

Telehealth Webinar Transcript

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SHARON: Hi everyone. Welcome to today's webinar providing Early Childhood Intervention Services via Telehealth. I'm Sharon Stone. I'm the Lead Policy Analyst at the ECI State office and I am co-presenting today with Carol Elskes. So you'll be hearing her lovely voice later and she can introduce herself at that time. I want to advise everyone that the webinar today is dated October 17, 2019.

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Some of the information we're presenting may change. So if you're watching this as an archived webinar, be aware that there might have been changes in what we know about providing Telehealth services in ECI. We should have plenty of time at the end of the webinar for questions and answers.

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So, please enter any questions you have into the questions panel on your screen and any questions that we are unable to answer today, we will post in a questions and answers document along with the posted archived webinar.

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So today we're going to be covering several topics. First, just an overview in general about providing ECI services via Telehealth. We'll talk about some things you may want to consider before determining whether your ECI program wants to provide services via Telehealth. We'll talk about requirements,

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what's required by ECI State office and/or by Medicaid for services via Telehealth. And then finally, we have some recommendations, some guidance that aren't requirements but are things that we think are pretty important if you're going to provide Telehealth. And then finally, as I said, we'll have questions and answers.

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So in this section, we're going to look at the overview and that includes some of the rule changes we've made related to Telehealth implementation, and also a little bit about what we know about Medicaid's plans to implement reimbursement for some Telehealth services.

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So as a lot of you probably know, at the end of June, specifically June 30th, 2019, some new rules went into effect and some of the changes were the addition of some rules related to Telehealth. And so those rules include a definition of Telehealth, which I'm just going to read to you. Telehealth is defined as

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healthcare services other than telemedicine medical services delivered by a health professional, licensed, certified, or otherwise, entitled to practice in Texas and acting within the scope of the health professionals license, certification, or entitlement to a patient at a different physical location than the health professional using telecommunications or information technology. One of the reasons that we went

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with this definition... the biggest reason we went with this definition, is it aligns pretty perfectly with Medicaid's definition of Telehealth. I don't think we made any changes to that definition.

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We wanted to make sure ours matched what Medicaid considers Telehealth and during the course of this webinar and in some other resources that you might access you might also hear the terms "telepractice" or "teleintervention" and those terms are synonymous with Telehealth. So we're going to use those interchangeably: telehealth, telepractice, teleintervention. You may also hear in other areas about telemedicine that is services provided by a physician using Telehealth. So we are not talking about "telemedicine." We're talking about Telehealth.

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So in the rule, in addition to the definition of Telehealth, we added some language that allows specifically Telehealth delivery of case management services,

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as well as specifically specialized rehabilitation services provided via Telehealth.

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So those are specifically cited.

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However, 40 TAC 108.104 (B) (3) addresses all ECI services and says that any ECI services could potentially be provided via Telehealth. In all cases, Telehealth services may only be provided with the consent of the parent that's written into rule and each of these rules says that if the parent consents to Telehealth, you still have to provide those recommended services in person. So we will talk a little bit more about consent later when we talk about requirements, but there has to be parental consent to provide those services. And again, I also want you to be aware that just because rule allows just about any service to be provided via Telehealth,

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it doesn't necessarily mean that's going to be in compliance with a provider's Practice Act or that it's going to be reimbursed. This is just something we're allowing in our rule.

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So I want to talk a little bit about Medicaid reimbursement at this time. Medicaid is not paying for ECI services delivered via Telehealth. They have a draft policy which was posted for comment about three weeks ago. I know that many of you commented on that policy Medicaid is currently looking at those comments and determining what they're

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going to do with those. The anticipated effective date for Medicaid reimbursement of Telehealth services is February 1st, 2020. That is what's anticipated. That doesn't mean that's necessarily what's going to happen. There are all kinds of things that could happen to delay that but that's the goal that they are shooting for.

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Not every service will be reimbursed initially. The covered services at rollout include targeted case management, specialized skills training, occupational therapy, and speech therapy. You need to be aware not every CPT code in each of those services is covered. In OT (occupational therapy) and speech, only specific procedure codes will be reimbursed.

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So you'll want to make sure you anybody who's providing Telehealth services is aware of which procedure codes will be reimbursed. All those were all included in the draft policy that was posted.

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At this time, PT (physical therapy) is not going to be reimbursed, PT services via Telehealth, but PT may be added in the future.

