

**NEVADA
COMMUNITY
PARAMEDICINE
TOOLKIT**

Nevada Department of Health and
Human Services
Division of Public and Behavioral
Health

With thanks to:

Nevada Division of Public and Behavioral
Health - Emergency Medical Systems
Minnesota Department of Health - Office of
Rural Health and Primary Care Emerging
Professions Program
Regional Emergency Medical Services Authority
Nevada Rural Hospital Partners
Humboldt General Hospital

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I. INTRODUCTION

This toolkit is intended to be a resource for Nevada ambulance services, firefighting agencies and licensed hospitals interested in developing or expanding a Community Paramedicine program. The tools contained herein are intended to help streamline decision-making and the successful adoption of a Community Paramedicine program. The toolkit also includes references, resources, and examples to help planners get started quickly.



2. WHAT IS A COMMUNITY PARAMEDICINE PROGRAM AND WHY IS IT NECESSARY?

Community Paramedicine is a fairly new healthcare delivery model. Existing programs nationally and internationally have demonstrated healthcare savings related to reduced hospital readmissions, emergency transports, and emergency room usage. It allows Community Paramedicine providers and emergency medical technicians (EMTs) to operate in a “nontraditional” manner in expanded roles by assisting with public health and providing primary healthcare and preventive services to underserved populations in the community. The goal is to improve access to care and avoid duplicating existing services. Community Paramedicine is neither a replacement for healthcare professionals or a new project to divert money from hospitals, clinics, or home health agencies; nor is it a change in the scope of practice for any provider.

Community Paramedicine Providers Generally Focus On:

- Providing and connecting patients to primary care services
- Completing post hospital follow-up care
- Integrating with local public health agencies, home health agencies, health systems and other providers
- Providing education and health promotion programs
- Reducing duplicate services to the recipients

Community Paramedicine providers work in collaboration with primary care providers (PCPs). They help individuals and communities overcome barriers that prevent them from accessing and benefiting from health services, as well as serving as advocates, facilitators, liaisons, community brokers, and resource coordinators. Community Paramedicine providers are also trained as direct service providers, which can ensure basic levels of service for prevention, medical evaluation, triage, disease management, and mental health.

Community Paramedicine providers work to help people move away from the ‘emergency only’ mentality, moving them towards a more proactive approach to health and wellness. Community Paramedicine programs enable paramedics to perform a variety of services for patients who are elderly, low income or who live in rural areas. They also help eliminate unnecessary or repeat trips to emergency rooms/hospitals by providing care that the patient otherwise would not receive. Visits by Community Paramedicine providers can help patients gain a better understanding of the importance of correct evidence-based disease management (e.g. Asthma, Pneumonia, Myocardial Infarctions, etc.).

NRS 450B.0615 “Community Paramedicine services” defined:

“Community Paramedicine services” means services provided by an emergency medical technician, advanced emergency medical technician or paramedic to patients who do not require emergency medical transportation and provided in a manner that is integrated with the health care and social services resources available in the community.

In Nevada, any EMS agency is permitted to conduct Community Paramedicine services as long as they are certified. However, if an EMS agency would like reimbursement from Medicaid, only the following services¹ are reimbursable:

- Health education
- Health assessment
- Vaccinations
- Chronic disease prevention, monitoring and education
- Access to healthcare options
- Home safety assessments
- Medication compliance
- Laboratory specimen collection and point of care labs
- Telehealth originating site



Why a Community Paramedicine Program is Necessary

Nevada is facing the following issues in the health care system:

- Rapid population growth
- Low health status
- Behavioral health issues
- Large number of additional health services consumers as a result of the Patient Protection and Affordable Care Act (PPACA) 2010
- Current EMS model requires transport

In addition to the above, there is a shortage in health professionals in Nevada. The Physician Workforce in Nevada – 2018 Edition² by the University of Nevada, Reno found that Nevada had the following rankings:

- 47th for active physicians per 100,000 population, 200.1 versus 371.6 for the U.S

Community Paramedicine helps avoid unnecessary EMS transports, emergency department visits and hospital readmissions, as well as relieve emergency room overcrowding. With community paramedics, the stress on the 911 system is reduced, while increasing availability of emergency services.

How Community Paramedicine Can Benefit Rural Residents:

People living in rural areas face different health issues and disparities than people who live in urban areas. Due to their conditions, many are unable to travel long distances for routine checkups and screenings. Community Paramedicine providers are trained to navigate systems and establish relationships to better serve the citizens of their communities. They contribute to the overall goal of empowering citizens and communities to achieve positive health outcomes and reach optimal levels of wellness. Their skill set can be equally useful to them in addressing unmet needs for primary care services in the community.



¹http://dhcfp.nv.gov/uploadedFiles/dhcfpnavgov/content/Resources/AdminSupport/Manuals/MSM/C600/MSM_600_18_10_01.pdf

3. STARTING A COMMUNITY PARAMEDICINE PROGRAM

3. A) HOW TO GET STARTED

- Reach out to the Nevada Division of Public and Behavioral Health EMS Office³ or the Southern Nevada Health District⁴ Office of Emergency Medical Services and Trauma System, to access existing infrastructure, resources and requirements
- Work with your local health systems, hospitals, agencies, and major physician practices to learn if they are involved in or are considering these services
- Identify and rank the top health gaps in your community and how effective Community Paramedicine can address these gaps
- Collaborate with your Community Paramedicine stakeholders and identify what areas have the greatest amount of interest
- Identify potential funders, (e.g. Medicaid, Public and Private Insurers)
- Identify Community Paramedicine personnel
- Develop a Community Paramedicine training program that aligns with the state and local regulations (See section 4 of this toolkit for more information on training)
- Establish standard operation procedures (SOP) or protocols to fit the program and align with state and local regulations and guidelines
- Develop a relationship with a Nevada licensed primary care provider to create a plan of care for Nevada Medicaid recipients
- Submit an agency application to your EMS office for endorsement to provide services and applications for selected individual providers (there is no fee for the agency or the selected providers)
 - Agency Permit
 - Individual Endorsement
 - Hospital License
 - Individual EMT National Provider Identifier (NPI)
- Connect with other health care providers in the area to be served and work with them to assess community health needs not being met. Together, develop a plan to meet those needs that addresses:
 - Definition of the need
 - Medical oversight
 - Services to be provided for the patient population identified
 - Protocols for providing the services
 - Staffing plan
 - Financial plan
 - Training/education plan
 - Performance improvement plan
 - Service impact monitoring
 - Other aspects identified by the EMS agency and its partners
- Start small and focus on one or two needs that can be relatively easily addressed. Prove the value of Community Paramedicine through patient health improvement, satisfaction or appropriate resource utilization and other measurements. Add new services only on the basis of measured and proven need, agreement with health care partners, and potential sustainability.

