This project is 100% funded by the Centers for Medicare and Medicaid Services of the U.S. Department of Health and Human Services (HHS) for a total of $212.9 million in budget year 1 with 100% by CMS/HHS.

Kentucky Rural Health Transformation Program (RHTP)

Community Paramedicine Funding Guidance for EMS Agencies

May 2026

TEAM KENTUCKY®

CABINET FOR HEALTH AND FAMILY SERVICES

This project is 100% funded by the Centers for Medicare and Medicaid Services of the U.S. Department of Health and Human Services (HHS) for a total of $212.9 million in budget year 1 with 100% by CMS/HHS.

Table of Contents

This project is 100% funded by the Centers for Medicare and Medicaid Services of the U.S. Department of Health and Human Services (HHS) for a total of $212.9 million in budget year 1 with 100% by CMS/HHS.

Overview of Funding Opportunities for EMS Agencies

Background and Context

Introduction to the Rural Health Transformation Program (RHTP)

The Rural Health Transformation Program (RHTP) is a statewide initiative funded by the Centers for Medicare & Medicaid Services (CMS) to improve health access, quality, and outcomes for rural Kentuckians. With a focus on addressing long-standing gaps in rural healthcare, this program is designed to deliver modernized care, strengthen workforce capacity, and expand preventative and community-based services. The Commonwealth of Kentucky was awarded $212.9 million through the CMS Rural Health Transformation Fund, with future funds to be released annually based on performance metrics. Through this funding, subrecipients will be responsible for conducting various initiatives and ensuring long-term sustainability through data interoperability, workforce expansion, and technological infrastructure.

RHTP Funding Support for EMS Agencies

Under Kentucky's RHTP, EMS agencies are primarily supported through the Crisis to Care (CTC) to strengthen pre-hospital and crisis response program capacity through initiative programming alongside routine EMS operations. The CTC initiative focuses on enhancing integrated EMS response and coordination, enabling EMS agencies to better manage patients in the field and coordinate care pathways. Additionally, this effort supports behavioral health crisis responses and aims to develop a link between EMS, crisis stabilization, and recovery services. Recognizing a heavy reliance on 911 and emergency departments as default access points for crisis care in rural regions, these initiatives respond to this issue by repositioning EMS as a front-line connector to care.

EMS in Kentucky

Rural communities often rely on EMS as the main point of access to care. Yet many areas face limited coverage, long response times, and few local health services. Expanded support for EMS can help close these gaps by allowing providers to do more than respond to emergencies. Community paramedicine programs give EMS providers the ability to check on patients at home, assist with ongoing health needs, and connect community members to the right care, before and after emergencies. By supporting community members where they are, these programs can reduce unnecessary trips to the emergency department and help reduce repeat visits after discharge. Expanding EMS service opportunities also builds local capacity, keeps care closer to home, and strengthens the overall health system in rural communities.

Most paramedicine programs focus on providing services for priority populations, including but not limited to:

This project is 100% funded by the Centers for Medicare and Medicaid Services of the U.S. Department of Health and Human Services (HHS) for a total of $212.9 million in budget year 1 with 100% by CMS/HHS.

- Individuals with chronic disease that put them at high risk for disability or early death
- Individuals who are at risk for readmission to the emergency department or hospitals
- Individuals who could benefit from at-home care or in the field care
- Individuals who are less likely to stay engaged in traditional services
- Individuals with behavioral health conditions including but not limited to Serious Mental Illness, Substance Use Disorder, and individuals with co-occurring needs
- Individuals who are frequent users of crisis systems

Paramedicine programs can serve multiple populations and continuously adapt to meet the needs of the community.

Examples of the scope of services for community paramedicine include, but are not limited to:

- In-home or community-based check-ins for enrolled or referred patients
- Post-hospital discharge follow-ups to support recovery and prevent readmissions
- Chronic disease monitoring and health education, including medication adherence support
- Social needs screening and connection to community resources and support services
- Behavioral health support and crisis follow-up, including screening and referral coordination

Eligibility Requirements

Eligible applications are non-profit, Kentucky Board of EMS licensed Class Ia or Class Ib EMS agencies that provide 911 emergency advanced life support (ALS) responses within the Commonwealth of Kentucky. To be considered for funding, applicant agencies must hold an active EMS agency license and be in good standing at the time of application and throughout the award period.