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The draft policy was already well on its way to being completed as a draft when the PT Practice Act changed to allow Telehealth, so they did not have a chance to include that in the Medicaid policy. Once the policy is approved and is implemented, the Medicaid Texas Medicaid Provider Procedures Manual will be updated, in the policy will be in there both TMHP and Medicaid MCOs will be required to cover the codes identified in the policy. So you should be able to find all the information you need

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once this is implemented in the Medicaid Provider Procedures Manual. I want to make everyone aware Telehealth does not include texting. Texting is still not an approved reimbursable means of providing any service including targeted case management.

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Some of the things you will probably want to consider for your ECI program when determining whether you want to provide Telehealth are listed right here and we know that a lot of ECI programs are really excited about the possibilities that Telehealth offers. But before jumping in, you're going to want to look at a few things and the first is related to costs. There are definitely some opportunities for cost

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savings via Telehealth, particularly on travel. There's also the potential to deliver more hours of service, just because your staff may not be spending as much time in the car. But there are also some fairly sizable costs that go along with providing Telehealth. There are startup costs and ongoing costs. Startup costs include hardware for both

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staff and families, training time for staff to learn to implement Telehealth successfully and to use all the technology, and there are also probably going to be some ongoing costs, such as security software and data plans. So you'll need to consider or you will probably want to consider those things when you're looking at whether Telehealth is a good fit for your ECI program.

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You'll also need to consider how comfortable both your staff and families are with technology and how easy or difficult it will be for them to learn to use the hardware, software, or apps that may be involved in Telehealth. And then finally, you'll need to look at the quality of the internet coverage in the service areas where you're thinking about providing Telehealth Services. If the service is really spotty,

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as it is in some remote locations, Telehealth services might be impossible without some additional technology and additional costs.

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Finally, we're going to talk about the requirements that HHSC-ECI has for the implementation of Telehealth services. And these, I believe, were added to the FY20 ECI contract.

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So we'll talk about what those requirements are.

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And I mentioned consent earlier.

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Families have to consent in writing before a program can provide Telehealth services. And right now, there is not a state-mandated consent form for Telehealth. Carol will be talking about some resources and some training that we're recommending and in one of those trainings,

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there are some sample forms, including a Consent form. But that's up to each individual program as to what that consent form will look like. What it should include is a statement that if the family declines, the services will be provided in-person and it should also include that the family must be able to withdraw their consent at any time.

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So a family can initially consent to telehealth, but then they can change their mind later and that needs to be included in the consent that the family signs. There are also some other requirements for Telehealth services. Telehealth services must

comply with all Medicaid requirements. And as I said earlier, the Medicaid policy related to ECI Telehealth services is not in effect yet,

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but when it is, the expectation is that all Telehealth services in ECI will comply with all Medicaid requirements, which again will be added to the Texas Medicaid Provider Procedures Manual. Additionally, any provider who is delivering services via Telehealth needs to make sure they're complying with all the requirements in their provider Practice Act

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that are related to Telehealth services. And then finally, we just wanted to make sure it's made clear that any of the requirements in 40 TAC Chapter 108 that ECI rules any requirements related to service delivery and documentation also apply to Telehealth services.

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Your services will also need to comply with both HIPAA and FERPA requirements. I'm sorry, let me read those out. The Health Insurance Portability and Accountability Act (HIPAA), the Family Educational Rights and Privacy Act (FERPA) have requirements about confidentiality and security, and so whatever technology an ECI program, users will need to meet those requirements. There are some commonly used telecommunication services like Skype and FaceTime that do not meet those requirements.

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So if you were planning on using something like Skype or FaceTime, that will not work to meet HIPAA and FERPA and there are other familiar programs or software apps such as Zoom that could potentially meet those requirements, but you might need to purchase additional security applications. If you're using something like Zoom, this is something that every ECI program will need to research before implementing Telehealth to determine what might be the best software or applications that will provide the right level of security for your program and your families.

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You're going to need to educate families about how to ensure that the service delivery sessions are secure and confidential. So, for example, letting families know that the services need to be provided in their home or a secure location. They can't take their laptop to the McDonald's Playplace and have a secure

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HIPAA and FERPA-compliant Telehealth session. So families will also need to be educated about this and some of you may already be at an agency where there are programs at your agency that are using Telehealth Services already and particularly

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if you're an agency that provides Behavioral Health Services, and if you're at one of those agencies, it's very likely that the research has already been done about what are the best technology to use. And so you may be able to build off what's already happening at your agency.

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So those are all the requirements we have related to Telehealth. I'm going to turn it over to Carol Elskes to talk about our recommendations.

