

County of Ulster
Department of Emergency Services



Division of Emergency Medical Services
**Ulster County EMS Stabilization
& Enhancement Plan**

Document title:	Ulster County EMS Stabilization and Enhancement Plan
Purpose of Document:	Provides eligibility criteria, performance-based funding mechanisms (Critical Response Incentive (CRI) payments), agency rostering mandates, financial disclosure requirements, and compliance monitoring to ensure responsible use of county funds.
Creation Date:	4.15.25
Latest Revision Date:	5.2.25

Funding to initiate stabilization of Ulster County's EMS system is allocated in two distinct appropriations.

- \$2.0M is being appropriated in support of existing EMS jurisdictions / communities.**
- \$2.7M is being appropriated to contract with existing ALS Anchor agencies, utilizing the County's Ambulance Service Operating Certificate, for the provision of ALS coverage in historically underserved communities throughout the County.**

The details of these appropriations are as follows:

Appropriation 1 – existing EMS Jurisdictions / communities

\$2.0M is being appropriated in support of existing EMS jurisdictions / communities, for such purposes as to:

- 1) Provide financial assistance to Townships and Cities who have an extant contract or agreement with a Commercial ALS provider for the provision of continuous ALS response and transport capabilities and which is currently meeting a 95% response standard. This is a one-time annual payment.

Agency receiving funding	Total Appropriation
Town of Ulster	\$162,066.42
Town of Kingston	\$10,000.00
Town of Marlborough	\$84,549.08

Or

- 2) Provide financial assistance to Townships and Cities that have an ambulance service operating certificate for the provision of continuous ALS response and transport capabilities, and which is currently meeting a 95% response standard. This is a one-time annual payment.

Agency receiving funding	Total Appropriation
City of Kingston	\$291,967.35
Town of Shandaken	\$45,465.75
Town of Lloyd	\$132,557.37

Or

- 3) Provide financial assistance to Townships that have contracts or agreements with BLS and / or ALS ambulance services having a base of operation outside of Ulster County and currently meeting a 95% response standard. This funding must be used to enhance existing EMS response. Enhancement priorities will be ranked in accordance with funding allocations for ensuring a reliable EMS response taking precedence. Enhancements include, by priority:

- i) Improving Staffing
 - (1) Recruitment and retention initiatives
 - (2) Exploration and development of paid staffing platforms
 - (3) Addressing comparative wage disparities
- ii) Improving Response Times
- iii) Improving Off-the-Floor Times
- iv) Payments for services rendered, i.e. ALS Mutual Aid
- v) Financial Education and development initiatives with a concentration on billing
- vi) Capital equipment
- vii) Housing, station expenses
- viii) Patient transport vehicles or Fly cars (enhances EMS response, non-administrative)

Agency receiving funding	Total Appropriation
Town of Denning	\$10,157.69
Town of Hardenburgh	\$10,000.00
Town of Shawangunk (only for geographical portion covered by Pine Bush Ambulance)	\$35,729.02

Or

- 4) Provide **Total Readiness Cost Funding & Critical Response Incentive (CRI) Performance-Based Funding** assistance to independent, municipal, and fire department-based non-commercial EMS agencies that have an ambulance operating certificate for the provision of continuous BLS or ALS response and transport capabilities, and which are currently minimally meeting the response standard in Chart 1 below.

Agency receiving funding	Total Appropriation
Diaz Memorial Ambulance Service, Inc.	\$204,610.79
Ellenville First Aid and Rescue Squad, Inc.	\$96,141.98
Esopus Volunteer Ambulance Squad, Inc., Town of	\$88,193.74
Gardiner Fire District	\$56,662.24
Hurley Fire District No. 1	\$20,497.76
Kerhonkson-Accord First Aid Squad, Inc. (Town of Rochester coverage area)	\$77,850.96
Kerhonkson-Accord First Aid Squad, Inc. (Town of Wawarsing coverage area)	\$16,715.71
Marbletown First Aid Unit, Inc. (Town of Marbletown coverage area)	\$70,736.21
Marbletown First Aid Unit, Inc. (Town of Rochester coverage area)	\$2,625.47
Marbletown First Aid Unit, Inc. (Town of Rosendale coverage area)	\$51,935.37
Modena Fire Department, Inc.	\$43,503.48
New Paltz Rescue Squad, Inc.	\$152,789.17
New Paltz Rescue Squad, Inc. (Town of Plattekill, Clintondale Fire District coverage area)	\$16,347.86
Olive First Aid Unit, Inc.	\$60,398.91
Plattekill Fire District	\$31,878.33
Shawangunk Valley Volunteer Fire Company	\$11,433.28
Shawangunk Valley Volunteer Fire Company (Town of Gardiner coverage area)	\$3,640.31
Wallkill Volunteer Ambulance Corps, Inc.	\$59,375.13

Agency receiving funding	Total Appropriation
West Hurley Fire District No.1	\$43,176.13
Woodstock Fire Company No. 5 – Emergency Rescue Squad	\$112,216.06

Appropriation 1 - Funding Requirements

a) County funding is allocated and disbursed with the express understanding that full financial disclosure by the funding recipient is required. Disclosure shall include:

- i. Income
- ii. Expenses
- iii. Disbursements
- iv. Payor mix (if available)

IRS Form 990 and Federal/State Income Tax documents shall be provided for review. Complete financial transparency shall be maintained throughout the allocation and disbursement process.

b) To be eligible to receive this funding the EMS Agency must implement staff rostering, in accordance with Ulster County 911 PSAP guidelines. Agency rostering must be implemented within 60 days of the execution of this document.

c) The following documentation must be supplied with the application packet.

i) Complete listing of current active personnel. Follow the format of the NYS DOH-2828 form. <https://health.ny.gov/forms/doh-2828.pdf> (this can be excluded provided your NYS EMS Agency Recertification packet was submitted within the last 6 months).

ii) A complete photocopy of the most recent NYS EMS Agency Recertification packet, to include:

- (a) DOH-206 Application for EMS Operating Certificate
- (b) DOH-1881 Affirmation of Compliance
- (c) DOH-2936 Certified EMS Agency Information Update Form
- (d) DOH-4362 Medical Director Affirmation Form
- (e) DOH-5131 Funding Document for EMS Agencies

d) A photocopy of your current NYS Ambulance Service Operating Certificate.

Appropriate 1 – Enhancement Requirements

This funding must be used to enhance existing EMS response. Enhancement priorities will be ranked in accordance with funding allocations for ensuring a reliable EMS response taking precedence. Enhancements include, by priority:

- i) Improve Staffing
 - (1) Recruitment and retention initiatives
 - (2) Exploration and development of paid staffing platforms
 - (3) Addressing comparative wage disparities
- ii) Improving Response Times
- iii) Improving Off-the-Floor Times
- iv) Payments for services rendered, i.e. ALS Mutual Aid
- v) Financial Education and development initiatives with a concentration on billing
- vi) Capital equipment
- vii) Housing, station expenses
- viii) Patient transport vehicles or Fly cars (enhances EMS response, non-administrative)

Appropriation 1 – Funding Disbursement

- 1) Initial Disbursement of the *Readiness Cost Front Loading Funding* for 2025 will be 50% of the recipients total appropriated funds.
- 2) The remaining 50% of the ***Critical Response Incentive (CRI) Performance-Based Funding*** for 2025 will be made in three (3) additional payments, on a quarterly basis, based on adherence to response criteria.
 - a) ***Critical Response Incentive (CRI) Performance-Based Funding*** is designed to reinforce response reliability and ensure consistent emergency medical services across Ulster County. The CRI provides performance-based funding to existing BLS and ALS agencies that minimally meet the response standard in Chart 1 below in their home response area. This funding is the remaining balance of the *Total Readiness Cost Funding*, after deducting the *Front-Loaded Readiness Cost Front Loading Funding*, and is distributed quarterly over the following 12 months. This approach prioritizes accountability and incentivizes agencies to maintain dependable response capabilities, ensuring that communities receive timely and effective emergency medical services.
 - i) Effective Dates and response standards:

