

Meeting Minutes September 16, 2019

I. ATTENDANCE

	NAME	CATEGORY	OFFICER / COMMITTEE CHAIR	TERM	2018- 11	2019- 01	2019- 03	2019- 05	2019- 06	2019- 09
1	Allen, Reg	Monroe County At Large (Seat 2)	System Operations	3/31/2022	E	P	P	P	P	P
2	Arnold, William	Monroe County At Large (Seat 1)		3/31/2021	E	P	A	E	P	P
3	Bailey, Donna	Livingston County At Large (Seat 1)	P.I.E.R.	3/31/2021	P	P	P	E	P	P
4	Cook, Alex	Livingston County At Large (Seat 2)	Treasurer	3/31/2023	P	P	P	P	P	P
5	Coyle, Thomas	Monroe County C.O.N.		3/31/2021	P	P	P	P	E	P
6	Cushman, Jeremy	Regional Medical Director		Ex-Officio	P	P	P	P	P	P
7	Czapanski, Tim	Monroe County EMS Coordinator		Ex-Officio	P	E	P	P	P	P
8	Dewar, Karen	Livingston County EMS Coordinator		Ex-Officio	P	P	P	P	P	P
9	Farney, Aaron	Healthcare Representative (Seat 2)		3/31/2021	P	P	P	P	P	P
10	Frost, Tim	At Large EMS Agency (Seat 3)	Vice Chair / N.E.G.	3/31/2021	P	P	E	P	P	E
11	Hartman, James	At Large EMS Agency (Seat 4)		3/31/2021	P	P	P	P	A	P
12	Horowitz, Aaron	EMS Training / Education		3/31/2023	P	P	E	P	P	P
13	Hoskins, Michael	At Large EMS Agency (Seat 2)		3/31/2023	P	E	P	E	P	E
14	Kelly, Timothy	Livingston County At Large (Seat 3)	Secretary	3/31/2021	P	P	P	P	P	P
15	Kirchoff, Thomas	At Large EMS Agency (Seat 1)		3/31/2021	P	P	P	P	P	P
16	Klueber, Geordie	Livingston County BLSFR		3/31/2023	P	P	A	P	P	P
17	Palma, William	Monroe County BLSFR (Seat 1)		3/31/2021	P	E	P	P	P	P
18	Philippy, Mark	At Large EMS Agency (Seat 1)	Chairperson	3/31/2021	P	P	P	P	P	P
19	Rathfelder, Eric	Law Enforcement	Training & Ed	3/31/2023	P	P	P	E	E	P
20	Smith, Merideth	Community		3/31/2021	P	P	A	E	E	E
21	Tinelli, Samuel	Livingston Count C.O.N.		3/31/2023	-	-	-	P	P	P
22	Wiedman, Brian	Monroe County At Large (Seat 4)		3/31/2023	-	-	-	P	P	P
23	Williams, Gwen	Healthcare Representative (Seat 3)		3/31/2020	P	P	P	E	P	P
24	z-Vacant	Healthcare Representative (Seat 1)			VACANT	VACANT	VACANT	VACANT	VACANT	VACANT
25	z-Vacant	REMAC Chairperson			VACANT	VACANT	VACANT	VACANT	VACANT	VACANT
26	z-Vacant	City of Rochester EMS Contract			Bonfiglio- P	Bonfiglio- P	VACANT	VACANT	VACANT	VACANT

LEGEND:

Present = P

Excused Absents = E

Unexcused Absents = A

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II. Actions

	MOTION	MADE BY	SECOND	ABSTAIN	NAY	APPROVED
1	Approval of Meeting Minutes from May 2019	Bill Arnold	Tom Kirchoff			X
2	Approval of Meeting Minutes from June 2019	Alex Cook	Geordie Klueber			X
3	The Council Chair is to send an email to the Town of Webster asking them to change their run cards by one week prior to the next Council meeting	Tim Czapranski	James Hartman			X
4	Motion to move to Executive Session	Reg Allen	James Hartman			X
5	The Council approve an expenditure not to exceed \$5,000.00 to the attorney of record, the Girvin Firm to defend the Council in the litigation pending	Mark Philippy	Bill Arnold	Tom Coyle		X
6	To allow the executive team to act in a tactical fashion should additional actions be made before the next Council meeting and to be ratified at the next meeting	Tim Czapranski	Bill Arnold	Tom Coyle		X
7	To adjourn	Tim Kelly	Geordie Klueber			X

