**SEELEY LAKE RURAL FIRE DISTRICT**

**REGULAR BOARD MEETING 6:00PM FIRE HALL**

**MEETING DATE:** April 19, 2022

**MINUTES FOR:** March 15, 2022

**MINUTES OF THE BOARD MEETING**

**PRESENT ABSENT**

John Kimble Gary Lewis, Vice Chair

Connie Clark

Rita Rossi Secretary

Scott Kennedy, Chair

Dave Lane, Fire Chief

Lakaya Lemons, Administrative Assistant

**I. PLEDGE OF ALEGIANCE:**

Chief Lane led everyone in the Pledge of Allegiance.

**II. REGULAR MEETING CALL TO ORDER/ROLL CALL:**  Scott Kennedy called the meeting to order at 6:00 p.m. Four trustees were present along with the Fire Chief and Administrative Assistant.

In attendance were Michael Richards; John & Michelle Baker; Brian & Susan Page; Shirley Goudzwaard; John Homen; Nathan & Tabitha Bailey; Kristy Pohlman; Jeff & Alysa Mclean; Charles Isaacson; Alvis (A.J) Miller. Also present was Andi Bourne with the *Pathfinder.*

**III. MINUTES:**

Rita Rossi made a motion to approve the February 2022 minutes; Connie Clark seconded the motion.

**IV. VISIT WITH GUESTS/PUBLIC COMMENT FOR MATTERS NOT ON THE AGENDA/CORRESPONDENCE:**

Alyssa Mclean- I just want to come out and say that I’m never going to stop standing up when I have a complaint in these meetings. I thought it was super weird and off putting how you chastised a woman for like not coming to you first when she was just concerned for the community, but I have my own concerns even Rita and Scott were there for it. I should have not been transported Basic Life Support after that accident to Missoula. And actually because of that, and because of how busy the hospital was I went from my CT scans and Xray’s before I ever even got medicated. I ended up being four hours and coming to you first actually did nothing for me. We met about two months ago I asked why not Life flight that night you said you had to check into the weather I had already talked to life flight before I talked to you, and I knew exactly why they didn’t fly. They weren’t dispatched from scene. When ALS calls start getting sent and treated like ALS calls when we are no longer you cash cattle because you just wanted to transport me to town. I guess I don’t know but like, let me explain to you guys real quick I shattered my humerus in a bunch of pieces, I broke this ulna, I broke my left fibula, I had completely torn a AC ligament which is gone forever now, and I torn my calf, I walked from the scene of the accident to the stretcher which is weird because it’s weird verbiage in your ambulance report you guys submitted to the hospital which got uploaded on my patient chart. It says you moved me to the stretcher which maybe you weren’t there when I was walking but I defiantly walked on my broken leg with my three broken limbs to the stretcher. And then you loaded me in an ambulance in front of my Ten-year-old, and you sent me to town without meds. That’s crazy to me and I’m not going to stop making it a public scene because I can’t figure out where the accountability is between your two EMT’s that’s also Board Trustee’s. I’m just struggling with it now with what our family has been through. I know Life flight was available to me and I know MESI was available for transport at the junction. Scott, you have been doing this for a long time, we were in a head on collision where the airbags deployed were me and my son both had facial trauma not ever collard. So, a head to toe was never done to me and as you can see in the ambulance report only mentions my arm trauma. Because of that because I can’t beg for medical care for some reason the hospital missed it too. So they actually didn’t find out I had a broken leg till about 12:30 that night because no one checked me from head to toe. And Rita, I don’t know if you remember I was slung and propped on a pillow with that shattered arm, and you walked by it and hit it and I screamed out in front oof my kid. So, I just want you to know I’m not going to stop speaking up because something is going wrong here. And I like on the agenda for the next meeting please.

