

# OVAC EMS System: A Hybrid Model for Sustainable Emergency Medical Services

## One-Page Municipal Leader Brief

**Ossining Volunteer Ambulance Corps (OVAC)** | 501(c)(3) Not-for-Profit Community-Based EMS  
**Serving:** Ossining, Briarcliff Manor, Croton-on-Hudson, and satellite coverage across Westchester/Putnam Counties

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### What OVAC Is

OVAC is a 501(c)(3) not-for-profit emergency medical services agency providing BLS and ALS ambulance transport, ALS first response (ALSFR), community paramedicine, and marine rescue services[1]. Unlike traditional models, OVAC operates as a **hybrid system** combining tax district stability, revenue recovery, community fundraising, and a volunteer-career staffing blend.

#### OVAC is not:

- Fully volunteer (relying only on billing and donations)
- Fully municipal (tax-funded department)
- For-profit commercial service

**OVAC is:** A community-based nonprofit using multiple sustainable funding streams to ensure reliable 24/7/365 emergency response.

### How OVAC Operates

#### Operating Authority:

- NYS DOH Westchester County-wide Certificate of Need (BLS/ALS ambulance transport)
- ALS First Response (ALSFR) Certificate of Need for Briarcliff Manor and Croton-on-Hudson fire protection districts
- NYS Controlled Substance License and Limited Service Laboratory Certification

#### Service Components:

Service Line	Description
OVAC Core Services	BLS/ALS ambulance transport (primary service area + county-wide), community paramedicine program, marine rescue unit, multi-station operations
EMT Staffing	Dedicated paid EMT pool scheduled via centralized system (When2Work) across satellite stations to ensure coverage consistency
Tri-Community ALSFR	ALS Paramedics respond in fly cars to Briarcliff Manor and Croton-on-Hudson, provide advanced interventions, transfer patient care to local BLS ambulance for transport (non-transporting ALS first response)
Transports	Revenue-generating patient transports billed through sophisticated revenue recovery system; essential income source but insufficient alone to cover full operational costs

## How OVAC Partners with Municipalities

**Inter-Municipal Agreements:** OVAC provides ALSFR services to Briarcliff Manor and Croton-on-Hudson fire protection districts through negotiated agreements. ALS paramedics respond in fly cars, deliver critical care, then transfer patients to local BLS agencies for transport[2].

**Satellite Station Coverage:** OVAC staffs satellite stations across Westchester and Putnam Counties (Croton, Mohegan, Mount Kisco, Peekskill, Pleasantville, Putnam Valley, Sleepy Hollow, Valhalla, Yorktown, Briarcliff), providing EMT staffing support and ensuring coverage consistency.

**Mutual Aid Participation:** OVAC operates under Westchester County mutual aid protocols coordinated through 60 Control (county dispatch), providing backup coverage to neighboring agencies and receiving support during surge demand.

**Revenue Model:** ALSFR services funded through inter-municipal agreements and pilot ALS/BLS bundled billing programs, where ALS intervention charges are bundled with BLS transport billing to capture appropriate reimbursement[3].

## How Staffing Works

### Combination Volunteer-Career Model:

- **Career Staff:** Paid EMTs and Paramedics provide 24/7 baseline coverage, ensuring guaranteed response during low volunteer availability (weekday daytime, overnight hours)
- **Volunteer Members:** Community volunteers augment staffing, reduce per-call costs, maintain community connection and tradition
- **Leadership Structure:** Volunteer Lieutenants provide operational leadership; career Supervisors ensure quality assurance, training oversight, and regulatory compliance

**Why This Works:** Career staff guarantee service availability regardless of volunteer turnout. Volunteers reduce operational costs and provide surge capacity during high-demand periods. This dual structure provides staffing resilience while controlling costs[4].

**Scheduling:** Centralized scheduling system (When2Work) coordinates paid EMT shifts across multiple stations, ensuring consistent coverage and efficient resource allocation.

