

**Council Members**

District 1: Terry Graham  
District 2: Charlene McGriff  
District 3: Billy Mosteller, Secretary  
District 4: Jose Luis  
District 5: Steve Harper, Chair  
District 6: Allen Blackmon  
District 7: Brian Carnes, Vice-Chair

**County Administrator**

Dennis E. Marstall

**County Attorney**

Ginny L. Merck-Dupont

**Clerk to Council**

Sherrie Simpson

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**February 14, 2024**

**4:00 PM**

**101 North Main Street  
Lancaster, SC 29720**

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**LANCASTER COUNTY COUNCIL  
COMMITTEE OF THE WHOLE  
County Council Chambers, County Administration  
Building, 101 North Main Street, Lancaster, SC 29720**

**AGENDA**

1. **Call to Order - Chairman Steve Harper**
2. **Welcome and Recognition - Chairman Steve Harper**
3. **Pledge of Allegiance and Invocation - Council Member Billy Mosteller**
4. **Approval of Agenda**  
*[deletion and additions of non-substantive matter]*
5. **Citizens Comments**

*[Lancaster County Council welcomes comments and input from citizens who may not be able to attend Council meetings in person. Written comments may be submitted via mail to ATTN: Sherrie Simpson, Post Office Box 1809, Lancaster, SC, 29721, by email to Sherrie Simpson at [ssimpson@lancastersc.net](mailto:ssimpson@lancastersc.net) or by online submission by selecting the "Citizens Comments" quick link located on the County website homepage at <https://www.mylancastersc.org/>. Comments must be no longer than approximately 3 minutes when read aloud. Comments received will be acknowledged during the Citizens Comments portion of the meeting. Comments will need to be received prior to 4:00 p.m. on the day before the meeting. Please use the same link above in order to submit input/comments for Public Hearings. \*Please note that any handouts presented to Council or Council Boards and Commissions become an official part of the record and a copy is attached to the legal minutes for the meeting.]*

6. **Special Presentations**
  - a. Recognition of the Information Technology Employees
7. **Executive Session**
8. **Discussion and Action Items**
  - a. EMS update on Medicaid payment support, cost increases for new ambulances, and staffing recruitment strategies - Clay Catoe, EMS Director

- b. Update on the Solid Waste Study Phase II - Presented by Jeff Catoe, Director of Public Works, and Mark Shumpert, PE, KCI Technologies

9. **Adjournment**

*Anyone requiring special services to attend this meeting should contact 285-1565 at least 24 hours in advance of this meeting. Lancaster County Council agendas are posted at the Lancaster County Administration Building and are available on the Website: [www.mylancastersc.org](http://www.mylancastersc.org)*

*Meetings are live streamed and can be found by using the following link:  
<https://www.youtube.com/@LancasterCoSCGov/streams>*

## Agenda Item Summary

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Ordinance # / Resolution #: N/A

Contact Person / Sponsor: Dennis Marstall / Administration

Department: Administration

Date Requested to be on Agenda: 2/14/2024

**Council Action Requested:**

Receive information about the work of County Information Technology Staff Tim Nunnery, Allen Patterson, and Triston Carter.

**Strategic Plan Focus Area Alignment:**

**Points to Consider:**

On February 10, the County Information Technology staff completed a server and switch upgrade for 911 and Administration Building servers. This involved successfully setting up, replacing, and meticulously patching in over 400 data ports.

What makes this achievement even more commendable is that they accomplished this Herculean task within the constraints of a single night, dedicating over 15 hours for each "cutover" and ensuring that the county's operations were fully operational the same day.

Their collaborative efforts, strategic planning, and flawless execution were instrumental in the success of this significant cutover. It is a testament to the County staff's unwavering dedication and professionalism in handling complex projects.

**Funding and Liability Factors:**

**Recommendation:**

Receive the information for recognition purposes only.

## Agenda Item Summary

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Ordinance # / Resolution #: N/A

Contact Person / Sponsor: Clayton Catoe / EMS

Department: Administration

Date Requested to be on Agenda: 2/14/2024

### **Council Action Requested:**

Receive an update from Lancaster County EMS as they work with the State EMS Association to seek more State Medicaid funding, and receive information on the escalating costs of ambulance components, plus learn of the recruitment strategies for new employees.

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### **Strategic Plan Focus Area Alignment:**

#### **Points to Consider:**

##### Medicaid supplement

When EMS submits claims for payment for services for patients that receive medicaid support, the reimbursement rate does not cover the actual cost of service and Medicaid only pays a flat rate, usually 25% or less of the actual cost to Lancaster EMS.

The State EMS association is working with a third party vendor to "make up" the difference through federal funding, to obtain the reimbursement difference between the true cost of service and the Medicaid reimbursement rates.

This may be achieved by each EMS entity in the State keeping track of their Annual Cost Report that outlines the amount not initially reimbursed by State Medicaid and then submitting the amount not reimbursed to the federal government for a supplemental reimbursement.

Nearly 30 states have active programs or are in the process of establishing such a program, which has resulted in significant amounts of money to local governments to help cover the costs for EMS Medicaid-eligible patients.

Through a program such as this, Lancaster County could be eligible for nearly \$700,000 in additional medicaid payments.

##### Ambulances

EMS is still waiting for delivery of two ambulances that were funded in the FY23 budget. They are tentatively scheduled to arrive in June 2024.

\$700,000 was budgeted in FY23 for the two ambulances, but costs have escalated and the additional equipment such as the stretcher, Cardiac Monitor and radios, which combined total \$71,920.56, are leading to cost overruns.

EMS staff has eliminated some of the amenities in the ambulances to reduce costs, but with the main equipment needed (stretcher, cardiac monitor and radios) each ambulance will still be over budget by \$54,296, for a total of \$108,592 for the two ambulances.

County Administration is reviewing options to address this cost overrun, depending on when the actual delivery date will be, in terms of potentially in the new fiscal year, as final payment has to be made at time of ambulance inspection before delivery.

EMS has ordered two other ambulances out of the current FY24 budget, which tried to anticipate the cost escalation with \$800,000 in funding. It is still too early to get a delivery date on these two ambulances, but we are already anticipating cost escalations for these two ambulances, but those can be addressed in the FY25 budget process or with a new Capital Projects funding program.



EMS staffing

EMS continues to have numerous vacancies, including in the EMT and paramedic positions. Staff will highlight some of the ongoing recruitment challenges as well as strategies to address them.

**Funding and Liability Factors:**

The ongoing supply chain delays and cost escalations continue to be pronounced in the public safety area with the long lead times and high costs for ambulances, fire trucks, and other first responder equipment.

Even with some amenity reductions, the FY23 budgeted amount of \$700,000 is not sufficient to cover the cost of the vehicle and equipment needed to provide EMS service.

The total cost overrun for the FY23 ambulances is \$108,592 (\$54,296 per ambulance)

**Recommendation:**

Provide feedback on the EMS topics of medicaid support, ambulance cost overruns and staffing recruitment approaches.

