



COMMONWEALTH of VIRGINIA  
Department of Health

Office of Emergency Medical Services  
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Contract Modification Agreement

**Date:** January 6, 2017  
**Contract Number:** 517-14-308  
**Issued by:** Virginia Department of Health  
Office of Emergency Medical Services  
1041 Technology Park Drive  
Glen Allen, Virginia 23059  
**Contractor:** Thomas Jefferson EMS Council, Inc.  
2205 Fontaine Avenue, Suite 303  
Charlottesville, Virginia 22903  
**Commodity:** 94848 – Health Care Services (Not Otherwise Classified)  
**Period of Modification:** 1/6/2017 through 6/30/2017.

In accordance with the Code of Virginia 32.1-111.11 and the Virginia EMS Regulations 12VAC5-31-2730 Performance Standards for Designated Regional EMS Councils, the Office is to enter into performance based contracts that establish standards for the delivery of specific identified services and projects with designated regional EMS councils.

The Virginia Department of Health (VDH) would like to execute a **Modification** of the above-referenced contract for a period of 6 months, beginning January 5, 2017 and going through June 30, 2017 or until a new contract is awarded, under the same prices, terms and conditions of the existing contract.

**Description of Modifications:**

1. Replace Section III Scope of Services, Paragraph A, 2, with the following:

**A. REGIONAL INFRASTRUCTURE**

2. Continuity of Operations Plan: The Contractor will develop, following a standard planning template, a Continuity of Operations/Business Recovery (COOP) Plan that will address the following business issues:
  - a. Identification of all Mission Essential Functions (MEF).
  - b. Identification of all essential business functions that supports the MEF.
  - c. Identification of essential staff, including a "Rapid Recall List".
  - d. Identification of, and a training plan for employee cross training for essential business functions.
  - e. A written plan for protection of vital systems and historical records in all forms.
  - f. Identification of secure alternate work locations.
  - g. A written plan for reconstruction of the Business after an Emergency or disaster that affects a Council Office.
  - h. Development of testing, training, and exercising on a bi-annual basis to include submitting an after action report/improvement plan (AAR/IP) to OEMS within 60 days of the testing, training or exercise. In the event of plan activation, an AAR/IP will be submitted approximately 60 days after the event and will serve as an exercise for that bi-annual period.

This plan will be reviewed and revised, as needed, annually by the Contractor and an updated copy of the plan with revisions sent to OEMS with the contractor's **second quarter** report, including proof of review and approval by the contractor's Board of Directors reflected in board meeting minutes submitted for that quarter.

2. Replace Section III Scope of Services, Paragraph A, 6, c and g, with the following:

**A. REGIONAL INFRASTRUCTURE**

6. Documentation and Reporting: The Contractor shall submit all documentation and reports to the OEMS through the contract administrator in the time frame and method specified. Unless otherwise specified, submission of all documents and reports described in this contract will be made through an electronic Regional Council portal provided by the Office of EMS.
- c. Program reports shall be developed and provided to the Contractor's Board of Directors, and other interested parties on a **quarterly basis**, reflecting progress related to the deliverables included herein, and other applicable tasks. Reports shall be submitted to the OEMS utilizing the OEMS reporting template (or alternate format as approved in writing by OEMS) **no later than 30 days after the last day of each quarter**.
- g. Notwithstanding sections e. and f. above, each subcommittee listed as such by the Contractor shall meet on a quarterly basis, and report agendas, rosters of attendees (including signature and email address), and meeting minutes as prescribed in this contract. Contractor shall obtain written approval from Purchasing Agent for subcommittees that are determined to meet on a less frequent basis (semi-annual, annual or as needed basis).

