



Memorandum

To: Fire Board

From: Tim McHargue, Fire Chief 

CC: Ryan McIntosh, Assistant Fire Chief
Amber Law, Business Manager

Date: September 1, 2026

Subject: Lyon County Rural Health Transformation EMS Grant

Purpose

Lyon County has received a \$4,289,351 Rural Health Transformation Program EMS grant for the current budget period through August 30, 2027 (Attachment A). Assistant Chief Ryan McIntosh worked with Lyon County during development of the grant and provided recommendations regarding Central Lyon Fire's EMS needs. The award requires no local matching funds.

The underlying federal program is multi-year; however, funding beyond the current budget period is not guaranteed and is contingent upon satisfactory performance, available funding, and continued federal authorization. County staff has advised that Lyon County intends to seek continuation funding in future years.

Impact to Central Lyon Fire

Central Lyon's primary benefit is funding for three additional single-role EMT/Paramedic positions assigned to support Mobile Integrated Health/Community Paramedicine (MIH/CP). Because this is an EMS-focused grant, the personnel funding is specifically designated for single-role EMS positions. Central Lyon already utilizes single-role Paramedics, so the staffing classification itself is not new to the District; however, MIH/CP represents a new service-delivery model for Central Lyon that will require development and implementation.

The grant, however, requires these positions to support Mobile Integrated Health/Community Paramedicine (MIH/CP), including appropriate non-emergent and lower-acuity calls, with the goal of reducing reliance on fully staffed fire/EMS crews for these incidents. Central Lyon has not previously operated an MIH/Community Paramedicine program. Our traditional Paramedic model is primarily focused on emergency response, assessment, stabilization, and transport, while MIH/CP may involve patient navigation, referrals, follow-up, and coordination with other healthcare and community resources.

As we move forward, we will need to determine what operational, clinical, regulatory, training, dispatch, documentation, referral, and policy changes are necessary to implement this component and remain compliant with the grant requirements. This will require coordination

with Lyon County, the Nevada Health Authority, our medical direction, and other healthcare and community partners. The grant specifically requires development of MIH/CP personnel policies, job descriptions, operational protocols, referral workflows, and integration with scheduling and ProQA dispatch protocols. Central Lyon will also need to address the appropriate Nevada Community Paramedicine (CP) endorsement requirements before implementing CP services, including applicable program structure, clinical protocols, scope of practice, training, documentation, vehicle, and individual provider requirements.

The grant does not expressly prohibit these personnel from responding to traditional 911 emergencies. It requires the single-role personnel to be integrated into district scheduling and dispatch protocols, while their grant-funded primary mission remains MIH/CP and response to appropriate non-emergent and lower-acuity calls. Central Lyon may therefore be able to utilize these Paramedics on traditional emergency 911 calls when operationally necessary; however, we should not assume unrestricted use as regular 911 ambulance staffing. Before implementation, staff will seek written clarification from Lyon County and the Nevada Health Authority regarding when grant-funded personnel may respond to and transport patients on traditional 911 calls while remaining compliant with the MIH/CP scope of work and performance requirements.

The grant also includes implementation of ProQA priority dispatch software and an assessment of Centers for Medicare & Medicaid Services (CMS) ambulance billing intended to maximize available EMS reimbursement.

Central Lyon will also receive one ambulance. The grant identifies the ambulances as Mobile Integrated Health (MIH) ambulances intended to support dedicated MIH response capability. Lyon County will also procure and distribute additional grant-funded resources, including a Quick Response Vehicle (QRV), cardiac monitors, mechanical chest compression devices, motorized stretchers, radios, Mobile Data Terminals (MDTs), medical supplies, and a medication inventory system. This appears to provide flexibility to develop an MIH/CP deployment model using the grant-funded ambulance, QRV, or potentially both, depending upon call type and patient need.

Staffing and Labor Considerations

The three additional single-role positions provide an opportunity to increase EMS capacity without placing a required local match on the District during the current award period. The grant-funded positions must be used consistent with the MIH/CP scope of work, including applicable scheduling, dispatch, referral, follow-up, and documentation requirements.

There are labor considerations that we will need to navigate; I have not yet advised IAFF Local 4728 of funding for single role EMT/Paramedic positions. Local 4728 has expressed concerns regarding additional single-role Paramedic positions and believes the District should instead hire Firefighter/Paramedics. I understand their concerns and intend to work collaboratively with Local 4728 as we determine how these grant-funded positions can best be incorporated into our EMS system while remaining consistent with the grant requirements and our collective bargaining obligations.

The primary financial concern is that funding is currently authorized only through August 30, 2027. If continuation funding is not received, the Board would need to decide whether to absorb the positions into the District's budget, identify another funding source, or eliminate the grant-funded positions.

