



September 26, 2025

DHCBS DAL 25-11
Subject: Transportation Assistance Levels

Dear Administrator:

On September 1, 2017, the New York State Department of Health ("Department") sent out an informational message regarding Transportation Assistance Level revisions. This Dear Administrator Letter is to re-enforce that the revised Transportation Assistance Levels should be included in the agency's written emergency plan, and that patient classification levels and ambulatory categories including sub-categories should be on the patient roster. This Dear Administrator Letter serves to update DAL: DHCBS 16-11, dated 12/1/2016, Emergency Preparedness Requirements for Home Care & Hospice Provides regarding home health agency transportation assistance level scale.

The revised Transportation Assistance Level 1 (Non-ambulatory) has 3 sub-categories:

- Non-ambulatory – Stretcher
- Non-ambulatory – Vent
- Non-ambulatory – Bariatric

The revised Transportation Assistance Level 2 (Wheelchair) reflects the Bureau of Emergency Medical Services policy regarding transport of individuals with intravenous infusion lines:

- Intravenous infusion lines should be converted to saline locks or discontinued for transport. These patients/residents may be escorted by a non-clinical staff member.
- Patients/residents with a continued IV infusion must be escorted by a nurse or paramedic during transport.

The purpose of the revised Transportation Assistance Level is to ensure specific procedures are in place that will ensure patient safety based on individual needs and patient centered care planning to help streamline and coordinate evacuations statewide.

Regulations found at 10 New York Codes, Rules and Regulations Sections 766.9(c) for Licensed Home Care Services Agencies, 763.11(a)(10) for Certified Home Health Agencies and Long Term Home Health Programs, and 794.1(m) for Hospices require that providers have an emergency preparedness plan that includes agency specific procedures to be followed to assure the health care needs of patients continue to be met. These regulations require operators to "ensure the development of a written emergency plan which is current and includes procedures to be followed to assure health care needs of patients continue to be met in

emergencies that interfere with delivery of services, and orientation of all employees to their responsibilities in carrying out the plan”

The Department appreciates your cooperation and efforts in ensuring effective Emergency Preparedness planning. If you have questions, please email to: homecare@health.ny.gov.

Attachments Transportation Assistance Levels & Classification Level

Sincerely,

A handwritten signature in black ink, appearing to read "Mildred Ferriter".

Mildred Ferriter, Director
Bureau of Quality and Surveillance
Center for Home and Community Based
Services

Cc: V. Deetz
C. Rodat
M. Chittenden
A. Sczerbaniewicz
C. Clancy
E. Nerantzis
L. Novak
K. Reichert
L. Wooten
S. Harvey-Brown
D. Gluck

Transportation Assistance Level		Staffing support	Transportation Asset	Accompaniment	Designation symbols
1	Non-Ambulatory - <u>Stretcher</u>				1 
Individuals unable to travel in a sitting position and require stretcher transport. These patients/residents are clinically unable to be moved in a seated position, and may require equipment including but not limited to oxygen, cardiac monitors, or other biomedical devices to accompany them during movement.		Require clinical observation ranging from intermittent to 1:1 nursing. Critical cases may require a team of health care providers	Requires an ambulance or other specialized vehicle (e.g., helicopter medevac) for transport dependent on circumstance (e.g., high water)	Must be accompanied by one or more clinical provider(s) (e.g., EMT, paramedic, nurse, or physician) appropriate to their condition	
Non-Ambulatory – <u>Vent</u>					
Individuals unable to travel in a sitting position, are on mechanical ventilation and require stretcher transport. These patients/residents are clinically unable to be moved in a seated position, and require equipment including but not limited to mechanical ventilators, oxygen, cardiac monitors, or other biomedical devices to accompany them during movement.		Require clinical observation ranging from intermittent to 1:1 nursing. Critical cases or interrupted procedures may require a team of health care providers	Requires an ambulance or other specialized vehicle (e.g., helicopter medevac) for transport dependent on circumstance (e.g., high water)	Must be accompanied by one or more clinical provider(s) (e.g., EMT, paramedic, nurse, or physician) appropriate to their condition	
Non-Ambulatory – <u>Bariatric</u>					
Individuals unable to travel in a sitting position and require transportation on a wider stretcher. These patients/residents are clinically unable to be moved in a seated position, and may require equipment including but not limited to oxygen, mechanical ventilators, cardiac monitors, or other biomedical devices to accompany them during movement.		Require clinical observation ranging from intermittent to 1:1 nursing. Critical cases or interrupted procedures may require a team of health care providers	Requires an ambulance or other specialized vehicle (e.g., helicopter medevac) for transport dependent on circumstance (e.g., high water)	Must be accompanied by one or more clinical provider(s) (e.g., EMT, paramedic, nurse, or physician) appropriate to their condition	

Transportation Assistance Level		Staffing support	Transportation Asset	Accompaniment	Designation symbols
2	Wheelchair	Safely managed by a single non-clinical staff member or healthcare facility-designated person if a saline lock is in place. Continued IV infusion would require a nurse or paramedic during transport.	May be transported as a group in a wheelchair appropriate vehicle (e.g., medical transport van or ambulette)	A single staff member or healthcare facility-designated person appropriate to the most acute patient/resident's condition while accompanying a group of patients/residents	2 
Individuals who cannot walk on their own but can sit for an extended period. Those who are alert but unable to walk due to physical or medical condition. They are stable, without any likelihood of resulting harm or impairment from wheelchair transport or prolonged periods of sitting, and do not require attached medical equipment or medical gas other than oxygen, an indwelling catheter or a PEG tube during their relocation or evacuation. Intravenous infusion lines should be converted to saline locks or discontinued for transport.					
3	Ambulatory	Escorted by staff members, but may be moved in groups led by a single non-clinical staff member or healthcare facility-designated person. The optimum staff-to-patient ratio is 1:5.	Can be transported as a larger group in a passenger vehicle (e.g., bus, transport van, or private auto)	A single staff member appropriate to the most acute patient/resident's condition while accompanying a group of patients/residents	3 
Individuals who can walk on their own at a reasonable pace. Those who can walk the distance from their in-patient location to the designated relocation or loading area without physical assistance, little supervision, and without any likelihood of resulting harm or impairment					