3. Replace Section III Scope of Services, C, 1, 2, 3 and 5 with the following:

**C. REGIONAL PLANNING**

**1. Regional EMS Plan**

- a. The Contractor shall review annually and revise triennially, or as needed, the Regional Strategic EMS Plan as necessary, using templates provided by OEMS. It is expected an integrated planning approach will be utilized that involves the use of the contractor's board of directors, committee(s), a small task force, and/or staff persons to develop the plan. The Contractor will develop and review, as necessary the Regional EMS Plan on a yearly basis. The Contractor shall include the VDH health districts in the Contractor's service area as part of the development and review. Contractor must demonstrate that the plan includes, but is not limited to:
- (1) Review of the mandates given the Regional EMS Councils in the *Code of Virginia*.
  - (2) Review of the current version of the State Strategic and Operational Plan.
  - (3) Analysis of the strengths, weaknesses, opportunities and threats (SWOT) of the regional EMS system.
  - (4) Translate the work of the planning committee into a vision for the region.
  - (5) Create a mission statement that briefly describes why the Regional EMS Council exists.
  - (6) List at least four core strategies with strategic initiatives that will help accomplish the vision and mission.
  - (7) If no changes, a copy of contractor board of directors' minutes must reflect the review and approval of the plan.
- b. The Contractor shall provide OEMS with the revised Regional EMS Plan electronically, with the **third quarter** report.
- c. The Contractor shall notify the EMS agencies, local governments, EMS physicians, and hospitals within its service delivery area and OEMS that the Regional EMS Plan is posted on the contractor's Web site; this should be accomplished upon completion of the Plan. This information shall be included in narrative form in the **appropriate quarterly report**.
- d. The Contractor will distribute the plan to all EMS agencies, local governments, EMS physicians, and hospitals within its service delivery area. This information shall be included in narrative form in the **appropriate quarterly report**.

**2. Regional Stroke Triage Plan**

- a. The contractor will develop a Regional Stroke Triage Plan:
- (1) Regional stroke triage committee shall be created, and shall represent participants from aspects of the EMS response. The active committee composition shall include, but not be limited to:
    - (a) A member of each designated stroke center program within the region, if there are no designated stroke centers within the region, a member of the region's primary designated stroke center shall be substituted.
    - (b) The committee shall also include representatives from a non-stroke designated hospital from throughout the region.
    - (c) An operational medical director from an EMS agency that operates and is located within the regional service area.
    - (d) EMS providers representing each of the following: an air medical agency, fire based service, career, and volunteer services from throughout the region.

- (e) An individual identified collaboratively from a VDH health district within the contractor's service delivery area.
  - (f) Rosters, agendas, and minutes of regional stroke committee meetings shall be submitted in the **appropriate quarterly report**.
- (2) The Regional Stroke Triage Plan shall follow the current version of the Commonwealth's Pre-hospital and Inter-hospital State Stroke Triage Plan and include the following as appendices to reflect the capabilities of the Regional EMS System:
- (a) A "field triage decision scheme" based on the state field decision scheme that assists individual EMS providers with transport destination decision making guidance, and is included in Regional Medical Protocols.
  - (b) Consideration of medevac utilization for acute stroke patients.
  - (c) Stroke center descriptions (names and locations).
- (3) The revised Regional Stroke Triage Plan shall be submitted to OEMS with the **third quarter** report. Approved plans and protocols will be required to be posted and notifications made as listed in item 4 below.
- (4) The Contractor shall notify all EMS agencies, local governments, EMS physicians, and hospitals within its service delivery area that the stroke triage plan has been developed and post the stroke triage plan and any pertinent medical protocol(s) conspicuously on the regional council's web site. The Contractor will make a copy of either revised document available upon request.

### 3. Regional EMS MCI (Disaster/WMD)/Medical Surge Plan

Regular Attendance MCI Planner – The contractor regularly hosts/attends meetings to collect and/or share information, but has no primary responsibility for research design, implementation, coordination, distribution, and update/review. The contractor shall include all VDH health districts in their service delivery area.

