



APPLICATION FOR PEDIATRIC EXTENDED CARE PARATRANSIT SERVICE

Name

Medicaid Number

I understand that the child identified above may be eligible for Medicaid sponsored non-ambulance transportation. I have carefully reviewed the transportation criteria listed below, and in my assessment, he/she meets the eligibility requirements. I have included in the prescribed pediatric extended care PPEC prescription for service the guidelines for daily pre- and post-transportation assessment of this child.

1. Children shall neither need nor expect to need medical attention en route. For these purposes "medical attention en route" shall include, but not be limited to, the following examples:
 - a. Frequent assessment of respiratory difficulties, such as apnea, emergency need of oxygen.
 - b. Frequent assessment of cardiac status, emergency need of cardiac monitoring, and/or cardiopulmonary resuscitation CPR.
 - c. Performance of invasive therapeutic measures such as intravascular access, intravenous fluids, administration of medications and endotracheal intubation.
 - d. Conditions rendering the patient uncooperative, and/or at risk for harm to himself or others, e.g. unstable (uncontrolled by medication) seizure condition, manic states, psychosis, drug overdose.
 - e. Conditions that warrant acute monitoring of fluid and electrolytes or blood chemistry.
2. Children will receive daily pre-and post-transportation assessment by a registered nurse, licensed practical nurse, respiratory therapist, or an emergency medical technician (RN, LPN, RT or EMT) as provided by the PPEC, in accordance with the physicians PPEC prescription of services to assess whether medical attention as expected or needed in route. In addition, prior to authorizing daily transportation, the medical technician will assure that the Child will not present risk of infections to other children's and/or personnel. At minimum, if the child does not meet criteria set forth herein the child shall not be transported by vehicle other than an ambulance, and the transportation attendant shall immediately notify the office of Special Transportation at [305-263-5400](tel:305-263-5400) and other parties, which may include the child's parents and physician.
3. Children will be transported and well-ventilated, air-conditioned, smoke-free vehicles with age-appropriate safety restraints.
4. Children requiring continuous feeding and/or continuous oxygen may be transported is medical attention is not required on route. Chronic ventilator dependent children may be transported with an RN, LPN, RT or an EMT who has been ventilator trained.
5. Bolus feedings, medications, intravenous fluids or hyper-alimentation and medical treatments must be scheduled as not to occur during transport.
6. The PPEC center shall provide the appropriate transport attendance in accordance with the following criteria RN, LPN, RT or EMT must be on the non-ambulance transportation vehicle whenever a PPEC child is transported.
7. All PPEC transport attendants must be trained in CPR (cardiopulmonary resuscitation)
8. Children should not spend more than two hours per vehicle per trip.

- 9. The RN, LPN, RT or EMT on board will monitor any unanticipated medical emergencies and will be equipped to call and shall call 911 for emergency assistance in the event of an unanticipated medical emergency.

Any child not meeting the above transportation guidelines will be considered for other types of transportation or home health care services at the discretion of the State Medicaid Program Office.

PHYSICIAN ASSESSMENT FOR TRANSPORTATION

We need you to make a baseline assessment of this child's medical needs, if any, during transportation. Transportation will occur twice a day for maximum two-hour period each time. Please read the transportation criteria carefully and make your assessment accordingly.

Can this child be transported in a non-ambulance transportation vehicle where I know medical attention is indicated or anticipated en route?

YES

NO

Physician's Signature

Physician's Name Printed

Physician's Florida License Number

If not, provide an explanation of this child special transportation requirements below or on the reverse side of the sheet.

