

STATE OF CALIFORNIA
EMERGENCY MEDICAL SERVICES AUTHORITY

THIRD MODIFIED LANGUAGE

All text the is new is in underline. All text that is being removed is in ~~strikeout~~.

CHAPTER 5. COMMUNITY PARAMEDICINE AND TRIAGE TO ALTERNATE DESTINATION

§ 100181. Definitions

(a) "Alternate ~~d~~Destination ~~f~~Facility" means a treatment location that is an authorized mental health facility, as defined in Section 1812 of the Health and Safety Code or an authorized sobering center as defined in Section 1813 of the Health and Safety Code.

(b) "Authorized mental health facility" means a facility that is licensed or certified as a mental health treatment facility or a hospital, as defined in ~~subdivision subsection~~ (a) or (b) of Section 1250 of the Health and Safety Code, by the State Department of Public Health, and may include, but is not limited to, a licensed psychiatric hospital, or licensed health facility, or certified crisis stabilization unit. An authorized mental health facility may also be a psychiatric health facility licensed by the State Department of Health Care Services. The facility shall be staffed at all times with at least one registered nurse.

(c) "Authorized ~~s~~Sobering ~~c~~Center" a non-correctional facility that is staffed at all times with at least one registered nurse, that provides a safe, supportive environment for intoxicated individuals to become sober, that is identified as an alternate destination in a plan developed pursuant to Section 1843 of the Health and Safety Code, and that meets any of the following requirements:

(1) The facility is a federally qualified health center, including a clinic described in ~~subdivision subsection~~ (b) of Section 1206 of the Health and Safety Code.

(2) The facility is certified by the State Department of Health Care Services, Substance Use Disorder Compliance Division to provide outpatient, nonresidential detoxification services.

(3) The facility has been accredited as a sobering center under the standards developed by the National Sobering Collaborative. Facilities granted approval for operation by Office of Statewide Health Planning and Development (OSHPD) before November 28, 2017, under the Health Workforce Pilot Project No. 173,

may continue operation until one year after the National Sobering Collaborative accreditation becomes available.

(d) "Community paramedic" means a paramedic licensed under Division 2.5 of the Health and Safety Code (~~H&S Code~~) who has completed the curriculum for community paramedic training, has received certification in one or more of the community paramedicine program specialties described in Section 1815 of the ~~H&S Code~~ Health and Safety Code, and is accredited to provide community paramedic services by a local EMS agency (LEMSA) as part of an approved community paramedicine program.

(e) "Community paramedic ~~or Triage paramedic~~ training program" means a training program approved by the ~~local EMS agency~~ LEMSA to provide certification of completion of didactic education and clinical experience in ~~these~~ this areas.

(f) "Community paramedicine program" means a program developed by a ~~local EMS agency~~ LEMSA and approved by the Emergency Medical Services Authority (the Authority or EMSA) to provide community paramedicine services consisting of one or more of the program specialties described in Section 1815 of the ~~H&S Code~~ Health and Safety Code under medical protocols developed by the ~~local EMS agency~~ LEMSA that are consistent with the minimum medical protocols established by the ~~Emergency Medical Services Authority~~. Community paramedicine program specialties include:

(1) Providing directly observed therapy (DOT) to persons with tuberculosis in collaboration with a public health agency to ensure effective treatment of the tuberculosis and to prevent spread of the disease.

(2) Providing case management services to frequent emergency medical services users in collaboration with, and by providing referral to, existing appropriate community resources.

(g) "Community paramedicine provider" means an advanced life support (ALS) provider authorized by a ~~local EMS agency~~ LEMSA to provide ~~advanced life support~~ ALS services who has entered into a contract to deliver community paramedicine services as described in Section 1815 of the ~~H&S~~ Health and Safety Code as part of an approved community paramedicine program developed by a ~~local EMS agency~~ LEMSA and approved by the ~~Emergency Medical Services Authority~~. 3 "Triage paramedic" means a paramedic licensed under Division 2.5 of the Health and Safety Code (~~H&S Code~~) who has completed the curriculum for triage paramedic services in a triage paramedic training program and has been accredited by a local EMS agency in one of

~~more of the triage paramedic specialties as part of an approved triage to alternate destination program.~~

(h) "Public agency" means a city, county, city and county, special district, or other political ~~subdivision~~ subsection of the state that provides first response services, including emergency medical care.

(i) "Triage paramedic" means a paramedic licensed under this Division who has completed the curriculum for triage paramedic services adopted pursuant to paragraph (2) of subsection (d) of Section 1830 of the Health and Safety Code and has been accredited by a LEMSA in one or more of the triage paramedic specialties described in Section 1819 of the Health and Safety Code as part of an approved triage to alternate destination program. ~~"Triage paramedic training program" means a training program approved by the local EMS agency to provide certification of completion of didactic and clinical experience and that includes a final comprehensive competency-based exam to test the knowledge and skills specified in this Chapter to provide triage paramedic services.~~

(j) ~~"Triage paramedic" means a paramedic licensed under this division who has completed the curriculum for triage paramedic services adopted pursuant to paragraph (2) of subdivision (d) of Section 1830 and has been accredited by a local EMS agency in one or more of the triage paramedic specialties described in Section 1819 as part of an approved triage to alternate destination program.~~ "Triage paramedic training program" means a training program approved by LEMSA to provide certification of completion of didactic and clinical experience and that includes a final comprehensive competency-based exam to test the knowledge and skills specified in this Chapter to provide triage paramedic services.

(k) "Triage to alternate destination program" means a program developed by ~~a local EMS agency~~ a LEMSA and approved by the ~~Emergency Medical Services Authority~~ to provide triage paramedic assessments under triage and assessment protocols developed by the ~~local EMS agency~~ LEMSA that are consistent with the minimum triage and assessment protocols established by the ~~Emergency Medical Services Authority~~ in one or more specialties including:

(1) Providing care and comfort services to hospice patients in their homes in response to 911 calls by providing for the patient's and the family's immediate care needs, including grief support in collaboration with the patient's hospice agency until the hospice nurse arrives to treat the patient.

