical Equipment:	Formation and funding of the District is needed to provide adequate facilities for on-duty crews, training areas, and equipment. The current facility needs to be expanded or relocated.	<p>The State of Colorado did not distribute any HCEMS equipment to WPAS.</p> <p>The HCEMS facility, which is located on Park County government property, does not meet the District's needs. It is also anticipated that the building will become a sub-station for the Park County Sheriff's Department.</p> <p>The District needs an ambulance substation in order to provide more timely service to this area and the western portion of the existing District. The addition of a second ambulance location benefits the entire District.</p>	New equipment and vehicles will be obtained as necessary for the CP/MIHP.
Financial:	Consistent and reliable funding is needed to provide and maintain quality ambulance services.	Does not change.	Does not change.
V. Adherence to State Service Standards and Regulations and Compatibility with County and Municipal Planning	The District shall comply with all regulatory standards as stipulated in the original Service Plan.	The District shall also operate according to the provisions of Ambulance Service Licenses granted by the Board of County Commissioners for Park County.	<p>Does not change for ambulance services.</p> <p>The UPRHSD shall also operate according to the provisions of any additional statutes, rules and regulations that may be required of a licensed or certified home health agency; or, to any other statutes, rules and regulations</p>

Service Plan Element	Original Service Plan	First Amendment to Service Plan	Second Amendment to Service Plan
			that may be promulgated in the future pertaining to the provision of EMS, CP/MIH and other services.
VI. Proposed Services Responses:	The District will continue to respond to calls inside and outside the boundaries of the District.	Inclusion of this area in the District will permit the District to respond faster to calls in this area, as well as being available to respond to calls in the rest of the District.	Responses for the ambulance service remain the same. CP/MIH services will be determined as programs are implemented and coordinated with other area providers.
Facilities:	The District occupies facilities located at 785 Red Feather Lane in Woodland Park, Colorado. Facilities will be expanded and/or relocated as deemed necessary by the District.	The District will need to expand/relocate the facility in Woodland Park and construct a substation in the included area. Both fire protection districts in the included area have stated that they have land that could be donated to the District to build a substation.	No new facilities are anticipated at this time.
Staffing:	<p>WPAS current staffing is 9 fulltime paramedics, 3 working each shift. This is sufficient to staff only 1 ½ ambulances.</p> <p>Staffing is proposed to increase by 2 paramedics or EMTs per shift. This is sufficient to staff 2 ½ ambulances.</p>	<p>Increase staffing by one additional paramedic or EMT per shift. This is sufficient to staff 3 ambulances.</p> <p>2 staffed ambulances will remain in the original service area and the third will be located in the inclusion area. Current District residents will benefit by having the third ambulance readily available to cover the original service area when other resources are busy.</p> <p>Residents in the included area benefit by having an ambulance complete with staff, medical supplies, and equipment located in the inclusion area.</p>	<p>No staffing additions are anticipated at this time.</p> <p>Residents and healthcare providers in the area benefit by having additional well trained medical providers who will provide CP/MIHP in partnership with other local and regional healthcare providers.</p>

Service Plan Element	Original Service Plan	First Amendment to Service Plan	Second Amendment to Service Plan
Medical Equipment:	The District will acquire, own, and operate suitable emergency and non-emergency vehicles, communications equipment, medical devices, and other equipment necessary to provide the ambulance services proposed by the District.	No Change.	No Change for EMS and ambulance services. New medical equipment may/will be added as necessary in the future.
VIII. Financial Information District Income:	Combination of patient and insurance billing, mill levy, and grants. District Patients receive up to 50% discounts on ambulance bills. Patients in the proposed inclusion area are considered Non-District Patients, do not get discounts, and are charged the Non-District Patient Fee.	If approved, residents and tax payers in the inclusion area would be considered District Patients, instead of being considered Non-District Patients, and receive the benefits of the District.	As allowed by statute to health service districts UPRHSD will utilize a combination of insurance and patient billing, mill levy, sales tax, and grants as primary sources of income. Tax increases will require voter approval prior to implementation. Does not change for ambulance services provided to District Patients.
Mill Levy:	Floating 4.5 mills.	Constant maximum of 3.99 mills with voter approval required for any increases.	No mill levy or other tax increases/changes are anticipated at this time.
Sales Tax:	Not allowed	Not allowed	Allowed and will require voter approval; however, not seeking at this time.
Income Estimate:	Annual Income: \$ 693,087 Mill Levy \$ 824,432 Patient Billing \$ 49,549 Other Income	Annual Income: \$ 940,457 Mill Levy \$ 818,850 Patient Billing \$ 59,187 Other Income	Annual Income: \$1,018,868 Mill Levy \$ 892,434 Patient Billing \$ 154,265 Other Income \$2,065,566 for 2014