Kirsty Pohlman- I’ve been doing lots of research into boards that are providing community service and needs such as yourself. All the boards that I’ve investigated thus far have a strategic plan and they are using it as a working document to ensure the success as there past, current, and future board. This is a board-built plan that in commiserates strength, opportunities aspirations and results. It is truly a strategic vision that helps with buy in with all parties, community members, fire department members, the board, and everyone. If also helps past preset and future board members be on the same page, I’ve mentioned this before but never really gotten an answer so I’m officially requesting that you place this on the next board meeting agenda. At that point you can either review what is already in place for your plan or begin the necessary steps to hopefully create one and because I truly think this is necessary, I do also want to thank he is not here Gary Lewis for stepping in and running the board meetings his leadership while your board chair was away the past two meetings was very very professional.

**V. FINANCIAL REPORT AND APPROVAL OF WARRANTS:**

Connie Clark made a motion to approve the February 2022 financial report in the amount of $27,225.20: John Kimble Second the motion.

**VI. REPORTS:**

1. **Call Volume** – February 2021 we had 21 Calls, February 2022 we had 17 calls. Volume of 2021 ended at 47 Volume of 2022 we had 35 Calls.
2. **Recruitment –**

Chief Lane- We have one person who is completing their task book here shortly hopefully this week. We have a couple applications that are out that has not been returned yet. One of our members are going to swear in tonight so we are just continuing to add to the roster.

1. **Grants –**

Chief Lane- there are quite a few grants available currently, starting to research to see what projects are going to be most beneficial for us right now. We will start applying for grants this month and in next months board meeting we will have much more information on grants.

1. **Updates /Actions** –

Chief Lane- Our ambulance inspections is coming up this Friday, so we are making sure we are prepared for that.

**5. Membership Report –** Nothing new to report

**VII. OLD BUSINESS:**

1. **Ambulance Service Fees**- Chief Lane- In last months board meeting there was a motion made to increase our ambulance rates however the motion was tabled because Mr. Kimble wanted a little bit more information. So, in your packet you will find a list of the ambulance fees that were surveyed. The complete list is there, and I highlighted in a light brown all the like sized communities providing EMS. Then we got 45 like sized communities and when you look at the very last page at the very bottom with like sized populations the rates were higher than the average that was presented before that. the average was $1338.56, and the like sized communities was $ 1402.00 so the rates are kind of depending on what state you’re in and where you’re at whatever their needs might be everybody’s different. That’s why I took so many to make the average and that’s my request to make the average of what people are charging for ambulance fees. Our service started in 1984 and it has not been adjusted since so that’s 38 years without adjustments but really, we should be adjusting well looking at rates about every five years, whether you choose at that point whether to adjust or not that’s up to you but at least we have looked at them. To my knowledge these have not been looked at. There has not been an adjustment is 40 years that’s why the rate sems to increase with a dramatic amount because time changes and we did not keep up with the time so I’m asking that are ambulance fees be brought up to the overall average fees.

Scott Kennedy- John did that help.

John Kimble- Yes it did and addition to that I have thought of something else in the meantime, the objective was to increase the revenues and make the obtain from the ambulance service about 45,000.00 to 60,000.00 something like that and the cost added to the services would be primarily billed through the insurance companies, correct?

Chief Lane- Yes

John Kimble- So of the call volume hat we have if I remember correctly its only 70% nature of the medical or ambulance call, is that right?

Chief Lane- Well our call volume for ambulance calls versus fire calls I think it is much higher than that, its probably, the numbers are over on the board over there, but the math hasn’t been done so I’m guessing closer to 90% ambulance calls.

John Kimble- yea so in each case you’re transporting someone.

Chief Lane- Not every case

John Kimble- How many of those do you think are transport.

Chief Lane- Probably around 75% of the calls.

John Kimble- Ok so if we have a call volume in the neighborhood of 300 – 350 something like that.

Chief Lane- Yes

Scott Kennedy- So that’s fire.

John Kimble- Yea I was just focusing on the ambulance and the ones that are just actually transporting somebody.

Chief Lane- I don’t have that paperwork with me but I think what was quoted was somewhere around 180 transports.

John Kimble- Ok 180, if you took that 50,000.00 and divide it by 180 you would need an additional 277 to make up for both. What were support that increase in revenue, that’s just using your numbers there. So, what I was thinking we propose to increase the fee by about 300 about 700 and it would do two gangs one satisfies your aim and two offer a compensation package to a new employee and limit the impact fees on the community.

