



# Siren

Spring 2022

A PUBLICATION OF THE CALIFORNIA AMBULANCE ASSOCIATION

The Medi-Cal / Fund EMS  
Campaign Is Under Way  
(see page 14)







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## CAA Vision

To champion the leadership, advocacy, education, and tools that empower California's private ambulance and mobile healthcare services to provide people-centered EMS systems and standards. The CAAs overarching role is to provide support for those who care for their communities.

## CAA Mission

Be a recognized voice, advocate, and authority of best practices for ambulance providers throughout California.

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# President's Message

**James Pierson**  
**President**  
**California Ambulance Association**

**A**s we all know, Medi-Cal reimbursement rates are inadequate and with today's current climate of low staffing, not being able to pay thriving wages, and increased transportation requests, our services need assistance. Your Board of Directors and Legislative Committee was all in on acting. A Medi-Cal Task Force was created with the goal of finding a path for opportunities. Melissa Harris, Steve Grau, and I made up the initial Task Force. We engaged leaders throughout our profession to give us guidance on the right path forward.

Our first phase approach was increasing the demand (contractually) on Arc Strategies, engaging additional lobbyist support, adding additional project management, and engaging a Media firm to assist with messaging. Over the last 45 days and with complete support of the Board and Legislative Committee, we accomplished the first phase. Arc Strategies agreed to take on more and their contract was modified to accommodate. Our partners at CAMS added more project management services. Kevin Schmidt from Axiom Advisors was engaged for additional lobbyist support, and Communications Lab was brought on to develop and implement a robust media strategy. The Medi-Cal task force meets weekly and over the last three weeks, we have had meetings with the Governor's Office and the Department of Finance. Our meetings were very informative, however we left them all with the same message,

"Build a Coalition and come united to your legislative leaders."

Since that time, our efforts have been focused on building an Emergency Medical Services Coalition, which I am so pleased to announce to you has been established. Later in this issue you will find our coalition letter with our ask to fund Medi-Cal properly. Our coalition is made up of the following agencies and associations: California Ambulance Association, 911 Ambulance Providers Alliance, American Medical Response, Los Angeles County Ambulance Association, Ambulance Association of Orange County, San Diego County Ambulance Association, International Association of EMTs and Paramedics – SEIU/NAGE, USW/Turlock EMS Association Local 12911. What is so amazing about this group is we represent ALL ambulance associations in California, and it includes our labor associations. A first in our history and a great step towards progress.

WE are all in this together. Over the next week we will be asking our members to get involved with this movement. WE NEED EVERYONE. The Medi-Cal Task Force, Legislative Committee, Media Relations Committee, and our media partner, Communications LAB, are finalizing our call-to-action platforms, which will be on a level we have not seen before! We are so privileged and honored to have a team ready to act! Now is the time for us to make

our impact. Now is the time for us to come together and educate our leaders. If you know of providers who aren't members of our association push them to join! The Board has made close to \$200,000 in general fund commitments so far and we expect more. CAAPAC, the CAA's Political Action Committee will soon be making a funding call to ensure the PAC is funded and will be a powerful force during this time of action.

Much more to come, we are at the beginning of this journey, but I am so proud of where we are at and where we are going! We encourage you to participate, whether that is in Legislative Committee, Public Relations Committee, or the Medi-Cal Task Force, we want you! \*







# Executive Director's Report

**Rob Lawrence**  
**Executive Director**  
**California Ambulance Association**

**T**hings are getting busy! As you would have just read from our President, we have gained consultants, our agenda is strong, and we are focusing our efforts in creating a legislative funding solution to increase our Medi-Cal payments. In turn, this will be the rising tide that raises the income boat to allow us to increase salary rates for our hard-working staff and remain competitive in the employment market. As we all know, unlike those in the retail

or service industry, we cannot simply just raise our prices to cover our costs, expenses, and salaries. The price of your shopping basket has increased significantly since COVID began and this has been passed on to shop staff, unfortunately we have been unable to follow suit. The economics of EMS means we can only pay out what we take in, and with a significant but low-income stream from Medi-Cal, we must work hard to draw attention to its deficits.

Elsewhere within the association, our committees are well-attended and with very full agendas. The passage of not only problems and concerns but ideas and solutions are strong. We have a wide number of committees covering every angle of our strategic association aims and if you don't have a representative on each committee, please sign up. Between our hard-working volunteer member chairs and our super subject matter expert consultants, we can keep you all up to speed on the latest developments, policy, law, and trends.



## CAA Membership is a Business Essential

**T**he business environment, the healthcare sector and the EMS industry are evolving at an ever-increasing pace. At the CAA we are dedicated to providing members with the essential tools, information, resources, and solutions to help your organization grow and prosper. And, the CAA's collective efforts on statewide legislative and regulatory issues are not possible without strong membership support and engagement.

### Take your place in California's statewide ambulance leadership

Membership not only saves you money on CAA events and resources, but also keeps you up to date on trends, innovations, and regulatory changes through:

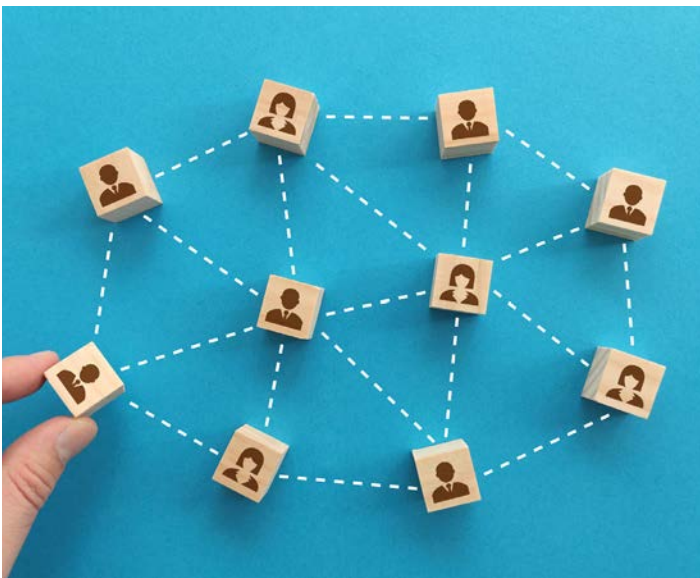
- Leadership on statewide legislative and regulatory issues
- Targeted conferences & educational programs
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- Member-only discounts & access to expert resources
- Opportunities to exchange ideas with your colleagues statewide



**Join the California Ambulance Association**  
Go to [www.the-caa.org/join-the-caa](http://www.the-caa.org/join-the-caa) for a membership application.

