

Affected Programs: BadgerCare Plus, Medicaid

To: Specialized Medical Vehicle Providers, HMOs and Other Managed Care Programs

Clarification of Specialized Medical Vehicle Driver Training Requirements for Cardiopulmonary Resuscitation

This *ForwardHealth Update* provides clarification of cardiopulmonary resuscitation (CPR) training requirements for specialized medical vehicle drivers taking CPR training on and after May 1, 2014. The Specialized Medical Vehicle Providers Affidavit, F11237 (04/14), has been updated to reflect this clarification.

This *ForwardHealth Update* provides clarification of cardiopulmonary resuscitation (CPR) training requirements for specialized medical vehicle (SMV) drivers taking CPR training on and after May 1, 2014. The Specialized Medical Vehicle Providers Affidavit, F-11237 (04/14), has been updated to reflect this clarification.

Cardiopulmonary Resuscitation Training

Specialized medical vehicle enrollment requires all drivers to have CPR training. Cardiopulmonary resuscitation training for SMV drivers must meet the most recent American Heart Association guidelines at the time the driver takes the training. Examples of organizations that offer acceptable training include:

- American Heart Association.
- American Red Cross.
- American Safety and Health Institute.
- Emergency Care and Safety Institute.
- Emergency Medical Services Safety Services.
- National Safety Council.
- ProTrainings, LLC.

- T-E-A-M CPR and Automated External Defibrillator (AED).

Additionally, a CPR course completion card must be acquired as proof of training completion. As a reminder, first aid cards are also required.

Revised Specialized Medical Vehicle Affidavit

The Specialized Medical Vehicle Providers Affidavit has been revised to reflect these clarifications and is included in the Attachment of this *Update*. Specialized medical vehicle providers are reminded that a current, notarized Specialized Medical Vehicle Providers Affidavit is required at the time of enrollment and revalidation. Refer to the Provider Enrollment Information Home Page topic (topic #14157) of the Provider Enrollment chapter of the Provider Enrollment and Ongoing Responsibilities section of the Online Handbook for information on SMV provider enrollment and the Conducting Revalidation Via the ForwardHealth Portal topic (topic #8524) of the Portal chapter of the Resources section of the Online Handbook for information on conducting revalidation on the ForwardHealth Portal.

Keeping Information Current

Specialized medical vehicle service providers are reminded that they are required to keep all information current with ForwardHealth by using the demographic maintenance tool on the ForwardHealth Portal at www.forwardhealth.gov/. For

detailed information about using the demographic maintenance tool, providers should refer to the Demographic Maintenance Tool User Guide on the Portal User Guides page of the Portal at www.forwardhealth.wi.gov/WIPortal/content/Provider/userguides/userguides.htm.spage.

Note: The Demographic Maintenance link will only be displayed for administrative accounts or for clerk accounts that have been assigned the Demographic Maintenance role. For information about assigning roles, providers should refer to the Account User Guide on the Portal User Guides page.

The *ForwardHealth Update* is the first source of program policy and billing information for providers.

Wisconsin Medicaid, BadgerCare Plus, SeniorCare, and Wisconsin Chronic Disease Program are administered by the Division of Health Care Access and Accountability, Wisconsin Department of Health Services (DHS). The Wisconsin AIDS Drug Assistance Program and the Wisconsin Well Woman Program are administered by the Division of Public Health, Wisconsin DHS.

For questions, call Provider Services at (800) 947-9627 or visit our Web site at www.forwardhealth.wi.gov/.

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ATTACHMENT

Specialized Medical Vehicle Providers Affidavit

(A copy of the “Specialized Medical Vehicle Providers Affidavit” is located on the following pages.)

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WISCONSIN MEDICAID SPECIALIZED MEDICAL VEHICLE PROVIDERS AFFIDAVIT

Wisconsin Medicaid requires certain information to enable the programs to authorize and pay for medical services provided to eligible members.

Personally identifiable information about providers or other entities is used for purposes directly related to program administration such as determining the enrollment (certification) of providers or processing provider claims for reimbursement. Failure to supply the information requested by the form may result in denial of payment for services.

