Arkansas Department of Health
Office of Preparedness and Emergency Response, Section of EMS
Arkansas EMS Advisory Committee
Advisory and Recommendations

Recognition of "Critical Care Paramedic" (CCP-C) and "Flight Paramedic" (FP-C) Certifications from the International Board of Specialty Certifications for a New Critical Care Paramedic Endorsement at the Arkansas Department of Health, Section of EMS

As prepared by the Preparedness & Education Subcommittee

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A. Executive Summary

The Arkansas EMS Advisory Committee recommends that the Arkansas Department of Health, Section of EMS, evaluate and establish a formal Critical Care Paramedic (CCP) licensure endorsement for paramedics who hold a current Certified Critical Care Paramedic (CCP-C) or Flight Paramedic-Certified (FP-C) credential issued by the International Board of Specialty Certifications (IBSC). This endorsement would be added to the existing paramedic license, similar in structure to the Community Paramedic license already recognized in Arkansas.

Advanced interfacility critical care transport is a growing component of Arkansas EMS operations. Paramedics performing these transports routinely provide care well beyond the standard paramedic scope, including mechanical ventilator management, vasoactive medication infusions, arterial line monitoring, and complex hemodynamic assessment. Arkansas currently lacks a formal statewide licensure designation for this level of practice, creating inconsistency in credentialing, staffing standards, and system accountability.

This advisory proposes a framework in which the IBSC CCP-C and FP-C certifications serve as an optional qualifying credential for a state-recognized Critical Care Paramedic endorsement. The scope of practice under this endorsement would remain delegated to the EMS agency's physician Medical Director, even beyond the National EMS Scope of Practice as currently defined in the Arkansas EMS Rules. Establishing this endorsement will support agencies in credentialing advanced transport personnel, likely improving clinical care and patient outcomes, and may facilitate clearer qualification documentation for Centers for Medicare & Medicaid Services (CMS) Specialty Care Transport (SCT) billing purposes. Obtaining this Critical Care Paramedic endorsement would not be required by EMS agencies in order to perform and bill for Specialty Care Transports, per the current CMS guidelines.

B. Problem Statement

Arkansas EMS agencies increasingly perform interfacility critical care transports requiring skills and interventions beyond the scope of the standard EMT-Paramedic. These transports may involve mechanically ventilated patients, continuous vasoactive infusions, invasive monitoring, and other high-acuity interventions that demand specialized training and demonstrated clinical competency.

Despite this operational reality, Arkansas does not have a formal statewide licensure or endorsement mechanism for paramedics practicing at this level. It has traditionally been left up to each individual EMS agency and its Medical Director to determine the level or degree of training commensurate for the skills necessary to perform the Specialty Care Transports in their service area. While this model has worked for nearly 20 years, it does introduce some specific challenges:

- No standardized credentialing pathway exists for agencies wishing to designate and deploy Critical Care Paramedics.
- Nationally recognized IBSC certifications (CCP-C and FP-C) are widely accepted benchmarks of advanced paramedic competency, but have no formal recognition within the Arkansas EMS licensure framework.
- Without a defined state endorsement, agencies lack a consistent mechanism to credential personnel and establish formal Specialty Care Transport (SCT) programs.
- CMS Specialty Care Transport (SCT) billing criteria require that care during interfacility transport be provided by a health professional in an appropriate specialty area, or by an EMT-Paramedic with additional training as defined by the state. The presence of a formal recognized state standard provides EMS agencies with a viable option to obtain the requisite training to meet this billing qualification without having to create their own training pathways.

C. Background and Federal Context

1. CMS Specialty Care Transport and the "Paramedic with Additional Training" Standard

The CMS Ambulance Fee Schedule establishes Specialty Care Transport (SCT), billed under HCPCS code A0434, as the highest level of ground ambulance reimbursement. SCT is defined in federal regulation (42 CFR §414.605) as the interfacility transportation of a critically injured or ill Medicare beneficiary by a ground ambulance vehicle, including medically necessary supplies and services, at a level of service beyond the scope of the EMT-Paramedic, when the beneficiary's condition requires ongoing care that must be furnished by one or more health professionals in an appropriate specialty area.

CMS recognizes that this level of care may be provided by personnel in an appropriate specialty area—such as an emergency or critical care nurse, emergency physician, respiratory care professional, or cardiovascular care professional—or by an EMT-Paramedic with additional training. CMS defines "additional training" as the specific additional training that a state requires a paramedic to complete in order to qualify to furnish specialty care to a critically ill or injured patient during an SCT.

CMS further clarifies that if EMT-Paramedics, without specialty care certification or qualification, are already permitted to furnish a given service in a state, that fact alone does not qualify the transport for SCT billing. The qualification of the individual personnel—not merely their standard scope of practice—determines whether the SCT standard is met. Establishing a state-recognized Critical Care Paramedic endorsement tied to IBSC CCP-C or FP-C certification would provide a clear, documentable basis for demonstrating that a transporting paramedic meets the CMS "additional training" standard. However, the absence of such an endorsement shall not automatically exclude current "Paramedics with additional training" from qualifying to provide Specialty Care Transport services if required.