Looking forward, EMS Week will shortly be upon us and our chance to celebrate our hard working and (particularly since COVID and outrageous wall times) long suffering staff. Additionally we are looking forward to hearing about your Stars of Life and joining you in celebrating their achievements. With the help of Communications LAB, our PR consultants we will promote and praise their efforts using every means possible. To help us tell your story, we are keen to have a library of member photos to use both in *Siren*, social media and for use in the media (there is nothing worse than having a story with either stock images or out of state photos representing us, so please let us have some great images of your staff and operations to put to great use. Thank you all and exciting times ahead! \*





# Human Resources Collaborative

**Jim Karras**  
Co-Chair, Human Resources Collaborative

**T**here are a lot of important employment law things happening right now: from the US Supreme Court deciding a crucial issue for California employers regarding whether claims under the infamous Labor Code Private Attorneys' General Act can be subject to arbitration to California passing emergency Supplemental COVID Paid Sick Leave to US Congress passing legislation prohibiting arbitration of sexual harassment claims.

CAA's human resources consultant, Amber Healy, Esq., a partner at Atkinson, Andelson, Loya, Ruud & Romo (AALRR) always brings the very latest news and updates in employment law to each HR Collaborative meeting. Every meeting also includes a Q&A session that provides participants with an opportunity to inquire with Amber and fellow committee members about current HR topics.

All CAA members are invited to join and participate in the monthly HR Collaborative

meetings to learn about emerging employment law issues and their impact on your operations. The HR Collaborative meets on the first Thursday of each month at 2 PM via Zoom. Members can obtain the meeting link by logging into the members' section of the CAA website.

If you have a topic that you believe the HR Collaborative should explore, please send it to [info@the-caa.org](mailto:info@the-caa.org) and indicate in the subject line HR Collaborative Suggestion. ✨

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# Employment Law Corner

**Amber S. Healy, Partner**

**Atkinson, Andelson, Loya, Ruud & Romo APC**

## It's Back: California's 2022 Supplemental Paid Sick Leave

**O**n February 9, 2022, Governor Newsom signed a new Supplemental Paid Sick Leave ("SPSL") bill (Senate Bill 114) into law, which became effective on February 19, 2022. The new SPSL law is codified in California Labor Code Sections 248.6 and 248.7, and is set to expire on September 30, 2022.

Like the previous SPSL that expired on September 30, 2021, the 2022 SPSL applies to employers with **26 or more employees**, and requires that employees retain the same benefits and seniority when they are absent for one of the covered reasons. The new law applies to absences involving either the employee's own covered needs or those of the employee's "family members" (child, parent, spouse, registered domestic partner, grandchild, grandparent, or sibling).

### Applying the 2022 SPSL: Retroactive, Offset and True-Ups

**Retroactivity.** The 2022 SPSL applies retroactively to January 1, 2022.

**Offset.** The new law permits employers that voluntarily provided SPSL to employees on or after January 1, 2022, to offset the hours paid toward the new maximum entitlements for 2022 SPSL. The amount of paid leave employees already

received in 2022 (prior to the law taking effect) should qualify for the offset if an employer voluntarily paid the employee for an absence taken on or after January 1, 2022, and the absence was taken for a reason covered in the new law.

If an employee was paid for a covered absence after January 1, 2022 out of the employee's accrued paid leave (sick leave, vacation, or paid time off), the wages paid cannot be used to offset 2022 SPSL. An employee who was absent from work on or after January 1, 2022 for a reason covered under the new law and who used accrued leave, or was on leave under the Healthy Workplaces, Healthy Families Act, may make a verbal or written request to have their previous paid leave reinstated and apply 2022 SPSL to the leave taken.

**True-Ups.** If an employer made any voluntary wage payments for absences on or after January 1, 2022 (for reasons now covered by 2022 SPSL), but the amount paid was less than that mandated under the new law, the employer must true-up the amount previously paid and retroactively pay the difference so that the employee's pay reaches the amount that should have been paid under 2022 SPSL. If an employee makes a verbal or written request for a true-up payment, the wage payment is

due on the payday that falls in the next full pay period after the request is made.

### Differences Between 2022 SPSL and Prior SPSL Law

2022 SPSL differs from the prior version in a couple of significant ways. The new law provides up to 40 hours of leave for each of two distinct "buckets" of leave, with a total maximum of 80 hours for the two combined buckets.

Another change from previous law is that an employer may not require an employee to use 2022 SPSL when the employee is excluded from work due to a close contact or contraction of COVID-19 in the workplace. Exclusion Pay provided by Cal/ OSHA's Emergency Temporary Standard (ETS) is a separate entitlement.

### Two New Buckets of Sick Leave

Under the 2022 SPSL, employees are entitled to **up to 80 hours of SPSL** divided into two 40-hour buckets of paid leave; each bucket has different criteria and can be used for different reasons.

