

MEDICAID & STATE TELEHEALTH POLICY:
The Webinar Series

SCHOOL-BASED TELEHEALTH

JUNE 3, 2022



**Center for Connected
Health Policy**

THE NATIONAL
TELEHEALTH POLICY
RESOURCE CENTER

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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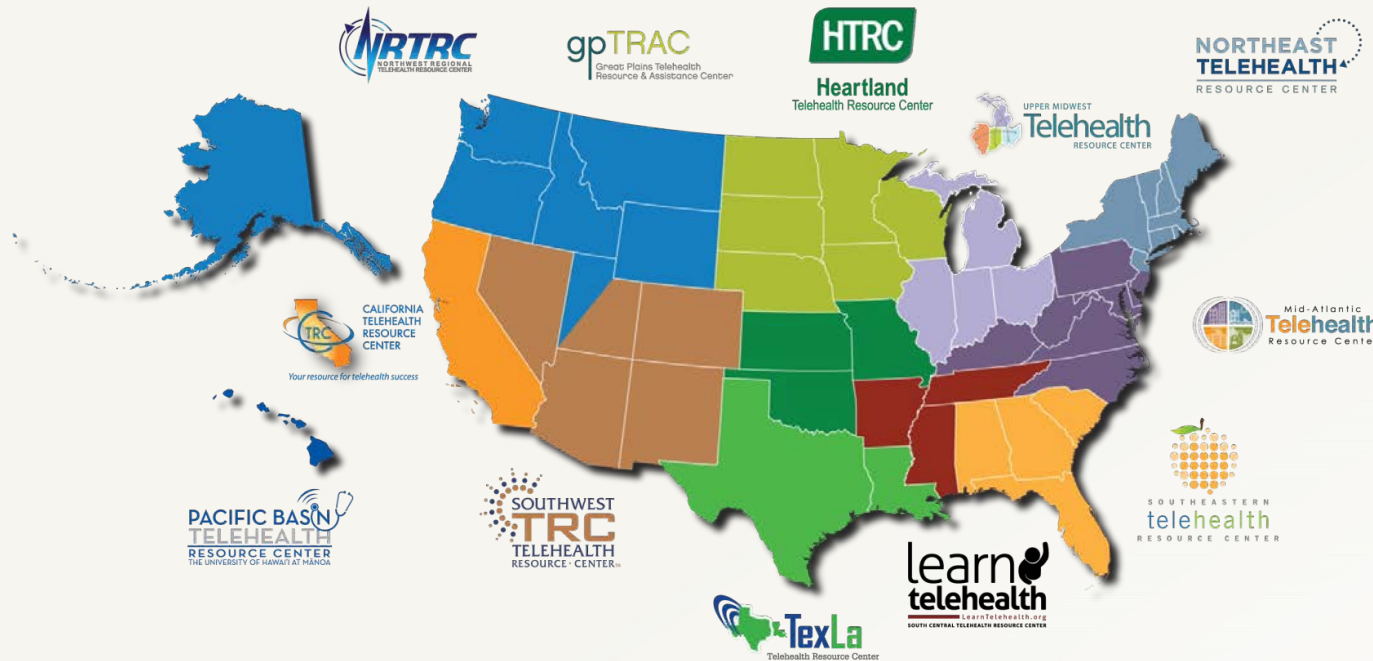
ABOUT CCHP

- 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

NRTRC	gpTRAC	NETRC
CTRC	HTRC	UMTRC
SWTRC	SCTRC	MATRC
PBTRC	TexLa	SETRC

12 Regional Resource Centers

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
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**Melanie Wilde-Lane, Executive Director
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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, Inc.

A Brief Portrait of NAME

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



NAME

Mission and Vision

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

Free Care Expansion

- 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

School-Based Telehealth Services during COVID

- 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

Interaction Between State Agencies

- 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>

Contact Me!

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Questions

Ohio Medicaid Telehealth Policy in Schools

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

June 3, 2022

MSP vs. Virtual School-Based Health

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.

ACCESS

FEE SCHEDULE

PROVIDER TYPE

SERVICES

CLAIM SUBMISSION

**SISTER AGENCY
COLLABORATION**

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](#))

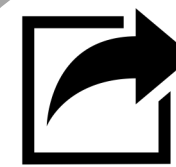
Licensed RN ([ORC 4723](#))

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](#).

