

**Logan County Commissioners Work Session**  
**July 29, 2025**

Present: Mike Brownell, Jim Yahn, Jim Santomaso, Alan Samber, Mike Burri, Debbie Unrein, Marilee Johnson, Callie Jones, Lavon Ritter, Cody Howell, Rob Quint and Jennifer Crow.

Chairman Brownell called the meeting to order at 9:00 a.m.

**APPROVAL OF MINUTES FROM PREVIOUS SESSION** - The minutes of the previous meeting were not ready to be approved.

**REVISIONS TO THE WORK SESSION AGENDA** – There were no changes.

**REVIEW OF THE BUSINESS MEETING AGENDA** – The Board asked Debbie Unrein to explain Annex No. 3 to the Master Engagement Agreement dated February 20, 2023 between Logan County and MGT Impact Solutions, LLC. It is an extension of the Cost Allocation Plan. We have a four- or five-year contract with this company. It looks at the County departments and calculates the overall cost and the state gives us back approximately 2% of the cost. The county receives somewhere around \$80,000 per year for this.

**REVIEW OF 2024 AUDIT** - Scott Szabo with Lauer, Szabo and Associates reviewed the 2024 annual audit with the Board. Mr. Szabo reviewed the audit report summary and chart balances by fund for 2024. He explained each column and the change from 2023 to 2024.

The General Fund went down by about \$4.4 million, and the Road and Bridge Fund went down by about \$3.5 million. In 2023, right at the end of the year, the County received the \$4+ million from the dissolution of the Water Conservancy District. That came in, then the County had to do a temporary tax credit for the following year, so basically gave that money back to the taxpayers.

The Road and Bridge Fund went down by \$3.5 million. There was a \$5 million overlay project that was completed in 2024. Some variances can be seen in the Capital Expenditures Fund, and the Sales and Use Tax Fund.

The last few pages showed the trends of the General Fund going up and then dropping and the same thing with Road and Bridge Fund. Overall, cash went down by about \$8.8 million in 2024. A little over \$1.1 million in 2023, but the County still has \$25 million of cash and investments for various funds. There are still very good, healthy reserves. There are no concerns there at all.

The summary included charts showing the fund balance of each individual fund. Mr. Szabo stated that these generally, mirror what happens with cash and investments, unless there have been big accruals, which, from time to time, the County does. There might be work done in December that does not get paid until January or February. There also may be Federal revenue that is billed in December is not received until April or May.

Mr. Szabo pointed out the \$26 million in fund balance in 2024. Former Commissioner Dave Donaldson liked to know how many months reserve the County had. That's where this particular schedule comes from. In the General Fund, even though it did go down, it still has almost eight months in reserve, which is a very good, healthy reserve. The Road and Bridge Fund has four months in reserve. Normally, that's a good healthy reserve. If there is a big overlay project planned again in the next couple of years, that might not be sufficient.

It's hard to give a general rule of thumb as to what a good reserve is, the Human Services Fund has three months in reserve. That particular fund does not need to build reserves. It just needs to cash flow the Human

Services Fund for the local share of all of their expenditures.

The Capital Expenditures Fund has very good reserves across the board. It did go down in 2024, but again, across the board, there were no concerns about the fund balance at all.

There's only one fund, the TV Translator Fund, that has a fund balance that has dropped several years in a row. It went down by \$30,000 in 2024, \$26,000 in 2023 and there's only \$59,000 in the fund at the end of 2024. If that trend continues, it may need a little bit of a boost in the mill levy.

Mr. Szabo explained that since the County has over \$750,000 in Federal expenditures, there must be a compliance audit of two Federal programs. This goes up to \$1 million next year, but the County will still be well above that. This year they audited the highway planning and construction grant that was the bridge grant, and then they looked at the Child Care program over at DHS, those two programs. There were no concerns. Everything went very well.

