RESOLUTION NO. 25-10

A RESOLUTION OF THE BOARD OF DIRECTORS OF THE MORAGA-ORINDA FIRE PROTECTION DISTRICT ADOPTING THE EMS AND AMBULANCE TRANSPORT FINANCIAL HARDSHIP PROGRAM POLICY AND PROCEDURES

WHEREAS, the Moraga-Orinda Fire Protection District (MOFD) is committed to providing emergency medical services and ambulance transport to all individuals, regardless of their financial status; and

WHEREAS, Health and Safety Code Section 13919 authorizes fire protection districts to establish policies regarding the waiver, reduction, or modification of fees in the public interest, such as reasons based on financial hardship; and

WHEREAS, the Board of Directors recognizes that some patients may experience financial hardship that prevents them from paying EMS and ambulance transport charges; and

WHEREAS, the Board of Directors seeks to establish a formal policy and procedure for evaluating hardship requests in a consistent, transparent, and fair manner; and

WHEREAS, the policy outlines procedures for patients to apply for financial hardship consideration, including submission of a Financial Hardship Program Application Form, review of eligibility based on 200% of the current Health and Human Services (HHS) Poverty Guidelines, and an appeal process; and

WHEREAS, the policy ensures that no patient will be denied necessary medical transport services due to their inability to pay or lack of insurance; and

WHEREAS, the Board of Directors will receive an annual report on the hardship waiver program, summarizing applications, trends, and financial impacts.

NOW THEREFORE, BE IT RESOLVED, by the Board of Directors of the Moraga-Orinda Fire District as follows:

1. The EMS and Ambulance Transport Financial Hardship Program Policy and Procedures attached hereto as Exhibit A is hereby adopted as the official policy of the District.
2. The Fire Chief, or their designated representative, is authorized to implement the policy, oversee the hardship review process, approve, deny or modify applications for waivers, and ensure compliance with all applicable laws and regulations. Decisions by the Fire Chief to deny an application for a fee waiver are subject to appeal to the Board of Directors.
3. The Fire Chief shall ensure that hardship application forms and information about the program are made publicly available through the District's website and other appropriate channels.
4. The Board of Directors will receive an annual report detailing hardship waivers granted, denied, or modified, along with associated demographic trends.

Resolution 25-10
Dated: June 18, 2025

PASSED, APPROVED and ADOPTED this 18th day of June 2025, at the regular meeting of the District Board of Directors held at 26 Orinda Way, Orinda, California 94563 on a motion made by Director Jorgens and seconded by Director Roemer and duly carried with the following roll call vote:

AYES: **DIRECTORS DANZIGER, JEX, JORGENS, ROEMER, AND HASLER**

NOES: **NONE**

ABSENT: **NONE**

ABSTAIN: **NONE**

Greg Hasler
Greg Hasler (Jun 23, 2025 08:33 PDT)

Greg Hasler, President
Board of Directors

I certify that this is a full, true and correct copy of the original document which is on file in my office, and that was passed and adopted by the Moraga-Orinda Fire Protection District on the date shown.

ATTEST:

Marcia Holbrook

Marcia Holbrook
District Secretary/District Clerk

APPROVED AS TO FORM:

Jonathan V. Holtzman (Jun 25, 2025 10:15 PDT)

Jonathan V. Holtzman
District Counsel

APPROVED AS TO CONTENT:

Jeff Isaacs

Jeff Isaacs
Fire Chief

25-10 EMS and Ambulance Transport Financial Hardship Program Policy and Procedures (REC 6-11-25)

Final Audit Report 2025-06-25

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Approved:	**June 18, 2025**
Ordinance:	**None**
Resolution:	**25-10**

Exhibit A
Res. 25-10

MORAGA-ORINDA FIRE DISTRICT
DISTRICT POLICY
25

EMERGENCY MEDICAL SERVICES/AMBULANCE TRANSPORT FINANCIAL HARDSHIP PROGRAM

PURPOSE:

To establish a Moraga-Orinda Fire Protection District (MOFD) policy that allows the modifying of EMS and Ambulance Transport charges based on current year Department of Health and Human Service Poverty guidelines. This policy is implemented in conjunction with the Ambulance Transport and Emergency Medical Services Collections Policy 03 to ensure consistent and fair financial assistance procedures.

SCOPE:

As authorized by Health and Safety Code section 13919, this policy pertains to all patients treated or transported by the Moraga-Orinda Fire Protection District. Each patient may request one (1) hardship modification per consecutive twelve (12) month period. MOFD is committed to non-discrimination. This policy applies to all patients without regard for the person's sex, race, color, religion, ancestry, national origin, disability, medical condition, genetic information, marital status, sexual orientation, citizenship, primary language, or immigration status.

PREFACE:

EMS and Ambulance Transport charges may be waived, reduced, or a payment plan established, based upon qualifying financial hardship policies and procedures. These procedures will ensure a just and fair evaluation of a hardship waiver request and will establish an audit trail for future use.

The Ambulance Transport and Emergency Medical Services Collections Policy 03 outlines the District's overall billing and collection process, including the availability of hardship waivers. This policy serves as a supplement to the collections policy, providing specific guidelines for financial hardship eligibility and application procedures.

