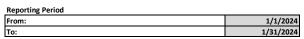
State of Hawaii Emergency Medical Services Cost Reporting Schedule 1 - Certification of Expenditures



Agency Legal Name			TO VALUE OF THE PROPERTY OF TH
Agency DBA Name (if different)			
Address			
Reporting Period From: 1/1/2024 To: 1/31/2024			
Certification Statement by Office	er of the Agency		
I HEREBY CERTIFY that:			
	atement and the accompanying supporting Sch ks and records of my organization in accordan	nedules and to the best of my knowledge and belief to be with applicable instructions.	they are true and correct statements
2) The expenditures inclu	ded in this statement are based on the actual o	ost of recorded expenditures and reflect my organiz	ation's cost during the reporting period.
I understand that, purs termination of the cont		nuary 1, 2024, all assets, supplies, and vehicles paid	for by the State will be returned to DOH upon
4) I am the officer author accurate.	ized by the above referenced provider to subm	it this form and I have made a good faith effort to as	ssure that all information reported is true and
	NTENTIONAL MISREPRESENTATION OR FALSIFI R FEDERAL AND/OR STATE LAW.	CATION OF ANY INFORMATION CONTAINED HEREIN	MAY BE PUNISHABLE BY FINE AND/OR
ŗ			
<u>Officer Name</u>		<u>Signature</u>	
Officer Title			
		Date	
<u>Officer Phone</u>			
Officer Email		<u>Total Expenses</u> <u>Reported</u>	\$0

State of Hawaii **Emergency Medical Services Cost Reporting** Schedule 2 - Monthly Expenditure Summary







Position Headcount (FTEs)	Prior Period	Current Reporting Period	Change	Comments for Changes in Headcount
Medical Response - EMT			-	
Medical Response - Paramedic			-	
Medical Response - Emergency Medical Responder			-	
Medical Director			-	
Administration - Management			-	
Administration - Support Services			-	
Administrative - Communications			-	
Administrative - Facilities Maintenance			-	
Administrative - Vehicle Maintenance			-	
Other - Please specify			-	
Other - Please specify			-	
Other - Please specify			-	
Other - Please specify			-	
Total FTEs	-	-	-	

TOTALFIES	-	-		-	
Operating Expenses	Prior Period	Current Reporting Period		Change	Comments for Changes in Cost
Salaries and Fringe Benefits (Details Exh. 3)					
Salaries		\$ -	\$	-	
Fringe Benefits		\$ -	\$	-	
Subtotal - Salaries and Fringe Benefits	\$ -	\$ -	\$	-	
Capital-Related Costs (Details Exh. 4)					
Depreciation - Buildings and Improvements		\$ -	\$		
Depreciation - Buildings and improvements Depreciation - Equipment		\$ -	\$		
Depreciation - Equipment Depreciation - Vehicles		\$ -	\$	-	
Lease/Rental (equipment)		ş -	\$		
Lease/Rental (facilities)			\$		
Lease/Rental (tacilities)			\$	-	
Lease/Rental (vehicles)			\$		
	ć	ć			
Subtotal - Capital-Related Costs	\$ -	\$ -	\$	-	
General & Administrative Costs (Details Exh. 5)					
Accounting		\$ -	\$	-	
Administrative		\$ -	\$	-	
Corporate Regional Allocation		\$ -	\$	-	
Dues and Subscriptions		\$ -	\$	-	
General Insurance		\$ -	\$	-	
Housekeeping		\$ -	\$	-	
Information Technology		\$ -	\$	-	
Interest Expense		\$ -	\$	-	
Legal		\$ -	\$	-	
Logistics		\$ -	\$	-	
Other Adminstrative Costs		\$ -	\$	-	
Postage		\$ -	\$	-	
Professional Services/Contracted Labor		\$ -	\$	-	
Property Taxes		\$ -	\$	-	
Property Insurance		\$ -	\$	-	
Supplies (office, other)		\$ -	\$	-	
Utilities (water/sewer, electricity, etc.)		\$ -	\$	-	
Subtotal - General & Administrative	\$ -	\$ -	\$	-	
Operations Costs (Details Exh. 6) Communications		\$ -	\$		
Dispatch Service		\$ -	\$	-	
			_	-	
Drugs/Medication		\$ -	\$ \$		
Medical Director					
Medical Supplies (excl. drugs/medication)		\$ - \$ -	\$	-	
Minor Equipment		\$ - \$ -	\$		
Motor Vehicle Gas and Oil			_	-	
Motor Vehicle License and Registration		\$ -	\$		
Other Operational Supplies		\$ -	\$ \$	-	
Other Operational Supplies		\$ -	_	-	
Plant Operations and Maintenance		\$ -	\$	-	
Repair and Maintenance (equipment)		\$ -	\$		
Repair and Maintenance (other)		\$ -	_	-	
Repair and Maintenance (vehicles) Training		\$ -	\$ \$	-	
	ć	\$ -	_		
Subtotal - Operations	\$ -	÷ -	\$	-	
TOTAL OPERATING EXPENSE	\$ -	\$ -	\$		
			1 7		