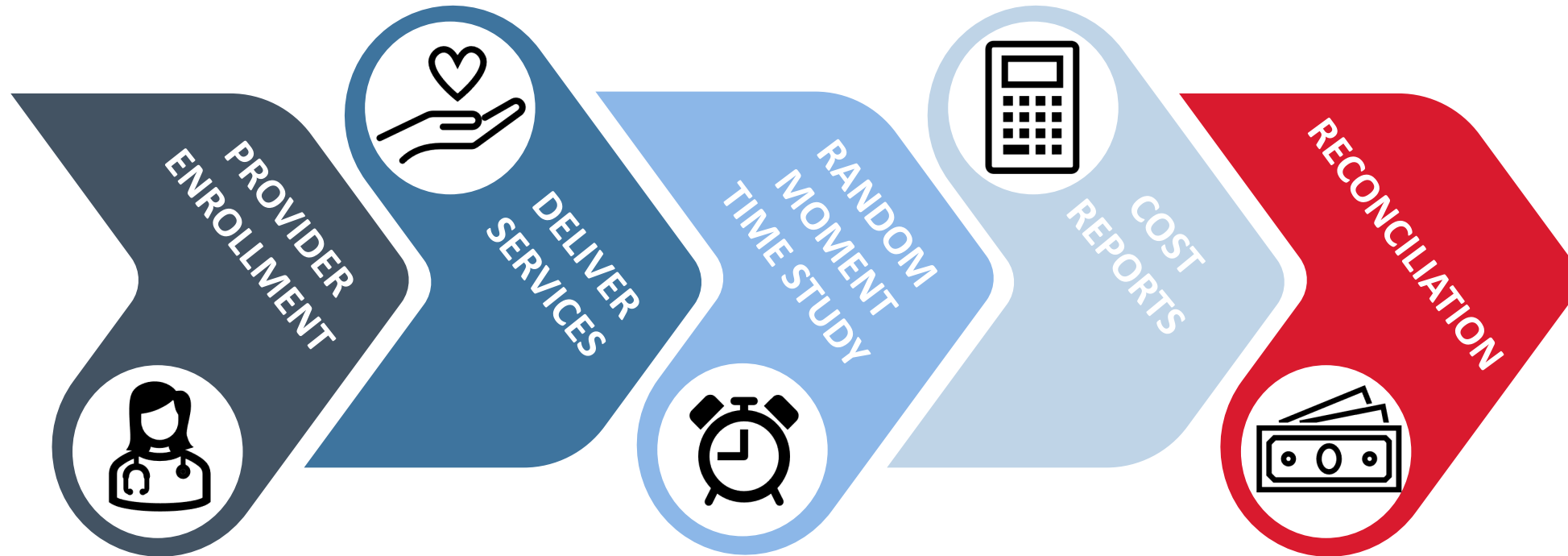
MSP Workflow

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.



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 \(F\)\(1\)](#)).

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.

TARGETED CASE MANAGEMENT

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

ADMINISTRATIVE ACTIVITIES

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



Current Telehealth Policy



Ohio Administrative
Code Rule
[5160-1-18](#)
(effective 11/15/2020)

- » **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**

Telehealth Eligible Provider Types

*ONGOING CONSIDERATION

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

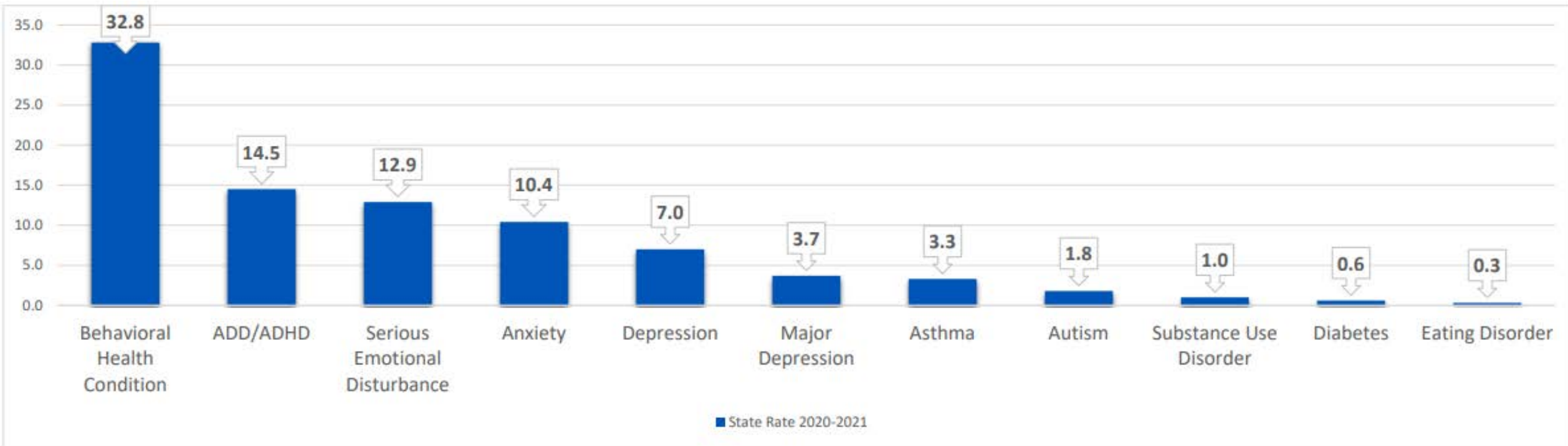
Telehealth Eligible Services

*ONGOING CONSIDERATION
**EFFECTIVE SUMMER 2022

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

School Health Data

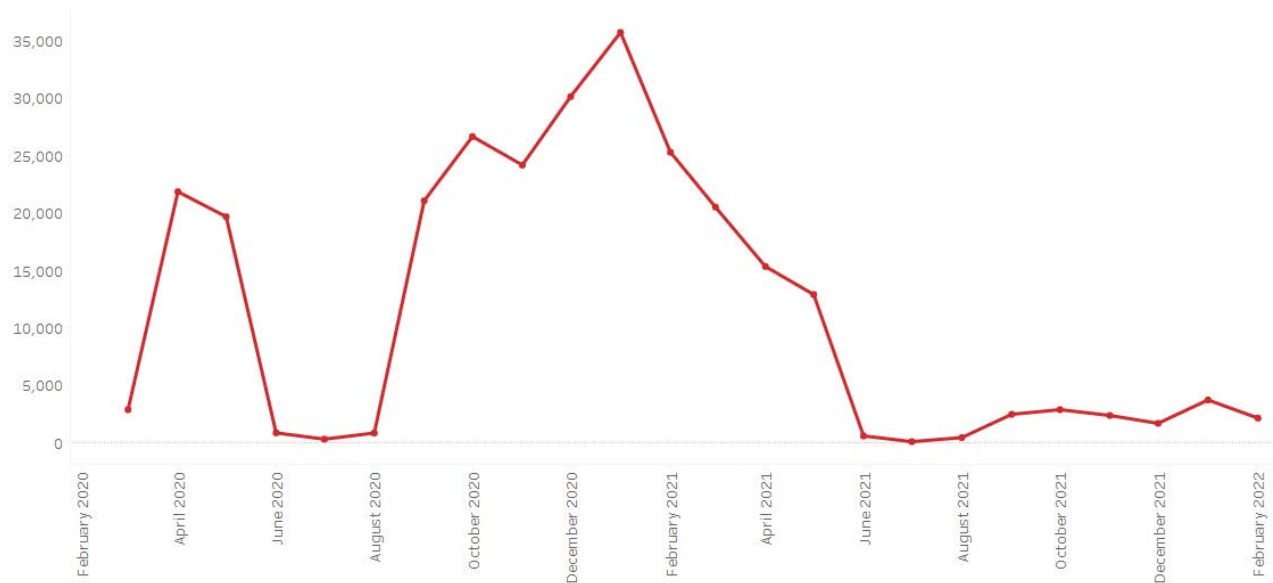
Most Common Health Conditions of Ohio Students Enrolled in Medicaid 2020/2021



