MEDICAID & STATE TELEHEALTH POLICY: The Webinar Series

SCHOOL-BASED TELEHEALTH
JUNE 3, 2022

CENTER FOR CONNECTED HEALTH POLICY (CCHP) is a non-profit, non-partisan organization that seeks to advance state and national telehealth policy to promote improvements in health systems and greater health equity.
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• Closed captioning is available.
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ABOUT CCHP

- Established in 2009 as a program under the Public Health Institute
- Became federally designated national telehealth policy resource center in 2012 through a grant from HRSA
- Work with a variety of funders and partners on the state and federal levels
- Administrator National Consortium of Telehealth Resource Centers
- Convener for California Telehealth Policy Coalition
NATIONAL CONSORTIUM OF TRCS

TelehealthResourceCenter.org

2 National Resource Centers

12 Regional Resource Centers

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Telehealth & Medicaid: A Policy Webinar Series

- June 10, 2022: Licensure
- June 17, 2022: Private Payer Laws
- June 24, 2022: Substance Use Disorders

Image source: American Psychological Association

This webinar series was made possible by grant number GA5RH37470 from the Office for the Advancement of Telehealth, Health Resources and Services Administration, U.S. Department of Health & Human Services.
Today’s Webinar

Christie Guinn, NAME Governmental Affairs Committee Chair, Deputy Bureau Chief, Exempt Services & Program Bureau, Medical Assistant Division
New Mexico Human Services Department

Nichole Small, MBA, Section Chief, Policy Management & Development &
Meredith Schram, Health Systems Administrator
Ohio Department of Medicaid

Andrea Shore, MPH, Chief Program Office
School-Based Health Alliance

Melanie Wilde-Lane, Executive Director
Connecticut Association of School-Based Health Centers
Telehealth & School-Based Programs

Christie Guinn
NAME Governmental Affairs Committee Chair
Deputy Bureau Chief, Exempt Services & Program Bureau
Medical Assistance Division, NM Human Services Department
National Alliance for Medicaid In Education

- Established in 2003
- Created in response to a need for a national forum to address the complexities and challenges of Medicaid reimbursement programs in school settings
- Draws on the expertise of highly informed and specialized sources from around the country at federal, state and local levels, as well as the private sector
- Is a clearinghouse for information. Helps members choose the best directions in difficult-to-navigate waters by providing networking opportunities and information
Mission
Champion collaboration, integrity, and growth for school-based Medicaid.

Vision
We envision the day when public policy promotes student health and wellness as essential to learning.
Who are Members NAME?

Professionals working at a federal, state, local or regional level who are:
- Program developers and administrators
- Policymakers
- Policy implementers
- Educators
- Clinicians or health care providers working in school settings

In 2021 there are:
- Over 300 Members
- Over 2000 friends of NAME

Members are from:
- State Medicaid Agencies
- State Education Agencies
- Local Education Agencies
- Professional Organizations
- Billing/Consulting Companies
NAME’s Strategic Partners:

- AASA, The School Superintendents Association
- Council of Administrators of Special Education, Inc
  - CASE sponsored our virtual webinar series in Spring 2021
- Healthy Schools Campaign
  - HSC sponsored our virtual webinar series in Fall 2020
- National Association of Medicaid Directors
- National Association of State Directors of Special Education
- School Based Health Alliance
In December of 2014, the Centers for Medicare & Medicaid Services (CMS) issued a letter to state Medicaid directors announcing a policy shift that allowed states more flexibility in their school-based Medicaid programs: Schools could seek reimbursement for all covered services provided to all children enrolled in Medicaid, regardless of whether the services are provided at no cost to other students.

This became known as the “free care policy reversal” — a misnomer of sorts, as the decision didn’t interfere with healthcare provided for free. Rather, the original policy had prohibited Medicaid reimbursement for school health services if the same services were provided free of charge to the general student population unless the services were specifically included in a student’s Individual Education Plan (IEP) or Individualized Family Service Plan (IFSP).
Current Status of Expansion

- As of May 2022, 17 states* have successfully expanded their school-based Medicaid programs, most through a state plan amendment, with more states working to do so. The School Medicaid Programs Map* shows where each state is in the process.