(2) Providing patient with ~~advanced life support~~ ALS triage and assessment by a triage paramedic and transportation to an alternate destination facility, as defined in ~~HSC Section 1811~~ of the Health and Safety Code.

(3) Providing transport services for patients who identify as veterans and desire to transport to a local veteran's administration emergency department for treatment, when appropriate.

(l) "Triage to alternate destination provider" means an advanced life support provider authorized by a ~~local EMS agency~~ LEMSA to provide ~~advanced life support~~ ALS triage paramedic assessments as part of an approved triage to alternate destination program specialty as described in Section 1819 of the ~~H&S~~ Health and Safety Code.

Note: Authority cited: Sections 1797.107 and 1830, Health and Safety Code.
Reference: Sections 1811, 1812, 1813, 1814, 1815, 1816, 1817, 1818, 1819, and 1820, Health and Safety Code.

§100182. General Provisions

~~(a) The regulations described in this chapter are based upon and informed by, the Community Paramedicine Pilot Program under the Office of Statewide Health Planning and Development (OSHPD) Health Workforce Pilot Project No. 173 and the protocols and operation of the pilot project approved under the project.~~

~~(a)~~ (b) A ~~local EMS agency~~ LEMSA that elects to implement a community paramedicine or triage to alternate destination program pursuant to ~~HSC Section 1840~~ of the Health and Safety Code shall develop and, prior to implementation, submit a plan for that program to the ~~EMS authority~~ Authority for review and approval.

~~(b)~~ (c) If a ~~local EMS agency~~ LEMSA within the county elects to develop a community paramedicine or triage to alternate destination program pursuant to ~~HSC Section 1840~~ of the Health and Safety Code, the county board of supervisors, or in the case of a city and county, the mayor, shall establish an emergency medical care committee to advise the ~~local EMS agency~~ LEMSA on the development of the program and other matters relating to emergency medical services (EMS). Where a committee is already established for the purposes described in this article, the county board of supervisors or the mayor, shall ensure that the membership meets or exceeds the requirements of ~~subdivision~~ Section 1797.273, subsection (b) of the Health and Safety Code.

~~(c)~~ No person or organization shall offer a cCommunity pParamedicine or triage pParamedic training program or hold themselves out as offering a cCommunity pParamedicine or triage pParamedic training program or hold themselves out as providing ~~Advanced Life Support (ALS)~~ALS services utilizing cCommunity pParamedic personnel for the delivery of cCommunity pParamedicine care unless that person or organization is authorized by the ~~Local Emergency Medical Service Agency (LEMSA)~~LEMSA to provide those services as part of a community paramedicine or triage to alternate destination program approved by the ~~Emergency Medical Services Authority~~ in accordance with Section 1835 of the Health and Safety Code.

Note: Authority cited: Sections 1797.107, 1830, and 1831, Health and Safety Code. Reference: Sections 1797.259, 1797.273, 1815, 1830, 1840, and 1851, Health and Safety Code.

§ 100183. Program Requirements and Minimum Standards

(a) A ~~local EMS agency~~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 ~~local EMS agency's~~LEMSA's ~~emergency medical services~~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 ~~local EMS agency's~~LEMSA's jurisdiction.

(4) ~~The local EMS agency shall p~~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 ~~subdivision 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 ~~local EMS agency's~~ 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 HSC 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 ~~local EMS agency~~ 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 ~~local EMS agency~~ 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 ~~subdivisions~~ subsections (a) and (b) of HSC 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 HSC Section 1819 of the Health and Safety Code.

(8) A ~~local EMS agency~~ 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 ~~local EMS agency~~ LEMSA elects to exclude an ALS provider, the ~~EMS agency~~ 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 program provider and the existing emergency medical transport provider to ensure transport to the appropriate facility.

(10) At the discretion of the ~~local EMS~~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 ~~local EMS agency~~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 ~~facility~~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 ~~EMS agency~~LEMSA pursuant to Section 1797.201 or 1797.224 of the Health and Safety Code. The ~~local EMS agency~~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 cCommunity pParamedicine and tTriage to aAlternate dDestination training programs.

(16) ~~Coordination of~~ Coordinate cCommunity pParamedic personnel and training program(s).

(17) Notify ~~EMSA~~ the Authority of any reported complaints or unusual occurrences for any approved cCommunity pParamedicine or tTriage to aAlternate dDestination program, ~~to the EMS Authority~~ within seventy-two (72) hours of receiving them along with any supporting or explanatory documentation.

(b) The ~~Local EMS Agency~~ 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 ~~Local EMS Agency~~ 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 eEmergency dDepartment, the ~~local EMS agency~~ 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 ~~local EMS agency~~ LEMSA shall ensure that facilities participating in the tTriage to aAlternate dDestination program shall accommodate privately or commercially insured, Medi-Cal, Medicare, and uninsured patients.

Note: Authority cited: Sections 1797.107, 1830, and 1831, Health and Safety Code. Reference: Sections 1830, 1831, 1841, 1842, and 1843, Health and Safety Code.

§ 100184. Community Paramedicine, Triage to Alternate Destination, and Alternate Destination Facility Providers Program Requirements, Oversight and Withdrawal

(a) LEMSAs that approve a cCommunity pParamedicine, tTriage to aAlternate dDestination, or aAlternate dDestination fFacility pProvider, shall

annually conduct a review of cCommunity pParamedicine, tTriage to aAlternate dDestination, or aAlternate dDestination fFacility pProviders pPrograms to ensure compliance with all requirements.

(b) A cCommunity pParamedicine, tTriage to aAlternate dDestination, or aAlternate dDestination fFacility pProviders pProgram's failure to comply with the provisions of this division statute, regulation, and/or any additional LEMSA requirements may result in denial, probation, suspension, or revocation of approval by the LEMSA. Not complying with this subsection is considered noncompliance.

(c) The procedure for notifying a cCommunity pParamedicine, tTriage to aAlternate dDestination, or aAlternate dDestination fFacility pProviders pPrograms of noncompliance shall be as follows:

(1) Within ten (10) days of a LEMSA finding noncompliance by a cCommunity pParamedicine, triage to alternate destination, or alternate destination facility provider, the LEMSA shall provide a written notification of noncompliance to the cCommunity pParamedicine, tTriage to aAlternate dDestination, or aAlternate dDestination fFacility pProvider, including the specific requirements they failed to meet. The notification shall be sent by certified mail to the director.