Commissioner Yahn asked if Mr. Szabo could see anywhere where revenue could be increased with interest. Mr. Szabo said that you could always take a look. CDs have gone up in rates. COLOTRUST and CSAFE are some local investment pools that a lot of their clients use. The advantage of that particular investment is that those funds are liquid. They can be accessed within 24-48 hours, where a CD is tied up for three to six months or a year. The last few years, interest rates with COLOTRUST and CSAFE have been higher than what we're able to get on most of our CDs. Szabo said he is not a fan of T-bills or T-notes, the things that lock in for a couple of years. Those are investment pools created by State Statutes that allow local governments to participate. Commissioner Yahn said that COLOTRUST interest is just below 5%. It's good to do things locally if we can, but that's quite a bit of difference. Investments are handled by the County Treasurer. Alan Samber said that the Board of Commissioners approves the depositories that the Treasurer can select from, but it's at her discretion to determine which funds go into which depository.

Mr. Szabo said that the County staff are great to work with, and the audit went very smoothly.

**EMS|MC AMBULANCE SERVICES BILLING** – Debbie Unrein, Sterling Fire Chief Lavon Ritter and Sterling Fire Department Cody Howell met with the Board regarding several questions on the EMS|MC Ambulance Services Billing questionnaire. Mr. Howell stated that he felt that some of the questions were not their place to make judgments on them, so they wanted to get the Board's input.

One of the questions had to do with payment plans on billings, what the Board might accept, and other things like the DOAs and homeless policies. The group meets ever Wednesday to iron out some of the details on these things. The EMS|MC suggested payments starting at \$25 month, on a graduated schedule. Debbie has been trying to determine what Wakefield allowed. If the bill was under \$300, Wakefield split the amount in thirds and gave the person three months to pay the bill. If the bill was \$300 to \$1,000, you could divide the bill by six payments, etc. Apparently, the County can tell this company what we would prefer. The Board agreed to a \$25 a month minimum payment plan.

Another question had to do with something called Chart Swap. These are the patient attorney requests. EMS|MC is able to handle them vs. the ambulance, getting phone calls at the station and having to do the HIPAA requests and turning over all the correct paperwork. It sounds like it's included as part of their stuff, it's not an additional thing to their contract. They utilize a software program called Chart Swap. Everything can be done through that program. The Board agreed that this would be beneficial.

The next question deals with the minimum amount to send to collections. It sounds like Wakefield will come back and ask for a settlement on the amount owed. For example, if the amount is \$0 to \$499, they will offer

a 15% discount, \$500 and over a 20% discount is offered, anything over that would require Commissioners' approval. If the debtor did not follow through with payments, then the bill would go to collections. They never got an amount that was forwarded to collections from Wakefield. Chief Ritter suggested that if the debtor is not compliant with the payment plan for six months, the bill will be referred to collections. Along with that question, there was a question on rate reductions. Would it be approved or at what point would it need to come to the Commissioners for review. Who would have the authority to authorize a rate reduction? The Board agreed if it exceeded a certain amount it would need to come before the Board.

Other questions had to do with billings for someone that was DOA (dead on arrival) or a patient that they work on that does not survive. At what point do they continue to bill? Do they write off the difference after insurance? At what point do they seek payment even if the patient doesn't survive? EMS/MC brought up that they can bill Medicaid and Medicare and get paid something. There's a small potential of getting some payment. Chief Ritter commented that the previous Board of Commissioners did not want to bill for a DOA or if the patient died, because it's kind of like rubbing salt in the wound. Chief Ritter suggested billing the insurance and taking that payment and not billing the patient's family beyond that point. The Board agreed that policy would be appropriate.

Mr. Howell said that the company asked if the ambulance arrives on a TNT (treat no transport), or the DOA, at what point do they charge the \$250 service fee for any of those, and at what point on treatment, for the diabetics should they charge something? If someone else besides the patient calls the ambulance, do they send a bill?

Chief Ritter stated that historically if you call or somebody else calls 911, the ambulance shows up and all they do is take vitals and ask the standard questions and the patient says they don't want to go, they have not been sending a bill for that. The threshold has been, if they take any kind of action where a diabetic, if they start a line, give them some D50, those people will get a bill. If all they do is an evaluation, they have not been sending a bill. The reason for that is when they first started this, they did send bills for that, and it created a lot of animosity. The patients say, "You guys didn't do anything and are billing \$250." They can treat and release diabetics, that does happen, but they still get a bill for that. In some cases, the patient that gets the bill isn't the person who called 911.