Funding Overview

This Request for Applications (RFA) offers two funding opportunities designed to support EMS agencies at different stages of program development and service expansion. Eligible agencies may apply for one or more funding opportunities described in this RFA, based on their current capacity, community needs, and proposed use of funds. If an eligible agency is not prepared to apply in the current funding year, it may submit an application in a future year through a rolling process, contingent upon the availability of grant funds. Funding opportunities may be pursued independently or in combination, and agencies are not required to apply for all components:

Pathway #1: Establishing a New Community Paramedicine Program

This opportunity is intended for EMS agencies that do not currently operate a community paramedicine program or are in early stages of launching a program. Funding supports the establishment of community paramedicine services, including program planning and

development, community paramedicine training, and implementation activities necessary to launch and sustain a program.

Pathway #2: Expanding an Existing Community Paramedicine Program

This pathway is intended for EMS agencies that already operate a community paramedicine program and are seeking to expand service capacity by building upon their existing model. Agencies may propose expansions in any manner that aligns with their community needs and operational goals. Under this pathway, agencies may utilize funding for workforce training, care coordination, service expansion, and other activities that strengthen overall EMS operations. Agencies will have flexibility in how they design and implement their expansion.

Funding Structure and Duration

This RFA offers funding through two distinct pathways, each with different expectations for duration, continuation, and sustainability. Funding is structured to support early implementation while allowing programs time to build capacity before transitioning toward longer-term sustainability.

Pathway 1: Establishing a New Community Paramedicine Program

Agencies establishing a new community paramedicine program may apply for one year of initial implementation funding. Year 1 funding is intended to support startup activities, including workforce development, required training and certification, protocol development, and early service delivery.

Continuation of funding beyond Year 1 is not automatic. Agencies seeking to expand or scale their newly established program in Year 2 and have fulfilled all the requirements will be eligible for a streamlined application for Pathway #2 (Expanding an Existing Community Paramedicine Program) in the subsequent funding cycle. This structure recognizes that newly established programs require time to demonstrate readiness for expansion and are not expected to be fully sustainable after a single year of operation.

- Grant Year 1 will be funded at 100%
- Grant Year 2 requires a new application under Pathway 2

Pathway 2: Expanding an Existing Community Paramedicine Program

Agencies with an existing community paramedicine program, including those that previously received funding under Pathway 1, may apply for funding to expand services, workforce capacity, or scope of operations.

This project is 100% funded by the Centers for Medicare and Medicaid Services of the U.S. Department of Health and Human Services (HHS) for a total of $212.9 million in budget year 1 with 100% by CMS/HHS.

Under Pathway 2, agencies may opt in to a second year of funding, subject to meeting defined program requirements and performance benchmarks. Funding for Year 2 is intended to continue supporting program operations and expansion while agencies work toward longer-term sustainability.

To receive Year 2 funding, agencies must:

- Formally opt in to continued funding
- Demonstrate progress toward required implementation and performance metrics
- Remain compliant with program requirements, including training and reporting expectations

For agencies approved for Year 2 funding, eligible costs may continue to be supported at 100 percent during this period. Future funding beyond this point is anticipated to transition toward a phased cost-share model, contingent on funding availability and program performance.

- Grant Year 1 will be funded at 100%
- Grant Year 2 requires agencies to opt-in to an additional year of funding with 100% funding provided if grant requirements are met
- Grant Year 3+ is subject to phased cost-sharing and funding availability.

Additional grant funding may be available beyond the 5-year RHT base period of performance depending on funding allocations made by Centers for Medicare & Medicaid Services (CMS).

What Support Will Be Offered from Rural Health Transformation (RHT)?

- Application Technical Assistance: Participating agencies will have access to structured opportunities for technical assistance to support their application development and compliance requirements, which may include:
    - Information Session: An informational webinar will be hosted to provide an overview of community paramedicine programming, including eligibility, funding structure, and application expectations for this RFA.
    - RFA Office Hours: Two optional technical assistance sessions for applicants to ask questions and receive application support.
    - Learning Collaborations: Collaborations will provide structured opportunities for prospective applicants to engage in shared learning and peer exchange on program developments.
    - Inquiry Submission Form: A dedicated mailbox will be available for applicants to submit written questions throughout the RFA period and submitted inquiries will receive responses within a five-business day timeframe.
    - Frequently Asked Questions (FAQs): To provide transparency and equal access to information, responses to frequently asked questions will be compiled and shared with all applicants. This document will be updated on the RHT website with the application materials.

This project is 100% funded by the Centers for Medicare and Medicaid Services of the U.S. Department of Health and Human Services (HHS) for a total of $212.9 million in budget year 1 with 100% by CMS/HHS.