(2) Within fifteen (15) days from receipt of the notification, the cCommunity pParamedicine, tTriage to aAlternate dDestination, or aAlternate dDestination fFacility pProvider shall submit, in writing and by certified mail, to the LEMSA one of the following:

(A) Evidence of compliance, or

(B) A plan to comply within sixty (60) days from the day of receipt of the notification of noncompliance.

(3) Within fifteen (15) days from receipt of the cCommunity pParamedicine, tTriage to aAlternate dDestination, or aAlternate dDestination fFacility pProvider's response, or within thirty-five (35) days from the mailing date of the notification of noncompliance if no response is received from the cCommunity pParamedicine, triage to alternate destination, or alternate destination facility provider, the LEMSA shall issue a decision letter by certified mail to the Authority and the cCommunity pParamedicine, triage to alternate destination, or alternate destination facility provider. The letter shall identify the LEMSA's decision to take one or more of the following actions based on relevant factors such as severity of noncompliance, actual or potential harm to public

health, safety, and welfare, or history of compliance or noncompliance as provided in subsection (b) of this section:

(A) Accept the evidence of compliance provided.

(B) Accept the plan for meeting compliance provided.

(C) Place the cCommunity pParamedicine, tTriage to aAlternate dDestination, or aAlternate dDestination fFacility pProvider on probation.

(D) ~~Immediately~~ No sooner than five (5) days after the LEMSA's decision sSuspend or revoke the cCommunity pParamedicine, tTriage to aAlternate dDestination, or aAlternate dDestination fFacility pProvider.

(4) The decision letter shall also include, but not be limited to, the following information:

(A) Date of the LEMSA's decision,

(B) Specific requirements that LEMSA found the cCommunity pParamedicine, tTriage to aAlternate dDestination, or aAlternate dDestination fFacility pProvider failed to meet,

(C) The probation or suspension effective and ending date, if applicable,

(D) The terms and conditions of the probation or suspension, if applicable,
and

(E) The revocation effective date, if applicable.

(5) The LEMSA that approves a cCommunity pParamedicine, tTriage to aAlternate dDestination, or aAlternate dDestination fFacility pProvider shall establish the probation, suspension, or revocation effective dates no sooner than five (5) days after the date of the cCommunity pParamedicine pProvide cCommunity pParamedicine, tTriage to aAlternate dDestination, or aAlternate dDestination fFacility pProvider had been notified under subsection (c)(3) of this Section.

(6) EMSA retains authority to take any necessary action against a cCommunity pParamedicine, tTriage to aAlternate dDestination, or aAlternate dDestination fFacility pProvider for failure to meet the requirements of this Cchapter or the cCommunity pParamedicine or tTriage to aAlternate dDestination program requirements of the LEMSA. Such action may be taken in addition to any actions taken by the LEMSA and may include immediate suspension or revocation.

Note: Authority cited: Sections 1797.107, 1830, and 1831, Health and Safety Code. Reference: Sections 1811, 1812, 1813, 1830, 1831, 1832, 1840, 1841, and 1842, Health and Safety Code.

§ 100185. Documentation and Data Submission

(a) Community ~~p~~Paramedics and ~~t~~riage ~~p~~Paramedics shall complete and submit electronic patient care records in accordance with Title 22 California Code of Regulations Chapter 4 Section 100.171100171.

(b) Community ~~p~~Paramedics and ~~t~~riage ~~p~~Paramedics ~~p~~Providers shall document destination facility with standardized facility codes per the California Emergency Medical Services Information System (CEMSIS).

(c) Community ~~p~~Paramedicine or triage to a ~~d~~Alternate ~~d~~Destination ~~p~~Programs shall exchange electronic patient health information (HIE) between community paramedicine or triage to alternate destination providers and health providers and facilities. The ~~EMS~~ Authority may grant a one-time temporary waiver based on the proposed plan and timeline to achieve Electronic HIE functionality, not to exceed five (5) years of this requirement for alternate destination facilities that are unable to immediately comply with the electronic patient health information requirement. A plan to establish HIE shall accompany any request for a waiver.

(d) Community ~~p~~Paramedicine ~~p~~Programs shall submit to the ~~local EMS agency~~ EMSA at minimum a quarterly summary of patient outcomes, which are due by January 30, April 30, July 30, and October 30 each year, in an EMSA provided template with the following data:

(1) For programs which provide directly observed therapy (DOT) to persons with Tuberculosis:

(A) Total patients enrolled who completed therapy successfully.

(B) Total patients enrolled who are still in the treatment program.

(C) Total number of patients enrolled who did not complete treatment successfully ~~(lost to follow up)~~.

(2) For programs which provide case management services to EMS high utilizers, ~~(A)~~ A summary of the reduction in EMS utilization, and any other impacts of the program.

(e) ~~Alternate destination facilities~~ shall submit to the ~~local EMS agency~~ LEMSA at minimum a quarterly summary of patient outcomes with an EMSA provided template, the following data:

(1) Total number of patients evaluated who were transported by EMS.

(2) Total number of these patients who were treated and released

(3) Total number of these patients who were transferred to an acute care Emergency Department.

(4) Total number of these patients admitted to another care facility.

(5) Total number of these patients who experienced an adverse event resulting from services provided under this program.

(f) ~~Local EMS Agencies~~ LEMSAs shall submit quarterly data reports to the Authority to include:

(1) Quarterly Ambulance Patient Offload Times (APOI) for every alternate destination facility.

(2) Quarterly total EMS transports to every alternate destination facility.

(3) Quarterly total number of patients turned away or diverted from every alternate destination facility.

(4) Quarterly total number of patients who require subsequent transfer to an Emergency Department from an alternate care facility.

(5) A summary of the primary reasons for turning away, diverting, or transferring patients to Emergency Departments from alternate care facilities.

(6) A summary of feedback about the program from the Emergency Medical Care Committee.