³ <http://dpbh.nv.gov/Reg/EMS/EMS-home/>

⁴ <http://www.southernnevadahealthdistrict.org/ems/index.php>

NAC. 450B.482

Application to provide services; maintenance of protocols by Division; submission of revised protocols; holder of endorsement required to adopt quality improvement program; penalty for providing services without endorsement. (NRS 450B.120, 450B.1993, 450B.900)

1. A holder of a permit or a license to operate a hospital issued pursuant to chapter 449 of NRS that wishes to provide Community Paramedicine services must submit an application to the Division in the form prescribed by the Division. The application must include:

- a) A statement of the level of care that the applicant intends to provide through Community Paramedicine services;
- b) A description of the Community Paramedicine services that the applicant intends to provide;
- c) A letter of support from the medical director of the applicant;
- d) Evidence that the applicant has implemented a system for charting patients;
- e) A list of vehicles that the applicant intends to use to provide Community Paramedicine services;
- f) Evidence that providing Community Paramedicine services will not adversely affect the capability of the applicant to respond to an emergency;
- g) Protocols that the applicant intends to use when providing Community Paramedicine services, which must have been approved by the medical director of the applicant;
- h) A statement that the applicant will submit the report required by NRS 450B.1996, if applicable; and
- i) Any additional information required by the Division.

2. The Division shall maintain on file a copy of the protocols for providing Community Paramedicine services submitted by each holder of a service Community Paramedicine endorsement pursuant to paragraph (g) of subsection 1. If the holder of a service Community Paramedicine endorsement revises its protocols, the holder shall submit a copy of the revised protocols to the Division. The holder of a service Community Paramedicine endorsement shall provide Community Paramedicine services as prescribed in the protocols on file with the Division.

3. A holder of a service Community Paramedicine endorsement shall adopt and implement a quality improvement program and a program to prevent waste, fraud and abuse.

4. The Division shall impose against any service or hospital that provides Community Paramedicine services without a service Community Paramedicine endorsement an administrative penalty of:

- a) For services provided on or after January 27, 2017, and before July 1, 2018, \$300;
- b) For services provided on or after July 1, 2018, and before July 1, 2019, \$400; and
- c) For services provided on or after July 1, 2019, \$500,

for each day that the service or hospital provides Community Paramedicine services without a service Community Paramedicine endorsement.

(Added to NAC by Bd. of Health by R102-18, eff. 7-12-2018)

Summary Requirements of NAC 450B Community Paramedicine Program:

- A holder of an EMS permit that wishes to provide Community Paramedicine services must submit an application to the Department of Public and Behavioral Health for endorsement to provide service.
- The EMS department must maintain on file a copy of the agency protocols for providing Community Paramedicine services.
- A holder of a Community Paramedicine endorsement shall adopt and implement a quality improvement program to prevent waste and fraud.
- A quarterly report must be made to the EMS Department in addition to the requirements of NRS 450B.1996⁵, including number of transports, visits to the emergency department, admissions that have been avoided or readmissions to a hospital due to the provisions of the Community Paramedicine services provided by the agency.
- Education requirements (see section 4) must be met for endorsement through Department of Public and Behavioral Health approved programs.
- EMS providers must hold a current Community Paramedicine endorsement and must apply to the Nevada Division of Public and Behavioral Health EMS Office⁶ or the Southern Nevada Health District⁷ Office of Emergency Medical Services and Trauma System for the endorsement.
- The Department of Public and Behavioral Health shall impose an administrative penalty against an EMS provider or hospital for which an attendant provides Community Paramedicine services without an attendant Community Paramedicine endorsement or beyond the scope of practice of the attendant.



⁵ <https://www.leg.state.nv.us/NRS/NRS-450B.html#NRS450BSec1996>

⁶ <http://dpbh.nv.gov/Reg/EMS/EMS-home/>

⁷ <http://www.southernnevadahealthdistrict.org/ems/index.php>

3. B) REGULATIONS FOR ENDORSEMENT TO PROVIDE COMMUNITY PARAMEDICINE SERVICES

In Nevada the Law states:

NRS 450B.1993 Endorsement to provide Community Paramedicine services: Regulations; application; expiration; circumstances under which emergency medical provider may provide Community Paramedicine services.

1. *The board shall adopt regulations to provide for the issuance of an endorsement on a permit which allows an emergency medical provider who is employed by or serves as a volunteer for the holder of the permit to provide Community Paramedicine services. Such regulations must establish, without limitation:*

- a) *The manner in which to apply for an endorsement;*
- b) *The qualifications and requirements of a holder of a permit to obtain an endorsement;*
- c) *The required training and qualifications of an emergency medical provider who will provide Community Paramedicine services and the proof necessary to demonstrate such training and qualifications;*
- d) *The scope of the Community Paramedicine services that may be provided by an emergency medical provider who is employed by or serves as a volunteer for the holder of the permit, which must not include any services that are outside the scope of practice of the emergency medical provider;*
- e) *The continuing education requirements or other evidence of continued competency for renewal of the endorsement; and*
- f) *Such other requirements as the board deems necessary to carry out the provisions of this section and [NRS 450B.199](#) and [450B.1996](#)*

2. *The holder of a permit may apply for an endorsement to provide Community Paramedicine services by submitting to the health authority an application upon forms prescribed by the board and in accordance with procedures established by the board. The health authority must not approve an application for an endorsement or a renewal of an endorsement unless the applicant meets the requirements prescribed by the board by regulation pursuant to subsection 1. No additional fee may be charged for an endorsement.*