[Source: Ohio Healthy Students Profiles](#)

Telehealth in Schools Data

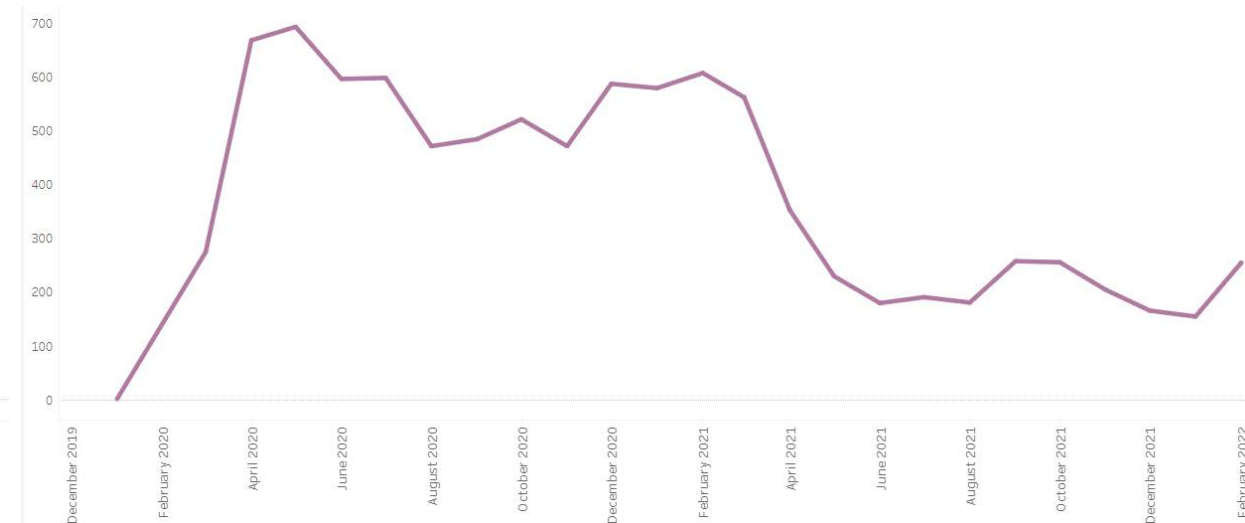
Total MSP Claims



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

Source: Internal ODM Telehealth Dashboards

Total Recipients with Patient Location at School



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

Source: Internal ODM Telehealth Dashboards

***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.**

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**



**Assess Access to High-
Speed Internet**



Identify Partners



Evaluate Space Needs



Understand Capacity



**Identify Qualified IT
Support**



**Gauge School
Readiness for Change**



**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:**

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

*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.