~~(7) A once annual summary of all alternate destination facilities that certifies each facility maintains adequate licensed medical and professional staff, facilities, and equipment pursuant to the authority's regulations and the provisions of this chapter, which shall include all the following:~~

~~— (A) Identification of qualified staff to care for the degree of a patient's injuries and needs.~~

~~_____ (B) Certification of standardized medical and nursing procedures for nursing staff.~~

~~_____ (C) Certification that the necessary equipment and services are available at the alternate destination facility to care for patients, including, but not limited to, an automatic external defibrillator and at least one bed or mat per individual patient.~~

(78) Community ~~p~~Paramedicine ~~p~~Program summary of outcomes (noted in subsection (~~e~~d) above).

(89) Alternate ~~d~~Destination ~~f~~Facility summary of patient outcomes (noted in subsection (~~d~~e) above).

(g) LEMSAs shall submit a once annual summary, due to EMSA January 30 each year, of all alternate destination facilities that certifies each facility maintains adequate licensed medical and professional staff, facilities, and equipment pursuant to the Authority's regulations and the provisions of this Chapter, which shall include all the following:

_____ (1) Identification of qualified staff to care for the degree of a patient's injuries and needs.

_____ (2) Certification of standardized medical and nursing procedures for nursing staff.

_____ (3) Certification that the necessary equipment and services are available at the alternate destination facility to care for patients, including, but not limited to, an automatic external defibrillator and at least one bed or mat per individual patient.

Note: Authority cited: Sections 1797.107, 1830, and 1831, Health and Safety Code. Reference: Sections 1797.227, 1830, 1831, and 1833, Health and Safety Code.

§ 100186. Quality Improvement

The ~~Local EMS agency~~ LEMSA and ~~EMS Service~~ all participating ~~p~~Providers shall include any ~~c~~Community ~~p~~Paramedicine or ~~t~~Triage to ~~a~~Alternate ~~d~~Destinations ~~p~~Program in their existing Quality Improvement ~~p~~Programs, and they shall adhere to all sections of Title 22, Division 9, Chapter 12 of the California Code of Regulations.

Note: Authority cited: Section 1797.107, 1830, and 1831, Health and Safety Code. Reference: Section 1830 and 1831, Health and Safety Code.

§ 100187. Approval of Community Paramedic and Triage to Alternate Destination Training Programs

(a) The LEMSA is responsible for approval of training programs within its geographic area. As the approver, the LEMSA has oversight authority to conduct onsite visits, inspect, investigate, and discipline the training program for any violations of this Division or for failure to fulfill any additional requirements established by the LEMSA through denial, probation, suspension, or revocation of the approval.

(b) The LEMSA shall develop policies and procedures for the submission of program applications and requirements based on patient population and EMS system needs.

(c) Eligible training programs shall submit a written request for training program approval to the LEMSA.

(d) The LEMSA shall receive and review the following documentation prior to program approval:

(1) A statement verifying that the course content meets the requirements contained in the current version of the United States Department of Transportation (U.S. DOT) National EMS Education Standards as required by Section 1831(c)(2) of the Health and Safety Code.

(2) An outline of course objectives.

(3) Performance objectives for each skill.

(4) The names and qualifications of the training program director, program medical director, and instructors.

(5) If the training program includes supervised clinical training, then provisions for supervised clinical training including student evaluation criteria and standardized forms for evaluating cCommunity pParamedic students; and monitoring of preceptors by the training program shall be included.

(6) If the training program includes supervised field internship, then provisions for supervised field internship including cCommunity pParamedic student evaluation criteria and standardized forms for evaluating students; and monitoring of preceptors by the training program shall be included.

(7) The proposed location(s) and date(s) for courses.

(8) Written contract or agreements between the training program and a hospital(s) and other clinical setting(s), if applicable, for student placement for clinical education and training.

(9) Written contracts or agreements between the training program and a provider agency(ies) for student placement for field internship training.

(10) Samples of written and skills examinations administered by the training program.

(11) Evidence ~~of that adequate~~ training program facilities, equipment, examination securities, and student record keeping are compliant with the provisions of statute, regulation, and LEMSA requirements.

(e) The LEMSA shall approve and establish the effective date of program approval in writing upon the program satisfactory meeting and documenting compliance with all program requirements.

(f) Notification of program approval or deficiencies with the application shall be made in writing by the LEMSA to the requesting training program within ninety (90) days of receiving the training program's request for approval.

(g) Training program approval shall be valid for four (4) years ending on the last day of the month in which it was issued and may be renewed every four (4) years.

(h) The LEMSA shall notify the Authority in writing of the training program approval, including the name and contact information of the program director, medical director, and effective date of the program.

Note: Authority cited: Sections 1797.107, 1830, and 1831, Health and Safety Code. Reference: Sections 1830 and 1831, Health and Safety Code.

§ 100188. Oversight of Training Programs

(a) The LEMSA has oversight authority to conduct onsite visits, inspect, investigate, and discipline approved training programs for any violations of this Division or for failure to fulfill any additional requirements established by the LEMSA through denial, probation, suspension, or revocation of the approval.

(b) The requirements of training program noncompliance notification and actions are as follows:

(1) A LEMSA shall provide written notification of noncompliance with this Division and/or local standards and requirements to the training program provider. The notification shall be in writing and sent by certified mail to the training program director.

(2) Within fifteen (15) days from receipt of the noncompliance notification, the training program shall submit in writing, by certified mail, to the LEMSA one of the following:

(A) Evidence of compliance with the provisions of this ~~Chapter~~Division and/or the local standards and requirements, as applicable, or

(B) A plan to comply with the provisions of this Division and/or the local standards and requirements, as applicable, within sixty (60) days from the day of receipt of the notification of noncompliance.

(3) Within fifteen (15) days from receipt of the training program's response, or within thirty (30) days from the mailing date of the noncompliance notification, if no response is received from the training program, the LEMSA shall issue a decision letter by certified mail to the Authority and the training program. The letter shall identify the LEMSA's decision to take one or more of the following actions:

(A) Accept the evidence of compliance provided.

(B) Accept the plan for meeting compliance provided.

(C) Place the training program on probation.

(D) Suspend or revoke the training program approval.