2. Relationship to SCT Billing – An Important Clarification

This advisory explicitly recognizes that billing for Specialty Care Transport under CMS guidelines is not contingent upon a paramedic holding this state endorsement. The CMS SCT "paramedic with additional training" requirement may be met through various mechanisms, including agency-specific training programs developed and documented under physician medical direction. Agencies that have established such programs and can document compliance with the CMS standard may continue to do so under their existing practices.

The Critical Care Paramedic endorsement proposed in this advisory is intended to serve as one clearly recognized, standardized, and independently verifiable mechanism by which the "paramedic with additional training" requirement may be satisfied. It is not intended to be, and should not be interpreted as, the exclusive pathway to SCT billing qualification. Holding this endorsement is one means of checking that box; it is not the only means.

3. IBSC Certifications as National Standards

The International Board of Specialty Certifications (IBSC) administers two nationally recognized advanced paramedic credentialing examinations relevant to critical care transport:

- Certified Critical Care Paramedic (CCP-C): A certification designed for paramedics providing interfacility critical care ground transport, with examination content covering advanced airway management, hemodynamic monitoring, mechanical ventilation, vasoactive pharmacology, and complex patient management.
- Flight Paramedic-Certified (FP-C): A certification for paramedics operating in rotor-wing and fixed-wing critical care transport environments, with equivalent or greater clinical competency requirements compared to the CCP-C, specific to the air medical environment with additional training in flight physiology and aeromedical industry safety standards.

Both certifications require study and preparation, passing a standardized examination, performing maintenance of continuing education, and periodic recertification every 4 years, either by completion of required continuing education hours, or by challenging the written exam.

D. Proposed Endorsement Framework

1. Licensure Structure

The Arkansas EMS Advisory Committee recommends that the Arkansas Department of Health, Section of EMS, establish a Critical Care Paramedic (CCP) endorsement to the existing Paramedic license. Key structural elements should include:

1. The endorsement shall be added to a current, active Arkansas Paramedic license in good standing.
2. The qualifying credential for the endorsement shall be a current, valid IBSC CCP-C or FP-C certification.
3. The endorsement shall be renewed concurrent with paramedic license renewal, contingent upon demonstrated maintenance of the underlying IBSC certification.
4. Lapse of the IBSC certification will result in subsequent lapse of the Critical Care Paramedic endorsement.
5. The endorsement shall not independently establish a fixed scope of practice. The scope of practice for endorsed paramedics will be delegated by the EMS agency's physician Medical Director, consistent with existing Arkansas EMS governance, with the same requirements for documented proof of training and credentialing to perform any skill, procedure, or patient care protocol or guideline determined necessary by the EMS agency and its Medical Director.
6. Holding the endorsement does not independently authorize a paramedic to practice at a critical care level without agency-level credentialing and authorization by the Medical Director.

2. Delegated Scope of Practice and Medical Director Authority

The scope of practice for a Critical Care Paramedic-endorsed provider shall be defined and delegated by the EMS agency's physician Medical Director. This is consistent with the foundational principles of physician-directed EMS practice. The physician Medical Director shall retain authority to:

- Define the specific clinical interventions and medications within the endorsed paramedic's scope at that agency.
- Credential and individually approve endorsed paramedics for advanced critical care practice, even when those paramedics hold the state endorsement.
- Establish agency-level continuing competency requirements beyond those required for maintenance of IBSC certification, given that the IBSC requires proven competency only once every 4 years.
- Suspend or restrict individual practice privileges at the agency level based on clinical performance, competency review, or other appropriate grounds.
- Determine the types of transports and clinical contexts for which CCP-endorsed paramedics may be utilized, consistent with the agency's CCT program structure and operational design.

This delegated model ensures that the state endorsement establishes a verified, nationally benchmarked floor of competency, while actual clinical practice is governed at the agency level under physician oversight—maintaining the flexibility necessary for Arkansas's diverse EMS systems.

E. End Goal and Recommendations

The end goal of this advisory is to establish a formal, standardized licensure endorsement pathway in Arkansas for paramedics practicing at an advanced critical care transport level. Specific recommendations are as follows:

1. The Arkansas Department of Health, Section of EMS, should establish a Critical Care Paramedic (CCP) endorsement to the existing paramedic license, recognizing current IBSC CCP-C and FP-C certifications as the qualifying credential.
2. The Section of EMS should develop a verification process confirming current, valid IBSC CCP-C or FP-C certification status prior to issuance of the endorsement. This will likely entail the uploading of a current IBSC CCP-C or FP-C certification, similar to other required certifications at the time of re-licensure.
3. Guidance should be issued to EMS agencies clarifying that the CCP endorsement may serve as documentation that a paramedic meets the CMS Specialty Care Transport "additional training" standard, while also clearly stating that this endorsement is not the exclusive mechanism for satisfying that standard.
4. The Section of EMS should identify whether any regulatory or rulemaking action is required to formally codify the endorsement and, if so, initiate the appropriate rulemaking process.

