

TO: HEMS Licensed EMS Agencies

FROM: Robert E. Miljan

Date: January 12, 2026

RE: **Annual License Renewal Procedure for 2025**
Annual & Supplemental Letter of Compliance due by:
Period 1 (January - March 31)
Period 2 (April - June 30)
Period 3 (July - September 30)
Period 4 (October - December 31) no December MCAB meeting

The 2021 license renewal application will be submitted electronically to MDHHS, reviewed electronically by HEMS, and signed electronically by HEMS Medical Director.

The Annual & Supplemental Letter of Compliance, Roster, Pharmacy Memo of Understanding and/or application for supplemental programs (EMD, 12 Lead, etc.) can be uploaded (See application section “MCA specific: Document upload”) and submitted with the application electronically or submit the listed paper documents directly to HEMS.

THE EMS CQI REPORT SCHEDULE REMAINS UNCHANGED

Under the EMS Act (P.A. 368 of 1978 as amended) the signature of the HEMS System Medical Director on your application (Part 1) is a required part of the process to indicate to the Department that the Life Support Agency operates under HEMS Medical Control Authority.

Only agencies meeting the requirements of both the EMS Act and the HEMS Facility and Service Participation (Annual Letter of Compliance) will receive the endorsement of the HEMS System Medical Director to operate in the HEMS MCA. (Documents attached).

Questions concerning EMS Agency license requirements under the EMS Act (P.A. 368 of 1978 as amended) should be directed to Michigan Department of Public Health, EMS and Trauma System Section.

Dates for Electronic Submission of Application

To allow the Operations Committee time to review applications for completeness for Medical Director Signature applications should be submitted per the **Operations Committee 2026** schedule:

February 4	July 1
March 4	August 5
April 1	September 2
May 6	October 7
June 3	November 4
	December 2

The Medical Director will electronically sign applications approved by the MCAB.

Service representatives are welcome to attend the Operations Committee meeting/ MCAB meeting at which their license renewal application is scheduled for review and approval as outlined, as well as any Operations Committee/MCAB meeting.

THANK YOU FOR YOUR COOPERATION

AGENCY: _____ Initial _____ Renewal _____ (check one)

LEVEL OF LICENSURE: _____

Non-Transporting Services: Name of Transporting EMS Service _____

Section 1 of 6: Must meet requirements in Step 1 before proceeding to Step 2.

Please answer the following question to determine your agency's compliance with the EMS Act. (P.A. 368 of 1978 as amended) to be licensed by MDCH to operate in the HEMS MCA:

1. Detail in the space below the agency's emergency service area meeting the HEMS protocol response time criteria and the jurisdiction the service area is located:

2. Does your agency have at a minimum 1 (one) ambulance available 24 hours a day, 7 days a week to respond only to emergencies within the service area identified above, meeting HEMS MCA response time criteria? **Yes: _____ No: _____**

a. If yes, provide the address/location of the ambulance dedicated to respond only to requests for emergency response within the service area.

b. If yes, please attach a three-month 24-7 staffing schedule for the ambulance dedicated to respond only for emergency request.

3. What documentation can be provided to support that a minimum of 1 (one) ambulance is available 24 hours a day, 7 days a week to respond only to requests for emergency response within the service area described in question 1, above. (Check all that are applicable, but at least one and attach documentation):

____ Jurisdiction municipal 9-1-1 provider (no documentation needed)

____ Contract with jurisdiction to provide 9-1-1 response/transportation

____ Letter (or contract) from authorized jurisdictional representative recognized the presence of and availability of 1(one) ambulance to respond to request for emergency response within the service area described in question 1.

____ Other documentation of the presence of and availability of 1 (one) ambulance to respond to requests for emergency response within the service area described in question 1. Meeting HEMS MCA protocol response time requirements, such as run reports of actual emergency responses from the current 12-month license period etc.

4. Agency PCR data is submitted to MI-EMIS: **YES _____ NO _____**

Name of Program used: _____

5. EMS personnel submit PCR (protocols 7.15 & 7.15(S) & 8.29) to ED Staff before leaving the ED to facilitate the transfer of patient care: **YES _____ NO _____**

6. EMS Agency & Personnel complete annual protocol updates & training: **Yes _____ No _____**

MCA Name: HEMS, Inc. (Wayne County)
MCA Board Approval Date: February 8, 2024 (Update)
MDCH Approval Date: August 15, 2013
MCA Implementation Date: Update February 8, 2024