Chart 1

Effective Date	Response Standard in primary response area
Six (6) months after execution of this document	85%
Nine (9) months after execution of this document	90%
Twelve (12) months after execution of this document	95%

- ii) Should an Agency be unable to meet the criteria for County funding, a “Special Circumstances” exception shall be conferred upon the Agency for a consultation relationship with the County to develop and implement a viable solution for the provision of EMS within the Community. That planning will incorporate all enhancement stipulations and response criteria previously set forth and will ensure compliance with County guidelines moving forward. The plan must be complete within 30 days.
 - iii) The County expressly reserves the right to re-allocate funding intended for an agency that fails to meet the required response percentage criteria and cannot provide a viable plan in collaboration with the County for the provision of EMS services within the aforementioned 30-day period. That re-allocation will be utilized by the County to secure reliable EMS services under contract with another agency for the remainder of the year. If during that time frame the “home” agency is capable of formulating a viable plan, a review of said plan will be undertaken and the “home” agency’s eligibility for County funding will be reconsidered.
- 3) In the event that an ALS EMS agency’s (operating at 95% response standards) is fully funded by their municipality, the EMS Agencies may direct funding to the municipality to offset EMS operations expense.

Appropriation 2 - Advanced Life Support Readiness & Reliability

\$2.7M is being appropriated to contract with existing ALS anchor agencies, utilizing the County’s Ambulance Service Operating Certificate, for the provision of ALS coverage in historically underserved communities throughout the County.

If ALS coverage gaps exceed the capabilities of the anchor agencies, other Advanced Life Support agencies are an acceptable alternative.

A significant challenge in the EMS system across Ulster County is the lack of available advanced life support services. Appropriation 2 is intended to address this shortage by contracting with existing ALS agencies in Ulster County to respond as a safety-net provider.

1) Anchor Agency:

- a) Anchor agencies are established Advanced Life Support (ALS) EMS agencies in Ulster County with a monthly response rate of 95% or higher in their primary response jurisdiction. These agencies will serve as critical response hubs, providing coverage to municipalities lacking sufficient ALS resources.
- b) These ALS agencies in concert with their municipality, made the commitment to upgrade their service level to become ALS providers, and have demonstrated the ability to provide that service reliably, with consistent levels of competence and quality. This concept is key to ensuring that gaps in coverage are addressed within 90 days of the release of funding.

2) Designated anchor agency Extended Coverage Areas:

Designated anchor agency Extended Coverage Areas will consist of geographically connected municipalities where anchor agencies are strategically positioned to provide response. These areas are determined based on proximity, response efficiency, and system needs, ensuring essential coverage in regions facing service gaps, delayed response times, or system strain. (See Appendix A: Proposed anchor agency coverage)

- a) Historically, the anchor agencies have been heavily relied upon during peak EMS utilization periods for a number of reasons, most notably their fortuitous geographical positions within the County, their obligation to provide consistent and reliable staffing under NYS regulations, and their ability as ALS practitioners to meet the highest level of pre-hospital care needs in any given situation.

3) Readiness Cost Funding

- a) **Readiness Cost Funding** ensures that anchor agencies receive equitable financial support to maintain operational readiness and expand their response area to address coverage gaps. This allocation is designed to cover the essential costs of maintaining emergency response readiness, including staffing, training, equipment, and infrastructure. This concept is intended to reflect the actual cost of operating an ambulance by applying traditional business accountability standards. It incorporates such concepts as building / vehicle / equipment depreciation, upkeep, etc., in addition to the more commonly factored-in hourly staffing costs and fuel, etc. It is intended to provide the agency, political leadership, taxpayers, or any interested party with a clearer picture of the ACTUAL costs of service which are incurred daily.

