



STABILIZATION PROGRAM OVERVIEW

VERSION 1.0

September 28, 2023



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Executive Summary

The 131st Maine Legislature, in concert with Governor Mills' Administration, enacted legislation in 2023 that created a \$31 million grant program to support the EMS system throughout the State of Maine. The Maine Emergency Medical Services Stabilization and Sustainability Fund, as it is called, is broken into two distinct components, as identified in the title. The Stabilization Program was intended to be rapidly deployed and source emergency medical services (EMS) agencies experiencing significant financial woes with temporary fiscal support to ensure that all Mainers and visitors to the State continue to receive high-quality EMS care.

This document is *not* intended to be an application. This overview document has been created to maintain transparency in the process and serve as a reference for system stakeholders, elected officials, and constituents to understand how the program was developed and how the allocations were determined. The calculations and other items within this document will be incorporated into a Request for Applications (RFA) that the Department of Administrative and Financial Services will support. Eligible EMS entities will be provided with all of the calculations that can be performed at the state level to ease the process; however, the Bureau wanted applicants to understand how those calculations were derived, hence the document's creation. The overview document is intended to cover, at a high level, eligibility, allocation, funding limitations, reporting, and the use of funds. This document is not intended to replace the language in the RFA but to be a reference should someone have questions about how things were determined within the RFA document.

In addition to these grant dollars, the Legislature appropriated four temporary staff persons to the Maine Bureau of Emergency Medical Services. These positions will be dedicated to this grant and supporting EMS agencies applying for these funds. They will manage invoices and payments to EMS agencies receiving the funds. Additionally, they will provide technical assistance to EMS agencies working to become more resilient and sustainable. They will also work on developing the second component of the program, the Sustainability Program. This funding phase requires rulemaking by the Maine Legislature; therefore, a specific implementation date cannot be sure. However, it is the goal of the Bureau to develop proposed rule language for the Board of Emergency Medical Services' consideration in early 2024.

The Maine Bureau of Emergency Medical Services and the Board of Emergency Medical Services remain committed to supporting the EMS system throughout Maine at all levels. If, after reading this document, you have additional questions about the Stabilization Grant Program, don't hesitate to get in touch with us at Grants.EMS@maine.gov.

Overview

The 131st Legislature, as recommended by the Blue Ribbon Commission to Study Emergency Medical Services in the State,¹ put forth funding to support the stabilization and sustainability of the emergency medical services (EMS) system in the State of Maine. Stakeholders worked collaboratively with the Maine Bureau of Emergency Medical Services (Maine EMS), the Office of Governor Janet T. Mills, and stakeholders throughout the EMS community to put forth funding to support the stabilization and sustainability of the emergency medical services (EMS) system in the State of Maine.

Over the past few decades, the EMS system in the State of Maine has faced significant challenges with staffing and long-term funding, making it difficult to ensure that all Mainers have access to high-quality EMS no matter where they are in Maine. The COVID-19 Pandemic, socioeconomic factors, and evolution in the workforce's perceptions have led to a situation where some EMS entities (i.e., ambulance services and non-transporting services) struggle to meet today's demands for EMS. This reality poses short- and long-term risks to the residents and visitors of the State of Maine; therefore, the Maine Government (both the Executive and Legislative Branches) felt that it was necessary to invest in Maine's EMS system to support existing infrastructure and promulgate a more lasting and sustainable solution.

This component of the overall funding program is intended to stabilize and support the existing system until such a time when a more sustainable solution can be implemented throughout communities in the State of Maine. The Maine Board of Emergency Medical Services (the Board) and Maine EMS are committed to promoting and providing for a comprehensive and effective emergency medical services system to ensure optimum patient care as charged by enabling statute.²

The Maine Legislature has appropriated \$31 million for the Maine Emergency Medical Services Stabilization and Sustainability Program. This proposal only addresses the stabilization component of the program and accounts for approximately 40% of the overall funding.³ The stabilization component of this funding is intended to support EMS entities throughout the State that are facing immediate risk of failing and leaving their communities without access to adequate EMS. This proposal is designed to detail how those funds will be administered in the State of Maine and to serve as an instrument to consult with the Maine Department of Health and Human Services and the Board, as required in the authorizing statutory language.⁴ This document is intended to detail how Maine EMS developed the programming around this funding model and will not be something that individual services have to navigate directly. Most of the criteria, calculations, and ideas covered in this document will be pre-determined as part of the Request for Application (RFA) packet. Maine EMS believes that sharing this document and increasing transparency is imperative for applicants, EMS stakeholders, and the public to understand how allocations were determined and the program's underlying structure that will ultimately underpin the RFA.