**ATTACHMENTS:**

Description	Upload Date	Type
South Carolina Ambulance Supplemental Payment Program (ASPP) Powerpoint	2/12/2024	Presentation
Lancaster County Ambulance Supplemental Payment Program (ASPP)	2/12/2024	Backup Material

# South Carolina Ambulance Supplemental Payment Program (ASPP)

2022 SC EMS Symposium

*March 9, 2022*



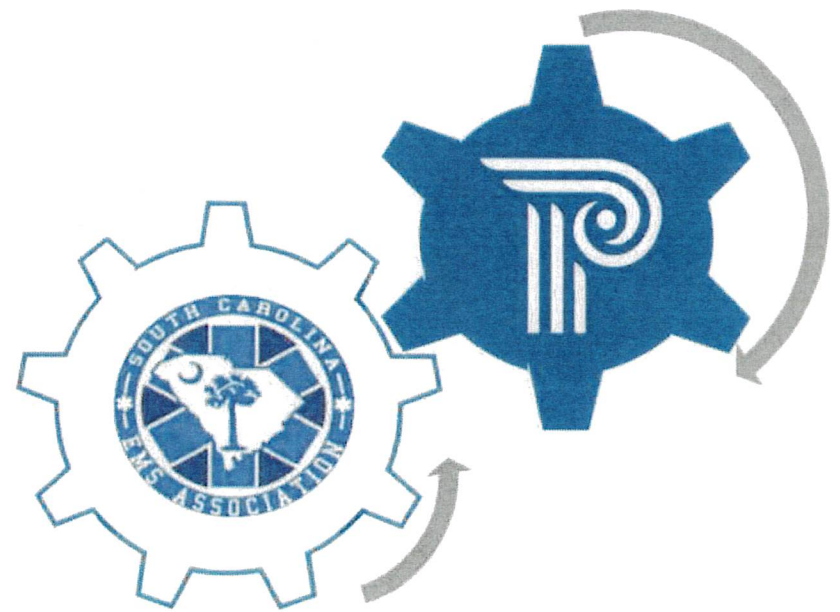
**Solutions that Matter**



## Introduction

South Carolina EMS Association (SCEMSA) and Public Consulting Group (PCG) have partnered to develop and implement an ambulance supplemental payment program (ASPP) that will provide significant relief to South Carolina's public ambulance providers.

The ASPP program is an opportunity to enhance federal funding and help cover the Medicaid shortfall that exists between the cost of providing services and what Medicaid currently reimburses providers.



## Agenda

- PCG Experience
- Introduction to Medicaid Supplemental Payment Programs
  - Implementation Approach
- Next Steps



# PCG's Fire and EMS Experience



## Revenue Optimization, Cost Settlement, and Supplemental Payment Services

- Program Design and Program Expansion
- State and Federal Approval
- Program Implementation
- Training
- EMS Provider Cost Reporting
- Audit Support
- Web-based Technology Design and Customization



## Public Safety Consulting Services

- Fire Department Management and Operation Efficiency Studies
- Fire Department and EMS Feasibility Studies
- EMS System Studies
- Health Equity Studies
- Community Crisis Intervention



## Medicare Ground Ambulance Data Collection

- Expert Medicare guidance on cost allocation, labor hours, and utilization
- Program Preparation and Data Readiness Support
- Training
- EMS Provider Survey Completion
- Compliance and Audit Support



## ET3/Mobile Integrated Health

- Requirements of the Medicare ET3 pilot
- Program approval for other payors
- Program implementation and support
- Analysis of mobile health options for your community





# Ambulance Medicaid Cost Reporting Experience

## PCG is the industry leader in EMS supplemental payments

- PCG helped to establish the **first** EMS supplemental payment program in Texas
- Since that time, PCG works with over **530 departments** on Medicaid supplemental payment programs in over **12 states**. PCG is working with an additional five states to establish programs in 2022.
- Additionally, PCG contracts with two state Medicaid agencies, **Massachusetts and Colorado**, to administer the program.



Missouri Ground Emergency Medical Transportation | Completed and submitted cost reports for **26** EMS providers in 2018 and 2019, which generated over **\$3 million** in additional funding.



Colorado EMS Supplemental Payment | Developed a statewide program for the Colorado Department of Health Care Policy and Financing (HCPF) in 2018, which generated over **\$30 million** in additional funding for **63** EMS agencies from 2018 to 2020.



Texas Ambulance Services Supplemental Payment Program (ASSPP) | Designed the first ambulance supplemental payment program for the Texas Health and Human Services Commission. From FY11–FY19, PCG helped **69** providers capture an estimated **\$350 million** in supplemental payments.



Oklahoma Certified Public Expenditure (CPE) | PCG worked with Oklahoma Ambulance Association (OKAMA) and Oklahoma Health Care Authority (OHCA) to develop the CPE program in 2018. In 2019, the first year of the program, PCG helped **16** providers capture nearly **\$4 million** in supplemental payments.



Florida Ground Emergency Medical Transportation | Provided cost-recovery services to over **50** EMS providers, which have generated over **\$62 million** in incremental Medicaid revenues since 2016.



Oregon Ground Emergency Medical Transportation | Assisted **19** EMS providers since 2019, generating **\$4.6 million** of additional revenue.



Iowa Ground Emergency Medical Transportation | Provided cost-reporting, policy, and audit compliance to **17** EMS providers since 2019 and generated **\$3.6 million**.



Massachusetts Public Ambulance Certified Public Expenditure (CPE) | Developed the CPE program for the Massachusetts Executive Office of Health and Human Services in 2013, which generated over **\$60 million** in additional funding for nearly **90** EMS agencies from 2014 to 2019.





# **Introduction to Supplemental Payment Programs**



# Current Medicaid Reimbursement Methodology



Medicaid payment rates do not recognize the actual costs incurred by EMS providers for the provision of EMS services

CMS Medicaid Fee Schedule	
ALS1	\$XX
ALS2	\$XX
BLS1	\$XX
BLS2	\$XX

Typically, the rate at which Medicaid transports are reimbursed is **25% or less** of the actual cost to the department

Budget
• General Funds
• EMS Special Funds
• Tobacco taxes
• State vehicle registration fees

This requires municipalities and counties to use **alternative funding sources** to supplant the costs such as the allocation of taxes and fees



## Supplemental Payment Program Mechanics

A Medicaid supplemental payment program helps to enhance federal funding to “make up” the difference between the true cost in providing services to current Medicaid reimbursement rates. **These programs operate with no additional cost to the state and are for public EMS providers only.**



**Bill Medicaid  
Interim Payments**  
throughout the  
Fiscal Year



Receive **Medicaid  
Interim Payments**  
throughout the  
Fiscal Year



Complete **Annual  
Cost Report** after  
the close of the  
Fiscal Year to report  
cost of EMS services



Receive supplemental  
reimbursement  
through **FFS Cost  
Settlement and MCO  
payments**

## Drawing down the Federal Share

Supplemental Payment Programs allow states to “draw down” the federal share of costs for healthcare services. Since Medicaid is a joint Federal and State program each entity is responsible for its share of costs.

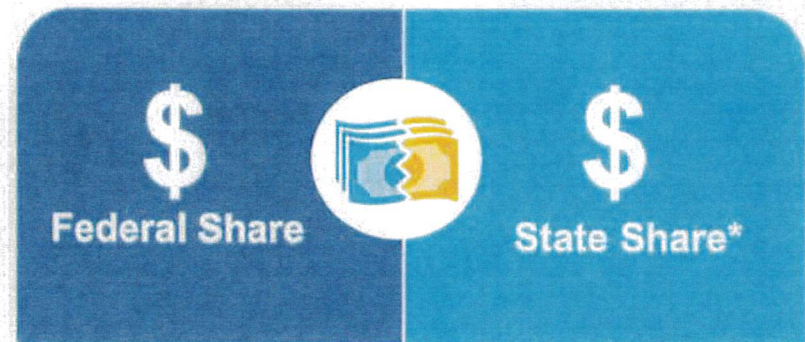
For Example: if it costs you **\$1,225** to transport a Medicaid-eligible patient.

