



STATE OF MAINE
 DEPARTMENT OF PUBLIC SAFETY
 MAINE EMERGENCY MEDICAL SERVICES
 152 STATE HOUSE STATION
 AUGUSTA, MAINE 04333



JANET T. MILLS
 GOVERNOR

MICHAEL SAUSCHUCK
 COMMISSIONER
 J. SAM HURLEY
 DIRECTOR



Maine EMS Community Paramedicine Project Application

1. Authority for Community Paramedicine Projects

Sec. 1. 32 MRSA §84, sub-§4

2. Application Procedure

An application will be considered complete when it is submitted to Maine EMS and contains the following sections:

Section 1: Letter of Intent

Section 2: Type of Project

Section 3: General Plan Description

Section 4: Patient Interaction Plan

Section 5: Staffing Plan

Section 6: Training Plan

Section 7: Medical Direction / Quality Improvement Plan

The guidance below specifies which requirements of the application sections must be in place at the time of the application submission for approval, and which must be in place prior to the start date. Once a start date is approved, any further changes to the project must be approved by Maine EMS.

- **Excellence**
- **Support**
- **Collaboration**
- **Integrity**
-

PHONE: (207) 626-3860

TTY: (207) 287-3659

FAX: (207) 287-6251

With offices located at the Central Maine Commerce Center, 45 Commerce Drive, Suite 1, Augusta, ME 04330

fourth

June 3, 2019

Ok,

Jason A4

3. Application requirements

Section 1: Letter of Intent (*must be included in application submission*) This is a letter, on the letterhead of the Maine EMS licensed service(s) applying for approval of a Community Paramedicine Project, formally transmitting the application to Maine EMS for consideration. It should state the Service's intent to support and staff the project for up to three years as described in the remainder of the attached application. The letter should be signed by the chief of the Service whose name is on file at Maine EMS.

Section 2: Type of Community Paramedicine Project (*must be specified in application submission*)

The applicant must identify the type of project as either:

a. EMS Extended/Enabled Community Health Project (ECHP)

This is a project that addresses specific community health needs that are not being adequately met by other health provider resources. Ideally, it also will enhance EMS response resources in the community. All licensed EMS providers may participate in the project within the scope of their current Maine EMS defined practice. Training, medical direction, quality improvement, and data collection will be specific to the community health need being addressed, as will relationships with others in the community's health team.

b. General Practice Community Paramedicine Project (GPCP)

This is a project that utilizes Maine EMS licensed paramedics who have graduated from a nationally recognized college-based community paramedicine program, or possessing a nationally recognized equivalent set of training and experience. These providers may address all health care issues deemed appropriate by their primary care and EMS medical directors. Specific patient interaction will be on an episodic basis as requested by a physician. Given the mix of health care needs being addressed in the community, the medical director(s) will be responsible for implementing appropriate additional training as well as quality improvement and data collection as specified below.

A project type may be changed during the licensing period if a new application reflecting the changed nature of the project is submitted and approved by Maine EMS. Failure to receive approval for a change of project type does not jeopardize the project's current approved status. The approval number for the original project will be transferred to the approved, changed project.

Section 3: General Project Description (*must be included in application submission*)

Describe the community/communities to be served, the community health need being addressed, the current community health team members being partnered with, and the methodology for addressing the need (including any enhancements of the EMS response system that will result).

Section 4: Patient Interaction Plan *(must be included in application submission)*

Describe the nature of anticipated patient care and diagnostic interactions. Specify how the patient community will be educated to have realistic expectations of the community paramedicine practitioners and these interactions.

Section 5: Staffing Plan *(must be submitted 45 days prior to requested start date)*

Who will be providing the CP services and how will these services fit within the normal EMS staffing of the Service? On what type of schedule will these services be made available? How will this staffing arrangement be funded? If this is a GPCP, how many qualified paramedics will be employed?

Section 6: Training Plan *(must be submitted 45 days prior to requested start date)*

If this is an ECHP, what training will be provided to enable the providers to deliver the services described above? Who will be responsible for training oversight and coordination and what are the qualifications of this person to do so?

If this is a GPCP, where did the providers receive their CP training? Describe any additional training that is planned to enable the providers to carry out their services and the person(s) and their qualifications to provide and/or oversee this training.

Section 7: Medical Direction/ Quality Improvement Plan *(must be included in the application submission)*

Identify the Service's EMS medical director and describe his/her involvement in the Service's operation and its quality improvement system. Identify the primary care physician who will provide medical direction for the CP services to be delivered and describe the protocols developed for CP patient interactions. Describe how the EMS and CP medical directors will work together and how they will guide the service's CP providers in determining whether they are acting under CP or EMS protocols. Have both the EMS Medical Director and the Primary care Medical Director Sign the application acknowledging their participation in the program.

Applications may be submitted via e-mail to: maine.ems@maine.gov or mailed to:

Maine EMS
152 State House Station
Augusta, ME 04333-0152

Medical Director Acknowledgement

Agency EMS Medical Director – I certify that I will serve as the EMS Medical Director for this agency and am qualified to do so.

EMS Service Medical Director Name	License Number
Medical Director Signature	

Primary Care Medical Director – I certify that I will serve as the Primary care Medical Director for this agency and am qualified to do so.

Primary Care Medical Director Name	License Number
Medical Director Signature	