#### **Bucket 1: 40 Hours for COVID-19 Related Reasons**

*continued on page 6*



2022 SPSL must be paid to employees who are unable to work or telework for the following reasons:

- The employee is subject to a quarantine or isolation period due to COVID-19
- The employee has been advised by a healthcare provider to isolate or quarantine due to COVID-19
- The employee has been advised by a health care provider to isolate or self-quarantine
- The employee is experiencing COVID-19 symptoms and seeking medical diagnosis
- The employee is caring for a family member who is subject to a quarantine or isolation order or has been advised to isolate or self-quarantine by a health care provider
- They are caring for a child whose school or place of care is closed or otherwise unavailable for reasons related to COVID-19

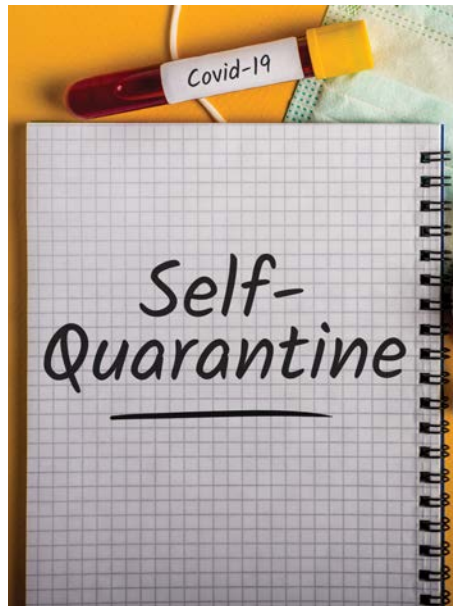
#### **Bucket 2: Positive COVID-19 Test Results**

2022 SPSL must be paid to employees who are unable to work or telework due to either reason below:

- The employee tests positive for COVID-19
- The employee's family member tests positive for COVID-19, and the employee is providing care for the family member due to the positive test result

If an employee tests positive for COVID-19, the employer may require the employee to submit to a diagnostic test on or after the *fifth day* following the initial test and provide documentation of the results to the employer. The cost of such diagnostic test must be paid by the employer. If the employee fails to submit to a diagnostic

test, the employer has no obligation to continue SPSL pay. According to the FAQs released by the Labor Commissioner on February 18, 2022, there is no test that an employee must use to qualify for SPSL. (See SPSL FAQ No. 21, available at <https://www.dir.ca.gov/dlse/COVID19Resources/2022-SPSL-FAQs.html>).



If an employee needs to provide care to a family member who tests positive for COVID-19, the law permits the employer to require the employee to provide documentation that the family member requires care from the employee *before* the employee is eligible for 2022 SPSL. While the law contains no guidance on what documentation can be required, employers should ensure that the employee is not asked to provide any diagnostic information about the family member, and the only documentation that is required is confirmation that the employee must provide care to a family member due to a COVID-19 positive test result.

#### **SPSL for Vaccines and Boosters**

The total amount of 2022 SPSL that an employer is required to pay an employee to obtain a vaccine or a booster for the employee or the employee's family member is three workdays or 24 hours for each vaccination or booster shot.

If an employee seeks more SPSL related to vaccination or booster, the employer may request that the employee provide verification from a healthcare provider that the employee or family member is continuing to experience symptoms related to a COVID-19 vaccination or vaccine booster shot. The three-day or 24-hour limitation applies to each vaccination or booster shot and includes the time used to obtain the vaccination or booster shot.

#### **Exhaustion of Other Leave Prohibited**

Employees cannot be required to use any other paid or unpaid time off before, or instead of, using SPSL. Additionally, employers cannot require employees to use SPSL when the employee is entitled to exclusion pay under Cal/OSHA's Emergency Temporary Standard ("ETS"). This means that an employee who is excluded from work under ETS **cannot** be required to first exhaust their SPSL before getting exclusion pay.

#### **Calculation of Wages Under 2022 SPSL**

SPSL must be paid at the employee's regular rate of pay. For non-exempt employees this means the regular rate is calculated either:

- In the same manner as the regular rate of pay for the workweek in which the employee uses paid sick time, whether the employee works overtime in that workweek; or
- By dividing the employee's total wages – not including overtime premium pay – by the employee's total non-overtime hours worked in the full pay periods occurring within the prior 90 days of employment; provided that, for nonexempt employees paid by piece rate, commission, or other method that uses all hours to determine the regular rate of pay, total wages – not including overtime premium pay – shall be

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divided by all hours to determine the correct amount of 2022 SPSL paid sick leave

For exempt employees, 2022 SPSL must be calculated in the same manner as the employer calculates wages for other forms of paid leave time.

An employee's pay for SPSL is capped at \$511 per day and \$5,110 in the aggregate.

### Applying 2022 SPSL to Part-Time, Reduced and Variable Hour Schedules

Employees who work a regular schedule of less than 40 hours per workweek receive pro-rated 2022 SPSL based on their regular schedule from each of the two buckets of leave.

- **Part-Time Employees:** if the employee normally works a 25-hour workweek, the employee is entitled to 25 hours of paid leave from each of the two buckets for a total of 50 hours
- **Variable Hour Employees:** If the employee works a variable number of hours, the calculation is seven times the average number of hours the employee worked each day for the six months preceding the date the took SPSL
  - If the variable hour employee worked over a period of fewer than six months but more than seven days, this calculation is based on the entire period of employment
  - If the variable hour employee has worked for the employer for a period of seven days or less, the entitlement is the total number of hours the employee has worked for the employer

### Posting, Notice, and Wage Statement Requirements

The 2022 SPSL has posting requirements and a poster is available for download on the California Labor Commissioner's

website (<https://www.dir.ca.gov/dlse/COVID19resources/2022-COVID-19-SPSL-Poster.pdf>). The notice must be conspicuously posted in the workplace and distributed electronically by email to employees who do not frequent the workplace.



Information concerning the use of 2022 SPSL must be listed on employees' paystubs or other written notices employees receive on payday. Paid sick leave and 2022 SPSL must be displayed separately. Wage statements (or other pay-day written notice) must list the 2022 SPSL hours that an employee has "used," but need not list the hours available. If no hours have been used, the employer is required to list "zero hours." Retroactive payments for SPSL must appear on the wage statement for the pay period during which payment is made.

### SPSL and Local COVID-19 Paid Sick Leave Ordinances

Certain cities and counties within the State of California have local COVID-19 Paid Sick Leave laws. 2022 SPSL makes clear that paid leave pursuant to a local ordinance may be credited toward the 2022 SPSL entitlement if: (1) the employee receives wages equal to or more than those wages required under the new law, and (2) that

the reason for the leave taken pursuant to the local ordinance is also a covered reason for such leave under 2022 SPSL.