## How Funding Works

### Three-Pillar Sustainable Funding Model:

Revenue Source	% of Revenue	Purpose
Revenue Recovery (Billing)	83.9%	Insurance reimbursements from transport services; supplements tax district but insufficient alone (Medicare/Medicaid reimburse only 40-60% of actual costs)
Tax District	Variable	Stable base funding to bridge gap between patient billing and actual service delivery costs; ensures operational continuity independent of reimbursement fluctuations
Fund Drives & Donations	14.1%	Capital expenditures (apparatus, equipment, facilities) and "Fund Readiness" reserve for operational preparedness

**Fund Readiness Concept:** Reserve funding maintained to ensure immediate operational capability—covering equipment replacement cycles (ambulances have 10-15 year lifespan), regulatory compliance upgrades, and surge capacity without service interruption.

**Why Tax District Matters:** Patient billing alone cannot sustain modern EMS. Low insurance reimbursement rates, uncompensated care burden (uninsured patients, non-transport calls), and increasing operational costs create structural funding gap. Tax district provides stable foundation allowing agency to plan multi-year capital investments and maintain service quality[5].

## Why This Model Is Sustainable

**Financial Stability:** Tax district ensures base funding independent of insurance payment fluctuations. Revenue recovery supplements rather than solely funds operations. Community fundraising supports capital needs without relying on unpredictable donations for daily operations.

**Staffing Reliability:** Career staff guarantee response capability while volunteers provide cost-effective augmentation. Leadership structure combines community accountability (volunteer officers) with professional oversight (career supervisors).

**Community Accountability:** 501(c)(3) structure maintains public trust and transparency. Nonprofit status enables fundraising capabilities unavailable to municipal departments. Community volunteers maintain local connection and engagement.

**Scalability:** Model adapts to service area expansion (satellite stations), specialty services (community paramedicine, marine rescue), and inter-municipal partnerships (ALSFR agreements) without fundamental restructuring.

**Proven Success:** OVAC has sustained operations for decades through economic cycles, regulatory changes, and evolving community needs. Model successfully navigates New York's EMS crisis affecting purely volunteer and purely municipal agencies[6].

## Comparison to Other Models

Model	Strengths	Challenges
All-Volunteer	Low overhead; strong community engagement	Unreliable availability; recruitment crisis; daytime coverage gaps; unsustainable given workforce changes
Fully Municipal	Guaranteed staffing; budget stability	High tax burden; loss of volunteer culture; rigid governance; expensive
For-Profit Commercial	Professional management; equipment investment	Profit motive may reduce coverage in low-revenue areas; loss of community connection; expensive
<b>OVAC Hybrid</b>	Tax-backed stability + volunteer cost savings + community connection + professional oversight + nonprofit fundraising capability	Requires multi-stakeholder coordination; complex funding administration

## Key Takeaways for Municipal Leaders

1. **Billing alone cannot sustain EMS.** Medicare/Medicaid reimburse 40-60% of costs. Tax support is essential for financial stability.
2. **Hybrid staffing works.** Career baseline + volunteer augmentation provides reliability while controlling costs better than all-career or all-volunteer models.
3. **Tax district ≠ municipal takeover.** OVAC model preserves community-based nonprofit structure while providing tax-backed stability. Maintains local accountability without municipal bureaucracy.
4. **Inter-municipal partnerships extend value.** ALSFR agreements allow municipalities to access ALS services without funding full-time ALS transport capability. Shared staffing across satellite stations creates economies of scale.
5. **This is replicable.** OVAC's model can be adapted to other communities facing EMS sustainability challenges. Structure works for suburban, rural, and mixed-density service areas.

## Contact for Additional Information

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## References

- [1] Ossining Volunteer Ambulance Corps. (2024). *OVAC Operations Guide v15*. Internal operational document.
- [2] Village of Briarcliff Manor. (2023). Board of Trustees Agenda—ALS/BLS Bundle Billing Pilot Program. [https://briarcliffmanor.gov/AgendaCenter/ViewFile/Agenda/\\_05022023-581](https://briarcliffmanor.gov/AgendaCenter/ViewFile/Agenda/_05022023-581)
- [3] Ibid.
- [4] New York State Association of Counties. (2024). *EMS in Crisis Fact Sheet*.
- [5] New York State Comptroller. (2024). *The Growing Role of Counties in Emergency Medical Services*.