

**THIS DOCUMENT IS A TEMPLATE FOR SERVICE DIRECTORS**

Service Name:	License #:	Current Level:	Proposed start date:	Main Contact: Phone/Email:
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**General Questions – For service level changes**

Item	Suggested Answers	Your Answer / Resources	General Information
Community need / meeting held?	<b>Yes, No</b>		You should insure you have community and/or municipality support.
What is the proposed change?	<b>Upgrade or Downgrade</b>		Outline if this is 24/7 or by flex.
If downgrade, do you cover more than one municipality?	<b>Yes, No</b>		If you cover multi areas, you must get a letter of support from all municipalities per DHS 110.37 prior to a downgrade.
If upgrade, what is the proposed 911 coverage 24/7 level?	<b>Proposed level</b>		This is identified in DHS rule: 110.34(5) if providing 911.
If upgrade will you be using the Flex staffing model?	<b>Yes, No</b>		This is separate of flex using EMRs as legal crew.
If Flex Staffing, what level?	<b>Identify what level</b>		You must insure you have adequate equipment available for the proposed level.
Have changes been approved by your Medical Director?	<b>Yes, No</b>		The Medical Director ultimately makes the approval to the level you intend to provide

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

Item	Suggested Answers	Your Answer / Resources	General Information
Level of Service – Current:	<b>EMR, EMT, AEMT, Paramedic, Interfacility, Intercept</b>		Identify the license level you are currently approved at.
Endorsements (if applicable):	<b>Critical Care, Community EMS or Community Paramedic, TEMS</b>		This is an additional level of service endorsement over base level
Proposed Level of Service:	<b>Include endorsements</b>		Identify the level you are proposing to provide 24/7.
Have you developed a budget?	<b>A budget worksheet is available</b>		Outlining costs from the beginning will help with future cost estimates.

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Have you reviewed billing options and allowances?	<b>Yes, No</b>		You will need approval to bill at a new level, primarily Medicare / Medicaid.
If upgrading, do your protocols outline care at those levels?	<b>Yes, No</b>	<a href="https://www.surveymzmo.com/s3/6330065/2021-EMS-Protocols-Voluntary-Adoption-and-Attestation">https://www.surveymzmo.com/s3/6330065/2021-EMS-Protocols-Voluntary-Adoption-and-Attestation</a>	Medical Director-approved patient care guidelines must in place prior to upgrade. May use the State of Wisconsin Patient Care Guidelines and completing the attestation survey
Will staff be paid? Describe:	<b>Yes, No, to include, full time, part time, POC, volunteer</b>		Template available to assist with computation of costs; this includes volunteer with stipend or POC
Will staff be scheduled? Describe:	<b>Yes, No, to include, full time, part time, POC, volunteer</b>		911 coverage requires a staffing schedule for all transporting agencies.
Will you provide refresher or internal training?	<b>Yes, No</b>		Identify a training coordinator and program. Templates available from DHS
If yes, will you cover cost and have you identified cost?	<b>Yes, No</b>		Identify if you will cover tuition only and/or time spent completing training.
If upgrade to Paramedic, have you acquired a DEA license?	<b>Yes, No</b>	<a href="https://www.deadiversion.usdoj.gov/drugreg/">https://www.deadiversion.usdoj.gov/drugreg/</a>	DEA license will be required to have schedule II medications. Should be separate from MDs personal license
Will upgrade strictly be for interfacility and/or intercept service?	<b>Yes, No</b>		If you're adding intercept or interfacility service, outline how this will be provided and if 24/7. Also insure it will not interfere with required 911 response.

**Operational – Supplies and Equipment**

Do you have general supplies and equipment needed for upgrade?	<b>Yes, No</b>	<a href="https://wisconsindot.gov/Documents/safety/veh-inspect/ambulance/309.pdf">https://wisconsindot.gov/Documents/safety/veh-inspect/ambulance/309.pdf</a>	List starts at section 309.21, also reference the current scope of practice
Who will cover supply replacement?	<b>Service, municipality, hospital, other</b>		In general ambulance services are not allowed to bill for supplies, primarily Medicare/Medicaid

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Is their additional capital equipment needs?	<b>i.e.; Cardiac monitor, ventilator, automated CPR device</b>		Consider these costs prior to implementing change.
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