7. **Quality Improvement** - Agency has in place an internal Quality Improvement program which includes a formal peer review process which interacts actively with the professional standard review organization /PSRO and CQI programs conducted by HEMS through the Wayne County Medical Control Advisory Board under MDHHS approved protocols. All QA materials including correspondence between Agencies QI program and Wayne County EMS system’s PSRO/CQI programs are handled as confidential in accordance with applicable section of State Law and labeled with the following or similar statement: *“This document, and any attachment, is CONFIDENTIAL, part of the Professional Standards Review process, and protected from subpoena and other disclosure under MCL 333.21515 and/or other state and federal laws. You must protect its confidentiality; you may destroy it or you may return it to the HEMS Executive Director in an envelope marked “CONFIDENTIAL PSRO.”* **YES** ___ **NO** ___

Section 2 of 6 : Facility and Service Participation Must meet requirements in Step 2 before proceeding to Step 3

1. When providing primary emergency response service agency assures a response time meeting the following protocol response time criteria:
 Maximum response time of eight (8) minutes
 For ninety (90%) percent of the runs (when a response time for BLS does not exceed and average of four (4) minutes.
 - Additional consideration will be given to population density and square mile coverage. It is expected that the more sparsely populated areas of the MCA may have response times up to fifteen (15) minutes.

YES ___ NO ___

2. Agency has verified, via the Department license verification website, that assigned medical personnel are currently licensed in accordance with Department regulations and has attached a personnel roster including license #s and expiration dates.

YES ___ NO ___

3. **Transporting Units – Agency complies with minimum staffing requirements set forth by HEMS.**

BLS Unit – (1) EMT-B & (1) MFR	YES ___	NO ___	N/A ___
LALS Unit – (1) EMT-S & (1) EMT-B	YES ___	NO ___	N/A ___
ALS Unit or 12 Lead Unit* – (1) Paramedic & (1) EMT-S	YES ___	NO ___	N/A ___
Expanded Scope Transfer* – (1) Expanded Scope of Practice Paramedic & (1) Specialist	YES ___	NO ___	N/A ___
Critical Care – (1) CCT Paramedic & (1) Paramedic	YES ___	NO ___	N/A ___

* (Alternate Staffing may apply)

4. **Non-Transporting Units – Agency complies with Minimum staffing requirements set forth by HEMS.**

MFR – One MFR	YES ___	NO ___	N/A ___
BLS – One EMT-B	YES ___	NO ___	N/A ___
LALS – One EMT-S	YES ___	NO ___	N/A ___
ALS – One Paramedic	YES ___	NO ___	N/A ___

5. Agency agrees to provide mutual aid to all agencies in HEMS when available.

YES ___ NO ___

6. EMS personnel within the agency are compliant with current NIMS training courses.

YES ___ NO ___

7. Agency EMS Communications comply with the MEDCOM plan and HEMS EMS Communications Interoperability protocol.

YES ___ NO ___

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 MDCH Approval Date: August 15, 2013
 MCA Implementation Date: Update February 13, 2025

- 8. EMS Agency personnel are trained and utilize the required E Bridge system to communicate with ED. YES___ NO___
- 9. The agency verifies that all EMS personnel meet skill competency with regards to Department, Regional and HEMS protocol requirements. YES___ NO___
- 10. Assigned medical personnel of agency are current in the following: MFR-BLS Card, EMT-B-BLS Card, EMT-S-BLS Card, Paramedic, Expanded Scope of Practice Paramedic & CCT Paramedic – BLS & ACLS Card YES___ NO___
- 11. Agency complies with the Department and HEMS equipment requirements. YES___ NO___
- 12. Agency has made provisions for continued maintenance of communication-telemetry equipment. YES___ NO___
- 13. Agency has made provisions for continued maintenance of EMS Vehicle. YES___ NO___

14. Number of Vehicles:	Non - Transporting	Transporting
MFR	_____	_____
BLS	_____	_____
LALS	_____	_____
ALS	_____	_____
Critical Care	_____	_____

- 15. Number of Personnel: Please be as accurate as Possible. This information will be used by HEMS Public Health, and others for the continued improvement And care of the personnel within the HEMS MCA.
- MFR _____
- EMT-B _____
- EMT-S _____
- Paramedic _____
- Expanded Scope of Practice Paramedic _____
- Critical Care _____
- Total # of Agency Employees (include all support)** _____

16. CQI reporting requirements complete ___Yes ___No

I ATTEST THAT THE INFORMATION PROVIDED IS ACCURATE AND TRUE. AUTHORIZED SIGNATURE FOR THE EMS AGENCY: _____

Contact Information/Agency:

Chief/CEO: _____

Telephone: _____ Fax: _____

Email: _____

(Signature) (Date)