The use of this form is mandatory.

Instructions: Type or print clearly.

Name — Specialized Medical Vehicle (SMV) Provider (Must Exactly Match Name on All SMV Enrollment Documents)

Name — Business (Checks Payable to, Include Inc, Corp; IRS Name for IRS Number Used)

Address (Street, City, State, ZIP+4 Code; P.O. Box Only Not Allowed)

Telephone Number(s)

Type of Ownership of SMV Business (Required to Check One)

- | | |
|--|---|
| <input type="checkbox"/> A Sole Proprietorship | <input type="checkbox"/> A Nonprofit Association or Corporation** |
| <input type="checkbox"/> A Partnership** | <input type="checkbox"/> A Proprietary Corporation** |
| <input type="checkbox"/> A Limited Liability | <input type="checkbox"/> Government |

** List all owners, partners, **and** officers **and** the title of each (Required)

Name — Owners, Partners, and Officers (Print)

Title

Name — Owners, Partners, and Officers (Print)

Title

I, _____, certify that I am the _____,
(Print Name) (Print Title, e.g., President)
of this SMV provider. As the authorized representative, I certify that I fully understand the contents of this affidavit and that the information provided on all enrollment documents is accurate. I attest that this SMV provider meets all of the enrollment requirements under DHS 105.39, Wis. Admin. Code, as follows and will meet all requirements, as are now in effect or as may later be amended, on a continuous and on-going basis. I further attest that CPR training will meet the latest American Heart Association guidelines at the time it is taken and that first aid and CPR course completion cards will be acquired as proof of training completion. (**Must** be notarized, see page 3 of 3.)

SIGNATURE — Provider

Date Signed

Continued



F-11237

DHS 105.39, Wis. Admin. Code:

- (1) For MA certification, a specialized medical vehicle provider shall meet the requirements of this section and shall sign the affidavit required under sub. (6) stipulating that the provider is in compliance with the requirements of this section as well as with the requirements of the department of transportation for human service vehicles under ss. 110.05 and 340.01(23g), Stats., and ch. Trans. 301, and shall provide proof of compliance when requested by the department.
- (2) VEHICLES.
- (a) Insurance of not less than \$250,000 personal liability for each person, not less than \$500,000 personal liability for each occurrence and not less than \$10,000 property damage shall be carried on each specialized medical vehicle used to transport a recipient.
- (b) Each vehicle shall be inspected and the inspection documented at least every 7 days, by an assigned driver or mechanic, to ensure:
1. The proper functioning of the vehicle systems including but not limited to all headlights, emergency flasher lights, turn signal lights, tail lights, brake lights, clearance lights, internal lights, windshield wipers, brakes, front suspension and steering mechanisms, shock absorbers, heater and defroster systems, structural integrity of passenger compartment, air conditioning system, wheelchair locking systems, doors, lifts and ramps, moveable windows and passenger and driver restraint systems;
 2. That all brakes, front suspension and steering mechanisms and shock absorbers are functioning correctly;
 3. That all tires are properly inflated according to vehicle or tire manufacturers' recommendations and that all tires possess a minimum of 1/8-inch of tread at the point of greatest wear; and
 4. That windshields and mirrors are free from cracks or breaks.
- (c) The driver inspecting the vehicle shall document all vehicle inspections in writing, noting any deficiencies.
- (d) All deficiencies shall be corrected before any recipient is transported in the vehicle. Corrections shall be documented by the driver. Documentation shall be retained for not less than 12 months, except as authorized in writing by the department.
- (e) Windows, windshield and mirrors shall be maintained in a clean condition with no obstruction to vision.
- (f) Smoking is not permitted in the vehicle.
- (g) Police, sheriff's department and ambulance emergency telephone numbers shall be posted on the dash of the vehicle in an easily readable manner. If the vehicle is not equipped with a working two-way radio, sufficient money in suitable denominations shall be carried to enable not less than 3 local telephone calls to be made from a pay telephone.
- Note:** Chapter Trans 301.14, Wis. Admin. Code, requires every HSV to be equipped with some type of two-way communication system. The system shall be of such design and installation that the vehicle operator shall at all times be able to communicate with either the base of operations or another intermediary party that could communicate with the base of operations.
- (h) A provider shall maintain a list showing for each vehicle its registration number, identification number, license number, manufacturer, model, year, passenger capacity, insurance policy number, insurer, types of restraint systems for wheelchairs and whether it is fitted with a wheelchair lift or with a ramp. Attached to the list shall be evidence of compliance with ch. Trans. 301.
- (3) VEHICLE EQUIPMENT.
- (a) The vehicle shall be equipped at all times with a flashlight in working condition, a first aid kit and a fire extinguisher. The fire extinguisher shall be periodically serviced as recommended by the local fire department.
- (b) The vehicle shall be equipped with a lift or ramp for loading wheelchairs. The vehicle shall also be equipped with passenger restraint devices for each passenger, including restraint devices for recipients in wheelchairs or on cots or stretchers as defined in s. DHS 107.23(1)(c)4. Both a recipient and the recipient's wheelchair, cot or stretcher shall be secured.
- (c) Provision shall be made for secure storage of removable equipment and passenger property in order to prevent projectile injuries to passengers and the driver in the event of an accident.