3. *An endorsement to provide Community Paramedicine services expires on the same date as the permit and is renewable annually thereafter at least 30 days before the expiration date.*

4. *An emergency medical provider may provide Community Paramedicine services only as an employee of or volunteer for the holder of a permit who has obtained an endorsement and only if the emergency medical provider possesses the training and qualifications required by the board. Any services provided must not exceed the scope of practice of the emergency medical provider.*

(Added to NRS by [2015, 649](#))

3. C) APPLICATION PROCESS IN NEVADA

Through the compliance agreement, each Nevada permitted service or hospital that is applying to conduct Community Paramedicine services must provide the following before a Community Paramedicine endorsement on a permit will be provided:

- Completed Community Paramedicine Permit Endorsement Application

<http://dpbh.nv.gov/uploadedFiles/dpbh.nv.gov/content/Reg/EMS/dta/Licensing/Application%20for%20Community%20Paramedicine%20Provider%20Endorsement%20Fillable%206-2016.pdf>

The Community Paramedicine Permit Endorsement Application will include the following:

- A statement of intent which will encompass the following:
 - Level of care provided by Community Paramedicine providers
 - Services provided within the Community Paramedicine program
 - The scope of the Community Paramedicine services that may be provided by an emergency medical provider who is employed by or serves as a volunteer for the holder of the permit. The scope must not include any services outside the scope of practice of the emergency medical provider. The scope may include, but is not limited to, episodic assessment, care, intervention, care based on care plans developed by practitioners and/or physicians, helping a recently discharged hospital patient reestablish themselves at home, and medication reconciliation.
 - Letter of support from the agency medical director
 - Evidence of a patient charting system
 - List of Community Paramedicine vehicles
 - Evidence that this program will not negatively impact emergency response capabilities;
 - Approved Community Paramedicine protocols by the agency medical director; and
 - A statement agreeing to provide quarterly reports to the Division

The following shall be completed before a Community Paramedicine endorsement on a certificate will be provided:

- Completed Community Paramedicine Provider Endorsement Application;
- Record of completion of a Community Paramedicine training course in accordance with the Division.



Procedure for Endorsement to Provide Community Paramedicine Services in Clark County

To ensure uniformity of training for all Community Paramedicine programs in the Clark County EMS system the following prerequisites must be met in Southern Nevada⁸:

- Current licensure as an Attendant⁹.
- Three (3) years full time field experience as a licensed Attendant in ground or air service.
- Current certification in CPR.
- If a Paramedic, current certification in advanced cardiac life support procedures for patients who require advanced life support (ALS) care; current certification in life support procedures for pediatric patients who require ALS care; and certification of completion of training in prehospital trauma life support procedures. **Note:** The Applicant will be given six (6) months to complete the process before the file is destroyed.

The Applicant must complete a minimum of 24 clinical hours in a public health setting; also the Applicant must submit the following documentation to Southern Nevada's Office of Emergency Medical Services Trauma System¹⁰ prior to endorsement to provide Community Paramedicine Services:

- Letter of intent to utilize the Applicant to provide Community Paramedicine Services from a permitted Agency
- An "Application for Endorsement to Provide Community Paramedicine Services;"
- Payment of all required non-refundable, non-transferable fee(s)
- Copy of skills (signed off within the last six (6) months) appropriate to the level of certification as defined on the Health District's "Skills Proficiency Record"

Upon completion of all documents listed above, the Office of Emergency Medical Services Trauma System will add an Endorsement to the Applicant's License, endorsing them to provide Community Paramedicine Services in Clark County.

NAC 450B.235

"Service Community Paramedicine endorsement" means an endorsement of a permit or a license to operate a hospital issued pursuant to chapter 449¹ of NRS that authorizes the holder of endorsement to provide Community Paramedicine services.

⁸ <http://media.southernnevadahealthdistrict.org/download/ems/Final-December-2017-EMS-Procedure-Manual.pdf>

⁹ <http://media.southernnevadahealthdistrict.org/download/ems/Final-December-2017-EMS-Procedure-Manual.pdf>

¹⁰ <https://www.southernnevadahealthdistrict.org/programs/emergency-medical-services-trauma-system/>

The Endorsement to provide Community Paramedicine Services will expire:

- On the date of expiration appearing on the License, or
- On the date of separation from employment as a Licensed Attendant for a permitted EMS Agency, or
- On the date the Certificate is suspended or revoked.

The Endorsement is renewable if the holder of the Endorsement fulfills all requirements as set forth in the appropriate district procedure for recertification.

3. D) RENEWAL FOR ENDORSEMENT TO PROVIDE COMMUNITY PARAMEDICINE SERVICE

Renewing a Community Paramedicine Endorsement in Northern Nevada is done at the same time as renewing an EMS permit, which can be done at:

<https://nvdpbh.aithent.com/login.aspx?BusinessUnit=EMS>

Further information and forms for certification and licensure can be found at:

[http://dpbh.nv.gov/Reg/EMS/dta/Licensing/Emergency_Medical_System_\(EMS\)_-Licensing/](http://dpbh.nv.gov/Reg/EMS/dta/Licensing/Emergency_Medical_System_(EMS)_-Licensing/)



NAC 450B.489¹ Attendant Community Paramedicine endorsement: Expiration; renewal. (NRS 450B.120, 450B.1993)

1. *An attendant Community Paramedicine endorsement expires on the date on which the license issued to the holder of the endorsement expires or 2 years after the date on which the endorsement is issued, whichever is sooner.*
2. *The holder of an attendant Community Paramedicine endorsement may renew his or her endorsement by submitting an application to the Division in the form prescribed by the Division. The application must include proof that the applicant:
Meets the requirements to provide Community Paramedicine services prescribed in subsection 2 of [NRS 450B.250](#); and
Has successfully completed the continuing education required by subsection 3.*
3. *To renew an attendant Community Paramedicine endorsement, the holder of the endorsement must have, during the 2 years immediately preceding the date on which he or she submits the application for renewal, completed:
At the emergency medical technician level, 4 hours;
At the advanced emergency medical technician level, 8 hours; and
At the paramedic level, 12 hours, of continuing education in clinical topics that have been approved by the medical director of the service for which the holder is an employee or volunteer.
(Added to NAC by Bd. of Health by R068-16, eff. 1-27-2017)*