You submit a claim and receive **\$225**.

The *net* cost of that transport is then **\$1,000**.

The FY2022 Federal Medical Assistance Percentage (FMAP) for the State of South Carolina is 76.95%:

- The State/EMS provider is responsible for \$230.50
- The Federal Government is responsible for \$769.50. **This is your net gain through a supplemental payment program!**

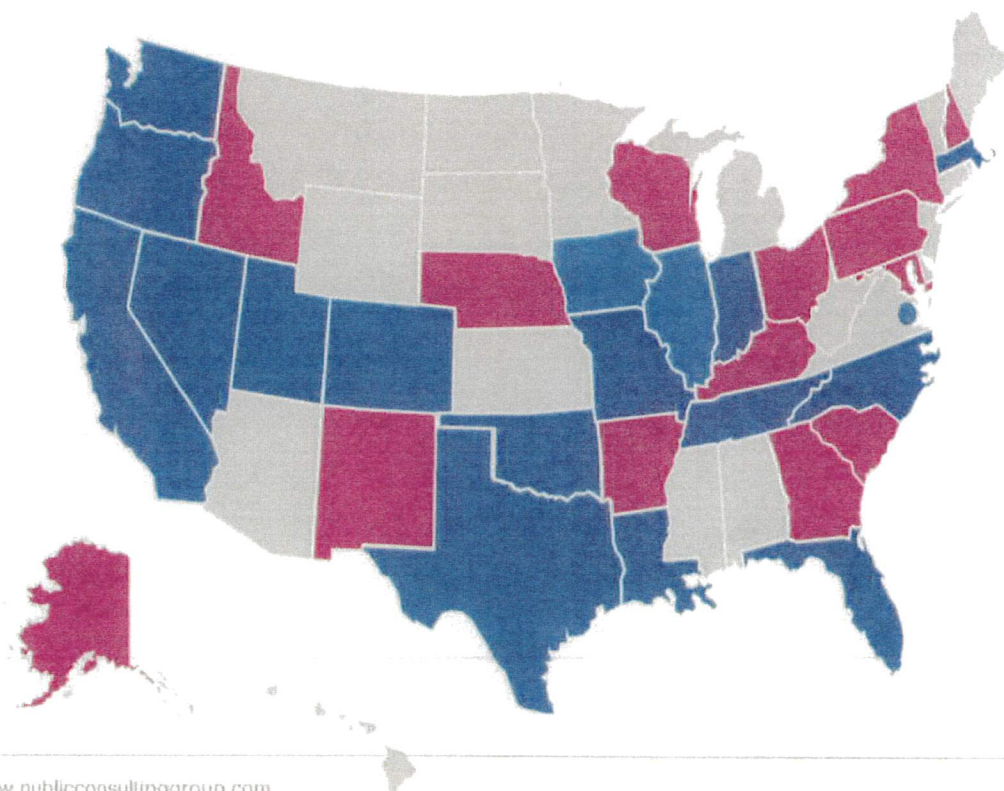


\*The State Share is financed by the provider as expenses already incurred by the EMS department



## Existing Supplemental Payment Programs

Supplemental Payment Programs are being implemented across the country



>30 states have active programs or are currently in the process of developing and implementing a program.

- Active Programs
- States Pursuing a Program

# Choosing the Right Supplemental Payment Program

PCG and SCEMSA and have developed two separate approaches for Medicaid FFS and MCO.

Program	Design	Considerations	Process
CPE for Medicaid Fee-for-Service (FFS)	Reimbursement is based on the actual costs of providing emergency medical services.	<ul style="list-style-type: none"> <li>An established methodology and quicker to implement.</li> <li>The population of FFS clients is declining.</li> <li>Can be pursued concurrently with Managed Care.</li> <li>Current programs include Florida, Illinois, Missouri, Oklahoma, Oregon, Washington and more.</li> </ul>	<ol style="list-style-type: none"> <li>Requires Providers to submit a cost report on an annual basis.</li> <li>Providers receive a supplemental payment on difference of Medicaid cost compared to payments</li> <li>Medicaid supplemental payment is provider specific.</li> <li>State share is provided through a certification of public expenditures.</li> <li>Process repeats on an annual basis.</li> </ol>
IGT for Medicaid Managed Care (MCO)	One of two methodologies can be used to establish this program: a carve out of EMS services, or a change to MCO contracts.	<ul style="list-style-type: none"> <li>Will take more upfront work to determine the best methodology.</li> <li>Can be pursued concurrently with FFS.</li> <li>Current programs include Florida, California, Illinois, Oregon, Washington and North Carolina.</li> </ul>	<ol style="list-style-type: none"> <li>FFS cost report used to establish IGT model annually.</li> <li>MCO supplemental payments are from transports, tied to utilization, and made on a quarterly basis or schedule approved by DHHS.</li> <li>Payments are not provider specific, as CMS requires consistent payments across provider classes.</li> <li>Payments to providers are made by Medicaid managed care organizations (MCOs) and not by DHHS.</li> <li>Providers must fund and transfer the state share via Intergovernmental Transfer (IGT) to DHHS.</li> </ol>





# **Program Implementation Approach**



## Implementation Process

PCG is well equipped to design and implement a supplemental payment program for EMS in South Carolina. The next few slides share our vision for the implementation of a program based on our in-depth experience.