- a) The Contractor shall provide OEMS with copies of all meeting agendas, attendance records, minutes, and other documentation showing participation and accomplishments in reviewing, revising and updating Regional EMS MCI Plans with proof of review and approval by the contractor's Board of Directors reflected in submitted board minutes.
- b) The Contractor shall provide OEMS with the reviewed and/or revised Regional EMS MCI (Disaster/WMD) Plan, electronically, with the **Third Quarter** report. The contractor will also send a copy to the Emergency Operations Planner for review.
- c) The Contractor shall notify all EMS agencies, local governments, EMS physicians, regional medical control center(s) and hospitals within its service delivery area by in the **Third Quarter** that the Regional EMS MCI (Disaster/WMD) Plan is posted on the contractor's Web site.
- d) The Contractor will distribute the plan to all EMS agencies, local governments, EMS physicians, and hospitals within its service delivery area by using printed materials, disks, CD or other media in the **third quarter**. The Contractor will also send a copy of all materials to OEMS electronically, with the **Third Quarter** report.
- e) The Contractor will be required to provide evidence of development and execution of an exercise every two years that test at least one aspect of the plan. This will be reported to OEMS in the **Third Quarter** report of the year it is tested. This will include an exercise AAR/IP submitted to OEMS no later than 90 days after the exercise or included in the OEMS Third Quarter report of the year it is tested whichever is first.
- f) The contractor shall submit an after action report in a format provided by OEMS **within sixty (60) days following an event** that requires activation of the EMS MCI plan or the Regional Surge plan.

### 5. Pandemic or Infectious Disease Planning

- a. The Contractor shall encourage and assist EMS agencies within their region in the development of a plan of action for the H1N1 flu pandemic, and other pandemic events as declared by the Governor of Virginia. The Contractor shall include all VDH health districts in their service area in all development and planning.
- b. The Contractor shall serve as a conduit of information for the planning and response related to a pandemic event. Information must be consistent with CDC and VDH guidelines which will be disseminated by the Office of EMS. Further, the regions shall report information to OEMS and/or regional EP&R planner related to unmet needs, planning activities, or actual incidents and responses related to pandemic or infectious disease events.

- c. The Contractor shall encourage and assist those agencies in the development of a plan and procedure for the continuation of operations, in the event of a cessation or reduction of services by that EMS agency.
4. Replace Section III Scope of Services, Paragraph D, 1-9 with the following:

**D. REGIONAL COORDINATION**

**1. Regional Information and Referral**

- a. The Contractor shall provide assistance to any EMS providers, EMS agencies, hospitals, other health care providers, public safety officials, local government officials, and/or the general public located in the service delivery area as necessary.
- b. The Contractor shall maintain an interactive Web site and shall update the Web site within seven days of information changes. The contractor shall post on their Web site at a minimum all plans, protocols and other relevant documents as required in this contract.
- c. The Contractor shall maintain a social media presence (ex. Facebook, Twitter, Instagram). The Contractor shall update information on social media outlets with relevant information changes. This includes links to OEMS/VDH web sites and/or social media outlets.
- d. The Contractor shall provide the customer satisfaction survey URL provided by OEMS on all electronic and printed communication to any EMS providers, EMS agencies, hospital, other health care providers, public safety officials, local government officials, and/or the general public.

**2. Regional General EMS Performance Improvement (PI) and Trauma Triage Program also referred to as Quality Assurance, Quality Improvement, and Quality Management.**

