1 2	MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
3	CERTIFICATE OF NEED (CON) REVIEW STANDARDS
4	FOR AIR AMBULANCE SERVICES
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б	(By authority conferred on the CON Commission by Section 22215 of Act No. 368 of the Public Acts of
7	1978, as amended, and sections 7 and 8 of Act No. 306 of the Public Acts of 1969, as amended, being
8	sections 333.22215, 24.207 and 24.208 of the Michigan Compiled Laws.)
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10	Section 1. Applicability
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12	Sec. 1. (1) These standards are requirements for approval OF THE INITIATION, REPLACEMENT,
13	EXPANSION, OR ACQUISITION OF AIR AMBULANCE SERVICES, and THE delivery of THESE services
14	for all projects approved and Certificates of Need issued under Part 222 of the Code-which involve air
15	ambulance services.
16	(2) PURSUANT TO PART 222 OF THE CODE, Air ambulance is a covered clinical service for
17 18	purposes of Part 222 of the Code.
19	
20	(3) Theservice. The Department shall use sections 3, 4, 5, 6, and 9, as applicable, THESE
21	STANDARDS in applying Section 22225(1) of the Code, being Section 333.22225(1) of the Michigan
22	Compiled Laws.
23	
24	(4) The Department shall use Section 8, as applicable, in applyingLaws AND Section 22225(2)(c) of
25	the Code, being Section 333.22225(2)(c) of the Michigan Compiled Laws.
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27	Section 2. Definitions
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29	Sec. 2. (1) As used in these standards:
30	(a) "Acquisition of an existing air ambulance service" means obtaining possession and control of an
31	existing air ambulance service by contract, ownership, lease or other comparable arrangement.
32	(b) "Advanced life support services" means patient care that may include any care a paramedic is
33	qualified to provide by paramedic education that meets the educational requirements established by the Department under Section 20912 of the Code, being Section 333.20912 of the Michigan Compiled Laws,
34 35	or is authorized to provide by the protocols established by the local medical control authority under Section
36	20919 of the Code, being Section 333.20919 of the Michigan Compiled Laws, for a paramedic.
37	(c) "Advanced life support intercept" means the use of an air ambulance to provide advanced life
38	support services to a patient at the scene of an emergency that does not involve the transport of that
39	patient by air.
40	(d) "Air ambulance" means a rotary wing aircraft that is capable of providing treatment or
41	transportation of a patient at or from the scene of an emergency. An air ambulance may also be used for
42	the inter-facility transport of a patient requiring at minimum advanced life support. The term does not
43	include an air ambulance licensed in a state other than Michigan that does not transport patients from the
44	scene of an emergency in Michigan, except pursuant to mutual aid agreements, and which is not required
45	to be licensed as an air ambulance under Part 209 of the Code, being Section 20901 et seq. of the
46	Michigan Compiled Laws.
47	(e) "Air ambulance service" means providing at least advanced life support services utilizing an air
48	ambulance(s) that operates in conjunction with a base hospital(s). Other functions of the service may
49 50	include searches, emergency transportation of drugs, organs, medical supplies, equipment or personnel.
50 51	An air ambulance service may operate a back-up air ambulance when the primary air ambulance(s) is not available or for a designated event with prior notification and approval from the local medical control
51 52	authority.
52	(f) "Back-up air ambulance" means an air ambulance that is used to provide air ambulance
54	services when the primary air ambulance is not available to provide air ambulance services. A back-up air

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55	ambulance shall not be operated at the same time as the primary aircraft for the provision of air
56	ambulance services except for a designated event.
57	(g) "Base hospital(s)" means the hospital or hospitals designated by the applicant in the CON
58	application as the location(s) to which the majority of patient transports will be completed.
59	(h) "Base of operations" means the site or sites at which the air ambulance(s) and crew are located
60	for the air ambulance service.
61	(i) "Certificate of Need Commission" or "CON Commission" means the Commission created
62	pursuant to Section 22211 of the Code, being Section 333.22211 of the Michigan Compiled Laws.
63	(j) "Code" means Act No. 368 of the Public Acts of 1978, as amended, being Section 333.1101 <u>et</u>
64	seq. of the Michigan Compiled Laws.
