

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR**

ACTION REFERRAL

TO <i>Baerling/Myers</i>	DATE <i>9-11-07</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 000141	<input checked="" type="checkbox"/> Prepare reply for the Director's signature DATE DUE 9-18-07
2. DATE SIGNED BY DIRECTOR <i>CC: Singleton Extend until 9/25/07 e-mail attached</i>	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <input type="checkbox"/> FOIA DATE DUE _____ <input type="checkbox"/> Necessary Action

APPROVALS <small>(Only when prepared for director's signature)</small>	APPROVE	* DISAPPROVE <small>(Note reason for disapproval and return to preparer.)</small>	COMMENT
1. <i>Cleared 10/11/07, letter attached.</i>			
2.			
3.			
4.			

State of
Washington
House of
Representatives



To: State Medicaid Directors
From: Christopher Blake, Counsel

Health Care and Wellness Committee

Washington State House of Representatives

Date: September 5, 2007

Subject: Survey of Transportation Practices

*Pls log: sb/myers
due 5/1/08
C: Singler*

I am writing to request information about your state's policies for allowing non-ambulance vehicles to transport individuals who do not need medical attention, but require the use of a stretcher during transportation. These may be individuals who have a disability that requires them to live in a prone or supine position or individuals who are being discharged from a hospital or nursing home following hip surgery, back surgery, or a similar condition.

Over the past several years, policymakers in Washington State have been reviewing transportation options for individuals who do not need medical attention en route, but who require the use of a stretcher during transport. Current law in Washington prohibits the use of any vehicle other than an ambulance for transporting individuals who must be carried on a stretcher, regardless of their need for medical attention en route. There are exceptions for emergency situations or for transporting individuals who rely upon personal mobility devices when those devices cannot be secured in the vehicle.

If you could take a moment to respond to the following questions about your state's practices, it would help to inform a discussion that has been held in Washington State for the past several years. I am sending this survey to all states and I would be happy to share the results with you.

Please provide your response by October 12, 2007.

Your response can be emailed to blake.chris@leg.wa.gov or mailed to:

RECEIVED

Christopher Blake

House of Representatives

247 John L. O'Brien Building

P.O. Box 40600

Olympia, Washington 98504-0600

SEP 10 2007
Department of Health & Human Services
OFFICE OF THE DIRECTOR

Please indicate whether or not you would like a copy of the results of this survey and where they can be mailed. If you have any questions about the survey or if your staff would like the convenience of an electronic copy, please contact Christopher Blake at 360-786-7392 or the email address above. Your assistance is greatly appreciated.

Transportation Survey from Washington State

Does your state regulate which categories of vehicles may transport individuals who do not need medical attention en route, but still require the use of a stretcher during transport? (Ambulance only? Ambulance or stretcher van? Ambulance, stretcher van or cabulance? Other? Any category of vehicle?) Are these statutory, regulatory, or policy requirements?

If vehicles other than ambulances transport such individuals, what are the staffing requirements (number (1 or 2 people), training, etc.) and the vehicle requirements (equipment, stretcher securing systems (Ferno, Stryker, other)? Is a license required?

Who determines the level of transportation that is necessary for an individual who requires the use of a stretcher during transport (individual, medical provider or state agency)? Please briefly describe the process allowing this to occur.

Which types of individuals who do not need medical attention en route, but require the use of a stretcher during transport (e.g., disabled persons, hip surgery patients being discharged, back surgery patients being discharged, etc.) most frequently use vehicles other than ambulances? How many annual trips do they account for and what percentage of total reimbursed trips?

What is the level of reimbursement by category of vehicle for the nonemergent transportation of a Medicaid enrollee who requires the use of a stretcher during transport (base rate and mileage rate)? How does this rate compare to the basic life support level of ambulance service?

Have there been any notable impacts to emergency preparedness and the emergency medical system in general by allowing vehicles other than ambulances to transport individuals who do not need medical attention en route, but require the use of a stretcher during transport? Are impacts different for commercial and public (e.g., fire-based) ambulance providers? If so, how have any negative impacts been mitigated?

Have there been any incidents with non-ambulance vehicles that have raised concerns about public health and safety? If so, how many of these have occurred and what has been the state's response?

From: Felicity Myers
To: Brenda James
Date: 9/12/2007 12:50 pm
Subject: logletter 141 extension request.

Brenda,
Can we have an extension to 9/25/07 on log letter 141? The deadline in letter was October 12th and my transportation staff is feeling pretty swamped right now.
Thanks
Felicity



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Emma Forkner
Director

October 1, 2007

Mr. Christopher Blake, Counsel
House of Representatives
247 John L. O'Brien Building
Post Office Box 40600
Olympia, Washington 98504-0740

Dear Mr. Blake:

The South Carolina Department of Health and Human Services (SCDHHS) has received your request for information regarding policies for Ambulance transportation services provided under the State Medicaid Plan. I hope this submission for the State of South Carolina provides sufficient information and insight into the general development of our Ambulance program as well as the intended applications of policy.

SCDHHS recently implemented service improvements via a regional transportation brokerage responsible for the administration and provision of scheduled non-emergency transportation services. SCDHHS has contracted with regional Brokers to improve accountability and to prevent inappropriate uses of transportation services delivered through the network of Providers established and operated by the Brokers.