III. Attendance – Secretary call roll

- Confirmed quorum
 - Excused absences: Frost, Tim / Hoskins, Michael / Smith, Merideth
 - Unexcused absences: None

IV. Pledge of Allegiance

V. Chairperson – Mark Philippy

- Correspondence
- State Actions
 - State Council Projects
 - Jose Rivera

Meeting Minutes September 16, 2019

- Certification revoked for violations of 10 NYCRR Part 800.16 (a)(4)
 - Has abused a patient, as patient abuse is defined in Section 800.3 of this part
- Jonah Yoon
 - Certification suspended for one year effective 5/31/19. Suspension is stayed. Placed on probation for three years effective 5/31/19. Assessed a civil penalty of \$2,000 of which \$1,000 is stayed for violations of 10 NYCRR Part 800.16 (a)(11):
 - Has abandoned a patient, as patient abandonment is defined in Section 800.3 of this Part
- Ursilla Bazemore
 - Certification suspended for one year effective 5/31/19. Suspension is stayed. Placed on probation for three years effective 5/31/19. Assessed a civil penalty of \$2,000 of which \$1,000 is stayed for violations of 10 NYCRR Part 800.16 (a)(11):
 - Has abandoned a patient, as patient abandonment is defined in Section 800.3 of this Part
- Letter from the NYS DOH BEMSAT re: Brockport TOA COVA – to be discussed during Systems Report
- Legal matter to be discussed during Executive Session
- Budget
 - Technical Advisory Group to look into budget items to redistribute our funds. We need to look at how to adjust the budget, look into additional funds or discuss what we ask our Program Agency to do. Our Program Agency offers a lot, but there is a cost associated with that. Volunteers to investigate our budget?
 - Alex Cook (Chair), Tom Coyle, Tim Kelly, Sam Tinelli
 - Geordie Klueber is looking into our web services contract to report in November.

VI. Vice Chair / NEG Report – Tim Frost (Excused)

VII. Treasurer – Alex Cook

- Updates on BEMSAT Inquiry regarding overpayment (\$3,377)
 - Past precedent was that we would voucher whatever fees we came up with and the State would pay us up to the \$25,000. With the turnover at the State, they just paid out what we vouchered for, so we will now be vouchering up to the \$25,000 and not the actuals. The check is back in the mail to them.
- If you have ideas on how to generate revenue or cost savings, let us know and we will investigate. We've had to dip into our reserves more consistently.

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- Is this a Statewide issue or just specific to us? This is a Statewide issue. The Council and the Program Agency has treated both pots of funds as one large pot that we share for the greater good. There are guidelines at the State that we are held to, which will need some adjusting. This eventually will be a good thing, as we can justify why the Councils and Program Agencies are not receiving the funds they require to function.

VIII. Secretary – Tim Kelly

- Meeting Minutes from May 2019
 - Motion to approve by Bill Arnold, Seconded by Tom Kirchoff. All in favor, no oppositions.
 - **Motion 1 - Passed**
- Meeting Minutes from June 2019
 - Motion to approve by Alex Cook, Seconded by Geordie Klueber. All in favor, no oppositions.
 - **Motion 2 - Passed**
- We are going to have a place saver document on the website with the logo just stating that no meeting was held so that we can have full transparency.
- Committee Chairs – be sure to submit your minutes to be posted on the website.

IX. System Medical Director – Jeremy Cushman, MD

- Protocol Update
 - Please do not update your protocols yet. The Bureau has put together some training, which has done very well. Please follow the guidance from the Program Agency regarding the app updates and how to attest to your previous training. Your previous training done a few years ago will count. We are working to align things to streamline the process. Advisory will be released once things are ready to go.