Renewal for Endorsement to Provide Community Paramedicine Services in Clark County

When applying for renewal for endorsement to provide Community Paramedicine services in Clark County the following must be submitted to Southern Nevada's Office of Emergency Medical Services and Trauma System:

- A 'Community Paramedicine Services Renewal Report' sixty days prior to the certificate expiration date, documenting 12 hours of continuing education specific to critical care topics (this is in addition to the CMEs required for Paramedic recertification)
- If the endorsement to provide Community Paramedicine Services was issued less than six months prior to the expiration date, there is no CME requirement
- If the endorsement was issued more than six months but less than one year prior to the expiration date, the CME requirement is 6 hours
- If the endorsement was issued more than one year prior to the expiration date, the CME requirement is twelve hours
- Verification of participation as a paramedic endorsed to provide Community Paramedicine services and
- Payment of all required non-refundable, non-transferable fees

Upon successful completion of the above listed requirements, Southern Nevada's Office of Emergency Medical Services and Trauma System (OEMSTS) will renew the endorsement to provide Community Paramedicine services on the applicant's paramedic license

3. E) COMMUNITY PARAMEDICINE PROVIDER QUALIFICATIONS

In order to become a Community Paramedicine provider, the following conditions must be met:

- Must be an Emergency Medical Technician (EMT), Advanced Emergency Technician (AEMT), Paramedic or Community Paramedic licensed in the state of Nevada. Certifications can be verified at <http://dpbh.nv.gov/Reg/EMS/EMS-home/>
- Must have the required Community Paramedicine Endorsement from within the Nevada Division of Public and Behavioral Health, Office of Emergency Medical Services or Southern Nevada Health District's Board of Health
- Must possess a scope of service agreement, based upon the provider's skills, with the Medical Director of the EMS agency under which they are employed

If the Community Paramedicine Provider would like reimbursement, then the following is required:

- Must enroll as a Nevada Medicaid Provider¹¹ and be employed by a permitted Emergency Medical Systems (EMS) agency.
- The Medical Director of the EMS agency providing Community Paramedicine services must be an enrolled Nevada Medicaid Provider.

¹¹ <https://www.medicaid.nv.gov/providers/enroll.aspx>

3. F) REPORTING

Those who have obtained an endorsement to provide Community Paramedicine service are required to submit a quarterly report to the health authority that issued the endorsement. Quarterly Reports shall include the following:

- Number of patients served by Community Emergency Medical Services.
- A continuous quality improvement program, and maintains a fraud, waste and abuse prevention program.
- Number of avoided ambulance transport; avoided emergency department visits and avoided hospital admissions/readmissions due to Community Emergency Medical Services.

Nevada law states the following regarding reporting requirements:

NRS 450B.1996 Reports¹.

1. Each holder of a permit who has obtained an endorsement to provide Community Paramedicine services pursuant to [NRS 450B.1993](#)¹ shall submit a quarterly report to the health authority that issued the endorsement which must include, without limitation:

- *Information concerning the Community Paramedicine services that were provided in lieu of emergency medical transportation, including, without limitation, the types of services provided and the number of persons for whom such services were provided;*
- *The impact of providing Community Paramedicine services on the overall services provided to patients; and*
- *Such other information as prescribed by the health authority or requested by the Legislature or the Legislative Committee on Health Care.*

2. On or before February 1 of each year, each health authority shall submit a report summarizing the information received concerning Community Paramedicine services pursuant to subsection 1 along with a summary of the impact of providing such services to patients in that manner to the Director of the Legislative Counsel Bureau for transmittal to the Legislature in odd-numbered years or the Legislative Committee on Health Care in even-numbered years.

(Added to NRS by [2015, 650](#))

(Added to NRS by [2015, 650](#))

Quality Measurement

Opportunities to review Community Paramedicine programs are beneficial because they allow for the assessment of the status of EMS activities and move systems forward in developing inclusive and comprehensive systems of care. Many EMS programs conduct their own internal or external reviews.

For further examples on how to create a quality measurement tool:

<https://naseonso.org/wp-content/uploads/Community-Paramedicine-Evaluation-Tool.pdf>

Administrative Criteria

- Each paramedic endorsed to provide Community Paramedicine services is responsible for maintaining documentation of continuing education.
- This documentation must be kept on file for a minimum of three years for audit purposes. Permitted EMS agencies and training centers must maintain CME files for their employees/ students that include copies of rosters and skills proficiency records.
- Supporting Documentation must accompany the health district approved “Community Paramedicine Services Renewal Report” form and be submitted to the Office of Emergency Medical Services¹² that will conduct random audits of documentation of continuing education.
- For Southern Nevada contact the Emergency Medical Services and Trauma System.¹³

False statements or submission of false documents may be sufficient cause for forfeiture of the right of endorsement as a paramedic able to provide Community Paramedicine services. The Community Paramedicine Program Manual¹⁴ is not specific to Nevada and may differ in regulations, however it includes information on multiple topics for consideration when planning and implementing a Community Paramedicine program, such as program planning and feasibility, state regulations, assessing community needs, budgeting, policy development, training, beginning operations, and more.

- The International Roundtable on Community Paramedicine¹⁵ provides articles, data sets, presentations, research, and other resources on Community Paramedicine.
- The Minnesota Department of Health, Office of Rural Health and Primary Care published a Community Paramedic Toolkit¹⁶ and has many other research and educational resources¹⁷. Some information in the toolkits is specific to Minnesota but much of the information can be used nationally.