(4) The decision letter shall also include, but need not be limited to, the following information:

(A) Date of the LEMSA's decision,

(B) Specific provisions found noncompliant by the LEMSA, if applicable,

(C) The probation or suspension effective and ending date, if applicable,

(D) The terms and conditions of the probation or suspension, if applicable, and

(E) The revocation effective date, if applicable.

(5) The LEMSA shall establish the probation, suspension, or revocation effective dates.

Note: Authority cited: Sections 1797.107, 1830, and 1831, Health and Safety Code. Reference: Sections 1830 and 1831, Health and Safety Code.

§100189. Community Paramedic and Transportation to Alternate Destination Training Programs Administration and Faculty Requirements

(a) Each training program shall have a program medical director who is a bBoard cCertified or bBoard eligible emergency medical physician currently licensed in the State of California, who has experience in emergency medicine and has education or experience in methods of instruction. Duties of the program medical director shall include, but not be limited to the following:

(1) Review and approve educational content, standards, and curriculum; including training objectives and local protocols and policies for the clinical and field instruction, to certify its ongoing appropriateness and medical accuracy.

(2) Review and approve the quality of medical instruction, supervision, and evaluation of the students in all areas of the program.

(3) Approval of hospital clinical and field internship experience provisions.

(4) Approval of instructor(s).

(5) The pProgram mMedical dDirector will certify that guest educators invited by primary instructors to provide instruction or facilitation have the appropriate expertise to deliver the proposed educational content.

(b) Each training program shall have a program director who shall meet the following requirements:

(1) Has knowledge or experience in local EMS protocol and policy,

(2) Is a bBoard cCertified or bBoard eEligible California licensed emergency medicine physician, registered nurse, paramedic, or an individual who holds a baccalaureate degree in a related health field or in education, and

(3) Has education and experience in methods, materials, and evaluation of instruction including:

(A) A minimum of one (1) year experience in an administrative or management level position, and

(B) A minimum of three (3) years academic or clinical experience in prehospital care education.

(c) Duties of the program director shall include, but not be limited to the following:

(1) Administration, organization, and supervision of the educational program.

(2) In coordination with the program medical director, approve the instructor(s), teaching assistants, field and hospital clinical preceptors, clinical and internship assignments, and coordinate the development of curriculum, including instructional objectives, and all methods of evaluation.

(3) Ensure training program compliance with this chapter and other related laws.

(4) Ensure that all course completion records include a signature verification.

(5) Ensure the preceptor(s) are trained according to the subject matter being taught.

(d) Each training program shall have instructor(s), who are responsible for areas including, but not limited to, curriculum development, course coordination, and instruction and shall:

(1) Be a physician, registered nurse, physician assistant, nurse practitioner, paramedic, who is currently certified or licensed in the State of California,

(2) Have six (6) years' experience in an allied health field or community paramedicine, or four (4) years of experience in an allied health field and an associate degree or two (2) years of experience in an allied health field and a baccalaureate degree, and

(3) Be knowledgeable in the course content of the U.S. DOT National Emergency Medical Services Education Standards, and

(4) Be able to demonstrate expertise and a minimum of two (2) years of experience within the past five (5) years in the subject matter being taught by that individual, and

(5) Be qualified by education and experience with at least forty (40) hours of documented teaching methodology instruction in areas related to methods, materials, and evaluation of instruction.

(6) An instructor may also be the program medical director or program director.

(e) Required course content:

(1) The ~~c~~Community ~~p~~Paramedicine training program ~~m~~Medical ~~d~~Director and ~~t~~Training ~~p~~Program ~~d~~Director will be required to certify that all delineated ~~e~~Education ~~s~~Standards are met. In addition, the ~~A~~authority and the authorizing LEMSA shall assure that each training program curriculum meets the minimum educational standards set forth in this ~~D~~ivision and is focused on the knowledge and skills needed to successfully complete the International Board of Specialty Certification (IBSC) ~~e~~Examination.

(2) The ~~t~~riage to ~~a~~Alternate ~~d~~Destination training program ~~m~~Medical ~~d~~Director shall certify that all delineated ~~t~~riage to ~~a~~Alternate ~~d~~Destination education standards are met. In addition, the ~~A~~authority and the authorizing LEMSA shall assure that each training program has a curriculum that meets the minimum educational standards set forth in this division.

(f) Minimum training and curriculum requirements, ~~t~~riage ~~p~~Paramedic training:

(1) Triage ~~p~~Paramedic training curriculum shall include at a minimum the following: ~~{HSC 1831.c.d}~~

(A) Screening and responding to mental health and substance use crisis intervention, including co-occurring mental health and substance use disorders to be provided by a licensed physician, surgeon, or licensed addiction medicine specialist with experience in the emergency department of a general acute care hospital. ~~{HSC 1831.c.1.A}~~

(B) Mental health conditions.

(C) Assessment and treatment of intoxicated patients.

(D) The prevalence and causes of substance use disorders and associated public health impacts.

(E) Suicide risk factors.

(F) Alcohol and substance use disorders.

(G) Triage and transport parameters.

(H) Health risks and interventions in stabilizing acutely intoxicated patients.

(I) Common medical conditions and infections with presentations similar to psychosis and intoxication which require medical testing and treatment.

(J) Disease process, behavioral emergencies, and injury patterns common to those with chronic alcohol use and other substance use disorders.

(K) ~~Local EMS agency~~ LEMSA policies for the triage, treatment, transport, and transfer of care, of patients to an alternate destination facility.

(L) The Emergency Medical Treatment and Labor Act (EMTALA) law as it pertains to psychiatric, and substance use disorder-related emergencies.

(2) ~~Local EMS Agencies~~ LEMSAs shall verify that the participating triage paramedic has completed training in all the following topics:

(A) Psychiatric disorders.

(B) Neuropharmacology.

(C) Alcohol and substance abuse.

(D) Patient consent.

(E) Patient documentation.

(F) Medical quality improvement.

(g) Minimum training and curriculum requirements, cCommunity pParamedic training:

(1) Foundations of cCommunity pParamedicine.

(A) Subjects and theories to be learned:

(i) Overview of the United States and California healthcare systems and reimbursement.

