



ADMINISTRATIVE REPORT

November 2009

Appreciation of Dr. Rhonda Medows:

Dr. Rhonda Medows has resigned from the Georgia Trauma Care Network Commission. A plaque in honor of her dedicated service to the Commission will be presented to Dr. Medows during the 19 November 2009 meeting. See attached text of plaque.

Rich Bias, FACHE is appointed to the GTCNC Commission:

Governor Perdue appoints Rich Bias as the 10th GTCNC Commission member. Mr. Bias replaces Dr. Rhonda Medows on the 9-member Commission. See attached press release.

GTCNC Bylaw Changes:

See attached. Changes add Treasurer duties to an elected GTCNC officer. Secretary becomes Secretary/Treasurer.

Trauma Centers/Physicians Funding Subcommittee:

Dr. Haley to report. See attached supported handouts: suggested uncompensated care distribution by hospital and discussion draft for New Trauma Center Startup Grants Program.

EMS Vehicle Replacement Grant Awards:

See attached. Remaining undistributed decals sent via USPS Priority Mail on 04 November with attached letter, example of placement and sample press release.

AVL-based Vehicle Locator System Contract October 2009 Status Report from GTRI:

See attached.

Georgia Trauma Care Economic Profile Subcommittee:

See attached handout supportive to Kelli Vaughn's report.

Georgia Committee on Trauma Excellence:

See attached Amended Georgia Trauma System Entry Criteria (TSEC) decision scheme. This document is supportive to Kelli Vaughn's report.

GTCNC Procurements and Contracts Update Report:

The attached report on outstanding GTCNC contracts and procurements was compiled and submitted to DCH on 13 November. R. Morgan to update during 19 November GTCNC meeting.

Requested Opinions from Department of Law:

Re the request of the GTCNC for the State of Georgia Department of Law to render an opinion re purchasing and collecting upon unpaid medical claims: please see attached opinion from Alex Sponseller, Assistant Attorney General.



Re GTCNC becoming a “member” of the Center for Health Organization Transformation (CHOT), Mr. Sponsellar noted in a message to R. Morgan on 17 November: “...because the contract will be with Georgia Tech Research Corp., a non-profit corporation, the contract would not have the additional restrictions of an inter-governmental agreement between agencies. As long as the CHOT agreement goes through the procurement and contract process (because the fee exceeds \$5K), then it should be fine. If you know of any other policy restrictions on joining outside organizations (from a policy of DCH or DHR), please let me know. If DCH needs assistance in drafting or reviewing a contract, please contact our office.”

FY 2008 /2009 Trauma Center funding accountability:

Attached to this email (but not to the printed handouts) is the Excel spreadsheet maintained by Marie Probst showing ongoing accountability reporting from state designated hospitals in the following funding areas: capital equipment grant payouts and uncompensated care and readiness funding.

October 2009 State Revenue Report:

See attached: “...revenue collections for the month of October 2009 (Fiscal Year 2010) totaled \$1,140,090,000 compared to \$1,386,860,000 for October 2008 (FY09), a decrease of \$246,770,000 or 17.8 percent. The percentage decrease year-to-date for FY10 compared to FY09 is 15.1 percent.”

State Fund Allotments For GTCNC:

Scott Frederking Budget Director for Department of Community Health sent the following message on 20 October: “OPB has directed all state agencies to anticipate and operate under a 5% withhold from their budgets. At this point the assumption is that regardless of what level of cuts the Governor and legislature agree upon, 5% of all agencies’ budgets will be cut via withholding funds through the allotment process.”

GTCNC FY 2010 Budget Allotment Accumulation:

FY 2010 GTCNC Budget \$23,000,000			
July 2009	Full 1/12 of total		\$ 1,916,666
August 2009	1/12 less 5%		\$ 1,820,833
September 2009	1/12 less 5%		\$ 1,820,833
October 2009	1/12 less 5%		\$ 1,820,833
November 2009	1/12 less 5%		\$ 1,820,833
Total available to GTCNC for dispersal as of 30 November 2009			\$ 9,199,998



Presented to:

Rhonda M. Medows, MD, FAAFP

Commissioner, Georgia Department of Community Health

IN APPRECIATION FOR
YOUR EXTRAORDINARY RECORD OF
ACHIEVEMENT AND SUPPORT
IN THE DEVELOPMENT OF
THE GEORGIA TRAUMA SYSTEM

Georgia Trauma Care Network Commission

CHARTER MEMBER
2007 – 2009



STATE OF GEORGIA
OFFICE OF THE GOVERNOR

Sonny Perdue
GOVERNOR

For Immediate Release
Monday, November 9, 2009

Contact: Office of Communications
(404) 651-7774

Governor Perdue Announces Executive Appointments

ATLANTA – Governor Sonny Perdue announced today the following executive appointments. Brief biographies are provided below:

XXXXXX

XXXXXX

Georgia Trauma Care Network Commission

Richard R. Bias, 57, Martinez, Member At Large – Bias is senior vice president for ambulatory and network services at MCG Health, Inc. He is a fellow with the American College of Healthcare Executives and the former treasurer and president of CSRA Association of Healthcare Executives. He serves on the boards of Wills Memorial Hospital, the East Georgia Health Cooperative, the East Central Georgia Emergency Medical Services Council, Inc., and REACH Call, Inc. Bias earned a bachelor's degree from the University of Louisville and a master's degree from Duke University. He and his wife, Kay Gross, have two children.

XXXXXX

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GEORGIA TRAUMA CARE NETWORK COMMISSION

BYLAWS

ARTICLE I. NAME OF ORGANIZATION

The organization referred to in this document is the Georgia Trauma Care Network Commission, hereinafter referred to as “the Commission.”

ARTICLE II. AUTHORITY

The Georgia General Assembly statutorily created the Georgia Trauma Care Network Commission during the 2007 – 2008 legislative session and its authority and duties are codified at O.C.G.A. § 31-11-100 et seq.

ARTICLE III. DUTIES OF THE TRAUMA CARE NETWORK COMMISSION

The Georgia Trauma Care Network Commission shall have the duties and responsibilities as set forth in O.C.G.A. § 31-11-100 et seq.

ARTICLE IV. MEMBERSHIP

Membership on the Georgia Trauma Care Network Commission will be determined as prescribed in O.C.G.A. § 31-11-100 et seq. establishing and empowering the Commission.

