NEW YORK STATE DEPARTMENT OF HEALTH

BUREAU OF EMERGENCY MEDICAL SERVICES

Administrative Manual for EMS Educational Programs

Funding and Reimbursement

NEW YORK STATE'S

EMERGENCY
MEDICAL
SERVICES

PEOPLE WHO CARE

DOH

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Course Funding

Article 30 of the NYS Public Health Law makes available State funding for EMS provider training which meets certain criteria. The intent of the law is to make available EMS training at no cost to the volunteer or municipal EMS provider.

Sponsor Eligibility

Any Course Sponsor approved by the department to conduct EMS Educational Programs.

Course Funding Policy Statements

At the beginning of each fiscal period, the EMS Bureau prepares a Funding Policy Statement which identifies the amounts and conditions for receiving state funds. Please refer to the current Policy Statement regarding the specific amounts available and any special instructions.

Reimbursement Eligibility

In order to be eligible to receive reimbursement the following requirements must be adhered to:

Free of Tuition:

Sponsors seeking reimbursement are not permitted to charge tuition for the following courses:

Certified First Responder (CFR) original or refresher courses
Emergency Medical Technician (EMT) original or refresher courses
EMT original with Defibrillation (EMT-D)
EMT refresher with Defibrillation (EMT-D)

This excludes tuition charged for courses conducted by, or in accordance with, curricula of outside agencies (e.g. AHA CPR, ARC CPR).

Eligible Students:

Sponsors will only be reimbursed for those students who are members of

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volunteer EMS agencies or employees of municipal EMS agencies, who achieve NYS certification. This is defined as an individual who has completed the course requirements and passed both the Practical Skills Exam and the State Written Exam.

Maintaining Financial Records

Course Sponsors are required to maintain on file, for a minimum period of six (6) years, any financial records used to determine reimbursement requests. Sponsors receiving state reimbursement may be subject to an audit up to six years after receiving the funds.

Special Situations

Enrollment in Concurrent Courses:

Students who are enrolled in multiple certification courses at the same time may only be reimbursed at the rate of the highest level of certification achieved. If a student is enrolled in a CFR and an EMT course at the same time, and the eligible student becomes certified at the EMT level, the Sponsor may request reimbursement for EMT, but not the CFR level course.

Reimbursement for Advanced Courses

All advanced courses contain an EMT refresher as part of their curriculum. If an eligible student is enrolled in a EMT-P program, the Sponsor may request reimbursement at the EMT refresher rate when the student receives certification.

Refresher Student Reimbursement Eligibility

The EMS Bureau will only reimburse for those refresher students who are less than eighteen (18) months from the expiration of their certification.

Course Faculty and Instructional Staff

Faculty and instructional staff teaching a course in which they are recertifying are not eligible to be counted for reimbursement.

Verification of Student EMS Agency Affiliation

Course Sponsors are required to maintain on file for a minimum period of six (6)

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years, a copy of each student's "Verification of Membership in an EMS Agency" DOH 3312. The form must be signed by an officer of the EMS agency attesting to the membership of the candidate. Students should be reminded that filing a false statement with the government is a criminal offense.

Requesting Reimbursement

Sponsors request funding through the use of the "Standard Voucher" AC 92.

Funding Advances

"First" Voucher
The Sponsor's Administrator may submit a voucher marked "First" with the student applications, for no more than fifty (50) percent of the potential reimbursement of enrolled and eligible students. This is calculated by 50% of the enrolled and eligible students multiplied by the appropriate rate.

"Second" Voucher
The Sponsor may submit a voucher marked "Second" when he receives the examination results of the certification course. Vouchers must be submitted no later than fifteen (15) business days after receipt of examination results. This voucher must reflect the total number of students for whom reimbursement is being requested in addition to any reimbursement previously requested or received for this course.

"Final" Voucher
Students who have not achieved certification during their first attempt or missed the scheduled State Written Examination are given the opportunity to take another examination. The Sponsor may submit a voucher marked "Final" when they receive the examination results of any students who retested and achieved certification on their second attempt. The student must retest within one (1) year of the original written test date.

This voucher must reflect the total number of students for whom reimbursement is being requested in addition to any reimbursement previously requested or received for this course. Vouchers must be submitted no later than fifteen (15) business days after receipt of examination results.

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State Final Practical Skills Examination

Sponsors are encouraged to use evaluators for the Final Practical Skills Examination who have not been faculty of the course being tested. This increases the objectivity of the evaluators and decreases the chance of complaints of favoritism and bias. The Sponsor may request reimbursement at the published rate for all enrolled students who take the Final Practical Skills Examination regardless of whether they pass the Practical Exam or achieve State certification. Practical Skills Exam vouchers must be submitted within five (5) days of the practical examination.

If a sponsor is running a modular training program and is requesting reimbursement for the state practical skills examination, only reimbursement for the highest level of training will be provided. If students are being tested at the EMT-I and EMT-P levels, only reimbursement at the EMT-P rate will be provided.

Timely Submission of Vouchers

Sponsors may be denied reimbursement if the time frames for voucher submissions are not adhered to. Vouchers submitted after the stated deadlines may not be paid.

Book Sales, Supplies, etc.

Sponsors may have books and equipment available for purchase by the students; however, the students are under no obligation to purchase these items from the sponsor.

Instructions for Completing the Standard Voucher (Form AC 92)

Part A -

This part of the voucher should be used to request reimbursement for training expenses.

Part B -

This part of the voucher should be used to request reimbursement for providing the Final Practical Skills Examination.

A sample voucher appears after these instructions.

1. PAYEE ID (Box 3) is the Federal Employee Identification Number (FEIN) of the Sponsoring agency. Vouchers will not be processed without this number. Please do not use the Sponsor's Code, a Social Security Number or Course Number.