¹ Blue Ribbon Commission to Study Emergency Medical Services in the State Report to Legislature (December 2022) – <https://www.maine.gov/ems/sites/maine.gov.ems/files/inline-files/Maine-State-Blue-Ribbon-Commission-Report-On-EMS-final.pdf>

² 32 MRS §81-A

³ Public Law 2023, Chapter 412, Part GGGGG

⁴ 32 MRS §98

Authorizing Legislation

The Emergency Medical Services Stabilization and Sustainability Program was enacted into law by the 131st Legislature as part of LD 258⁵ and subsequently amended by LD 526⁶. The language for the program will go into effect 90 days after the session's close and will be incorporated into Title 32, Chapter 2-B as Section 98, a new section.

Purpose of Funding

The 131st Legislature specifically defined, "The purpose of the program is to provide financial assistance... to emergency medical services entities at immediate risk of failing and leaving their communities without access to adequate emergency medical services..."⁷

Maine EMS seeks to support this mission by ensuring that funding is used responsibly and sustainably. A primary objective is to ensure that funds are not used in a manner that creates a funding vacuum after the grant period, where recipient agencies have developed programming and/or onboarded staff persons that cannot be sustained locally. To that end, Maine EMS will require that all EMS agencies receiving funding from this program provide evidence that they have contemplated the viability of the program(s) they implement using this funding.

Funding Eligibility

Transporting and non-transporting ambulance services, licensed by Maine EMS, are eligible to seek funding under this program if they meet all of the following statutorily defined requirements for this component of the financial assistance:⁸

- Demonstrated risk for imminent failure of the system due to employee recruitment or retention issues or an inability to finance daily operations;
- Submission of financial statements covering its most recent fiscal year;
- Provision of services to the community during the prior calendar year;
- Is providing and intends to continue to provide EMS coverage to the community(s) it serves; and
- If an ambulance service, ensure participation in the MaineCare Program and maintain an electronic funds account with the Maine Department of Health and Human Services

For clarity, these requirements have been further defined to assist agencies in determining their eligibility for the funding associated with this programming.

Demonstrated Risk

While all EMS entities in Maine have resource needs, the Legislature specifically noted that stabilization funding was intended to support those EMS entities that are in crisis or on the precipice of crisis and have an immediate need for resources to avoid loss of services and coverage to Mainers within their response area. Applicants must provide a balance sheet and income statement to assess this need.

⁵ See pages 376-378. Originals can be found:

<http://www.mainelegislature.org/legis/bills/getPDF.asp?paper=HP0163&item=14&snum=131>

⁶ <http://www.mainelegislature.org/legis/bills/getPDF.asp?paper=HP0331&item=7&snum=131>

⁷ 32 MRS §98 (2)

⁸ 32 MRS §98 (3)A

These documents should provide the following:

- Total annual expenses for the ambulance service, separated by:
 - Labor costs
 - If the service is staffed with volunteers or a combination of volunteer staff persons, labor costs should be estimated based on a rate of \$28.89 for volunteer hours.⁹ That cost/amount should also be included as revenue as an in-kind donation of volunteer labor.
 - If the service's average compensation, including benefits, for EMS clinicians, is below \$28.89, regardless of licensure level, the actual labor costs should be calculated and disclosed; however, the agency may use the rate of \$28.89 for the determination of eligibility calculation.
 - For example, if the entity has an average pay of \$26.00 for all clinical staff persons, it should calculate the labor cost for those staff persons at \$26.00 and report that separately; however, it may utilize the rate of \$28.89 if it is more advantageous in determining eligibility for funding associated with this program. The intention is to account for associated recruitment and retention issues, as EMS clinicians have indicated that pay is critical in determining whether to enter and remain in the field.
 - Non-labor/Equipment Costs
 - This should include supplies and materials (e.g., equipment costs, consumables/disposable equipment, and other associated costs).
 - Purchased Services Costs
 - This should include service-level medical director contracting, quality assurance and improvement, training support, etc.
- Total revenue
 - Transport revenue, if applicable
 - Local subsidy(s)
 - This includes any funds generated from tax revenues received by the agency
 - Hospital subsidy(s)
 - This includes any funds hospitals or other entities provide for services rendered for that facility or health system outside transporting revenue. For example, if a hospital reimburses your service for an interfacility transport and provides a \$100,000 contractual fee, only the \$100,000 would be represented here.
 - Subscription services, if applicable
 - Some services have opted to develop a subscription service model where residents pay a subscription fee per household that limits additional billing beyond what is collected from the subscriber's primary/secondary medical insurance.