- **Financial Support (Grant Funding):** RHT will provide grant funding to support allowable costs associated with establishing or expanding community paramedicine programs, including estimated expenses listed above. While a template cost submission (Attachment B) with suggested line items is provided, agencies may propose additional or revised line items as appropriate.
- **Data & Reporting:** To support accountability and long-term sustainability for programming, RHT will provide agencies with guidance on expectations for reporting performance metrics, program impact, and outcomes. Some of the potential data reporting criteria may include, but is not limited to:
    - Number of community paramedics trained and credentialed
    - Number of enrolled patients with an established primary care physician (PCP)
    - Number of patients who have an identified and documented plan of care with outcome goals established by a physician and facilitated by a CP
    - Volume of referrals for behavioral health patients within the community paramedicine program and services rendered
    - Volume of wellness check encounters for patients with behavioral health conditions

Additional measurable outcomes for community paramedicine may be located within the National Association of Emergency Medical Technicians' (NAEMT) worksheet for mobile integrated healthcare (MIH).

Collectively, these supports are intended to ensure that participating EMS agencies are not only funded to launch or expand community paramedicine programs, but are also equipped with the guidance, training, and infrastructure needed for long-term success.

Required Behavioral Health Training as a Condition of Grant Award

As a condition of grant award, all funded EMS agencies must participate in required behavioral health training for their providers, which will be provided at no cost to the agencies. EMS providers may also be reimbursed for work time missed while attending behavioral health trainings. This requirement reflects the Commonwealth's commitment to strengthening statewide behavioral health response capacity and ensuring EMS agencies are equipped to meet increasing behavioral health demands across communities.

The mandatory baseline behavioral health training is intended to establish consistent, foundational behavioral health response capabilities across EMS agencies statewide. Training will be delivered regionally by Community Mental Health Centers (CMHCs) or other qualified providers using appropriately credentialed clinical staff. Required training is intended to qualify for Kentucky Board of Emergency Medical Services (KBEMS) continuing professional education, subject to certification approval. Specific grant funding will be allocated to support this requirement, scaled to agency size, and intended to cover backfill costs so staff can attend

training on a rolling basis while maintaining required staffing coverage and any travel necessary to attend training.

Beyond the base funding requirement, agencies proposing a focused behavioral health improvement effort and designating agency champions may be eligible for additional funding beyond the baseline requirement through the expanded community paramedicine opportunity below.

This project is 100% funded by the Centers for Medicare and Medicaid Services of the U.S. Department of Health and Human Services (HHS) for a total of $212.9 million in budget year 1 with 100% by CMS/HHS.

(1) Establishing a New Community Paramedicine Program

What Services Are Covered?

This track supports agencies that do not currently have a community paramedicine program and wish to launch one.

What is Being Funded?

To support the development and establishment of a new community paramedicine program, agencies can apply for the funding sources below while acknowledging the limitations of $650,000 per agency in the first year.

- Personnel: Funds may support a program coordinator for community paramedicine program development, community paramedic training, and training time compensation
- Fleet: Funds can be utilized purchase a new vehicle for community paramedicine use and ongoing maintenance
- Training: Funds can be utilized to support training for a paramedic to achieve a community paramedic certification
- Supplies: Funds can be utilized to support the purchase of basic supplies needed to provide services
- Technology: Funds can be utilized for tablets, EHR enhancements, referrals systems, and billing structures

What Does Implementation Look Like?

Timeframe

Given the training and certification requirements (full details in Appendix B) associated with community paramedicine, we do not anticipate that EMS agencies will be able to begin operating the program immediately. To account for this, we have outlined an anticipated implementation timeline below. This timeline is intended to set clear expectations for when agencies can realistically begin running their community paramedicine program.

- Month 1: Community Paramedicine Program Setup
    - Description:
        - Designate program leadership for community paramedicine
        - Confirm listing of community partners (primary care clinics, hospitals, CMHCs, etc.)
        - Source required equipment such as fleets, supplies, and technology
    - Intended Outputs:
        - Program charter + protocol structure

This project is 100% funded by the Centers for Medicare and Medicaid Services of the U.S. Department of Health and Human Services (HHS) for a total of $212.9 million in budget year 1 with 100% by CMS/HHS.