- Increasingly, states and school districts see expanding school-based Medicaid programs as an opportunity to bring in additional resources to expand access to health services for vulnerable students. And, as school districts consider how to meet increased demand for mental health services in schools, policymakers are considering every available option to build capacity at the state and local levels.

* Links courtesy of Healthy Students, Promising Futures Learning Collaborative
School-Based Telehealth Services Pre-COVID

- Telehealth was not consistently used for both IEP and non-IEP services
  - Unreliable broadband infrastructure and lack of equipment
- States did not have approved Medicaid plans that included billing for services provided via telehealth
  - Schools not listed as an approved originating site
  - Asynchronous (store and forward) services are not billable
States sought emergency approvals to allow billing of services provided via telehealth
  • Provided guidance to schools and providers on how to bill for services
  • States must evaluate which emergency measures will become permanent post-COVID

Utilization of COVID Relief funds to enhance broadband access and provide telehealth equipment

Focus on ensuring IEP services were provided regardless of the schools’ ability to bill Medicaid

Difficulties in obtaining IDEA-required parental consent during periods of remote learning
Ongoing Work With Federal Partners

- Conversations with US DOE, OSEP and OSERS to discuss Parental Consent Requirements on 34 CFR 154
- Conversations with CMS on providing updated guidance for schools, including Free Care Services
- Federal and state policymakers must ensure that schools continue to have the support, guidance, and resources needed to deliver services through telehealth and that pandemic-era policies to support telehealth are extended and maintained
School-based Medicaid programs are administered in a variety of ways across the country.

Coordination & collaboration between the State Medicaid and State Education agencies is critical to the success of school-based Medicaid programs.

- Inter-agency agreements for IEP-related services are required by 34 CFR 300.142.
- Agreements can include language for non-IEP services and inter-agency collaboration to support schools.
How to Join

- Membership dues are $50.00/calendar year
  - Visit NAME website > Join NAME
    http://www.medicaidforeducation.org/join-name
  OR

- Attend NAME’s Annual Conference
  - Conference registration fee includes membership dues for the remainder of the calendar year of the Conference AND the next calendar year.
20th Annual NAME Conference

Baltimore, Maryland
October 24-27, 2022

https://www.medicaidforeducation.org/events
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Cell: (505) 490-1169
Questions
Ohio Medicaid Telehealth Policy in Schools

Nichole Small and Meredith Schram
Ohio Department of Medicaid
Policy Management and Development

June 3, 2022
MEDICAID SCHOOL PROGRAM

- Restricted to children with an IEP.
- More limited – i.e. PT/OT/SLP, Audiology, BH, Nursing etc.
- Specific MSP provider type 28.
- Only services identified on an IEP can be provided.
- School district pays state share. Medicaid submits for Federal Medical Assistance Percentages (FMAP).
- ODM works closely with ODE to implement MSP program.

VIRTUAL SCHOOL-BASED HEALTH

- Available to all students, not just those with an IEP.
- Less restricted (OAC 5160-1-18).
- Any eligible telehealth provider – i.e. professional medical groups, outpatient clinics, FQHCs/RHCs.
- Any medically necessary service can be provided.
- Claims submitted like typical visit. Medicaid pays state share AND submits to CMS for FMAP.
- ODM works with ODE as needed.
Ohio Medicaid School Program Overview
Ohio Medicaid School Program (MSP)

- Established as a way for Local Education Agencies (LEAs) to receive federal matching funds for Medicaid reimbursable services provided by qualified medical practitioners to eligible students

- Services must be medically necessary and provided by eligible practitioners with a Medicaid agreement, practicing within their usual clinical scope of practice (OAC 5160-35-01)

- Individualized Education Program (IEP) vs. Non-IEP Services

- MSP Provider Type 28

- MSP program year is July 1st through June 30th
MSP Providers

**Providers**

One of the following:
- School districts as defined in ORC 3311.01 and 3311.05
- State School for the Deaf (ORC 3325.011)
- State School for the Blind (ORC 3325.02)
- A Community School (ORC 3314)

**Provider Agreement**

Eligible providers will obtain and maintain a valid Medicaid provider agreement in accordance with OAC 5160-1-17.2.