Service Plan Element	Original Service Plan	First Amendment to Service Plan	Second Amendment to Service Plan
	Totals: \$1,567,068 for 2006 \$1,607,906 for 2008 \$1,732,528 for 2010 \$1,825,076 for 2012	Totals: \$1,818,494 for 2006 \$1,919,052 for 2008 \$2,182,808 for 2010 \$2,387,726 for 2012	Totals: \$2,077,297 for 2015 \$2,089,146 for 2016 \$2,101,113 for 2017 \$2,122,124 for 2018
Expense Estimate:	Annual Expenses: \$1,562,615 for 2006 \$1,607,336 for 2008 \$1,730,289 for 2010 \$1,821,184 for 2012	Annual Expenses: \$1,809,037 for 2006 \$1,916,267 for 2008 \$2,181,009 for 2010 \$2,362,037 for 2012	Annual Expenses: \$1,980,858 for 2014 \$2,000,666 for 2015 \$2,020,673 for 2016 \$2,040,879 for 2017 \$2,061,288 for 2018
Net Income	Annual Net Income/(Loss) \$4,454 for 2006 \$570 for 2008 \$2,239 for 2010 \$3,892 for 2012	Annual Net Income/(Loss) \$9,457 for 2006 \$2,785 for 2008 \$1,798 for 2010 \$25,689 for 2012	Annual Net Income/(Loss) \$ 84,709 for 2014 \$ 76,631 for 2015 \$ 68,473 for 2016 \$ 60,234 for 2017 \$ 60,836 for 2018
Estimated Impact of Mill Levy on Residential, Commercial, and Vacant Properties:	Mill Levy, Assessed Value: \$100,000 per year: 4.5 – Residential: \$ 35.83 4.5 – Commercial: \$130.50	Mill Levy, Assessed Value: \$100,000 per year: 3.99 – Residential: \$ 31.76 3.99 – Commercial: \$115.71	Does not change.
X. Resolution of Approval	Resolutions from Douglas and Teller Counties.	Resolutions from Douglas, Teller, and Park Counties.	Resolutions from Douglas, Teller, and Park Counties.



Appendix 2

Letters of Support for Paramedic Advanced Care Team

April 10, 2013

To whom it may concern,

Please accept this letter as Aspen Pointe Health Services formal support of Ute Pass Regional Ambulance District (UPRAD) and their Paramedic Advanced Care Team (PACT). We have had the opportunity and pleasure to interact with UPRA and its staff of professionals. Over the years we have been impressed with the high degree of competent care they provide to our clients. Our agency's leaders have had an opportunity to meet with the PACT program members and feel the Community Paramedic program they are proposing is a good fit for the community and our agency. Moving forward our agency has identified significant numbers of patients with the following medical conditions; Congestive Heart Failure patients, Reactive Airway Disease, Diabetics, Chronic pain patients that may benefit from the services offered by the PACT program.

Additionally the mental health services the PACT program has proposed are a much needed bridge to assist an underserved population in our community. In Teller County alone, mental illness affects 3% of the population annually. This has led to an average suicide rate of 30.6 self-inflicted intentional deaths per year. We know there is a close correlation between behavioral health and alcohol / substance abuse. This is true in our community as well. With 10.2% of all adults reporting binge drinking in the last six months and 50% of teenagers reporting some contact with alcohol.

