



COMMUNITY INTEGRATED PARAMEDICINE EMS SPECIAL STUDY APPLICATION GUIDE

All CIP Special Study Programs, whether a Community Paramedic (CP) model or a Mobile Integrated Health (MIH) model must always have the following things:

- 1) Licensed EMS agency and licensed EMS personnel who have received appropriate education to carry out the work
- 2) Permission from the MCA Medical Director in writing
- 3) CIP Program Medical Director
- 5) Protocols
- 6) Approval from MDHHS-BETP

Steps for completing the 3 sections of the CIP Special Study Application

All three (3) sections of the CIP Special Study Application are one document but not all three (3) sections must be completed at once. You may submit the document in three (3) phases, completing an additional section each time as the CIP program plan develops.

Section 1 – Complete and submit to the Division of EMS and Trauma CIP Coordinator. This section shows you have an idea for your program, the MCA is supportive, and personnel will be educated through a MDHHS-BETP approved source. **This section of the application is required when applying for the CIP Support Grant.**

Section 2 – Complete and submit to the Division of EMS and Trauma CIP Coordinator. This section further details the program and personnel may still be in class during this phase.

Section 3 – Complete and submit to the Division of EMS and Trauma CIP Coordinator AND the EMS Section Secretary. All CIP Special Study Applications must be approved by the Quality Assurance Task Force (QATF). QATF meetings take place at 1001 Terminal Rd., Lansing, Michigan 48906 on the fourth (4th) Friday of every month but materials and requests must be received by the EMS Section Secretary before the 10th of the month. Only complete applications with all attachments will be placed on the QATF agenda for review and approval. A representative of the program will be expected to attend the meeting in person or by phone to answer questions posed by the QATF. .

Relevant Contact Information:

Division of EMS and Trauma CIP Coordinator: Kristine Kuhl Email: kuhlk2@michigan.gov Desk: 517-241-4304 Cell: 517-582-5155

EMS Secretary: Nicole Babb Email: babbn@michigan.gov Phone: 517-335-3077

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Section 1

A. Proposed CIP program title: This title will be utilized on all paperwork. It is recommended that even when the driving force behind the program is an entity other than an EMS agency (hospital, health plan, etc.,) that the EMS agency name be retained in the title for future regulatory purposes. A Special Study application only covers one EMS agency. A hospital or health plan driven MIH program may have several EMS agencies conducting their business as 'vendors'. Each of these EMS agencies or 'vendors' will require a separate application.

B. EMS agency information: The title may or may not adequately reflect the actual agency involved, please specify the agency name as licensed with MDHHS-BETP. The physical address is that at which a site visit would be conducted for the CIP program. Finally indicate the level at which the agency is licensed.

C. Primary contact name, email and phone number: The person who will be completing the application and working directly with MDHHS-BETP during the application process and capable of answering questions or gathering requested information.

D. Proposed generalized goals of the special study: These can be general goals such as reducing readmissions of COPD patients or addressing high utilizers of the 9-1-1 system. Please list at least three (3). These goals may change after the community assessment and collaboration with stakeholders.

E. Medical Control Authority (MCA) & Medical Director: Identify the primary MCA in which the agency functions along with the corresponding MCA Medical Director name. **A letter from the MCA Medical Director must be attached.** Please indicate if the agency has privileges in any other MCA and describe the area and circumstances for those privileges.

F. Personnel qualifications and selection: What are the qualifications of providers selected to participate in the special study initial education? It is recommended that requirements such as experience, licensure level, and good standing within the company be part of the vetting process. No personnel with restricted licensure should be allowed to participate in the special study.

G. Number of personnel to be trained: How many will the agency have trained in the first group or wave in order to get the CIP program up and running?

H. Source of initial education: A list of MDHHS-BETP approved Community Paramedic initial education sources can be found on the MDHHS-BETP website

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https://www.michigan.gov/mdhhs/0,5885,7-339-73970_5093_28508_87997---,00.html. If the source of education is not listed on the MDHHS-BETP website there will be a request for further information for the department to review. Please do not start any education without MDHHS-BETP approval.