**Employ or Contract with Providers**

One of the following:
- OT/PT/SLP (ORC 4755, 4753)
- Audiologist (ORC 4753)
- Licensed Clinical Counselor (ORC 4757)
- Licensed Psychologist (ORC 4732)
- LISW (ORC 4757)
- Licensed RN (ORC 4723)

**Background Checks**

All practitioners with access to in-person or virtual contact with students have to undergo and successfully complete a criminal background check (ORC 5164.34).

**Claim Submission**

Medically necessary services should be provided in accordance with OAC 5160-35-05 and OAC 5160-35-06 and claims should be submitted in accordance with OAC 5160-35-04.

**Cost Report and Cost Reconciliation**

MSP providers must comply with cost reporting and cost reconciliation procedures as listed in OAC 5160-35-02.
Provider Enrollment
Eligible providers must enroll as MSP providers as defined in OAC 5160-35-02.

Random Moment Time Study
Providers are required to participate in RMTs to document efforts (OAC 5160-35-02 (F)(1)).

Deliver Services
Providers may deliver allowable services included in each student’s IEP to both Medicaid and non-Medicaid eligible students.

Cost Report
Providers prepare MSP cost reports and Agreed Upon Procedure Engagement of the cost report.

Reconciliation
Once AUPE and all other adjustments are complete, the reconciliation process begins.
MSP Reimbursable Activities Overview

DIRECT SERVICES

(OAC 5160-35-04)
Including: PT/OT/SLP, Audiology, Nursing, and Mental Health services.

ADMINISTRATIVE ACTIVITIES

Including: Medicaid Outreach, Determining Medicaid Eligibility, Provider Relations, Program Planning and Development, Interagency Coordination, etc.

TARGETED CASE MANAGEMENT

Including: Assessment, Care Planning, Referral and Linkage, Monitoring and Follow-up, etc.

TRANSPORTATION SERVICES

(5160-35-05)
**Only reimbursable for a student on the day they receive an eligible, reimbursable service.

A full list of covered services may be found here.
Telehealth Overview
Vision & Goals for Telehealth

A regulatory framework that expands **clinically appropriate** telehealth services while maintaining the **fiscal sustainability** and **integrity** of Ohio’s Medicaid program.

**GOALS**

1. Maintain quality of care
2. Enhanced access for patients
3. Improved health outcomes
4. Flexibility for providers and patients
Patients can access telehealth in most places
  • Home, school, temporary housing, etc.

Wide array of eligible services and practitioner types

Communication can be synchronous or asynchronous
  • Real-time interaction with audio/video
  • Telephone or audio only
  • Remote patient monitoring
  • Secure patient portal communication

Telehealth services are paid at the same rate as if provided in-person

Providers rendering services to an individual for more than 12 consecutive months must conduct at least one in-person annual visit or refer the individual to a practitioner

Any procedure codes on the MSP fee schedule also on the telehealth fee schedule may be provided via telehealth

Both MSP and School-based, non-MSP providers follow our Chapter 1 rule

Ohio Administrative Code Rule 5160-1-18 (effective 11/15/2020)
## Telehealth Eligible Provider Types