65	(k) "Department" means the Michigan Department of Community Health (MDCH).
66	(I) "Designated event" means a temporary event, such as an air show, of no more than seven (7)
67	days in duration that requires the full-time on-site availability of an air ambulance.
68	(m) "Emergency" means a condition or situation in which an individual declares a need for
69	immediate medical attention for any individual, or where that need is declared by emergency medical
70	services personnel or a public safety official, pursuant to MCL 333.20904. (n) "Existing air ambulance" means an operational air ambulance on the date which an application
71 72	is submitted to the Department.
73	(o) "Existing air ambulance service" means an operational air ambulance service or an air
73 74	ambulance service approved, but not yet operational on the date which an application is submitted to the
75	Department.
76	(p) "Expand an air ambulance service" means increasing the number of air ambulances operated
77	by an existing air ambulance service.
78	(qp) "Health facility" means a health facility or agency as defined in Section 20106 of the Code, being
79	Section 333.20106 of the Michigan Compiled Laws.
80	(rq) "Hospital" means a health facility licensed under Part 215 of the Code.
81	(s) "Initiate an air ambulance service" means begin operation of an air ambulance service from a
82	base of operations that does not provide air ambulance services in compliance with Part 222 of the Code
83	and is not listed on the Department inventory of air ambulances on the date on which an application is
84	submitted to the Department. The term does not include the renewal of a lease.
85	(tr) "Inter-facility transport" means the transport of a patient between health facilities using an air
86	ambulance.
87	(u) "Medicaid" means title XIX of the social security act, chapter 531, 49 Stat. 620, 1396r-6 TO
88	<u>1396G_and1396r-8i to1396vto1396u.</u>
89	(vs) "Medical control authority" means an organization designated by the Department under Section
90	20910(1)(g) to provide medical control, pursuant to MCL 333.20906.
91	(wt) "Monitored bed" means a licensed hospital bed that has, at a minimum, the capability of
92	electronically monitoring in real time a patient's cardiac activity.
93	(xu) "Mutual aid" means a written agreement between 2 or more air ambulance services for the
94	provision of emergency medical services when an air ambulance service is unable to respond to a request
95	for a pre-hospital transport.
96	$(\underline{y}\underline{v})$ "Organ transport" means the use of an air ambulance to transport an organ(s) and surgical
97	transplant team between hospitals for transplantation purposes occurring in Michigan.
98	(zw) "Patient transport" means the use of an air ambulance to provide an advanced life support
99 100	intercept, a pre-hospital transport or an inter-facility transport occurring in Michigan.
100	(aax) "Pre-hospital transport" means the use of an air ambulance to provide transportation and advanced life support services to a patient from the scene of an emergency to a hospital.
101	(bb) "Replace an air ambulance" means an equipment change which results in an air ambulance
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103 104	service operating an air ambulance, with a different aircraft manufacturer's serial number, other than a
104	service operating an air ambulance, with a different aircraft manufacturer's serial number, other than a back-up air ambulance.
104 105	service operating an air ambulance, with a different aircraft manufacturer's serial number, other than a
104	service operating an air ambulance, with a different aircraft manufacturer's serial number, other than a back-up air ambulance.

109	Section 3. Requirements for approval to initiate an air ambulance service
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111	Sec. 3. "Initiate an air ambulance service" means begin operation of an air ambulance service from
112	a base of operations that does not provide air ambulance services in compliance with Part 222 of the
113	Code and is not listed on the Department inventory of air ambulances on the date on which an application
114	is submitted to the Department. The term does not include the renewal of a lease. An applicant
115	proposing to initiate an air ambulance service shall:
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117	(1) Operate only one (1) air ambulance.
118	
119	(2) Identify the base hospital(s) of the proposed air ambulance service.
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121	(3) Identify the base of operations of the proposed air ambulance service.
122	
123	(4) Provide a letter of support from the medical control authority for the base of operations
124	indicating that the applicant's proposed protocols comply with the requirements of the medical control
125	authority.
126	
127	(5) Project, in accordance with the methodology in Section 9, that at least 275 patient transports will
128	be made in the second 12 months after beginning operation.