¹² <http://dpbh.nv.gov/Reg/EMS/EMS-home/>

¹³ <https://www.southernnevadahealthdistrict.org/programs/emergency-medical-services-trauma-system/>

¹⁴ <http://www.communityparamedic.org/Program-Handbook>

¹⁵ <http://www.ircp.info/>

¹⁶ <https://www.health.state.mn.us/facilities/ruralhealth/emerging/cp/docs/2016cptoolkit.pdf>

¹⁷ <http://www.health.state.mn.us/divs/orhpc/workforce/emerging/cp/index.html>

Check with the state EMS Office to be aware of any resources, guidance, or requirements it may have for new Community Paramedicine services. The state EMS Office can be contacted at:

**Emergency Medical Systems
Nevada Division of Public and Behavioral Health
4150 Technology Way, STE 101
Carson City, NV 89706
(775) 687-7590**

If you are based in Clark County, contact Southern Nevada Health District at:

**Office of Emergency Medical Services & Trauma Systems
Southern Nevada Health District
18 280 S. Decatur Blvd
Las Vegas, NV 89107
(702) 759-1050**



¹⁸ <https://www.southernnevadahealthdistrict.org/ems/>

4. EDUCATION AND TRAINING

This section discusses education requirements for Community Paramedicine Providers, the core competencies and minimum requirements needed to be a Community Paramedicine Provider, and the higher educational institutions that offer Community Paramedicine courses.

Community Paramedics are EMS professionals who receive specific education to fill roles in public health and primary care in coordination with a primary care provider. The scope of practice of Community Paramedics for clinical skills is the same as their paramedic scope of practice, which can vary according to delegated practice. The unique and specific roles Community Paramedics can fill are dictated by local gaps in health care with direction from the Medical Director of the EMS agency.

For more information on education or applying to be a training center see:

[http://dpbh.nv.gov/Reg/EMS/dta/Training/Emergency_Medical_System_\(EMS\)_-_Training_Education/](http://dpbh.nv.gov/Reg/EMS/dta/Training/Emergency_Medical_System_(EMS)_-_Training_Education/)

4. A) EDUCATION REQUIREMENTS

Educational requirements vary by state and program. However, agencies in Northern Nevada which are endorsed as Community Paramedicine providers are required to provide proof that the following courses were completed as part of their educational requirements for their staff, at a minimum:

- Emergency medical technician level, 30 hours of didactic instruction and 12 clinical hours
- Advanced emergency medical technician level, 34 hours of didactic instruction and 12 clinical hours
- Paramedic level, 52 hours of didactic instruction and 24 clinical hours

The renewal requirements for the provider are as follows:

- Emergency medical technician level, 4 hours
- Advanced emergency medical technician level, 8 hours
- Paramedic level, 12 hours





NAC 450B.486¹ Requirements for course of training in Community Paramedicine services. (NRS 450B.120, 450B.1993)

1. A course of training in Community Paramedicine services must:
 - a) Consist of five modules, with each module concentrating on a topic set forth in this paragraph. The modules must provide instruction concerning the role of the community paramedic in the health care system, social determinants of health, the role of the community paramedic in public and primary care, cultural competency and personal safety and wellness for the community paramedic.
 - b) Have an attendance requirement of not less than:
 - (1) For the emergency medical technician level, 30 hours of didactic instruction and 12 clinical hours in a setting authorized by subsection 2;
 - (2) For the advanced emergency medical technician level, 34 hours of didactic instruction and 12 clinical hours in a setting authorized by subsection 2; and
 - (3) For the paramedic level, 52 hours of didactic instruction and 24 clinical hours in a setting authorized by subsection 2.
2. Clinical hours may be provided:
 - a) In the office of a person who is professionally qualified in the field of psychiatric mental health, as defined in NRS 433.209;
 - b) Under the direct supervision of a registered nurse who participates in a public health program approved by the Division;
 - c) In the office of a primary care physician; or
 - d) In another setting approved by the Division.
3. As used in this section, “community paramedic” means an emergency medical provider who provides Community Paramedicine services.
(Added to NAC by Bd. of Health by R068-16, eff. 1-27-2017)

4. B) SOUTHERN NEVADA HEALTH DISTRICT TRAINING PROCEDURE FOR COMMUNITY PARAMEDICINE SERVICES

Course Content for Clark County Community Paramedicine Services¹⁹

The following procedure was designed by the Southern Nevada Health District to ensure uniformity of training for all Community Paramedicine programs in the Clark County EMS system. They have expanded on the modules outlined in NAC 450B.486.

Before the applicant can participate in the trainings they must have a current license as an attendant with three full time years of field experience in ground or air services. They will also need a current certification in CPR.

¹⁹ <https://www.southernnevadahealthdistrict.org/download/ems/Final-December-2017-EMS-Procedure-Manual.pdf>

The minimum course content for applicants training to be a community paramedic in Clark County shall include the following:

Module One: Role in the Health Care System	Hours
Introduction to Community Paramedicine	2
Understanding the Health Care System	4
Documentation	1
Module Two: Social Determinants	Hours
Social Determinants of Health	8
Documentation	1
Module Three: Public Health and Primary Care	Hours
Health Promotion and Prevention	6
Patient Support Techniques	6
Documentation	1
Module Four: Developing Cultural Competence	Hours
Developing Cultural Competence	1.5
Documentation	1
Module Five: Role Within the Community	Hours
Community Needs Assessment	1.5
Systems of Care	2.25
Pathways to Care	1.5
Negative Resources	0.75
Introduction to Program Outreach	0.75
Community Outreach	0.75
Principles of Individual Outreach	0.75
Interventional Techniques	1.5
System Navigation	1.5
Documentation	1
Module Six: Personal Safety and Wellness	Hours
Stress and Wellness	4
Personal Safety	4

Total Didactic Hours: 51.5

4. C) COMMUNITY PARAMEDICINE COURSES

There are currently two EMS agencies in Northern Nevada that have their own Community Paramedicine courses: REMSA²⁰ and Humboldt General Hospital²¹.

The REMSA Education Center is a licensed Post-Secondary Education Center commissioned through the State of Nevada. It offers an extensive 88-hour course in Community Paramedicine including 64 hours of didactic and 24 hours of clinical time. Previously only available to internal staff, REMSA plans to open the program to all certified paramedics in Nevada through an application and selection process.

Humboldt General Hospital (HGH) uses a Community Paramedicine program originally offered by Colorado University that HGH adapted and now offer.