Responsibilities of Membership:

1. The Commission shall meet upon the call of the chairperson or upon the request of three members.
2. Members will prepare by having reviewed the draft agenda, and the minutes from the previous meeting. Members are encouraged to be involved in Commission subcommittee activities.
3. Vacancies: Any vacancy on the Commission shall be filled for the unexpired term by appointment by the original appointing authority.
4. Removal: The Commission may recommend to the original appointing authority the removal of a member for good cause by a two-thirds majority vote of the entire commission. Good cause includes:
 - i. Inappropriate conduct unbecoming of a member;
 - ii. Neglect of responsibilities assumed by a member or assigned by the

- Chairperson; and,
- iii. Failure to attend three consecutive meetings in a given year, or failure to consistently attend and participate in meetings of the Commission.

ARTICLE V. OFFICERS

Officers: There are three officer positions on the Commission. These are; the Chairperson, which is appointed by the Governor, and Vice-Chairperson and Secretary/~~Treasurer~~, both elected by the Commission. In the temporary absence of the Chairperson, the Vice-Chairperson shall assume the duties of the Chairperson and conduct the Commission meeting.

The Chairperson shall be the chief executive officer of the Commission; and shall conduct its correspondence. Press releases and public announcements concerning the work of the Commission shall be issued only by or with the approval of the Chairperson.

Officers' duties and roles include:

- a. Chairperson:
 - i. Determine that a quorum is present.
 - ii. Open the meeting at the specified time by calling the members to order.
 - iii. Announce the business of the Commission and the order in which it will be considered.
 - iv. Acknowledge members who are entitled to speak.
 - v. State all motions and put them to vote.
 - vi. Announce the results of all votes.
 - vii. Make sure that the discussion proceeds in an orderly fashion.
 - viii. Enforce decorum.
 - ix. Make the business of the meeting run as smoothly as possible.
 - x. Decide all questions of order.
 - xi. Inform the participants about a point of order or specific parliamentary practice when requested.
 - xii. Authenticate the proceedings with his or her signature.
 - xiii. Declare the meeting adjourned when all business has been concluded.
 - xiv. Establish subcommittees and appoint members as needed

- b. Vice-Chairperson: The Vice-Chairperson shall serve as Chairperson in the temporary absence of the Chairperson. The Vice-Chairperson will assist the Chairperson with his/her duties and responsibilities and assist in orienting new members of the Commission.

- c. Secretary/~~Treasurer~~: The Secretary/~~Treasurer~~ shall be responsible for the recording of the votes and ensuring written minutes are developed for each Commission meeting and the point of contact for budget and fund expenditure reporting. The Secretary/~~Treasurer~~ shall have custody of the book of minutes and shall attest such documents as the Commission or Chairperson may direct or as the law may require. The

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Secretary/Treasurer will ensure fund expenditure reports are obtained for the Commission from all appropriate State agencies. The Secretary/Treasurer shall ensure appropriate notice of all meetings and fund expenditure reports are provided to the Commission and shall perform such duties incident the office of Secretary/Treasurer and as the Commission may direct.

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- d. Elections to Vice-Chairperson and Secretary/Treasurer: Elections are made based on nominations from the members of the Commission at the designated annual meeting. Voting may be by secret ballot. A majority vote by the members present at the annual meeting, where there is also a quorum determined, is required to elect a member to an officer position.
- e. Term of Office: The Vice-Chairperson and Secretary/Treasurer positions are effective following the election of position. The Vice-Chairperson and Secretary/Treasurer shall serve for a term of two (2) years beginning at the annual meeting of the Commission. The Vice-Chairperson and Secretary/Treasurer can hold a limit of 2 consecutive terms.
- f. The Vice-Chairperson or Secretary/Treasurer may be removed for office by a two-thirds majority vote of the entire Commission for failure to comply with duties as defined.

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ARTICLE VI. MEETINGS

The Commission shall meet upon the call of the chairperson or upon the request of three members. The Commission shall hold at least quarterly regular meetings of the entire Commission. The first annual meeting will be held in November 2009. Each November meeting thereafter will be designated as the annual meeting of the Commission. The time and place of the meetings will be at the discretion of the Commission. The Commission will provide notices of meetings in a timely manner and according to the Open Meetings Act of the State of Georgia.

With the approval of the Chairperson, any Commission member who cannot attend a meeting of the Commission may participate in such meeting by speaker telephone communication when technology is available. The member shall give the Chairperson advance notice that the member desires to participate in a meeting by speaker telephone. The speaker telephone shall be positioned so that all persons in the room where the meeting is held and the Commission member or members communicating by speaker telephone can hear and speak to each other. The Commission member or members participating in a meeting of the Commission by speaker telephone communication shall be counted present at the meeting for all purposes.

Unless otherwise stipulated in these Bylaws, the business of the Commission will be determined by simple majority vote during a meeting where quorum is determined.

ARTICLE VII. SUBCOMMITTEES

The Chairperson may appoint subcommittees to perform specific tasks. Such a subcommittee shall cease to exist after it has rendered a final report to the Commission.

Standing subcommittees may be established for clear and limited purposes by a two-thirds majority vote of the entire Commission. Standing subcommittees may be dissolved by a two-thirds majority vote of the entire Commission.

Subcommittees will be chaired by a Commission member and, as determined by Commission, open for participation to the public.

ARTICLE VIII. QUORUM

1. A quorum shall consist of a simple majority of appointed Commission members present at a properly called Commission meeting.
2. Formal business shall take place if a quorum is present in accordance with the Georgia Open Meetings Act and generally accepted rules of parliamentary procedures.

ARTICLE IX. AMENDMENT OF BYLAWS

Proposed amendments of the bylaws shall be sent to the entire Commission membership at least fourteen (14) days prior to the meeting. A two-thirds majority vote of the entire Commission is needed to amend these bylaws.

ARTICLE X. LEGAL COUNSEL

The Attorney General of the State of Georgia shall be legal counsel for the Commission. The Attorney General, or such persons as may be designated, shall represent the Commission in all legal matters.

ARTICLE XI. REIMBURSEMENT

Members of the commission shall serve without compensation but shall receive the same expense allowance per day as that received by a member of the General Assembly for each day such member of the commission is in attendance at a meeting of such commission, plus either reimbursement for actual transportation costs while traveling by public carrier or the same mileage allowance for use of a personal car in connection with such attendance as members of the General Assembly receive. Such expense and travel allowance shall be paid in lieu of any per diem, allowance, or other remuneration now received by any such member for such attendance.