⁹ Based on the 2022 estimated value of volunteer hour in Maine from the Independent Sector, a national network of nonprofits and foundations. This is the same rate that the Maine Emergency Management Agency (MEMA) uses for calculations of volunteer hours and in-kind donations. For more specific guidance, consider using the resource created by MEMA with the updated value: <https://www.maine.gov/mema/sites/maine.gov/mema/files/inline-files/In-kind%20Guidance%20Revised%208.9.22.pdf>

- Grant funding, if applicable
- Donations
 - This should include donated labor from volunteers. Volunteer hours should be \$28.89 per hour, no matter their certification level.¹⁰
- Any additional revenue streams

To determine eligibility, agencies should perform the following calculation:

Calculation:

$$(\text{Sum of Total Revenue} - \text{Donations}) - \text{Total Expenses} = \text{Operating Margin}$$

Funding from the stabilization fund will only be awarded to those entities that can demonstrate that their operating margin is at or below 10% of their total revenue.¹¹

Calculation:

$$\text{Sum of Total Revenue} * 10\% = \text{Maximum Operating Margin}$$

If the applicant's operating margin is less than or equal to the maximum operating margin, they are eligible for funding under this program. If your agency is not eligible for funding based on your current operating margin, the enabling legislation allows another pathway for eligibility based on potential recruitment and retention issues.

Workforce Recruitment and Retention Eligibility

Nationally, the EMS system faces significant workforce recruitment and retention issues. If your entity does not meet eligibility requirements based on your current operating margin, you still may qualify for funding under this program based on recruitment and retention. Please note Maine EMS expects all applying agencies to provide information about their current operating margins and financial status, no matter whether they use that pathway or this one for eligibility.

Transporting and non-transporting applicants operating on a volunteer or augmented voluntary staffing model (i.e., stipend, per call pay, etc.), who have a monthly average of fewer than 14 active EMS clinicians providing clinical care as documented within the Maine EMS and Fire Incident Reporting System (MEFIRS) over the past three years for each response unit (i.e., ambulance or first response vehicle equipped with medical equipment for response at the entity's licensure level, this does not include supervisor vehicles or other response vehicles) that is available for at least 60 hours per week shall be considered at risk.¹² Maine EMS will make the data regarding the average number of active clinicians for each agency available.

¹⁰ Ibid

¹¹ The 10% operating margin is based on a recent study from JAMA Network Open, *Analysis of Hospital Operating Margins and Provision of Safety-Net Services*, which places states that 75% of hospitals function at the 10% profit margin or worse. Both Maine EMS and the Legislature believe that this percentage will be inclusive of all agencies experiencing crisis as most agencies in Maine are municipal entities and therefore likely have low to no profit margins.

¹² The number 14 originates from the [Sustainable Rural EMS: Navigating Change: An Introduction and Guide](#) published in November of 2021 by the National Rural Health Resource Center (page 23). It is based on the premise

Transporting and non-transporting entity applicants who are operating on a paid staffing model, who have a monthly average of fewer than seven (7) active EMS clinicians providing clinical care as documented within the Maine EMS and Fire Incident Reporting System (MEFIRS) over the past three years for each response unit (i.e., ambulance or first response vehicle equipped with medical equipment for response at the entity's licensure level, this does not include supervisor vehicles or other response vehicles) that is available for at least 60 hours per week shall be considered at risk.¹³ Maine EMS will make the data regarding the average number of active clinicians for each agency available.

Financial Statements

Entities applying for monies under this program must provide a copy of their balance sheet and income statement from the most recent fiscal year and current fiscal year to date. These documents must support the determination of risk calculations described in the previous section.

Provision of Services

Maine EMS will query the Maine EMS and Fire Incident Reporting System (MEFIRS) to determine eligibility for entities to apply for funding based on this requirement outlined in the authorizing legislation. To ease this process, Maine EMS will include a list of all entities that meet this specific eligibility criteria in Appendix A and B (Transporting and Non-transporting, respectively). This list represents all of the EMS entities in the State of Maine that ran at least ten 911 emergency calls in 2022 and performed at least one 9-1-1 emergency call prior to September 25, 2023. Entities must be actively licensed by Maine EMS and provide services to be eligible. Entities who underwent a recent merger in 2022 or 2023 may use 2022 call volume to determine the amount of subsidy eligibility. Proof of the consolidation of operations by the successor organization must be provided to Maine EMS when applying. If proven, Maine EMS will combine the volumes of the previous entities and recalculate the subsidy. If both entities were eligible for the minimum funding allocation, the successor organization would not be entitled to both minimum values; instead, the volume of the two entities would be added together, and the distribution recalculated. Depending on the volume and rurality, this may result in the successor entity still receiving the minimum value.

Additionally, the applicant entity must attest that they intend to continue providing ambulance or non-transporting EMS to their community for at least one year following disbursement. Please note that this does not bar entities from participating in regionalized EMS programs that may result in the dissolution of their agency; however, at this moment in time, there are no intentions for the entity to cease operations within the next six to twelve months.

Participation in MaineCare

Applicable to Transporting Ambulances Services Only

Applicants must attest that they participate in the MaineCare program and maintain an electronic funds transfer account with the Department of Health and Human Services.

that if an ambulance service is scheduling two people for 24/7 coverage, it should have at least 14 active persons on the roster. This number accounts for two people being scheduled at all times while limiting any one person's responsibility to no more than 24 hours of calls per week as a volunteer.