<table>
<thead>
<tr>
<th>PROVIDER TYPE</th>
<th>PRIOR TO COVID-19</th>
<th>ADDED IN RESPONSE TO COVID-19</th>
<th>TO CONTINUE POST-PHE*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician</td>
<td>X</td>
<td></td>
<td>X</td>
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<tr>
<td>Physician Assistant</td>
<td>X</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Podiatrist</td>
<td>X</td>
<td></td>
<td>X</td>
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<tr>
<td>Psychiatrist/Psychologist</td>
<td>X</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td><strong>APRN (Clinical Nurse Specialists, Certified Nurse Midwife, Certified Nurse Practitioner)</strong></td>
<td>X</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Licensed Independent Behavioral Health Practitioners (Social Worker, Chemical Dependency Counselor, Marriage and Family Therapist, Clinical Counselor)</td>
<td>X</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Ophthalmologist/Optometrist</td>
<td></td>
<td>X</td>
<td>X</td>
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<tr>
<td>Audiologist/Audiology Aide</td>
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<td></td>
<td>X</td>
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<tr>
<td>Occupational Therapist/OT Aide</td>
<td></td>
<td>X</td>
<td>X</td>
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<tr>
<td>Physical Therapist/PT Aide</td>
<td></td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Speech-Language Pathologist/ SLP Aide/Conditional Licensee</td>
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<td></td>
<td>X</td>
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<tr>
<td>Medicaid School Program practitioner</td>
<td></td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Dietician</td>
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<td>X</td>
<td>X</td>
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<tr>
<td>Dentist</td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Private Duty Nurse</td>
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<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Home Health and Hospice Agencies</td>
<td></td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Pharmacist</td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Resident and Intern as defined in <strong>OAC 5160-4</strong></td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Supervised or dependently licensed behavioral health practitioners and trainees defined in <strong>OAC 5160-8-05</strong></td>
<td></td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

*ONGOING CONSIDERATION*
## Telehealth Eligible Services

<table>
<thead>
<tr>
<th>SERVICE</th>
<th>PRIOR TO COVID-19</th>
<th>ADDED IN RESPONSE TO COVID-19</th>
<th>TO CONTINUE POST-PHE*</th>
</tr>
</thead>
<tbody>
<tr>
<td>E&amp;M of new patients when provided by a CPC provider or BH agency</td>
<td>X</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>E&amp;M of established patients</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Inpatient or office consultation for new or established patients</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Psychiatric diagnostic evaluations and psychotherapy</td>
<td>X</td>
<td>X</td>
<td></td>
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<tr>
<td>Remote evaluation of recorded video or images</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Virtual check-ins</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Online digital E&amp;M services</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Remote Patient Monitoring</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Therapies (OT/PT/SLP/Audiology)</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Medical nutrition services</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Lactation counseling</td>
<td>X</td>
<td>X</td>
<td></td>
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<tr>
<td>Testing (psychological, neuropsychological, developmental)</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Smoking and tobacco use cessation counseling</td>
<td>X</td>
<td>X</td>
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<tr>
<td>Limited oral evaluation</td>
<td>X</td>
<td>X</td>
<td></td>
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<tr>
<td>Hospice services</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Private duty nursing services</td>
<td>X</td>
<td>X</td>
<td></td>
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<tr>
<td>State plan home health services</td>
<td>X</td>
<td>X</td>
<td></td>
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<tr>
<td>Eye exam, orthoptic/Pleoptic training</td>
<td>X</td>
<td>X</td>
<td></td>
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<tr>
<td>Dialysis related services</td>
<td>X</td>
<td>X</td>
<td></td>
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<tr>
<td>Specialized recovery services (SRS)</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Pregnancy education**</td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Diabetes management**</td>
<td></td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>
School Health Data

Most Common Health Conditions of Ohio Students Enrolled in Medicaid 2020/2021

- Behavioral Health Condition: 32.8%
- ADD/ADHD: 14.5%
- Serious Emotional Disturbance: 12.9%
- Anxiety: 10.4%
- Depression: 7.0%
- Major Depression: 3.7%
- Asthma: 3.3%
- Autism: 1.8%
- Substance Use Disorder: 1.0%
- Diabetes: 0.6%
- Eating Disorder: 0.3%

Source: Ohio Healthy Students Profiles
Telehealth in Schools Data

*Medicaid School Provider claims skyrocketed during the PHE, spiking at nearly 40,000 claims in January 2021.

*Nearly 10,000 students have received telehealth services from their schools from January 2020 through February 2022.