ARTICLE XII. ORIENTATION OF NEW MEMBERS

1. It is the responsibility of the Commission to provide orientation to new members. The Vice-Chairperson with the assistance of the Secretary/Treasurer will provide information and orient new members on their roles and responsibilities.
2. The Secretary/Treasurer of the Commission shall make Commission Bylaws, budgets and expenditure reports, history of the Commission, and other pertinent documents and information available to a new Commission member for review and provide technical assistance as needed.

Approved and adopted by the Georgia Trauma Care Network Commission on 19 March 2008.

Dennis W. Ashley, M.D., Chairman

DRAFT

GEORGIA TRAUMA CARE NETWORK COMMISSION FY 2010 BUDGET

TRAUMA CENTER UNINSURED PATIENT CARE PAYMENTS

Trauma Center	Self Pay Trauma Patients Meeting SB 60 Requirements ¹					Cost Norm Based Allocation of Funds ²			
	ISS 0-8	ISS 9-15	ISS 16-24	ISS >24	Total	Severity Adjusted Cost Norms	Total Based Upon Cost Norms	Allocation Based On % of Norm Cost Total	
Archbold	29	24	12	2	67	\$10,544	\$706,417	1.3%	\$89,395
Atlanta	122	108	38	30	298	\$14,345	\$4,274,826	8.1%	\$540,964
Columbus	15	14	11	6	46	\$14,012	\$644,553	1.2%	\$81,566
Floyd	13	21	7	1	42	\$10,923	\$458,786	0.9%	\$58,058
Gwinnett	38	90	28	35	191	\$15,059	\$2,876,269	5.4%	\$363,981
Hamilton	8	9	2	1	20	\$10,459	\$209,185	0.4%	\$26,472
North Fulton	27	38	17	6	88	\$12,225	\$1,075,785	2.0%	\$136,137
Egleston	9	9	3	2	23	\$14,100	\$324,306	0.6%	\$41,040
Scottish Rite	6	15	3	2	26	\$12,107	\$314,790	0.6%	\$39,836
Level II Totals	267	328	121	85	801		\$10,884,917	20.6%	\$1,377,447
Grady	556	551	292	233	1,632	\$16,544	\$27,000,039	51.0%	\$3,416,757
MCCG	55	68	34	15	172	\$15,303	\$2,632,032	5.0%	\$333,074
MCG	96	78	67	34	275	\$16,667	\$4,583,543	8.7%	\$580,031
Memorial	91	137	104	74	406	\$19,255	\$7,817,699	14.8%	\$989,301
Level I Totals	798	834	497	356	2,485		\$42,033,313	79.4%	\$5,319,163
Total LI/LII	1,065	1,162	618	441	3,286		\$52,918,230	100%	\$ 6,696,610

Notes:

¹Trauma Centers are reporting number of uninsured trauma patients meeting SB 60 requirements by Injury Severity Score (ISS) category; Archbold presents an example. The total is estimated based upon survey data, and will be updated with actual data before payments are made.

²Allocation is based upon the number and severity of patients meeting SB 60 requirements times cost norms. This derives a percent of total costs which is then applied to the total amount available.

³To develop a fair and consistent approach to estimating costs, national trauma center patient treatment cost norms by injury severity were used for both community and academic hospitals.

Patient Treatment Cost Norms ³		
ISS	Community	Academic
0-8	\$5,267	\$6,373
9-15	\$10,428	\$12,618
16-24	\$19,626	\$23,747
>24	\$33,945	\$41,073

to be considered by GTCNC on 19 November

provided by Bishop+Associates through survey of Level I and Level II trauma centers per SB 60 definitions "uncompensated care"

**GEORGIA TRAUMA CARE NETWORK COMMISSION FY 2010 BUDGET
LEVEL I AND LEVEL II TRAUMA CENTER ALLOCATIONS**

Trauma Center	Readiness Payment	Potential PBP Payments ²	Total Readiness Payments	Uninsured Patient Payment	Total to Each	%
Archbold	\$ 427,443	\$48,535	\$475,978	\$ 89,395	\$565,373	4.0%
Atlanta	\$ 427,443	\$48,535	\$475,978	\$ 540,964	\$1,016,942	7.2%
Columbus	\$ 427,443	\$48,535	\$475,978	\$ 81,566	\$557,544	3.9%
Floyd	\$ 427,443	\$48,535	\$475,978	\$ 58,058	\$534,036	3.8%
Gwinett	\$ 427,443	\$48,535	\$475,978	\$ 363,981	\$839,959	5.9%
Hamilton	\$ 427,443	\$48,535	\$475,978	\$ 26,472	\$502,450	3.5%
North Fulton	\$ 427,443	\$48,535	\$475,978	\$ 136,137	\$612,115	4.3%
Egleston	\$ 427,443	\$48,535	\$475,978	\$ 41,040	\$517,018	3.7%
Scottish Rite	\$ 427,443	\$48,535	\$475,978	\$ 39,836	\$515,814	3.6%
Level II Totals	\$ 3,846,989	\$436,814	\$4,283,803	\$ 1,377,447	5,661,249	40.0%
Averages	\$ 427,443	\$48,535	\$475,978	\$ 153,050	\$629,028	
Grady	\$ 712,405	\$80,892	\$793,297	\$ 3,416,757	\$4,210,054	29.7%
MCCG	\$ 712,405	\$80,892	\$793,297	\$ 333,074	\$1,126,371	8.0%
MCG	\$ 712,405	\$80,892	\$793,297	\$ 580,031	\$1,373,328	9.7%
Memorial	\$ 712,405	\$80,892	\$793,297	\$ 989,301	\$1,782,598	12.6%
Level I Totals	\$ 2,849,621	\$323,566	\$3,173,187	\$ 5,319,163	8,492,351	60.0%
Averages	\$ 712,405	\$80,892	\$793,297	\$ 1,329,791	\$2,123,088	
Total	6,696,610	760,380	7,456,990	6,696,610	14,153,600	100.0%

approved 30 July

to be considered by GTCNC 19 Novemeber

FY 2010 GTCNC

New Trauma Center Startup Grants Program

Hospital MUST demonstrate a clear COMMITMENT to the Georgia Trauma System and Designation as a Trauma Center.