Chief Ritter explained that right now, the only transports that the ambulance will do for the hospital are for the Hospice to get the patient from the hospital to their home. It is a service for the community. There are Hospice places on the front range that actually pay for the transfer. Our local Hospice is not one of those where they pay for the transfer. He does not know if they can bill insurance for those transports, but if we can, I wouldn't see a problem with billing for it. It's similar to the DOAs, Ritter did not feel that sending the family a bill for transport to get the patient from the hospital to home is appropriate (when they are in Hospice.) The Board agreed that if the patient is on Medicaid or Medicare, they can bill either of those insurances for the transport. However, it is difficult to know that upfront.

Chief Ritter explained the situation with transfers of Hospice patients. This has happened three or four times in the last two years, where the hospital calls the ambulance, and tells them they're taking a Hospice patient home. It turns out that they're taking somebody home just because they didn't have any other way of getting home. The patient is not truly on Hospice, or they think they're going to be on Hospice soon. In his opinion this should be billed as a regular transfer. They need to make sure that they're getting the form from the hospital, showing that this is a patient transfer, which is a little different than what they've been doing with Hospice. It has only happened a handful of times and only when they just don't have any way to get the patient home, so they pretend that they might be on Hospice at some point.

The ambulance could get a PCS form signed that the doctor says the transfer is medically necessary. This

could probably even be done on the Hospice transfers so that way we would at least have documentation as to what the doctor is saying is going on. For the few that are not Hospice that are returned home, if they get a PCS, they can bill those, if it is because they are non-ambulatory. It's a courtesy, it still gets paid by insurance. The Board agreed that Hospice patients can be transported at no charge.

The next question had to do with homeless or indigent people, and how to bill for them. They can write them off. If they can get the information on the patient, they can try and at least bill Medicaid. However, the cost of seeking them out past that point is usually limited. Mr. Howell asked if they should follow through or should we just let it go? Chief Ritter noted that there are maybe two or three homeless people a month. The Board agreed that they should try and get information to bill the homeless person or Medicaid or Medicare.

The discussion went back to the TNT. An example of this is a car that slid off the Interstate. Someone driving by calls 911 and reports the incident. The ambulance gets called out and does an evaluation. The patients could potentially get a \$250 bill for that service. That person did not call 911 and had no medical issues at all yet got a bill.

The prison is billed for transports, and the prison works out how it goes internally. The group discussed billings for transports from the County jail. Debbie discussed this with Brett Powell. They don't turn these in to get paid. The County has footed the bill. He is in favor of collecting information from the inmate and trying to bill them. Debbie said that Wakefield must have been told not to send a bill for the County jail inmates. The County also houses Phillips County inmates and City of Sterling inmates. They should discuss this with Chief Kerr. The County might need to look at the IGA with the City.

Mr. Howell stated that when they respond to the prison for an inmate, they are in the prison's custody. The prison makes the decisions for the inmates. That is one of those few places where we don't look to the person whether they want to be transported. The prison determines whether or not that person is transported.

Chief Ritter updated the Board on several other matters. Testing is for EMTs is completed. They have ten really good applicants. They have been notified that they are in the hiring process, and a decision will be made in August as to hiring a couple more this year. They are looking at hiring two more this year and a couple more next year. It was one of the best turnouts for testing that they've had in a long time. Thirty people applied and twenty showed up for the testing. In the past similar numbers applied but only six people actually showed up for the testing. This time they had some ALS providers in the group.

The other matter is the dive team. The dive team recently had a call to the Prewitt Reservoir. They had a diver that was in a boat looking for the guy within 10 minutes of their arrival. At the end of the day, there were three boats in the water with three divers out there. The person was recovered within two hours. They're working on getting an inventory, and the MOU finished up. In talking to Merino, they're interested in the boat. Crook has one guy that is interested in staying on the dive team, and Chief Hunker is interested in having a boat out there. They will have the three boats that will be available. They'll have them kind of spread out along the river, and hopefully in the next 12 months, that will take shape.

The dive team is a service provided. They do not bill for search and rescue. The only thing they ever bill people for is hazmat. The dive team is actually under the umbrella of the Sheriff's Department which is why they have to keep it associated with the Sheriff's Department. There is grant funding available that will help with training and equipment. There should not be a lot of cost to either the City or the County to do this because they will have an ambulance there anyway.

There being no further business to come before the Board, the meeting adjourned at 9:45 a.m.