(ii) Overview of pPublic hHealth.

(iii) Effect of the Affordable Care Act on development of cCommunity pParamedicine nationally and in California.

(iv) Roles of the cCommunity pParamedic.

(v) Community pParamedic sScope of pPractice.

(vi) Legal and ethical issues in client- and community-centered care.

(vii) Chronic disease management.

(viii) Subacute disease management.

(ix) Personal sSafety and wWellness.

(x) International Board of Specialty Certification (IBSC).

(xi) Research in evidence-based practice.

(B) Knowledge and abilities acquired ~~should~~ include:

(i) Understanding the relationship of the system of care as a cCommunity pParamedic within public health.

(ii) Advocating for the client and the health care team through an equity lens.

(iii) Maintaining a healthy workplace stressor balance.

(2) Cultural hHumility, eEquity and aAccess within cCommunity pParamedicine and hHealthcare.

(A) Subjects and theories to be learned:

(i) Social determinants of health.

(ii) Biomedical ethics.

(iii) Equity versus equality.

(iv) Implicit bias in healthcare.

(v) Disparities in healthcare access and health outcomes by age, race, gender, ethnicity, language, ability status, socioeconomic status, mental health, and community.

(vi) Cultural humility as a framework for public health and cCommunity pParamedic practice.

(vii) Roles of the culturally effective cCommunity pParamedic.

(viii) Trauma-informed care.

(B) Knowledge and abilities acquired ~~should~~ include:

(i) Examination of potential biases toward clients and/or communities.

(ii) Application of evidence-based tools and models for practicing cultural humility in client-centered care.

(iii) Connect with culturally diverse/aware community partners.

(iv) Application of culturally effective cCommunity pParamedic as community advocate.

(v) Access qualified interpreter services for language access and communication with clients and community.

(3) Interdisciplinary cCollaboration and ~~s~~Systems of cCare nNavigation.

(A) Subjects and theories to be learned:

(i) Healthcare coordination.

(ii) Systems of care navigation.

(iii) Outreach and advocacy for target and at-risk populations.

(iv) Client referral.

(v) Documentation across disciplines.

(vi) Overview of the subject areas of nutrition, palliative care, hospice care, end of life care, home health vs. home care, mental health care, and substance use care.

(B) Knowledge and abilities acquired ~~should~~ include:

(i) Collegial communications with interdisciplinary team members.

(ii) Appreciative inquiry with care team members.

(iii) Interdependent relationships with team members.

(iv) Appropriate referrals and system navigation.

(4) Client-centered Care.

(A) Subjects and theories to be learned:

(i) Client approach and the biopsychosocial assessment, including embedding cultural humility practices in client case management.

(ii) Motivational interviewing.

(iii) Interventional ~~u~~Techniques.

(iv) Crisis ~~i~~ntervention.

(v) Client assessment, referral, and education.

(vi) Creating a care plan.

(vii) Implementing a care plan.

(viii) Resources for client case management.

(ix) Service coordination and client counseling.

(x) Documentation and follow up.

(B) Knowledge and abilities acquired ~~should~~ include:

(i) Core proficiency in health assessment, referral, health education, service coordination, and client-centered counseling.

- (ii) Create resource map and examine webs of resources.
- (iii) Create outreach strategies to connect client/community to resources.

(5) Community and ~~p~~Public ~~h~~Health.

(A) Subjects and theories to be learned:

- (i) Population based care.
 - (ii) Health equity across populations.
 - (iii) Epidemiology.
 - (iv) Public ~~h~~Health mission.
 - (v) Community health/needs assessment.
 - (vi) Public ~~h~~Health disaster response.
 - (vii) Prevention.
 - (viii) Isolation and quarantine.
 - (ix) Public education.
 - (x) Interagency ~~c~~Communications.
- (B) Knowledge and abilities acquired ~~should~~ include:
- (i) Engages in public health planning and implementation.
 - (ii) Develops resources that aid in public health responses.
 - (iii) Coordinates and manages mass events.

~~(h)~~ Community Paramedicine and Triage Paramedic Required Testing:

(1) ~~International Board of Specialty Certification, ISBC~~ ~~c~~Community ~~p~~Paramedic ~~e~~Exam approved paramedic training programs shall include a minimum of two (2) formative examinations and one (1) final comprehensive competency-based examinations to test the knowledge and skills specified in this chapter.

(2) Triage ~~p~~Paramedic approved programs shall include a minimum of one (1) final comprehensive competency-based examination to test the knowledge and skills specified in this chapter.

(3) Documentation of successful student clinical and field internship performance, if applicable.

Note: Authority cited: Sections 1797.107, 1830, and 1831, Health and Safety Code. Reference: Sections 1801, 1830, 1831, 1842, and 1843, Health and Safety Code.

§ 100190. Community Paramedicine or Triage to Alternate Destinations Program Approval Process

(a) The ~~local EMS agency~~ LEMSA shall submit a written request to the Authority for approval of a ~~c~~Community ~~p~~Paramedicine or ~~t~~riage to ~~a~~Alternate ~~d~~Destination program, which shall include the following:

(1) Identification of the community need and recommended solutions.

(2) All program medical protocols and policies to include but not limited to, data collection, transport, patient safety, and quality assurance/improvement process.

(3) All program service provider approval documentation, including written agreements, if any.

(4) All relevant ~~a~~Alternate ~~d~~Destination ~~f~~Facility approval documentation, including agreements, if any.

(5) All relevant documentation outlining policy for collaboration with public health or community resource entities for DOT and EMS high utilizer programs.

(6) Curriculum for program focused training.

(b) The ~~Emergency Medical Services~~ Authority shall review a ~~local EMS agency~~ LEMSA's proposed community paramedicine or triage to alternate destination program using procedures consistent with Section 1797.105 of the Health and Safety Code and review the ~~local EMS agency~~ LEMSA's program protocols to ensure compliance with the statewide minimum protocols developed under ~~HSC~~ Section 1832 of the Health and Safety Code.