*Billing requirements such as modifiers were not initially required during the PHE to ensure providers could successfully submit claims for payment resulting in a potential undercounting of telehealth claims before 11/15/2020.

Source: Internal ODM Telehealth Dashboards

Source: Internal ODM Telehealth Dashboards
Switzerland of Ohio Schools Pilot Project
Telehealth Pilot Program
Switzerland of Ohio School District
Monroe, Belmont and Noble Counties

ODM proposed a $15M investment in telehealth services to facilitate BH services in schools in 2020 over the biennium. ODM contributed $1M of this investment to the SOH pilot program.

- Launched pilot program in March 2020

- Connecting students to behavioral health providers
  - 2,000 students in 8 buildings across 536 square miles

- Providing high speed internet connection to Ohioans left behind
Telehealth Pilot Program
Switzerland of Ohio School District
Monroe, Belmont and Noble Counties

Program Goals:
• Extend access and increase continuity of care
• Reduce patient and provider burden of traveling
• Overcome physician shortages
• Focus on chronic disease mgmt. and improve wellness
• Increase patient satisfaction
• Prevent infectious disease spread
### Telehealth Pilot Program

**Switzerland of Ohio School District**  
Monroe, Belmont and Noble Counties

- **Phase 1 operational in February 2021**
  - Partnered with the Ohio State University Wexner Medical Center to connect each of the 8 buildings through their existing OARnet (Ohio’s Academic Resource Network) infrastructure
  - 103 telehealth appointments completed between 8/2020-5/2021 (90% of scheduled appointments were completed)
  - Crisis intervention via telehealth was successful
  - Depression and anxiety were the most common dx. among students seen for a BH appointment

- **Phase 2 on-going**
  - Connecting the school’s existing fiberoptic network directly to remote offices of behavioral health professionals so students can access additional resources

- [Telehealth in Schools Blueprint | InnovateOhio](#)
Checklist for Starting a Telehealth Program

- District Needs Assessment
- Identify Partners
- Understand Capacity
- Gauge School Readiness for Change
- Assess Access to High-Speed Internet
- Evaluate Space Needs
- Identify Qualified IT Support
- Design an Operational Workflow
Claims and Example
Telehealth Claims

- **“GT” modifier** must be reported with the procedure code on claims to indicate that a service was provided via telehealth
- **Place of service code** should reflect the physical location of the practitioner
  - POS 02 code not used when Medicaid is the primary payer
- **Modifiers used to identify patient location:**

<table>
<thead>
<tr>
<th>Modifier</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>U1</td>
<td>Patient home or place of residence at the time of service (includes homeless shelter, residential facility other than a nursing facility, temporary housing, etc)</td>
</tr>
<tr>
<td>U2</td>
<td>School</td>
</tr>
<tr>
<td>U3</td>
<td>Inpatient Hospital</td>
</tr>
<tr>
<td>U4</td>
<td>Outpatient hospital</td>
</tr>
<tr>
<td>U5</td>
<td>Nursing facility</td>
</tr>
<tr>
<td>U6</td>
<td>ICF/IID</td>
</tr>
</tbody>
</table>

*If the patient site is not one of these locations, a modifier identifying patient location is not required.*
Telehealth in Practice

• A 60-minute Psychotherapy service was provided via telehealth by an LISW to a patient experiencing depression. During the session, certain factors increased the complexity of the treatment rendered. The patient is physically located at school and the rendering practitioner is in their own home.
Telehealth in Practice

Patient seeking psychotherapy and complexity of condition increases during visit. Both the patient and practitioner are in their homes.

60 Min of Psychotherapy

Can bill CPT code 90837 with GT modifier AND additional code for increased complexity.

Interactive Complexity

CPT 90785 with GT modifier due to interactive complexity while providing the service.

Practitioner Location

POS code 12 is reported to identify the practitioner’s physical location.

Patient Location

Modifier U2 is reported with the procedure code to identify patient’s physical location.