        - Defined community paramedicine model for agency and priority utilization cases
- Months 2-3: Workforce Training & Preparation
    - Description:
        - Assign paramedics to pursue community paramedicine advanced training
        - Enroll staff within community paramedicine program and build out protocols based on workforce
        - Initiate plan for data recording
    - Intended Outputs:
        - Staff onboard
        - Training and certification plan for paramedic workforce established
- Months 4-5: Confirmation of Program Setup
    - Description:
        - Assign paramedics to pursue community paramedicine advanced training
        - Enroll staff within community paramedicine program and build out protocols based on workforce
        - Initiate plan for data recording
    - Intended Outputs:
        - Approved agency protocols
        - Operational and scheduling workflows
        - Partner MOUs
        - Data sharing agreements
- Month 6: Soft Launch of Community Paramedicine Program
    - Description:
        - Community paramedicine services to be offered with pilot priority patient population
        - Identify gaps in workflow or documentation workstreams
    - Intended Outputs:
        - Initial community paramedicine services offered
        - Documentation of early gaps or lessons
- Month 7+: Program Stabilization & Scaling
    - Description:
        - Expand service volume for community paramedicine
        - Establish stable referral systems with community partners
        - Refine documentation workstream
        - Begin data tracking for avoided EMS transport, follow-ups, etc. for agency
    - Intended Outputs:
        - Continued community paramedicine service delivery
        - Onset of data collection efforts for program

This project is 100% funded by the Centers for Medicare and Medicaid Services of the U.S. Department of Health and Human Services (HHS) for a total of $212.9 million in budget year 1 with 100% by CMS/HHS.

Agency Expectations

Reporting & Tracking

Documentation

- Finalized **program model description** (including referral pathways, priority population(s), services offered, etc.)
- **Agency-specific implementation timeline** showcasing the milestones achieved (staffing, training, launch, onset of services)
- **Agency roster** (community paramedics, CHWs, supervisors, medical oversight and respective certifications)
- Standard Operating Procedures (SOPs) for community paramedicine cases
- **KBEMS credentialing** for community paramedicine agency certification

Data & Utilization Metrics

- **Number of staff funded through the RFA** (community paramedics, CHWs, support staff)
- **Referral sources** (primary care, CMHCs, hospital discharges, agency-referral, 911 diversion)
- Repeat patient engagements
- **Geographic coverage** for community paramedicine services

This project is 100% funded by the Centers for Medicare and Medicaid Services of the U.S. Department of Health and Human Services (HHS) for a total of $212.9 million in budget year 1 with 100% by CMS/HHS.

(2) Expanding an Existing Community Paramedicine Program

What Services Are Covered?

This pathway is intended to fund EMS agencies that have an existing community paramedicine program and are seeking to expand service capacity.

What is Being Funded?

Funding will support EMS agencies in expanding their community paramedicine program initiatives as an alternative response model. Investments are intended to strengthen workforce readiness, improve on-scene care and coordination, and reduce avoidable emergency department utilization.

What Does Implementation Look Like?

Applicants may propose program expansions that align with local community needs, operational capacity, and system priorities. Under this pathway, agencies may use funding to support workforce development, care coordination, service expansion, and other activities that enhance the effectiveness, reach, and sustainability of EMS operations.

Agencies will have flexibility in how they design and implement proposed expansions; however, applicants are expected to articulate a clear implementation approach, including a realistic timeline for initiative rollout, key milestones, and anticipated outcomes. Proposals should demonstrate how the requested investments will strengthen EMS capacity, improve patient care, and advance integration across the broader health and social service continuum.

Below are illustrative examples of community paramedicine innovations the Commonwealth is interested in supporting. These examples are not exhaustive, and applicants are encouraged to propose alternative or complementary models that achieve similar objectives.

- Integration of Community Health Workers (CHWs) into an existing community paramedicine program to serve as a bridge between health care and social services. CHWs may support care coordination, patient engagement, follow-up, and connections to community-based resources, improving access to care, health outcomes, and cultural responsiveness. An example implementation model is included in Appendix D.
- Integration of telehealth capabilities into EMS response to enable real-time physician consultation during 911 calls. Telehealth-supported triage can facilitate appropriate diversion of low-acuity, non-emergent cases to alternative care settings, improving resource utilization, reducing unnecessary emergency department transports, and enhancing patient experience. Project ETHAN in Houston, Texas demonstrates the potential for telehealth-enabled triage to preserve emergency response capacity for high-acuity needs.

This project is 100% funded by the Centers for Medicare and Medicaid Services of the U.S. Department of Health and Human Services (HHS) for a total of $212.9 million in budget year 1 with 100% by CMS/HHS.