Step 1: Design Program Model

Step 2: Conduct Stakeholder Sessions

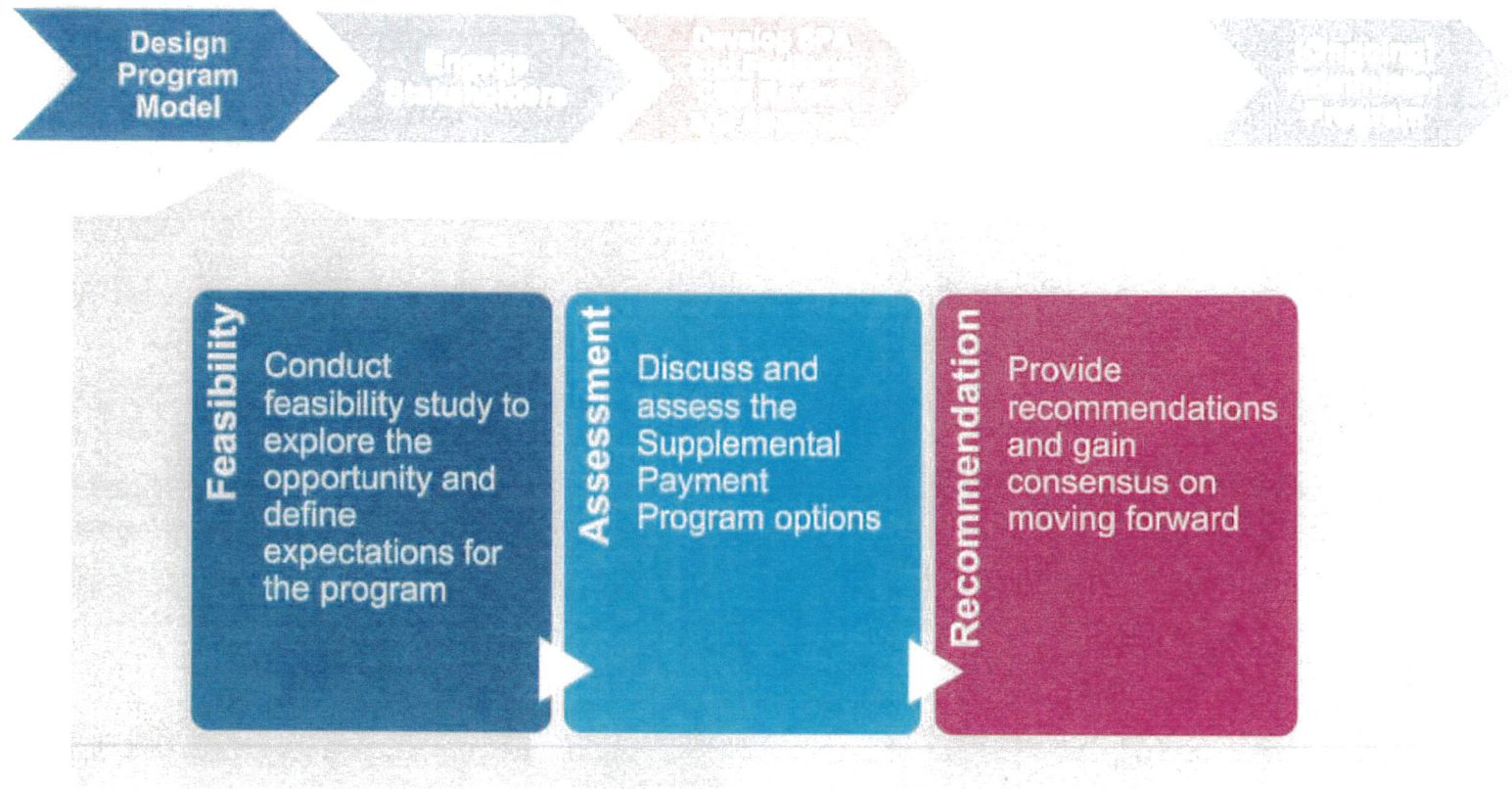
Step 3: Develop SPA and Facilitate CMS Review and Approval

Step 4: Implement Program

Step 5 (Ongoing): Administer Program

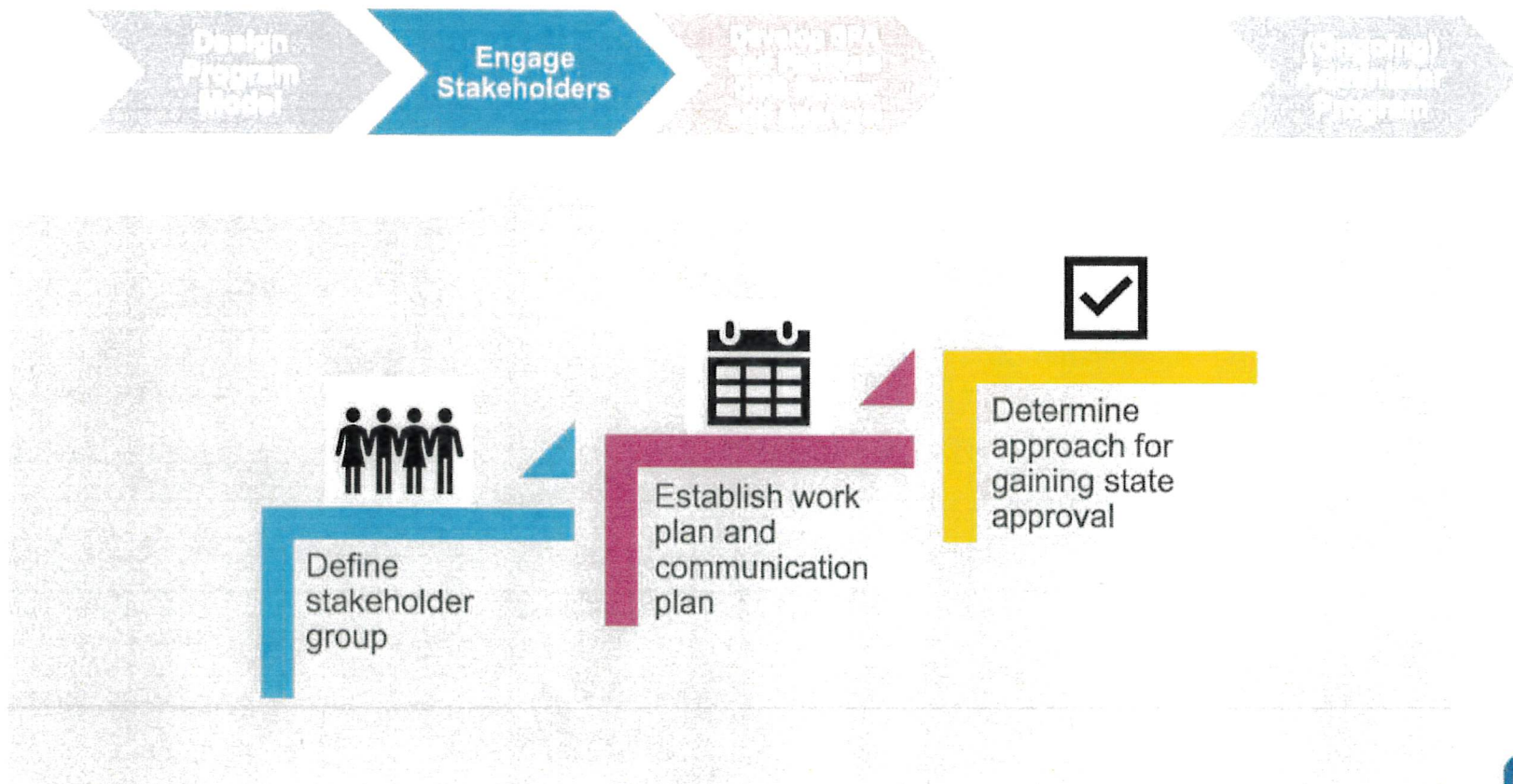


## Step 1: Design Program Model



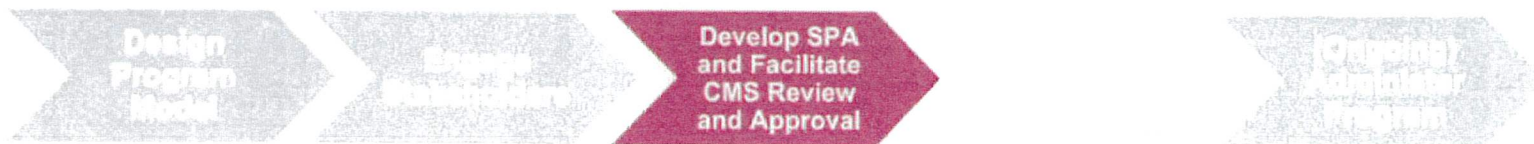


## Step 2: Engage Stakeholders





## Step 3: Develop SPA and Facilitate CMS Review and Approval



### Engage Medicaid

- Begin conversations based on agreed upon approach
- Follow-up with all requests for information or further analyses

