ARIZONA DEPARTMENT OF HEALTH SERVICES

STATE OF ARIZONA } ss **County of Maricopa**

CERTIFICATE NO. - 147 -

DOCKET NO. EMS 4004

THE ARIZONA DEPARTMENT OF HEALTH SERVICES has found, under the authority of A.R.S. § 36-2232 et seq and Pursuant to Department of Health Services rules, that public necessity requires the operation of

MARICOPA AMBULANCE, LLC dba MARICOPA AMBULANCE

as a ground ALS and BLS ambulance service in the State of Arizona for the transportation of individuals who are sick, injured, wounded or otherwise incapacitated or helpless within the following service area, with the following central operations station and response times:

1. Service Area:

Maricopa County, with the exception of those geographic areas covered by the following Certificates of Necessity: Buckeye Valley Rural Volunteer Fire District (C.O.N. No. 8); North County Fire & Medical District (C.O.N. No. 114); Daisy Mountain Fire District (C.O.N. No. 105); Sun Lakes Fire District (C.O.N. No. 12); Lifeline Ambulance Service Inc. (C.O.N. No. 62); Superstition Fire & Medical District (C.O.N. No. 137)

The service area does overlap the C.O.N. service area covered by Phoenix Fire Department (C.O.N. No. 76), American Medical Response of Maricopa, LLC (C.O.N. No. 136) and all C.O.N. service areas covered by the Rural/Metro and its subsidiaries: Canyon State Ambulance (C.O.N. No. 58), Southwest Ambulance and Rescue of Arizona (C.O.N. No. 66), Southwest Ambulance-Maricopa (C.O.N. No. 86), Rural Metro Corp-Maricopa (C.O.N. No. 109), Com Trans Ambulance Service, Inc. (C.O.N. No. 46), Professional Medical Transport, Inc. (C.O.N. No. 71) and American Ambulance (C.O.N. No. 75).

2. Legal Address: ***23200 N Pima Rd. Suite 101, Scottsdale, AZ 85255***

Now, therefore, by virtue of the authority vested in the Arizona department of Health Services, under the constitution and laws of the State of Arizona, does hereby grant this

INITIAL
CERTIFICATE OF NECESSITY

authorizing the operation of the aforesaid ambulance service for a period ending September 21, 2017 unless for cause sooner amended, suspended, revoked or terminated subject to the decisions and orders, and rules of the Department.

PROVIDED, that this certificate shall not be assigned nor transferred unless authorized by the Arizona Department of Health Services.

BY THE ORDER OF THE ARIZONA DEPARTMENT OF HEALTH SERVICES, IN WITNESS WHEREOF, I CARA M. CHRIST, MD. the Director of the Arizona Department of Health Services, have hereunto set my hand and caused the official seal of the Arizona Department of Health Services to be affixed at Phoenix, Arizona on September 21, 2016

Terry Mullins

DIRECTOR

ARIZONA DEPARTMENT OF HEALTH SERVICES

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3. **Response Times:**
   1. ***Emergency Response Times:***
      a. ***For any of the cities within Maricopa County where Maricopa Ambulance, LLC has a filed suboperation station with ADHS/BEMSTS, the following fractal response times will apply:***
         i. ***Ten minutes, zero seconds (10:00) on 90 percent of all ambulance calls.***
         ii. ***Fifteen minutes, zero seconds (15:00) on 95 percent of all ambulance calls.***
         iii. ***Twenty minutes, zero seconds (20:00) on 100 percent of all ambulance calls.***
      b. ***Otherwise:***
         i. ***Ten minutes, zero seconds (10:00) on 80 percent of all ambulance calls.***
         ii. ***Fifteen minutes, zero seconds (15:00) on 90 percent of all ambulance calls.***
         iii. ***Twenty minutes, zero seconds (20:00) on 100 percent of all ambulance calls.***
   2. ***Interfacility Arrival Times:***
      a. ***Arrive within sixty minutes, zero seconds (60:00) of the requested at-the-bedside pickup time on 90 percent of all non-urgent transfers' from a licensed healthcare facility.***
      b. ***Arrive within thirty minutes, zero seconds (30:00) of the requested at-the-bedside pickup time on 90 percent of all urgent transfers[2] from a licensed healthcare facility.***

* **Special Provisions:**

1. ***Non-urgent transfer is scheduled at least one (I) hour in advance and shall mean a stable patient that has a low risk or medium risk of his/her condition deteriorating as determined by the patient's transferring clinician. Examples of patients requiring a Non-Urgent Transfer include patients in a stable condition: with established IV or vascular access; IV medications not requiring constant hemodynamic monitoring including pain medications; with pulse oximetry; increased need for ALS assessment and interpretation skills; 3 or 12 lead EKG monitoring; basic cardia medications, e.g., heparin or nitroglycerin; or the need for continued ALS assessment and interpretation skills.***
2. ***Urgent transfers are immediate and shall mean a patient that has a high risk of his/her condition deteriorating as determined by the 'patient's transferring clinician. Examples of patients requiring an urgent transfer include patients in a stable condition: requiring advanced airway support but secured, intubated, on ventilator; patients on multiple vasoactive medication drips; patients whose condition has been initially stabilized, but has likelihood of deterioration based on assessment or knowledge of provider regarding specific illness/injury. A patient is not stable if he/she is clinically deteriorating and is in need of a time-sensitive intervention not available at the transferring facility. Examples of patients that are not stable include patients: who require invasive monitoring; are post resuscitation; have sustained significant multi-system trauma, acute STEMI or acute stroke; or are hemodynamically unstable.***

4. **Type of Service:** *Immediate Response Transports*

5. **Hours of Operation:** *24 hours per day – 7 days per week*

CERTIFICATE OF NECESSITY

(CONTINUATION PAGE ONE)

ISSUED September 21, 2016

EXPIRES September 21, 2017

Terry Mullins

DIRECTOR