- a. The contractor shall maintain and revise as needed to reflect current practice, a region wide EMS Performance Improvement Plan (PIP) for general EMS responses and Trauma related EMS responses. The plan shall be submitted to OEMS with the First Quarter deliverables, with proof of review and approval of the plan by the contractor's Board of Directors reflected in board minutes submitted. Any revisions made to the plan during the contract year shall be reviewed and approved by the contractor's Board of Directors, and submitted in the appropriate quarterly report. The plan shall maintain and revise as needed to reflect current practice, the PI template that EMS agencies can use to establish or maintain their own PI programs for general EMS responses and include a method reporting aggregate information to the regional council, for use by the regional council, its committees and submission to the Office of EMS. The contractor shall obtain approval from OEMS when revising the template. This shall occur within the first quarter and shall be used for the following quarters. The template shall include, but not limited to:
  - (1) A schedule and topics for three concurrent PI projects. One topic shall address a general EMS patient care item, one topic shall address an EMS system related item, and one topic shall address a trauma patient care or trauma system related item.
    - (a) The contractor shall submit evidence of the PI templates distribution to all EMS agencies in the region with the first quarterly report to the OEMS.
  - (2) The plan shall include a demonstrable process that is capable of monitoring/assessing adherence to regional patient care protocols, and triage plans; EMS system issues, and identification of the educational needs of EMS providers in the region.
    - (a) The contractor shall include in its quarterly report to OEMS any identified performance issues and their resolution.
  - (3) The Contractor shall maintain, and revise as needed, a PI template that an EMS agency can use to establish their own PI programs for general EMS responses.
  - (4) The contractor shall provide information on the topics of quarterly PI projects to be conducted in the contract year.
    - (a) The contractor shall provide information and/or reports of PI projects for use by the region's committees and reporting to the OEMS.
    - (b) The contractor shall submit a copy of the schedule and topics distributed to all EMS agencies, with the contractor's first quarterly report to the OEMS. The Contractor shall have a PI based method for EMS agencies and hospitals to report significant events (compliments or criticisms of EMS responses) and/or untoward outcomes of EMS responses and trauma related responses.

- (5) The EMS PIP shall identify the membership of the regional PI committee, objectives of the committee, and rules for participation in the meetings. The PIP shall allow for a representative of the OEMS to attend the PI meetings as desired by OEMS.
- (a) The committee composition shall contain equal representation of Operational Medical Directors, hospitals from varied areas of the region, and EMS providers from each of the following, air medical agency, fire based service, career, and volunteer services. The committee shall, at a minimum, consist of ten active members.
    - (i) To ensure equal representation reflective of the system the following shall apply:
      - (a) The Operational Medical Director must be current as an approved OMD by OEMS.
      - (b) A representative of a Designated Trauma Center in the region, and functions in a capacity that relates to the EMS system.
      - (a) A representative of a hospital in the region, and functions in a capacity that relates to the EMS system.
      - (b) A representative of air medical agency that provides service in the region.
      - (c) A representative of a career EMS agency that provides service in the region.
      - (d) A representative of a volunteer EMS agency that provides service in the region.
- (5) The contractor shall hold quarterly PI committee meetings to review the input received and/or significant events reported. The committee shall identify needs based on review of PI information received by the contractor, and plan a course of action (protocol change, educational opportunity, process improvement, etc). The items/deficits and the process used to correct them shall be reflected in the minutes of the meeting, and shared with other regional stakeholders as needed and appropriate.
- (a) The agenda, minutes, and attendance rosters shall be submitted **each quarter as part of the contractor's quarterly report** to the OEMS.
  - (b) The attendance roster shall contain the name, affiliation and e-mail address of the attendee.
  - (c) The minutes of these meetings shall not contain patient or provider identifiers, but should reflect a general statement of items worked on by the committee.
- b. The contractor shall provide technical assistance to EMS agencies to assist them in complying with State EMS Regulations related to quality management reporting (12 VAC 5-31-600). The names of agencies and the nature of assistance provided to those agencies shall be submitted by the contractor as part **each quarterly report** to the OEMS.
- c. The contractor shall actively encourage, not enforce, all EMS agencies within their region to meet state requirements and submit pre-hospital patient care data on a quarterly basis as required by the *Code of Virginia* (§ 32.116.1) and EMS Regulations 12 VAC 5-31-560. **Each of the contractor's quarterly reports** to the OEMS shall include language that describes how this contract item was achieved.
- d. The contractor shall be responsible for disseminating regional, jurisdictional, and agency level performance improvement reports developed and provided by the OEMS, Trauma System Oversight and Management Committee (TSO&MC), and or the Trauma Performance Improvement Committee.