¹³ The number seven is calculated based on 24/7 coverage with two staff persons working 48 hours per week. This does not account for any time off, vacation, or sick leave.

Grant Period

Funding from this grant shall be available for up to one (1) year from the date of issuance.

Allocation

Every transporting and non-transporting entity meeting the eligibility requirements associated with this funding will be able to receive support. The amount of support will be determined based on an allocation formula that accounts for rurality and call volume. Additionally, funding minimums and maximums will ensure all entities can receive actionable funding.

Table 1 Minimum and Maximum Allocation for Eligible Entities through the Stabilization Funding

	MINIMUM DISPERSAL	MAXIMUM DISPERSAL
TRANSPORTING	\$15,000	\$200,000
NON-TRANSPORTING	\$5,000	\$50,000

The allocation algorithm for funding associated with this program was developed to account for rurality and call volume. Rurality was incorporated into the algorithm using the U.S. Centers for Medicare and Medicaid Services (CMS) rural and super-rural payment modifiers by zip code¹⁴. CMS publishes a listing of all zip codes within the United States, listing their determination as to whether that zip code is urban, rural, or super rural. Maine EMS has assigned them an associated rurality score of one, three, or five based on these modifiers. We did so based on discussions at the Maine Blue Ribbon Commission and within the legislative committee that included the U.S. Department of Agriculture's (USDA) Frontier and Remote Area Codes as the measure of rurality. Further inspection revealed that the USDA dataset was 13 years old and did not include data points for every zip code in the State of Maine. One advantage of that system is that it had five levels of rurality compared to the CMS modifiers, which only have three. As such, we associated the urban, rural, and super rural modifiers with a rurality score of one, three, and five to account for the same spread made possible by the USDA dataset (See Table 2).

Table 2 CMS Payment Modifier and Associated Rurality Score

CMS PAYMENT MODIFIER	RURILITY SCORE
URBAN	1
RURAL	3
SUPER RURAL	5

Call volume was incorporated into the algorithm based on data from the calendar year 2022 per the enabling legislation. Call volume (9-1-1 scene response, mutual aid, and intercepts) by service was organized by zip code based on electronic patient care report (ePCR) data. Maine EMS calculated the number of documented 9-1-1 patient care reports (including intercepts and mutual aid) for each responding zip code for each agency and then multiplied that number by the rurality score. The calculations are written below, and examples are provided for increased transparency and

¹⁴ Center for Medicare & Medicaid Services. Ambulance Fee Schedule & ZIP Code Files. (2023). <https://www.cms.gov/medicare/payment/fee-schedules/ambulance>

understanding of how the allocations were determined. An example of the calculations can be seen in Table 3 with artificial data.

Calculations for each EMS entity:

$$\text{Percentage of Distribution for Each Entity} = \frac{\text{Sum of (Rurality Score by Zip Code * Incidents in that Zip Code)}}{\text{Sum of All Entity Rurality Scores}}$$

$$\text{Entity's Maximum Funding Eligibility}^\dagger = \text{Percentage of Distribution} * \text{Available Funding}$$

† If this amount exceeds the fixed maximum funding limits listed in Table 1 for transporting and non-transporting entities, the funding limit shall apply. For example, if a transporting entity's maximum funding eligibility calculated through this algorithm is \$210,000, that entity is still only eligible to receive up to \$200,000 through this program; the remaining \$10,000 is redistributed among the remaining services that have not reached the maximum.

Table 3 Example Calculation based on Rurality Score and Volume

AGENCY	CALL VOLUME BY ZIP CODES (RURALITY SCORE)									SUM OF RURALITY SCORES MULTIPLIED BY VOLUME IN THAT ZIP CODE	PERCENTAGE OF DISTRIBUTION
	04007 (1)	04008 (3)	04009 (3)	04078 (1)	04079 (3)	04081 (5)	04216 (5)	04217 (5)	04219 (5)		
A	300	150	150							1200	40.68%
B				300	150	50				1000	33.9%
C							50	50	50	750	25.42%
TOTAL										2950	

In the example calculations in Table 3, if the distribution were \$100,000, Agency A would receive up to \$40,680, Agency B would receive up to \$33,900, and Agency C would receive up to \$25,420. Minimum and maximum values would also apply.

For ease of applicants, each entity's maximum funding eligibility calculations will be provided as part of the RFA Packet.

Funding Limitations

The authorizing language in the statute states that EMS entities receiving funding may only utilize the funds for the following activities:¹⁵

- Supplementing wages, benefits, stipends, and incentives for EMS clinicians;
- Supporting training directly related to the provision of clinical care, leadership, or management of EMS;
- Supplementing wages, benefits, stipends, and incentives for administrative support staff (e.g., service-level medical director, quality assurance and improvement officer, infection control officer, and training officer);

¹⁵ 32 MRS §98 (3)B(1)

- Implementation of programming directly related to *Maine EMS Plan for a Sustainable EMS System in the State of Maine: A Vision for 2035*¹⁶; and
- Investment in capital expenditures not to exceed \$50,000 in the aggregate.