Note: Billing scenarios assume Medicaid is the primary payer. If other liable third parties exist primary to Medicaid, follow those conditions of participation and submit claims in manner specified by the payer.
What’s Next For Telehealth in Schools?
Future of Telehealth in Schools

State Plan Updates

Expansion of Switzerland Pilot Project

Broadband Access
Additional Information
Coordination of Benefits

- **OAC rule 5160-1-08** applies –
  - Providers must bill primary insurance unless criteria in paragraph (E)(1)(d) of the rule is met
  - Providers must first follow conditions of participation for other payers who are primary to Medicaid
    - Bill under other payer’s claim requirements first
      - Claim specific requirements may differ
    - If denied, Medicaid may cover if a valid reason for non-payment is returned by the other payer (see paragraph (E)(2) of the rule)
Other Resources

• MSP Fee Schedule: https://portal.ohmits.com/public/Public-Information/Fee-Schedules/Code/MSP/Format/HTML

• Administrative Code Rule 5160-1-18 filings, including appendix with covered procedure codes: http://www.registerofohio.state.oh.us/rules/search/details/314341

• COVID-19 Emergency Telehealth Resources including billing guidelines and webinar slides: https://medicaid.ohio.gov/wps/portal/gov/medicaid/resources-for-providers/covid/odm-emergency-telehealth

• All telehealth billing guidelines (2014-present): https://medicaid.ohio.gov/wps/portal/gov/medicaid/resources-for-providers/billing/billing
Questions?
School-Based Telehealth Programs

June 3, 2022
School-Based Health Alliance
Transforming Health Care for Students

Our Focus
The School-Based Health Alliance Works to Support & Grow SBHCs

Policy
Establishes and advocates for national policy priorities

Standards
Promotes high-quality clinical practices and standards, including for telehealth

Data
Supports data collection and reporting, evaluation, and research

Training
Provides training, technical assistance, and consultation

We support the improvement of students’ health via school-based health care by supporting and creating community and school partnerships www.sbh4all.org

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School-Based Health Services

Types of Services

- School nurses
- School psychologists
- School counselors
- School social workers
- Health educators
- Nutritionists
- School-based health care/ school-based health centers
WHY SCHOOL-BASED HEALTH CARE?
A school-based health center is a shared commitment between a school, community, and health care organizations to support students’ health, well-being, and academic success by providing preventative, early intervention, and treatment services where students are: in school.
# SBHC DELIVERY MODELS

<table>
<thead>
<tr>
<th>Location where a student accesses care</th>
<th>Traditional (87.1%)</th>
<th>School-Linked (3.8%)</th>
<th>Mobile (3.0%)</th>
<th>Telehealth Exclusive (11.5%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>A fixed site on school campus</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A fixed site near school campus</td>
<td></td>
<td></td>
<td>Mobile van parked on or near school campus</td>
<td></td>
</tr>
<tr>
<td>Mobile van parked on or near school campus</td>
<td></td>
<td></td>
<td></td>
<td>A fixed site on school campus</td>
</tr>
<tr>
<td>Physically onsite, and remotely for some services</td>
<td></td>
<td>Physically onsite, and remotely for some services</td>
<td>Physically onsite, and remotely for some services</td>
<td>All primary care delivered remotely and other services may be available onsite or remotely</td>
</tr>
</tbody>
</table>

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Note: From 1998-99 through 2013-14, behavioral health and oral health only programs were included in the overall count of SBHCs. For the 2016-17 Census, we elected to only include SBHCs with primary care and SBHCs that we confirmed are open.
School-Based Telehealth Program Playbook: Start-up and Operations

www.sbh4all.org/sbthplaybook
**Key Terms**

*distant site*: location of the telehealth providers

*originating site* is where the student is during the time of the telehealth visit (school)
School-Based Telehealth (SBTH): Program Models

Comprehensive School-Based Health Center (SBHC) + Telehealth
- Comprehensive SBHC + Hybrid Telehealth
- Comprehensive SBHC + Telehealth Network