Access to healthcare is a major component of the PACT Program. The federal government, through the Department of Health and Human Services, has identified a lack of health insurance as a leading contributing factor to poor access to healthcare. Teller County is not immune to this as 7.3% of children and 23.2% of working age adults that are eligible for Medicaid are not currently enrolled. The numbers are even worse when looking at children eligible for CHP+ whom are not currently enrolled, they are at 40.5%, well above the state average. Innovative programs like the PACT have been shown to increase enrollment in these programs.

Finally the rate of both Asthma and Diabetes in Teller County are well above the state average at 10% and 6.4% respectively. Obesity is a major contributing factor for both of these conditions and Teller County has seen a 100% increase in patients identified as obese. Given these figures 2 out of every 10 people in Teller County are obese according to the 2013 Teller County Health Status Report. It is reasonable to assume that the demand for creative ways to deliver cost effective, point of care services, will rise as this group ages.

The PACT program and the community paramedic model are evidence based approaches to providing high quality cost controlled care when and where the patient needs it. For all of these reasons our agency has chosen to support and endorse UPRA and the PACT program. Furthermore we look forward to even more productive and collaborative efforts in the future.

Nancy Craney RN, MA, NE-A, BC

Vice President, Health Services



PROVIDING EXCEPTIONAL HEALTHCARE FOR PEOPLE FACING ACCESS BARRIERS

340 Printers Parkway • Colorado Springs, CO 80910-3195 • www.peakvista.org • (719) 632-5700

To whom it my concern,

Please accept this letter as Peak Vista Community Health Centers' formal support of Ute Pass Regional Ambulance District (UPRAD) and their Paramedic Advanced Care Team (PACT). We have had the opportunity and pleasure to interact with UPRAAD and its staff of professionals. Over the years we have been impressed with the high degree of competent care they provide to our clients. Our agencies leaders have had an opportunity to meet with the PACT program members and feel the Community Paramedic program they are proposing is a good fit for the community and our agency. Moving forward our agency has identified significant numbers of patients with the following medical conditions; Congestive Heart Failure patients, Reactive Airway Disease, Diabetics, Chronic pain patients that may benefit from the services offered by the PACT program.

Additionally the mental health services the PACT program has proposed are a much needed bridge to assist an underserved population in our community. In Teller County alone, mental illness affects 3% of the population annually. This has led to an average suicide rate of 30.6 self-inflicted intentional deaths per year. We know there is a close correlation between behavioral health and alcohol / substance abuse. This is true in our community as well. With 10.2% of all adults reporting binge drinking in the last six months and 50% of teenagers reporting some contact with alcohol.

Access to healthcare is a major component of the PACT Program. The federal government, through the Department of Health and Human Services, has identified a lack of health insurance as a leading contributing factor to poor access to healthcare. Teller County is not immune to this as 7.3% of children and 23.2% of working age adults that are eligible for Medicaid are not currently enrolled. The numbers are even worse when looking at children eligible for CHP+ whom are not currently enrolled, they are at 40.5%, well above the state average. Innovative programs like the PACT have been shown to increase enrollment in these programs.

Finally the rate of both Asthma and Diabetes in Teller County are well above the state average at 10% and 6.4% respectively. Obesity is a major contributing factor for both of these conditions and Teller County has seen a 100% increase in patients identified as obese. Given these figures, 2 out of every 10 people in Teller County are obese according to the 2013 Teller County Health Status Report. It is reasonable to assume that the demand for creative ways to deliver cost effective, point of care services, will rise as this group ages.

The PACT program and the community paramedic model are evidence based approaches to providing high quality cost controlled care when and where the patient needs it. For all of these reasons our agency has chosen to support and endorse UPRAAD and the PACT program. Furthermore we look forward to even more productive and collaborative efforts in the future.