Continued

DHS 105.39, Wis. Admin. Code (Continued):

(4) DRIVERS.

- (a) Each driver shall possess a valid regular or commercial operator's license which shall be unrestricted, except that the vision restrictions may be waived if the driver's vision is corrected to an acuity of 20/30 or better by the use of corrective lenses. In this event, the driver shall wear corrective lenses while transporting recipients.
- (b) 1. Each driver before driving a vehicle or serving as an attendant shall have received all of the following:
 - a. Basic Red Cross or equivalent training in first aid and cardiopulmonary resuscitation (CPR);
 - b. Specific instructions on care of passengers in seizure; and
 - c. Specific instructions in the use of all ramps, lift equipment and restraint devices used by the provider.
- 2. Each driver shall receive refresher training in first aid at least every 3 years and maintain CPR certification. A driver who is an emergency medical technician licensed under ch. DHS 110 a licensed practical nurse, a registered nurse or a physician assistant shall be considered to have met these requirements by completion of continuing education which includes first aid and CPR.
- (c) The provider shall maintain a current list of all drivers showing the name, license number and any driving violations or license restrictions of each and shall keep that list current.

(5) COMPANY POLICY. Company policies and procedures shall include:

- (a) Compliance with state and local laws governing the conduct of businesses, including ch. Trans. 301.
- (b) Establishment and implementation of scheduling policies that assure timely pick-up and delivery of passengers going to and returning from medical appointments;
- (c) Documentation that transportation services for which MA reimbursement is sought are:
 - 1. For medical purposes only;
 - 2. Ordered by the attending provider of medical service; and
 - 3. Provided only to persons who require this transportation because they lack other means of transport, and who are also physically or mentally incapable of using public transportation;
- (d) Maintenance of records of services for 5 years, unless otherwise authorized in writing by the department; and
- (e) On request of the department, making available for inspection records that document both medical service providers' orders for services and the actual provision of services.

(6) AFFIDAVIT. The provider shall submit to the department a notarized affidavit attesting that the provider meets the requirements listed in this section. The affidavit shall be on a form developed by and available from the department, and shall contain the following:

- (a) A statement of the requirements listed in this section;
- (b) The date the form is completed by the provider;
- (c) The provider's business name, address, telephone number and type of ownership;
- (d) The name and signature of the provider or a person authorized to act on behalf of the provider; and
- (e) A notarization.

(7) DENIAL OF RECERTIFICATION. If a provider violates provisions of this chapter, s. DHS 106.06, 107.23 or any other instruction in MA program manuals, handbooks, bulletins or letters on provision of SMV services 3 times in a 36-month period, the department may deny that provider's request for re-certification.

(Notary signature **and** seal **REQUIRED**)

Subscribed and sworn to before me this ____ day of _____.

(Month)

_____ in _____ County, WI or _____.

(Notary Public)

(County)

(State)

My commission expires on _____.

(Date)