### 3. Trauma Triage Plan

All Regional Trauma Triage Plans shall be reviewed annually, and revised as needed. This information shall be reported to OEMS in the **third quarterly report**.

- a. The plan shall follow the current version of the Commonwealth's Pre-hospital and Inter-hospital State Trauma Triage Plan and include the following as appendices to reflect the capabilities of the Regional EMS System:
  - (1) A "field triage decision scheme" based on the state field decision scheme that assists individual EMS providers with transport destination decision making guidance.
  - (2) the field triage decision scheme shall be included within the trauma section of the Regional Medical Protocols applicable to all levels of EMS certification
  - (3) A definition of a trauma patient
  - (4) Prehospital physiologic, anatomic, mechanism of injury, and special consideration criteria (previously titled Trauma Patient Transport & Transfer Criteria)
  - (5) Medevac utilization for trauma
  - (6) Trauma center descriptions (names, location, level of designation).
  - (7) Description of each level of Virginia Trauma Center Designation
- b. The Contractor shall notify all EMS agencies, local governments, EMS physicians, and hospitals within its service delivery area that the trauma triage plan has been revised and post the revised triage plan and revised trauma medical

protocol conspicuously on the regional council's website. The Contractor will make a copy of either revised document available upon request.

**4 Rescue Squad Assistance Fund (RSAF) Grant Program Grant Writing and Submission Assistance.**

- a. The contractor shall promote grant writing and review assistance services to the EMS agencies within their region one month prior to the grant submission deadline. Notifications (electronic and/or hard copy) must be sent to eligible EMS organizations with a copy provided to the OEMS Grants Manager. The contractor shall assist EMS agencies; this assistance may be by reviewing and/or writing the agency's RSAF grant applications, when requested. Contractor may request assistance from the OEMS Grants Manager, when appropriate. Contractor shall provide assistance to the EMS Agencies in the electronic submission of grants, when requested.
- b. **Grant Review/Grading.** The Contractor shall conduct regional reviews and grading of RSAF grants in accordance with the regulations and policies governing the RSAF Grant Program.
  - (1) The Contractor shall conduct two review and grading sessions during the contract period and submit the regional grades and recommendations electronically by the deadlines specified in the regulations and policies governing the RSAF Grant Program. The Contractor must notify the Grants Manager of the dates/times of each grant review and grading sessions during the contract period at least two weeks in advance.
  - (2) The Contractor shall notify each agency or organization that has submitted a RSAF grant application of the specific regional grant review meeting time and agenda.
    - (a) The meeting shall be open to the public.
    - (b) Minutes of the meeting shall be recorded and kept on file by the contractor for a period of five years.
  - (3) The Contractor shall ensure that each application is reviewed consistently by using the OEMS provided RSAF Council Grant Review Standardization Guide. The Contractor shall ensure that each application is reviewed by the Regional Council's grant review committee and assigned a numerical grade and a narrative of comments using the OEMS approved Grant Review Guide. If the Contractor submits a grant application for review, each council must grade their grant with a grade of zero (0), to prevent the appearance of a conflict of interest; however each contractor is strongly encouraged to submit comments.
  - (4) The Contractor must use the OEMS provided RSAF Grant Reviewer Guide (GRG) to input comments for each item for each grant application into EGIFT.
    - (a) The comments must answer the questions provided for each item listed in the GRG assessment.
  - (5) The Contractor shall rank no less than the top three grant applications in order of priority for each Regional Council area, not by planning district and submit by e-mail to the Grants Manager or designated staff upon request.
  - (6) The Contractor shall not notify agencies of Financial Assistance and Review Committee (FARC) recommendations prior to the award date.