### Draft CMS Documents

1. Public Notice of Intent
2. Preprint Form
3. State Plan Amendment
4. Cost Reporting Template

### Engage Centers for Medicare & Medicaid Services

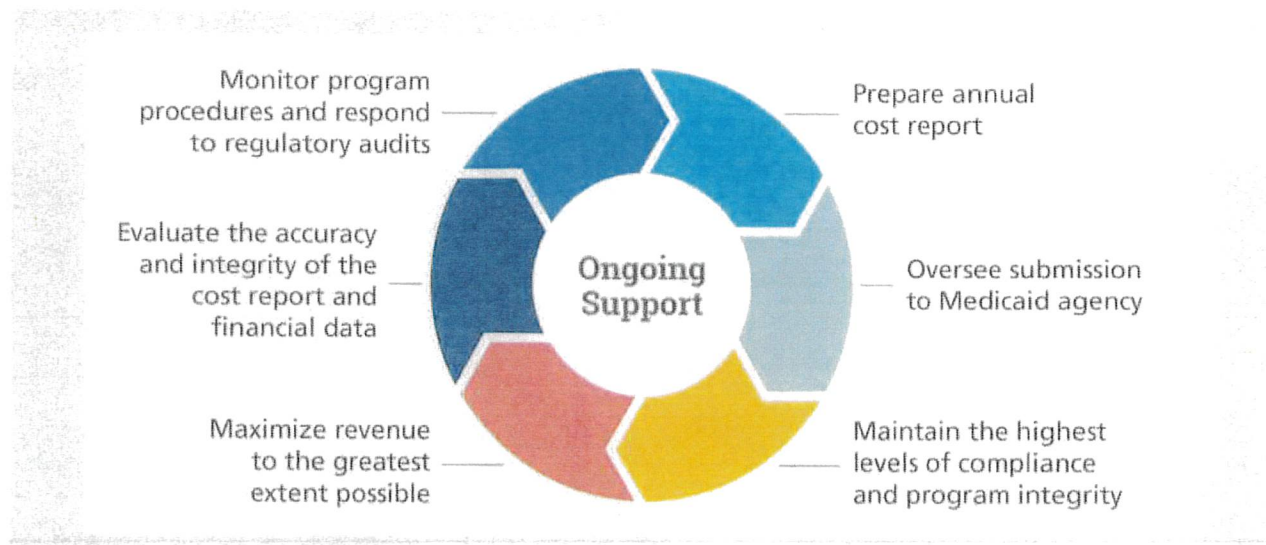
- Submit SPA/Preprint for approval
- Prepare responses to requests for additional information
- Complete requested analyses to document compliance with federal regulations
- Participate in negotiations and meetings
- Maintain an audit trail of all supporting documentation



## Step 4: Implement Program



## Step 5 (Ongoing): Administer Program





# Revenue Estimates provide insight on the impact the ASPP could have on providers

SCEMSA and PCG are collecting cost and utilization data to complete revenue estimates for interested public EMS providers. To receive a revenue estimate, please [complete the survey](#) with the requested data. This includes:



## Expenditures

- EMS Expenditures
- Fire/Other Expenditures
- Shared Expenditures



## Transports

- Total Medicaid FFS Transports
- Total Medicaid MCO Transports
- Total Other Transports



## Response (CAD) Data

- Total Number of EMS Responses
- Total Number of Fire/Other Responses



## Revenues

- Total Medicaid FFS Revenues
- Total Medicaid MCO Revenues

## Next Steps

- **Medicaid Ambulance Supplemental Payment Program (ASPP)**
  - Reach out to the PCG team at [SCASPP@pcgus.com](mailto:SCASPP@pcgus.com) with any questions and to discuss contracting options
  - To receive a revenue estimate, please [complete the survey](#) with the requested data.
- **Medicare Ground Ambulance Data Collection**
  - Reach out to [MGADC@pcgus.com](mailto:MGADC@pcgus.com) with any questions or to set up time to learn more



## PCG Contact Information

Name	Role	Phone	Email
James Dachos	Manager	(512) 287-4675	jdachos@pcgus.com
Megan Morris	Associate Manager	(518) 375-2402	mmorris@pcgus.com
Jonathan Sauerschell	Senior Consultant	(332) 282-6684	jsauerschell@pcgus.com
Molly McDonald	Consultant	(617) 717-1037	mmcdonald@pcgus.com

For general inquiries, the entire PCG Team can be reached at [SCASPP@pcgus.com](mailto:SCASPP@pcgus.com)





**Solutions that Matter**



# South Carolina Ambulance Supplemental Payment Program (ASPP)

Revenue Estimate:  
Lancaster County EMS

September 2022



**PUBLIC**  
CONSULTING GROUP



## REVENUE POTENTIAL

The enhanced reimbursement available through the Ambulance Supplemental Payment Program (ASPP) is dependent on a provider's EMS costs, total transport volume, and Medicaid payer mix for the given reporting period. For the revenue estimate a cost per transport is calculated by dividing total EMS expenditures by total transports. The cost per transport is then multiplied by the number of Medicaid Fee-For-Service (FFS) and Medicaid Managed Care (MCO) transports to determine the total Medicaid costs. To drill down to the ASPP estimated annual settlement amount, the Medicaid FFS and MCO payments are removed, and the Federal Medical Assistance Percentage (FMAP) is applied.

Lancaster County EMS Revenue Estimate				
	Data Source	Medicaid FFS	Medicaid MCO	Calculation
1	Total EMS Costs	\$8,387,035	\$8,387,035	EMS Specific Expenditures
2	Total Transports	9,022	9,022	Reported by Provider
3	Cost Per Transport	\$930	\$930	Total EMS Costs/Total Transports
4	Medicaid Transports	229	1,173	Reported by Provider
5	Medicaid Costs	\$212,883	\$1,090,445	Cost per Transport*Medicaid Transports
6	Medicaid Payments	\$33,564	\$123,629	Reported by Provider
7	Net Cost of Transports	\$179,319	\$966,816	Medicaid Costs-Payments
8	FMAP Application	76.95%	76.95%	FY2022 South Carolina specific FMAP
9	Projected Annual Settlement	\$137,986	\$743,965	Net Cost of Transports *FMAP

The revenue projection above provides a conservative estimate for what Lancaster County EMS could expect to yield by participating in the ASPP.

## ASSUMPTIONS

### Expenditures

The cost report submitted for the ASPP requires actual, not budgeted, expenditures to be allocated between EMS specific, fire specific and shared, as well as categorized into various cost centers. From here, allocations are applied to apportion costs as they relate to providing ambulance services. Additionally, providers have the option to account for annual capital asset costs associated with depreciation. For the purposes of this revenue estimate, since Lancaster County is EMS only the total amount was included. During the cost reporting process PCG would review account level detail to ensure any unallowable expenditures for reimbursement were excluded. As well as annual depreciation for capital assets would be calculated.

### Transports

The ASPP will provide supplemental reimbursement for Medicaid FFS and MCO transports. Reimbursement will be calculated and paid out separate between the two programs. For the purposes of this revenue estimate the provider specific cost per transport has been used to calculate both Medicaid FFS and MCO reimbursement. However once implemented the MCO program would utilize a different calculation based upon provider wide averages. Therefore, the MCO reimbursement amount could fluctuate.

*Federal Medical Assistance Percentage (FMAP)*

The FMAP is computed from a formula that considers the average per capita income for each State relative to the national average. The FMAP is applied to the net cost of transports to calculate the annual settlement Lancaster County EMS can expect to yield by participating in the ASPP. For the purposes of this revenue estimate, the FY22 FMAP for the State of South Carolina was applied.

We look forward to reviewing this revenue projection in detail with you and discussing the next steps for participation in this cost recovery opportunity.