	Fringe Benefits &		1.5x Overtime					
Salary	Taxes	Regular Pay Hours	Hours	2x Overtime Hours	Holiday Hours	Other Hours	Total Hours	Total Payroll Cost
\$0	\$0						0.00	\$0

		-	nployee Details			Compe		T I		Paid Hours			-	otal
		Er	nployee Details			Compe	Fringe Benefits &		1.5x Overtime	Paid Hours			IC	tai
Name	Employee ID	Position	Certification Level	NREMT ID	Regular Hourly Rate	Salary	Taxes	Regular Pay Hours	Hours	2x Overtime Hours	Holiday Hours	Other Hours	Total Hours	Total Payroll Cos
Name	Linployee ID	rosition	Certification Level	INCENT ID	Regular Hourly Rate	Salary	Taxes	Regular Pay Hours	Tiours	2x Overtime flours	Holiday Hours	Other riours	0.00	Total rayroll co.
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	Fringe Benefits &		1.5x Overtime					
Salary	Taxes	Regular Pay Hours	Hours	2x Overtime Hours	Holiday Hours	Other Hours	Total Hours	Total Payroll Cost
\$0	\$0						0.00	\$0

		-	nployee Details			Compe		T I		Paid Hours			-	otal
		Er	nployee Details			Compe	Fringe Benefits &		1.5x Overtime	Paid Hours			IC	tai
Name	Employee ID	Position	Certification Level	NREMT ID	Regular Hourly Rate	Salary	Taxes	Regular Pay Hours	Hours	2x Overtime Hours	Holiday Hours	Other Hours	Total Hours	Total Payroll Cos
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State of Hawaii
Emergency Medical Services Cost Reporting
Schedule 3 - Personnel Costs

	Fringe Benefits &		1.5x Overtime					
Salary	Taxes	Regular Pay Hours	Hours	2x Overtime Hours	Holiday Hours	Other Hours	Total Hours	Total Payroll Cost
\$0	\$0						0.00	\$0

		5	nployee Details			Comp	ensation			Paid Hours			7.	otal
			ilpioyee Details			Comp	Fringe Benefits &		1.5x Overtime	Palu Hours			'	Juli
Name	Employee ID	Position	Certification Level	NREMT ID	Regular Hourly Rate	Salary	Taxes	Regular Pay Hours		2x Overtime Hours	Holiday Hours	Other Hours	Total Hours	Total Payroll Cost
Nume	Employee ib	Tostion	certification zever	THE WITE	negular riourly nate	Salary	Tuncs	negular ray mours	110413	Ex over time mount	Honday Hours	Other Hours	0.00	\$
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otal Monthly	
Depreciation	
Expense	

		Asset Details			
Asset Number	Asset Description	Asset Type	Date in Service	Acquisition Cost	Notes
					•

	D	epreciation Calculation		20
		Fully Depreciated		Monthly
	Fully Depreciated	Before Reporting	Daily Depreciation	Depreciation
Useful Life (Years)	Date	Period	Cost	Expense

Total Monthly Depreciation	\$0
Expense	

	Asset Details						
Asset Number	Asset Description	Asset Type	Date in Service	Acquisition Cost	Notes		

	D	epreciation Calculation	n	M 111
	Fully Dangerick-	Fully Depreciated Before Reporting	Daily Danuariaties	Monthly
Useful Life (Years)	Fully Depreciated Date	Period	Daily Depreciation Cost	Depreciation Expense
Oseiui Liie (Tears)	Date	Periou	Cost	Expense

Total Monthly	
Depreciation	
Expense	

		Asset	Details		
Asset Number	Asset Description	Asset Type	Date in Service	Acquisition Cost	Notes

Depreciation Calculation							
Useful Life (Years)	Fully Depreciated Date	Fully Depreciated Before Reporting Period	Daily Depreciation	Monthly Depreciation Expense			
Oscial Life (Tears)	Date	Teriou	COSC	LAPENSE			