- Deployment of specialized EMS or behavioral health response units, such as teams composed of paramedics, to respond to low-acuity 911 calls involving behavioral health crises. These teams function as a part of a behavioral health crisis system to provide on-scene assessment, de-escalation, and warm handoffs to community-based services, reducing reliance on law enforcement and emergency departments while improving continuity of care.

Agency Expectations

The reporting metrics outlined below are a sample of metrics will be used by the Commonwealth to assess whether grant funding is supporting program success. A comprehensive list of data reporting metrics are outlined in Appendix C.

Reporting & Tracking

Documentation

- Community paramedicine expansion plan describing service enhancements, training components, and service delivery approach
- Community paramedics onboarding and orientation timeline outlining key milestones
- Agency roster of community paramedics participating in the expanded program
- Documentation of coordination with local community partners related to resource delivery and ongoing case review activities

*Data & Utilization Metrics**

- Number of additional staff incorporated into the expanded community paramedicine program (e.g. community paramedics, community health workers (CHWs), other support staff, etc.)
- Number of patient encounters made through the expanded community paramedicine program
- Volume of community paramedicine cases reviewed through established case review

*The data and utilization metrics listed above represent minimum reporting expectations for Pathway #2 awardees. Agencies may propose additional data elements or performance metrics that they believe are relevant to their proposed program expansion.

This project is 100% funded by the Centers for Medicare and Medicaid Services of the U.S. Department of Health and Human Services (HHS) for a total of $212.9 million in budget year 1 with 100% by CMS/HHS.

Submission Instructions

Submit materials in *PDF format* by no later than 5 PM on Friday, June 12th to Workforce Development Specialist for Crisis to Care (CTC), Jimmie Hampton < jimmie.hampton@ky.gov>. Please include "RHT CP RFA" in the subject line for all communications.

Application form not to exceed twenty-five (25) pages, excluding any attachments and supporting documents.

If any immediate questions emerge, reach out to the Workforce Development Specialist for Crisis to Care, Jimmie Hampton, via email <jimmie.hampton@ky.gov>. Please include "RHT CP RFA" in the subject line for all communications.

Guidance on Questions

- Frequently Asked Questions (FAQ): An FAQ document will be made available to address common questions related to agency availability, application requirements, and program expectations. The FAQ has not yet been published and will be updated with high yield questions and posted alongside RFA materials. The intent is to develop and post this document following the initial information session and based on questions raised during the initial information session, office hours, and any questions submitted via email to ensure all applications have equal access.
- Office Hours: Biweekly office hours will be hosted during the application period to provide applicants with an opportunity to ask questions and receive clarification on the RFA and submission requirements.
- Direct Support: Should applicants have direct questions regarding this RFA, they should reach out to the Crisis to Care (CTC) Workforce Development Specialist, Jimmie Hampton, via email <jimmie.hampton@ky.gov>. Please include "RHT CP RFA" in the subject line for all communications.

This project is 100% funded by the Centers for Medicare and Medicaid Services of the U.S. Department of Health and Human Services (HHS) for a total of $212.9 million in budget year 1 with 100% by CMS/HHS.

Appendix

Appendix A – Application Submission Documents

Application Template

Please reference Attachment A in the RFA package and fill out the application form for funding to ensure standardized submissions.

Budget Template

Please reference Attachment B in the RFA package and fill out the application budget template for funding to ensure standardized submissions.

This project is 100% funded by the Centers for Medicare and Medicaid Services of the U.S. Department of Health and Human Services (HHS) for a total of $212.9 million in budget year 1 with 100% by CMS/HHS.

Appendix B – Details on Community Paramedicine Certification Requirements

Community paramedicine programs are growing and expanding in the Commonwealth of Kentucky. As of March 2026, 7 EMS agencies are already licensed through the Kentucky Board of Emergency Medical Services (KBEMS) for community paramedicine programming. Additionally, 5 EMS agencies are currently in the process of obtaining community paramedicine agency licensure. In terms of provider certifications, 0.3% (27 count) paramedics have obtained community paramedicine specialty certifications and are licensed by KBEMS to practice.

