

CASAC Meeting
Minutes – March 15, 2023



Meeting called to order by Chairman Rosenberg.

Approval of minutes – the minutes from the January meeting were sent out by SOCALR.

Are there any additions or corrections to the minutes? None

Motion to approve – Mark Buchholtz, Seconded by Jonathan Siegel

No objections to the motion – minutes approved

Meeting turned over to representatives of Maryland Department of Health.

Q & A session on the NEMT program

Pat Gainer – Where are things with the RFP process?

MDH - Back in September 2022, an RFP was published to perform all of the administrative functions on behalf of Medicaid. This closed December 22nd – in lieu of any proposals, we received feedback and information. Additional feedback was requested by March 10th. We are currently reviewing that feedback and preparing a revised RFP.

Pat Gainer – Where are things in terms of the rate setting process?

MDH - Grantees have been instructed to enter into FY24 contracts as one year contracts with two 1 year options. They are to continue with normal local procurement process. The fee schedule will not be imposed on FY24 contracts.

Pat Gainer – Are you working with Hilltop on the fee schedule?

MDH - Yes, we have been working with them.

MDH - The timeline of the RFP is a moving target. A lot of considerations to consider as we move forward. We will continue to engage the group.

Jimmy Pixton – Are you going to instruct the counties to have language, pending the fee schedule, that the vendor has the option to renew? Currently, the option to renew is solely on the county and not the vendor, even on an option year. If a fee schedule is to be forced then I feel it should be the option of the vendor to participate.

MDH - The Medicaid program does not subscribe to local contracts and are not part of the county contract process. We are amenable to having conversations with the jurisdictions however we have been encouraging the grantees to engage with their vendors.

Dr. Chizmar – At least one jurisdiction is concerned about reimbursement from skilled nursing facilities to hospitals – their understanding is that Medicaid will not reimburse commercial services for transports to hospitals regardless of how routine the transport is. Is that a local interpretation or is that a state wide interpretation?

Danny Platt – Clarification – this is from a skilled nursing facility to the emergency room.

MDH - Currently the way COMAR is written, the NEMT can not fund transports for emergency response. So if someone goes via 911, they get paid through 10.9.19 – those codes are not open through NEMT contracts. So a non emergency transport to the emergency room would not be covered.

Pat Gainer – Is that a state or federal interpretation?

MDH - This is the current COMAR, so it is a state interpretation. Based on feedback received, we are looking at the way COMAR was written and see what we can do with the routine transports to emergency departments.

Pat Gainer – Are we confusing emergency services (911) with the use of the emergency department for routine medical procedures?

MDH - The emergency terminology in some transmittals is not clear. We have been using emergency services to indicate from the scene or location of an incident or medical emergency. The change in the environment has caused us to look forward to other interpretations as opposed to the language used in the older transmittals and COMAR.

Pat Gainer – If changes are made would it be through COMAR or an updated transmittal?

MDH - It would need to be both – the State Plan which is reviewed by CMMS and COMAR as well.

Will Rosenberg – Where does it stand with the transfer of patients between hospitals? Emergency interfacility transports – one Emergency Department to another Emergency Department for higher level of care

MDH - We did have some conversations on interfacility transports, we have discussed internally and right now we are staying the course of the vendors must be the contractor for that jurisdiction.

Will Rosenberg – That was not my question at all. Hospital to hospital transfers are deemed emergent by some grantees and not covered. Some previous discussions on including them in the grant process.

MDH - Hospital to hospital transfers to a higher level of care not at the sending facility are to be handled by each jurisdiction as a transfer. They are not considered 911 transports. Unstable patients to another level of care not available at that facility is to go through the local health department and the NEMT process. The exception to this is Baltimore City hospitals which do not have to go through the local health department but can go through the contracted NEMT providers which would be reviewed as if it was an after hours claim. Same criteria is used for these as for after hours claims.

Jimmy Pixton – Will that program be extended into FY 2024? There is a rumor that this will end in April.

MDH - No information has been given on any changes to this policy. That is our current interfacility transfer policy.

Jimmy Pixton – Back when we first created the regulations, it was the jurisdictions (911) that pushed back on patients going to Emergency Departments. But these transports are being

reviewed by nurses, so the example of a foley replacement could be approved by the nurse. Do you agree?

MDH - That is not correct. No guidance on foley replacement or other non emergent service has come from this office.

Conclusion of the Q & A session with MDH

Additional discussion on topic

It was recommended that MIEMSS facilitate another meeting with MDH, hospitals and commercial services. SOCALR will coordinate with Dr. Delbridge.