	ı	ı		Asset Details			ı	
						Period Beginning		
Asset Number	Unit Number	Asset Description	Asset Type	Date in Service	Acquisition Cost	Mileage	Period End Mileage	Notes

	Depreciation Calculation							
		Fully Depreciated		Monthly				
	Fully Depreciated	Before Reporting	Daily Depreciation	Depreciation				
Useful Life (Years)	Date	Period	Cost	Expense				

Total Monthly

Depreciation

				Asset Details				
Asset Number	Unit Number	Asset Description	Asset Type	Date in Service	Acquisition Cost	Period Beginning Mileage	Period End Mileage	Notes

	Depreciation Calculation						
		Fully Depreciated		Monthly			
	Fully Depreciated	Before Reporting	Daily Depreciation	Depreciation			
Useful Life (Years)	Date	Period	Cost	Expense			

Total Monthly A&G Costs

			, , , , , ,	7.5	•
Division /					
Ourseinstine Name	A consumb Name Is an	Ohio et Nove	Cont Conton	A construction	Neter
Organization Name	Account Number	Object Name	Cost Center	Amount	Notes

State of Hawaii Emergency Medical Services Cost Reporting Schedule 5 - General & Administrative Costs Detail

Total Monthly A&G Costs

\$0

Division /					
Organization Name	Account Number	Object Name	Cost Center	Amount	Notes

(Expand List As Needed)

Total Monthly
Operations Costs

Division /					
Organization Name	Account Number	Object Name	Cost Center	Amount	Notes

State of Hawaii Emergency Medical Services Cost Reporting Schedule 6 - Operations Costs Detail

Total Monthly	\$0
Operations Costs	ŞU

Organization Name Acco	ount Number	Object Name	Cost Center	Amount	Notes
			_		

(Expand List As Needed)

State of Hawaii
Emergency Medical Services Cost Reporting
Schedule 7 - Startup Costs (if applicable)

Total Startup Costs \$0

Division / Organization				
Name	Account Number	Object Name	Cost Description	Amount
reame	Account Humber	Object Name	Cost Best iption	runoune
(5				

(Expand List As Needed)

State of Hawaii Emergency Medical Services Cost Reporting Schedule 8 - Operations Metrics

Operations Metric	Response
During a response, what is the approximate average trip time (in minutes) across all service levels (BLS, ALS, etc.), from the time a ground ambulance begins its response to the time when the ground ambulance is available to respond to another call? (Enter minutes)	
What is your organization's average response time? Response time is defined as the time the ground ambulance leaves the station to the time the ground ambulance or other EMS vehicle is at the scene. (Enter minutes)	
What is your best estimate of the share of responses that take more than twice as long as the average response time as reported in the prior question? (Enter percentage)	
What was your organization's total number of responses during your organization's data collection period. Total responses are defined as the total number of responses by your organization regardless of whether a ground ambulance was deployed and regardless of whether or not a patient was transported. Include emergency responses that did not involve a ground ambulance (e.g., responses only involving a pickup truck or sport-utility vehicle (SUV), including quick response vehicles (QRVs), "fly-cars," or "sprint" vehicles). If more than one vehicle is sent to the scene, count this as one response. (Enter number)	
What was your organization's total number of ground ambulance responses during your organization's data collection period across all payer types and regardless of the level of service or geography? This number should be based on all responses by a fully equipped and staffed ground ambulance, regardless of whether the response resulted in a transport. (Enter number)	
What was the total number of ground ambulance responses that did not result in a ground ambulance transport during your organization's data collection period? For example, this might include patient refusals to be transported, responses when another ambulance provider/supplier handled the transport, patient was deceased on arrival, patient was treated onsite with no medically necessary transport required, or responses that were cancelled after the ground ambulance was already on the way. (Enter number)	
What was the total number of ground ambulance transports for your organization during your organization's data collection period, across all payer types, and regardless of the level of service or geography? (Enter number)	

State of Hawaii Emergency Medical Services Cost Reporting Appendix A - Depreciation Useful Life Values

Asset Category	Asset Type	Useful Life
Buildings & Improvements	Building	40
Buildings & Improvements	Fixed Equipment/Improvement	10
Equipment	Stretcher	7
Equipment	Monitor/Defibrillator	7
Equipment	Lucas Device	7
Equipment	Other Medical Equipment	7
Equipment	Communication Equipment	7
Equipment	Other Equpment	10
Vehicles	Ambulance	7
Vehicles	Other Support Vehicle	7