4) **Readiness Cost Calculation**

- a) Determined using a weighted percentage of call volume, ensuring that funding is distributed in proportion to each agency's service burden. This percentage is calculated by dividing an agency's additional call volume by the total county call volume and multiplying by 100. The resulting weighted percentage is then applied to the available \$2.7 million in funding, allowing for a fair allocation of financial resources. This approach ensures that anchor agencies receive appropriate financial support based on their anticipated additional workload, reinforcing their ability to respond effectively to emergencies in their designated response areas.
- b) Additionally, the assessed value and population of the municipalities are given consideration to ensure a more complete picture of the EMS funding climate of a given municipality, as consideration is given to the fiscal responsibilities of the municipality that lie outside of the narrow scope of the costs associated with the provision of EMS. EMS system planning must reflect the economic realities that exist within a given municipality and continually be taken into account as plan revisions take place. Economies of scope (cost reductions from shared resources and the development of specialized services collaboration) will occur and must be reflected in the readiness costs of each municipality in a transparent and equitable fashion.

5) **Allocation Front Loading**

- a) Provides an immediate infusion of funding to participating anchor agencies, allocating 50% of the funding at the outset. This upfront allocation allows agencies to manage essential operational costs without financial delays, ensuring they are prepared for their increased call volume. By offering an initial investment in operational sustainability, this funding model strengthens the EMS system's stability while supporting agencies in delivering patient-centered emergency medical care.
- b) The fiscal climate in which the EMS agencies within the County operate vary widely. The one commonality is that by industry standards, they are underfunded and thus incapable of undertaking the financial investment required to acquire the necessary staffing, equipment, medical supplies etc., to meet the obligations being requested of them. Front-loading of the plan ensures access to the funding necessary for the prompt implementation of the plan within clearly defined and universal fiscal responsibility and accountability guidelines.

6) **Critical Response Incentive (CRI) Performance-Based Funding**

- a) Designed to reinforce response reliability and ensure consistent emergency medical services across Ulster County. The CRI provides performance-based funding to anchor ALS agencies that maintain a 90% or higher response rate in their designated anchor agency extended coverage areas. This funding is the remaining balance of the *Total Readiness Cost Funding*, after deducting the *Front-Loaded Readiness Cost Front Loading Funding*, and is distributed quarterly over the following 12 months. This approach prioritizes accountability and incentivizes agencies to maintain dependable

response capabilities, ensuring that communities receive timely and effective emergency medical services.

- b) Should an anchor agency be unable to meet the criteria for County funding, a “Special Circumstances” exception shall be conferred upon the Agency for a consultation relationship with the County to develop and implement a viable solution for the provision of EMS within the community within 180 days. That planning will incorporate all enhancement stipulations and response criteria previously set forth and will ensure compliance with County guidelines moving forward.