## Agenda Item Summary

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Ordinance # / Resolution #: N/A

Contact Person / Sponsor: Jeff Catoe / Public Works

Department: Administration

Date Requested to be on Agenda: 2/14/2024

**Council Action Requested:**

Receive an informational update from the findings of the Solid Waste study Phase II, regarding convenience sites.

**Strategic Plan Focus Area Alignment:**

**Points to Consider:**

Phase II of the three-phase study focused on the 12 county-wide convenience sites. This update is focusing on the Erwin Farm, Rich Hill, and a replacement for the Lynwood Drive Convenience Sites.

**Funding and Liability Factors:**

Phase II of the study is funded in the fiscal year budget.

Adding a convenience site or expanding current sites will have various cost implications, as well as determining if the county would like to pursue ownership of convenience sites that are currently being rented.

**Recommendation:**

Provide input to continue the third phase of funding the Solid Waste Study, as well and provide feedback on a future convenience site to replace the Lynwood Drive site and plans for Erwin Farm and Rich Hill.

**ATTACHMENTS:**

Description	Upload Date	Type
Solid Waste Study Presentation	2/12/2024	Presentation



**Council Presentation**

**February 14, 2024**

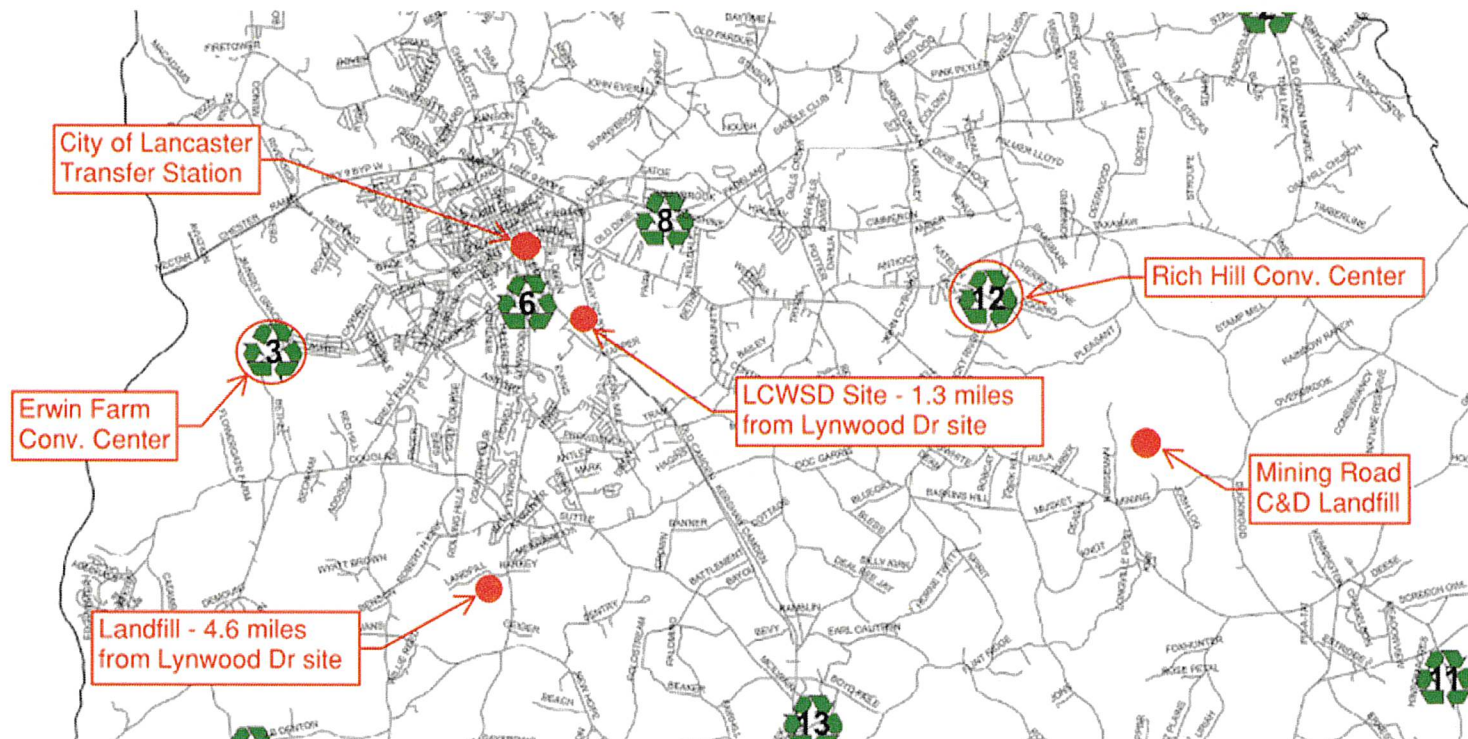
**Presenters:**

**Jeff Catoe, Public Works Director**

**Mark Shumpert, KCI Technologies**



## LANCASTER COUNTY SOLID WASTE STUDY





## Erwin Farm Convenience Center Bethel Rd

This site was evaluated for two options:

1. Grading over one acre and will need stormwater management
2. Grading less than one acre and keeping existing paved areas so that stormwater management is not required