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

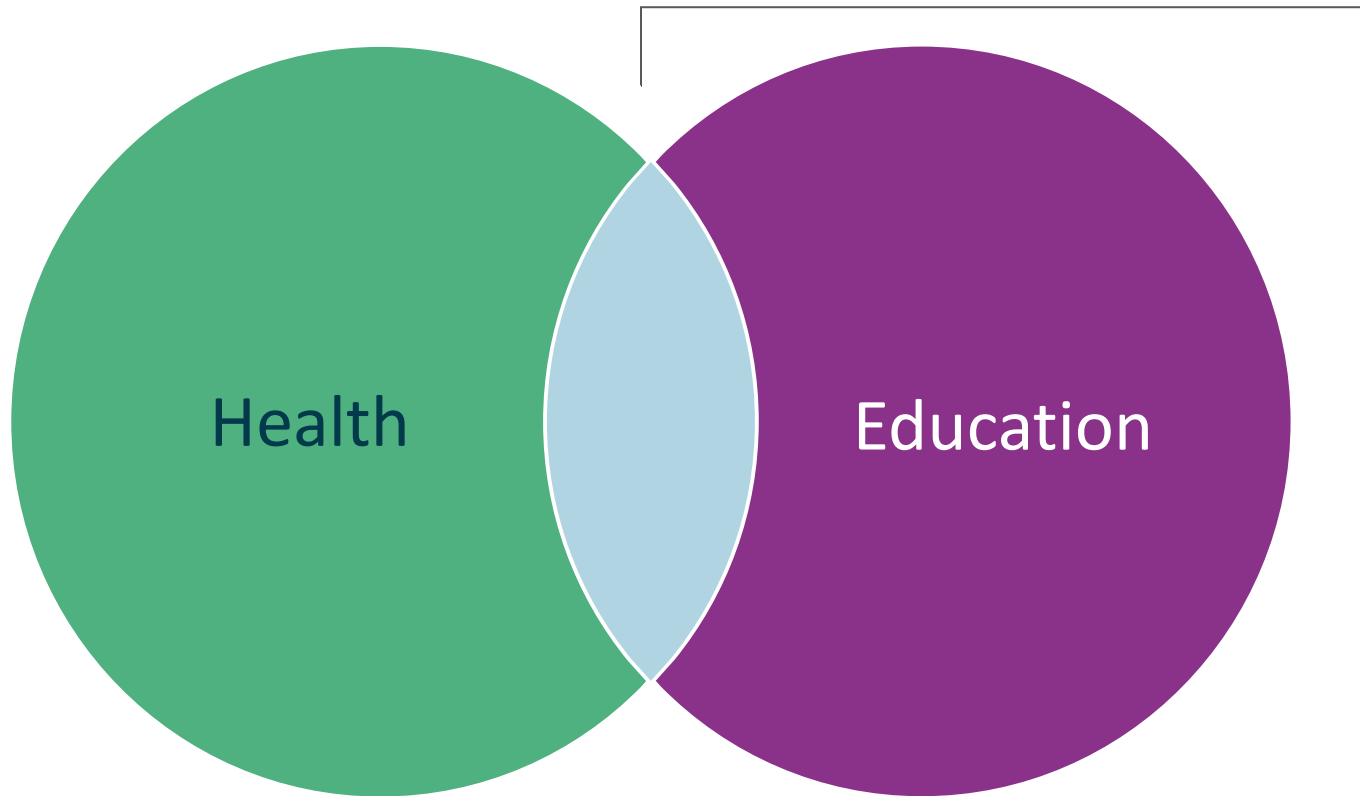


Provides training, technical assistance, and consultation

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

School-Based Health Services

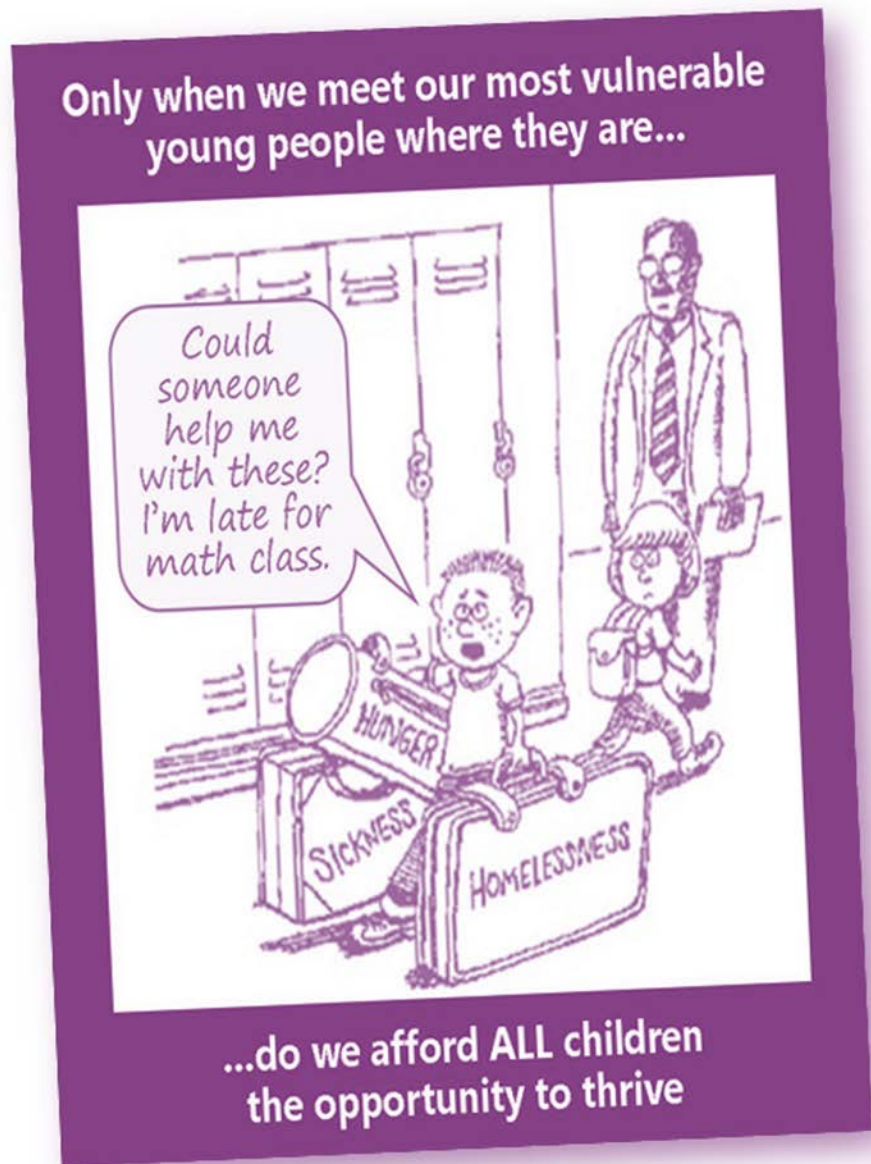
Types of Services



- 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 ?



Artist: Scott Spencer

© School-Based Health Alliance 2022



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

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

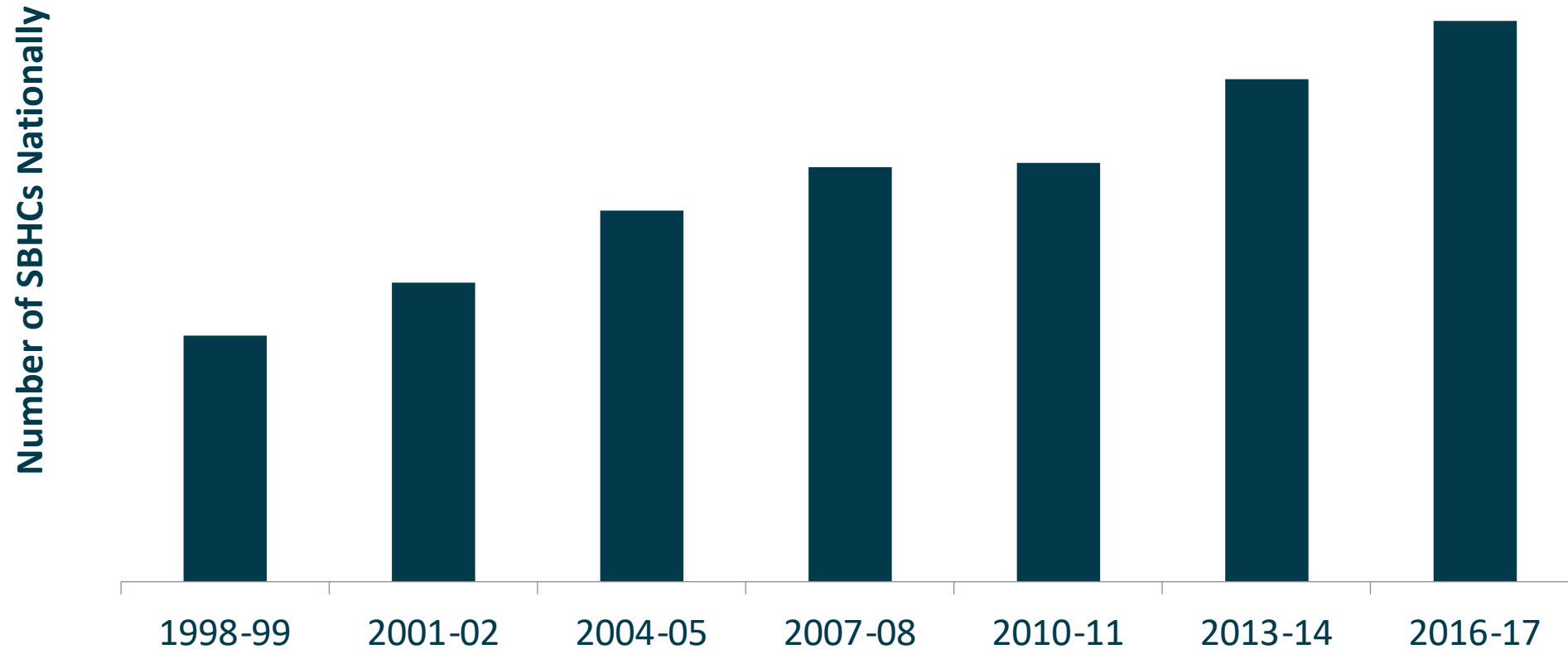




2016-17

National School-Based Health Care Census

Number of School-Based Health Centers, 1998-2017



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

Program
Models

Partnerships

Implementation

Assessing Needs and
Readiness

Business
Model and
Case

Technology and Equipment



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**



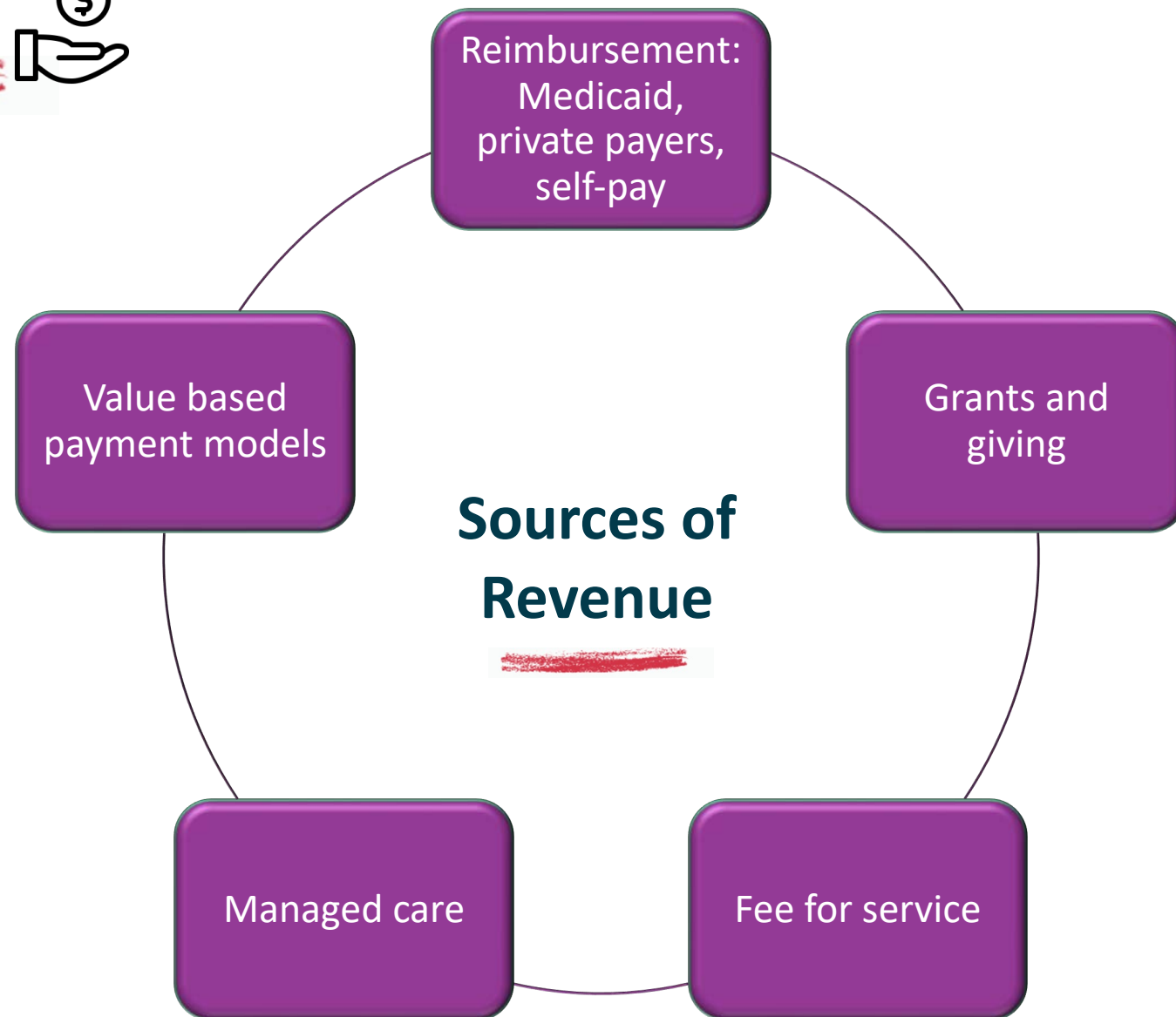
Students access care at a fixed location on a school campus



