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| Service Name: | Proposed Start Date: | Proposed Level: | Main Contact:  Phone/Email: |

**General Questions – New Services**

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| **Item** | **Common Answers and**  **Comments** | **Your Answer or Additional Resources** | **General Information** |
| Have you completed an operational plan form and followed components template? | **Yes, No** | **Service Director Resource Page:** <https://www.dhs.wisconsin.gov/ems/service-directors.htm> | Form F-47463 with corresponding components list:  <https://www.dhs.wisconsin.gov/ems/licensing/operational.htm> |
| Have you completed a feasibility or planning study and submitted for approval? | **Yes, No** |  | New services (except EMR) are required in Wis. Admin. Code Ch. DHS 110.35 (1) to submit for approval. |
| Community need identified or meeting held? | **Yes, No** |  | You should insure you have community and/or municipality support. |
| Proposed owner: | **Private, municipal (governmental), fire-based, hospital-based, district** |  | Identify proposed owner. |
| Shared? Area of Coverage? | **Multi municipality** |  | Identify ownership and structure; that is, board or commission, also proposed coverage area |
| Contracted? | **Owned by? Contracting to?** |  | If not shared, but serving other communities |
| Will you have a station? Age of building: | **Yes, No** |  | Identify whether a station will be provided and age of existing structure |
| If yes, is it ADA compliant and who will maintain and insure? | **Municipality? Privately owned, rented** |  | Who is responsible for maintaining and upkeep of the building? |
| Will station have crew quarters? | **Yes, No** |  | If yes, the building should meet current codes for living area and ADA compliance |
| Do you have an EIN (FEIN) number? | **Yes, No** |  | This is an employer number you will need from the IRS. If municipally owned check with the municipality as you may be listed under them. This is required even for volunteer agency. |

**Operational (A template will be available to tally costs where appropriate)**

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| **Item** | **Common Answers** | **Your Answer or Additionals Resources** | **General Information** |
| Level of Service - Base | **EMR, EMT, AEMT, Paramedic, Interfacility** |  | Identify the level you are proposing. *Intermediate is no longer supported.* |
| Endorsements? | **Critical Care, Community EMS or Paramedic, TEMS** |  | Endorsement level over base |
| Operational Style? | **911 response, transport, non-transport, interfacility only, intercept** |  | If multiple style, 911 requires 24/7 commitment over interfacility |
| Will you require a phase-in period? | **Yes, No** |  | You have the option to phase in full service for up to 12 months without a waiver. |
| Have you developed a tentative budget? | **A budget worksheet is available** |  | Outlining costs from the beginning will help with future cost estimates. |
| Will you bill for service? | **Yes, No (outline)** | **National Plan and Provider Enumeration System** <https://nppes.cms.hhs.gov/#/> | You will need an NPI number to bill. Medicare / Medicaid will require it for application approval |
| Who will do billing? | **Internally or billing company** |  | If doing billing internally generally insurance companies and Medicare suggest using a licensed coder |
| Will staff be paid? Describe: | **Yes, No, to include, full time, part time, POC, volunteer** |  | Template available to assist with computation of costs. This includes volunteer with stipend or POC. |
| Will staff be scheduled? Describe: | **Yes, No, to include, full time, part time, POC, volunteer** |  | 911 coverage requires a staffing schedule for all transporting agencies. |
| Will you cover training costs? | **Yes, No** |  | This includes initial and renewal |
| Will you provide internal training? | **Yes, No** |  | Identify a training coordinator and program. Templates available from DHS. |
| Have you identified a Medical Director? Are they stand alone or hospital/clinic based? | **Yes, No** |  | Per statute, must have an MD/DO who is and will be active with the service. |
| If yes, have you identified cost? | **Yes, No** |  | Some MDs especially non-standalone may have fees associated. |
| If performing blood glucose measurement or lab skills you must have a CLIA waiver. | **This is required at all EMS levels** | **CLIA Waiver Process:** <https://www.cms.gov/regulations-and-guidance/legislation/clia?redirect=/clia/> | You will need to complete form CMS-116 and pay a fee |
| If Paramedic, have you acquired a DEA license? | **Yes, No** | **Drug Enforcement Agency**: <https://www.deadiversion.usdoj.gov/drugreg/> | DEA license will need to be separate from any license the MD has |
| Which HERC and/or RTAC region will you be part of? | **See map on website** | <https://www.dhs.wisconsin.gov/preparedness/healthcare/index.htm> |  |
| Will you be using the State of Wisconsin WARDs Elite or a outside company? | **WARDS, Other** |  | If using an outside company, insure they can upload data to WARDs Elite as required. |
| Will you provide coverage for special events? | **Yes, No** | See Wis. Admin. Code Ch. DHS 110.44 for specifics on requirements | General small annual events can be noted in your plan summary. Larger events will require submission of a special events plan. If you cover 911 as well, events can’t interrupt this requirement. |

**Operational – Supplies and Equipment**

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| **Item** | **Suggested Answers** | **Your Answer / Resources** | **General Information** |
| Do you have general supplies and equipment? | **Yes, No** | Follow DOT Trans 309 Statute: <https://wisconsindot.gov/Documents/safety/veh-inspect/ambulance/309.pdf> | List starts at section Wis. Admin. Code Ch. Trans 309.21, also reference the current scope of practice |
| Who will cover supply replacement? | **Service, municipality, hospital, other** |  | In general, ambulance services are not allowed to bill for supplies, primarily Medicare/Medicaid |
| If transporting, have you secured an ambulance? | **Yes, No** |  | Ambulances must be inspected by DOT prior to being put in service. |
| Is their capital equipment purchases? | **Examples: Cardiac monitor, ventilator, automated CPR device** |  | Consider these costs at initial planning. |
| Have you researched communication equipment? | **Yes, No** |  | Consider base and portable radios, pagers and cell phones. |
| Have you acquired an FCC license/approval? | **Yes, No** |  | Approval for specific EMS frequencies come with service approval. Actual frequency list can be acquired by radio vendor/programmer |
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