I. Proposed time period for initial education: This can be generalized such as August/September 2019 through April/May 2020 and it may be adjusted as needed. This only applies to what you will deem as the original staff needed to begin the program.

J. Proposed program implementation date: This date can be in the form of a month and year and is a target date only.

Additional comments or list additional attachments for review.

Electronic signature of submitter and date (this should be the person listed in Section C) Once this section is approved the form will be updated with the appropriate electronic signatures and returned to the submitter.

Section 2

Section 1 changes: Submit any changes that have occurred to Section 1.

K. Community Assessment: List at least 3 resources used in the community assessment. Examples can be found at https://www.michigan.gov/mdhhs/0,5885,7-339-73970_5093_28508_87997---,00.html Attach a summary of the findings.

L. Major stakeholders and participants: This may include those that will share patients, populations or resources with the CIP program. You are required to have at least one partner as a MIH program.

M. CIP Medical Director: The CIP Medical Director is generally the MCA Medical Director or the MCA Medical Director Alternate from the MCA in which the CIP program exists. The MCA Medical Director may choose to designate another physician for CIP program oversight. The name, email and a brief description of current work (PCP, ER, etc.) for this physician is to be listed in part M. A CV for the physician along with agreement letters from both the MCA Medical Director and the proposed CIP Medical Director must be attached (3 attachments total).

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N. EMS agency oversight personnel: This is the name and contact information for a staff member from the EMS agency who will supervise the project and personnel once the program is implemented. Please include the title of their position within the EMS agency.

O. Other critical oversight personnel: There may be an additional oversight person outside of the EMS agency such as someone from a hospital, MCA, etc., that will play a key role in oversight of the CIP program. Please include contact information.

P. Medical Oversight Plan: This section is intended to express when and where CIP's will receive orders to conduct care and how that will be relayed between the CIP Program Medical Director and other providers. Examples include telemedicine through the ER or phone consultations with a PCP.

Additional comments or list additional attachments for review.

Electronic signature of submitter and date (this should be the person listed in section C)
Once this section is approved the form will be updated in with the appropriate electronic signatures and returned to the submitter.

Section 3

Section 2 changes: Submit any changes that have occurred to Sections 1 or 2 since the last submission.

Q. Program goals/targets and actionable plans: Goals will address broad issues such as 'reduce hospital readmissions at Hospital Amazing', or 'address high utilizers of the 9-1-1 system' and the objectives will describe the specific actions to be taken. This section should reflect findings in the community assessment; participation with the identified major stakeholders; and reference to protocols relevant to the anticipated care. This section should also state the desired outcome, how it will be measured and how the data will be collected. **This section should be an attachment following the format provided on the application** and each goal should be listed separately.

R. Geographical location(s) included in the study: It is presumed that agencies will conduct CIP services within their primary 9-1-1 service area however, there may be circumstances in which this may not be the case. CIP Programs conducting follow-up visits could potentially find themselves outside of their 9-1-1 coverage area if there aren't other CIP programs available where the patient resides. For CIP care outside of the agencies 9-1-1 service area the following things must be included: a) protocol for circumstances and

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procedures to activate the rightful primary response agency b) letters of agreement from all affected MCA's c) evidence of notification of impacted agencies.

S. Protocols: Protocols should correspond with goals and objectives, include a process for how patients come into and leave the program, and clearly state parameters and process for which a provider would transition the patient from CIP care to emergency care. All protocols must be approved by the MCA in which they will be implemented prior to submission. **All protocols will accompany the application.** Please indicate the number of protocols that are being submitted.

T. Personnel of special study: Please indicate how many personnel completed the initial education and **attach a roster** that includes personnel name, program name, and dates of attendance. CIP programs may seek approval before all personnel have completed their initial education however, they must supply MDHHS-BETP with a completed roster and any applicable certifications upon completion.

U. Anticipated program implementation date: This may be adjusted from the initial proposed date in Section 1 (J).

There is a space for additional comments and to list additional attachments for review.

This section should be submitted to both CIP Coordinator and to the EMS Section Secretary so that it can be placed on the QATF agenda as described at the beginning of this guide.