



## TEXAS DEPARTMENT OF STATE HEALTH SERVICES

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COMMISSIONER

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October 22, 2007

### RE: FY 2008 Funding for Texas Licensed EMS Providers

The Texas Department of State Health Services (DSHS) Office of EMS/Trauma System Coordination is finalizing funding decisions and calculating the distribution formulas for fiscal year (FY) 2008 EMS Allotments of the EMS and Trauma Care System Account (911 funds), the Emergency Medical Services, Trauma Facilities, and Trauma Care System Fund (1131 funds) and the Designated Trauma Facility and Emergency Medical Services Fund (3588 funds).

The funding formula for the EMS Allotments includes a trauma service area's geographic size, its population, and the number of eligible emergency healthcare runs (trauma AND medical) submitted to the DSHS State EMS/Trauma Registry.

The following criteria must be met in order for a licensed EMS Provider that provides 911 and/or emergency transfers to be eligible for FY08 funding: successfully meet the local Regional Advisory Council's (RAC) participation requirements, including participation in performance improvement activities as requested and utilization of the RAC's regional trauma plan protocols; and prior submission of all appropriate expenditure reports to the RAC for FY06 funding, if applicable.

You can check your current funding eligibility status at <http://www.dshs.state.tx.us/emstraumasystems/SB102Elig.shtm> or by contacting Linda Reyes at (512/834-6684 or [Linda.reyes@dshs.state.tx.us](mailto:Linda.reyes@dshs.state.tx.us)) or Roxanne Cuellar at (512/834-6700 x2377 or [Roxanne.cuellar@dshs.state.tx.us](mailto:Roxanne.cuellar@dshs.state.tx.us)).

**The Office of EMS/Trauma System Coordination has decided to offer EMS Providers the option of submitting the enclosed affidavit to attest that a good faith effort was made to submit calendar year (CY) 2006 data to the State EMS/Trauma Registry and to reconcile potential discrepancies between all emergency healthcare runs recorded by individual EMS providers during CY06 and the number of all emergency healthcare runs reflected in the State EMS/Trauma Registry.** Go to [www.txetra.com](http://www.txetra.com) and logon to your account with the State EMS/Trauma Registry to verify the data currently being reported for your service in CY06. Please contact Andy Alegria at 512/458-7266 or [andy.alegria@dshs.state.tx.us](mailto:andy.alegria@dshs.state.tx.us) for questions regarding your State EMS/Trauma Registry data.

If you would like to use the affidavit option mentioned above, please complete and return the enclosed form to: Texas Department of State Health Services, Office of EMS/Trauma System Coordination - MC 1876, 1100 West 49<sup>th</sup> Street, P. O. Box 149347, Austin, Texas 78714-9347. **The signed affidavit must be postmarked on or before December 7, 2007 to be considered.** If the Office of EMS/Trauma System Coordination does not receive a signed complete affidavit from an EMS Provider by the specified date, the emergency healthcare run data provided by the State EMS/Trauma Registry will be used for that Provider in the FY08 funding formulas.

If you have any questions regarding the affidavit, please contact Linda Reyes or Roxanne Cuellar (contact info listed above). On behalf of the DSHS, thank you very much for the medical care you provide to the citizens of and visitors to this great state.

Sincerely,

A handwritten signature in black ink, appearing to read "Steve Janda".

Steve Janda, Director  
Office of EMS/Trauma Systems Coordination

Enclosure

cc: Texas RAC Chairs

**AFFIDAVIT for Emergency Healthcare Runs in Calendar Year 2006**

**EMS Provider Name:** \_\_\_\_\_ **DSHS License #:** \_\_\_\_\_  
 (Name Listed on Provider License)

A Licensed EMS provider potentially eligible for funding from the Fiscal Year (FY) 2008 EMS allotment from the Emergency Medical Services and Trauma Care System Account (911 funds) and the FY08 Emergency Medical Services, Trauma Facilities, and Trauma Care System Fund (1131 funds) and the FY08 EMS allocation from the Designated Trauma Facility and Emergency Medical Services Account (3588 funds) **MAY** opt to use this affidavit in lieu of data documented in the State EMS\Trauma Registry to provide the Department of State Health Services, Office of EMS\Trauma System Coordination with the number of its emergency trauma runs and medical runs in Calendar Year (CY) 2006.

The runs must be broken down by county-of-incident/trauma service area and meet requirements for entry into the State EMS/Trauma Registry.

| <b>County of Incident</b> | <b>TSA</b> | <b>Trauma Runs</b> | <b>Medical Runs</b> |
|---------------------------|------------|--------------------|---------------------|
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I am providing this affidavit for the following reasons (please check all that apply):

\_\_\_\_\_ I made a good faith effort to upload data to the State EMS/Trauma Registry for CY06, but there is a discrepancy between the number of “runs” actually uploaded versus what is being reported on my State EMS/Trauma Registry account.

**Please attach documentation describing the issues that lead to the discrepancy.**

\_\_\_\_\_ I made a good faith effort to establish an account with the State EMS/Trauma Registry but was unsuccessful.

**Please attach documentation describing the issues that lead to the inability to establish an account.**

As the administrator for: \_\_\_\_\_  
 (Name of Licensed Provider)

I acknowledge that we have made a good faith effort to comply with the State EMS/Trauma Registry requirements for data submission for CY06.

Furthermore, I state that this signed document is true and accurate and I understand that it may be subject to future evaluation for compliance with the requirements of data submission to the State EMS/Trauma Registry.

\_\_\_\_\_  
 Administrator (Printed Name)

\_\_\_\_\_  
 Contact Number

\_\_\_\_\_  
 Administrator (Signature)

\_\_\_\_\_  
 Date

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| *Incomplete affidavits will be considered invalid and will not be used in lieu of the data in the State EMS/Trauma Registry. |
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