**5 Critical Incident Stress Management (CISM) Program**

- a. The Contractor shall maintain an OEMS Accredited Regional CISM Team, in accordance with and shall comply with all OEMS policies and procedures regarding CISM. This information shall be included in the **first quarter report**.
  - (1) Using the OEMS approved template, the Contractor shall send their quarterly statistical reports electronically to the OEMS CISM Coordinator by:
    - (2) October 30 for the reporting period July 1 to September 30
    - (3) January 30 for the reporting period October 1 to December 31
    - (4) April 30 for the reporting period January 1 to March 31
    - (5) July 31 for the reporting period April 1 to June 30
- b. The Contractor shall provide a written up-to-date CISM team operating policy as specified in the Virginia Accreditation of Regional CISM Teams policy in the **first quarter report**. The policy shall include required applicant qualifications, membership requirements, meeting requirements, training requirements and team activation/deployment guidelines. It shall also include a description of the team members' offices and their respective duties, travel reimbursement policies, general program administration and a list of team members. The policy must be written using the OEMS approved template.
- c. CISM teams should meet quarterly but shall meet at least semi-annually. Meeting minutes shall be submitted in the **appropriate quarterly report**.

## **6 Regional EMS Awards Program**

- a. The Contractor shall conduct an OEMS approved Regional EMS Awards Program that is unique and separate to recognize all regional EMS award nominees and the \$1,000 Regional Scholarships for High School Seniors no later than September 30 of each contract year.
  - (1) The program shall be titled as the (insert name of Regional EMS Council) EMS Awards Program and cannot be referred to as the Governor's EMS Awards.
  - (2) The Regional EMS Awards program shall have the same 10 categories and criteria as those offered in the Governor's EMS Awards program, and include the Regional Scholarship Award. The contractor may offer other Regional EMS Awards; however, these cannot be entered in the Governor's EMS Awards program.
  - (3) The contractor shall use the Office of EMS approved form for the Regional EMS Awards program. This form shall not be changed, other than to add new regional categories. Any new regional categories must be listed after the 10 Governor's EMS Awards and the Regional Scholarship Award. Categories shall be listed in same order as on the approved form.
  - (4) The contractor shall schedule and publicize the Regional EMS Award Program and the \$1,000 Regional Scholarships for High School Seniors. This shall include, but not be limited to posting information on the Regional EMS Council Web page and targeted promotional mailings (electronic and/or hard copy) to every EMS agency, EMS instructor, EMS physician and hospital emergency department in the Regional Council's area.
  - (5) The contractor shall give each regional first place winner an award approved by the Regional EMS Directors Group.
- b. The contractor shall assure that regional nominations are judged and forward the 10 regional first place winners' nomination forms, Regional Scholarship award and photos on a disc to the Office of EMS for entry into the Governor's EMS Awards program as prescribed by OEMS.
  - (1) The contractor shall appoint a committee to select the regional winners.
  - (2) The contractor shall provide complete information on each Regional EMS Awards winner and the Regional Scholarship Award winner that will allow the State EMS Advisory Board Selection Committee to make an appropriate selection. If necessary, the contractor shall acquire and provide more information for the Regional EMS Awards or Regional Scholarship Award winner before submitting it to the Governor's EMS Awards Program or EMS Advisory Board Youth Scholarship Award Program.
  - (3) The contractor shall submit a news release with the names of Regional EMS Awards and Regional Scholarship winners to local news media and the Office of EMS within one week of the Regional EMS Awards ceremony.
  - (4) All submissions must follow submission guidelines approved by the State EMS Advisory Board Selection Committee.