129	
130	(65) Demonstrate that all existing air ambulance services with a base of operations within a 75-mile
131	radius of the base of operations of the proposed air ambulance service have been notified of the
132	applicant's intent to initiate an air ambulance service, by means of certified mail return receipt, dated
133	before the deemed complete date of the application.
134	
135	Section 4. Requirements for approval to expand <u>REPLACE</u> an air ambulance service
136	
137	Sec. 4. "Replace an air ambulance" means an equipment change which results in an air ambulance
138	service operating an air ambulance, with a different aircraft manufacturer's serial number, other than a
139 140	back-up air ambulance. An applicant proposing to replace an existing air ambulance shall: An applicant proposing to expand-REPLACE an air ambulance service shall:
140	proposing to expand <u>REPERCE</u> all all ambulance service shall.
141	(1) Demonstrate that in the most recent 12-month period for which verifiable data are available to
142	the Department, the air ambulance service met one (1) of the following:
143	(a) 600 patient transports and organ transports for an air ambulance service expanding to two (2)
145	air ambulances, of which 275 must be patient transports.
145	(b) 1,200 patient transports and organ transports for an air ambulance service expanding to three
147	(3) air ambulances, of which 550 must be patient transports.
148	(c) 1,800 patient transports and organ transports for an air ambulance service expanding to four (4)
149	air ambulances, of which 825 must be patient transports. Demonstrate that the existing air ambulance to
150	be replaced is fully depreciated according to generally accepted accounting principles, or that the
151	replacement air ambulance offers significant technological improvements which enhance safety or quality
152	of care, increases efficiency, or reduces operating costs.
153	
154	(2) Identify the existing base of operations of the air ambulance service.
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156	(3) Identify any proposed base of operations and demonstrate that the proposed base of operations
157	is within the same medical control authority as the existing base of operations.
158	
159	— (4)—Identify the existing and proposed base hospital(s) of the air ambulance service.
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161	(4) Assert that the air ambulance to be replaced shall be removed from operation at the applicant's
162	air ambulance service or designated as a back-up air ambulance.
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164	(5) PROVIDE A LETTER OF SUPPORT FROM THE MEDICAL CONTROL AUTHORITY FOR
165	THE BASE OF OPERATIONS INDICATING THAT THE APPLICANT'S PROPOSED PROTOCOLS
166	COMPLY WITH THE REQUIREMENTS OF THE MEDICAL CONTROL AUTHORITY.
167 160	Section 5. Requirements for approval to replace <u>EXPAND</u> an air ambulance
168 169	Section 5. Requirements for approval to replace <u>EXPAND</u> an air ambulance
170	Sec. 5. "Expand an air ambulance service" means increasing the number of air ambulances
171	operated by an existing air ambulance service. An applicant proposing to replace EXPAND an existing air
172	ambulance shall:
173	
174	(1) Demonstrate that in the most recent 12-month period for which verifiable data are available to
175	the Department, the air ambulance service met one (1) of the following:
176	(a) 275 patient transports for an air ambulance service with one (1) air ambulance.
177	(b) 600 patient transports and organ transports for an air ambulance service with two (2) air
178	ambulances, of which 550 must be patient transports.
179	(c) 1,200 patient transports and organ transports for an air ambulance service with three (3) air
180	ambulances, of which 825 must be patient transports.
181	(d) 1,800 patient transports and organ transports for an air ambulance service with four (4) air
182	ambulances, of which 1,100 must be patient transports.
183	
184	— (2) Demonstrate that the existing air ambulance to be replaced is fully depreciated according to
185	generally accepted accounting principles, or that the replacement AIR AMBULANCE offers significant
186	technological improvements which enhance safety or quality of care, increases efficiency, or reduces
187	operating costs.
188	
189	——(3)—Identify the existing base of operations of the air ambulance service.
190	
191	(2) Identify any proposed base of operations and demonstrate that the proposed base of operations
192	is within the same medical control authority as the existing base of operations.
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194	(4 <u>3</u> ) Identify the existing <u>and proposed</u> base hospital(s) of the air ambulance service.