Providers are available remotely for all services



Business Model



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



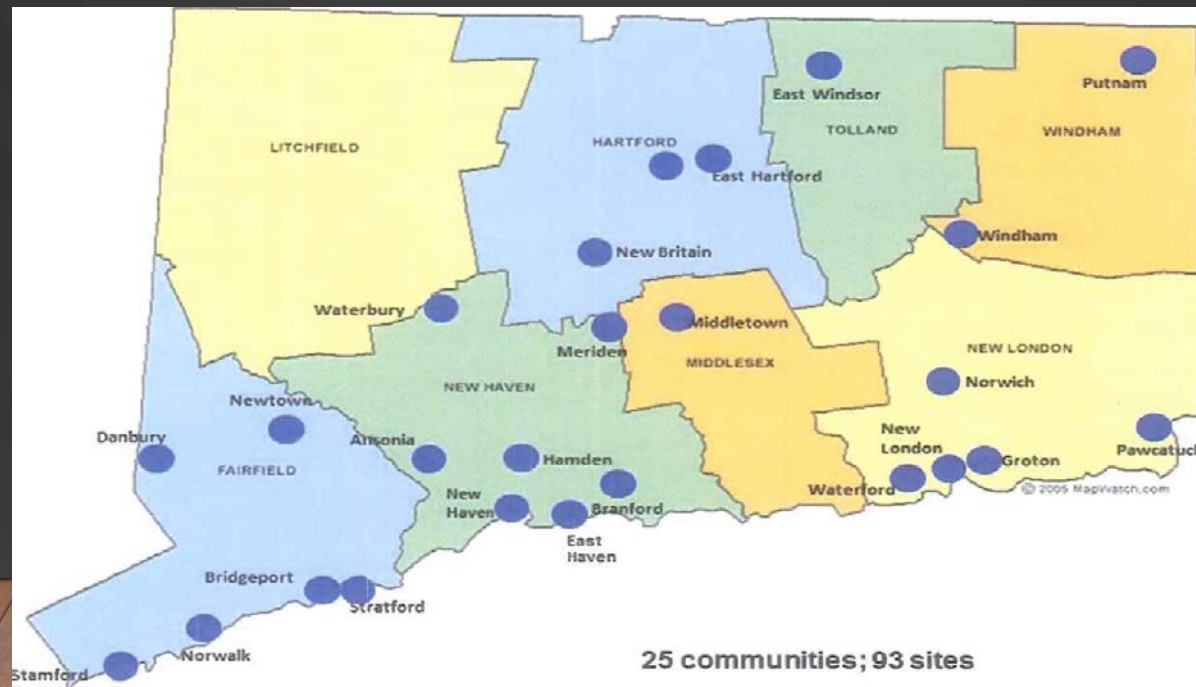
“HEALTHY KIDS MAKE BETTER LEARNERS”