Agency Requirements

By contrast, EMS agencies do not receive a formalized "community paramedicine license," but rather gain approval for their community paramedicine or mobile integrated health program(s). An agency must initially hold a valid agency license though KBEMS and complete the tasks outlined in Title 202 Chapter 7 Regulation 596 to achieve a community paramedicine agency status:

- Establish a Mobile Integrated Healthcare (MIH) Program: The agency must operate a program that meets the definition of Mobile Integrated Healthcare under KRS 311A.010(18)
- Submit an MIH Program License Application to KBEMS: Apply for a Class V Mobile Integrated Healthcare Program license through the Kentucky Board of Emergency Medical Services
- Pay the Required Application Fee: Submit the application fee as established in 202 KAR 7:030, Section 7(1)
- Define and Document the Program: Include a written description of:
    - the MIH program
    - the intended service area or ZIP codes
    - the specific services to be provided
- Designate Program Leadership: Maintain an organizational chart identifying:
    - an administrator responsible for regulatory compliance
    - a designated alternate administrator
- Ensure Proper Staffing and Credentialing: Maintain personnel files showing:
    - valid KBEMS certifications or licenses
    - required criminal background checks for all MIH personnel
- Develop Medical Oversight and Care Planning Infrastructure: Maintain written plans for:
    - patient care planning
    - consultation with online medical control
    - emergency and after-hours medical direction
- Maintain Required Records and Reporting: Retain patient care records, referrals, and reports in accordance with regulatory retention requirements

This project is 100% funded by the Centers for Medicare and Medicaid Services of the U.S. Department of Health and Human Services (HHS) for a total of $212.9 million in budget year 1 with 100% by CMS/HHS.

- Pass a KBEMS Inspection: Successfully complete an on-site inspection of:
  - premises
  - equipment and supplies
  - records and policy manuals
- Correct Any Identified Deficiencies: If violations are identified, submit and implement a written plan of correction within required timelines
- Display and Maintain the MIH License: Upon approval, conspicuously display the Class V MIH license at the primary administrative office and renew annually by December 31

Provider Requirements

In Kentucky, the pathway to community paramedicine differs between the individual provider and the EMS agency. Individual providers must initially hold a valid paramedic license and complete the following steps for achieving a community paramedicine advanced paramedicine specialty certification, as indicated on Title 202 Chapter 7 Regulation 410:

1. Enroll in and complete a community paramedicine education program (15-16 hours) that meets the International Board of Specialty Certification (IBSC) Content Outline topic areas
2. Pass the International Board of Specialty Certification (IBSC) Community Paramedic (CP-C) exam
3. Obtain and submit a course completion certification from the approved community paramedicine training program
4. Submit a completed Initial Advanced Practice Paramedic License Application in the Kentucky Emergency Medical Services Information System (KEMSIS) and pay the required fee

This project is 100% funded by the Centers for Medicare and Medicaid Services of the U.S. Department of Health and Human Services (HHS) for a total of $212.9 million in budget year 1 with 100% by CMS/HHS.

Appendix C – Community Paramedicine Program Data Metrics

This appendix outlines various data metrics that may be collected to support monitoring, evaluation, and continuous improvement of community paramedicine programming. Metrics are organized by reporting domain to allow for flexible selection and support future standardization.

Program Capacity & Staffing

- Number of paramedics trained and credentialed as community paramedics
- Number of community paramedics actively delivering services
- Volume of patient encounters within the community paramedicine program
- Number of repeat patient encounters
- Average patient contact time per encounter
- Average caseload per community paramedic
- Number of days/hours per week that community paramedicine services are provided

Referral & Encounter Initiation

- List of community-based sources for community paramedicine patient referrals (i.e. EMS follow-up, emergency department, primary care provider (PCP), CMHCs, etc.)
- Volume of referrals by referral source
- Time from receiving a referral to first community paramedicine patient encounter

Types of Patient Encounters

- Data on volume of encounters by referral type (i.e. cardiovascular, behavioral, orthopedic, etc.)
- Top reasons for community paramedicine patient encounter
- Percentage of encounters specifically involving (1) medication reconciliation, (2) care coordination, (3) patient education

Costs & Resource Evaluation

- Total community paramedicine program cost
- Average cost of a community paramedicine encounter
- Average cost of a standardized ALS/BLS EMS run

Advanced Program Evaluation Metrics

- Estimated number of EMS transports prevented
- Estimated emergency department visits prevented
- Number of emergent EMS calls diverted to community paramedicine
- Geographic call density data
- Volume of high-utilizer patients engaged
- Estimated hospital readmissions prevented

This project is 100% funded by the Centers for Medicare and Medicaid Services of the U.S. Department of Health and Human Services (HHS) for a total of $212.9 million in budget year 1 with 100% by CMS/HHS.