Currently, the cities of Long Beach, Oakland, and Los Angeles, and the County of Los Angeles, have local ordinances related to paid leave for COVID-19 related absences. Entitlements under these ordinances currently are not impacted by 2022 SPSL.

### Next Steps for Employers

Employers must immediately comply with the new SPSL requirements. The first and most immediate step would be to post and/or distribute the posting required by the new law. Next, implement policies, practices and forms that comply with the new SPSL. It is strongly encouraged that employers develop a set of forms and checklists to be used for administering SPSL. Additionally, employers should work with their payroll providers and/or software to ensure compliance with the wage statement aspects of the new law.

For additional information on the 2022 SPSL, contact the author or visit the Labor Commissioner's recently published set of FAQs which answer the most common questions regarding the mechanics of administering SPSL, testing, calculation of wages, and similar issues. The FAQs can be accessed at <https://www.dir.ca.gov/dlse/COVID19Resources/2022-SPSL-FAQs.html>. \*

### About the Author:



**Amber S. Healy**

Amber S. Healy is a partner at Atkinson, Andelson, Loya, Ruud & Romo APC, and oversees the Firm's complex employment litigation team. Amber works closely with employers to put proactive measures in place to avoid litigation and manage risks. Amber is a consultant to the CAA and a member of the CAA's Human Resources Collaborative which meets via Zoom on the first Thursday of every month to discuss employment law trends, updates, and hot topics. The monthly meeting is open to all CAA members.





## From Your Medicare Consultants

**Dan Pederson, Esq. and Doug Wolfberg, Esq.**  
**Page, Wolfberg & Wirth**

### The Audits Are Back in Town

**A** silver lining in the COVID cloud hovering above us for the past two years has been the noticeable lack of Medicare audit activity. Luckily, CMS was kind enough to recognize the strain the pandemic placed on the healthcare industry such that existing audit activity came to a grinding halt in early Spring 2020. However, this vacation has now – sadly – come to an end, as the Medicare auditors are back in full force seeking the next potential target.

As we enter 2022, not only do we face the return of existing audits, such as TPE, routine post-payment reviews, and RAC, SMRC, and UPIC activities, but this year brings about a whole new problem: prior authorization. Throughout this coming year, nearly all states and territories will become fully immersed in the Repetitive Scheduled Non-emergency Ambulance Transport (RSNAT) program. While not technically an “audit,” this program certainly has some characteristics of past, current, and future audit processes, and is certainly worth a mention (or reminder) as we consider the audit landscape for 2022.

Although reimbursement might be increasing (in light of a relatively high ambulance inflation factor, and a delay in the implementing sequestration and PAYGO cuts) the ambulance industry is

facing plenty of other chances to lose money through the various pre- and post-payment audit activities on the horizon. Here are a few friendly reminders and things to ponder as we continue to monitor this uptick of government scrutiny:

#### What’s Being Audited?

Historically, so much of the Medicare audit activity focused on medical necessity. The first few months of 2022 have revealed some new insight as to where Medicare auditors might start to look, and there are some scary things behind the curtain. Things like crew signatures, patient signatures (for claim submission purposes), excess mileage, and GW modifier use have come to the forefront. It’s also only a matter of time before Medicare starts reviewing COVID-related issues, such as CR or CS modifier use, the expanded “covered destination” modifiers, and even verifying proper COVID-related ICD-10 use.

#### Garbage In, Garbage Out

Good billing decisions rely heavily (if not exclusively) on crew documentation. In the audit setting, the Medicare reviewers largely focus on the crew narrative. If that narrative is incomplete, inconsistent, or fails to adequately “paint a picture” of medical necessity, it’s likely the transport

will be deemed an overpayment. Of course, such a finding leads to an overpayment demand, which takes money from your pocket. While appeal rights exist, the process can be slow.

#### Speaking of Appeals....

We’ve started to see the proverbial ALJ “backlog” clear out. At the end of 2021, we participated in some ALJ Hearings that were filed in early 2017. However, as we enter 2022, we’re seeing some hearings be scheduled that were filed in late 2019. The more than four-year wait is beginning to (finally) subside, and it’s becoming more feasible to have an ALJ Hearing within your lifetime. With new waves of audits, now might be the time to be more willing to fight things up to (and even through) the ALJ level. In the past, many ambulance services might have been reluctant to pursue appeals to the ALJ level because of the backlog. With this backlog now clearing out, and the audit activity now increasing, the timing might be right to be more willing to pursue appeals longer.

#### Return of TPE

The start of the pandemic brought with it a lot of things, most of which we could

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have done without. However, it did bring something that was a welcomed relief to the ambulance world – a “pause” to TPE. The Target, Probe and Educate model was widespread in the beginning of 2020, with many ambulance services feeling the pressure of a high error rate after round 3 and facing potential referral to CMS for further action. But the ambulance industry was saved from TPE by the pandemic (lesser of two evils, in a sense). Medicare recently announced TPE will resume. However, instead of simply picking up where things left off in early 2022, the entire process was reset. Ambulance services who already had three strikes against them, were back at the plate. Similarly, those ambulance services who might have hit a homerun after the first round of TPE were also called back to the plate. It’s as though 2019 and 2020 TPE audit activity never existed. ALS, BLS, non-emergency and emergency transports are now subject to TPE scrutiny, regardless of past success or failures. And past success

is not a viable argument to exonerate an ambulance service from the newest round of TPE. It’s being treated as a whole new audit process.

### What to Do About RSNAT, In Less Than 100 Words

To succeed: Provide the records, re-submit documents after a denied unique tracking number (UTN), pursue appeals (as appropriate), and examine your processes. The worst attitude to take is “these patients have always been paid in the past, why are they being denied now?” Never has there been such a high level of scrutiny. Reconsidering the patients you transport and maintaining thorough documentation from physicians and facilities are absolute requirements. Expect RSNAT to reduce your repetitive scheduled call volume – it’s just a question of how much. If repetitive scheduled is your only line of business, consider diversifying your portfolio. \*

### The Authors:



Dan Pederson, Esq.