ALS/Coordinator: _____

Telephone: _____ Fax: _____

Email: _____

Training Coordinator: _____

Telephone: _____ Fax: _____

Email: _____

CQI/PSRO Liaison: _____

Telephone: _____ Fax: _____

Email: _____

Agency Physician Director: _____

Telephone: _____ Fax: _____

Email: _____

(Signature) (Date)

**Section 3 of 6: Optional Forms Are Required If Your LSA Offers These Services
Must meet requirements in Step 3 before proceeding to Step 4**

___ **Helicopter Agency Annual Letter of Compliance** – Agency will submit annual Department license renewal application along with letter of compliance at least 60 days prior to renewal date. Agency meets all state and federal aircraft equipment and safety standards and agrees to submit proof upon request of HEMS. Agency agrees to provide referring agencies within HEMS with training in appropriate procedures to be used when operating helicopter EMS services. Agency will submit copies of patient care reports for transports within HEMS to HEMS PSRO within 72 hours of transport.

___ **EMS Agency utilizes Alternate Staffing Protocol:** (If No skip rest of questions)

- a. Agency complies with required Annual submission of Alternate Staffing application and reporting requirements as outlined in protocol 8-16. Yes ___ No ___

Section 4 of 6: MDHHS Required Reporting - Required/Optional Services

Agency complies with the requirements of the Wayne County Medical Control Board (HEMS) for the participation in the following Required and/or supplemental services: (Check all that apply/approved)

___ MFR Agencies Utilizing Glucometers

Date of most recent training: _____

___ MFR Agencies Utilizing I-Gels

Date of most recent training: _____

___ MFR & BLS Agencies Participating in Draw Up Epinephrine (Required all MFR and BLS Agencies)

Date of most recent training: _____

___ BLS Agencies Participating in Capnography (Optional)

Date of most recent training: _____

___ BLS, LALS, ALS Agency Supraglottic Airways

Date of most recent training: _____ Type Used _____

___ BLS Nebulized Bronchodilator Program (Application Required)

Date of most recent training: _____

___ ALS Agencies Participating in Commercial Pleural Decompression Device

Date of most recent training: _____ Type Used _____

___ ALS Agencies Participating in Double Sequential Defibrillation

Date of most recent training: _____

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____ALS Agencies Participating in Enhanced Paramedic or Critical Care (Application Required)

Date of most recent training: _____ Number of units (Critical Care) _____ (Enhanced) _____

____ALS Agencies Participating in Peds High Flow Nasal Oxygen

Date of most recent training: _____

____Agencies (all levels) Impedance Threshold Device (ITD)

Date of most recent training: _____

____Agencies (all levels) Mechanical Chest Compression Device

Date of most recent training: _____ Type Used _____

____Agencies (all levels) Active Compression-Decompression Device

Date of most recent training: _____ Type Used _____

____Agencies (all levels) Leave Behind Naloxone (Optional All Levels)

Date of most recent training: _____

____BLS 12 Lead Program (Application Required)

Date of most recent training: _____

____Spit Hood

Date of most recent training: _____ Type Used _____

____EMD Program (Application Required)- Agency operates the Emergency Medical Dispatch program under the supervision of a physician who is responsible for the oversight of the Quality Improvement program and training curriculum.

Provide name of Program: _____ Date of most recent training: _____

EMD Training Coordinator: _____ Physician: _____

I certify that the agency complies with all training requirement and maintains records of all required training for personnel trained under the protocols set forth by HEMS (Wayne County Medical Control Board) and the records are available for inspection by the Department and HEMS. The agency assures that additional equipment requirements as defined in the protocols are met.

Chief/CEO Signature: _____

Chief/CEO – Printed: _____

Telephone: _____ Fax: _____

Email: _____

Section 5 Of 6: LALS and ALS services must include the Signed Annual Pharmacy System “Memorandum of Understanding

Section 6 Of 6 Check List: (Attachments) Upload to MDHHS Electronic Application Or Submit Paper Documents To HEMS

REQUIRED DOCUMENTS FOR LSA RENEWALS

___ Include EMS Agency Annual Letter of Compliance (MFR-BLS-LALS & ALS)

___ Include completed HEMS Personnel roster of Licensed EMS Personnel in HEMS (list must have license number, expiration date, license level (MFR-BLS-LALS & ALS and skill completion dates)

___ Include a 3-month Schedule 24-7 staffing outlined in Section 1, 2B. (MFR-BLS-LALS & ALS)

___ Include Pharmacy Memorandum of Understanding (LALS and ALS)

2025

Memorandum of Understanding

Between: Wayne County Medical Control Authority (HEMS, Inc.),

And

_____ (Agency),
(Participating LALS or ALS agency)

For the benefit of the residents of the area serviced by the Agency, the following is agreed to:

RESPONSIBILITIES OF THE AGENCY

- 1) Identify a Base Hospitalⁱ: _____ (Hospital)
- 2) Use the IV and medication supplies issued to LALS and ALS units only in accordance with approved treatment protocols for the patients either originating in or being transported to participating facilities in the HEMS Medical Control Zone.
- 3) Institute appropriate procedures for the storage and inspection of IV and medication supplies issued to ALS and LALS units according to currently approved protocols.
- 4) Provide for a share of the system expenses incurred by HEMS associated with the administration of the exchange / replacement system (printing, box upkeep / replacement, etc.) through the payment of fees as follows:

<u>Type of Vehicle</u> ⁱⁱ	<u>Annual Fee</u> ⁱⁱⁱ
LALS	\$25.00
ALS	\$50.00

- 5) In addition to the fees specified in #3 above, agencies placing new ALS units in service are required to provide HEMS with two empty medication boxes, of a type specified by the MCA, for each new/additional ALS vehicle approved. These boxes become the property of the MCA (HEMS.) One box will be numbered and drilled and issued to the Agency to have stocked at their Base Hospital and one will be used for replacement of damaged boxes or to increase exchange boxes at participating hospitals made necessary by the increasing number of ALS units participating in the system.
- 6) Return all medications, boxes, and IV supplies issued for an LALS/ALS unit, to the Base Hospital in the event that the unit is removed from service or reduced to a level of service which does not allow for the administration of medications and/or IVS for a period which is expected to exceed fourteen (14) days^{iv}
- 7) On request, compensate the replacing hospital for the costs associated with the replacement of medications and IV supplies which are replaced due to failure to comply with approved protocol, including but not limited to:
 - a. Materials which must be presented for exchange or replacement more than seven (7) days after the "Use of Replace By" date indicated on the package label.
 - b. Materials which must be presented for exchange or replacement and are unusable due to failure to store the supplies in accordance with approved protocols.
 - c. Materials provided by the participating facility to correct a deficiency in the stock of a current vehicle which cannot be documented as being used in connection with a patient (See section 5 of the DISCREPANCIES in the Pharmacy procedure).

- d. Materials which are used in conjunction with EMS runs where the patient both originates from a scene and is transported to a facility in another Medical Control Zone.

RESPONSIBILITIES OF THE AGENCY’S IDENTIFIED BASE HOSPITAL (HEMS Member Facility)

- 1. Provide for the initial supply of medication and/or IVS for units approved by the Medical Control Authority under current protocols. Supplies provided shall be consistent with the pharmacy procedure of current approved protocol.

These materials remain the property of the issuing base hospital and are returned to that facility in the event that the unit is removed from service or the level of service is reduced to a level which does not provide for the use of IVS and /or medications.

RESPONSIBILITIES OF THE MEDICAL CONTROL AUTHORITY (HEMS, Inc.)

- 1. Provide a mechanism under which a participating Agency may apply for a reduction of the costs which are to be paid under this agreement^v by demonstration that the payment of those costs would result in a hardship to the Agency such that:
 - a. The level of EMS service currently being provided to the residents of an area for which the Agency provides primary emergency response and transportation could not be maintained

or

 - b. The agency would be prevented from increasing the level of care available to the residents of an area for which the Agency provides primary emergency response and transportation.

AMENDMENTS

Any amendments to this agreement will be submitted to all affected parties for approval.

FOR THE AGENCY: _____
 Signature _____ DATE _____
 Printed Name: _____

ⁱ Participating agency are responsible for securing the cooperation of the Identified Base Hospital before naming that institution in this agreement.

ⁱⁱ All fees are per vehicle.

ⁱⁱⁱ For existing units fees are paid to HEMS at the time of submission of the annual MDCIS license renewal for MCA endorsement. For additional units and changes in level of units fees are paid following approval of the units by the MCA but before placing the additional unit in service.

^{iv} The Base Hospital Pharmacy may place these materials in circulation through the normal EMS exchange/replacement system. At the time the unit is returned to full service, supplies which meet protocols standards for expiration date will be issued.

The MCA must be notified of all circumstances where a unit is removed from service or operates at a reduced level of service for any period of time. Notification of MDCIS is also required under some circumstances.

^v Reductions of costs are granted under this provision may be for any part of the costs up to the total cost associated. Reductions are valid for the Agency’s current MDCIS service licensure period. If an ongoing reduction is desired, a new application must be submitted to the MCA with the Agency’s annual license renewal application.