Applicant hospitals¹ must:

- Receive a pre-application survey visit from OEMS/T and GTCNC representative(s) to:
 - Determine appropriate designation level;
 - Understand application and designation process;
 - Understand GTCNC trauma system development activities; and,
 - Begin participating in the Trauma Registry
- Receive “approval” from Regional Emergency Medical Services Council for designation and at determined designation level.²
- Present signed Letters of Commitment from:
 - Hospital Board of Directors (indicating resolution to seek designation);
 - Hospital Administrative Team; and
 - Chief Medical Officer (representing medical staff.)
 - Letters of Commitment must:
 - Indicate an understanding of standards and requirements for Level of designation sought;
 - Describe the commitment of resources and efforts to become a designated trauma center within 18 months from date of designation application;
 - Indicate immediate participation in Trauma Registry; and,
 - Describe the commitment in GTCNC-directed Trauma System development activities (pilot project and/or regionalization of trauma system)
- Provide a “Statement of Need” describing use of grant funds
- Make application for state trauma center designation

Grant distribution and funding amount guidelines^{3,4}:

#2 \$300K “grants” to hospitals “COMMITTING” to designation as a Level II trauma center
#2 \$100K “grants” to hospitals “COMMITTING” to designation as a Level III trauma center
#4 \$50K “grants” to hospitals “COMMITTING” to designation as a Level IV trauma center

Awarded hospitals will:

- Stipulate trauma physicians (as defined by GTCNC past practices) will receive at least 25% of grant award;

- Receive one-half (50% of award) award upon signing contract;
- Receive one-half of remaining funds (25% of award) after 6 months successful registry use; and,
- Receive remaining 25% of award upon designation within 18 months after submitting application for designation.

¹ There will be a 60 calendar-day window for hospitals to submit applications.

² Georgia Office of EMS – Rules and Regulations Effective June 18, 2009 – Published July 2, 2009, 290-5-30-.03 Emergency Medical Services Advisory Councils.

³ Actual fund distribution among designation Levels and amount of each grant will be determined by the Georgia Trauma Commission.

⁴ Geographic location of hospital, level of designation sought and statement of need will be considered in determining awards.

Discussion Draft

911 Zone	Applicant	Contact
Bacon County	Alma-Bacon County Ambulance Service	Robert Taylor
Appling County	Appling Healthcare System	Larry NeSmith
Atkinson County	Atkinson County Board of Commissioners	Linda Tanner
Baker County	Baker County Board of Commissioners	Evelyn Phillips
Berrien County	Berrien County Board of Commissioners	Eliane Shiver
Brantley County	Brantley County Board of Commissioners	Chuck Madry
Burke County	Burke County Board of Commissioners	Merv Waldrop
Candler County	Candler County Board of Commissioners	Jimmy Flynt
Charlton County	Charlton County Board of Commissioners	Steve Nance
Chattooga County	Chattooga County Commissioner	Jason Winters
Clay County	Clay County Board of Commissioners	Pam Ward
Coweta County	Coweta County Board of Commissioners	Theron Gay
Crisp County	Crisp County Board of Commissioners	Lester Crapse
Dodge County	Dodge County Board of Commissioners	Kelly Bowen
Emanuel County	Emanuel County Emergency Medical Service	Erza Price
Randolph County	Randolph County Board of Commissioners	Jimmy Bradley
Hancock County	Hancock County Board of Commissioners	Samuel Duggan
Heard County	Heard County Board of Commissioners	June Jackson
Bleckley County	Heartland Emergency Medical Service, Inc.	W. J. Cheek
Irwin County	Irwin County Board of Commissioners	Joey Whitley
Jasper County	Jasper County Board of Commissioners	Greg Williams
Jeff Davis County	Jeff Davis County Board of Commissioners	James Carter
Jenkins County	Jenkins County Board of Commissioners	Carol Cates
Long County	Long County Board of Commissioners	Bobby Walker
Liberty County	Liberty County Board of Commissioners	Joey Brown
Lincoln County	Lincoln County Board of Commissioners	Harold Johnson
Meriwether County	Paul Penn	Paul Penn
Pike County	Mid Georgia Ambulance Service	Bin Hinson
Cook County	Mid Georgia Ambulance Service	
Lamar County	Mid Georgia Ambulance Service	
Mitchell County	Mitchell County Board of Commissioners	Bennett Adams
Morgan County	National Emergency Medical Service, Inc.	James B. Atkins
Oconee County	National Emergency Medical Service, Inc.	
Oglethorpe County	Oglethorpe County Board of Commissioners	Billy Pittard
Worth County	Worth County Board of Commissioners	Bob Zellner
Pierce County	Pierce County Board of Commissioners	Jim Dennison
Rabun County	Rabun County Board of Commissioners	Jimmy Bleckley
Brooks County	Regional Emergency Medical Service, Inc.	William Willis
Screven County	Screven County Board of Commissioners	Rick Jordan
Seminole County	Seminole County Board of Commissioners	Marty Shingler
Talbot County	Talbot County Board of Commissioners	Sandra Higginbotham
Tattnall County	Tattnall County Board of Commissioners	Faye Hussey
Taylor County	Taylor County Board of Commissioners	Lenda Taunton
Pulaski County	Pulaski County Commissioner	C. Brooks Bailey
Telfair County	Telfair County Board of Commissioners	Howard Hart
Terrell County	Terrell County Board of Commissioners	Wilbur Gamble
Montgomery County	Montgomery County Board of Commissioners	David Curry
Toombs County	Toombs County Board of Commissioners	Doug Eaves
Turner County	Turner County Board of Commissioner	Charles Kinney
Sumter County	Vital Care Transports-Sumter	Melvin Hunter
Ware County	Ware County Board of Commissioners	Gail Boyd
Warren County	Warren County Board of Commissioners	John Graham
Carroll County	West Georgia Ambulance, Inc.	Shane Bell
Wilcox County	Wilcox County Board of Commissioners	Lee Hollingsworth
Wilkes County	Wilkes County Board of Commissioners	Sam Moore
Wilkinson County	Wilkinson County Board of Commissioners	David Franks

distributed by B. Hinson and J. Pettyjohn

Dawn Burgamy to distribute

sent USPS 04 Nov

Distributed by K. Vaughn



Georgia Trauma Care
NETWORK COMMISSION

Dennis Ashley, M.D.
Chairman

Date: 30 October 2009

Linda Cole, R.N.
Pediatric Hospital
Trauma Center
Representative

To: Georgia EMS Vehicle Replacement Award winners

From: Ben Hinson, EMS representative on the Georgia Trauma Care
Network Commission

Leon L Haley Jr., MD, MHSA
Emergency Medicine
Representative

Re: Decals for your ambulance

Ben Hinson, EMT-P
Emergency Medical Services
Representative

As you know, one requirement of the EMS Vehicle Replacement Grant award is to place a decal on the rear of your ambulance crediting the purchase of the vehicle, at least in part, to state funds distributed by the Georgia Trauma Commission.