(c) ~~The EMS Authority may~~ shall impose conditions as part of the approval of a community paramedicine or triage to alternate destination program that ~~the local EMS agency~~ LEMSA is required to incorporate into its program to achieve consistency with the Authority's regulations ~~and the provisions of this chapter and statute.~~

(d) ~~The EMS Authority shall~~ approve or deny in writing the proposed community paramedicine or triage to alternate destination program no later than 30 days after it is submitted by the ~~local EMS agency~~ LEMSA.

(e) Approval of ~~c~~Community ~~p~~Paramedicine or ~~t~~Triage to ~~a~~Alternate ~~d~~Destination program shall be for twelve (12) months from the date of approval. Renewal of the program shall be completed annually through submission of the Community Paramedicine Annex of the EMS plans process found in ~~§~~Section 1001834.

~~(f) A community paramedicine pilot program approved under the OSHPD Health Workforce Pilot Project No. 173 before January 1, 2020, is authorized to operate until one year after the regulations described in Section 1830 become effective.~~

Note: Authority cited: Section 1797.107, 1830, and 1831, Health and Safety Code. Reference: Sections 1830, 1831, 1832, 1835, and 1836, Health and Safety Code.

§ 100191. Review, Withdrawal, and Revocation of a Community Paramedicine or Triage to Alternate Destination Program

~~A Local EMS Agency~~ LEMSA shall ~~immediately~~ terminate from participation in the program any alternate destination facility, community paramedicine, or triage to alternate destination provider if it fails to operate in accordance with ~~subdivision~~ subsection (b) of Section 1317 of the Health and Safety Code.

Note: Authority cited: Sections 1797.107, 1830, and 1831, Health and Safety Code. Reference: Sections 1830 and 1831, Health and Safety Code.

§ 100192. Paramedic Scope of Practice, Accreditation, and Discipline

(a) Scope of Practice: A ~~c~~Community ~~p~~Paramedic or ~~t~~Triage ~~p~~Paramedic shall utilize the paramedic scope of practice, ~~and~~ approved LEMSA local optional scope as identified in section 100146 of this division, and trial study scope identified in section 100147 of this Division. This includes utilizing their general paramedic scope and other approved scopes while transporting to alternate destinations, providing care to discharged patients, providing

vaccinations, and through other conditions as identified in approved cCommunity pParamedicine and triage to alternate destination programs.

(b) Community Paramedic Accreditation to Practice.

(1) A cCommunity pParamedic shall only utilize community paramedicine skills when accredited by the LEMSA as a cCommunity pParamedic within that LEMSA jurisdiction and when associated with that LEMSA's overseen EMSA approved Community Paramedicine ~~Service~~ Program(s).

(2) The LEMSA shall register the cCommunity pParamedic accreditation in the Central Registry public look-up database within five (5) business days of the cCommunity pParamedic accreditation application being approved.

(3) An initial cCommunity pParamedic accreditation is deemed effective when recorded in the Central Registry public look-up database.

(4) An initial cCommunity pParamedic accreditation shall expire on the last day of the month, two (2) years from the effective date of the initial accreditation.

(5) Community pParamedic accreditation shall require renewal every two (2) years by the LEMSA that oversees EMSA approved cCommunity pParamedic ~~service~~ program(s) in the jurisdiction in which the cCommunity pParamedic is associated.

(c) Initial Community Paramedic Accreditation Application Requirements and ~~process~~ Process.

(1) To be cCommunity pParamedic accredited, the applicant shall submit to the cCommunity pParamedic program(s) LEMSA ~~an application with the~~ following eligibility criteria for review:

(A) Proof of an active, unrestricted California issued paramedic license,

(B) Social Security Number or Individual Tax Identification Number,

(C) LEMSA approved community paramedicine course completion certificate, and

(D) Proof of passing the IBSC cCommunity pParamedic-~~C~~ examination for cCommunity pParamedics within the last two (2) years of the date of application submission.

(2) The LEMSA shall review the submitted eligibility criteria for cCommunity pParamedic accreditation application and notify the applicant in writing within thirty (30) business days from the date of submission that ~~the application is:~~

(A) The submission is incomplete or illegible and requires corrective action, or

(B) The accreditation ~~application request~~ has been approved and the accreditation data has been entered into the Central Registry Public Look-up database, or

(C) The accreditation ~~application request~~ has been denied; including the reason and notification of the applicant's right to appeal.

(d) Renewal Community Paramedic Accreditation Requirements and Process.

(1) To be eligible for renewal, the applicant shall submit to the cCommunity pParamedic program(s) LEMSA an application with the following eligibility criteria for review:

(A) Proof of a current, unrestricted California issued paramedic license, and either,

(i) Show proof of completion of eight (8) hours approved community paramedicine related continuing education (CE) every two (2) years, or

(ii) Show proof of continued active, unrestricted IBSC ~~certification~~.

(2) The LEMSA shall review the submitted eligibility criteria for community paramedicine accreditation renewal application and notify the applicant in writing within thirty (30) business days from the date of submission that ~~the application is:~~

(A) The submission is incomplete or illegible and required corrective action, or

(B) The accreditation ~~application request~~ has been approved and renewal data is updated in the Central Registry Public Look-up database.

(C) The accreditation request has been denied; including the reason and notification of the applicant's right to appeal.

(e) Reinstatement Community Paramedic Accreditation Requirements and Process.

(1) To be eligible for reinstatement of a ~~c~~Community ~~p~~Paramedic accreditation that has expired for a period of twelve (12) months or less, the applicant shall submit to the ~~c~~Community ~~p~~Paramedic program(s) LEMSA ~~an application with~~ the following eligibility criteria for review:

(A) Proof of a current, unrestricted California issued paramedic license, and either,

(i) Proof of completion of eight (8) hours of approved local community paramedicine ~~related continuing education (CE)~~, or

(ii) Show proof of continued active, unrestricted IBSC ~~certification~~.

(2) To be eligible for reinstatement of a ~~c~~Community ~~p~~Paramedic accreditation that has expired more than twelve (12) months, the applicant shall submit to the ~~c~~Community ~~p~~Paramedic program(s) LEMSA the following eligibility criteria for review:

(A) Proof of an active, unrestricted California issued paramedic license,

(B) Proof of successful completion of a LEMSA approved community paramedicine course within the last two (2) years from the submission date of the reinstatement application, and

(C) Proof of passing the IBSC Community Paramedic examination within the last two (2) years from the submission date of the reinstatement application.