X. Program Agency Report – Ben Sensenbach

- Nothing not covered under other reports

XI. System Operations – Reg Allen

- Legal Matters
 - To be discussed at Executive Session
- COVE/Brockport CON Transfer

- To be discussed at Executive Session
- Mutual Aid Plans
 - To be discussed under Monroe County Report

XII. PIER – Donna Bailey

- Awarding of Dr. Elizabeth Murray NYS EMS Physician of the Year

XIII. Training & Ed

- Working on the process to meet the new criteria for the State requirements for the CLI/CIU. Looking to have something put together for the November meeting to present.
- AMR asked us to accept their corporate field training program in lieu of the regional preceptor class we require. That will come through Training and Education committee for review as it would require a change in our policy, so more to come.

XIV. Monroe County – Tim Czapranski

- Run Card Changes for NEQ
- Based on 104 traffic pattern.
- Clarification - This is for NEQ and not the town of Webster Ambulance.
- This was tentatively put into place as we didn't have a Council meeting and we will revert back to what it was originally once the project is over.
- Union Hill statement regarding mutual aid in the town of Webster with BLS mutual aid.
 - Continued downward trend for delays on BLS side (i.e. Maplewood Nursing home)
- Opportunity for us to look at Mutual Aid in general to ensure the closest, most appropriate resources are being utilized.
- What are we going to do about Union Hill – they've been coming to us for help.
 - We have made inquiries to the Town of Webster, but we haven't received a response.
 - Jerry Fedeale – has any correspondence been sent to President Mustafa?
 - This has come up time and again. The Town of Webster has been asked to update their run cards. We have not received response to that inquiry. This is not to/for or against the contract holder, but this is for the town to update their run cards. As a system, is this within the Council's purview to address? The Council Chair will send a letter to the Town asking them to change their run cards by one week prior to the next Council meeting.– Motion by Tim Czapranski, seconded by James Hartman. All in favor, no opposed, no abstentions. Motion carries.

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- **Motion 3 - Passed**
- How would a nearest most appropriate county mutual aid plan address all of our bordering agencies outside of the county? It can operationally create some changes.
- Mutual Aid Request to adjust for the Main Street Bridge Closure for Fairport.
 - Submitted by Perinton – suggests the UR Urgent Care on Mosley Road would be better served by Victor-Farmington Ambulance than Pittsford Ambulance for mutual aid. We will reach out to Pittsford to make sure they are okay with the change and work with System Ops for implementation.

XV. Motion 4 – Passed

XVI. Break for Executive Session

XVII. Executive Session Results

- Discussed matter of litigation. Mark Philippy: motion that council approve an expenditure not to exceed \$5,000 to our attorney of record, the Girvin Firm to defend us in the litigation pending. Seconded by Bill Arnold. All in favor. No opposed, Tom Coyle abstained. Motion passes.
 - **Motion 5 - Passed**
- Motion to allow the executive team to act in a tactical fashion should additional actions be made before our next meeting and to be ratified at the next meeting. Seconded by Mr. Arnold. All in favor, no opposed, Tom Coyle abstained.
 - **Motion 6 - Passed**

XVIII. NYS DOH Dates to Remember

- Vital Signs
 - October 24 – 27, 2019 in Buffalo, NY
 - If you are interested in presenting some Critical Care topics, let Dr. Cushman know and he can refer you to the right contacts

XIX. Adjournment

- **Motion 7 – Passed**
- **Next Meeting: Monday November 18, 2019 at PSTF, 1190 Scottsville Road, Rochester NY at 1600**