Letter of Support

To whom it my concern,

Penrose Mountain Urgent Care formally supports the Ute Pass Regional Ambulance District (UPRAD) and their Paramedic Advanced Care Team (PACT). We have had the opportunity and pleasure to interact with UPRAAD and its staff of professionals. Over the years we have been impressed with the high degree of competent care they provide to our clients. Our agencies leaders have had an opportunity to meet with the PACT program members and feel the Community Paramedic program they are proposing is a good fit for the community and our agency. Moving forward our agency has identified significant numbers of patients with the following medical conditions; Congestive Heart Failure patients, Reactive Airway Disease, Diabetics, Chronic pain patients that may benefit from the services offered by the PACT program.

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Sincerely,



Carey T. Pelto, M.D.

Medical Director, Penrose Mountain Urgent Care



To whom it my concern,

Please accept this letter as Pikes Peak Regional Hospital formal support of Ute Pass Regional Ambulance District (UPRAD) and their Paramedic Advanced Care Team (PACT). We have had the opportunity and pleasure to interact with UPRAD and its staff of professionals. Over the years we have been impressed with the high degree of competent care they provide to our clients. Our agencies leaders have had an opportunity to meet with the PACT program members and feel the Community Paramedic program they are proposing is a good fit for the community and our agency. Moving forward our agency has identified significant numbers of patients with the following medical conditions; Congestive Heart Failure patients, Reactive Airway Disease, Diabetics, Chronic pain patients that may benefit from the services offered by the PACT program.

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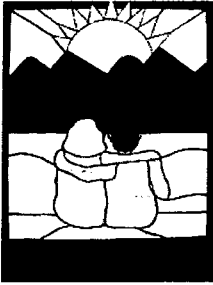
Access to healthcare is a major component of the PACT Program. The federal government, through the Department of Health and Human Services, has identified a lack of health insurance as a leading contributing factor to poor access to healthcare. Teller County is not immune to this as 7.3% of children and 23.2% of working age adults that are eligible for Medicaid are not currently enrolled. The numbers are even worse when looking at children eligible for CHP+ whom are not currently enrolled, they are at 40.5%, well above the state average. Innovative programs like the PACT have been shown to increase enrollment in these programs.

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Terry Buckner, CEO
Pikes Peak Regional Hospital



Prospect Home Care & Hospice, Inc.
Phone: 719.687.0549 • Fax: 719.687.8558

16222 W. US Hwy 24, Suite 120
Woodland Park, CO 80863
www.prospecthch.org
homecare@prospecthch.org

To whom it my concern,

Please accept this letter as Prospect Home Care and Hospice's formal support of Ute Pass Regional Ambulance District (UPRAD) and their Paramedic Advanced Care Team (PACT). We have had the opportunity and pleasure to interact with UPRAD and its staff of professionals. Over the years we have been impressed with the high degree of competent care they provide to our clients. Our agencies leaders have had an opportunity to meet with the PACT program members and feel the Community Paramedic program they are proposing is a good fit for the community and our agency. Moving forward our agency has identified significant numbers of patients with the following medical conditions; Congestive Heart Failure patients, Reactive Airway Disease, Diabetics, Chronic pain patients that may benefit from the services offered by the PACT program. Additionally the mental health services the PACT program has proposed are a much needed bridge to assist an underserved population in our community. In Teller County alone, mental illness affects 3% of the population annually. This has led to an average suicide rate of 30.6 self-inflicted intentional deaths per year. We know there is a close correlation between behavioral health and alcohol / substance abuse. This is true in our community as well. With 10.2% of all adults reporting binge drinking in the last six months and 50% of teenagers reporting some contact with alcohol.

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The PACT program and the community paramedic model are evidence based approaches to providing high quality cost controlled care when and where the patient needs it. For all of these reasons our agency has chosen to support and endorse UPRAD and the PACT

program. Furthermore we look forward to even more productive and collaborative efforts in the future.