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CAROL: Good afternoon, everyone. My name is Carol Elskes and I am a Quality Assurance Therapist Consultant here at the ECI office. Because we know telepractice can be quite different from traditional in-person service delivery, we at the state office want to offer some recommendations for providing Telehealth services. To be clear, nothing in this section is required by rule or law. These are just some ways to support successful and smooth

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implementation of Telehealth and ensure quality service delivery. We're going to provide recommendations for choosing children and families who will benefit. Choosing staff to provide Telehealth services training for staff initial evaluation, and evaluating family satisfaction and child progress. Now, let's get into a little bit of detail.

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When looking at which families and children your program wants to serve via Telehealth, remember it's not the right fit for everyone. A good place to start is with the IFSP. If a child's goals involve increasing range of motion, improving swallowing, or similar goals that would require close observation or lots of demonstration by the therapist, Telehealth may not be the right fit initially.

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On the other hand, goals that involve strategies a therapist can talk a parent through or demonstrate using a doll or props might be an opportunity to use Telehealth services. Some examples of goals, like these, might include having a trial transition from lying on the floor and to sitting using both hands to manipulate objects or expanding from one-word to two-words phrases.

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You need to talk with the family about what they're comfortable with. Can they watch what a therapist is doing and comfortably do it at home, or would they prefer a therapist guiding the activity in person?

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There are some cases in which Telehealth seems to be an obvious choice. Some examples include a family who lives in a remote area far from the provider and traveling to the home puts a strain on the provider's resources.

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A child who might be medically fragile for whom visitors pose a health risk, or possibly a neighborhood that might be dangerous to travel to due to hazardous road conditions.

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But less obvious factors need to be considered as well. Does the family have a well-lit quiet area for sessions with the provider? What are the family supports if there are other children in the home? Is there a friend or family member that can watch them during the session or possibly even help integrate them into the session? Is the family familiar and comfortable with the technology that they'll have to use during the session? Do they have a strong Internet connection?

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Or are there resources available to help strengthen that connection?

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Completion of the family technology checklist for teletherapy may be beneficial to determine if the family has the capability for Telehealth services. You can find a sample of this type of form in the resources provided at the end of this webinar.

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And remember, there should always be opportunities for both Telehealth and in-person services for each family and all providers. This helps with rapport and reassures families that progress is occurring and concerns are not being missed.

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So think about your program staff for a moment. Who on your team is a great coach who allows caregivers to implement strategies while providing good feedback? Since there aren't going to be opportunities to provide hands-on support until in a Telehealth session, strong coaching ability is critical.

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Staff must be able to clearly describe activities and provide adequate verbal instruction. Telehealth providers also need to be comfortable with technology and have enough knowledge to troubleshoot basic problems that might arise during the session.

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Finally, staff who provide Telehealth need to be flexible.

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Adjusting strategies that might not work for the child or caregiver requires flexibility in any session, but it can be even more challenging when the provider isn't in the room with the parent.

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Telehealth providers need to be articulate and quick thinking enough to adjust their explanations and teaching style when a parent has difficulty understanding how to practice a strategy. Remember, Telehealth isn't for every provider. We strongly recommend that you don't expect all providers to implement telepractice.

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Okay, before delivering a Telehealth service, we strongly recommend that staff who are interested in providing these Services receive training specifically about telepractice. There are a variety of free Telehealth trainings available.

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The Telehealth workgroup here at the state office viewed online trainings provided through the National Center for Hearing Assessment and Management or N-CHAM at Utah State University and through Early Intervention Colorado.

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The interim trainings include excellent modules for providers, families, and administrators and include links for helpful checklists and other documents to use and implement Telehealth services.

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The Colorado training includes multiple modules on best practices for providing services via Telehealth and includes many video examples of various aspects of a Telehealth session, while the N-CHAM trainings are easily accessible. You will have to contact Early Intervention Colorado through their website for permission to access those trainings.

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After the providers are trained, they might also benefit from practicing Telehealth delivery with their peers before providing those services to the families. This gives an opportunity to get comfortable with the apps or software, practice describing strategies, and determine what office set up works best for them.

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We also strongly recommend that all initial discipline specific evaluations be completed in person.

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It may be difficult to identify all the strengths, needs, and concerns without interacting directly with the child. Completing the assessment in person also allows the provider to start building a relationship, learn more about the family, and see the kind of space, toys, and other materials the family has to work with. Being in the same space with a family, especially in their home, provides a lot of information and the things you notice can inform services moving forward.

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Even if the evaluator cannot be there in person, having another provider such as the service coordinator or maybe another provider the family is familiar with already sitting there with the family during the evaluation can put the family at ease. Other ECI professionals can also help identify strengths or concerns the family may not be aware of.

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Ideally, all families receiving teleintervention will also receive some services in person. We recommend that each Telehealth provider periodically provide an in-

person visit. This can help strengthen the relationship with the family and it also helps ensure providers are accurately noting areas in which the child is making progress and those in which new concerns may be emerging.