Link for full meeting video: <https://youtu.be/jN-XrvbeU-E>



Meeting Minutes September 16, 2019



Date: September 16, 2019
Roll Call Attendance: MLREMS

	Representative Category	Name	Present	Absent	Excused	Vacant
1	MC At Large (Seat 2)	Allen, Reg	✓			
2	MC At Large (Seat 1)	Arnold, William	✓			
3	LC At Large (Seat 1)	Bailey, Donna	✓			
4	LC At Large (Seat 2)	Cook, Alex	✓			
5	Monroe County - C.O.N.	Coyle, Thomas	✓		✗	
6	MLREMS - Medical Director	Cushman, Jeremy	✓			
7	Monroe County - EMS Coordinator	Czapranski, Tim	✓			
8	Livingston County - EMS Coordinator	Dewar, Karen	✓			
9	Healthcare Representative (Seat 2)	Farney, Aaron	✓			
10	At Large EMS Agency (Seat 3)	Frost, Tim			X	
11	At Large EMS Agency (Seat 4)	Hartman, James	✓			
12	EMS Training / Education	Horowitz, Aaron	✓			
13	At Large EMS Agency (Seat 2)	Hoskins, Michael			X	
14	LC At Large (Seat 3)	Kelly, Timothy	✓			
15	MC At Large (Seat 3)	Kirchoff, Thomas	✓	✗		
16	Livingston County - BLSFR	Klueber, Geordie	✓	✗		
17	Monroe County - BLSFR (Seat 1)	Palma, William	✓			
18	At Large EMS Agency (Seat 1)	Philippp, Mark	✓			
19	Law Enforcement	Rathfelder, Eric	✓			
20	Community	Smith, Merideth			X	
21	Livingston County - C.O.N.	Tinelli, Samuel	✓			
22	MC At Large (Seat 4)	Wiedman, Brian	✓			
23	Healthcare Representative (Seat 3)	Williams, Gwen	✓	✗		
24	City of Rochester EMS Contract	z-Vacant				X
25	Healthcare Representative (Seat 1)	z-Vacant				X
26	REMAC Representative	z-Vacant				X
TOTALS			18	3	3	3

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web www.mlrems.org
phone (585) 463-2900
fax (585) 473-3516

office
44 Celebration Drive, Suite 2100
Rochester, NY 14620

mailing
601 Elmwood Avenue, Box 655
Rochester, NY 14642

Monroe-Livingston Regional EMS Council Meeting Roster

September 16, 2019

	Name (Please Print)	Agency	Signature
1	BRAD SENFTLEBEN	Union Hill	
2	CHARIE HARDIN	Union Hill	
3	ANDY CELSO	UHVAC	
4	Wendy Feltner	Strong Memorial Hospital	
5	Jerry Feltner	NFAA	
6	Ben Senftleben	Proctor Agency	
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Appendix A

New York State EMS Agency Mutual Aid Planning Worksheet

The following Mutual Aid worksheets are intended to give EMS agencies, County EMS/Emergency Services Coordinators, and Regional EMS Councils a logical and objective pathway to evaluate, formulate, and approve EMS Mutual Aid plans. They attempt to gather the most pertinent information for mutual aid decision making. However, additional information that is unique to a given area may also need to be considered. This information should be documented on additional sheets, along with any information requested that does not fit in the space provided.

Section 1: EMS Agency instructions:

This worksheet is intended to identify all EMS agencies that should be considered to respond as mutual aid to a requesting EMS agency. Please list all EMS agencies that are willing to respond as mutual aid to all or a portion of the requesting agency's service area, and what minimum response time is expected. When considering which agency should be first call for mutual aid, any agency that has overlapping operating authority with the requesting agency should, in most cases, be the first call agency. However, there may be geographic or operational reasons to utilize an adjacent agency that has separate operating authority from the requesting agency. As a result, agencies with overlapping operating authority may be designated to participate as secondary mutual aid coverage if needed. In all cases, adequately document the reasons for all choices.

Section 2: EMS Coordinator instructions:

By completing this form you are affirming the choices for EMS mutual aid made by the agencies in your jurisdiction. Please attach any supporting documentation or narrative comments that will substantiate your determination. During this process it is expected that you will confer with your Regional Council to clarify any of the information you have been given by your agencies, and to discuss the broad outline of the plan you will submit for approval.