195	(54) As a set that the size and when as to be used as all be necessarily and form an article set the size of the second set of the second set of the second seco
196	(54) Assert that the air ambulance to be replaced shall be removed from operation at the applicant's
197	air ambulance service or designated as a back-up air ambulance. PROVIDE A LETTER OF SUPPORT
198	FROM THE MEDICAL CONTROL AUTHORITY FOR THE BASE OF OPERATIONS INDICATING THAT
199 200	THE APPLICANT'S PROPOSED PROTOCOLS COMPLY WITH THE REQUIREMENTS OF THE
200 201	MEDICAL CONTROL AUTHORITY.
201 202	Section 6. Requirements for approval to acquire an existing air ambulance service
202 203	Section of requirements for approval to acquire an existing an ambulance service
203 204	Sec. 6. "Acquisition of an existing air ambulance service" means obtaining possession and control of
204 205	an existing air ambulance service by contract, ownership, lease or other comparable arrangement.
205   206	An applicant proposing to acquire an existing air ambulance service shall:
200	an approant proposing to acquire an existing an ambulance service shall.
207	(1) Demonstrate that in the most recent 12-month period for which verifiable data are available to
208	the department, the air ambulance service met one (1) of the following:
209	(a) 275 patient transports for an air ambulance service with one (1) air ambulance.
210	(b) 600 patient transports and organ transports for an air ambulance service with two (2) air
212	ambulances, of which 550 must be patient transports.
213	(c) 1,200 patient transports and organ transports for an air ambulance service with three (3) air
214	ambulances, of which 825 must be patient transports.
215	(d) 1,800 patient transports and organ transports for an air ambulance service with four (4) air
216	ambulances, of which 1,100 must be patient transports.

(2) Identify the existing base of operations of the air ambulance service. 218 219 220 (32) Identify any proposed base of operations and demonstrate that the proposed base of operations is within the same medical control authority as the existing base of operations. 221 222 (43) Identify the existing and proposed base hospital(s) of the air ambulance service. 223 224 225 (54) Provide a letter of support from the medical control authority for the base of operations indicating that the applicant's proposed protocols comply with the requirements of the medical control 226 227 authority. 228 Section 7. Requirements for approval for all applicants MEDICAID PARTICIPATION 229 230 231 Sec. 7. An applicant shall provide verification of Medicaid participation. An applicant that is a new 232 provider not currently enrolled in Medicaid shall certify that proof of Medicaid participation will be provided to the Department within six (6) months from the offering of services, if a CON is approved. 233 234 Section 8. Project delivery requirements--terms of approval for all applicants 235 236 237 Sec. 8. (1) An applicant shall agree that, if approved, the AIR AMBULANCE services provided by the air ambulance service shall be delivered in compliance with the following terms of CON approval: 238 239 (a1) Compliance with these standards. 240 241 242 (2) COMPLIANCE WITH THE FOLLOWING QUALITY ASSURANCE REQUIREMENTS: (ba) Compliance with applicable state and federal safety, operating, and licensure standards. 243 (cb) Compliance with applicable local medical control authority protocols for scene responses by air 244 ambulances. 245 (d) An average of 275 patient transports annually for each existing air ambulance. 246 247 (ec) Compliance with either of the following quality assurance standards: (i)—The applicant shall be accredited as an air ambulance service by the Commission on the 248 Accreditation of Medical Transport Systems (CAMTS) within 2 years of beginning operation; or 249 (ii) the applicant shall maintain the following: 250 (A) written policies and procedures specifying the levels of patient care to be provided. The level of 251 patient care provided shall be commensurate with the education and experience of the staff and the 252 capabilities of the base hospitals. 253 (B) written patient care protocols including provisions for continuity of care; 254 (C) written policies and procedures that define the roles and responsibilities of all staff members; 255 256 (D) written policies and procedures addressing the appropriate use of air ambulance services; 257 (E) a written communicable disease and infection control program; 258 (F) a written plan for dealing with situations involving hazardous materials; (G) a planned and structured program for initial and continuing education and training, including 259 didactic, clinical and in-flight, for all scheduled staff members appropriate for the respective duties and 260 261 responsibilities; 262 (H) written policies and procedures addressing the integration of the air ambulance service with public safety agencies governing the base hospitals including but not limited to the federal aviation 263 264 administration, medical control authorities, ground emergency vehicles and disaster planning; (I) a quality management program; 265 (J) a clinical data base for utilization review and guality assurance purposes; and 266 (K) procedures to screen patients to assure appropriate utilization of the air ambulance service. 267 (fd) Compliance with staffing and essential equipment as required by Part 209 of the Code, being 268 269 Section 20901 et seq. of the Michigan Compiled Laws.