Telehealth Network + Rotating Onsite Services

Telehealth Exclusive
Program Models
Comprehensive SBHC + Telehealth

Comprehensive SBHC & Hybrid Telehealth

- Health care organization sponsors SBHC fixed location in a school or on a school campus
- Students access in-person, comprehensive care from physically onsite providers
- Students at SBHC can receive specialty care services via telehealth from a distant site
Program Models
Comprehensive SBHC + Telehealth

Comprehensive SBHC & Telehealth Network

- Healthcare org sponsors SBHC fixed location in a school or on a school campus
- Provider delivers care via telehealth to students at other satellite schools
- SBHC provider rotates through the satellite schools at regular intervals, delivering in-person preventive care
Program Models
Comprehensive SBHC + Telehealth

Telehealth Network & Rotating Onsite Services

• Healthcare org does not sponsor traditional, onsite SBHC
• Provides telehealth care to one or more schools, with the healthcare org
• SBTH visits are assigned in provider(s)' healthcare org schedule(s)
• Provider(s) regularly rotate through the school(s), delivering in-person preventive care
• When provider onsite at a school, may deliver care via telehealth to other participating school(s)
Program Model: **Telehealth Exclusive**

Students access care at a fixed location on a school campus

Providers are available remotely for all services
Business Model

Reimbursement:
- Medicaid
- Private payers
- Self-pay

Value based payment models

Grants and giving

Managed care

Fee for service

Sources of Revenue
Medicaid Considerations for School-Based Health Centers

- Where Medicaid allows reimbursement for professional fee, provider located at distant site, delivering telehealth to a student at a school, would bill the professional fee
- Where Medicaid allows reimbursement for originating site fees, the SBHC can bill the originating site fee
- For programs that provide originating site/facility fee reimbursement, SBHCs may or may not be
- May need to establish the school site as a satellite clinic site to bill originating site/facility fee
- Some states established state pool of funds to pay for services for youth and their families
- State funds may be combined with community funds and managed by local interagency teams.
CONNECTICUT ASSOCIATION OF SCHOOL BASED HEALTH CENTERS

“HEALTHY KIDS MAKE BETTER LEARNERS”

Melanie Wilde-Lane
Executive Director, Connecticut Association of School Based Health Centers (CASBHC)
SCHOOL-BASED HEALTH CENTERS IN CT

- School based-health centers now provide services in 29 communities
  - 25 Communities have DPH funding
QUICK FACTS: 
BASED HEALTH CENTERS IN CT

• Connecticut’s school-based health centers have been delivering comprehensive health care to students in schools for 38 years.

• School-based health centers provide services annually to over 44,000 students.

• SBHC’s are fully-licensed primary care facilities.

• SBHC’s bill both HUSKY and commercial insurance for all eligible services.
COVID EFFECTS OF CLOSING OF SCHOOLS

- Increase in mental health needs of children and adolescents
- Response
  - Telehealth Services
TELEHEALTH AND MENTAL HEALTH

Source: DPH SBHC 2019-2020 3rd Period Reports through 2020-2021 2nd Period Reports.
CHALLENGES TO TELEHEALTH

• Contact information not accurate
  • Telephones out of service
  • Guardians not answering
  • Blocked numbers

• Connecting took time

• Students and guardians overwhelmed

• Lack of schedules kept by students
  • High no show rate

• Decrease in referrals from schools

• Students expressing a privacy concern
SBHC SUCCESS

- After initial telehealth set up: no breaks in coverage
- Guardian contact better and participation in treatment planning increased
- More frequent guardian engagement with provider
Discover the power of custom layouts

HOUSE BILL 5450
SENATE BILL 375
SENATE BILL 1
SENATE BILL 2

TELEHEALTH ADVOCACY
HOUSE BILL 5450

AN ACT CONCERNING TELEHEALTH.

To (1) add dental hygienists to the list of telehealth providers, (2) require insurance coverage for telehealth services provided to residents who are temporarily outside of the state, (3) join the Psychology Interjurisdictional Compact, and (4) amend the telehealth statutes concerning mental health care providers.