Supplementing Wages, Benefits, Stipends, and Incentives

Entities may not utilize funding to supplement expenses related to staffing over an annual salary of \$76,500¹⁷, as prorated over the applicable period. The limitation is placed on cash compensation and does not include other healthcare or retirement plan compensation. Therefore, you can use funding to support standard benefits for a salary up to \$76,500 annually.

The following table represents an example of using the funding to supplement the wages of an EMS clinician currently earning \$25 per hour and to increase them to \$35 per hour. The applicant service will need to continue contributing the \$67,158 required to maintain the \$25 per hour rate; however, they can use funding from this stabilization fund to increase the wages. The stabilization funds can also support existing benefits as they typically increase proportionately. Entities considering wage increases must consider the long-term sustainability of those increases *before* enacting them.

Table 4 Example of Service Utilizing Stabilization Funds for a Salary Increase

	EXISTING FUNDING	SUPPLEMENTAL STABILIZATION FUNDS
SALARY (CALCULATED USING 42 HOUR WORK WEEKS)	\$54,600 (\$25/hour)	\$21,900 (Increase to ~\$35/hour)
BENEFITS (CALCULATED USING 23%)	\$12,558	\$5,037
TOTAL	\$67,158	\$26,937

Programming Related to Maine EMS' Vision

Funding can be used to support the advancement of the *Plan for a Sustainable EMS System in the State of Maine: A Vision for 2035*. The Vision document that was drafted by the system and adopted by the Board includes the following elements:

1. Public and Governmental Understanding and Valuing of EMS
2. Data-Driven Information about the EMS System
3. EMS System Evolution
 - 3.1. Structure within Government
 - 3.2. Regional Coordination and Support
 - 3.3. Interfacility Transports
 - 3.4. Communications and Emergency Medical Dispatch
 - 3.5. Emergency Management and Disaster Preparedness
4. EMS Finance
 - 4.1. The Cost of EMS

¹⁶ Maine EMS. (2023). *Plan for a Sustainable EMS System in the State of Maine: A Vision for 2035*. Accessed on August 18, 2023, from <https://www.maine.gov/ems/sites/maine.gov.ems/files/inline-files/20230522-Maine-EMS-Vision-and-Plan.pdf>

¹⁷ \$76,500 represents the yearly earnings of an individual making \$35 hour with an average 42-hour work week

- 4.2. Reimbursement Alignment
- 4.3. Local Agency Sustainability
- 5. EMS Workforce
 - 5.1. Data-Driven Workforce Planning
 - 5.2. Education and Training
 - 5.3. Leadership Development and Support
 - 5.4. Mental Fitness and Wellbeing
- 6. EMS Clinical Care
 - 6.1. Medical Direction
 - 6.2. Systems of Care
 - 6.3. Expanded Role of EMS
 - 6.4. Evaluation and Quality Improvement

Entities requesting to spend funds associated with the Maine EMS Vision document must have those expenditures approved by the Board before moving forward to ensure their alignment with the Vision for 2035. *Maine EMS strongly encourages all entities seeking support through this program to align their proposal with the Vision document approved by the Board.*

Capital Expenditures

The Legislature has determined that funds distributed through this program may only be used for up to \$50,000 of capital expenditures. Maine EMS recognizes the U.S. Office of Management and Budget Guidance regarding the definition of capital expenditures and sets the value at \$5,000 or higher.¹⁸ Therefore, program recipients shall not expend more than \$50,000 in aggregate for purchases of items costing \$5,000 or more. For example, if the applicant seeks to purchase a stretcher loading device for \$45,000 and three medication pumps for \$6,000 each, they will not be able to do so. However, if they purchase medication pumps for \$4,000, they could do so because they wouldn't be considered capital expenditures.

Reporting

Reporting requirements will be detailed in a dedicated section of the RFA packet and included in the resultant contracts from the Request for Applications (RFA) with specific due dates and expectations for reporting. At a minimum, recipients should anticipate providing quarterly and annual updates no later than December 31 of each year or 60 days following the conclusion of the performance period, whichever comes first. Reports must track expenditures, detail their purpose, and provide evidence of the impact of the funding on the stability of the agency.

Sustainability Plan

Entities receiving funding through this mechanism will be expected to submit a sustainability plan within 180 calendar days of receiving the funds to sustain the programming and projects initiated with these stabilization funds.

APPLICABLE ENTITIES	REQUIREMENT
ALL AGENCIES	Applicants must detail how they anticipate sustaining and maintaining each of the activities supported by the

¹⁸ 2 CFR § 200.439(b)2

grant funding following the expenditure of the grant funds. For example, if wages were increased from \$15 to \$18 an hour using the funding, applicants must detail how they intend to sustain that increase after the grant period.