Section 3: Regional Council instructions:

It is expected that Regional Councils will collaborate with County EMS Coordinators to either initiate a review and revision to existing EMS mutual aid plans, or develop EMS mutual aid plans that meet the standards of this policy. During that process there should be cooperation and collaboration with County EMS Coordinators, agencies, and concerned governmental bodies to affirm the validity of the plans submitted. This form is designed to facilitate that process. Please attach any additional supporting documentation not included by EMS Coordinators, and/or attach a brief narrative substantiating your approval.

Section 1: EMS Agency Review

1. Name of EMS Agency: Northeast Quadrant Advanced Life Support
2. Ambulance Operating Territory:
(as written on the current Ambulance Certificate) Town of Webster, North-West Penfield, Western Wayne Co
3. Does another EMS Agency possess a valid NYS DOH operating certificate for this area? ☒ YES ☐ NO
4. Please list all current EMS Agencies possessing valid operating certificates:

	<u>Name</u>	<u>Is this EMS Agency able to provide Mutual Aid to you?</u>
a.	<u>Monroe Ambulance</u>	<input checked="" type="checkbox"/> YES, <input type="checkbox"/> NO Reason: <u></u>
b.	<u>AMR</u>	<input checked="" type="checkbox"/> YES, <input type="checkbox"/> NO Reason: <u></u>
c.	<u></u>	<input type="checkbox"/> YES, <input type="checkbox"/> NO Reason: <u></u>
d.	<u></u>	<input type="checkbox"/> YES, <input type="checkbox"/> NO Reason: <u></u>

5. Other than current valid operating certificate holders for your area, are there other EMS Agencies that, while not possessing a valid operating certificate for your area, can respond in a more timely and reliable manner to your mutual aid requests? ☒ YES ☐ NO
If "YES", please identify these EMS agencies:
 - a. Penfield Ambulance
 - b. Irondequoit Ambulance
 - c.
 - d.
6. Please provide the time criteria (in minutes), that you utilize to determine what constitutes a "reasonable response time" for the geographical service area in question (For the purposes of this section, response time is defined as time of dispatch to time on scene): < 10 minutes.


7. Please indicate below the EMS Agency and the specific portion(s) of your certified area of operations you designate for Mutual Aid coverage (please attach any written agreements and maps or territorial descriptions necessary):

EMS Agency	Designated to Cover:
a. <u>Penfield Ambulance</u>	<input checked="" type="checkbox"/> Entirety of area, <input type="checkbox"/> Specific Portion: <u>1st call ALS Mutual Aid</u>
b. <u>Irondequoit Ambulance</u>	<input checked="" type="checkbox"/> Entirety of area, <input type="checkbox"/> Specific Portion: <u>2nd call ALS Mutual Aid</u>
c. <u>Monroe Ambulance</u>	<input checked="" type="checkbox"/> Entirety of area, <input type="checkbox"/> Specific Portion: <u>3rd call ALS Mutual Aid</u>
d. <u>AMR</u>	<input checked="" type="checkbox"/> Entirety of area, <input type="checkbox"/> Specific Portion: <u>4th call ALS Mutual Aid</u>

Note: This Mutual Aid response is only for the period of time that the Route 104 East Bound ramp from Irondequoit to Webster, across the Bay Bridge, is closed. Upon the re-opening of that ramp, the mutual aid response will return to:

EMS Agency	Designated to Cover:
e. <u>Irondequoit Ambulance</u>	<input checked="" type="checkbox"/> Entirety of area, <input type="checkbox"/> Specific Portion: <u>1st call ALS Mutual Aid</u>
f. <u>Penfield Ambulance</u>	<input checked="" type="checkbox"/> Entirety of area, <input type="checkbox"/> Specific Portion: <u>2nd call ALS Mutual Aid</u>
g. <u>Monroe Ambulance</u>	<input checked="" type="checkbox"/> Entirety of area, <input type="checkbox"/> Specific Portion: <u>3rd call ALS Mutual Aid</u>
h. <u>AMR</u>	<input checked="" type="checkbox"/> Entirety of area, <input type="checkbox"/> Specific Portion: <u>4th call ALS Mutual Aid</u>

Affirmation: I, the undersigned, verify that I represent and am duly authorized by the EMS Agency identified above to designate the EMS Agencies identified to provide Mutual Aid assistance to our organization consistent with all applicable laws and regulations.