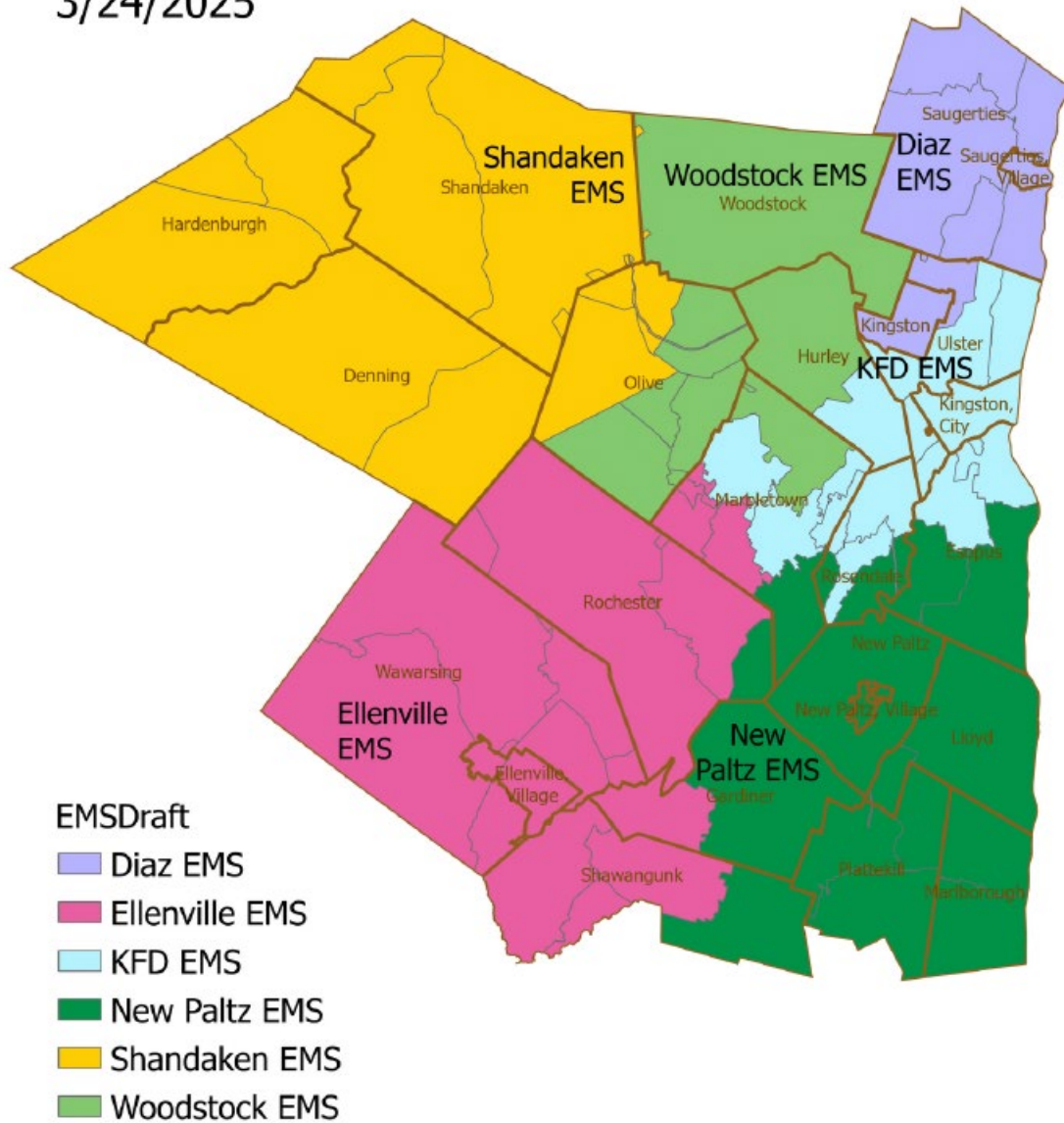
7) Anchor Agency Funding

Anchor Agency funding	Total Appropriation
Diaz Memorial Ambulance Service, Inc.	TBD Pending Volume Analysis
Ellenville First Aid and Rescue Squad, Inc.	TBD Pending Volume Analysis
Kingston Fire Department, City of	TBD Pending Volume Analysis
New Paltz Rescue Squad, Inc.	TBD Pending Volume Analysis
Shandaken Ambulance, Town of	TBD Pending Volume Analysis
Woodstock Fire Company No. 5 – Emergency Rescue Squad	TBD Pending Volume Analysis

Conclusion

This funding model is the first step by Ulster County towards the creation of a comprehensive, sustainable, EMS delivery model for the residents of the County by enhancing the current system’s performance.

Ulster County Potential EMS Coverage Boundaries 3/24/2025



Built from Fire Districts and Fire Quadrants