## **7 Regional EMS Instructor Network**

- a. The contractor shall conduct a minimum of one regional EMS education meeting during the contract period for the purpose of discussing regional EMS educational performance improvement, issues surrounding EMS training, clinical requirements, field experience, administrative requirements, and Consolidated Test Site (CTS) concerns. This process should be completed by, and reported in the **fourth quarter** report.
- b. The contractor shall notify all accredited EMS programs, EMS Education Coordinators, and ALS Coordinators within the regional service area, the OEMS Division of Educational Development, OEMS Program Representatives, and Emergency Operations Instructors of the meetings. Meeting notices will be sent at least 30 days prior to each meeting date and include a prepared agenda.
- c. The meeting should be set up for face-to-face EMS education networking, but shall be conducted in a format allowing for feedback by participants, such as teleconference.
- d. Meeting notices, agendas, rosters of attendees and minutes shall be submitted to OEMS in the **appropriate quarterly report**.

## **8 Basic Life Support Consolidated Test Site (BLS-CTS) Administration**

- a. The Contractor shall establish a minimum of one OEMS approved Consolidated Testing facility within its service delivery area in accordance with the guidelines stipulated in the *OEMS Psychomotor Examination Guide (PEG)*
- b. The Contractor shall submit to the OEMS Certification Testing Supervisor the Consolidated Testing schedule for the next Fiscal Year (July 1– June 30) by February 1 of the contract year.
- c. The Contractor shall publish the OEMS approved Consolidated Testing schedule on their web site and the Consolidated Test Site Registration System web site ( <https://testing.vaems.org> ) by March 1 of the contract year.

- d. The Contractor shall submit to the OEMS Certification Testing Supervisor any cancellations as soon as identified by the contractor.
- e. The Contractor shall submit for approval to the OEMS Certification Testing Supervisor any additions to the Consolidated Testing Schedule prior to publication.
- f. The Contractor shall provide a copy of the OEMS approved Consolidated Testing schedule to each Education Coordinator within its service delivery area by March 15 of the contract year.
- g. The Contractor shall register testing candidates for each Consolidated Testing Site in accordance with the guidelines stipulated in the PEG or as authorized by OEMS.
- h. The Contractor shall ensure that all Consolidated Test Site Evaluators are in compliance with the OEMS PEG
- i. The Contractor shall maintain a list of current approved Consolidated Test Site Evaluators, and submit the list to the OEMS Certification Testing Supervisor quarterly.
- j. The Contractor shall charge a fee of \$50.00 for each candidate taking an initial practical certification examination at a Consolidated Test Site. This fee may be collected from the Instructor/Course Coordinator, candidates, the candidate's sponsoring agency, or the educational facility sponsoring the course.
- k. The Contractor shall charge a fee of \$25.00 to each candidate that must retake one or more practical examination stations at a Consolidated Test Site.
- l. The Contractor shall not charge a fee to any candidate taking only a written certification examination at a Consolidated Test Site.
- m. OEMS will pay a portion of the Contractor's Psychomotor Examination CTS expenses based on the following rates:
 

(1) Test Site Coordinator	\$100.00
(2) Emergency Medical Technician	\$ 20.00 per candidate
(3) Emergency Medical Responder	\$ 15.00 per candidate
- n. The Contractor shall adhere to all the guidelines stipulated in the OEMS PEG.

**9. Regional Category One Continuing Education Program**

- a. The Contractor shall promote the availability of BLS and ALS Continuing Education that satisfies category one requirements within each planning district during the contract period.
- b. The Contractor shall post to the Web site address of the current schedule of CE programs available within the region for the contracted fiscal year no later than August 1 of the contract year. This information shall be reported in the first quarterly report.

**Compensation and Method of Payment:** Funding amount remain unchanged for the 3<sup>rd</sup> and 4<sup>th</sup> quarters as identified in Section VII. Method of Payment of the basic contract.

**Virginia Department of Health**

**Thomas Jefferson EMS Council, Inc. (TJEMS)**

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Signature

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Signature

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Virginia Department of Health  
Name and Title

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Board President  
Name and Title

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Date

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Date

**Note: This public body does not discriminate against faith-based organizations in accordance with the Code of Virginia, § 2.2-4343.1 or against a bidder or offeror because of race, religion, color, sex, national origin, age, disability, or any other basis prohibited by state law relating to discrimination in employment**