Return to regular agenda

State Medical Director's Report – Dr. Chizmar

EMS Board met yesterday and approved the protocol submissions. Among them we are moving diltiazem drip to ALS for interfacility transports. We are carving out hospice patients and those heading to hospice with locked infusions or medications we are not adjusting down to the appropriate level of care. Training material will come out later this spring and the protocols go live July 1st.

Meeting with the SCT committee – robust discussion today on medications that could be moved from the nurse to the paramedic. Group will continue to meet with the next meeting prior to the May CASAC meeting.

Albuterol is in short supply. Guidance document was sent out with some options for other medications. Not sure how long this shortage will last and how many jurisdictions are affected. The obstetrical regulations have not been touched in some time. We are currently reviewing them in an effort to be smarter on the use of resources.

We are fielding a lot of questions on marijuana and what is reportable. If you obtain a drug test on an individual, you should send it to Compliance. This is an evolving situation as laws are changed. If you are concerned enough to get a drug test, it would be wise to document the reason for the test and signs of impairment (random test versus signs of impairment).

Please have your folks update their contact information in Licensure and as Service representatives, please make a concerted effort to keep your list updated.

SOCALR Report – Scott Legore

Renewal inspection update – March services are underway and April services are being scheduled now.

Online renewal process – Still in the works. We have ran into some internal roadblocks, such as MIEMSS does not have an electronic signature policy. We are moving forward though.

QA Review/Data Import – MIEMSS is working to convert to NEMSIS 3.5 with a target date of July however that may be delayed. If your service converts to 3.5 before MIEMSS, please contact us to coordinate your data imports during the transition.

Equipment Update – Reminder to all service about the Charcoal waiver. If your service still has back ordered Charcoal, please contact us for the waiver information.

Regulation updates – The EMS Board at yesterday’s meeting approved the NEO/SCT regulation changes that have been discussed. These add CRT and Neonatal Fellows to the neonatal staffing. And it add Physician Assistants to the SCT staffing. It also open the SCT courses to those that are IBSC approved. The next steps are to the AELR and out for public comment.

Star of Life and Right Care when it Counts awards - nominations deadline is March 31st

EMS Care – April 27 thru 30th in Ocean City. The agenda has been released and registration is now open.

MEMRAD – Jeff Huggins

Short demonstration of MEMRAD – Maryland Emergency Medical Resource Alerting Database

Clinician Services – Bev Witmer

Currently recruiting for BLS psychomotor evaluators. Looking for folks for Regions 1 & 4.

We have updated licensure to allow for CAPCE courses.

EMT course instructors – please submit course requests prior to start of course and update roster within two weeks of start. Also encourage all students to create MIEMSS accounts and initial EMT application by end of first week of class.

For services with BLS training programs – we have a BLS meeting on Friday. Looking for one representative from each service. We will be releasing a bunch of information and would like you to get it first hand.

PEMAC – Cyndy Wright Johnson

Awards – We have no nominations at all for geriatric programs

Family Advisory Council – has been in place for some time. It is now part of a new four year grant. Pediatric readiness in EMS and EDs. Looking to expand the Family Advisory Council and add an educator to the group.

We have applied for the child passenger safety grant – EMS component is to provide child safety seats in supervisor vehicles for the safe transport of children. This has worked well with some 911 jurisdictions. It is open to commercial services.

We are putting together a pediatric cardiac arrest training program for the new protocols.

SEMSAC – Danny Platt

Still waiting on official approval as representative from the Governor’s office

MIH – no report

SCT – Will Rosenberg

Already covered by Dr. Chizmar

Old Business – None

New Business – None

Motion to adjourn by Jimmy Pixton, seconded by Matt Larrabee. Meeting adjourned.

Attendance:

In Person: Will Rosenberg, Jonathan Siegel, Dr. Tim Chizmar, Scott Legore, Marty Johnson, Scott Barquin, Cyndy Wright Johnson, Bev Witmer, Claire Pierson

Virtual: Jim Pixton, Tyler Stroh, Abby Butler, Matt Larrabee, Mark Buchholtz, Jeff Huggins, Sara Daneshpour, Devin Meyers, Lindsey Leach, Mike Moretti, Brian Fletcher, Rob (Pulse), Gary Rains, Teddy Baldwin (Lifestar), Megan Lynn, Robert Marx, Joyce Eaton, Andrea Levine, Jamie Smith, Brad Kuch

Callers: #1 – Danny Platt – Lifestar, #2 – Travis Thomas – PHI, #3 – Pat Gainer – MIEMSS, #4 – Jimmy Harsh – County Medical, #5 – Marlana Hutchinson – MDH, #6 – Kenny Barajas – MIEMSS, #7 – Bobby Harsh – County Medical