## LANCASTER COUNTY SOLID WASTE STUDY

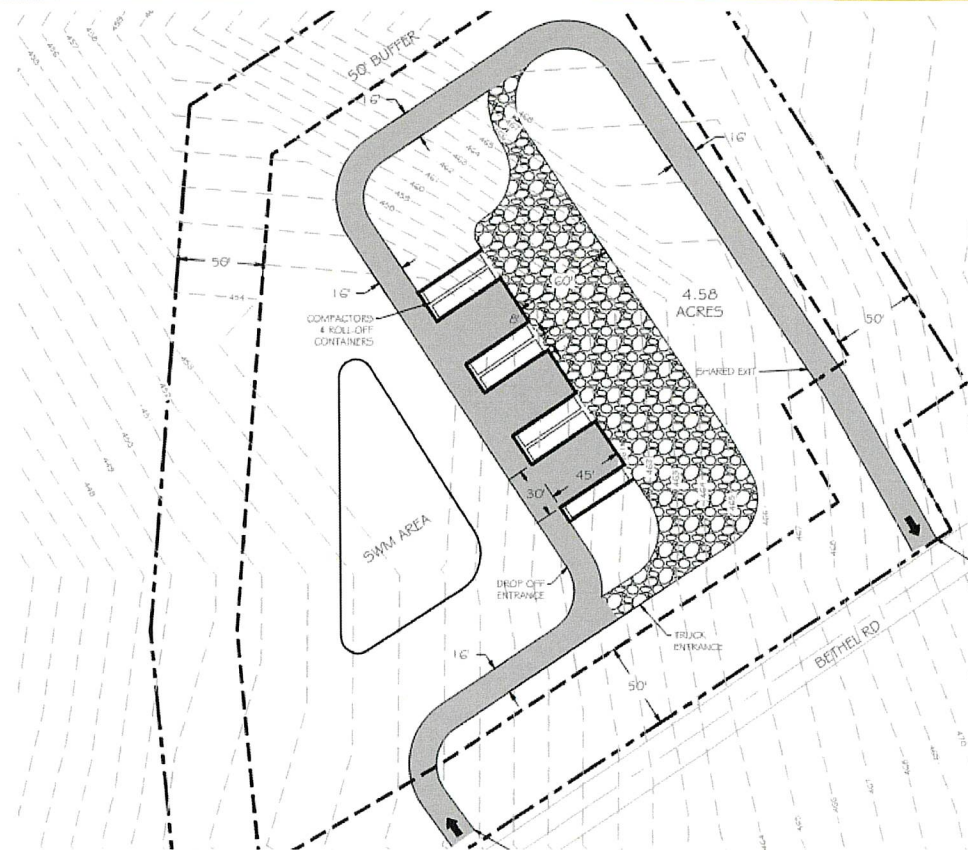


Erwin Farm CC



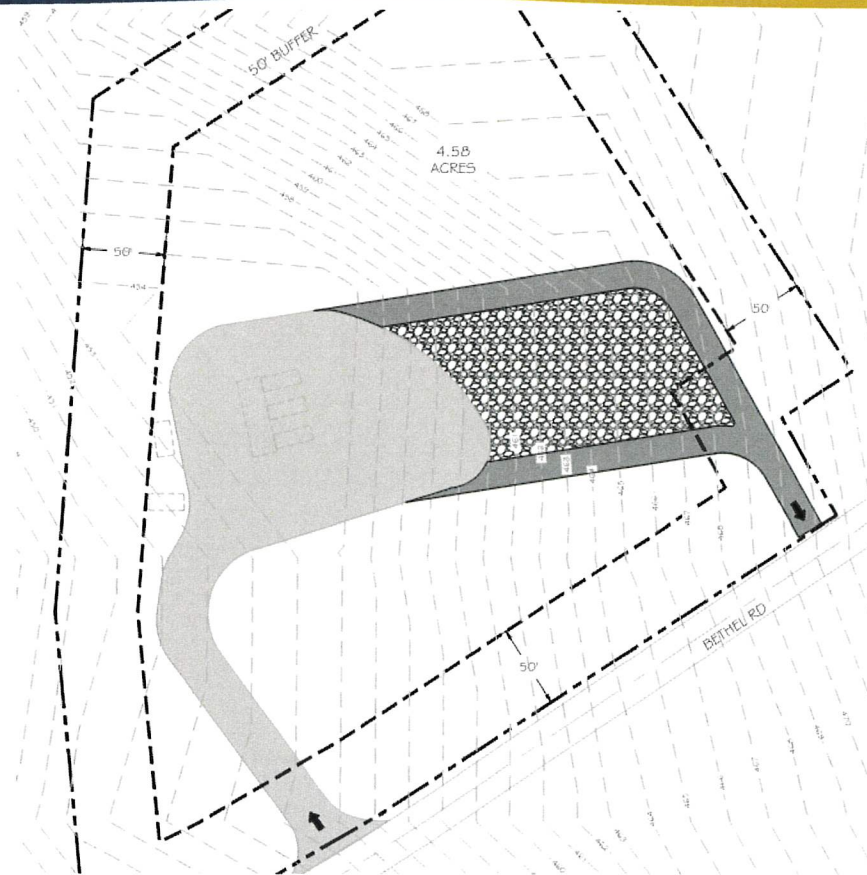


## Erwin Farm >1.0 acre Site Plan





## Erwin Farm <1.0 acre Site Plan



## Rich Hill Convenience Center Joshua Tree Rd





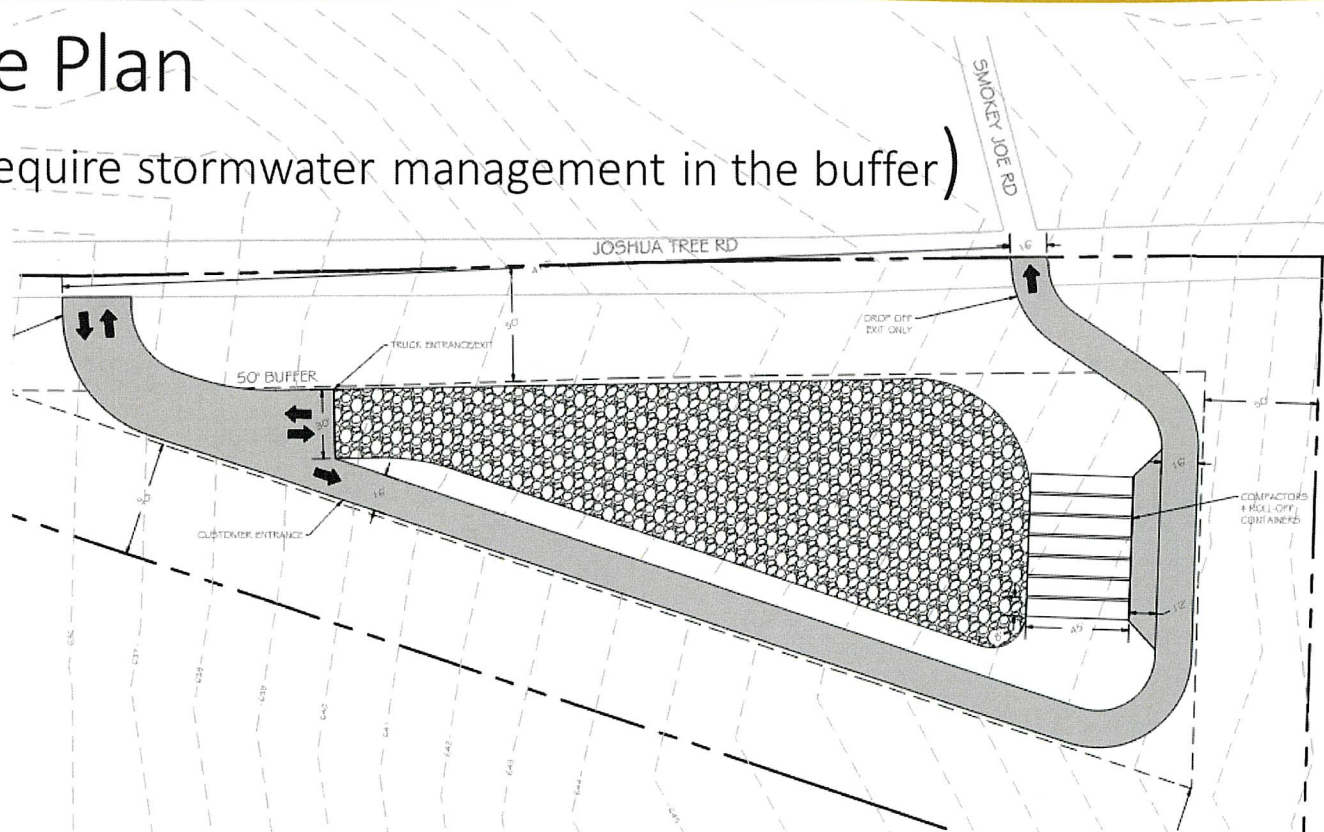
## Rich Hill CC





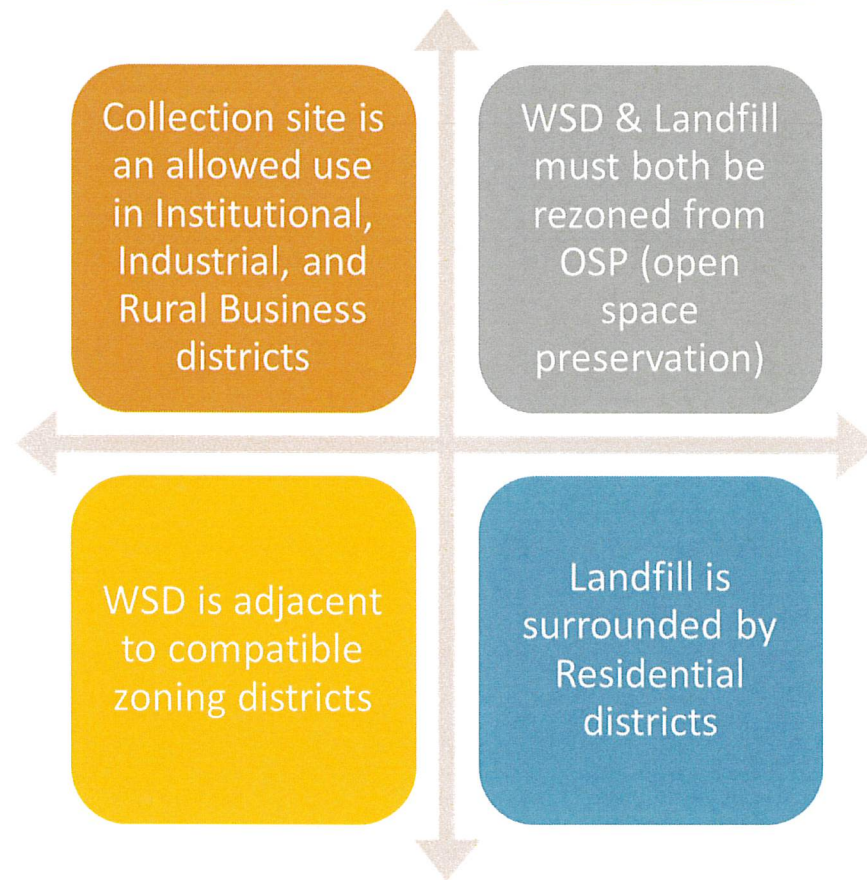
## Rich Hill Site Plan

(this design may require stormwater management in the buffer)

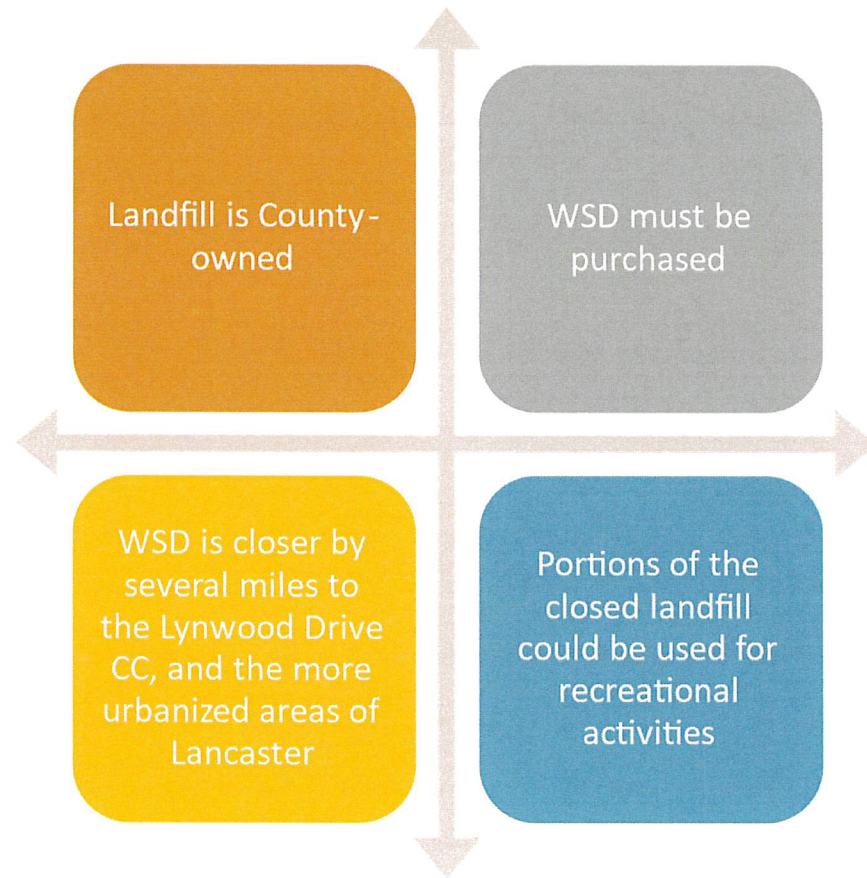




## Water Sewer District Site vs. Closed Landfill



## Water Sewer District Site vs. Closed Landfill



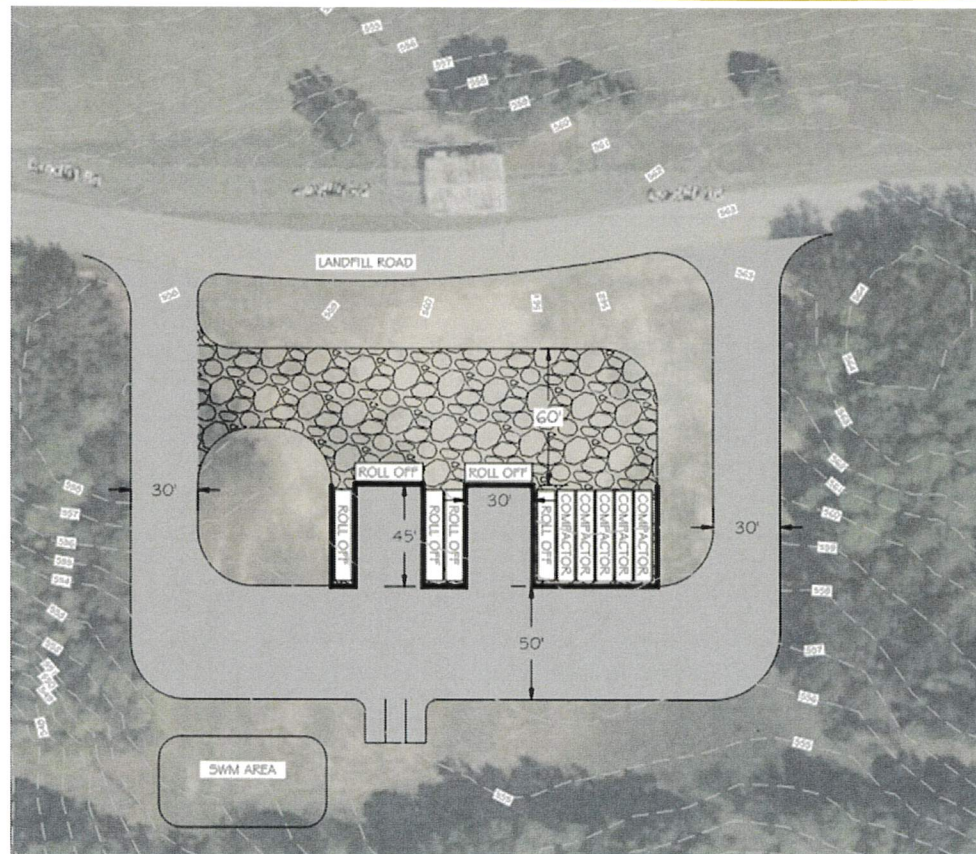


Closed Landfill  
Lynwood Drive





## Closed Landfill Site Plan





## FUTURE STUDY PLANS

- Assess current agreement with transfer stations/landfills.
- Assess Recycling program
- Assess Waste Tire program (Facility, stockpiles, possible tipping fees)
- Truck scales at the Public Works facility
- Electronics program
- Public Works Master Planning
- Regional convenience center & more capacity in the Panhandle and Kershaw