Doug Wolfberg, Esq.



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# Royal Ambulance Doubles Down on Connection and Community to Support Workplace Culture Amid the COVID-19 Pandemic



Connecting frontline teams can be a heavy lift regardless of the organization, but connecting frontline teams in a 24/7, always on, geographically-distributed setting during a pandemic is one for the books.

Partnering with Hospitals, Health Systems, Skilled Nursing Facilities and more, Royal Ambulance facilitates nearly 10,000 trips per month across the Bay Area. The team of 600+ provides critical infrastructure needed to move patients in and out of healthcare facilities throughout the region.

You've probably seen recent headlines about the current state of healthcare and specifically the EMS industry. They read: "The Great Resignation this," "Burn Out that" "Short Staffed again" and so on, pointing to the fact that healthcare is in an undeniable moment of crisis. But as our industry navigates the stressors of the moment, we know that it is critical that we hold fast to our investments in team culture.

Long before the pandemic, Royal was taking thoughtful steps to challenge traditional workplace boundaries by fostering an engaged and connected culture from the frontline to the C-Suite. Bringing in Workplace by META (then Facebook) in 2015, Royal sought opportunities to make investments in the team via enhanced connectivity, creating support networks across the organization.

"We found that meeting our team where they want to be, was the most effective way to encourage engagement and build a supportive culture. Our young and

connected team spends their time on social media, so we brought them together on a social media platform," says Eve Grau, VP of Human Resources at Royal Ambulance.



Early last year, after reviewing thousands of accounts for standout engagement on their platform, Workplace reached out to Royal Ambulance and *Virgin Atlantic* to be featured in their report: "*The 2021 Frontline Barometer*" on their blog, "Deskless not Voiceless." As a visual storytelling partner we aligned on a direction, creating a Hollywood caliber short film (primed with a little extra drama) to compliment the findings of the research. The piece features real Royal team members and highlights the human connection between patients, team members and leadership.

"We've adopted a new primary customer philosophy," says Steve Grau, CEO of Royal. "Our team members are our number one customer - full stop. Without them we can't provide the services that our patients and hospital partners need."

The breakthrough moment was realizing that an elevated team member experience could not be supported by top to bottom and bottom to top communication, it had to be a collective effort; creating a community for everyone in between.

With our definition of success rooted in the success of our team members, we quickly understood that by bringing our team together, we could empower both community and communication. To do this successfully, we performed journey mapping exercises and understood the moments that matter in team member's experiences, then utilized Workplace to elevate those key moments in their journey.

Seven years following the implementation, our community is alive and well, operating within a host of channels and community forums that support everything from the practical, like shift changes and company updates, to stories about life saving interventions and the impacts that team members have on their patients.

If you take one thing away from this article, remember that communication is key when you focus on your team. Your people are the ones who will help you through difficult times, they are your number one customer, set them up for success, and they will collectively bring your organization success. \*

\*Data collected for the Deskless not Voiceless blog was gathered outside of the Royal Ambulance workforce.





# Why Steve Grau Insists Upon Recognizing Employee Performance (and You Should, Too)

**Jordan French**  
**Daily Grit**

**S**teve Grau, founder and CEO of Royal Ambulance, doesn't just dole out the occasional compliment. He insists upon a company culture with consistent performance communication from day one onwards.

This has proven to be highly effective, as last year, Royal Ambulance was named one of the top 50 small to medium companies to work for in 2021. It costs little to implement this kind of ethos, and by looking at what a business stands to gain from recognizing employees' success, it becomes clear why it should become the norm across all industries.

Everyone craves acknowledgment, and in a workplace setting, proper recognition is essential to keep both a company and its employees thriving. It sounds simple enough to give effective feedback, yet studies show that 82 percent of employees feel like their managers do not properly recognize their achievements.

This absence of communication doesn't just damage the employer-employee relationship but spreads to negatively impact the customer experience as well. This is why forward-thinking leaders like Grau no longer see performance recognition as a superfluous touch, but an important cornerstone for the business as a whole. A dedicated staff recognition system has paid big dividends for the growing company.

## Enhanced Morale and Engagement

"We took our time in developing a program that praises employees at key moments with us," explains Grau, "and in doing so, found both their satisfaction and engagement rose. Nobody wants to feel like an anonymous cog in the machine where they work, and there are numerous opportunities of achievement we celebrate."

Continues Grau, "Completing their first 90 days on the job, running 100 calls with us, or even leaving Royal for new educational or professional prospects are all things we make a point to note. We have found this creates a classic win-win scenario where everyone involved is more excited to be there, which almost always results in a higher quality of work."

The value and genuine goodwill employees have developed through this program has caused them to put forth more effort into their work. Grau has found that this kind of mentality eventually spreads to the customer as well.

In highlighting those who are meeting or exceeding expectations, Royal Ambulance's strategy has invigorated not only individual employees, but the business as a whole. "All it takes is a little forward thought and a consistent system," says Grau, "and from the top-down, everyone stands to benefit."

## Recognition Improves Retention

Grau's recognition efforts are especially pertinent in light of the cost of employee turnover. A high turnover rate within a company can quickly become costly. Studies have found that, on average, businesses spend over \$4,000 to fill open positions – and typically take 42 days or more to fill that position.

Employees who are recognized for their efforts stay longer, and if and when they



Steve Grau and Royal Ambulance recognize employee performance.

*continued on page 12*



do leave, are much more likely to refer others to the place where they felt valued. “Everyone has unique goals when they enter a new job,” says Grau.

“We do our best to help employees professionally and personally grow during their time with us. By putting together a system of praise for those who are thriving in the organization, we have found people stay with us longer, and leave us with glowing reviews and recommendations to new candidates.”

Aside from making the workplace a more pleasant place to be, recognizing employee performance has been found to save businesses money and time. This extends well beyond the present as it affects future prospects once the word gets out on how the company communicates.

“All of our KPIs on employee retention have increased since instilling our staff recognition system, and it has made the experience, as a whole, more enjoyable for all. Without it, the employee feels like they are, at best, flying blind, or at worse, unimportant or ignored. You can easily dispel these notions with just a few kind words or a note, and the end effect is a cycle in which all involved have an opportunity to grow,” comments Grau.