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In order to make sure Telehealth services are working for the child and family, we recommend you evaluate family satisfaction at least every six months. For families receiving Telehealth services, a periodic review or annual IFSP might be a good time to do this.

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The survey can include questions like, how satisfied are you with the services you and your child receive? Are you able to implement the activities the provider shows you? Are you able to communicate comfortably with your provider? And, do you believe your child is making progress?

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If possible, compare satisfaction of families receiving Telehealth with those receiving in-person services.

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In addition to evaluating family satisfaction with Telehealth services, it's also a good idea to look at the impact of Telehealth on the child's progress. Are children making the amount of progress team members anticipated? You can use a tool to measure progress on a more regular basis than the annual evaluation or providers can use their clinical impressions to gauge progress.

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If possible, compare progress with similar children receiving in-person services. You can also compare entry and annual Global Child Outcome ratings for children receiving Telehealth and in-person services to see if there's any differences there.

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We have a slide for links we're trying to get to.

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Okay, we will provide that to you, but we do have two links to the N-CHAM trainings and the Colorado trainings and they're excellent. And we also embedded in those are going to be resources that will include sample forms and additional resources that you might want to consider using with your program.

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Remember, these are forms that you can adapt and use and make unique for your program or you can them as is. So now we're going to open

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it up for some questions and I'm going to give it back to Sharon.

SHARON: So far it looks like we only have one question which is, what changes are you expecting as mentioned early in the call and we're not necessarily expecting any changes. What I was referring to are things like the date in which Medicaid is going to implement Telehealth reimbursement.

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The projected date but that could always change. Also, the Medicaid policy could potentially be changed from what from the draft that was posted. So I just wanted people to be aware there but there's nothing specific that we're expecting to change. Okay, the next question, is there any possibility of nutrition or family counseling services

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being provided via Telehealth? You can provide those Services via Telehealth and comply with ECI rule, but that doesn't mean that they will be reimbursed by Medicaid or any other payor and as far as the possibility of Medicaid someday allowing nutrition or family counseling services being provided,

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in ECI via Telehealth, we really don't have any knowledge of that at this time, but that's certainly something we can ask the folks at Medicaid. The next question. I think is a really excellent question that I anticipated, will reimbursement rates for TCM be the same for Telehealth as versus phone? We don't have a firm answer on this from Medicaid.

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So I'm not really sure if it's going to be billed or be reimbursed at the phone TCM rate, the face-to-face TCM rate, or some other specific Telehealth rate. So, the answer to that right now is, we don't know. I haven't heard or seen any discussion of rates at this time.

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Okay, another question about reimbursement that was just answered. Somebody asks, we're currently using Skype for Business, soon-to-be Microsoft Teams for our

Behavioral Health Telehealth services. So that's a comment somebody sent and I'm not familiar with Skype for Business

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so I don't know if that is HIPAA or FERPA compliant, but that's certainly something that programs can include in their research when they're looking at options for Telehealth technology.

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Somebody asked what does the reimbursement rate look like for private insurers? We haven't heard anything about that. I don't know if anybody else here has heard about whether private insurance is going to reimburse these services via Telehealth.

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I am not sure, but I do think that that that is a good possibility. I don't know at what rate, but I know there are providers out there providing Telehealth services and getting reimbursed. So hopefully that will be the case. Then the next question is, please restate the Telehealth options for PT services. PT did allow through their

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Practice Act on that that they can now provide Telehealth services, but it was too late to add to our Medicaid policy, but that doesn't keep you from providing those services.

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It just won't be reimbursed through Medicaid at this point. Hopefully that will be added soon, but that that is not going to happen initially.

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Okay, the I think those are all the questions we've received. We'll hold on for just another minute or less to see if...oh, here's another question. Will we need to document Telehealth on the grid or the grid/services page? Yes, right now we're looking at making those changes

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to the services page of the IFSP to make sure that Telehealth can be documented. There are also changes planned for T-KIDS to be able to enter into T-KIDS which services are provided by Telehealth. But at this time those changes have not been made yet.

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But yes, we are going to ask that Telehealth services as soon as the services page is ready for that change. We will ask that you document Telehealth services on the IFSP services page.

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Okay, I don't see any more questions.

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So I think we'll go ahead and close it. If you do have any questions, you can send them to me, Sharon Stone, or Carol Elskes. Here is our contact information. So any questions that might come up after this webinar, go ahead and send them to either or both of us and we'll get you an answer as soon as we can.

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And if there are no further questions, I guess that's it. Thank you all very much.