Testimony
Department of Human Services
Health Services Committee
Senator Judy Lee, Chairman
July 30, 2014

Chairman Lee, members of the Health Services Committee, I am Karen Tescher, Assistant Director of the Long Term Care Continuum in Medical Services for the Department of Human Services (Department). I appear before you today regarding the potential relationship between community paramedics and Home and Community-Based Services (HCBS) providers.

The Medical Services Division understands that a community paramedic has advanced emergency medical technician (EMT) skills that encompass preventative and primary medicine. The community paramedic model has been utilized in other states to assist with medical professional shortages in rural areas and to fill "downtime" between EMT runs.

Currently, no community paramedics are enrolled with the Department as qualified service providers (QSPs), which is the category of provider they would enroll under in order to provide HCBS. QSPs can receive reimbursement to provide the following services: personal care services which include bathing, dressing, transferring, toileting, cooking meals, housework, and laundry. QSPs can also enroll to provide adult day care, adult foster care, adult residential, chore, emergency response system, environmental modification, specialized equipment/supplies, supported employment, transitional care, home-delivered meals, family home care, family personal care, HCBS Case

Management, Extended Personal Care services, non-medical transportation, respite, and attendant care services.

A community paramedic could enroll as a QSP. Considerations for community paramedics serving in this role are:

- Community paramedics could be a partial solution to the shortage of QSPs in rural areas and reimbursement for HCBS could provide a revenue source for the community paramedic between paramedic duties.
- If a community paramedic would enroll as a QSP and provide HCBS, and would suddenly get called away to assist with paramedic duties, the timing could be challenging while performing specific personal care tasks for a client. If community paramedics would be interested in enrolling as QSPs, the community paramedic, the Department and the local case manager would need to work closely to identify clients that could be matched with a community paramedic to receive services (example: an individual who only needs laundry, shopping and housekeeping services and could have those serves interrupted.)

This concludes my testimony. I would be happy to answer any questions you may have.