Print Name: Syed Ahmed Mustafa
 Signature: 
 Title: President, NEQALS
 Date: 7/11/19

Section 2: County EMS Coordinator Review

1. Name of County EMS Coordinator: _____

2. County of Jurisdiction: _____

3. After your review of the information submitted by this EMS Agency designating their choices for other EMS

Agencies to provide Mutual Aid assistance to their area of operations in accordance with all existing regulations, do you find:

- a. That the primary EMS Agencies designated are the most technically capable with meeting initial medical requests to respond? ☐ YES ☐ No
- b. If any of the designated EMS Agencies do not possess a valid operating certificate from the DOH, have you verified in collaboration with the local Regional EMS Council that all existing EMS agencies identified by the NYSDOH, Bureau of EMS (BEMS) as having valid operating certificates for this area either cannot, or will not have the capability to respond in a reasonable response time? ☐ YES ☐ NO
- c. Please provide the time criteria (in minutes), that you utilize to determine what constitutes a "reasonable response time" for the geographical service area in question (For the purposes of this section, response time is defined as time of dispatch to time on scene): _____ minutes.

To support your determination, please provide supporting documentation such as BEMS service lists, levels of care provided, municipal preference lists, alternative mutual aid coordination processes utilized (i.e., system status management, GPS tracking, or other technologies), or any other verifiable method that substantiates a history of local mutual aid.

4. Do you have any special considerations or concerns associated with any element of the aforementioned EMS Agencies designated to respond under this Mutual Aid agreement? [] NO, [] Yes: Please describe: _____

Affirmation:

I, _____, the County EMS Coordinator for _____ County, have reviewed the aforementioned elements of this Mutual Aid Agreement for: (EMS Agency) _____
_____, and find it to be both reasonable and compliant with all applicable regulations.