2. ZIP CODE: Please make sure that this matches the zip code used in the mailing address.

3. PAYEE AMOUNT is the amount being claimed on the voucher.

4. PAYEE NAME (Box 4) is the Sponsor. Checks cannot be made payable to an individual.

5. ADDRESS: Where do you want the check mailed?

6. CITY, STATE and ZIP CODE: Same as # 5.

7. REF/INV. NO.: (Box 5) Anything you put in this box will be printed on the check stub. This is helpful for matching checks with vouchers.

8. REF/INV. DATE: Same as above, but a date should be entered. Using exam dates for these boxes may be helpful for record keeping purposes.

9. COURSE TYPE: (Box 6) For what type of course are you requesting reimbursement for? An EMT original, an EMT Refresher, an EMT- I Original, etc.

10. COURSE NUMBER: What is the course number for which you are requesting funds?

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11. SPONSOR CODE: Enter the number assigned to your organization by the EMS Bureau when your sponsorship agreement was approved.

12. VOUCHER FOR EMS TRAINING: (PART A) Place an "X" in the box if you are requesting training reimbursement.

13. FIRST, SECOND or FINAL VOUCHER: Place an "X" in the appropriate box. You must check one in order to receive reimbursement.

1) First Voucher- request for up to a 50% advance.

2) Second Voucher- submitted after written exam results have been received by the sponsor. This should reflect the total number of students certified to date subtracted from the total number of students eligible for reimbursement. This should be submitted after you receive student examination results.

3) Final Voucher- is submitted for final payment of any students who did not test with their class or have retested. This should reflect the total number of students certified to date subtracted from the total number of students eligible for reimbursement.

14. NUMBER OF GRADUATES: Potential - The number of people enrolled in the course. Actual - Total number of people who have passed the State certifying exam to date.

15. RATE PER Student: Please use the payment schedule in the current Funding Policy Statement.

16. EQUALS: Multiply the number of graduates by the appropriate reimbursement rate.

17. LESS OTHER PAYMENT: If this request is based on potential students, leave this box empty. Remember that this request cannot be for more than 50% of the anticipated graduates of the course. If you have received previous payment(s) for training, please enter the amount here.

18. TOTAL CLAIMED: Subtract the amount from "Less other Payment" box from the amount in the "Equals" box and enter the result here.

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19. VOUCHER FOR EMS CERTIFICATION: (Part B) Place an "X" in the box if you are requesting reimbursement for administration of the Practical Skills Exam.

20. NUMBER OF STUDENTS: The number of students who took the practical skills exam (Reimbursement is provided whether they pass or fail the exam).

21. RATE PER STUDENT: The practical exam rate for the level of the course as per the current Practical Examination policy statement times the number of students in number 20 (above).

22. EQUALS THE TOTAL CLAIMED: The total amount requested by this practical exam voucher.

23. PAYEE CERTIFICATION: (Box 7) The Sponsor's Administrator signature and title, (not the Instructor), needs to sign here, date and list the name of the sponsoring organization.

24. TOTAL AND NET: Please enter the total amount being requested.

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STATE OF NEW YORK

STANDARD VOUCHER

Voucher No.

Originating Agency: NYS DEPARTMENT OF HEALTH	Orig. Agency Code: 12000	Interest Eligible (Y/N)	2 P-Contract
nent Date (MM) (DD) (YY) / /	OSC Use Only	Liability Date (MM) (DD) (YY) / /	

ayee ID	Additional	Zip Code	Route	Payee Amount	MIR Date (MM) (DD) (YY) / /

ayee Name (Limit to 30 spaces)	IRS Code	IRS Amount		
e Name (Limit to 30 spaces)	Stat. Type	Statistic	Indicator-Dept.	Indicator-Statewide
ress (Limit to 30 spaces)	5 Ref/Inv. No. (Limit to 20 spaces)			
ress (Limit to 30 spaces)	Ref/Inv. Date (MM) (DD) (YY) / /			
(Limit to 20 spaces) (Limit to 2 spaces) → State	Zip Code			

Purchase Order No. and Date	Description of Material/Service If items are too numerous to be incorporated into the block below, use Form AC 93 and carry total forward.	Quantity	Unit	Price	Amount

ourse Type _____

ourse Number [ ][ ][ ][ ][ ][ ] Sponsor Code [ ][ ] - [ ][ ][ ]

A) [ ] Voucher for EMS Training Check one: This Voucher is the: First [ ] Second [ ] Final [ ]

Number of Graduates (Potential) (Actual) [ ] Times the Rate Per $ [ ] Equals $

Course Start Date _____ Less Other Payment $

Written Exam Date _____ Total Claimed $

B) [ ] Voucher for EMS Certification Administration of the Practical Skills Examination

Number of Students [ ] Times Rate per Student $ [ ] Equals the Total Claimed $

-788 (11/90)

Payee Certification:
I certify that the above bill is just, true and correct; that no part thereof has been paid except as stated and that the balance is actually due and owing, and that taxes from which the State is exempt are excluded.

Payee's Signature in Ink _____ Title _____

Date _____ Name of Company _____

Total	
Discount %	
Net	

FOR AGENCY USE ONLY

chandise Received

Date

Page No.

By

I certify that this voucher is correct and just, and payment is approved, and the goods or services rendered or furnished are for use in the performance of the official functions and duties of this agency.

Authorized Signature

Date Title

STATE COMPTROLLER'S PRE-AUDIT

Verified

Audited

Special Approval (as Required)

Certified For Payment of Net Amount

By _____

Expenditure: Cost Center Code			Object	Accum		Amount	Liquidation: Orig. Agency	PO/Contract	Line	F/P
Cost Center Unit	Var	Yr		Dept.	Statewide					

OSC

[ ] Check if Continuation form is attached.

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