

## **100117.01 Program Requirements and Minimum Standards**

### **(a)**

A LEMSA that elects to develop a community paramedicine or triage to alternate destination program shall do all the following: (1) Integrate the proposed community paramedicine or triage to alternate destination program into the LEMSA's EMS plan described in Article 2 (commencing with Section 1797.250) of Chapter 4 of the Health and Safety Code. (2) Provide medical control and oversight for the program(s). (3) Approve, annually review, and facilitate any necessary agreements with one or more community paramedicine or triage to alternate destination providers for the delivery of community paramedicine or triage to alternate destination services within the LEMSA's jurisdiction. (4) Prohibit triage and assessment protocols or a triage paramedic's decision to authorize transport to an alternate destination facility from being based on, or affected by, a patient's ethnicity, citizenship, age, preexisting medical condition, insurance status, economic status, ability to pay for medical services, or any other characteristic listed or defined in subsection (b) or (e) of Section 51 of the Civil Code, except to the extent that a circumstance such as age, sex, preexisting medical condition, or physical or mental disability is medically significant to the provision of appropriate medical care to the patient. (5) Facilitate funding discussions between a community paramedicine provider, triage to alternate

destination provider, or incumbent emergency medical transport provider and public or private health system participants to support the implementation of the LEMSA's community paramedicine or triage to alternate destination program. (6) Coordinate, review, and approve any agreements necessary for the provision of community paramedicine specialties as described in Section 1815 of the Health and Safety Code consistent with all the following: (A) Provide a first right of refusal to the public agency or agencies within the jurisdiction of the proposed program area to provide the proposed program specialties for community paramedicine. If the public agency or agencies agree to provide the proposed program specialties for community paramedicine, the LEMSA shall review and approve any written agreements necessary to implement the program with those public agencies. (B) Review and approve agreements with community paramedicine providers that partner with a private provider to deliver those program specialties. (C) If a public agency declines to provide the proposed program specialties pursuant to paragraph (A) or (B), the LEMSA shall develop a competitive process held at periodic intervals to select community paramedicine providers to deliver the program specialties. (7) Establish a process to verify training and accreditation of community paramedics in each of the proposed community paramedicine program specialties described in subsections (a) and (b) of Section 1815 of the Health and Safety Code, and a process to verify and training and accreditation of triage paramedics in each of the areas described in Section 1819 of the Health and Safety Code. (8) A LEMSA may exclude an existing ALS provider from the plan if it determines that the provider's participation will negatively impact patient care. If a LEMSA elects to exclude an ALS provider, the LEMSA shall do both of the following: (A) Report to the Authority at the time the program is submitted for approval, the specific reasons for excluding an ALS

provider. (B) Inform the ALS provider of the reasons for exclusion. (9) Facilitate any necessary agreements to ensure continuity of care and efficient transfer of care between the triage to alternate destination provider and the existing emergency medical transport provider to ensure transport to the appropriate facility. (10) At the discretion of the LEMSA medical director, develop additional triage and assessment protocols commensurate with the need of the local programs authorized under this Chapter. (11) Secure an agreement with the alternate destination facility that requires the facility to notify the LEMSA within twenty-four (24) hours if there are changes in the status of the facility with respect to protocols and the facility's ability to care for patients. (12) Secure an agreement with the alternate destination facility that requires the facility to operate in accordance with Section 1317 of the Health and Safety Code. The agreement shall provide that failure to operate in accordance with Section 1317 of the Health and Safety Code shall result in the immediate termination of use of the facility as part of the triage to alternate destination program. (13) In implementing a triage to alternate destination program specialties described in Section 1819 of the Health and Safety Code, continue to use, and coordinate with, any emergency medical transport providers operating within the jurisdiction of the local LEMSA pursuant to Section 1797.201 or 1797.224 of the Health and Safety Code. The LEMSA shall not in any manner eliminate or reduce the services of the emergency medical transport providers. (14) Establish a process for training and accreditation of triage paramedics in each of the proposed triage to alternate destination program's specialties described in Section 1819 of the Health and Safety Code. (15) Approve and annually review community paramedicine and triage to alternate destination training programs. (16) Coordinate community paramedic personnel and training program(s). (17) Notify the Authority of any

reported complaints or unusual occurrences for any approved community paramedicine or triage to alternate destination program within seventy-two (72) hours of receiving them along with any supporting or explanatory documentation.

**(1)**

Integrate the proposed community paramedicine or triage to alternate destination program into the LEMSA's EMS plan described in Article 2 (commencing with Section 1797.250) of Chapter 4 of the Health and Safety Code.

**(2)**

Provide medical control and oversight for the program(s).

**(3)**

Approve, annually review, and facilitate any necessary agreements with one or more community paramedicine or triage to alternate destination providers for the delivery of community paramedicine or triage to alternate destination services within the LEMSA's jurisdiction.

**(4)**

Prohibit triage and assessment protocols or a triage paramedic's decision to authorize transport to an alternate destination facility from being based on, or affected by, a patient's ethnicity, citizenship, age, preexisting medical condition, insurance status, economic status, ability to pay for medical services, or any other characteristic listed or defined in subsection (b) or (e) of Section 51 of the Civil Code, except to the extent that a circumstance such as age, sex, preexisting medical condition, or physical or mental disability is medically significant to the provision of appropriate medical care to the patient.

**(5)**

Facilitate funding discussions between a community paramedicine provider, triage to

alternate destination provider, or incumbent emergency medical transport provider and public or private health system participants to support the implementation of the LEMSA's community paramedicine or triage to alternate destination program.