Behavioral Health Crisis Response

- % of individuals who receive crisis follow-up care within 48 hours
- Volume of referrals for behavioral health patients within the community paramedicine program and services rendered
- Volume of wellness check encounters for patients with behavioral health conditions
- Time from crisis encounter to follow-up contact

Year 1 – Flexible Reporting Period

During Year 1, awarded agencies may select and report on a subset of metrics from this appendix that align with their approved program model, implementation phase, and current data collection capacity. Agencies are not required to develop or submit a separate evaluation plan during Year 1 and may rely on program guidance provided by RHT.

This flexible reporting approach is intended to support program start-up, allow agencies to establish sustainable data collection and reporting workflows, and reduce administrative burden during early implementation. RHT will provide technical assistance and resources to support agencies with data collection, reporting processes, and interpretation of required measures as needed.

Year 2 and Beyond – Standardized Evaluation Metrics

Beginning in Year 2, agencies will be required to report on a defined set of standardized data metrics identified by RHT as part of the program evaluation framework. These metrics will support consistent program-level evaluation, outcome assessment, and comparability across awarded sites.

RHT will apply required metrics and evaluation requirements consistently across all awardees and will continue to provide technical assistance, data collection tools, and reporting guidance to support accurate and timely submission.

This project is 100% funded by the Centers for Medicare and Medicaid Services of the U.S. Department of Health and Human Services (HHS) for a total of $212.9 million in budget year 1 with 100% by CMS/HHS.

Appendix D – Example of Community Paramedicine Program Service Expansion – Community Health Workers (CHW) Integration

CHWs - Estimated Amount Per Agency: Up to $250,000

Personnel

- Funds can support the hiring of Community Health Workers (CHWs), including supervisors, care coordinators, or program managers to support community-based outreach and care navigation

Training

- Funds can be utilized to support initial and ongoing CHW training, certification, continuing education, and relevant specialized trainings

Supplies

- Funds can be utilized to support the purchase of supplies needed for CHW service delivery, including outreach materials, screening tools, health education materials, PPE, etc.

Technology

- Funds can be utilized for data systems, care coordination platforms, referral and case management systems, and reporting or billing infrastructure to support CHW services

To maximize impact across diverse communities in the Commonwealth, the CHW framework intentionally provides flexibility in how CHW funding is utilized, recognizing that needs and infrastructure vary significantly by geography. In areas identified as CHW deserts, agencies may determine that hiring an in-agency CHW is the most effective approach to addressing critical service gaps and expanding access. Conversely, in regions with an established CHW workforce, agencies may choose to leverage funding to support cross-training efforts through community-based partnerships with local CHWs, enhancing care coordination, strengthening community linkages, and improving follow-up for individuals with high needs. Agencies are encouraged to pursue the approach that best aligns with their local context and organizational capacity.

Timeframe (CHW Cross-Servicing at Agencies)

Months 1-2: Program Planning & CHW Model Design

- Description
    - Define shared CHW care model between the agency and community-based organization(s), including scope of services, target patient populations, and referral pathways
    - Clarify roles and responsibilities to partner organizations
    - Align on data-sharing, privacy (HIPAA), and protocols for care communication
- Intended Outputs
    - Documented CHW program model and scope of servicing

This project is 100% funded by the Centers for Medicare and Medicaid Services of the U.S. Department of Health and Human Services (HHS) for a total of $212.9 million in budget year 1 with 100% by CMS/HHS.

    - Defined workflows and standard operating procedures (SOPs) for CHW engagement with agency

Month 3-6 : Training & Certification Launch

- Description
    - CHW to receive required onboarding and agency training
    - CHW to train on agency systems, tools, and workflows, including patient referral platform
    - CHW and EMS providers to have joint trainings for increased service alignment
    - Agency and community-based organization to finalize supervision and communication pathways before CHW servicing goes live
- Intended Outputs
    - CHWs fully trained and certified to work with agency patients
    - CHWs to complete all required compliance and onboarding training
    - CHWs to have confirmed supervision and administration within agency

Months 7-8: Infrastructural Setup and Supply Readiness

- Description
    - CHW to receive required onboarding and agency training
    - CHW to train on agency systems, tools, and workflows, including patient referral platform
    - CHW and EMS providers to have joint trainings for increased service alignment
    - Agency and community-based organization to finalize supervision and communication pathways before CHW servicing goes live
- Intended Outputs
    - CHW supplies obtained and distributed
    - Data systems and care coordination tools configured

Month 9: Soft Launch of CHW Program

- Description
    - Agency provides CHW services to initial cohort of patient population and begins routine data collection
    - Early lessons documented and adjustments made to program week to week
- Intended Outputs
    - Initial CHW service delivery
    - Initial program data and report submitted
    - Identified lessons and opportunities for growth

Month 10: Program Stabilization

- Description
    - Agency enters stable workflow for providing CHW services
- Intended Outputs
    - Consistent CHW services provided

This project is 100% funded by the Centers for Medicare and Medicaid Services of the U.S. Department of Health and Human Services (HHS) for a total of $212.9 million in budget year 1 with 100% by CMS/HHS.

