



PUBLIC ASSISTANCE FOR AMBULANCE SERVICES

Overview

This fact sheet identifies ambulance services that are eligible for reimbursement under the *Category B, Emergency Protective Measures* provisions of the Federal Emergency Management Agency's (FEMA) Public Assistance Program. FEMA will reimburse eligible applicants reasonable costs associated with eligible work, such as evacuation and rescue operations, during federally declared major disasters and emergencies. See Sections 403 and 502 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C. §§5121-5206 (Stafford Act) and implementing regulations 44 CFR Part 206.

Public Assistance Eligibility

- Eligible applicants:
 - Eligible applicants may include State, local, and tribal governments and private nonprofit organizations or institutions which provide ambulance services (44 CFR §§206.221, and 206.222). State, local, and tribal governments may provide ambulance services directly, or may contract with other ambulance service providers for such services, including mutual aid agreements and emergency memoranda of understanding.
 - Private for-profit ambulance providers are not eligible for direct reimbursement from FEMA. The State, local or tribal government that contracted with the private ambulance providers may submit a claim for reimbursement to FEMA. Reimbursement will be subject to cost sharing requirements. See 44 CFR §206.203(b).

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- If required as a result of an emergency or major disaster declaration, eligible ambulance service provider costs include, but are not limited to, the following:
 - The costs of activating ambulance contracts and staging of ambulances (contract or publicly owned) prior to the impact of an incident, such as landfall of a hurricane, typhoon, or tropical storm. Contracts for staging ambulance services must be part of the state or regional evacuation plan. The costs of staging ambulances are eligible even if the incident does not directly impact the staging area, provided the president declares an emergency or major disaster.
 - The reasonable costs incurred in advance of or as the result of an emergency or major disaster declaration for transporting disaster victims to a hospital or other medical facility.
 - The reasonable costs for ambulance services used to transport a congregate shelter evacuee/shelteree to the nearest hospital equipped to adequately treat the medical emergency.
 - Ambulances used for distributing immunizations, staffing shelters and emergency departments, setting up mobile medical units, and responding to hazards.
 - The costs to staff congregate shelters with medical practitioners to provide assistance to evacuees.
 - Costs of ambulances used in support of shelter operations or onsite at shelter locations.
 - Symptom surveillance and reporting, and transporting and redistributing patients to make necessary hospital bed space available.
 - Equipment costs incurred by the ambulance provider, including fuel and medical supplies capable of providing basic and advanced life support. The costs for using applicant-owned equipment while conducting eligible work are reimbursed in accordance with 44 CFR §206.228.
 - Eligible costs will be limited to a period of up to 30 days from the date of the emergency or major disaster declaration, or as determined by the Federal Coordinating Officer.
 - The ambulance transportation service provided should be customary and appropriate for the work required. Emergency air and ground ambulance services may be required to transport disaster victims and/or evacuees requiring emergency medical care to medical facilities. Para-transit transportation services (such as vans, minibuses, and buses) may be required as an alternative transportation mode for individuals including senior citizens, individuals with disabilities, individuals in nursing homes and assisted living facilities, and for homebound individuals impacted by a disaster.

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- An eligible applicant may not seek reimbursement from FEMA for any ambulance service costs that are covered by private insurance, Medicare, Medicaid or a pre-existing private payment agreement. States must use due diligence in determining whether a prohibited duplication of benefits has occurred and return those funds to FEMA at a project's final inspection and closeout.
- FEMA reimbursement for activating, staging, and using ambulance services will end when:
 - FEMA and State determine that the incident did not impact the ambulance staging areas; or
 - Evacuation and repatriation of medical and special needs patients is complete; or
 - The immediate threat caused by the incident has been eliminated and the demand for services has returned to normal operation levels.
- Eligible labor costs include, but are not limited to, the following:
 - Overtime pay for regular full-time employees performing eligible work.
 - Regular time and overtime pay for extra hires specifically hired to provide additional support as a result of the emergency or declared disaster (See FEMA Recovery Policy RP9525.7, *Labor Costs – Emergency Work*, for information related to eligible labor costs while performing emergency work).
 - If volunteer Emergency Medical Technicians perform eligible work essential to meeting immediate threats to life and property resulting from a major disaster or emergency, FEMA will credit the donated labor toward the non-Federal share of the grant costs under the Public Assistance Program (See Disaster Assistance Policy DAP9525.2, *Donated Resources*, dated April 9, 2007, for eligible donated resources criteria).

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More Information

More information on Public Assistance eligibility can be found in the FEMA Public Assistance Guide (FEMA 322), dated June 2007; the FEMA Disaster Assistance Policy DAP9523.15, *Eligible Costs Related to Evacuations and Sheltering*, dated April 6, 2007; Disaster Assistance Policy DAP9523.6, *Mutual Aid Agreements for Public Assistance and Fire Management Assistance*, dated August 13, 2007; Disaster Assistance Policy DAP9525.2, *Donated Resources*, dated April 9, 2007; and FEMA Recovery Policy RP9525.7, *Labor Costs – Emergency Work*, dated November 16, 2006.



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Date