

# Mobile Integrated Healthcare Frequently Asked Questions

## General Information

### 1. What is MIH?

Mobile integrated healthcare (MIH) is a patient-centered healthcare model that provides care and / or preventive services in the patient's home or mobile environment. MIH can help improve health outcomes and wellness by:

- Providing post-discharge follow-up
- Navigating care to non-ED settings
- Managing chronic diseases
- Helping with medication management
- Providing health education
- Connecting patients with social services and community resources
- Addressing behavioral, mental health, and substance abuse
- Improving health for women and children

MIH integrates with other entities that impact patient care, such as social services agencies, hospitals, local physicians, local departments of health, and other community resources. This integration is important because patients often have multiple medical problems and complex circumstances that require the expertise of multiple healthcare providers.

The purpose of MIH programs is to:

- Reduce the number of unnecessary or preventable emergency department visits, and hospital admissions
- Reduce costs to the healthcare system as a whole
- Improve overall patient access to care & enhance health outcomes
- Increase collaboration between healthcare providers

### 2. What are Community Paramedic Programs, and are they the same or different from MIH?

A Community Paramedic Program is a *type of MIH program* that typically focuses on illness or injury prevention, whereas MIH is a larger / broader system of services.

Although many states and agencies use the terms interchangeably, *in Connecticut, all*

*programs of this type are called MIH*, and the term Community Paramedic Program is not used.

### **3. What Statute Authorizes MIH Programs:**

MIH is authorized under C.G.S. §[Sec. 19a-180](#), and the program is further defined through policies and procedures at [Sec. 19a-180-1 through Sec. 19a-180-6](#)

### **4. Who can provide MIH programs?**

Any paramedic level EMS Organization may apply to provide MIH programs.

Once their application is approved (*see below*), MIH can be provided by those paramedics identified in the staffing plan who:

- Have completed the education plan outlined in application, and
- Have received authorization from their medical director.

Paramedic level EMS Organizations who wish to provide MIH should apply using the application, and process outlined below. They should consider partnering with another collaborating agency that can provide funding (see further below).

### **5. Can EMT's and AEMT's provide MIH care?**

Not at this time. The statutes define MIH as being “performed by a paramedic acting within the scope of his or her practice as part of an emergency medical services organization.” C.G.S. §[19a-175\(31\)](#).

## **Application Process**

### **6. Where can I get an application?**

Applications can be found on the Department of Public Health (DPH) website on the Office of Emergency Medical Services (OEMS) [Forms and Applications](#) page.

## 7. What is the application process?

EMS Organizations should complete the application and submit it to OEMS, care of the MIH Coordinator. Once an application is deemed complete by the MIH Coordinator, it is forwarded to the DPH Public Health Hearing Office, which will schedule a hearing on the need for a new MIH program. Once an application is approved, an EMS Organization has six months to begin operating the new MIH program.

## 8. Do we have to go through a need for service hearing to provide MIH?

Yes, the statutes set up the approval of MIH programs as part of the need for service process. Specifically, C.G.S. §[19a-180](#) states:

*In considering requests for approval of permits for new or expanded emergency medical services or the establishment of mobile integrated health care programs in any region, the commissioner shall consult with the Office of Emergency Medical Services and the emergency medical services council of such region and shall hold a public hearing to determine the necessity for such services.*

## Funding for MIH Programs / How does MIH get billed

### 9. What are options for funding?

There are a variety of options for funding, and no one solution will fit every situation. EMS Organizations are encouraged to consider creative partnerships to make use of current funds or new income sources. Options include, but are not limited to:

- EMS Organizations may self-fund their MIH program
- EMS Organizations or their collaborating partners may apply for grants to cover the cost of MIH programs. Grant funded programs should consider how to continue funding after the grant cycle is completed.
- EMS Organizations may affiliate with a collaborating partner who has the funds to reimburse them for the program either on a capitated or per person or per visit basis, or on a percentage of savings.

More specific options are listed in this [memo from the National Association of EMT's](#)

EMS Organizations are asked to address financial responsibility for MIH in their applications.

**10. Can an EMS Organization bill a patient for MIH services received?**

No, EMS Organizations may not bill a patient or insurance for MIH. An EMS Organization can bill for services only if it is issued a rate by OEMS. However, the rate setting statute, set forth under C.G.S. §[19a-177\(9\)\(D\)](#), prohibits the setting of a rate.

**11. Who can we contact if we have further questions?**

Please contact Michael Zacchera, at 860-509-7975 or [Michael.Zacchera@CT.gov](mailto:Michael.Zacchera@CT.gov) for MIH questions.