SCDHHS staff completed sections of the survey applicable to these services as requested. South Carolina Medicaid reimburses for two types of Ambulance transportation services, emergency and non-emergency transports furnished by state regulated and licensed Ambulance service providers. Local ambulance companies and fire and rescue squads throughout the state provide ambulance transportation for Medicaid beneficiaries in South Carolina.

The program information for the questions submitted are addressed as follows:

1. Does your state regulate which categories of vehicles may transport individuals who do not need medical attention en route, but still require the use of a stretcher during transport? (Ambulance only? Ambulance or stretcher van? Ambulance, stretcher van or cabulance? Other? Any category of vehicle?) Are these statutory, regulatory, or policy requirement?

SCDHHS Response:

South Carolina Medicaid does not regulate or specify the category of vehicle required for beneficiary transportation. The Emergency Medical Services Division (EMS) of the South Carolina Department of Health and Environmental Control has responsibility for establishing the standards, inspection and certification for each ambulance transportation unit in service. Regional transportation brokers assign the appropriate mode of transport for each non-emergent trip up to and including scheduled stretcher transports which do not require medical attention en route. An Ambulance provider must furnish all emergency transportation including unscheduled stretcher transports that require medical attention or other specialized services en route. State agency policy, published regulations and state laws govern ambulance providers who furnish emergency services to Medicaid beneficiaries.

2. If vehicles other than ambulances transport such individuals, what are the staffing requirements (number (1 or 2 people), training, etc.) and the vehicle requirements (equipment, stretcher securing systems (Ferno, Stryker, other)? Is a license required?

SCDHHS Response:

Current provisions in South Carolina State Law allow only licensed Ambulance providers authority to transport an individual who must remain supine or prone and when use of a stretcher is required. Unlicensed non-ambulance providers and vehicles may not offer these transportation services.

3. Who determines the level of transportation that is necessary for an individual who requires the use of a stretcher during transport (individual, medical provider or state agency)? Please briefly describe the process allowing this to occur

SCDHHS Response:

Primary care management or the medical service provider that has requested the ambulance transportation service assesses and determines the appropriate mode of transport. Licensed medical professionals who have personal knowledge of the beneficiary's condition at the time the ambulance transport is ordered must certify and authorize the appropriate mode of transport.

4. Which type of individuals who do not need medical attention en route, but require the use of a stretcher during transport (e.g., disabled persons, hip surgery patients being discharged, back surgery patients being discharged, etc.) most frequently use vehicles other than ambulance? How many annual trips do they account for and what percentage of total reimbursed trips?

Mr. Christopher Blake, Counsel
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SCDHHS Response:

A licensed Ambulance provider and vehicle is required to transport any individual who must use a stretcher, no other type of vehicle may be used for these transports. South Carolina's Medicaid Management Information System for ambulance claims does not capture specific patient condition or group data for each transport. This data is contained in the written detail of the "run report" generated for each transport.

5. What is the level of reimbursement by category of vehicle for the nonemergent transportation of a Medicaid enrollee who requires the use of a stretcher during transport (base rate and mileage rate)? How does this rate compare to the basic life support level of ambulance service?

SCDHHS Response:

South Carolina Medicaid reimburses for ambulance transportation at the rate in the established fee for service schedule. The rate for basic life support (BLS) transportation consisting of a base rate plus mileage to include stretcher-type transports is all-inclusive of supplies and services en-route. The current base rate for BLS transportation is \$ 117.71 one-way and \$2.60 per statute ground mile.

6. Have there been any notable impacts to emergency preparedness and emergency medical system in general by allowing vehicles other than ambulances to transport individuals who do not need medical attention en route, but require the use of a stretcher during transport? Are impacts different for commercial and public (e.g., fire-based) ambulance providers? If so, how have any negative impacts been mitigated?

SCDHHS Response:

South Carolina Emergency Preparedness keeps abreast of the availability of ambulance resources during a crisis. Potential negative impacts are mitigated through preemptive (as for example, early mandatory evacuation) and preventive measures and advance logistics and planning activity. The Emergency Medical Service (EMS) system is normally capable of providing staging and local mutual aid arrangements assuring that any individual who requires a stretcher transport during a crisis may have access emergency transportation. Impacts to the functionality of emergency transportation systems are minimal.

7. Have there been any incidents with non-ambulance vehicles that have raised concerns about public health and safety? If so, how many of these have occurred and what has been the state's response

Mr. Christopher Blake, Counsel

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SCDHHS Response:

Medicaid beneficiaries requiring non-emergency transportation are entitled to the provision of reliable, safe and quality service. SCDHHS through its oversight process acts to ensure that public health and safety during all aspects of beneficiary transportation are not subject to compromise. Program policy assures that service providers will take the steps required to protect public health and safety. Medicaid will only reimburse providers who are in compliance with these policies and regulations for the services rendered.

I hope the program information provided above will assist you. If you need additional information, please contact, Dr. Felicity Myers, Deputy Director at (803) 898-2501. If I can be of further assistance, please contact me directly.

Sincerely,

A handwritten signature in cursive script, appearing to read "Emma Forkner".

Emma Forkner
Director

EF/mhw