

MOBILE INTEGRATED HEALTHCARE/COMMUNITY PARAMEDICINE LICENSURE REQUIREMENTS

SUMMARY

Some of the services envisioned to be provided by Mobile Integrated Healthcare (MIH)/Community Paramedicine (CP) programs are ones that are typically provided by home care organizations. In order to comply with current Virginia law, emergency medical services (EMS) agencies interested in providing MIH/CP programs may require licensure as home care organizations by the Virginia Department of Health, Office of Licensure and Certification.

BACKGROUND

MIH/CP is an evolving model of community-based health care in which emergency medical technicians (EMT) and paramedics function outside their customary emergency response and transport roles in ways that facilitate more appropriate use of emergency care resources and/or enhance access to primary care for medically underserved populations. MIH/CP programs have been independently developed in a number of states and countries and vary in nature. These programs typically have been designed to address specific local problems and to take advantage of locally developed collaborations between EMS agencies and other health care and social service providers. Interest in this model of care has grown substantially in recent years in the belief that it may improve access to and quality of care while also reducing costs.

MIH/CP is the provision of healthcare using patient-centered, mobile resources in the out-of-hospital environment. It may include, but is not limited to, services such as:

- a) patient education, consultation and dispatch/telephone advice using approved clinical algorithms;
- b) direct patient care and assessment, such as obtaining vital signs, performing physical assessments, performing point-of-care testing, obtaining laboratory specimens (e.g. phlebotomy), at the patient's home following their discharge from the hospital;
- c) assistance in chronic disease management following care plans developed by the patient's primary care providers;
- d) preventive care or post-discharge follow-up visits; or
- e) transport or navigation of patients to appropriate alternative healthcare destinations, not limited to hospital emergency departments.

DISCUSSION

Pursuant to *Code of Virginia* [§32.1-111.1](#), "emergency medical services personnel" means "persons responsible for the direct provision of emergency medical services in a given medical emergency..." "Emergency medical services" is further defined

in the *Virginia Emergency Medical Services Regulations*, 12VAC5-31, as “the services used in responding to an individual’s perceived needs for *immediate medical care* in order to prevent loss of life or aggravation of physiological illness or injury....” In addition, an “EMS agency” is a person licensed by the Office of EMS to engage in the business, service, or regular activity, whether or not for profit, *of transporting or rendering immediate medical care* to persons who are sick, injured, or otherwise incapacitated.” See [12VAC5-31-10](#).

Because the services envisioned to be provided by MIH/CP programs are primarily aimed at disease management and prevention and are not provided during a medical emergency or to address a need for immediate medical care, they are not services encompassed within the statutory or regulatory definitions applicable to emergency medical services.

The *Virginia Emergency Medical Services Regulations*, [12VAC5-31](#), do not contemplate in-home care of patients in non-emergent situations. The type of in-home patient services proposed by MIH/CP programs do not fall within the scope of practice of an EMS agency. The fact that EMS providers have the training to provide in-home patient services proposed by MIH/CP programs, or already perform these activities when responding to an emergency call, does not place these proposed in-home services under the scope of licensure of an EMS agency. Because an EMS provider has training does not mean that he can use his training in any setting or situation. Therefore, it is likely that the in-home patient services proposed by MIH/CP programs exceed the scope of an EMS agency as defined by current EMS law and regulations.

Many of the services envisioned to be provided by MIH/CP programs are ones that are typically provided by home care organizations. See e.g. [12VAC5-381-290](#) through [12VAC5-381-360](#). Therefore, it is likely that EMS agencies interested in providing MIH/CP programs will have to be licensed as home care organizations by the Virginia Department of Health, Office of Licensure and Certification, in order to comply with current Virginia law.

CONTACT INFORMATION

EMS agencies interested in providing MIH/CP programs in Virginia should contact the Division of Acute Care Services, Office of Licensure and Certification (OLC), Virginia Department of Health, in order to determine if licensure as a home care organization is required. OLC will provide specific response to all questions and each request will be evaluated on a case by case basis after completion of a thorough review of a detailed description of services that are proposed to be performed.

Please refer to the contact and resources listed below for additional information regarding home care organization licensure requirements.

Home Care Page: http://www.vdh.virginia.gov/OLC/AcuteCare/home_hospice.htm

Hospice and Home Care Code of Virginia extract:

<http://www.vdh.virginia.gov/OLC/Laws/documents/pdf/hospice%20and%20HCO%20extract%20nov%202013.pdf>

Regulations for the Licensure of Home Care Organizations:

<http://www.vdh.virginia.gov/OLC/documents/2012/pdf/2013%20HCO%20regs.pdf>

Other Home Care Organization Licensure Links:

<http://www.vdh.virginia.gov/OLC/Laws/index.htm>

Licensure Applications and Forms:

<http://www.vdh.virginia.gov/OLC/Downloadables/index.htm>

Primary Contact:

Office of Licensure and Certification
Virginia Department of Health
9960 Mayland Drive, Suite 401
Henrico, Virginia 23233

Charlene Speller
(804) 367-2102

or

Erik Bodin, Director, Office of Licensure and Certification
(804) 367-2102
erik.bodin@vdh.virginia.gov