F. Regulatory Authority

The Arkansas Department of Health and the Section of EMS have regulatory authority to establish EMS licensure categories, endorsements, and scope-of-practice frameworks within the state EMS regulatory system. The creation of a Critical Care Paramedic endorsement falls within this existing authority.

If specific regulatory language changes are required to formally codify the endorsement, these may be implemented through the state rulemaking process governing EMS licensure and professional credentialing. The Arkansas EMS Advisory Committee requests that the Section of EMS identify the appropriate regulatory pathway and initiate action to implement this endorsement.

G. Existing Federal and State Guidance and Gap Analysis

At the federal level, CMS has established clear criteria for SCT reimbursement, including personnel qualification standards that specifically reference state-defined additional training requirements for paramedics. Nationally, the IBSC CCP-C and FP-C certifications are widely recognized as the benchmark for advanced critical care transport

paramedic competency, and many states formally incorporate these credentials into their EMS licensure frameworks.

The gap in Arkansas is the absence of a formal state mechanism to recognize these credentials within the EMS licensing structure. This advisory will help close that gap by:

- Establishing an optional, but clear, standardized, and state-recognized credentialing pathway for Critical Care Paramedics in Arkansas.
- Aligning Arkansas with national EMS licensure practices regarding advanced transport roles.
- Providing EMS agencies with a defensible, independently verifiable basis for demonstrating that their transporting paramedics meet the CMS SCT "additional training" qualification, if they so choose.
- Supporting the development, sustainability, and accountability of Critical Care Transport programs across the state.

H. Implementation Considerations

Successful implementation will require coordination among the Arkansas Department of Health Section of EMS, EMS agency Medical Directors, and statewide EMS leadership. Key implementation elements include:

1. Application process: Development of a streamlined endorsement application process that verifies current IBSC CCP-C or FP-C certification status at the time of application.
2. Medical Director engagement: Clear guidance to EMS agency Medical Directors regarding their ongoing role in credentialing CCP-endorsed paramedics and defining the scope of their practice at the agency level.
3. Billing guidance: Development of educational materials for EMS agencies clarifying the relationship between the CCP endorsement and CMS SCT billing criteria, including the explicit clarification that the endorsement represents one recognized pathway—not the only pathway—to satisfy the "paramedic with additional training" standard.
4. Renewal alignment: Endorsement renewal tied to paramedic license renewal and contingent upon maintenance of active IBSC certification, minimizing administrative burden while ensuring ongoing competency.
5. Rulemaking: If regulatory changes are required, the Section of EMS should initiate rulemaking through the appropriate process governing EMS licensure in Arkansas.

I. Conclusion

Establishing a Critical Care Paramedic endorsement in Arkansas represents a logical and necessary step in the continued advancement of the Arkansas EMS system. The IBSC CCP-C and FP-C certifications are nationally recognized, rigorous, and well-suited to serve as the qualifying standard for this endorsement. Tying scope of practice to delegated physician Medical Director authority maintains the flexibility and accountability that Arkansas EMS governance requires.

This endorsement will provide EMS agencies with a standardized, state-recognized credentialing tool for advanced transport personnel, support the development of Critical Care Transport programs, and offer a clear mechanism for demonstrating compliance with CMS SCT personnel qualifications. Agencies that have developed and documented their own training programs under physician medical direction to meet the CMS standard may continue those programs; this endorsement is designed to complement, not replace, agency-level medical direction and credentialing.

The Arkansas EMS Advisory Committee respectfully requests that the Arkansas Department of Health, Section of EMS, evaluate and act upon the recommendations set forth in this advisory.

J. References

1. 42 CFR §414.605 – Definitions (Ambulance Fee Schedule, Specialty Care Transport).
2. 42 CFR §410.40 – Coverage of ambulance services, levels of service, and medical necessity requirements.
3. Centers for Medicare & Medicaid Services. Medicare Benefit Policy Manual, Chapter 10: Ambulance Services. §10, §20, §30.1.1.
4. Centers for Medicare & Medicaid Services. Medicare Claims Processing Manual, Chapter 15: Ambulance. §10.2, §30.
5. CMS. Specialty Care Transport: Medical Necessity and Documentation Requirements. CMS Program Guidance Document 0183.
6. International Board of Specialty Certifications (IBSC). CCP-C and FP-C Certification Examination Information. www.ibscertifications.org.
7. Arkansas Department of Health, Section of EMS. Community Paramedic Licensure Framework.
8. AR EMSAC Preparedness & Education Subcommittee. Proposal for Advisory: Recognition of CCP-C and FP-C Certifications for Critical Care Paramedic Licensure. March 2026.