What Support Will Be Offered from Rural Health Transformation (RHT) for the CHW Program?

RHT will provide ongoing technical assistance to support successful community health worker (CHW) training and integration into EMS practice. Technical assistance will be delivered in coordination with local CHW partners and will include:

- Support for CHW training coordination and sequencing
- CHW case review and discussion referral pathways
- Connection with local community partners and resources, referral pathways, and follow-up supports
- Guidance on integrating CHW practices into existing EMS workflows

This project is 100% funded by the Centers for Medicare and Medicaid Services of the U.S. Department of Health and Human Services (HHS) for a total of $212.9 million in budget year 1 with 100% by CMS/HHS.

Appendix E – Behavioral Health Training Requirement

Overview

This appendix provides additional detail on the required behavioral health training described in the main RFA narrative. Participation in this training is a condition of grant award for all funded EMS agencies.

The goal of this requirement is to ensure that EMS providers statewide have a shared, baseline set of behavioral health skills to respond effectively to behavioral health–related calls.

Training Delivery and Coordination

Required behavioral health training will be delivered regionally in coordination with local Community Mental Health Centers (CMHCs). Training will be led by appropriately credentialed clinical staff and offered at local CMHC sites or EMS agencies at times convenient for participating providers.

Awarded agencies must engage with their regional CMHC or another approved behavioral health provider to support training planning, scheduling, and delivery. Agencies will be required to attest to this engagement as part of the grant application and award process.

Training is intended to qualify for Kentucky Board of Emergency Medical Services (KBEMS) continuing professional education (CEU credit), subject to certification approval.

Required Trainings

All funded EMS agencies must ensure staff complete baseline behavioral health training grounded in a co-occurring care framework. We recognize that individuals and families with co-occurring conditions are an expectation in our system yet are likely to have poorer outcomes and higher costs than those with needs in only a single domain. EMS agencies are an essential partner in designing a system of care that, at every level, addresses the needs, hopes, and dreams of individuals and families with co-occurring mental health/substance use conditions, and other complex health and human service challenges. Community paramedicine programs are expected to build staff competency and capability to recognize and respond to overlapping mental health, substance use, and developmental or intellectual needs.

At a minimum, agencies must ensure staff are trained in the following foundational, cross-cutting skills applicable to all encounters:

- Recognition of behavioral health needs across diverse populations and presentations
- Trauma-informed response and person-centered engagement
- De-escalation techniques and crisis response considerations
- Safety, stabilization, and appropriate referral or escalation

This project is 100% funded by the Centers for Medicare and Medicaid Services of the U.S. Department of Health and Human Services (HHS) for a total of $212.9 million in budget year 1 with 100% by CMS/HHS.

These training courses represent the minimum baseline training requirement for all funded agencies. Additional topic-specific or advanced training opportunities may be offered by Community Mental Health Centers (CMHCs) or other partners at no cost to participating agencies.

Behavioral Health Champion

Each funded EMS agency must designate one *Behavioral Health Champion*.

The Behavioral Health Champion will:

- Serve as the primary point of contact for behavioral health training coordination
- Support internal implementation and staff engagement including but not limited to:
    - Securing technical assistance from the CMHC Community Based Crisis Coordinator to meet the needs of paramedicine patients with behavioral health conditions
    - Coordinating care pathways and bidirectional referrals for the paramedicine program with other behavioral health providers in the community such as hospitals and CMHCs
    - Enabling collaboration and elevated care planning between shared patients of the CMHCs and paramedicine team
    - Engaging in ongoing continuous quality improvement to improve health outcomes of paramedicine patients with behavioral health conditions
- Participate in regional behavioral health collaboration, including the 988 Regional Coalition. 988 Regional Coalitions convene local partners, including emergency services, to identify community trends, share resources, and strengthen behavioral health crisis response. These meetings provide a structured forum for feedback on 988 services, collaborative problem solving, and coordinated awareness efforts. Engagement from law enforcement, EMS, and 911 enhances understanding of local needs and supports more effective cross system planning. Coalition input informs both local improvements and statewide strategic priorities.

Designation of a Behavioral Health Champion is required for all awardees.