STAFFING MODEL DEPENDENT REQUIREMENTS

Paid Staffing Model

Transporting and non-transporting entity applicants who are operating on a paid staffing model (full-time coverage of at least two staff persons, who are paid for the entire time), who have a monthly average of fewer than seven (7) active EMS clinicians providing clinical care as documented within the Maine EMS and Fire Incident Reporting System (MEFIRS) over the past three years must detail their staffing sustainability model in the plan.¹⁹ For applicants applying as a collaborative, each entity shall provide their specific staffing sustainability model if they individually fall below seven (7) active EMS clinicians providing clinical care as a monthly average. Maine EMS will make the data regarding the average number of active clinicians for each agency available on its website.

Volunteer or Augmented Voluntary Staffing Model (i.e., stipend, per call pay, etc.)

Transporting and non-transporting applicants operating on a volunteer or augmented voluntary staffing model (i.e., stipend, per call pay, etc.), who have a monthly average of fewer than 14 active EMS clinicians providing clinical care as documented within the Maine EMS and Fire Incident Reporting System (MEFIRS) over the past three years must detail their staffing sustainability model in the plan.²⁰ For applicants applying as a collaborative, each entity shall provide their specific staffing sustainability model if they individually fall below 14 active EMS clinicians providing clinical care as a monthly average. Maine EMS will make the data regarding the average number of active clinicians for each agency available on its website.

Unauthorized Use of Funds

Should an entity utilize funds through this program to supplant other forms of revenue or for activities not identified and approved in their application, those funds used for unauthorized purposes shall be repaid to Maine EMS for deposit back into the program and redistribution in future funding

¹⁹ The number seven is calculated based on 24/7 coverage with two staff persons working 48 hours per week. This does not account for any time off, vacation, or sick leave.

²⁰ The number 14 originates from the [Sustainable Rural EMS: Navigating Change: An Introduction and Guide](#) published in November of 2021 by the National Rural Health Resource Center (page 23). It is based on the premise that if an ambulance service is scheduling two people for 24/7 coverage, it should have at least 14 active persons on the roster. This number accounts for two people being scheduled at all times while limiting any one person’s responsibility to no more than 24 hours of calls per week as a volunteer.

opportunities. Please note that unauthorized use of funds may negatively impact future applications for funding through Maine EMS.

Supplantation

Entities shall not use any of the funding to supplant the entity's existing emergency medical services funding sources, except for funding sources originating from the following:²¹

- In-kind donations;
- Fundraisers; or
- Volunteer Labor.

This funding shall only supplement existing funding sources and not replace them. For example, if the agency typically receives \$100,000 in local subsidy annually and receives \$100,000 from this program, it would be considered supplantation if the local contribution is decreased from \$100,000 instead of using the \$100,000.

Unauthorized Expenditures

Entities may only expend the fund for activities identified and approved in their application for support as an approved expenditure.²²

Funding shall not be used for any of the following purposes listed below. Please note that this list is not wholly inclusive, and the RFA review committee reserves the right to determine that an item of expenditure isn't aligned or allowed with this funding opportunity.

- Expenses or losses reimbursed from any other source(s) or that other sources are obligated to repay.
- Expenses related to staffing needs may not exceed an annual salary of \$76,500, as prorated over the applicable period. This limitation is placed on cash compensation and does not include other healthcare or retirement plan compensation.
- Construction, renovation, purchase, or acquisition costs for facilities.
- Pay for existing indebtedness.
- Funds must not be used to pay obligations incurred before the beginning date of the agreement.
- The funds must not supplant existing local subsidies or funding sources except if they replace volunteer labor, donated services/goods, or funds raised through community fundraising efforts (e.g., bake sales, dinners, etc.).

²¹ 32 MRS §98 (3)B(3)a

²² 32 MRS §98 (3)B(3)