Chief Lane- The community is not going to be impacted other than there insurance, we do have a small amount of our patients that not have insurance like we said contact us and we will work something out and we have done that not to long ago, so the transport that we have with Medicare and Medicaid are a lot of our transporting patients so we don’t collect that much we collect a third of what we bill for Medicare and Medicaid. Medicare pays a little better, but we get between three to four hundred dollars per transport so reality we are not collecting that 1400 average because out of that transport we are losing money to Medicare and Medicaid it’s not losing money to were capturing three to four hundred dollars a patient.

Kirsty Pohlman- So you do not bill people the insurance won’t pay you will settle for whatever insurance pays.

Chief Lane- We bill at our rate and depending on the insurance companies and what they’ve negotiates with our billing company are or contractional obligations with different insurance companies that’s what gets pai some insurance companies have co-pay others solely cover 100% we don’t have any say in that.

Scott Kennedy- So it just gets written off.

Chief Lane- Yes

Kirsty Pohlman- So, you take Medicare or Medicaid or whatever they pay you consider that payment full.

Chief Lane- That’s all we are allowed to do.

John Kimble- How much do you think the Medicaid discount is?

Chief Lane- They only pay about three its not a percentage discount it’s a flat rate they pay which off the top of my head its between three to four hundred a transport.

John Kimble- So even though you’re sending a bill for 700 you would only get a reimbursement of 300.

Chief Lane- Yes

John Kimble- How many of those 180 ambulance services are exposed to that.

Chief Lane- Let me run to my office quick I have all the data.

Kirsty Pohlman- Can I just ask a question quickly; this is a base fee right and that’s kind of we do medications and its this much and we get oxygen and its this much so then the billing company says ok so here is your final bill is that correct.

Chief Lane- No, our bills are all inclusive so years ago you used to be able to charge for medications, oxygen, IV you can utilize those fees we don’t do that our base fee is all inclusive.

Kirsty Pohlman- Ok so it’s not like the hospitals.

Chief Lane- that’s determined by Medicare and Medicaid so CMS says what we can charge separate for, and I think we can separate out oxygen and that’s it everything else must be included in that all inclusive

Kirsty Pohlman- Do they pay mileage too or not?

Chief Lane- Medicare and Medicaid do pay mileage however it done at a different rate it done at whatever they make it.

Kirsty Pohlman- Gotcha

Chief Lane- I have the papers that I gave everyone last month so what was your question again?

John Kimble- There is those 180 calls where you’re actually requiring an ambulance service that I was determine were going down a path where you would only need 300 extra per service.

Chief Lane- In 2020 we billed 145. 2021 without complete data for the rest of the year so our data only shows 143 transports for 2021.

John Kimble- So, instead of 180 we are at 140.

Chief Lane- Yes

John Kimble- Out of that how many were Medicaid Medicare,

Chief Lane- In 2020 There were about 103 Medicare Medicaid in 2021 there was about 91 Medicare Medicaid so over 50%.

Scott Kennedy- Out of that 45 some of those were written off would that be correct or remain 45 will pay.

Chief Lane- Yes

Brian Page- What I heard you said was about 2/3 were Medicare and Medicaid

Scott Kennedy- Yes, So that’s all-percentage John of full run rate.

Brian Page- then you’d have to pay a lot more to increase that fee a little more to cover that position. Quick question increases that rate and now your able to hire another body to hopefully give medication and provide IV’s and help your position is that what this increase rate will help do?

Scott Kennedy- Its to help give better coverage and staffing, and potentially provide additional resources on the outlining area as that progresses, and we have more staff.

Kirsty Pohlman- So the flip side to that is Blue Cross Blue Shield, Pacific, Humana, allegiance are those insurance companies going to pay the rate increase that you’re looking for or do you know what their settlement amount is?

Chief Lane- I don’t know what the amounts are because I don’t deal with them, I do know that a lot of the Humana and allegiance are Medicaid or Medicare supplements there considered to be part Medicare, so they adjust the rates according to that some of Blue Cross is a secondary other Blue Cross is primary, so I don’t know what the pay schedules are for those companies.