## A Culture of Cohesion

“We have plenty of young professionals working with us who are new to the workplace environment,” says Grau, “and sometimes this means they can be timid about sharing their questions or concerns. By fostering a feel-good environment these barriers can be broken down, and honest assessment then follows. We want everyone to feel like their voice is heard, and that we are doing everything we can to put them in a position to succeed. Recognizing exemplary performance results in cohesion across the board, and everyone stands to benefit.”

Whether it’s manager-to-employee or peer-to-peer, encouraging praise has helped Grau’s team define and

empower the culture. By paving the way with encouragement, the channels of communication are then open for further feedback.

This has created a space in which employees feel unified, and are far more likely to share their true thoughts. This has helped the company obtain new perspectives and innovations that otherwise would have been left unsaid.

Laying that initial groundwork of an open-aided workplace took some time to instill, but according to Grau, the potential benefits are limitless in getting the most of his employees.



## The Bottom Line....

Royal Ambulance’s employee recognition program has proven to be a key driver

to the overall health of the business and the effectiveness of its employees. It has solidified the team already in place as an enthusiastic and cooperative unit and planted the seeds for future success via retention and reputation. Put it all together, and it’s easy to see why any industry leader should consider crafting their own employee recognition program today.

“At the end of the day, we want our people to feel and be treated like more than just numbers,” concludes Grau. “And we strive for all involved to feel valued as people first and foremost. It starts by creating the channels of communication and then leading by example by regulating using them. After enough time by recognizing and celebrating individual performances, we instill the belief that they possess the power to make a real impact on the company and change within themselves.” ✱

## The Author:



Jordan French

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## Carly's Corner

**Carly Alley**  
**Executive Director**  
**Riggs Ambulance Service**

# Hospital Delays: The Toll It Takes on Our Employees

**H**ospital delays and the effects it has on EMS systems is a hot topic right now and while not new, COVID has certainly drawn more attention to it. Most discussions surround the damage extended hospital delays cause to available resources in the system, response time delays, and the ability for ambulance services to meet their response time compliance requirements. My focus in this edition of the *Siren*, however, is to reflect on the negative effects this has had on our crew members holding up the walls of hospitals.

As a leader, I am constantly concerned how our employees are treated by hospital staff while they wait, at times up to several hours for a bed for their patient. In speaking with staff, it is sad to report that the burden of hospital delays goes much further than the actual wait itself. The responsibility of reassuring the patient that the hospital is working on getting them a proper bed or room is solely on our crews, when patients become upset and anxious that it has been much longer than reasonably expected, our crews are left to explain away the delay and keep the patient happy. As one can imagine, any frustration a patient has with a delay in receiving in-hospital care, or discomfort they have from extended time on a gurney is taken out on our

crews. The patient, rightfully so, does not understand that we are not the cause of the delay although recent news reporting has gone a little way to explain the issues and pressures crews and their patients face together.

Unfortunately, many report that hospital staff complain to our crews about them "being in the way" and taking up their "workspace." Crews are forced to stand for hours on end, there are no chairs available for them, no place to grab a quick bite to eat, or a place to complete their patient care reports. Our crews tell me they are made to feel uncomfortable as if they are a burden to the hospital. At the recent California Emergency Management Committee APOT hearing, labor colleagues also gave evidence that they had experienced this across the state.

As if working through COVID hasn't been difficult enough for our workforce, they have spent hours standing in hospitals due to the lack of properly managed ambulance patient offload times. The net effect resulted in missing meal breaks and rest periods as patient care was delivered. While it was and is the right thing to do, the absence of hospital staff and their own ability to control the flow through their facility caused our own response system

to falter – if we are delayed on the wall, we cannot get to the next patient, and there is always a next patient!

With the increase in burnout from so much time at the hospital and the resultant and constant delay in getting off shift, crew members are calling in sick more often just to get a break. Our workforce is tired of being utilized for prolonged in-hospital care which not only is an unsafe practice putting them at risk, as well as the patient, but it is preventing them from being able to provide the pre-hospital care they want to provide on the street.

What is both the takeaway and lesson to learn? In our fight to address the burden of hospital delays, we must keep the strain it places on our employees as one of our top concerns. While COVID may now be reducing, hospital bed delays (for this is the most appropriate description of wall time) remain and we must look after our people, so our people can care for their patients. \*





# Medi-Cal Legislative Campaign

**T**he president's opening comments laid out the legislative agenda for the CAA and the 2022 focus on increasing Medi-Cal rates. As a subgroup of the CAA Legislative Committee, the Medi-Cal Task Force has worked tirelessly to create a broad coalition of support, who in turn has crafted and agreed to the opening letter, which is reprinted below.



**TO:** All Members of the California Legislature

**FROM:** California Ambulance Association, 911 Ambulance Providers Alliance, American Medical Response, Los Angeles County Ambulance Association, Ambulance Association of Orange County, San Diego County Ambulance Association, International Association of EMTs and Paramedics – SEIU/NAGE, USW/Turlock EMS Association Local 12911, AFSCME – United EMS Workers Local 4911, Gateways Hospital and Mental Health Center

**RE:** Increasing Medi-Cal Reimbursement Rates to Improve Wages for California's Emergency Medical Service Workforce

**DATE:** February 22<sup>nd</sup>, 2022

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Decades of below cost Medi-Cal reimbursement, combined with Medi-Cal expansion, is crippling our ability to recruit and retain qualified emergency medical technicians (EMTs) and paramedics. Unfortunately, this issue has been building long before the pandemic started, and it now threatens to undermine the stability of California's emergency and non-emergency ambulance transport infrastructure. To address our retention and recruitment issues, ambulance providers need a Medi-Cal increase that ensures a sustainable living wage for caregivers, now and into the future.

The above signed organizations respectfully requests that the state increase the Medi-Cal base rate for ambulance transports to \$350, which is still below our cost of providing the service, but high enough to ensure we can offer sustainable living wages that attract new recruits and increase wages for current employees to improve retention.