Rhonda Medows, M.D.
Georgia State DCH
Representative

Those decals have been produced and are ready to be distributed. We would like to encourage you to show gratitude to your local state representatives for their support of trauma system development within all of Georgia.

Bill Moore, CEO
Urban Hospital
Trauma Center
Representative

Our suggestion is for you to contact your local media and have the placement of the decal on your new ambulance be an opportunity to publicly acknowledge your local state representatives and showcase your professional and dedicated service to your community.

Joe Sam Robinson, M.D.
Trauma Physician
Representative

If you need assistance to identify or in contacting your representatives or help in developing a press release, please contact Dawn Burgamy at Mid Georgia Ambulance 478.207.3309 and she will assist you.

Kurt Stuenkel, FACHE
Rural Hospital
Trauma Center
Representative

Thank you for all you do for the people in your community and working with us to build the trauma system Georgians require!

Kelli Vaughn, R.N.
Trauma Coordinator
Representative

PS. I have attached a photograph taken in Seminole County during their ceremony showing the recommended placement of the decal on the rear of the ambulance.



Georgia Trauma Care
NETWORK COMMISSION





Georgia Trauma Care NETWORK COMMISSION

Dennis Ashley, M.D.
Chairman

(Date)

Linda Cole, R.N.
Pediatric Hospital
Trauma Center
Representative

For Immediate Release: (Name of service here) receives new ambulance

Contact: (name of contact)

Leon L Haley Jr., MD, MHSA
Emergency Medicine
Representative

In April of 2009, the Georgia Trauma Care Network Commission awarded grants to 56 of Georgia's 204 ambulance providers to purchase new ambulances. These grants were awarded after a competitive application process was completed. These awards, just over \$71,400.00 each, were made to 911 zone providers to assist in the replacement of old and high mileage ambulances. The total amount for these grants was 4 million dollars. Funding for these awards were from State fiscal year 2008.

Ben Hinson, EMT-P
Emergency Medical Services
Representative

Ben Hinson, EMS representative on the Trauma Commission said; "Many of the ambulances being replaced have over 300,000 miles of service on them. These funds will greatly improve the ability of our dedicated EMS providers to quickly respond and transport all patients to the appropriate level of care. The Trauma Commission is proud to have the opportunity to make these grants available." (Name of Service) was awarded one of these ambulance replacement grants.

Rhonda Medows, M.D.
Georgia State DCH
Representative

Bill Moore, CEO
Urban Hospital
Trauma Center
Representative

On (date and time here), a ceremony to showcase the new ambulance and recognize and thank (local State Representative and Senator add name here if known) and honor the professional and dedicated emergency medical services provided by (name of service) will take place at (location.) For further information, please contact (name and telephone number)

Joe Sam Robinson, M.D.
Trauma Physician
Representative

Kurt Stuenkel, FACHE
Rural Hospital
Trauma Center
Representative

The Georgia Trauma Care Network Commission was formed by the legislature in 2007 to lead in the development of a Georgia trauma system with statewide coverage and access. The members, appointed by the Governor, Lt. Governor and Speaker of the House have expertise in all aspects of trauma care. For more information concerning the work and mission of the Georgia Trauma Care Network Commission, please contact Jim Pettyjohn, administrator at 706.398.0842.

Kelli Vaughn, R.N.
Trauma Coordinator
Representative

If you would like this document sent to you electronically so you can edit: please send email request to Jim Pettyjohn at jim@gtcnc.org

**GPS-based Automatic Vehicle Location (AVL) System
and the
Georgia Trauma Communications Center
GTRI Project D-6035**

Monthly Status Report for October 2009

Tasks Performed this Month:

The AVL Request for Proposal (RFP) was completed and posted to the State Procurement Registry on 3 Nov 09. The URL is

https://ssl.doas.state.ga.us/PRSapp/PublicBidNotice?bid_op=10503000000018374 .

The RFP now includes the requirements for a WiFi network within the vehicle and higher speed data coverage, as agreed during the 6 Oct 09 meeting between representatives of the GA EMS, OEMS, GEMA-OHS, Office of the Governor, GTCNC, and GTRI. The additional costs imposed by these two new features must be quantified within the proposals. A Per-Bidders Conference is scheduled for 20 Nov 2009 in Room 119A of the GTRI office at 250 14th Street NW, from 10:00 AM to 12:00 PM. A dial-in call number will be provided for vendors unable to attend the conference, a court reporter will be present to record the conference proceedings, and a transcript will be posted to the Procurement Registry.

The latest RFP schedule is shown below. The date of contract award is estimated to be on or about Jan 21, 2010.

TENTATIVE SCHEDULE OF EVENTS WORKSHEET (Revised 10/29/09)	DATE	COMMENT/NOTE
GT Purchasing completes review and return RFP draft to GTRI with changes (if applicable)	10/29/09	12:00 noon ET
Department reviews and sends final RFP draft to GT Purchasing	11/02/09	2:00 pm ET
Post RFP to Georgia Procurement Registry (GPR)	11/03/09	5:00 pm ET
Deadline for written questions (sent to GT Purchasing from bidders)	11/09/09	3:00 pm ET
Written questions sent to GTRI by GT Purchasing	11/09/09	5:00 pm ET
Answer from GTRI to GT Purchasing	11/13/09	2:00 pm ET
Responses/answers to questions posted to GPR	11/13/09	5:00 pm ET
Offeror's Pre-Bid Conference - GTRI 250 14th Street, Atlanta, GA	11/20/09	10:00 am – 12:00 Noon
Transcript/Addendum from Conference posted to GPR	11/25/09	
Proposals Due	12/04/09	1:00 pm ET
Responses delivered to GTRI from GT Purchasing	12/07/09	5:00 pm ET
Technical evaluation complete and results to GT Purchasing	12/14/09	Each evaluator submits their results to GT Purchasing separately
GT Purchasing meet with Evaluation Team to review average technical scores	12/15-17/09	Exact date TBD

GT Purchasing completes cost evaluation and final evaluation information sent to Department	12/18/09	GT Purchasing will be closed for mandatory furlough days (Dec. 21-24) and for the holidays (Dec. 25-Jan 1)
GT Purchasing conducts negotiations (optional)	01/04-08/2010	TBD - If applicable
GT Purchasing issues Notice of Intent to Award (NOIA)	01/11/2010	
Contract award [NOA] (on or about)	01/21/2010	There is a 10-day waiting period from the time the NOIA is posted until the contract can be awarded.