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

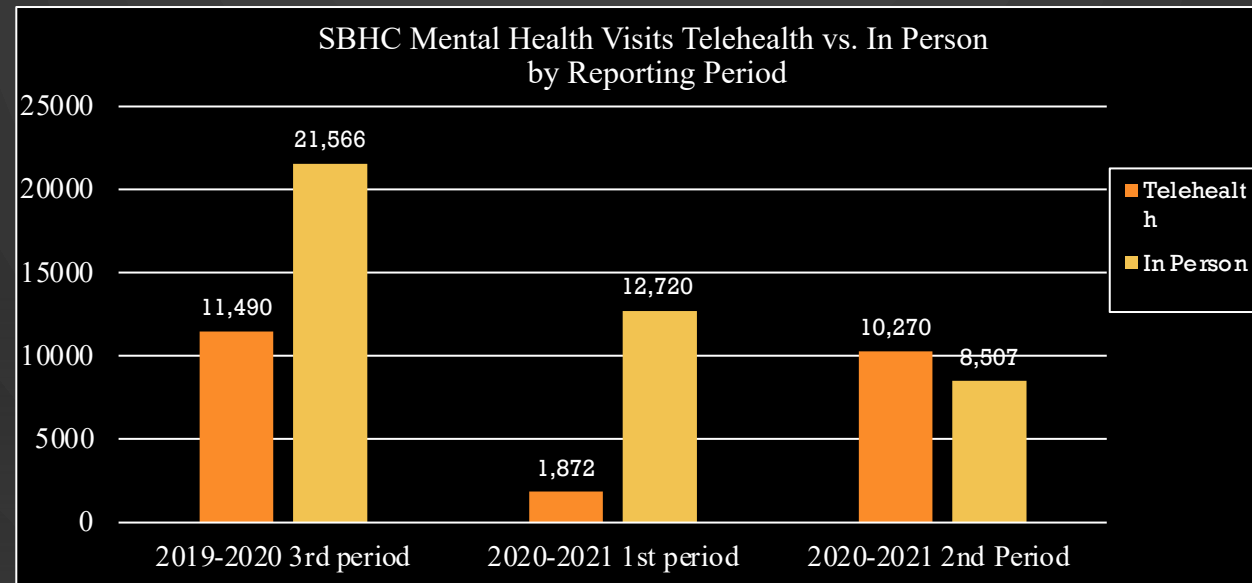
- Connecticut's school-based health centers have been delivering comprehensive health care to students in schools for 38 years.
- School-based health centers provide services annually to over 44,000 students.
- SBHC's are fully-licensed primary care facilities.
- SBHC's bill both HUSKY and commercial 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

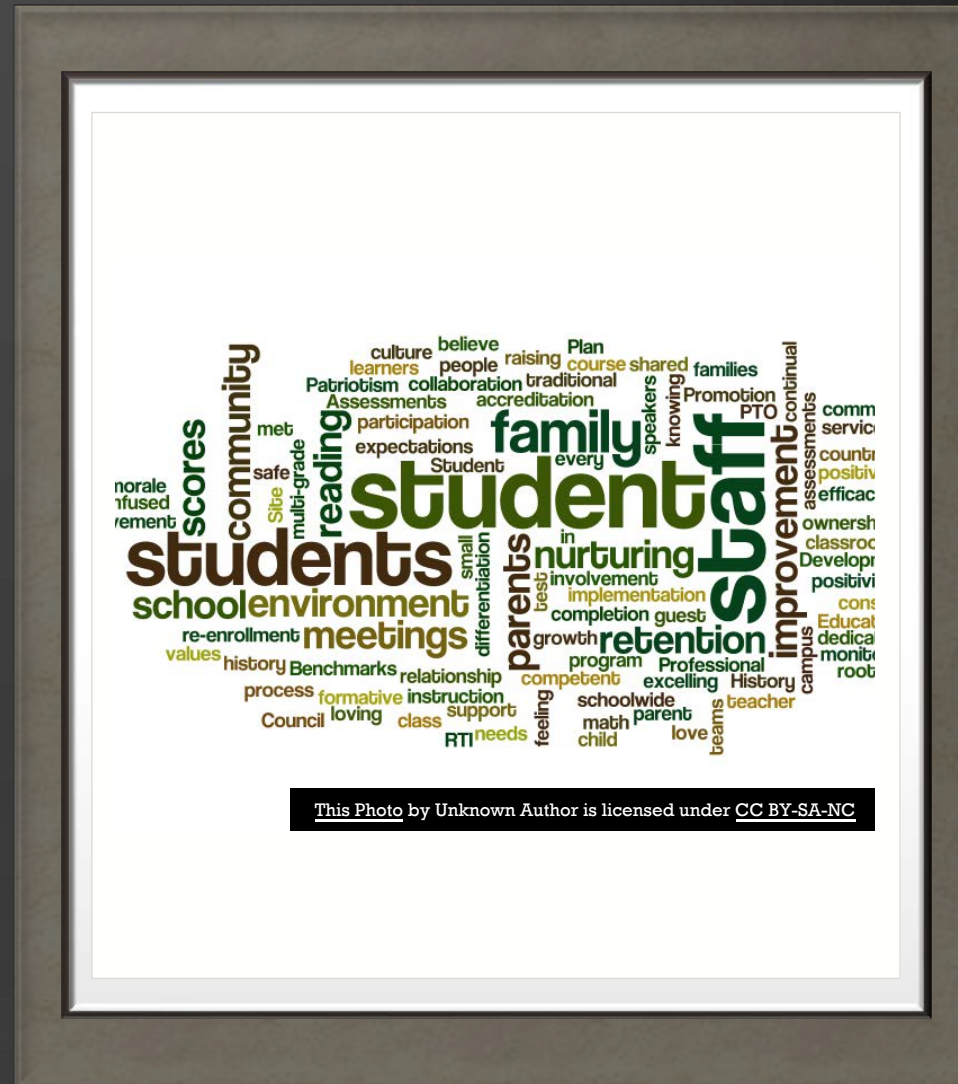


- Contact information not accurate
 - Telephones out of service
 - Guardians not answering
 - Blocked numbers
- Connecting took time
- Students and guardians overwhelmed
- Lack of schedules kept by students
 - High no show rate
- Decrease in referrals from schools
- Students expressing a privacy concern

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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



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HOUSE BILL 5450

SENATE BILL 375

SENATE BILL 1

SENATE BILL 2

TELEHEALTH ADVOCACY

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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

SENATE BILL 2

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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

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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

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TEMPORARY EXTENSION

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

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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

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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

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TELEHEALTH STUDY

Requires Office of Health Strategies to study telehealth
services in the state

A photograph of five students running away from the camera on a paved path. They are wearing backpacks and casual clothing. The background shows a school building and trees with autumn foliage. The image is overlaid with a semi-transparent dark grey rectangle containing text and a list.