**California is 46th in the Nation for Ambulance Medicaid Reimbursement**

The cost of providing ambulance services in California is the highest in the nation, but the state's \$111 Medi-Cal reimbursement rate ranks 46<sup>th</sup> in the Country. Even our neighboring states have significantly higher Medicaid reimbursement rates, with Arizona reimbursing \$408 for a Medicaid patient.

**California has not Funded a Medi-Cal Increase for Ambulance Services Since 1999**

The last time ambulance providers received a Medi-Cal base rate increase was 1999. However, this increase was cut in 2013, and was never replaced in future budgets. Our Medi-Cal rate is the same today as in 1999, but when adjusted for inflation is equal to \$63.00.

**The Majority of Patients Reimburse Below Cost, or Pay Nothing for Ambulance Services**

Current reimbursement rates for Medi-Cal and Medicare patients do not cover the costs of an ambulance transport. Indigent care, which is often provided for free, cost providers millions in losses a year, and commercial health insurers often deny coverage for our services or seek to pay rates below our costs or below a provider's set local government rate.

For ambulance providers to be able to offer competitive wages and benefits, we need sustainable funding and reimbursement through the Medi-Cal program.

Thank you for the consideration of our request. If you have any questions regarding the contents of this letter, please contact Jonathan Feldman ([jfeldman@lawpolicy.com](mailto:jfeldman@lawpolicy.com)) or Kevin Schmidt ([kevin@axiomadvisors.com](mailto:kevin@axiomadvisors.com))

Sincerely,

The Emergency Medical Services Coalition

In our assessment, the current Medicaid data nationwide, California's Medicaid reimbursement rate is dramatically lower than the 50-state average. The 50-state average Medicaid ambulance reimbursement is \$259.91 vs California's \$111.07. That's a \$148.44 dollar difference! California has the highest Medicaid enrollment in the country, yet the national average reimbursement is \$219.21 vs California's \$111.07.

With this challenge ahead of us, we asked board members to offer essays on their thoughts and issues that have brought us to the point we are at today:



## President Jimmy Pierson writes...

The California Ambulance Association represents service providers in 48 of the 56 counties, and nearly two million ambulance transports per year. In 2020, CAA members were responsible for nearly 60 percent of all the transport in California. EMS always stands ready to provide life-saving medical services to our citizens. Our Paramedics, EMTs, Dispatchers and Nurses represent the tip of the spear of mobile healthcare.

Our team has been on the front line of the pandemic since Day Zero, putting themselves and their families at risk by taking this disease home for the past 24+ months. COVID is not what brought us here, it's what elevated the water to spill over point. The same can be said with wall times. They are not the root cause; they are the downstream effect of years of neglect to properly funding EMS.

The reality is we have not been properly reimbursed by our state, those who thank us regularly for our work as it relates to the service we provide to our Medi-Cal patients. Due to these funding and other regulatory issues, EMS in this state, I fear to say, is near a collapse. EMS agencies throughout California, cannot find enough paramedics and EMTs to serve its communities. This has resulted in working our local heroes to the point of exhaustion and in some cases, being unable to staff the right number of ambulances needed to properly serve the counties, cities, hospitals, and towns we all live in. We are quickly approaching fire season, and possibly another variant with a new wave of infections. As in years past, EMS has been there. I fear this summer, EMS across the state will not be able to respond.

As agencies, our mistake before today, was just to deal with it. Frankly, it's our nature to work in a crisis, it's in our fiber to triage disasters and to find a way to fix problems. It's not within our comfort zone to create them or to be the person asking for help. EMS is at the point where we need help.

For us to survive, something must change and change quickly. To save EMS itself becoming the casualty, we require a

legislative Priority One emergency response! \*

## Melissa Harris Writes...

The staffing shortage we face today is statewide. This problem impacts all ambulance services – emergency, and non-emergency. This is not a partisan issue, Republican or Democrat. This is a public safety concern on how California can best respond to its emergency demands. For the last five years, we have experienced a significant decline in applicants of paramedics and EMTs. Our turnover rate pre-pandemic is around 30 percent annually, resulting in an unsustainable 100 percent turnover in four years.

Applicants are no longer seeking a career in EMS. It would be in the interest of California to do everything in their power to assist ambulance operators in attracting new candidates into EMS as, after all, it is the pipeline for those who desire a career in public service; firefighters, police officers, or those who wish to have a career in healthcare – our future nurses and physicians. It's an investment in California's leaders.

The problem is so bad that ambulance companies are closing their doors or reducing coverages to their communities simply because they cannot find staff to cover open shifts. Our horrific reality is that our future candidate pool is zero. The staff shortage is complex, and it is too easy to blame our current situation on COVID alone; this problem has existed for a long time, and it threatens to undermine our EMS infrastructure.

COVID only exasperated the problem to the surface with the inability to retain and recruit EMS due to burnout, exhaustion, low pay, and extreme turnover. During the beginning of the pandemic, EMS schools were closed, and National Registry stopped its certification of testing EMTs, interrupting the applicant flow creating a widespread hiring freeze.

The pandemic also opened new opportunities for paramedics to work in hospitals due to nursing shortages, and they were able to do so at a much higher wage; pay earned on an ambulance is not competitive with other salaries in healthcare.

Our state alone is currently operating with a deficit of approximately 7000 licensed EMS workers. The EMS shortage has resulted in ambulance companies all over California being forced to pay double time and overtime to cover our shifts, which is not adequate coverage and puts the community at risk, as we are not meeting our response times. The primary cause of the staffing shortage is mainly due to underfunded reimbursement for medical services that fall short of meeting expenses.

The ones that we are lucky to call our first responders are being taken out of service the minute they arrive at the hospital with wait times as much as twelve hours, so now the willing no longer become willing. In our industry, this is called wall times (APOT), where crews are babysitting a patient and taken out of rotation to compensate for short hospital staffing. Long wall times are causing our first responders to miss meals, sleep times, and breaks, which current California law requires. With an extremely high call volume and oversaturation of patients, our workforce is being drained, exhausted, and is on the verge of collapse.