Print Name: _____

Signature: _____

Date: _____

Section 3: Regional EMS Council Review

1. Name of Regional EMS Council: _____

2. Name of Reviewer: _____

3. Title: _____

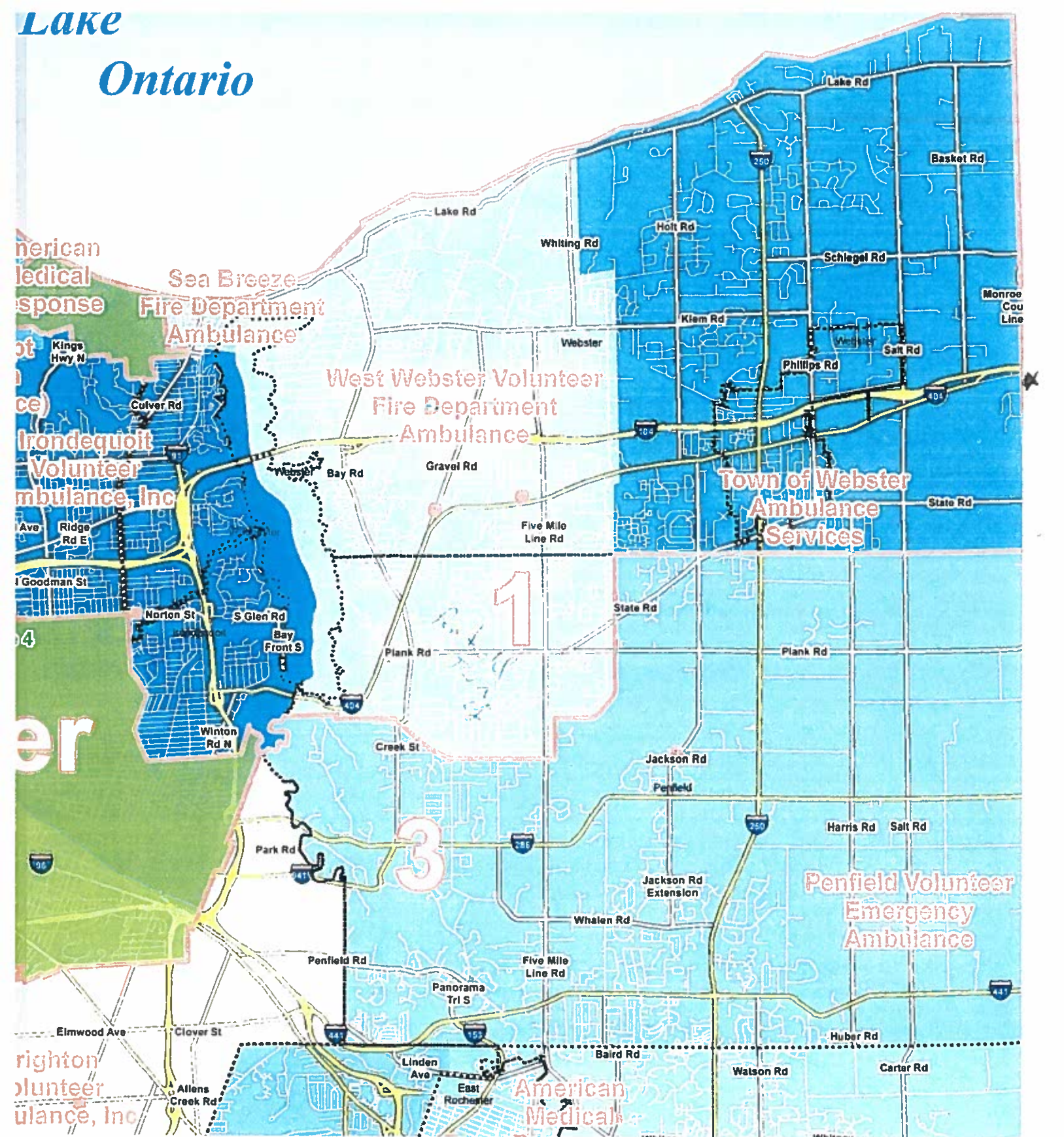
4. After your review of the information submitted by this EMS Agency designating their choices for other EMS

Agencies to provide Mutual Aid assistance to their area of operations in accordance with all existing regulations, do you find:

- a. That the primary EMS Agencies designated are the most technically capable with meeting initial medical requests to respond? [☐] YES [☐] No
- b. If any of the designated EMS Agencies do not possess a valid operating authority, have you verified in collaboration with the local County EMS Coordinator that all existing EMS agencies identified by the NYSDOH, Bureau of EMS (BEMS) as having valid operating authority for this area either cannot, or will not have the capability to respond in a reasonable response time? [☐] YES [☐] NO
- c. Please provide the time criteria (in minutes), that you utilize to determine what constitutes a "reasonable response time" for the geographical service area in question (For the purposes of this section, response time is defined as time of dispatch to time on scene): _____ minutes.

To support your determination, please provide supporting documentation such as BEMS service lists, levels of care provided, municipal preference lists, alternative mutual aid coordination processes utilized (i.e., system status management, GPS tracking, or other technologies), or any other verifiable method that substantiates a history of local mutual aid.

Lake Ontario





Department of Health

ANDREW M. CUOMO
Governor

HOWARD A. ZUCKER, M.D., J.D.
Commissioner

SALLY DRESLIN, M.S., R.N.
Executive Deputy Commissioner

Case Number: 20180690

June 27, 2019

To: All Regional EMS Councils
All DOH Regional Offices

Please be advised that as a result of an investigation conducted by the Department of Health, the following individual's New York State Certification has been:

Suspended for one (1) year effective 5/31/19. The suspension is stayed.
Placed on probation for three (3) years effective 5/31/19.
Assessed a civil penalty of \$2,000 of which \$1,000 is stayed.

For violations of 10 NYCRR Part 800.16 (a)(11)

Name: Jonah Yoon
Address: 105 Roxton Rd
Plainview, NY 11803
Birthdate: 1/15/1988
EMT Number: 366409

Please make sure that the chair of your REMAC receives a copy of this form. We are requesting your assistance to help ensure that any advanced medical control privileges, specific agency approvals, or other patient care responsibilities are consistent with the above enforcement action.