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271	(3) COMPLIANCE WITH THE FOLLOWING ACCESS TO CARE REQUIREMENTS:
272	(ga) Compliance with all appropriate requests for services for pre-hospital transports.
273	(hb) Assurance that an air ambulance service will be utilized by all segments of the Michigan
274	population, shall:
275	(i) not deny air ambulance services to any individual based on ability to pay or source of payment;
276	(ii) provide air ambulance services to any individual based on the clinical indications NECESSITY
277	of need for the service; and
278	(III) Participation PARTICIPATE in Medicaid at least 12 consecutive months within the first two years
279	of operation and continue to participate annually thereafter.
280	
281	(4) COMPLIANCE WITH THE FOLLOWING MONITORING AND REPORTING REQUIREMENTS:
282	(ia) Participation in a data collection network established and administered by the Department or its
283	designee. The data may include, but is not limited to: _annual budget and cost information; operating
284	schedules; through-put schedules; demographic and diagnostic information; the volume of care provided
285	to patients from all payor sources; and other data requested by the Department. The applicant shall
286	provide the required data on a separate basis for each separate and distinct site, as required by the
287	Department; in a format established by the Department; and in a mutually agreed upon media. The
288	Department may elect to verify the data through on-site review of appropriate records.
289	(ib) Provision of notice to THE APPLICANT SHALL PROVIDE the Department with a TIMELY notice
290	stating the date the new, additional, or replacement air ambulance, is placed in operation and such notice
291	shall be submitted to the Department OF THE PROPOSED PROJECT IMPLEMENTATION consistent
292	with applicable statute and promulgated rules.
293	
294	(k) Participation in Medicaid at least 12 consecutive months within the first two years of operation
295	and continue to participate annually thereafter.
296	
297	(25) The agreements and assurances required by this section shall be in the form of a certification
298	agreed to by the applicant or its authorized agent.
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300	Section 9. Methodology for projecting patient transports
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302	— Sec. 9. An applicant required to project patient transports shall compute projected patient transports
303	<del>as follows:</del>
304	(1) Identify the base hospital(s) to which patient transports will be completed by the proposed air
305	ambulance service.
306	
307	(2) In order to include data from any hospital, an applicant shall document in the application each
308	hospital's intent to utilize the proposed air ambulance service. For each hospital from which patients will
309	be transported to a base hospital(s), document each of the following:
310	(a) The number of patients that were transferred to each base hospital and either admitted to a
311	monitored bed or expired prior to admission during the most recent 12-month period preceding the date
312	on which an application is submitted to the Department.
313	(b) The number of patients identified in subdivision (a) that were transferred by ground
314	transportation.
315	— (c) The number of patients identified in subdivision (b) for which air transport would have been
316	appropriate and for which an existing air ambulance service within a 75-mile radius was unavailable for
317	reasons other than weather.
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320	ground transport to the base hospital(s) for which air transport would have been appropriate and for which an
321	existing air ambulance service within a 75-mile radius was unavailable for reasons other than weather and
322	the patients were either admitted to a monitored bed or expired prior to admission during the most recent 12-
323	month period preceding the date on which an application is submitted to the Department.
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325	(4) The projected number of patient transports shall be the sum of the results of subsections (2)(c)
326	and (3).
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328	Section 109. Effect on Prior CON Review Standards; Comparative reviews
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330	Sec. <u>109</u> . (1) These CON review standards supersede and replace the CON Review Standards for
331	Air Ambulance Services approved by the CON Commission on March 9, 2004 JUNE 10, 2010 and
332	effective on June 4, 2004AUGUST 12, 2010.
333	
334	(2) Projects reviewed under these standards shall not be subject to comparative review.