Introduced by:
Insurance and Real Estate Committee

Raised and Died in Committee (language included in SB2)
SENATE BILL 375

AN ACT CONCERNING TELEHEALTH.
To extend the expansion of telehealth provisions in the state to June 30, 2024.

Introduced by:
Public Health Committee
Raised and Died in Committee (language included in SB2)
SENATE BILL 1

AN ACT CONCERNING CHILDHOOD MENTAL AND PHYSICAL HEALTH SERVICES IN SCHOOLS.
To expand health services in schools.

Introduced by: Education Committee
Raised, Passed both Houses
Transferred to the Governor (did not include any Telehealth language)
AN ACT EXPANDING PRESCHOOL AND MENTAL AND BEHAVIORAL SERVICES FOR CHILDREN.

TO ADDRESS PANDEMIC IMPACT ON CHILDHOOD DEPRESSION, ANXIETY AND DEVELOPMENTAL DELAYS THROUGH THE EXPANSION OF SUPPORT SERVICES.

INTRODUCED BY:
COMMITTEE ON CHILDREN
COVERS OUT OF STATE TELEHEALTH PROVIDERS

EXTENDS TELEHEALTH SERVICES AND REIMBURSEMENT UNTIL 2024

INCLUDES A STUDY ON TELEHEALTH

ADDS A DENTAL PROVIDER TO TELEHEALTH COVERAGE

INCLUDES LANGUAGE OF SENATE BILL 375 AND THE HOUSE BILL 5450

SENATE BILL 2
OUT OF STATE TELEHEALTH PROVIDERS

Senate Bill 2 extends provisions allowing certain out-of-state telehealth providers to provide telehealth services in Connecticut to June 30, 2024; starting July 1, 2023, permanently authorizes certain out-of-state mental and behavioral health service providers to practice telehealth in Connecticut under certain conditions.
TEMPORARY EXTENSION

Extends temporary expanded telehealth requirements for the delivery of telehealth services by one year to June 30, 2024, and makes minor changes.
TEMPORARY INSURANCE COVERAGE

Extends temporarily expanded insurance coverage requirements and prohibitions for telehealth services by one year to June 30, 2024; clarifies that telehealth excludes audio-only telephone for policies that use a provider network, and the telehealth provider is out-of-network; and applies the coverage requirements to high deductible health plans to the extent permitted by federal law.
PERMANENT INSURANCE COVERAGE

Beginning July 1, 2023, permanently requires insurance policies to cover services provided through telehealth to the same extent that they cover them when provided in person by a Connecticut-licensed provider, rather than by any provider.
TELEHEALTH STUDY

Requires Office of Health Strategies to study telehealth services in the state
FOR MORE INFORMATION:

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Panel Q&A

Please submit questions using the Q&A function.
Thank You!

Christie Guinn, NAME Governmental Affairs Committee Chair, Deputy Bureau Chief, Exempt Services & Program Bureau, Medical Assistant Division
New Mexico Human Services Department

Nichole Small, MBA, Section Chief, Policy Management & Development & Meredith Schram, Health Systems Administrator
Ohio Department of Medicaid

Andrea Shore, MPH, Chief Program Office
School-Based Health Alliance

Melanie Wilde-Lane, Executive Director
Connecticut Association of School-Based Health Centers
Webinar Recordings and Resources

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Remember to fill out the evaluation form!
Next Webinar: June 10 - Licensure

Brian Hasselfeld, MD
Medical Director, Digital Health and Telemedicine, Office of Johns Hopkins Physicians Primary Care Physician, Internal Medicine and Pediatrics
Johns Hopkins Community Physicians

Janet P. Orwig, MBA, CAE
Executive Director
PSYPACT

Lisa A. Robin
Chief Advocacy Officer
Federation of State Medical Boards

Heidi Ross
Vice President, Policy and Regulatory Affairs
National Organization for Rare Disorders
EVALUATION FORM

Please don’t forget to fill out your evaluation form!

Thank you and have a great day!