FOR MORE
INFORMATION:

- Melanie Wilde-Lane
- Executive Director, CT Association of School Based Health Centers, Inc.
- Melaniewilde-lane@ctschoollhealth.org
- (203) 230-9976

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**

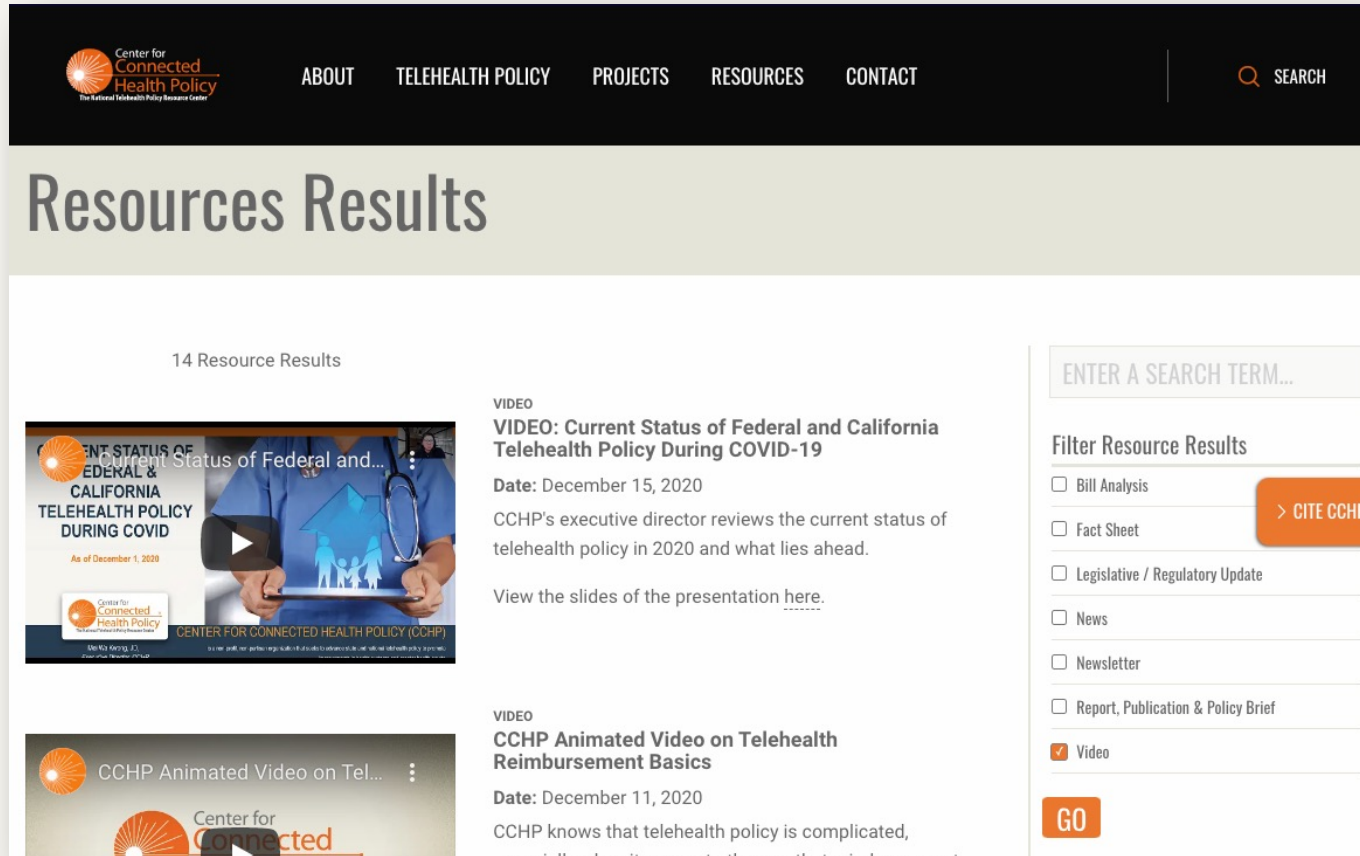
**Nichole Small, MBA, Section Chief, Policy Management & Development &
Meredith Schram, Health Systems Administrator
Ohio Department of Medicaid**



**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



The screenshot shows the CCHP website's 'Resources Results' page. At the top is a dark navigation bar with the CCHP logo and links for ABOUT, TELEHEALTH POLICY, PROJECTS, RESOURCES, and CONTACT. A search bar is on the right. Below the navigation bar, the page title 'Resources Results' is displayed. A sub-header indicates '14 Resource Results'. The main content area features two video thumbnails. The first video is titled 'VIDEO: Current Status of Federal and California Telehealth Policy During COVID-19' with a date of December 15, 2020. The description states that CCHP's executive director reviews the current status of telehealth policy in 2020 and what lies ahead, with a link to 'View the slides of the presentation here.' The second video is titled 'CCHP Animated Video on Telehealth Reimbursement Basics' with a date of December 11, 2020. The description begins with 'CCHP knows that telehealth policy is complicated, especially when it comes to the way that reimbursement...'. To the right of the video results is a search filter section titled 'Filter Resource Results' with a search input field. It includes checkboxes for various resource types: Bill Analysis, Fact Sheet, Legislative / Regulatory Update, News, Newsletter, Report, Publication & Policy Brief, and Video (which is checked). A 'GO' button is at the bottom of the filter section. An orange button labeled '> CITE CCHP' is also visible.

Subscribe to CCHP's email listserv or stay tuned to CCHP's resources page for recordings of this webinar and presentation slide decks!

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!