Tentative AVL RFP and Proposal Evaluation Timeline (revised)

Additional tasks performed in October included:

- Continued GTVC code development.
- Conducted consultative marketing tasks related to the Trauma System Pilot Project (developing informational materials and attending conference calls where Pilot concepts are discussed and decided upon).
- Work on template to assist regional trauma councils in their planning process.
- Submitted request to issue TCC RFP, still awaiting response.
- Continued research on possible TCC software.

Plans for Next Month:

- Answer questions submitted by vendors regarding RFP and post to Procurement Registry.
- Conduct Per-Bidders Conference on 20 Nov and post transcript to Procurement Registry.
- Work on requirements for AVL installation and usage policies and initial installation participants group.
- Continue updating GTVC code for AVL usage.
- Continue work on TCC RFP development.
- Continue work on other TCC-related tasks as directed.

Current Expenditures:

Total project charges for October 2009 were \$42,780.46 and 307 person-hours. Total expenditure to-date is \$159,002.51 and 1,206 person-hours.

Georgia Trauma System Economic Subcommittee Comments and Definitions

Goal: to provide a rigorous and transparent methodology to measure the financial requirements for starting and maintaining a state-designated trauma center.

Existing Trauma Center Readiness Cost: The cost incurred by a facility to maintain essential infrastructure and capacity to provide the necessary services at a specific designation level.

Supporting documents: ACS Resource for Optimal Care of the Injured Patient: 1999 and ACS Re-verification documentation

Center Start-up Cost: The cost incurred by a facility to prepare for and create the essential infrastructure and capacity to be able to provide the necessary services at a specific designation level

Supporting documents: Same as above

PRIMARY TRIAGE DECISION SCHEME*

GEORGIA TRAUMA SYSTEM

1

Measure vital signs and level of consciousness

Glasgow Coma Scale	≤ 13 or
Systolic blood pressure	< 90 or
Respiratory rate	< 10 or > 29 (<20 in infant < one year)

YES

NO

Steps 1 and 2 attempt to identify the most seriously injured patients. These patients meet *Georgia Trauma System Entry Criteria*.
Take to a trauma center.

Assess anatomy of injury

2

- All penetrating injuries of the head, neck, torso, or groin associated with an energy transfer
- Flail chest
- Two or more obvious proximal long-bone fractures
- Crushed, degloved, or mangled extremity
- Amputation proximal to wrist and ankle
- Pelvic fractures, as evidenced by a positive "pelvic movement" exam
- Open or depressed skull fracture
- Paralysis

YES

NO

Steps 1 and 2 attempt to identify the most seriously injured patients. These patients meet *Georgia Trauma System Entry Criteria*.
Take to a trauma center.

Assess evidence of high-energy impact

3

- Falls**
- Adults: > 20 ft. (one story is equal to 10 ft.)
 - Children: > 10 ft. or 2-3 times the height of the child
- High-Risk Auto Crash**
- Intrusion: > 12 in. occupant site; > 18 in. any site
 - Ejection (partial or complete) from automobile
 - Death in same passenger compartment
 - Vehicle telemetry data consistent with high risk of injury
- Auto v. Pedestrian/Bicyclist Thrown, Run Over, or with Significant (>20 MPH) Impact**
- Motorcycle Crash > 20 MPH**

YES

NO

These patients meet *Georgia Trauma System Entry Criteria*.
Take to a trauma center.

Assess special patient or system considerations

4

- Age**
- Older Adults: risk of injury death increases after age 55
 - Children: Should be triaged preferentially to pediatric-capable trauma centers
- Anticoagulation and Bleeding Disorders**
- Burn**
- Without other trauma mechanism: Triage to burn facility
 - In same body area, a combination of trauma and burns (partial and full thickness) of fifteen percent or greater
- Time Sensitive Extremity Injury**
- End-Stage Renal Disease Requiring Dialysis**
- Pregnancy > 20 Weeks**
- EMS Provider Judgment (to include known patient medical history)**

YES

NO

These patients meet *Georgia Trauma System Entry Criteria*.
Take to a trauma center or other appropriate hospital identified in protocols.

Transport according to protocol

*Adopted largely from the National Trauma Triage Protocol of the U.S. Department of Health and Human Services Centers for Disease Control and Prevention

When in doubt, transport to a trauma center.

Commission Business

13 November 2009

Administrator and B&A Amendment: 15 October: J Pettyjohn profession services contract for FY 2010 changed to become a deliverable added to a B+A amendment to an existing contract (extended from FY 2009). R. Morgan reported (15 October) amendment "has been processed" but "cannot verify whether a check has been cut or give a timeline on the payout." As of 10 November, Greg Bishop has not seen the amendment.

Trauma Centers and Physician Funding Contract (hospital readiness and uncompensated care contracts for FY 2010 trauma funding): 15 October: R. Morgan is investigating with DCH contracts how to construct the amendment for FY 2010 GTCNC distribution. Unlike last year's GTCNC funding to hospitals/physicians with the entire distribution amount available at one time, FY 2010 funding will be available via monthly 1/12 allocations. R. Morgan is seeking clarification on how to address that in the contracts. 10 November: No additional information available.

Communications Center Lead Position: 15 October: R. Morgan is working thru Ms. Dixon (OEMS/T staff) to investigate how to move forward with posting this contract position. GTCNC cannot move forward with pilot project until this position on board. 10 November: No additional information available.

Communications Center Software: 06 October: Received Procurement Planning Document and Procurement Authorization Sheet from S. Sherrill. 10 October: All submitted to R. Morgan. 15 October: R. Morgan stated this approval request to begin writing RFP is in process. 10 November: No additional information available.

Broselow System (Web-based pediatric dosing and resus. management software for ~25 Georgia hospitals): 15 October: R. Morgan worked with DCH Procurement using Sole Brand justification documents supplied by GTCNC and feels "hopeful" this procurement will proceed as a sole brand contract. Sole brand approved. 10 November: No additional information available.

OEMS/T 3% Allocation (5 positions: 2 Regional EMS directors, State EMS medical director, and 2 OEMS/T staff): Dr. O'Neal reported to GTCNC at 15 October meeting that due to low state revenues and projected state budget shortfalls, he is having to prioritize new staffing hires. He is uncertain as to how much funding will be available for these positions but did say OEMS/T was moving forward with developing and hiring the EMS Region V trauma nurse coordinator as per GTCNC request. 10 November: No additional information available.