Dawn Ignatius RN, MS
Chief Operations Officer

From: James McLaughlin
To: Tim Dienst; Jermv Dewall
Subject: Fwd: PACT/POP
Date: Friday, June 20, 2014 9:21:39 AM

I thought you would both like to see this. Things are just falling into place.

Sent from the iPhone of,
James E McLaughlin - MICP NREMT-P

Begin forwarded message:

From: "W. Scott Sanford" <wscottsanford@gmail.com>
Date: June 20, 2014 at 2:30:44 MDT
To: Ila James <mrtinymedic@me.com>
Subject: Fwd: PACT/POP

Hi Tiny,

HPP has approved the PACT Program. Have you got extra folders of information I can give to my Docs? I don't anticipate any problems with our guys participating in the program.

Thank you,

Scott

----- Forwarded message -----

From: LaMon Norton <LNorton@hpppartners.com>
Date: Thu, Jun 19, 2014 at 3:42 PM
Subject: PACT/POP
To: "wscottsanford@gmail.com" <wscottsanford@gmail.com>

Oceanus confirms support of the program. Full speed ahead, just keep me & Sarah in the loop.

LaMon

Confidentiality Notice: This email may contain confidential information or information covered under the Privacy Act, 5 USC 552(a), and/or the Health Insurance Portability and Accountability Act (PL 104-191) and its various implementing regulations and must be protected in accordance with those provisions. It contains information that is legally privileged, confidential or otherwise protected from use or disclosure. This e-mail message, including any attachments, is for the sole use of the intended recipient(s). Any unauthorized review, use, disclosure or distribution is prohibited. You, the recipient, are obligated to maintain it in a safe,

March 15, 2013

To whom it may concern,

Please accept this letter as Mountain View Medical Group's Pikes Peak Office's formal support of Ute Pass Regional Ambulance District (UPRAD) and their Paramedic Advanced Care Team (PACT). We have had the opportunity and pleasure to interact with UPRAD and its staff of professionals. Over the years we have been impressed with the high degree of competent care they provide to our clients. Our clinic's health care providers have had an opportunity to meet with the PACT program members and feel the Community Paramedic program they are proposing is a good fit for the community and our agency. Our clinic has identified significant numbers of patients with the following medical conditions: Congestive Heart Failure, Reactive Airway Disease, Diabetes, Chronic pain and Age Related Debility and Weakness. These patients may benefit from the services offered by the PACT program.

Additionally the mental health services the PACT program has proposed are a needed bridge to assist an underserved population in our community. In Teller County alone, mental illness affects 3% of the population annually. This has led to an average suicide rate of 30.6 self-inflicted intentional deaths per year. We know there is a close correlation between behavioral health and alcohol / substance abuse. This is true in our community as well, with 10.2% of all adults reporting binge drinking in the last six months and 50% of teenagers reporting some contact with alcohol.

Access to healthcare is a major component of the PACT Program. The federal government, through the Department of Health and Human Services, has identified a lack of health insurance as a leading contributing factor to poor access to healthcare. Teller County is not immune to this as 7.3% of children and 23.2% of working age adults are eligible for Medicaid, but not currently enrolled. The numbers are even worse when looking at children eligible for CHP+ who are not currently enrolled, with the percentage at 40.5%, well above the state average. Innovative programs like the PACT have been shown to increase enrollment in these programs.

Finally the rate of both Asthma and Diabetes in Teller County are well above the state average at 10% and 6.4% respectively. Obesity is a major contributing factor for both of these conditions and Teller County has seen a 100% increase in patients identified as obese. Given these figures 2 out of every 10 people in

MountainView Medical Group, P.C.
Jeff G. Snyder, M.D. – Jill Saylor, F.N.P.
16222 Highway 24, Suite 220
Woodland Park, CO 80863
719-687-6022

Teller County are obese according to the 2013 Teller County Health Status Report. It is reasonable to assume that the demand for creative ways to deliver cost effective, point of care services, will rise as this group ages.

