

NOTICE OF INTENT TO PROVIDE **MIH/CP SERVICES**



This application is intended to serve as notice to the Virginia Office of Emergency Medical Services (OEMS), that an EMS agency, currently licensed by OEMS, intends to implement a Mobile Integrated Healthcare or Community Paramedicine (MIH/CP) program in their primary response area.

This Notice of Intent shall contain the following information*:

Section I: General Agency Information

Section II: Type of/Justification For MIH/CP Program Implementation

Section III: MIH/CP Program Description

Section IV: Patient Interaction Plan

Section V: Staffing Plan

Section VI: Training Plan

Section VII: Medical Direction/Protocol Development/Quality Improvement

Section VIII: Data Collection

Section IX: Letters of Support from Collaborating Entities

***Applicant agency shall provide specific documents as attachments to the letter of intent application as appropriate. Applicant agencies should also review the “Guidelines for EMS Agency Mobile Integrated Healthcare – Community Paramedicine (MIH-CP) Program Implementation” document prior to completion of the letter of intent application.**

Section I: General Agency Information:

Date of Notice of Intent Completion: _____

EMS Agency Name: _____

EMS Agency OEMS Licensure Number: _____

EMS Agency Physical Address: _____

Additional Agency Station/Base Locations (If Applicable) _____

Does the agency plan to market itself as an MIH or CP provider? Yes ____ No ____

Does the agency plan affix MIH or CP specific lettering or decals to agency vehicles? Yes ____ No ____

Agency Representative Completing Survey: _____

E-mail address: _____

Contact Telephone Number: _____

Name of Agency leader/Chief Officer: _____

Signature of Agency leader/Chief Officer: _____

Name of Operational Medical Director (OMD): _____

Signature of Operational Medical Director: _____

Section II: Type of/Justification for MIH/CP Program:

Please indicate below what type of program the agency intends to provide (MIH or CP), as well as the justification for the program, including any assessment tools used:

Section III: MIH/CP Program Description:

Please provide a description below of what the intended MIH or CP program will encompass. Please be as specific as possible:

Section IV: Patient Interaction Plan:

Please provide a description below of the intended/target patient population, including intake and discharge from the program. Please be as specific as possible:

Section V: Staffing Plan:

Please provide a description below of the types of providers that the agency intends to staff the MIH or CP program with. Please be as specific as possible:

Section VI: Training Plan:

Please provide a description below of any MIH or CP specific training that the agency intends to include in their program. Please be as specific as possible:

Section VII: Medical Direction/Protocol Development/Quality Improvement Plan:

Please provide a description below of the involvement of the OMD in the MIH or CP program, any MIH or CP specific protocols that the agency intends to utilize, and the quality improvement program the agency intends to utilize to measure the efficacy of the program. Please be as specific as possible:

Section VIII: Data Collection:

Please provide a description below of the method the agency intends to utilize to collect and measure data pertinent to the program. Please be as specific as possible:

Section IX: Letters of Support From Collaborating Agencies:

Please utilize this section to identify and attach letters of support from collaborating entities who intend to provide assistance to the applicant in the implementation and/or sustainability of the program. Letters shall be on entity letterhead, and specific in the description of the type of assistance the entity intends to provide to the applicant’s MIH/CP program (financial, staffing, vehicles, equipment, etc.):

Upon completion, the application and all related attachments and materials are to be submitted to:

**Tim Perkins, Director
Division of Community Health and Technical Resources
Virginia Department of Health
Office of Emergency Medical Services
tim.perkins@vdh.virginia.gov**