Georgia Partnership for Telehealth (GPT) matching funds Grant: Georgia Partnership for Telehealth received USDA Rural Development Grant confirmation on 13 October. 15 October: GTCNC approved \$200K grant for required matching funds. R. Morgan received necessary information from GPT to move forward with GTCNC award of \$200K. 10 November: No additional information.

Center for Healthcare Organization Transformation Membership: 15 October: Approved by the Commission. Dr. Ashley requested A. Sponseller from AG office and R. Morgan to review

feasibility and process for GTCNC membership. Both Sponseller and Morgan received all necessary documentation re membership. 10 November: No additional information available.

Trauma Center Association of America a/k/a National Foundation for Trauma Care (NFTC): 15 October: R. Morgan: check for \$1,500 "has been processed" but cannot verify check has been cut nor give a timeline on the payout." As of 10 November, no check received by NFTC.

Administrative Assistant: 15 October: R. Morgan is working thru Ms. Dixon (OEMS/T staff) with the North Georgia office of the temporary staffing agency "FOCUS" that will provide these services. 10 November: No additional information available.

Website Design: 01 November: Found vendor to do build and host website for < \$5,000.00. Contacted R. Morgan and now waiting for Office of Procurement Services to advise how to document two other required "quotes" in order to move forward with contract. Because contract will be less than \$5K it does not require RFP solicitation. 10 November: No additional information available.

FedEx Office Account: 15 October: For shipping and printing services. R. Morgan has confirmed these accounts do exist and continues to investigate how to obtain one for the Commission. 10 November: No additional information available.

New Trauma Center Startup Grants: 10 November: Distribution particulars and process remains under development at the Commission level. No decision made as of this time. These will be additional contracts with new hospitals.

Federal Stimulus Funding Solicitation: This motion made and approved during the 15 October meeting. 01 November: J. Pettyjohn submitted Procurement Authorization Sheet and Procurement Planning Documentation appropriate for Solicitation to R. Morgan. 10 November: No additional information available.

Commission Travel/ Per Diem: 15 October: R. Morgan to mail each GTCNC member a form to complete and mail back to her in order to become a state vendor. This is required for each GTCNC member to receive the \$105.00 per meeting as stipulated in SB 60 and interpreted by DCH travel office. As of 10 November, no member has received



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17 November 2009

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RE: Purchasing and Collecting Upon Unpaid Medical Claims

Dear Dr. Ashley:

This letter is in response to an inquiry of the Georgia Trauma Care Network Commission (“GTCNC”) on whether the GTCNC is authorized to purchase and collect on unpaid claims of physicians, hospitals, and EMS providers for which it has provided trauma funding. It is my view that the GTCNC statutes do not authorize either the purchase or the collection of unpaid medical claims from providers.

First, to determine whether the GTCNC is authorized to purchase and collect upon unpaid medical claims, the GTCNC statute, O.C.G.A. § 31-11-101 *et seq.*, must be examined. “In construing a statute, the cardinal rule is to glean the intent of the legislature . . . in the light of the legislative intent as found in the statute as a whole.” Alford v. Public Serv. Comm’n, 262 Ga. 386, 387 (1992); Board of Natural Res. v. Georgia Emission Testing Co., 249 Ga. App. 817 (2001). “[W]ords [are given] their ordinary signification, except that [when construing] words of art or words connected with a particular trade or subject matter according to their meaning within that subject matter.” Mathis v. Cannon, 276 Ga. 16, 26, (2002). Moreover, “[t]he jurisdiction of administrative agencies . . . is determined by statute, and . . . jurisdiction [is construed] strictly to comport with the legislative intent.” HCA Health Servs. v. Roach, 263 Ga. 798, 800 (1994).

The duties of the GTCNC are found in O.C.G.A. § 31-11-102. In a nutshell, these duties include: (1) apply for, receive, and administer state and federal funding; (2) provide funding to compensate designated trauma centers for readiness costs; (3) provide additional funding to trauma centers for other non-readiness costs; (4) provide funding to compensate physicians for trauma care services; (5) provide funding to increase the number of participants in the trauma system; (6) provide funding to compensate EMS for readiness costs and uncompensated trauma care costs; (7) provide funding for investment in a trauma transportation system; (8) act as accountability mechanism for the statewide trauma system; (9) coordinate the best use of existing trauma facilities to direct patients to the best facility for treatment; (10) administer

programs to educate citizens on trauma prevention; (11) coordinate the collection of data to evaluate the provision of trauma services; and (12) determine the best practices and methods of trauma care and report any proposed changes to the General Assembly. See O.C.G.A. § 31-11-102(1), (3)-(15).

As shown in the list above, none of the listed authorized actions specifically mention or authorize the purchase or collection of unpaid medical claims. Further, the first duty of the GTCNC regarding its funding states that the GTCNC is to “apply for, receive, and administer state funds appropriated to the commission and federal funds and grants, private grants and donations, and other funds and donations.” O.C.G.A. § 31-11-102(1). This duty also specifies that the “commission’s annual distributions shall be capped and limited to funds received from the sources specified in this paragraph.” Id. (emphasis added). Hence, the GTCNC statute does not contemplate a funding source from purchasing and collecting upon unpaid medical claims. Finally, the purchase and collection of unpaid medical claims would seem to contradict the GTCNC’s mandate to only be “a payor of last resort” in funding uncompensated care. If unpaid medical claims were indeed viable and collectible, then logically the GTCNC should not have provided funding to these providers who could have collected upon the claims themselves.

Second, the GTCNC statutes also do not impart to the GTCNC the “power to sue or be sued” which would enable the GTCNC to take any legal action to collect unpaid claims. As a general matter, “there are three classes of legal entities with the inherent power to sue and be sued: (1) natural persons; (2) an artificial person (a corporation); and (3) such quasi-artificial persons as the law recognizes as being capable to sue.” Clark v. Fitzgerald Light, Water and Bond Comm’n, 284 Ga. 12 (2008); Cravey v. Southeastern Underwriters Ass’n, 214 Ga. 450, 453 (1958). An unincorporated association or commission, on the other hand,

may not sue or be sued in its own name unless authorized by law. An express statutory provision, however, is not indispensable to an association's capacity to sue and be sued in the association's name; such a suit may be maintained by virtue of a necessary implication arising from statutory provisions, as in cases where an unincorporated association is recognized as a legal entity by statutes which do not in terms authorize it to sue or be sued.