John Baker- My main concern is this is an issue that’s going to effect the help the entire community on the backs of maybe a few people instead of doing a levy you get additional services in the summer the population goes up personally I’m running five to ten calls a day and I would like some assistance better medical it would be good, the fact the insurance might not cover anything well insurance is a personal decision you know your program or you don’t. Insurance is there to assist it’s not there to cover everything its not a free ride I personally think this is a good opportunity for us to advance the medical program without effecting the community a whole.

Scott Kennedy- Seems to be a reasonable to a levy over some other funding.

John Kimble- So, using the ranges form the last meeting 15 – 45,000.00 I think that’s what we mention that time because you already had the operating employee.

Chief Lane-It was 30- 45,000.00

John Kimble- Ok, 30- 45,000.00 if we use those, I was using 15, 30, and 50,000.00 as targets. 15 is 300 on those 50 calls. 30,000.00 is 600 on those calls and 50,000.00 is 1,000.00 extra.

Scott Kennedy- We are certainly going to have to reevaluate it each year.

Chief Lane- Maybe not every year but at some sort of interval typically there done every five years.

John Kimble- That line of thinking when I came in here, I thought that the 300 marks would be the way, but I didn’t always know the call volume

Kirsty Pohlman- Can I ask one more question to clarify? So, let’s say I have insurance, you guys come to me I’ve met my deductible you bill my insurance 1,800.00 and my insurance says nope I’m only going to pay 900.00 are you putting the 900.00 then on me that the insurance didn’t pay, I’m just trying to figure out.

Chief Lane- It depends on your insurance; every insurance is different some insurance companies like you said have a deductible that’s it they pay our bill if the contractional rate is less than $1800.00 then we accept the payment in full if you don’t have your deductible met then in my experience you would have to make up the difference.

Kirsty Pohlman- I was just trying to figure out, because then to me it also plays a different percentage when says there’s 45 calls where you get some let’s say 10 of them don’t have insurance so let’s say 25 calls 10 have not met there deductible ten of them have your actually are receiving a really full increase fee on those 25 calls that’s what I was trying to get at.

Chief Lane- in the information that I have we do have those scenarios where the contractional rate would pay $1100.00 that other $800.00 you’re talking about we must write that off, which is included in our information we must cover that written off amount to make sure we keep our lights on.

Kirsty Pohlman- No I understand that I just wanted to make sure we are all on the same page and understand it the same way if that makes sense sometimes it gets a little foggy, so I was just clarifying so thank you.

Scott Kennedy- Thanks Chief.

John Kimble- Another thing that will make a difference is what type of service your billing

Chief Lane- Well we have got three levels so ALS1 is the majority of our calls, ALS2 is a very smaller majority because the Advance Life Support skills and medications that have to be used to qualify for that level and there is the Basic Life Support a good portion of our calls are Basic Life Support.

John Kimble- In that line of reasoning I think the $300.00 increase will not support what you’re aiming to do, but with a $600.00 increase that would get you in the ballpark.

Chief Lane- Yes Closer.

Scott Kennedy- You got anything Connie.

Connie Clark- Yea, sitting here my memory is says there were eight calls that were uninsured was that all last year and the other thing I have after the last meeting thought we were going to somebody was going to call I think Blue Cross Blue Shield and then also Allegiance to see a basic ambulance payment would be for transport.

Chief Lane- That was never directed

Connie Clark- It’s was mentioned as a suggestion I think

Chief Lane- It was never given to me to do that

Connie Clark- Ok

Scott Kennedy- There is different plans involved with what medical you have Bronze, Gold, Silver and so forth so teres other perimeters.

Chief Lane- If you’re talking about Medicare, Medicaid it doesn’t matter because it’s one rate.

Connie Clark- Right

Chief Lane- We cannot bill the balance, so we have to writer off the rest of it. Your correct we did have eight patients in 2020 with no insurance eight out of 145.

Scott Kennedy- Rita do you got anything?