For that reason, these positions should be clearly identified from the beginning as grant-dependent positions. Acceptance of the grant should not create an expectation or commitment that the positions will automatically become permanent District-funded positions after grant funding ends.

Comparison to the Previous SAFER Grant

I recognize that the Board may reasonably ask how this recommendation differs from the SAFER grant for six firefighter positions that I recommended declining at my first Board meeting in October 2025.

At that time, I had just assumed responsibility for the District and did not yet have a sufficient understanding of our budget, long-term revenues, expenditures, and overall financial condition to responsibly recommend adding six full-time Firefighters.

There are also important differences between the two grants.

The SAFER grant required the District to contribute toward personnel costs, 25% in each of the first two years and 65% in the third year and was intended to increase ongoing frontline firefighter staffing. My concern was that we could hire six Firefighters, incorporate those positions into our minimum suppression staffing, and then face a significant financial obligation or potential firefighter layoffs when federal funding ended.

The Lyon County grant is structured differently. The current award requires no local match and provides funding for the three additional single-role Paramedic positions during the funded period, substantially reducing the District's immediate financial exposure. Future funding is possible, but the grant agreement expressly provides that continuation beyond the current budget period is not guaranteed.

Central Lyon already employs single-role Paramedics, so these positions would expand an existing EMS staffing model. If grant funding ultimately ends and the District cannot sustain the additional positions, reducing grant-funded single-role positions would have less impact on our minimum fire suppression staffing than eliminating Firefighter positions that had become incorporated into engine-company staffing.

This distinction is significant. SAFER would have required the District to assume an increasing share of six Firefighter positions during the grant period. The Lyon County grant requires no local match during the current award period and gives the District greater flexibility if continuation funding is not received.

Based upon what I knew about the District in October 2025, I believe declining the SAFER grant was the prudent decision. Nearly a year later, I have a much better understanding of

the District's finances and operational needs, and the structure and financial exposure of this grant are materially different.

Operational Benefits

The additional Paramedics should increase EMS capacity and, through the MIH/CP model and ProQA triage, help reduce the use of fully staffed fire/EMS resources for appropriate lower-acuity calls. This may improve availability of suppression and transport resources for higher-acuity emergencies. The combination of an MIH ambulance and QRV may also provide flexibility to match the response resource to the patient's needs.

The ambulance and other grant-funded equipment also represent substantial capital benefits and may allow us to modify portions of our ambulance and EMS equipment replacement schedules and preserve District capital for other priorities.

Recommended Approach

I believe this grant represents a significant opportunity for Central Lyon; however, before I recommend that the District move forward, I want to fully evaluate the operational, clinical, regulatory, labor, and long-term financial implications of implementing an MIH/CP program. This is more than simply accepting funding for three additional Paramedics, an ambulance, and equipment. It would introduce a new service-delivery model for Central Lyon, and I want to ensure we understand what will be required of the District and that the program can be implemented in a manner that benefits our community, complements our existing EMS system, and does not create unintended long-term obligations.

As part of this evaluation, staff will determine the requirements for developing the MIH/CP program, including policies, job descriptions, operational protocols, referral processes, documentation, clinical oversight, and applicable Nevada Community Paramedicine program and individual provider endorsement requirements. The grant itself requires development of MIH/CP policies, job descriptions, scope-of-practice documentation, operational protocols, and referral workflows.

We will also evaluate how the grant-funded Paramedics, MIH ambulance, and QRV could best be staffed and deployed within Central Lyon's existing EMS system. The grant requires the single-role personnel to be integrated into District scheduling and dispatch protocols and to respond to appropriate non-emergent and lower-acuity calls through ProQA. Before implementation, I want written clarification from Lyon County and the Nevada Health Authority regarding when these personnel may also respond to and transport patients on traditional 911 calls while remaining compliant with the grant.

Before hiring, staff will also obtain clarification regarding whether these positions are subject to the grant's five-year rural service commitment provisions and what obligations, if any, would apply to the District or individual employees. The grant provides that applicability of the five-year service commitment is determined by the Nevada Health Authority.

I also intend to discuss the proposed staffing and operational model with Local 4728 and consider their concerns as part of this evaluation. Finally, staff will assess the financial implications if continuation funding is not received, including whether the District could or should sustain any portion of the program with local funding.

Once these issues are better understood, I will return to the Board with a more complete assessment and recommendation regarding whether and how Central Lyon should proceed.