(3) The LEMSA shall review the community paramedic accreditation application and notify the applicant in writing within thirty (30) business days from the date of submission that the application is:

(A) Incomplete or illegible and requires corrective action, or

(B) The accreditation application has been approved and the accreditation data entered in the Central Registry ~~p~~Public ~~l~~ook-~~u~~p database, or

(C) The accreditation request has been denied; including the reason for the denial and notification of the applicant's right to appeal.

(f) Triage Paramedic Accreditation to Practice.

(1) A ~~t~~riage ~~p~~aramedic shall only utilize ~~t~~riage to ~~a~~lternate ~~d~~estination skills when accredited by the LEMSA as a ~~t~~riage ~~p~~aramedic within that LEMSA's jurisdiction and when associated with that LEMSA's approved triage to alternate destination service program(s).

(2) The LEMSA shall register the ~~t~~riage ~~p~~aramedic accreditation in the Central Registry public look-up database within five (5) business days of the ~~t~~riage ~~p~~aramedic accreditation application being approved.

(3) An initial ~~t~~riage ~~p~~aramedic accreditation is deemed effective when recorded in the Central Registry public look-up database.

(4) An initial ~~t~~riage ~~p~~aramedic accreditation shall expire on the last day of the month, two (2) years from the effective date of the initial accreditation.

(5) Triage ~~p~~aramedic accreditation shall require renewal every two (2) years by the LEMSA that oversees EMSA approved triage to alternate destination service program(s) in the jurisdiction in which the ~~t~~riage ~~p~~aramedic is associated.

(g) Initial Triage Paramedic Accreditation Application Requirements and Process.

(1) To be ~~t~~riage ~~p~~aramedic accredited, the applicant shall submit to the triage program(s) LEMSA ~~an application with~~ the following eligibility criteria for review:

(A) Proof of an active, unrestricted California issued paramedic license,

(B) Social Security Number or Individual Tax Identification Number, and

(C) LEMSA approved ~~t~~riage ~~p~~aramedicine course completion certificate.

(2) The LEMSA shall review the submitted eligibility criteria for ~~t~~riage ~~p~~aramedic accreditation application and notify the applicant in writing within thirty (30) business days from the date of submission that ~~the application is:~~

(A) The submission is ~~i~~ncomplete or illegible and requires corrective action, or

(B) The accreditation ~~request~~application has been approved and the accreditation data entered in the Central Registry ~~Public~~ Look-Up database, or

(C) The accreditation request has been denied; including the reason for the denial and notification of the applicant's right to appeal.

(h) Renewal Triage Paramedic Accreditation Requirements and Process.

(1) To be eligible for renewal, the applicant shall submit to the triage Paramedicine program(s) LEMSA the following eligibility criteria for review:

(A) Proof of a current, unrestricted California issued paramedic license, and

(B) Proof of completion of four (4) hours of approved local ~~Triage~~ Paramedicine related CE.

(2) The LEMSA shall review the submitted eligibility criteria for ~~Triage~~ Paramedicine accreditation and notify the applicant in writing within thirty (30) business days from the date of submission that ~~the application is:~~

(A) The submission is incomplete or illegible and required corrective action, or

(B) The accreditation ~~application~~request has been approved and the accreditation data entered in the Central Registry ~~Public~~ Look-Up database.

(C) The accreditation request has been denied; including the reason and notification of the applicant's right to appeal.

(i) Reinstatement Triage Paramedic Accreditation Requirements and Process.

(1) To be eligible for reinstatement of a ~~Triage~~ Paramedicine accreditation that has expired twelve (12) months or less, the applicant shall submit to the ~~Triage~~ Paramedicine program(s) LEMSA the following eligibility criteria for review:

(A) Proof of a current, unrestricted California issued paramedic license, and

(B) Proof of completion of four (4) hours of approved local ~~Triage~~ Paramedicine related CE.

(2) To be eligible for reinstatement of a ~~t~~riage ~~p~~aramedic certification that has been expired more than twelve (12) months, the applicant shall submit to the triage ~~p~~aramedicine program(s) LEMSA the following eligibility criteria for review:

(A) Proof of a current, unrestricted California issued paramedic license, and

(B) Proof of successful completion of a LEMSA approved ~~t~~riage to ~~a~~lternate ~~d~~estination training course within the last year from the submission date of the reinstatement application.

(3) The LEMSA shall review the submitted eligibility criteria for ~~t~~riage ~~p~~aramedic accreditation application and notify the applicant in writing within thirty (30) business days from the date of submission that ~~the application is:~~

(A) The submission is incomplete or illegible and required corrective action, or

(B) The accreditation ~~application~~request has been approved and the accreditation data entered in the Central Registry ~~p~~ublic ~~l~~ook-~~u~~p database.

(C) The accreditation request has been denied; including the reason and notification of the applicant's right to appeal.

(j) A ~~local EMS agency~~LEMSA that authorizes ~~c~~ommunity ~~p~~aramedicine or ~~t~~riage ~~p~~aramedic personnel, shall be responsible for submission of a summary data report of authorized personnel to the Authority no later than the thirtieth (30th) calendar day of January, April, July, and October.

(k) The disciplinary procedures for a community paramedic or triage paramedic shall be consistent with ~~subdivisions~~subsection (d) of Section 1797.194 of the Health and Safety Code.

Note: Authority cited: Sections 1797.107, 1830, and 1831, Health and Safety Code. Reference: Sections 1797.117, 1797.194, 1830, 1831, 1843, 1852, 1853, and 1854, Health and Safety Code.

§ 100193. Fees

A LEMSA may establish a schedule of fees for ~~c~~ommunity ~~p~~aramedic and or ~~t~~riage ~~p~~aramedic initial, renewal and reinstatement accreditation in an amount sufficient to cover the reasonable cost of complying with the provisions of this Chapter.

Note: Authority cited: Section 1797.107, Health and Safety Code. Reference: Sections 1797.112 and 1797.172, Health and Safety Code.