Appendices

Appendix A: Listing of Eligible Transporting EMS Entities in Maine

Acton Fire - Rescue (1035)
Albion Fire - Rescue (0845)
Alfred Rescue Squad (0005)
Ambulance Service Inc (0017)
Anson Madison Starks Ambulance Service (0025)
Arundel Fire - Rescue (0030)
Ashland Ambulance Service (0040)
Auburn Fire Department (0038)
Augusta Fire Department (0041)
Bangor Fire Department (0050)
Bar Harbor Fire Dept (0055)
Bath Fire Department (0070)
Bath Iron Works Rescue (0072)
Belfast Ambulance & Rescue Service (0085)
Bethel Ambulance Service (0092)
Biddeford Ambulance Service (0100)
Boothbay Region Ambulance (0104)
Brooks Ambulance Inc. (1048)
Brunswick Fire Department EMS (0110)
Buckfield Rescue Dept. (0113)
Bucksport Fire Department (0115)
Buxton Fire & Rescue (0060)
Calais Fire-EMS (0121)
Cape Elizabeth Fire Rescue (0130)
Caribou Fire - Ambulance (0135)
Carmel Fire & Rescue (0140)
Casco Fire & Rescue (0147)
Central Aroostook Ambulance Service (1053)
Central Lincoln County Ambulance (0150)
Charles A Dean Ambulance Service (0210)
Chebeague Island Rescue (0156)
Cherryfield Ambulance Service (0157)
Clinton Fire Dept Ambulance Service (0160)
Corinth Fire Department (0885)
Cumberland Fire Department (0185)
Cundy's Harbor Fire Dept (0190)
Cushing Rescue Squad (0195)
Delta Ambulance (0215)
Denny River Volunteer Fire & Ambulance (0220)
Durham Fire & Rescue (0226)
East Millinocket Fire Department (0250)
Ellsworth Fire Department (1052)
Falmouth Fire - EMS (0260)
Fort Fairfield Fire Rescue (1056)
Freeport Fire Department (0270)
Frye Island Rescue Service (1023)
Fryeburg Rescue (0280)
G & H Ambulance Service (0295)
Gardiner Fire & Ambulance Department (0282)
Georgetown Fire Department & Ambulance (0285)
Gorham Fire Department (0300)
Gouldsboro Fire Department (0906)
Gray Fire - Rescue (0305)
Hampden Fire Department (0320)
Harmony Regional Ambulance Service (0324)
Harpwell Neck Fire & Rescue (0325)
Hermon Volunteer Rescue (0350)
Hollis Fire - Rescue (1007)
Houlton Ambulance Service (0360)
Howland Fire & EMS (1024)
Island Falls Ambulance Service (0388)
Islesboro Ambulance Service (0370)
Jackman-Moose River Fire & Rescue Department (1043)
Kennebunk Fire Rescue (0390)
Kennebunkport EMS (0392)
Lebanon Fire-EMS (0410)
Lee Fire Rescue (0921)
Levant Fire Department (0920)
Liberty Fire & Rescue (0415)
LifeFlight of Maine Ground (1061)
Limerick Rescue (0418)
Limington Fire and EMS (0420)
Lincoln Fire Department (1057)
Lisbon Emergency Inc. (0422)
Long Island Volunteer Rescue (0423)
Machias Ambulance Service (0435)
Madawaska Ambulance Service (0437)
Med-Care Ambulance Service (0484)
Memorial Ambulance Corps (0460)
Milford Fire Department (0934)
Millinocket Fire Department Ambulance Service (0470)
Moosabec Ambulance (0385)

Mount Desert Fire-Rescue Department (1065)
Naples Fire Department (0477)
New Gloucester Fire & Rescue (0937)
Newfield Rescue Squad (0481)
Newport Fire Department (0939)
North Berwick Rescue Squad Inc (0482)
North Haven EMS (0483)
North Yarmouth Fire Rescue (0485)
Northeast Mobile Health Services (0488)
Northern Light Mayo Hospital (0455)
Northern Light Medical Transport (1049)
NorthStar (0491)
Ogunquit Fire Rescue (0495)
Old Orchard Beach EMS (0500)
Old Town Fire Dept (0505)
Orono Fire - Rescue (0508)
Orrington Fire Dept. (0512)
Orrs/Bailey Island Fire Department (0510)
Oxford Fire Rescue (0515)
PACE Paramedic Service (0520)
Passamaquoddy Fire & Rescue (0365)
Patten Ambulance Service (0525)
Peninsula Ambulance Corps (0530)
Phippsburg Fire & Rescue Department (0540)
Pleasant River Ambulance Service (0544)
Poland Fire Rescue (0543)
Portland Fire Department (0546)
Presque Isle Fire Department (1042)
Raymond Rescue (0565)
Redington Fairview EMS (0645)
Rockland Fire & EMS (0580)
Saco Fire Department (0595)
Sacopee Rescue Inc (0600)
Sanford Fire Dept Ambulance Service (0610)
Scarborough Fire Department (0615)
Searsmont Rescue (0646)
Searsport Ambulance Service (0620)
Sebago EMS (0625)
Sebastcook Valley Hospital Ambulance (0630)
Shapleigh Rescue Squad (0633)
South Portland Fire Rescue (0655)
South Thomaston Ambulance Service (0660)
Southern Aroostook EMS (1066)