Rita Rossi- I’m still going with my motion to approve the rate increase.

Connie Clark- I don’t feel comfortable doubling our rates but that’s just me.

Scott Kennedy- Rita is that your motion then I’m sorry I just want to make it clear.

Rita Rossi- I want to make a motion to approve the new rate according to.

Scott Kennedy- What would that total rate be chief.

Chief Lane- For the ALS call it would be $1,338.56, the ALS2 which is the more advance call would be 1,442.32, and the BLS call would be 1,177.13.

Rita Rossi- My motion is to accept the average amount with what you have across the board.

Connie Clark- Which is basically doubling our rates.

Chief Lane- Again we haven’t adjusted our rates in 40 years, so we are way behind the curve as far as adjusting the rates. Next five years we may be the same it may not be time to adjust but at least we have looked, where over the last 30 years we haven’t even looked it’s never been adjusted.

Rita Rossi- Well this is average this isn’t high.

Chief Lane- High is like 5,000.00 and I’m not asking for that.

Scott Kennedy- Also for years we were a volunteer organization nothing has even been adjusted since then.

Connie Clark- When did we become tax funded? Because in 1984 we were totally a volunteer department.

Chief Lane- But you had an ambulance service in 1984.

Connie Clark- It wasn’t ax funded.

Chief Lane- I don’t know, I can find out in just a couple min I don’t have that information with me.

John Baker- Has the past 30 years has the equipment increase in cost? Gas? Medications?

Scott Kennedy- The funding unless I’m wrong was under the fire service and not a separate ambulance type structure back in the day we have been able to pick that up in fire budget for operations like equipment and ambulances and everything.

Connie Clark- You need to clarify.

Scott Kennedy- You don’t have a specific Mill Rate designated to ambulance services is that correct Chief.

Chief Lane- Correct.

Scott Kennedy- We have always picked it up under Fire District budget.

Chief Lane- In a general fund.

Rita Rossi- That’s what a Levy would be if you wanted to fund the ambulance it gets taxed.

Scott Kennedy- We have been able to absorb the ambulance up to a certain point now we cannot absorb that we need an additional funding to help expand operations and provide better service to the community that’s the attempt.

Connie Clark- Maybe I’m just not understanding but that doesn’t make sense to me because you said 90% calls were the ambulance and now, you’re saying that the fire is basically carrying the ambulance.

Scott Kennedy- It does, and it did, and it still does now.

Connie Clark- That’s just not true that’s not what we are taxed for its for one unit its Seeley Lake Fire District, yes, it’s not the ambulance and a separate Fire service.

Dave Lane- It’s the Fire District your right and it goes into the fire district general fund, Our fund isn’t split between EMS and Fire we have used that general fund to support our service, we are getting to were that fund is not going to be enough to support that service and because most of our calls come from EMS we are going to, well my plan is to attempt to raise EMS funding to support more of the ambulance service.

Scott Kennedy- And not draw from the Fire funding which is the fire district. The money must come from somewhere this is a way to generate and help offset expenses

Rita Rossi- And that way its funding itself.

Scott Kennedy- Regardless of what it goes down number wise that’s the goal here to help offset expenses and grow.

Connie Clark- Ok, I am struggling with that.

Kirsty Pohlman- I have another question, I believe it a back in October you guys voted as a board to settle at 50% on someone’s ambulance bill and we have figured that 50% would bring it to somewhere around $825.00 if they couldn’t get the full 100%, that full 100% would have been $1,600.00 and then bringing it down, so that I guess.

Chief Lane- There are some expenses that we are gong to have to absorb, if a car breaks down we have to fix it that has to be absorbed so we have money to make those adjustments we make every effort to collect that full bill if they have to make a monthly payment, if they aren’t able to there unemployed and they have other issues then we may negotiate to lower the bill at some point.

Kirsty Pohlman- Which I 100% agree with that but I’m just saying that bill was already 1800.00 so what does that, I mean if you raised it, you know I guess your going to have to think what that’s going to put the new bill at for those people who can’t already afford.

Chief Lane- Then they should get insurance. The other portion of this is the mileage we are not adjusting mileage at all.