Filling Gaps and Avoiding Duplication: Community Paramedics and Ambulance Services²² is an educational resource that further discusses the role of community paramedics. Community paramedics function as fully participating members of a patient's medical home care team. As first responders, EMTs and paramedics are trained to focus primarily on managing a patient's immediate emergency medical condition. To participate effectively in a medical home care team approach, they need additional education and training focused on providing care over a longer period of time, such as for managing chronic health conditions.



A national consensus standard curriculum²³ is available free of charge to colleges and universities. It consists of two phases:

- Phase I consists of approximately 100 hours, based on prior experience, of foundation skills
- Phase II consists of 146 to 190 hours, based on prior experience and clinical skills

²⁰ <https://www.remsahealth.com/>

²¹ <https://www.hghospital.org/>

²² <https://www.ruralhealthinfo.org/rural-monitor/ems-leaders-gary-wingrove/>

²³ <http://www.communityparamedic.org/Colleges>

Topics covered include social determinants of health, public health, and tailored learning about chronic diseases, community assessments, and strategies for managing care and disease prevention.

A new curriculum is available and focuses on EMTs and paramedics whose Community Paramedicine programs are addressing only 9-1-1 callers in such ways as treat and release, treat and refer, or assess and report. Each course is 88 hours long and is drawn from modules of the existing community paramedic course. EMTs who complete the 88-hour course are known as Primary Care Technicians (PCTs). Paramedics who complete their version of the 88-hour course are called Community Paramedic Technicians (CPTs). Paramedics who complete the original 300-hour course are now called Community Paramedic Clinicians (CPCs).

Mobile CE²⁴ is a non-profit college and university education network that provides innovative, standards-based Community Paramedicine academic programs. Multiple programs are available including certificate level through doctoral degree.

Some Community Paramedicine programs focus narrowly on one or two community health needs. Education may be provided to enable Community Paramedics to manage only these needs. As Community Paramedicine evolves, the standards of care and education will also evolve.

For information regarding courses in Southern Nevada, please contact:

Southern Nevada Health District
Office of Emergency Medical Services & Trauma System
280 S. Decatur Blvd
Las Vegas, NV 89107
(702) 759-1050

<https://www.southernnevadahealthdistrict.org/ems/>



²⁴ <https://mobilece.org/>

5. COMMUNITY PARAMEDICINE PROGRAMS IN PRACTICE

5. A) AGENCIES WITH A CURRENT COMMUNITY PARAMEDICINE PROGRAM IN NEVADA

Currently, seven Emergency Medical Services Hospitals are now fully certified by the Division of Public and Behavioral Health to perform Community Paramedicine. They are as follows:

- REMSA²⁵
- East Fork Fire Protection District²⁶
- Battle Mountain General Hospital
- Humboldt General Hospital EMS²⁷
- Mt. Grant General Hospital
- South Lyon Medical Center
- William Bee Ririe Hospital

REMSA Community Paramedicine Program currently offers:

- Direct physician consultation
- Nurse triage level of care recommendations
- In-house Community Paramedicine training
- Lab draw collection and delivery
- Alternative destination transport
- Immunizations
- Medication compliance review and reconciliation
- Residential safety inspections
- REMSA Community Paramedicine Rural Programs offer additional
 - Hospital/clinic integration including telemedicine presentation
 - Adjunct 911 response and Community Paramedicine intercept
 - Mobile telemedicine (Summer 2019)

East Fork Fire Protection District currently offers:

- Home inspections
- Medication reconciliation
- Identifying underlying medical issues
- Immunizations

²⁵ <https://www.remsahealth.com/>

²⁶ <http://www.eastforkfire.org/>

²⁷ <https://www.hghospital.org/>

Rural Hospital Paramedicine Program Components:

Battle Mountain General Hospital, Humboldt General Hospital EMS, Mt. Grant General Hospital, South Lyon Medical Center, and William Bee Ririe Hospital are working collaboratively on their Community Paramedicine programs offering:

- Physician-ordered care plans
- Follow-up care coordinated at hospital discharge
- Home safety inspections to help mitigate health hazards in the home
- Medication compliance and reconciliation

[Supported through Federal Health Resources and Services Administration (HRSA) grant funding (Award No. D06RH31058)]

5. B) COMMUNITY PARAMEDICINE PROGRAM AT REMSA

Community paramedics are the cornerstone of REMSA's Community Paramedicine program²⁸. This group of specially-trained paramedics evaluates patients and performs tasks under approved protocols. Patients have access to care by community paramedics after referral from a primary care physician or other referring healthcare provider. All Community Paramedicine services are performed within the existing clinical scope of practice of a Nevada licensed paramedic in an expanded role. There are three types of service:

- **Post-hospital Discharge Patient Follow-up** In-home visits and/or follow-up calls assist patients in avoiding hospital readmission after they have been discharged from the hospital. This is accomplished by promoting physician treatment plan adherence by providing information, education and guidance while monitoring patients in their home. Patients are enrolled and monitored for up to 30-days after discharge.
- **Episodic Evaluation Visit** In-home visits within four hours of a request provides primary care physicians or referring health care providers with an in-home patient care service when there are limited resources available and an emergency department visit may not be optimal.
- **Hotspotter Intervention** Following identification and assessment of patients that make frequent visits to the emergency department or frequent calls to 9-1-1, this intervention assists patients in accessing the right care or service and includes a resource plan to resolve each patient's unmet healthcare, mental health and social service needs.



²⁸ <https://www.remsahealth.com/community-health/community-paramedicine/>

Benefits

In cooperation with the community's health care partners, this program will safely:

- Improve each patient's satisfaction with their overall health care experience
- Improve referring provider's knowledge of the patient's home environment, including medication usage, health routines and living habits
- Improve referring provider's access to accurate and timely early warning signs of worsening conditions
- Avoid exacerbations of chronic illness through close observation and early reporting of symptoms
- Avoid an unplanned hospital readmission and avoid unnecessary utilization of emergency services (such as a call to 9-1-1 or a visit to the emergency department).