Conclusion

The Lyon County Rural Health Transformation grant presents a potentially significant opportunity for Central Lyon. It could provide three additional single-role EMT/Paramedics, a new MIH ambulance, a QRV, substantial EMS equipment, ProQA implementation, and countywide billing improvements without a required local match during the current award period. At the same time, the grant requires the District to undertake a new MIH/Community Paramedicine service-delivery model rather than simply adding three Paramedics to our existing 911 system.

For that reason, I am not prepared at this point to recommend that the Board commit to implementing the program until we better understand the requirements and implications. I believe the appropriate course is to continue working with Lyon County and the Nevada Health Authority, complete our due diligence, clarify the regulatory and grant requirements, evaluate how MIH/CP would integrate with our existing 911 system, engage Local 4728, and fully understand the financial exposure if future funding is not available.

The opportunity is significant enough that I believe it deserves serious consideration, but the availability of grant funding alone should not determine whether this is the right operational model for Central Lyon. Our decision should ultimately be based on whether the program improves service to our community, strengthens rather than complicates our existing EMS system, can be implemented in compliance with Nevada and grant requirements, and represents an acceptable long-term commitment for the District.

I will keep the Board informed as this evaluation progresses and will return with a recommendation once these questions have been sufficiently addressed.

ATTACHMENT A

Tim McHargue

From: Taylor Allison <tallison@lyon-county.org>
Sent: Monday, August 31, 2026 1:14 PM
To: sdraper@masonvalleyfire.org; Lacey Parrott; mnightingale@svfpd.org; Brian Bunn-
North Lyon Fire; Tim McHargue; Ryan McIntosh; Robert Stults; Bill Snyder; Joseph
Mendoza, Jr; JT McCoy; Ryan Johnson; Nick Hernandez; Brett Larkin
Cc: Celeste Macfarlane- Lyon Emergency Management; Shayla Holmes
Subject: Lyon County Rural Health Transformation EMS Grant – \$4.29 Million Subaward and Next
Steps
Attachments: FLEX14-BP1-IN226032-Lyon County - Subaward Agreement - TO SIGN.pdf



External (tallison@lyon-county.org)

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Fire District Chiefs,

We are very excited to announce that **Lyon County has received a \$4,289,351 subaward from the Nevada Health Authority FLEX Fund Budget Period 1 for the EMS Project!**

This is a significant investment in Lyon County's EMS system and will provide critical personnel, vehicles, equipment, and resources to strengthen EMS capabilities across the County.

Grant Award: \$4,289,351

Project Period: September 17, 2026 – August 30, 2027

Grant-Funded Resources

The grant includes funding for the following resources:

- Six (6) single-role EMT/Paramedic positions (3 Central, 1 Mason, 2 Smith)
- One (1) ambulance for each fire district
- Five (5) Quick Response Vehicles (QRVs) – one for each fire district and one for Lyon County Emergency Management/Human Services. Can either be a utility vehicle or an OHV unit
- Cardiac monitors
- Mechanical chest compression devices
- Medbank system (for Central Lyon and North Lyon)
- Motorized stretcher systems
- Radios and mobile data terminals (MDTs)
- Consumable medical supplies

In addition, the grant will provide a contract to implement ProQA priority dispatch software and to conduct an assessment of CMS billing (managed by Human Services) to maximize billing revenue.

Fire District Subawards

The subaward agreements between Lyon County and each participating fire district will cover **only the single-role EMT/Paramedic personnel and the purchase of one ambulance per district.**

Lyon County will procure the remaining grant-funded equipment and supplies and distribute those resources to the fire districts in accordance with the approved grant award and project requirements.

Next Steps

There are several important steps as we move forward:

- 1. BOCC Approval – September 17, 2026**

The subaward between the Nevada Health Authority and Lyon County will be presented to the Board of County Commissioners for approval at the September 17 meeting. All are welcome to attend. The full subaward that will be considered is attached to this email for your review.

- 2. Pre-Award Monitoring/Onboarding Meetings**

We will be scheduling individual pre-award monitoring and onboarding meetings with each fire district. These meetings will provide an opportunity to review grant requirements, district responsibilities, documentation, procurement, reporting, and implementation expectations.

- 3. Fire District Subaward Agreements – October**

The individual subaward agreements with each fire district will be presented to the Board of County Commissioners for approval in October.

Our team will send a **follow-up email to each district individually** to coordinate the pre-award/onboarding meeting and provide the additional documentation and information needed to begin the process.

This award represents an incredible opportunity to make a meaningful investment in Lyon County's EMS system. We appreciate the partnership and hard work of each of the fire districts throughout the development of this project, and we are excited to move forward together to strengthen EMS response and patient care throughout Lyon County.

Please watch for the follow-up email regarding your district's onboarding meeting.

Thank you,

Taylor

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Taylor N. Allison, MBA
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Government Affairs Director

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