Scott Kennedy- Do we have a motion on the board.

Rita Rossi- I have a motion.

John Kimble- I can second it.

Scott Kennedy- Motion and seconded all in favor say I.

Rita Rossi- I

John Kimble- I

1. **Firefighter/ Paramedic Position-** Chief Lane- Last month when I did a search on the internet the Montana average Paramedic salary was 47,411.00 I didn’t re do the research this month, I have been watching advertisements and job postings I know that departments are having a hard time hiring people at 62,000.00 base pay. I think being a mostly volunteer department in a small community I think it would be appropriate to start at a lower offering, My goal would be to offer 50,000.00 base pay again the increase ambulance revenue would offset the current budget to absorb most of the cost, so that’s my request for the paramedic position it’s going to be a position where the work 5 days a week day shift just by looking at the states for what our call volume is the most busiest those are the places I want really good coverage, my intent is to make the Firefighter/ Paramedic at a dual rate position so if there is a fire we can use them on a fire if there is a medical call we can use them on the medical scene, the intent is to support the volunteers the best we can and providing the best service we can for the community and providing a second paramedic I think it’s going to be huge beneficial because early as everyone knows I’m the only paramedic n duty if I’m not here then the next ALS unit is in Missoula so whether it’s on a helicopter or ground ambulance that’s the time its going to take to get here if we have a second paramedic I can fall back into a secondary position most of the time when that persons working the obviously I move up to the first position so those are just scheduling issues that I have to consider there’s a whole bunch of dynamics that would be applied for this and the base pay that’s before taxes come out that’s not including training, uniforms, vacation times, sick times any of that’s stuff this is just base pay so add in those other benefits the other cost are a third mor than this so that extra ambulance revenue will not cover the employee however our budget as we continue to grow we will support that position my hope originally when we started talking about a year ago talking about a Levy was to get six people on board 2 people 24/7 on shift we don’t have the money to do that we don’t have the resources to raise that kind of money so we still do the best we can with what we got that’s my solution to provide more ALS care is 5 daytime shifts a week and this without receiving any application any interest for 40,000.00a year I would like to have your approval to see if we can offer 50,000.00 to see if we will get interest again this is not an approval for the position I don’t have the authority to do that without your permission so all I would like to do is to offer a 50,000.00 base pay wage to see if we can get any interest at that point have another meeting and see what our options are.

John Kimble- I will make a motion to advertise that position at 50,000.00.

Rita Rossi- I would like to second.

Connie Clark- Question, at 50,000.00 and then a third more probably for insurance and.

Chief Lane- Well its taxes, training, uniforms, all the benefits all those extra things.

Connie Clark- Probably closer to 65,000.00

Chief Lane- Yes when you’re talking about roll ups all the wages and benefits, 65,000.00 would cover our department other departments like Missoula Rural there over 100% in addition to there base pay so we don’t have those kinds of benefits, I don’t have plans to do any of that, we area small department and a small community I think this is going to be the best we can do right now.

Scott Kennedy- Motion on the floor and seconded all in favor say I.

Rita Rossi- I

John Kimble- I

Connie Clark- I

**VIII. NEW BUSINESS:**

Chuck Isaacson was pinned and now is a volunteer firefighter.

Andi Bourne- I’ve got a question really quick so that motion during the increasing the ambulance rates there was two votes it was not confirmed so I just wanted to make sure I caught in your vote as well.

Scott Kennedy- It was unanimous

Andi Bourne- It was unanimous to increase the ambulance rates sorry I just want to make sure I didn’t hear Connie say anything, and I didn’t hear you say anything.

Scott Kennedy- What is your vote, Connie.

Connie Clark- I vote yes.

**IX. NEXT MONTH AGENDA ITEMS**:

March Financial Reports, Badge Pinning Ceremony

**X. ADJOURNMENT/NEXT MEETING:**

Upon motion John seconded, the meeting adjourned at approximately 6:50 p.m. The next regularly scheduled monthly meeting will be held on Tuesday, April 19, 2022.

Approved:

Chair of the Board Clerk of the Board