The PACT program and the community paramedic model are evidence based approaches to providing high quality cost controlled care when and where the patient needs it. For all of these reasons our clinic has chosen to support and endorse UPRAD and the PACT program. Furthermore we look forward to even more productive and collaborative efforts in the future.

Sincerely,

A handwritten signature in black ink, appearing to read 'Jeff Snyder', written in a cursive style.

Jeff Snyder, MD

MountainView Medical Group, P.C.
Jeff G. Snyder, M.D. – Jill Saylor, F.N.P.
16222 Highway 24, Suite 220
Woodland Park, CO 80863
719-687-6022



M E D I C A L C A R E

KURT A WEVER, MD
HEATHER AUTRY, DO

ALEX AUTRY, DO
LISA DIAMOND, NP

April 2, 2013

To whom it my concern,

Please accept this letter as Pikes Peak Regional Medical Care formal support of Ute Pass Regional Ambulance District (UPRAD) and their Paramedic Advanced Care Team (PACT). We have had the opportunity and pleasure to interact with UPRAAD and its staff of professionals. Over the years we have been impressed with the high degree of competent care they provide to our clients. Our agencies leaders have had an opportunity to meet with the PACT program members and feel the Community Paramedic program they are proposing is a good fit for the community and our agency. Moving forward our agency has identified significant numbers of patients with the following medical conditions; Congestive Heart Failure patients, Reactive Airway Disease, Diabetics, Chronic pain patients that may benefit from the services offered by the PACT program.

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Sincerely,

Kurt A Wever, MD

Alex N Autry, DO

Heather L Autry, DO

Lisa K Diamond, NP



WOODLAND PARK
CITY ABOVE THE CLOUDS

February 8, 2013

To whom it my concern,

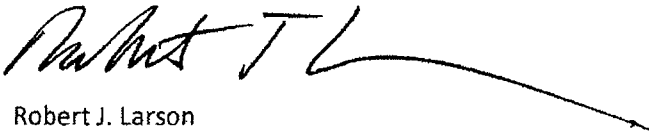
Please accept this letter as Woodland Park Police Department's formal support of Ute Pass Regional Ambulance District (UPRAD) and their Paramedic Advanced Care Team (PACT). We have had the opportunity and pleasure to interact with UPRAD and its staff of professionals. Over the years we have been impressed with the high degree of competent care they provide to our clients. Our agencies leaders have had an opportunity to meet with the PACT program members and feel the Community Paramedic program they are proposing is a good fit for the community and our agency. Moving forward our agency has identified significant numbers of patients with the following medical conditions; Congestive Heart Failure patients, Reactive Airway Disease, Diabetics, Chronic pain patients that may benefit from the services offered by the PACT program.