Cravey, 214 Ga. at 453. The Supreme Court recently concluded that a governmental agency did not have the power to bring suit in that agency’s name even though the agency had the general power to enter into contracts. The Court found:

the simple power to enter into a contract does not necessarily require any access to a court in order for that power to be exercised. As such, the grant of such a

November 17, 2009

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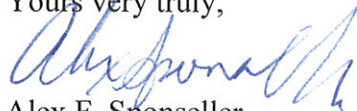
power, standing alone, does not carry with it the implied power to sue or be sued. Any finding to the contrary would . . . invade the province of the Legislature.

Clark, 284 Ga. at 15.

Here, although the GTCNC has authorization to enter into contracts and agreements to effectuate its statutory duties, GEORGIA CONST. Art. IX, Sec. III, Para. I; Ashe v. Clayton County Cmty. Serv. Bd., 262 Ga. App. 738 (2003) (“Any state agency expressly has the power to contract on any subject matter within its interest.”), the GTCNC’s ability to contract does not give it the power to bring suit to collect upon unpaid medical claims. Because no authorization to sue or be sued is set forth in the GTCNC statute, I conclude that the GTCNC may not purchase and collect upon unpaid medical claims from third-parties without amendment by the General Assembly which addresses the issues set forth in this letter.

I hope this letter is responsive to your inquiry.

Yours very truly,



Alex F. Sponseller
Assistant Attorney General

cc: GTCNC Members

Sidney R. Barrett, Jr., Senior Assistant Attorney General

GEORGIA DEPARTMENT OF REVENUE

Comparative Net Revenue Collections

(unaudited - 000's)

	For the Month Ended		\$ Change	% Change
	October 2008	October 2009		
	(FY 2009)	(FY 2010)		
Tax Revenues:				
Income Tax - Individual:	\$ 722,495	\$ 610,569	\$ (111,926)	-15.5%
Sales and Use Tax - General: (Footnote 1)				
Sales and Use Tax - Gross	\$ 885,984	\$ 736,724	\$ (149,260)	-16.8%
Local Sales Tax Distribution	\$ (391,539)	\$ (331,920)	\$ 59,619	15.2%
Sales Tax Refunds/Adjustments	\$ (7,701)	\$ (6,848)	\$ 853	11.1%
Net Sales and Use Tax - General	\$ 486,744	\$ 397,956	\$ (88,788)	-18.2%
Motor Fuel Taxes:				
Pre Paid Motor Fuel Sales Tax	\$ 40,329	\$ 28,948	\$ (11,381)	-28.2%
Motor Fuel Excise Tax	\$ 35,479	\$ 36,115	\$ 636	1.8%
Total Motor Fuel Taxes	\$ 75,808	\$ 65,063	\$ (10,745)	-14.2%
Income Tax - Corporate	\$ 23,550	\$ (4,909)	\$ (28,459)	-120.8%
Tobacco Taxes	\$ 20,674	\$ 21,405	\$ 731	3.5%
Alcohol Beverages Tax	\$ 13,725	\$ 14,574	\$ 849	6.2%
Estate Tax	\$ -	\$ -	\$ -	0.0%
Property Tax	\$ 8,700	\$ 5,995	\$ (2,705)	-31.1%
Motor Vehicle - Tag, Title & Fees (Footnote 2)	\$ 22,748	\$ 22,658	\$ (90)	-0.4%
Total Tax Revenues	\$ 1,374,444	\$ 1,133,311	\$ (241,133)	-17.5%
Other Revenues:				
Other Fees and Sales (Footnote 3)	\$ 12,416	\$ 6,779	\$ (5,637)	-45.4%
Total Taxes/Other Revenues	\$ 1,386,860	\$ 1,140,090	\$ (246,770)	-17.8%

GENERAL FUND	Year-to-date		\$ Change	% Change
	FY 2009	FY 2010		
Tax Revenues:				
Income Tax - Individual:	\$ 2,805,663	\$ 2,389,176	\$ (416,487)	-14.8%
Sales and Use Tax - General: (Footnote 1)				
Sales and Use Tax - Gross	\$ 3,567,747	\$ 3,062,744	\$ (505,003)	-14.2%
Local Sales Tax Distribution	\$ (1,660,053)	\$ (1,445,682)	\$ 214,371	12.9%
Sales Tax Refunds/Adjustments	\$ (23,174)	\$ (26,211)	\$ (3,037)	-13.1%
Net Sales and Use Tax - General	\$ 1,884,520	\$ 1,590,851	\$ (293,669)	-15.6%
Motor Fuel Taxes:				
Pre Paid Motor Fuel Sales Tax	\$ 170,413	\$ 117,114	\$ (53,299)	-31.3%
Motor Fuel Excise Tax	\$ 146,086	\$ 150,097	\$ 4,011	2.7%
Total Motor Fuel Taxes	\$ 316,499	\$ 267,211	\$ (49,288)	-15.6%
Income Tax - Corporate	\$ 214,566	\$ 166,007	\$ (48,559)	-22.6%
Tobacco Taxes	\$ 69,652	\$ 69,060	\$ (592)	-0.8%
Alcohol Beverages Tax	\$ 57,601	\$ 58,617	\$ 1,016	1.8%
Estate Tax	\$ -	\$ -	\$ -	0.0%
Property Tax	\$ 14,632	\$ 15,010	\$ 378	2.6%
Motor Vehicle - Tag, Title & Fees (Footnote 2)	\$ 95,598	\$ 92,919	\$ (2,679)	-2.8%
Total Tax Revenues	\$ 5,458,731	\$ 4,648,851	\$ (809,880)	-14.8%
Other Revenues:				
Other Fees and Sales (Footnote 3)	\$ 33,385	\$ 11,900	\$ (21,485)	-64.4%
Total Taxes/Other Revenues	\$ 5,492,116	\$ 4,660,751	\$ (831,365)	-15.1%

Footnotes:

- As of FY2009, the local sales tax distribution changed to reflect perpetual daily distributions for the current month based upon total sales tax collections.
- The Motor Vehicle Division began collecting Auto Sales Tax funds in January 2006. An adjustment was made to reclassify Sales Tax collections from Motor Vehicle to Other Fees and Sales, to reflect the transaction in September FY 2010. This revenue is then reclassified to Sales Tax next month.
- Other Fees and Sales include taxes and fees that have been deposited in the bank, but the returns have not been processed. The undistributed amounts, as processed, are reclassified to the proper accounts. It also includes unclaimed property collections.