**(6)**

Coordinate, review, and approve any agreements necessary for the provision of community paramedicine specialties as described in Section 1815 of the Health and Safety Code consistent with all the following: (A) Provide a first right of refusal to the public agency or agencies within the jurisdiction of the proposed program area to provide the proposed program specialties for community paramedicine. If the public agency or agencies agree to provide the proposed program specialties for community paramedicine, the LEMSA shall review and approve any written agreements necessary to implement the program with those public agencies. (B) Review and approve agreements with community paramedicine providers that partner with a private provider to deliver those program specialties. (C) If a public agency declines to provide the proposed program specialties pursuant to paragraph (A) or (B), the LEMSA shall develop a competitive process held at periodic intervals to select community paramedicine providers to deliver the program specialties.

**(A)**

Provide a first right of refusal to the public agency or agencies within the jurisdiction of the proposed program area to provide the proposed program specialties for community paramedicine. If the public agency or agencies agree to provide the proposed program specialties for community paramedicine, the LEMSA shall review and approve any written agreements necessary to implement the program with those public agencies.

**(B)**

Review and approve agreements with community paramedicine providers that partner with a private provider to deliver those program specialties.

**(C)**

If a public agency declines to provide the proposed program specialties pursuant to paragraph (A) or (B), the LEMSA shall develop a competitive process held at periodic intervals to select community paramedicine providers to deliver the program specialties.

**(7)**

Establish a process to verify training and accreditation of community paramedics in each of the proposed community paramedicine program specialties described in subsections (a) and (b) of Section 1815 of the Health and Safety Code, and a process to verify and training and accreditation of triage paramedics in each of the areas described in Section 1819 of the Health and Safety Code.

**(8)**

A LEMSA may exclude an existing ALS provider from the plan if it determines that the provider's participation will negatively impact patient care. If a LEMSA elects to exclude an ALS provider, the LEMSA shall do both of the following:(A) Report to the Authority at the time the program is submitted for approval, the specific reasons for excluding an ALS provider. (B) Inform the ALS provider of the reasons for exclusion.

**(A)**

Report to the Authority at the time the program is submitted for approval, the specific reasons for excluding an ALS provider.

**(B)**

Inform the ALS provider of the reasons for exclusion.

**(9)**

Facilitate any necessary agreements to ensure continuity of care and efficient transfer of care between the triage to alternate destination provider and the existing emergency medical transport provider to ensure transport to the appropriate facility.

**(10)**

At the discretion of the LEMSA medical director, develop additional triage and assessment protocols commensurate with the need of the local programs authorized under this Chapter.

**(11)**

Secure an agreement with the alternate destination facility that requires the facility to notify the LEMSA within twenty-four (24) hours if there are changes in the status of the facility with respect to protocols and the facility's ability to care for patients.

**(12)**

Secure an agreement with the alternate destination facility that requires the facility to operate in accordance with Section 1317 of the Health and Safety Code. The agreement shall provide that failure to operate in accordance with Section 1317 of the Health and Safety Code shall result in the immediate termination of use of the facility as part of the triage to alternate destination program.

**(13)**

In implementing a triage to alternate destination program specialties described in Section 1819 of the Health and Safety Code, continue to use, and coordinate with, any emergency medical transport providers operating within the jurisdiction of the local LEMSA pursuant to Section 1797.201 or 1797.224 of the Health and Safety Code. The LEMSA shall not in any manner eliminate or reduce the services of the emergency medical transport providers.

**(14)**

Establish a process for training and accreditation of triage paramedics in each of the proposed triage to alternate destination program's specialties described in Section 1819 of the Health and Safety Code.

**(15)**

Approve and annually review community paramedicine and triage to alternate

destination training programs.

**(16)**

Coordinate community paramedic personnel and training program(s).

**(17)**

Notify the Authority of any reported complaints or unusual occurrences for any approved community paramedicine or triage to alternate destination program within seventy-two (72) hours of receiving them along with any supporting or explanatory documentation.

**(b)**

The LEMSA shall write into program policy and ensure through program oversight that any patient who meets the triage criteria for transport to an alternate destination facility, but who requests to be transported to an emergency department of a general acute care hospital, shall be transported to the emergency department of a general acute care hospital.

**(c)**

The LEMSA shall require in policy that a patient who is transported to an alternate destination facility and, upon assessment, is found to no longer meet the criteria for admission to an alternate destination facility, be immediately transported to the emergency department of a general acute care hospital.

**(d)**

For any patient requiring secondary transfer from an alternate destination facility to an emergency department, the LEMSA shall require alternate destination facilities to send with each patient at the time of transfer or, in the case of an emergency, as promptly as possible, copies of all medical records related to the patient's transfer. To the extent practicable and applicable to the patient's transfer, the medical records shall include current medical findings, diagnosis,



laboratory results, medications provided prior to transfer, a brief summary of the course of treatment provided prior to transfer, ambulation status, nursing and dietary information, name and contact information for the treating provider at the alternate destination facility, and, as appropriate, pertinent administrative and demographic information related to the patient, including name and date of birth. The requirements in this paragraph do not apply if the alternate destination facility has entered into a written transfer agreement with a local hospital that provides for the transfer of medical records.

**(e)**

The LEMSA shall ensure that facilities participating in the triage to alternate destination program shall accommodate privately or commercially insured, Medi-Cal, Medicare, and uninsured patients.