This enforcement action is a matter of public record and should be read into the minutes of your next regularly scheduled meeting.

Any questions in regard to this matter should be directed to the Bureau of Emergency Medical Services Investigations Unit at 518-402-0996.



Department of Health

ANDREW M. CUOMO
Governor

HOWARD A. ZUCKER, M.D., J.D.
Commissioner

SALLY DRESLIN, M.S., R.N.
Executive Deputy Commissioner

Case Number: 20180689

June 27, 2019

To: All Regional EMS Councils
All DOH Regional Offices

Please be advised that as a result of an investigation conducted by the Department of Health, the following individual's New York State Certification has been:

Suspended for one (1) year effective 5/31/19. The suspension is stayed.
Placed on probation for three (3) years effective 5/31/19.
Assessed a civil penalty of \$2,000 of which \$1,000 is stayed.

For violations of 10 NYCRR Part 800.16 (a)(11).

Name: Ursilla Bazemore
Address: 117- 37 133rd Street
South Ozone Park, NY 11420
Birthdate: 12/1/1981
EMT Number: 353795

Please make sure that the chair of your REMAC receives a copy of this form. We are requesting your assistance to help ensure that any advanced medical control privileges, specific agency approvals, or other patient care responsibilities are consistent with the above enforcement action.

This enforcement action is a matter of public record and should be read into the minutes of your next regularly scheduled meeting.

Any questions in regard to this matter should be directed to the Bureau of Emergency Medical Services Investigations Unit at 518-402-0996, extension 2.

GIRVIN FERLAZZO, PC

ATTORNEYS AT LAW

20 Corporate Woods Blvd
Albany, NY 12211
518-462-0300
www.girvinlaw.com

Tim Frost
Monroe-Livingston Regional EMS Council
601 Elmwood Avenue, Box 655
Rochester, NY 14642

Statement Date: 06/11/2019
Statement No. 10
Account No. 13494.00 M

CON Transfer Issues

Balance Due from Prior Billings \$3,915.00

			Rate	Hours	
05/08/2019	PJF	Brockport - Review and revise letter to Hannigan; Review 06-06 requirements; Communicate with Ben	250.00	0.50	125.00
05/15/2019	PJF	Brockport - Review letter and documents from Brockport's counsel	250.00	0.30	75.00
				0.80	200.00

<u>Attorney</u>	Recap	<u>Hours</u>	<u>Hourly Rate</u>	<u>Total</u>
Patrick J. Fitzgerald		0.80	\$250.00	\$200.00

Total Due For This Billing 200.00

05/16/2019	Payment	-325.00
05/16/2019	Payment	-3,515.00
	Total Payments	-3,840.00

Total Balance Due on Account \$275.00

Please Remit \$275.00

Thank You For Allowing Us To Be Of Service To You!



Department of Health

ANDREW M. CUOMO
Governor

HOWARD A. ZUCKER, M.D., J.D.
Commissioner

SALLY DRESLIN, M.S., R.N.
Executive Deputy Commissioner

Case Number: 20160374

April 11, 2019

To: All Regional EMS Councils
All DOH Regional Offices

Please be advised that as a result of an investigation conducted by the Department of Health, the following individual's New York State Certification has been:

Revoked effective 4/2/2019

For violations of 10 NYCRR Part 800.16(a)(4)

Name: Jose Rivera

Address: 2870 Lamport Pl
Bronx, NY 10465

Birthdate: 3/7/1990

EMT Number: 394927

Please make sure that the chair of your REMAC receives a copy of this form. We are requesting your assistance to help ensure that any advanced medical control privileges, specific agency approvals, or other patient care responsibilities are consistent with the above enforcement action.

This enforcement action is a matter of public record and should be read into the minutes of your next regularly scheduled meeting.

Any questions in regard to this matter should be directed to the Bureau of Emergency Medical Services Investigations Unit at 518-402-0996, extension 2.