Features

The Community Paramedicine program features in-home visits to patients with feedback to the referring provider. REMSA's program is unique in the following ways:

- REMSA has developed specialized protocols including: congestive heart failure, COPD, post-myocardial infarction, and post-cardiac surgery, among others
- During in-home visits, community paramedics reinforce health care provider discharge instructions and treatment plans, provide education specific to each patient's health literacy level, provide medication reconciliation and reminders of follow-up appointments
- In-home care includes protocol-driven, in-home medical procedures, including, but not limited to, IV diuresis and hydration with follow up lab work, nebulizer with medication delivery and 12-lead EKG with interpretation and transmission
- Point of Care lab work (including BMP, H&H, blood glucose, clean catch UA, and INR) and home blood draws are delivered to local labs with results made available to the patient's care team for timely follow-up
- Services include monitoring and trending of vital signs, weight and medications; timely communication of abnormal findings to the referring provider; and identification and documentation of recommended versus actual medication usage
- Patients initial visit includes assessment of in-home environment and identification of the need for and referral to in-home support services, community resources and assistance with coordination of follow-up appointments as needed
- Patients are provided with a direct phone number in order to access community paramedics 24/7 for questions or concerns during the enrollment period

REMSA's medical director oversees a rigorous clinical quality assurance program that includes specialized training, regular chart audits and ongoing clinical reviews.

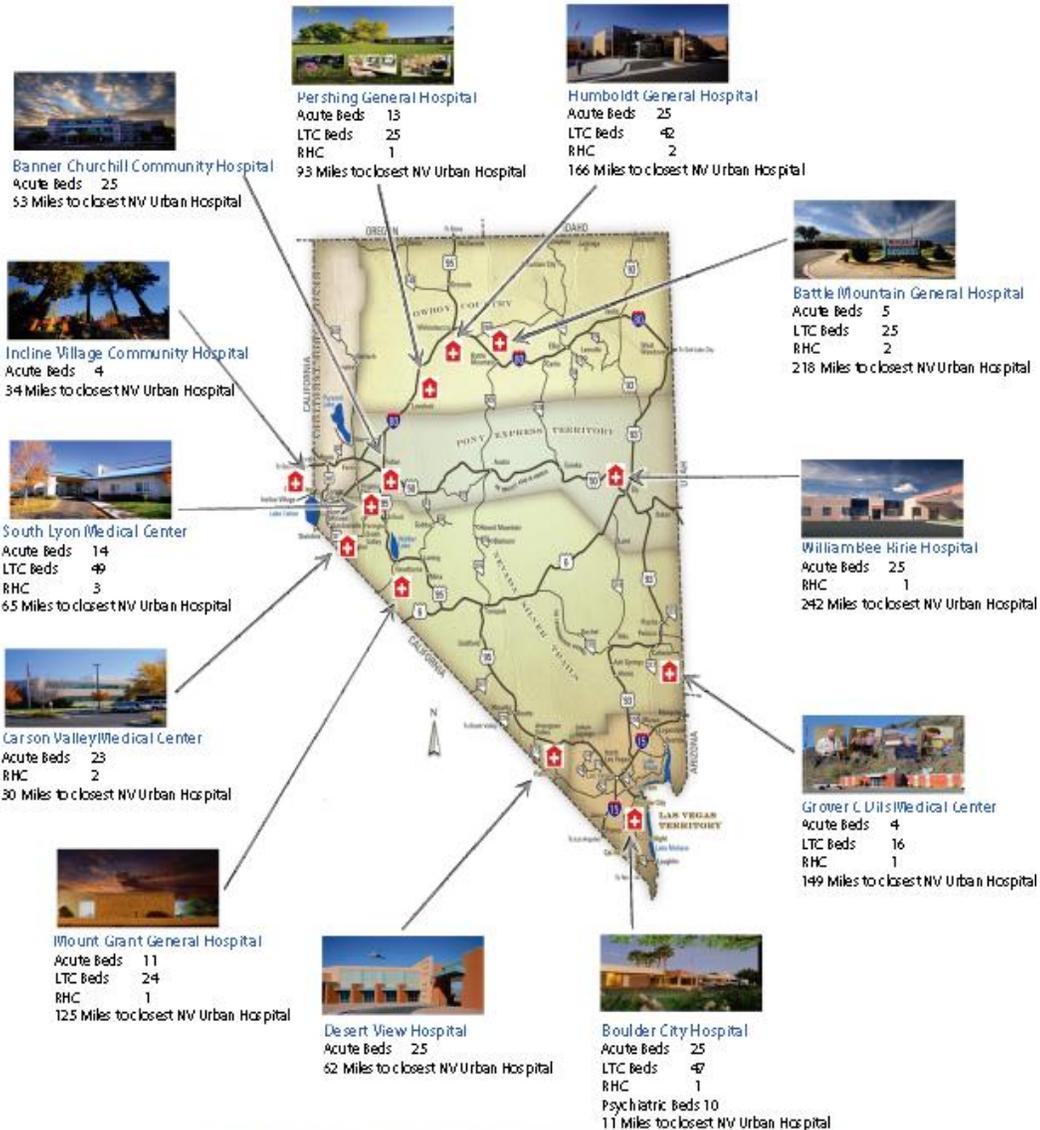
5. C) COMMUNITY PARAMEDICINE IN CRITICAL ACCESS HOSPITALS AND RURAL HEALTH CLINICS

In Nevada there are 13 Critical Access Hospitals²⁹ (CAHs). Twelve of these CAHs are members of Nevada Rural Hospital Partners and five are now operating Community Paramedicine programs. Three CAHs operate their own ambulance service but all CAHs contract with at least one ambulance service. Additionally, 11 Medicare certified Rural Health Clinics (RHCs) in Nevada³⁰ are operated by a CAH.

Nevada Rural Hospital Partners - 2019 Consortium Map

Population Served: 228,000

Total Area Served: 95,431 square miles



Nevada Rural Hospital Partners * 4600 Kietzke Lane * Suite F-209 * Reno * Nevada * 89502 * 775-827-4770 |

²⁹ http://www.flexmonitoring.org/data/critical-access-hospital-locations/?search_state=NV&filter_search=yes

³⁰ <https://www.kff.org/other/state-indicator/total-rural-health-clinics/?currentTimeframe=0&selectedRows=%7B%22states%22:%7B%22nevada%22:%7B%7D%7D%7D&sortModel=%7B%22colld%22:%22Location%22%22sort%22:%22asc%22%7D>

³¹ <http://nrhp.org/uploads/NRHP%20map%202016.pdf>

6. FINANCING, COVERAGE AND LIMITATIONS

Nevada now provides coverage for community paramedic visits under the Medicaid program.