PROCEDURES:

1. No one will EVER be denied a necessary medical transport service due to either their inability to pay or a lack of insurance.
2. Every effort will be made to collect payment from the insurance company for charges rendered. After insurance payment, the District will attempt to collect the remaining balance from the patient per the Ambulance Transport and Emergency Medical Services Collections Policy 03.
3. MOFD will address cases of financial hardship on an individual basis.
4. Patients who are unable to pay their co-pays, deductibles, or who are uninsured, unemployed, homeless, or otherwise unable to make payments may request a financial hardship review of their EMS charges. Patients, or their designee, shall complete the MOFD Financial Hardship Program Application Form.
5. The application form may be requested from Wittman Enterprises, LLC by calling (800) 906-6552, by mail to Wittman Enterprises, LLC P.O. BOX 269110, Sacramento, CA 95826, or downloaded from the MOFD Website: www.mofd.org.

6. The completed Financial Hardship Program application and supporting documentation shall be submitted to Wittman Enterprises.
7. When complete, the Financial Hardship Program Application Form and supporting documents will be forwarded to the MOFD Fire Chief (or their appointed designee) for review and approval. Per the Ambulance Transport and Emergency Medical Services Collections Policy, hardship waivers can be granted by the Fire Chief, with denied requests eligible for appeal to the MOFD Board of Directors.
8. The Fire Chief may approve, modify, or deny a financial hardship request. The Fire Chief will render a decision on the financial hardship request in a timely fashion, generally expected to be within 45 days of receipt of the complete application and supporting documentation. No collection activities will progress while an account is under review for hardship consideration.
9. If approved for modification, a copy of all documentation will be retained in MOFD files for a period of five years or such longer period as may be required by law. The original form will be transmitted to the billing company authorizing the modification or elimination of the patient's charges. The Fire Chief will notify the patient in writing of the final disposition of the hardship waiver.
10. MOFD will consider 200% of the current HHS Poverty Guidelines as a guideline in granting a hardship waiver.
11. The Board of Directors will receive an annual report from the Fire Chief detailing hardship waiver activities, including demographic trends.

APPEAL PROCESS:

- If a hardship waiver request is denied by the Fire Chief, the patient (or their designee) may appeal the decision by requesting a hearing before the MOFD Board of Directors.
- An appeal letter must be submitted in writing within 30 days of receiving the denial notice. The written appeal should include any additional supporting documentation or explanation that the applicant wishes to provide.
- Appeals should be sent to:

  Moraga-Orinda Fire District
  Attn: District Clerk / Hardship Waiver Appeal
  1280 Moraga Way, Moraga, CA 94556

- The applicant will be notified of the date, time, and location of the hearing where they may present their case in person.
- The Board may uphold the denial, approve the waiver, or modify the waiver amount based on the information provided.
- The final decision of the Board of Directors is binding.
- The patient will be notified in writing of the Board's final decision.

Exhibit A
Res. 25-10

Moraga-Orinda Fire District

EMS AND AMBULANCE TRANSPORT HARDSHIP WAIVER APPLICATION

(Note: A hardship application must be submitted for each EMS/Ambulance Financial Hardship Fee Adjustment Request)

The District will consider 200% of the current HHS Poverty Guidelines as a guideline in granting a waiver based on financial hardship.

APPLICANT INFORMATION:

Patient Name:_____

Date of Birth: ____ / ____ / _____

Address:_____

City: _____ State:___ Zip: _____

Phone Number: (_____) _____ - _____ Email:_____

# of Household Members: _____ # of Dependents: _____

Total Monthly Income (Gross) $_____

(If married, provide combined gross income)

Date of EMS Transport: _____

Service Requesting:

- ☐ My EMS/Ambulance charges to be waived.
- ☐ My EMS/Ambulance charge to be reduced.
- ☐ Establishment of a payment plan for my EMS/Ambulance charge that better suits my ability to pay.

Monthly household gross income: _____

Number of dependents living in household: _____

In order for your application to be considered for approval, one or more of the below documents must be submitted with your application:

- ☐ Paycheck stubs for the past 90 days for all persons employed in the home.
- ☐ Bank and other financial institution statements for the past 90 days.
- ☐ Any other information demonstrating financial hardship you wish to provide that will help in our decision-making process.

Responsible Party (if different from applicant):

Name: _____ Relationship: _____

Address (if different from above applicant): _____

Contact Number: _____

In your own words, explain why you are requesting a Hardship Waiver:

I do herby request that I, as either the applicant, or the party who is financially responsible for the applicant, be considered for a reduction in the payment responsibilities as they relate to this EMS transport service fee. By signing this form, I certify that I am uninsured and currently have no insurance which can be billed for this charge. I declare that all of the information contained here within this document, along with all attachments, is true and accurate. Furthermore, I understand that I will be held liable for any false statements and/or information provided, pertaining to this waiver request. I hereby agree to notify the Moraga Orinda Fire District of any change to the financial status of the applicant, or responsible party, which may affect their ability to pay EMS charges.

Signature: _____ Date: _____

Print Name: _____

For questions regarding the hardship waiver process, please contact the Moraga-Orinda Fire District at 925-258-4599 or via e-mail at info@mofd.org

Submit your application and verification documents to:
Wittman Enterprises
LLC PO BOX 269110
Sacramento, CA 95826

Administrative Use Only

Incident number: _____

Date of transport: _____

Date request received: _____

Claim: ☐ Approved ☐ Denied

Reason: _____

Date billing company notified: _____

_____

_____

_____

Fire Chief Approval Signature: _____

Administrative Services Director Approval Signature: _____

The U.S. Department of Health and Human Services (HHS) issues annual poverty guidelines to determine financial eligibility for various federal programs.
For 2025, the guidelines are as follows:

For the 48 Contiguous States and the District of Columbia:

Persons in Family/Household	Poverty Guideline
1	$15,650
2	$21,150
3	$26,650
4	$32,150
5	$37,650
6	$43,150
7	$48,650
8	$54,150

For families/households with more than 8 persons, add $5,500 for each additional person