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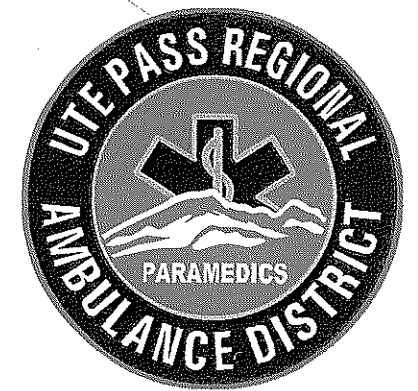
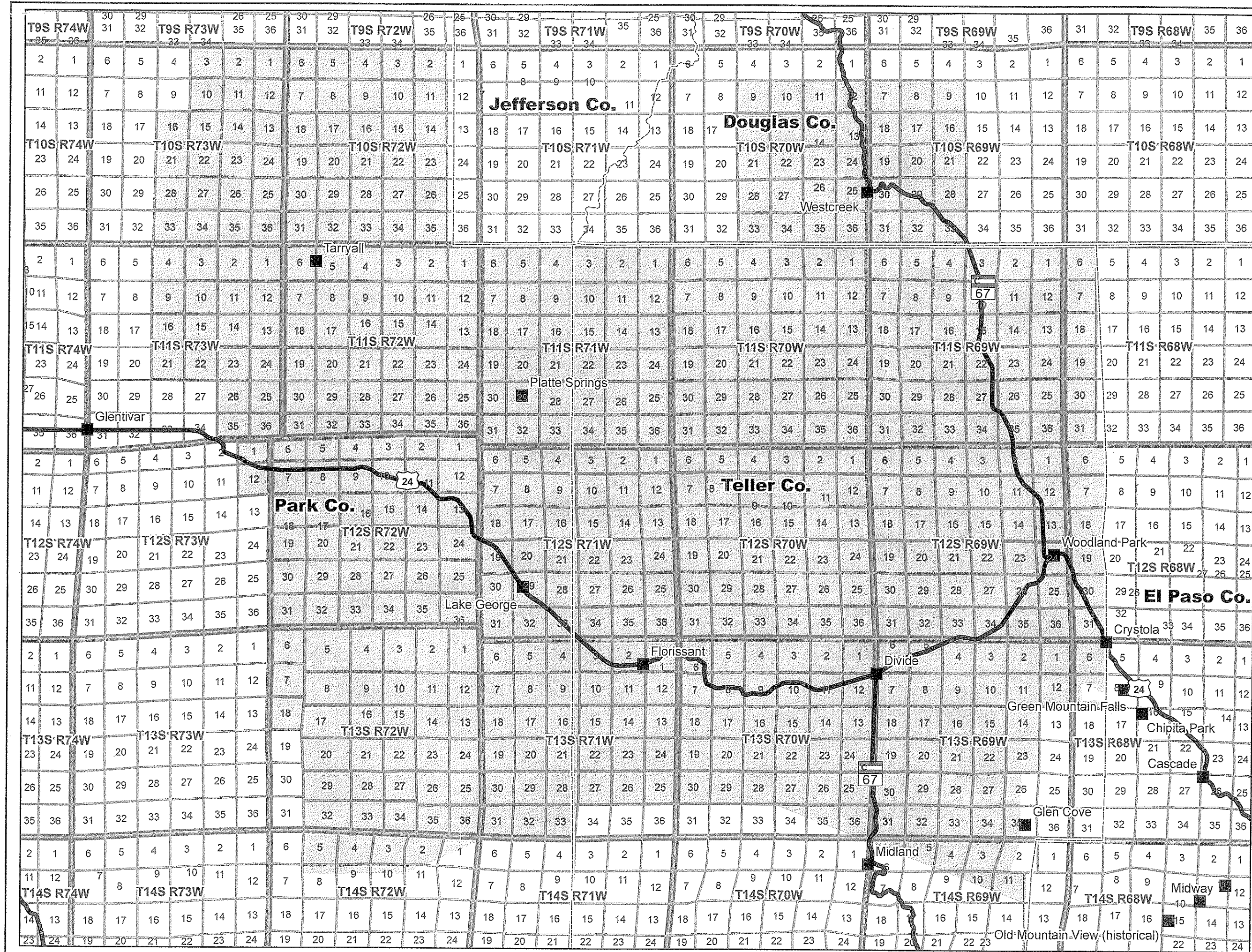
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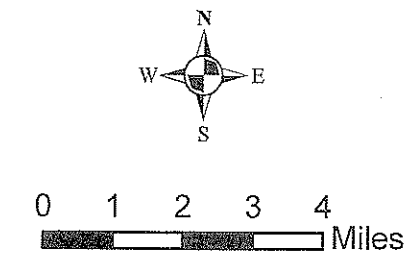
A handwritten signature in black ink, appearing to read "Robert J. Larson", with a long horizontal flourish extending to the right.

Robert J. Larson

Chief of Police



- Ute Pass Regional Ambulance District
- Populated Place
- County Line
- Highways
- Sections (GCDB)
- Townships (GCDB)



December 13, 2009
Park County GIS Department