Nevada Medicaid

On July 1, 2016 Nevada Medicaid implemented Community Paramedicine as a reimbursable service. The Division of Health Care Financing and Policy (DHCFP) will reimburse providers for medically necessary Community Paramedicine services which are designed to provide health care services to the medically underserved. Visit www.medicaid.nv.gov for information for reimbursement (billing guide³²) and provider enrollment.



Reimbursable services include:

- Evaluation/ health assessment
- Chronic disease prevention, monitoring and education
- Medication compliance
- Vaccinations
- Laboratory specimen collection and point of care lab tests
- Hospital discharge follow-up care
- Minor medical procedures within their scope of practice and as approved by the EMS agency's Medical Director
- Homes safety assessment
- Telehealth originating site

The following services are non-covered services:

- Travel time
- Mileage
- Services related to a hospital-acquired condition or treatment or complications resulting from treatment provided in a hospital
- Emergency response, for recipients requiring emergency responses, the EMS transport will be billed under the ambulance medical emergency code
- Duplicated services
- Personal care services

³² https://www.medicaid.nv.gov/Downloads/provider/NV_BillingGuidelines_PT32.pdf

Current Procedural Terminology (CPT) Codes Reimbursable by Nevada Medicaid

Code	Description	Units
90460	IM Administration 1st only/component	1 unit per claim
90471	Immunization Admin	1 unit per claim
90472	Immunization Admin each addl	1 unit per claim line
90473	Immune Admin oral/nasal	1 unit per claim
90474	Immune Admin oral/nasal addl	1 unit per claim line
99341	Home visit new patient - low severity 20 min	1 unit per claim
99342	Home visit new patient - mod severity 30 min	1 unit per claim
99343	Home visit new patient - mod - hi severity 45 min	1 unit per claim
99344	Home visit new patient - 60 min	1 unit per claim
99345	Home visit new patient - 75 min	1 unit per claim
99347	Home visit established patient - self-limited/minor 15 min	1 unit per claim
99348	Home visit established patient - low - mod severity 25 min	1 unit per claim
99349	Home visit established patient - mid-hi severity 40 min	1 unit per claim
99350	Home visit established patient - 60 min	1 unit per claim
Q3014	Telehealth originating site facility fee	1 unit per claim

For further ideas on Community Paramedicine funding sources:

http://www.naemt.org/docs/default-source/community-paramedicine/mih-cp-toolkit/top-10-mih-cp-funding-sources.pdf?Status=Temp&sfvrsn=d580ca92_2

For information on reimbursement, provider enrollment and billing guides please visit:

www.medicaid.nv.gov

<http://dhcfnv.gov/Resources/AdminSupport/Manuals/MSM/C600/Chapter600/>

https://www.medicaid.nv.gov/Downloads/provider/NV_BillingGuidelines_PT32.pdf

For further assistance from Nevada Medicaid, contact:

Division of Health Care Financing and Policy

1100 E. William St.

Carson City, NV 89701

(775) 684-3654

7. REFERENCES AND RESOURCES

Laws and Regulations:

Chapter 450B Emergency Medical Services:

<https://www.leg.state.nv.us/NRS/NRS-450B.html>

<https://www.leg.state.nv.us/NRS/NRS-450B.html#NRS450BSec199>

<https://www.leg.state.nv.us/NRS/NRS-450B.html#NRS450BSec1996>

<https://www.leg.state.nv.us/NRS/NRS-450B.html#NRS450BSec250>

<https://www.leg.state.nv.us/NRS/NRS-450B.html#NRS450BSec1993>

<https://www.leg.state.nv.us/NAC/NAC-450B.html#NAC450BSec489>

<https://www.leg.state.nv.us/NAC/NAC-450B.html#NAC450BSec486>

<https://www.leg.state.nv.us/NAC/NAC-450B.html#NAC450BSec230>

Other Helpful Links

<https://www.ruralhealthinfo.org/topics/community-paramedicine>

<http://dhcfnv.gov/Pgms/CPT/CP/CP/>

<http://paramedicfoundation.org/toolkit>

<https://www.remsahealth.com/community-health/community-paramedicine/>

<http://www.southernnevadahealthdistrict.org/ems/index.php>

http://www.flexmonitoring.org/data/critical-access-hospital-locations/?search_state=NV&filter_search=yes

<http://dpcnv.gov/Reg/EMS/EMS-home/>

<http://dhcfnv.gov/Pgms/CPT/CP/CP/>

http://www.naemt.org/docs/default-source/community-paramedicine/mih-cp-toolkit/top-10-mih-cp-funding-sources.pdf?Status=Temp&sfvrsn=d580ca92_2

Information Packets

<https://www.health.state.mn.us/facilities/ruralhealth/emerging/cp/docs/2016cptoolkit.pdf>

<https://www.leg.state.nv.us/App/InterimCommittee/REL/Document/5791>

<http://www.flexmonitoring.org/wp-content/uploads/2014/03/bp34.pdf>

<http://dpcnv.gov/uploadedFiles/dpcnv.gov/content/Reg/EMS/dta/Permits/Community%20Paramedicine%20compliance%20agreement%202015%2031%2016.pdf>

<https://www.leg.state.nv.us/Session/79th2017/Exhibits/Assembly/HHS/AHHS127D.pdf>

http://www.nevadapublichealthfoundation.org/wp-content/uploads/2015/04/CP_presentation.pdf

<https://www.medicaid.nv.gov/Downloads/provider/Community%20Paramedicine%20Training%2009-15-17.pdf>

<https://nasemso.org/wp-content/uploads/Community-Paramedicine-Evaluation-Tool.pdf>

<http://media.southernnevadahealthdistrict.org/download/ems/Final-December-2017-EMS-Procedure-Manual.pdf>