Wall times do not just affect the morale of our staff. They also affect the patients we care for as they expect to receive care from the moment they arrive at the hospital. Our crews are not only their immediate caregivers but also their advocates mediating between the patients' expectations and the hospital's inability to provide a bed for the patient. This puts tremendous stress on both the patient and our staff as our hands are tied with no viable solution.

Medi-Cal enrollees make up 32% of California, and providers have not received a Medi-Cal rate increase in over twenty-two

*continued on page 17*



years. In fact, they received a decrease over a decade ago; our ambulance reimbursement today is lower now than it was in 1998. We are hemorrhaging, and our EMS is on life support, crippled by the reality of what this pandemic revealed about our healthcare. And within the same token, our EMS agencies are expected to respond to all emergencies without being reimbursed for the work. The underfunding of EMS is not sustainable; our staff needs living wages comparable with today, not 25 years ago, and we need to pay our staff an attractive salary so EMS could be a desirable profession to enter again.

Our staff has been at the forefront of this pandemic, selflessly working 24 hours a day when others are home with their families.

All we are asking for is for the State of California to provide fair reimbursement to keep our staff serving the public and keep our doors open with ambulances on the road. \*

### Steve Grau Writes...

EMS was a calling for me 20 years ago when I ended up as a caregiver for my grandfather and then became an EMT as I wanted to grow the impact of helping others through my service. I am on the Board of the CAA and Chair the education committee. My wife is an HR leader of our EMS organization, so my family shares a deep connection to the front-line, the heroes on the field, the ones that care for our communities at the time of need, and the struggle they deal with every day.

Now my job today is to advocate for the ones that care for our loved ones. CA EMS agencies are not being paid adequately for our work. On average, EMS providers are paid by Medi-Cal 10-25% of our cost, and Medi-Cal reimbursement hasn't changed since 1999 and is not only stuck at \$107 but was also reduced by 10% around 10 years ago.

We have a good portion of our workforce that were not born yet when we received the last increase, yet they deserve to be fairly compensated for their very hard work. The average starting wage across California in EMS is below \$17 per hour. Amazon in my area offers \$20. It's hard to believe that someone would risk their lives and the lives of their loved ones when they can't make a living wage.

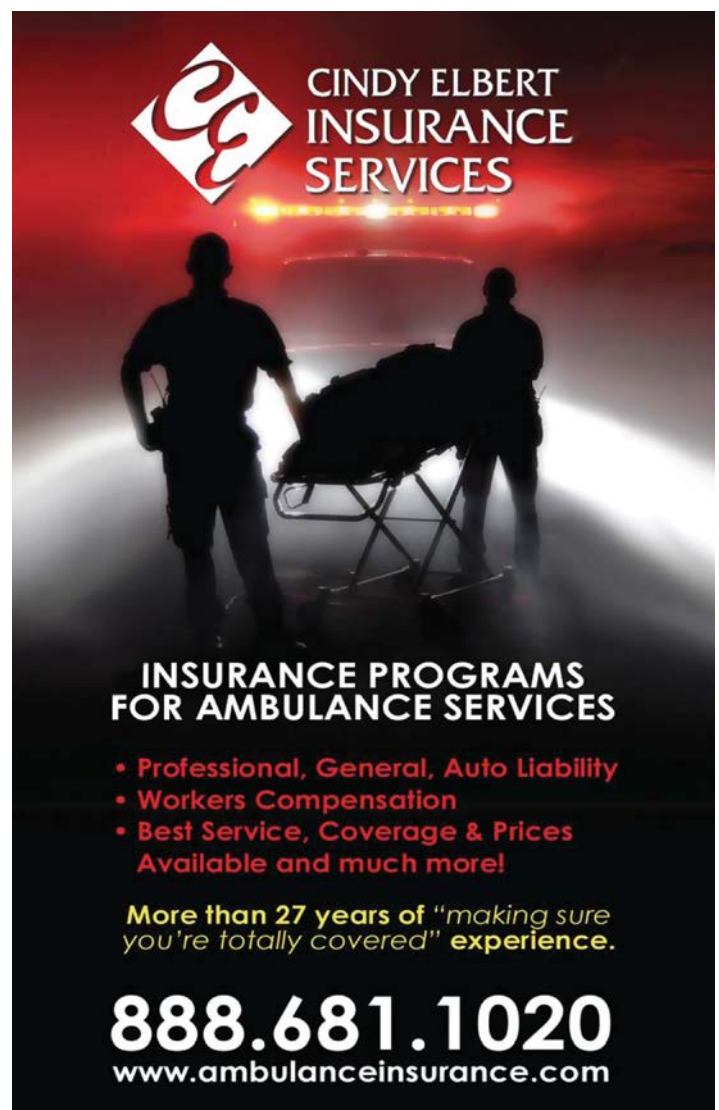
Due to the inequity in reimbursement which results in inequity in pay, we simply can't attract enough healthcare professionals, which is a disruptive problem downstream for the rest of the healthcare industry. We are the Canary in the Coal Mine. The lack of staffing is not just a burnout and equity issue, it means that the reduction of ambulances on the ground is a patient care issue.

We are seeing this exacerbated by the highly-visible and current Patient Offload Delay problem making the news cycle. This issue

knocks on to impact 911 response times, our ability to free up hospital beds by moving less acute patients to skilled nursing or rehab and the ability to take patients for their life-sustaining treatments such as dialysis or chemo.

The delays for our services are not just an inconvenience, the lack of resources is creating a patient and community safety crisis. The urgency of timing right now is of the essence, because six months from now we are going to kick off the fire season. And if last year was any indication of what might happen this year, we are in deep trouble. Last year, CAA members shifted resources to evacuate towns, jails, and hospitals. What will happen if this year is worse or equal to last year and we can't respond?

Giving us an increase in funding means a direct investment into the EMS workforce, the elevation of salaries, investment in education, the addition of resources to reduce the burn-out, and elevation of the environment where we can attract and nurture the ones that care and protect our communities. \*



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