Southwest Harbor / Tremont Ambulance
Service Inc (0665)
St George Ambulance (0605)
Standish Fire - EMS (0670)
Stewarts Ambulance (1051)
Stockton Springs Ambulance Service (0675)
Stoneham Rescue Service (0678)
Sullivan Fire Rescue (0962)
Swan's Island Ambulance (0682)
Thomaston Ambulance (0684)
Three Rivers Ambulance Service (0685)
Topsham Fire - EMS (0690)
Town of Dayton DBA / Goodwins Mills Fire-
Rescue (0297)
Town of Milbridge DBA Bold Coast EMS (1070)*
Turner Rescue (0697)
Union Fire-Rescue (0700)
United Ambulance Service (0702)
Unity Volunteer Ambulance Corps (0705)
University Volunteer Ambulance Corps (0710)
Upper Kennebec Valley Ambulance (0715)
Van Buren Ambulance Service (0720)
Vinalhaven Ambulance (0367)
Waldoboro Emergency Medical Services (0730)
Warren Rescue (0733)
Waterboro Fire Dept Rescue (0735)
Waterville Fire Department (0987)
WCEMSA dba Downeast EMS (0725)
Wells Emergency Medical Services (0741)
Westbrook Fire Rescue (0745)
Windham Fire Rescue (0760)
Winslow Fire Department Rescue (0990)
Winterport Volunteer Ambulance Service
(0770)
Winthrop Ambulance Service (0769)
Wiscasset Ambulance Service (0771)
Woolwich Fire Department (0772)
Yarmouth Fire Rescue (0775)
York Ambulance Association Inc (0780)

* Identified as potentially eligible. See [Provision of Services](#) (Page 8).

Appendix B: Listing of Eligible Non-Transporting EMS Entities in Maine

Alexander VFD First Responder Unit (0847)
Andover Fire Dept (0850)
Aurora Volunteer Fire Dept. (0854)
Bates EMS (0862)
Belgrade Fire Department (0857)
Berwick Fire Department (1026)
Bowdoin First Responders (0858)
Bowdoinham Fire & Rescue (0863)
Bradford Fire Department (0861)
Bremen Rescue First Responders (0859)
Brewer Fire Department (0108)
Bristol Fire and Rescue (0977)
Brooklin Volunteer Fire Dept Inc (0864)
Brownville Fire Department (1067)
Canaan Municipal Fire & Rescue (0869)
Castine Fire and Rescue (1016)
China Rescue Squad (0870)
Cranberry Isles Rescue (0903)
Cutler Fire Dept NCTAMS LANT Detachment
Cutler (0887)
Dedham Fire Department (0874)
Detroit Fire & Rescue (0879)
Dixmont Fire Rescue (1000)
Dover-Foxcroft Fire Department (1027)
Eastbrook First Responder (0881)
Eddington Fire Dept (0880)
Edgecomb Fire Department (0882)
Etna Volunteer Fire and Rescue (0883)
Eustis Fire Department (0894)
Fairfield Fire Rescue (0895)
Farmington Fire Rescue (0900)
Glenburn Fire Department (1047)
Greenbush Fire Dept (1020)
Greene Fire Dept Rescue (0909)
Greenwood First Responders (1012)
Hancock Vol Fire Department (0904)
Harrison Fire - Rescue First Responder Service
(1008)
Hermon Fire Department (1021)
Holden Fire Rescue (0911)
Hudson Fire Department (0902)
Jay Fire and Rescue (1018)
Jefferson Fire and Rescue (0914)
Kenduskeag Fire - Rescue (0915)
Litchfield Fire & Rescue (0922)
Livermore Fire Rescue (1033)
Mariaville Volunteer Fire Department (0929)
Mechanic Falls Fire Department (0930)
Mid Coast Hospital Interceptor (0926)
Milo Fire Department (0928)
Monson Fire Dept First Responders (0932)
Mount Vernon Rescue (0933)
New Sharon Fire Rescue (0938)
Newburgh Rescue (1009)
Nobleboro Fire Rescue (0941)
Norridgewock Fire Department (1055)
Northport First Responders (0945)
Oakland Fire - Rescue (0940)
Osborn Municipal Vol Fire Dept (0944)
Otisfield Fire Department (1004)
Palermo Volunteer Fire Department Inc. (1060)
Plymouth Fire Department (0955)
Pownal Fire Dept First Responders (0956)
Richmond Fire Department (1044)
Rockwood Fire - EMS (0969)
Rome Fire & Rescue (0971)
Rumford Fire Department (0968)
Sabattus Fire Rescue (1013)
Sidney Rescue (0975)
Skowhegan Fire Department (1045)
Smithfield Fire Department (0982)
South Bristol Volunteer Fire Department (0978)
Town of Lisbon Fire Service (1028)
Town of Mercer Rescue (1041)
University of New England (0984)
Vassalboro First Responders (1031)
Veazie Fire Department (0994)
Wales Rescue (1029)
Wells Fire Department Rescue (0988)
Westport Volunteer Fire Dept First Responders
(1001)
Whitefield Fire Department Rescue (0998)
Windsor Fire & Rescue (0967)
York Beach Volunteer Fire Department (0995)
York Village Fire Department (0996)