MDHHS Michigan Department of Health & Human Services | Bureau of Emergency Preparedness, EMS and Systems of Care

Community Integrated Paramedicine Community Outreach Special Study Application

ENGLISH

Last Revised: 12/23

	Instructions: Complete and submit via email to Kristine Kuhl kuhlk2@michigan.gov **Include: 1) This application** **2) MCA approval letter for the program (must name agency and level of program being approved)** **3) Overview of lines of service & goals (see J)**
A) Proposed Special Study Program Title	
B) EMS Agency Information:	Agency Name: Agency Physical Address: Agency Licensure Level:
C) Agency Contact Person Information	Name: Email: Phone: Ext:
D) Proposed Program Level	☐ Community Integrated Paramedicine (ALS services only) ☐ Community Outreach (ALS, LALS, BLS services)
E) MCA Information	MCA: MCA Medical Director: Email:
F) Program Medical Director	Will the MCA Medical Director or MCA Alternate Medical Director be serving as the program Medical Director? ☐ Yes (skip to section H) ☐ No

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G) Program Medical Director	Name of proposed program Medical Director: Email: **Please attach if applicable:** **1) A signed letter from the MCA Medical Director indicating designation of said physician as Program Medical Director.** **2) A signed letter from the accepting/proposed program medical director** **A CV for the proposed** **program Medical Director**
H) Provider List	List providers that will be conducting care when the programs begin: Name: Licensure Level: Education Source: Name: Licensure Level: Education Source: Name: Licensure Level: Education Source: Name: Licensure Level: Education Source: If more than 4 **please attach** roster with above information included.

I) Personnel Qualifications	Describe the qualifications, minimal licensure level and selection process for EMS personnel selected to participate as providers.
J) Lines of Service, Partners, Goals, Metrics	Please include a brief paragraph for each line of service that includes partner/stakeholder, expected type of care, goal, metrics to be collected. *EXAMPLE: Partnering with Dr. Jones primary care practice to assist with medically complex less than compliant patients. The practice will assign patients to the program, providers will meet with patients as deemed necessary by the physician with a goal of decreasing ED visits and IP hospitalizations. Metrics will include ED visits and IP hospitalizations for 1 year prior and 1 year after program enrollment.* **Please attach**
K) Medical Oversight	Describe the medical oversight and QA/QI process for this special study including frequency of reviews or meetings.

(L) Vehicle	Describe the vehicle (vehicle licensure, transporting or non-transporting) that will be used by providers conducting visits.
(M) Implementation plan.	Describe when the program begins to start seeing patients and any immediate plans to grow/expand.
Submission Information:	Submit to kuhlk2@michigan.gov Name of submitter: Date of submission: