

Behavioral Health Institute (BHI)

Training, Workforce and Policy Innovation Center

201 Training Series

Behavioral Health Telehealth Resource

Visit our [website](#)

Email: melmckee@uw.edu

Behavioral Health Institute (BHI)

Training, Workforce and Policy Innovation Center

The Behavioral Health Institute is a Center of Excellence where innovation, research and clinical practice come together to improve mental health and addiction treatment.

BHI established initial priority programs which include:

- **Improving care for youth and young adults with early psychosis**
- **Behavioral Health Urgent Care Walk in Clinic**
- **Expanded Digital and Telehealth Services**
- **Behavioral Health Training, Workforce and Policy Innovation Center**

WEBINAR LOGISTICS

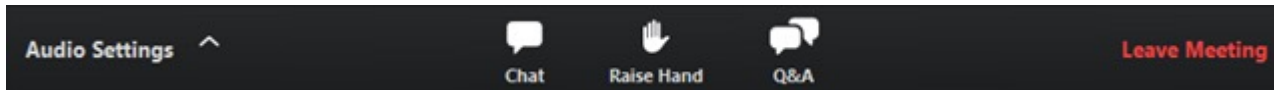
CHAT Box

- We'll share info about logistics
- Let us know if you are having tech issues
- To you: from our training team
- From you: only visible to hosts/panelists
- NOT for content-related questions (see next slide)

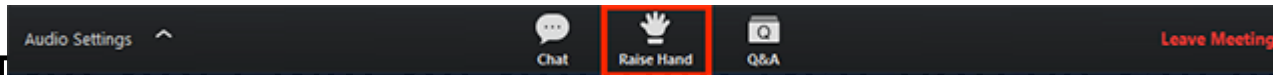
WEBINAR LOGISTICS

Q & A

1. Type question into Q&A Window



2. Raise hand (*will be called on/unmuted in order*)
Click **Raise Hand** in the Webinar Controls.



The host will be notified that you've raised your hand.

Click **Lower Hand** to lower it if needed.



Speaker Disclosures

✓ Any conflicts of interest? None.

Planner disclosures

The following series planners have no relevant conflicts of interest to disclose:

Brad Felker MD

Melody McKee SUDP MS

Cara Towle MSN RN MA

Kimbo Smith MA MEd

AUDIENCE POLLS

- Who are you?
- Where do you practice?

BUILDING TELEHEALTH CAPACITY for BEHAVIORAL HEALTH:


TeleBehavioral Health 201

TELEHEALTH POLICY – THE CHANGING
FEDERAL & STATE LANDSCAPE

Mei Wa Kwong, JD
Executive Director
Center for Connected Health Policy

BEHAVIORAL HEALTH INSTITUTE

HARBORVIEW
MEDICAL CENTER

UW Medicine  King County

DISCLAIMERS

- **Any information provided in today's talk is not to be regarded as legal advice. Today's talk is purely for informational purposes.**
- **Always consult with legal counsel.**
- **CCHP has no relevant financial interest, arrangement, or affiliation with any organizations related to commercial products or services discussed in this program.**

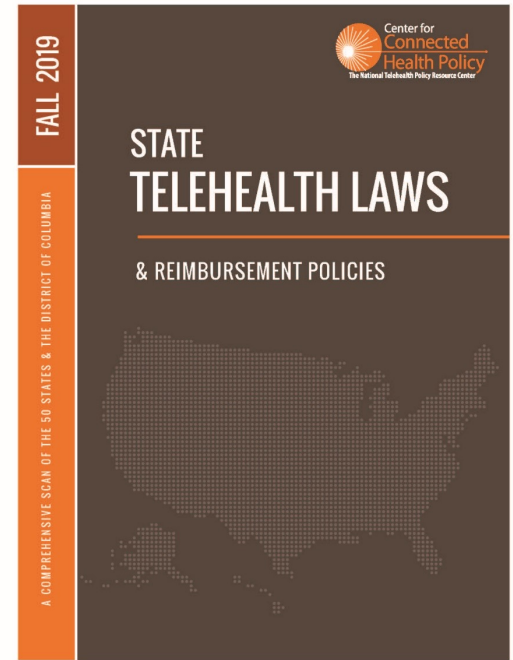
ABOUT CCHP

- Established in 2009
- 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



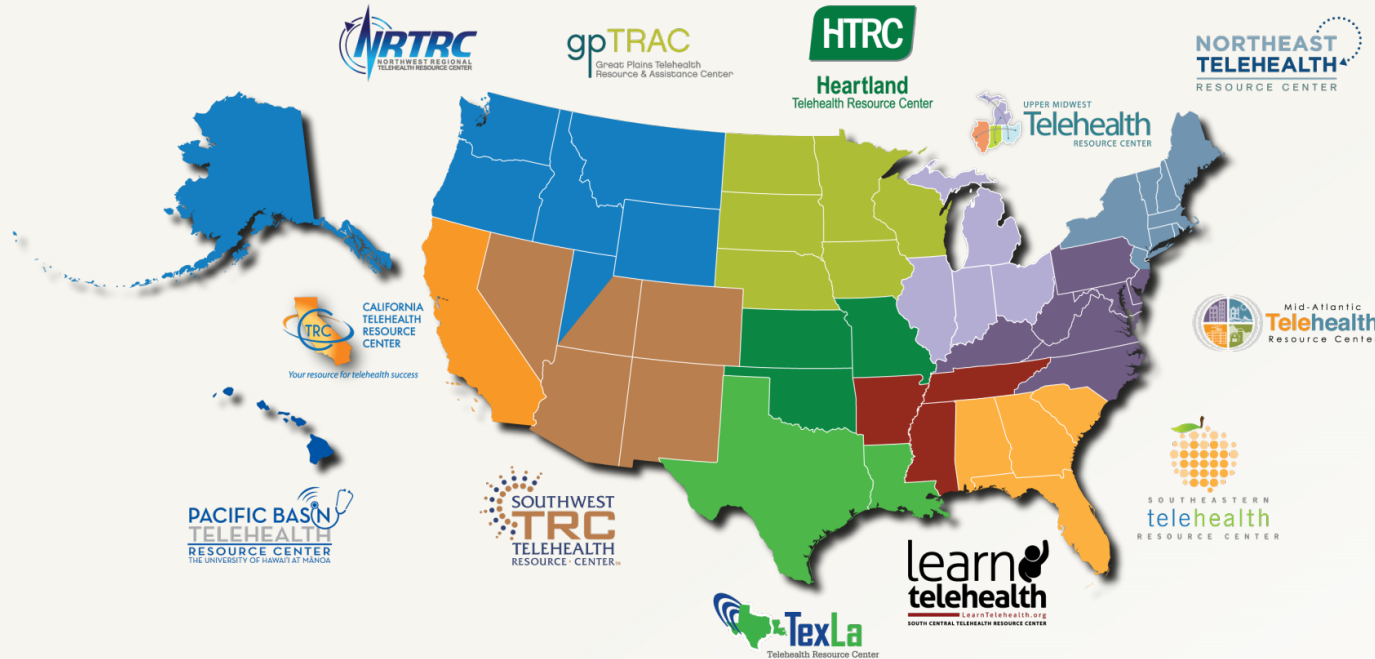
CCHP PROJECTS

- 50 State Telehealth Policy Report
- 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 STATE-BY-STATE POLICIES, LAWS & REGULATIONS

The screenshot displays the website's navigation bar with options for 'CURRENT STATE LAWS & POLICIES' and 'LEGISLATION & REGULATION TRACKING'. The main header includes the Center for Connected Health Policy logo and navigation links for 'ABOUT', 'TELEHEALTH POLICY', 'RESOURCES', and 'CONTACT'. A search bar is also present. Below the header, a text block explains the site's purpose: 'CCHP helps you stay informed about telehealth-related laws, regulations and Medicaid programs. The map and search options allow you to view current telehealth laws and regulations for all fifty states and the District of Columbia. To view the full report, visit the 50 State Report PDF.' The main content area features a map of the United States with an orange callout bubble labeled 'Interactive Policy Map'. To the left of the map is a filter panel titled 'Current State Laws & Reimbursement Policies' with dropdown menus for 'Search by Filter' (All 50 States & D.C.), 'Search by Keyword' (All Categories), and 'All Topics'. An 'APPLY' button is at the bottom of the filter panel. A legend at the bottom of the map indicates that orange states have policies explicitly allowed, while grey states do not. A 'CITE CCHP' button is located to the right of the map.

Search by Category & Topic

Medicaid Reimbursement

- Live Video
- Store & Forward
- Remote Patient Monitoring Reimbursement

Private Payer Reimbursement

- Private Payer Laws
- Parity Requirements

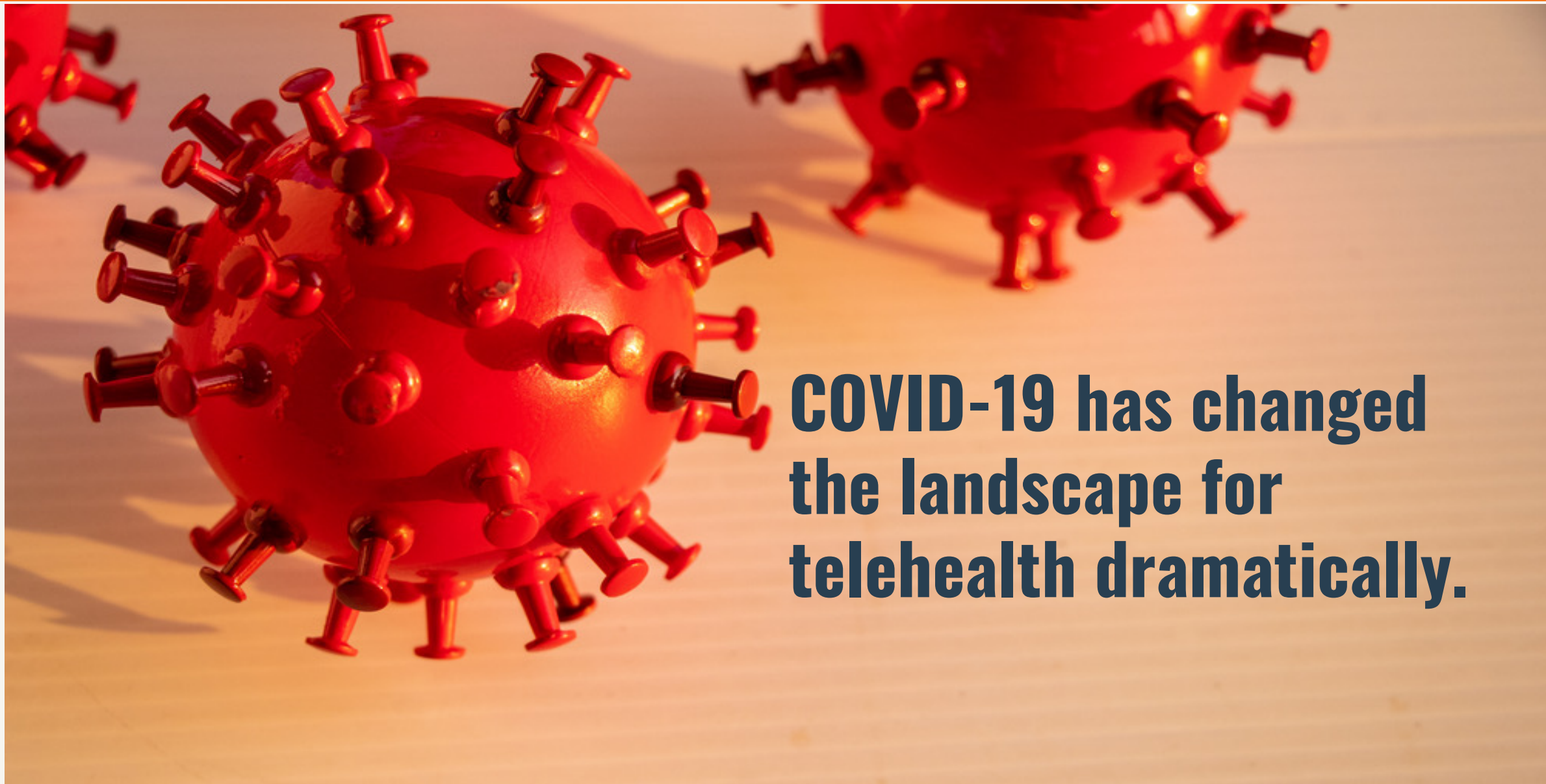
Professional Regulation/Health & Safety

- Cross-State Licensing
- Consent
- Prescribing
- Misc (Listing of Practice Standards)

Information updated through February 2020

GOALS & OBJECTIVES TODAY

- **Review 8 elements of existing federal telehealth policy.**
- **Discuss at least 3 common state telehealth policy changes.**
- **Identify at least 5 potential legal and regulatory issues that impact the utilization of telehealth to deliver services.**

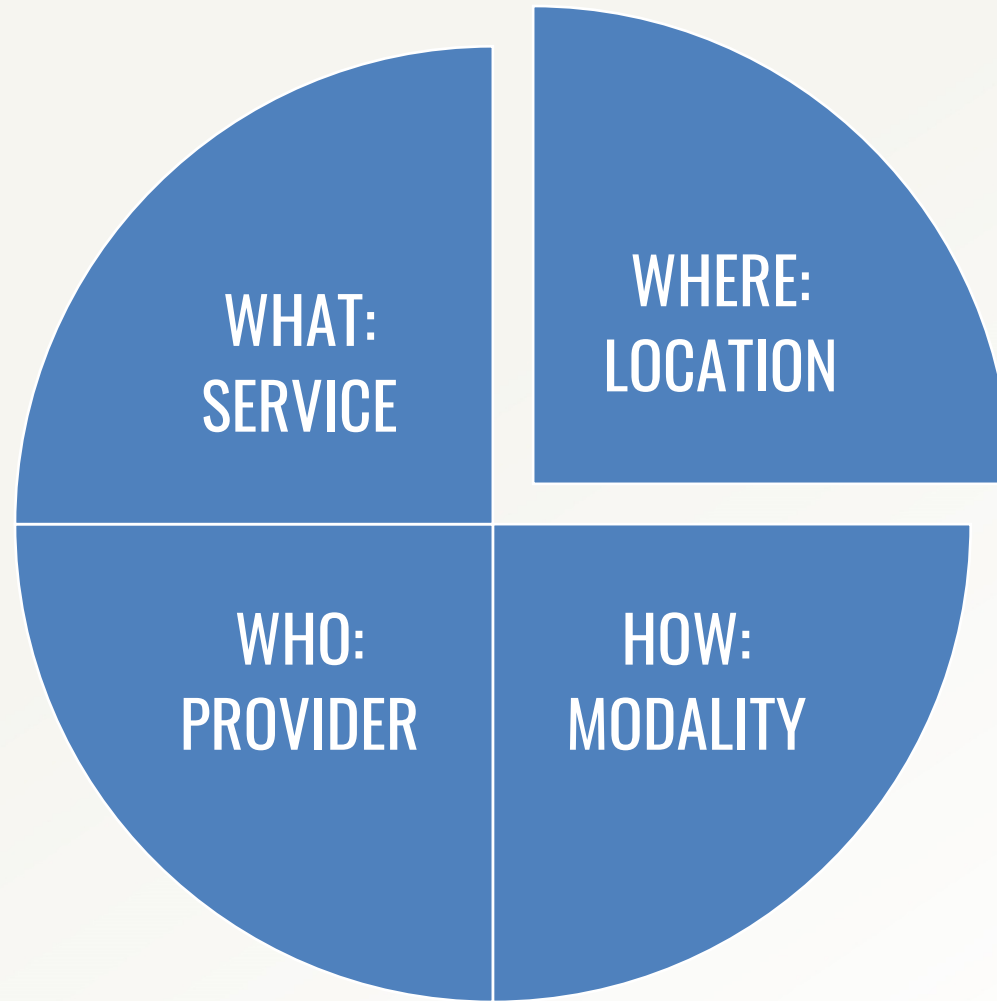


**COVID-19 has changed
the landscape for
telehealth dramatically.**

FEDERAL CHANGES

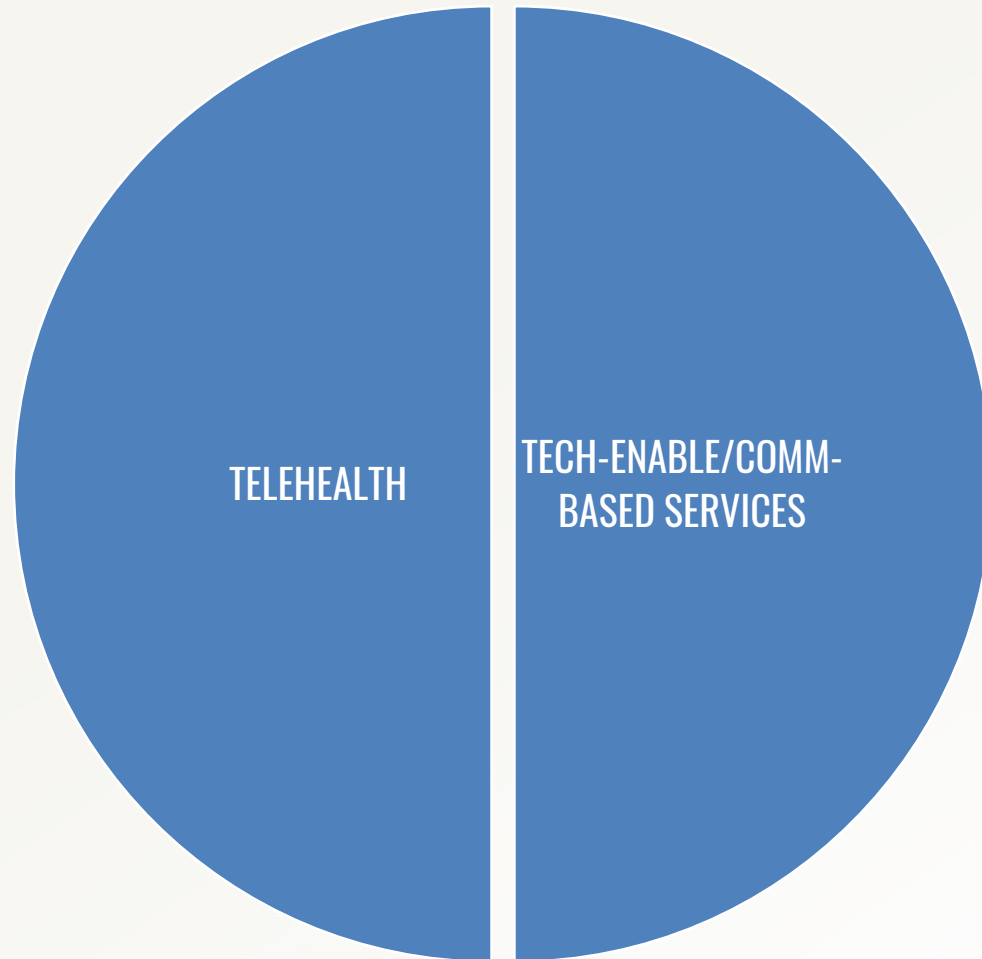
EXISTING TELEHEALTH POLICY

Much of the telehealth policy that exists revolves around reimbursement, what gets paid. The policy is further broken down into who, what, where and how.



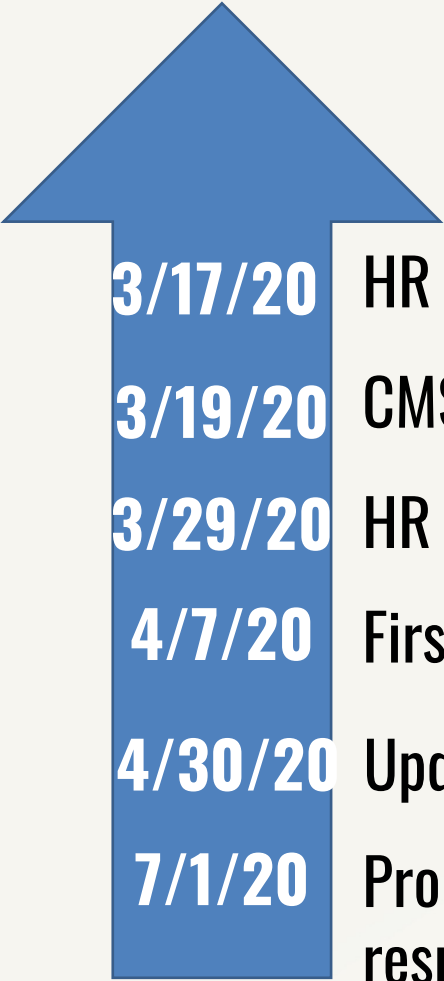
MEDICARE POLICY

The Medicare policy on the use of technology to provide services is in two buckets



TIMELINE

Brief timeline of some of the changes made in telehealth policy in response to COVID-19

- 
- 3/17/20** HR 6074 – Geographic/Site limitations waived
 - 3/19/20** CMS Guidance on HIPAA
 - 3/29/20** HR 748 – Expanded list of eligible providers & Interim Rule from CMS
 - 4/7/20** First CMS Guidance for FQHCs/RHCs issued
 - 4/30/20** Updated CMS Guidance for FQHCs/RHCs issued
 - 7/1/20** Proposed regulations to make permanent home health telehealth changes made in response to COVID-19

CMS TELEHEALTH POLICY - NOW

SUBJECT AREA	POLICY DURING COVID-19	POLICY FQHC/RHC
Geographic/Site location for patient	No geographic restrictions, patient allowed to be in home during telehealth interaction	No geographic restrictions, patient allowed to be in home during telehealth interaction
Services	Approximately 180 different codes available for reimbursement if provided via telehealth. List available HERE .	Can only provide the services on THIS list via telehealth and be reimbursed by Medicare.
Modality	Live Video. Phone will be allowed for codes audio-only telephone E/M services and behavioral health counseling and educational services. Other modalities allowed for Communications Based Services	Live Video. Phone will be allowed for codes that are audio-only telephone E/M services and behavioral health counseling and educational services. Other modalities allowed for Communications Based Services
Type of provider	All health care professionals to bill Medicare for their professional services.	Temporarily added to list of eligible providers by CARES Act
Services	Approximately 240 different codes available for reimbursement if provided via telehealth. LIST	Can only provide services on this list via telehealth and be reimbursed by Medicare.

CMS TELEHEALTH POLICY - NOW

OTHER ISSUES	CMS
Removal of frequency limits	Subsequent inpatient visit limit of once every three days (CPT codes 99231-99233); Subsequent SNF visit limit of once every 30 days (CPT codes 99307-99310) • Critical care consult of once per day (CPT codes G0508-G0509).
Stark Laws	Some waivers allowed for Stark including hospitals and other health care providers can pay above or below fair market value to rent equipment or receive services from physicians; health care providers can support each other financially to ensure continuity of health care operations
Supervision/Practice Top of Licensure	Some supervision changes including allowing live video for physician supervision.

CMS Telehealth Manual: <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/TelehealthSrvcsfctsht.pdf>


CMS FAQ - <https://edit.cms.gov/files/document/medicare-telehealth-frequently-asked-questions-faqs-31720.pdf>

CMS Emergency Declarations - <https://www.cms.gov/files/document/summary-covid-19-emergency-declaration-waivers.pdf>

CMS Guidance - <https://www.cms.gov/files/document/covid-19-physicians-and-practitioners.pdf>

CARES ACT

Pre-COVID-19, FQHCs & RHCs were not allowed to act as distant site providers in the Medicare program. The CARES Act changed that and during a public health emergency, they can provide services as a distant site provider using telehealth.



New and Expanded Flexibilities for Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs) During the COVID-19 Public Health Emergency (PHE)

MLN Matters Number: SE20016 Related Change Request (CR) Number: N/A
Article Release Date: April 17, 2020 Effective Date: N/A
Related CR Transmittal Number: N/A Implementation Date: N/A

PROVIDER TYPES AFFECTED

This MLN Matters® Special Edition Article is for Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs) during the COVID-19 Public Health Emergency (PHE) for services provided to Medicare beneficiaries.

WHAT YOU NEED TO KNOW

To provide as much support as possible to RHCs and FQHCs and their patients during the COVID-19 PHE, both Congress and the Centers for Medicare & Medicaid Services (CMS) have made several changes to the RHC and FQHC requirements and payments. These changes are for the duration of the COVID-19 PHE, and we will make additional discretionary changes as necessary to assure that RHC and FQHC patients have access to the services they need during the pandemic. For additional information, please see the RHC/FQHC COVID-19 FAQs at <https://www.cms.gov/files/document/03092020-covid-19-faqs-508.pdf>.

BACKGROUND

New Payment for Telehealth Services

On March 27, 2020, the Coronavirus Aid, Relief, and Economic Security Act (CARES Act) was signed into law. Section 3704 of the CARES Act authorizes RHCs and FQHCs to furnish distant site telehealth services to Medicare beneficiaries during the COVID-19 PHE. Medicare telehealth services generally require an interactive audio and video telecommunications system that permits real-time communication between the practitioner and the patient. RHCs and

UPDATED APRIL 30, 2020. <https://www.cms.gov/files/document/se20016.pdf>

TECHNOLOGY ENABLED/COMMUNICATIONS-BASED SERVICES

SERVICE	MODALITY
Virtual Check-In Codes G2010, G2012	Live Video, Store-and-Forward or Phone
Interprofessional Telephone/Internet/EHR Consultations (eConsult) 99446, 99447, 99448, 99449, 99451, 99452	Can be over phone, live video or store-and-forward
<u>Remote monitoring services:</u> Chronic Care Management (CCM); Complex Chronic Care Management (Complex CCM); Transitional Care Management (TCM); Remote Physiologic Monitoring (Remote PM); Principle Care Management (PCM)	RPM
Online Digital Evaluation (E-*Visit) – G2061-2063 Online Medical Evaluations – 99421-99423	Online portal

Interim Final Rule - <https://www.cms.gov/files/document/covid-final-ifc.pdf> No CMS guidance document issued yet

MEDICARE GUIDANCE TO FQHCS/RHCS

VIRTUAL COMMUNICATION SERVICES

- Virtual Communication Services are **NOT** considered telehealth services by Medicare. These services use telehealth technologies like live video as well as the telephone.
- May provide virtual check-in services which can be done via live video, phone or asynchronously. G2010 or G2012.
- May use online digital evaluation and management services. These are non-face-to-face, patient initiated, digital communications on a secure patient portal. CPT Codes 99421-99423
- **TO BILL FOR THE ABOVE SERVICES**, FQHCs/RHCs use code G0071 and it can be either alone or with other payable services. For G0071 claims submitted on or after March 1, 2020 to end of the PHE, the rate paid is \$24.76.

OTHER FEDERAL TELEHEALTH POLICY

➤ DEA

The declaration of the national emergency enacted one of the exceptions to the Ryan Haight Act for telehealth (telemedicine as it is referred to in the Act).

For as long as the Secretary's designation of a public health emergency remains in effect, DEA-registered practitioners may issue prescriptions for controlled substances to patients for whom they have not conducted an in-person medical evaluation, provided all of the following conditions are met:

- *The prescription is issued for a legitimate medical purpose by a practitioner acting in the usual course of his/her professional practice*
- *The telemedicine communication is conducted using an audio-visual, real-time, two-way interactive communication system.*
- *The practitioner is acting in accordance with applicable Federal and State law.*

<https://www.dea diversion.usdoj.gov/coronavirus.html>

For treating OUD, may prescribe via phone buprenorphine if certain conditions met. <https://www.samhsa.gov/sites/default/files/dea-samhsa-buprenorphine-telemedicine.pdf>

➤ **LICENSING** – Temporarily waive Medicare/Medicaid licensing req if certain conditions met, but state laws still apply.

➤ **HIPAA** – OCR enforcement discretion & waive penalties for violations.

CY 2021 PROPOSED PHYSICIAN FEE SCHEDULE

- **Proposal to make some of the temporary Medicare telehealth changes permanent**
 - **Included some of the services allowed during COVID-19 to be on permanent list**
 - **Proposed to allow some of the services to remain around temporarily until the end of the year the PHE is over**
 - **Request for comments on relaxing some of the supervision requirements**
 - **Clarifies that PTs, OTs, SLPs, clinical social workers, and clinical psychologists can furnish brief online assessment and managements services, virtual check-ins and remote evals**
 - **Some modifications to remote physiologic monitoring**

THE STATES

MEDICAID REIMBURSEMENT BY SERVICE MODALITY (Fee-for-Service)



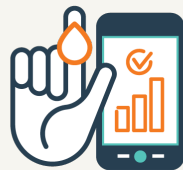
Live Video

50 states and DC



Store and Forward

Only in 16 states

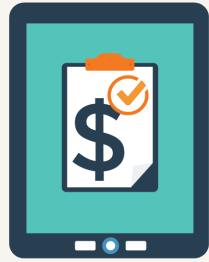


Remote Patient Monitoring

23 states

As of February 2020

REIMBURSEMENT REQUIREMENTS FOR PRIVATE PAYERS



42 states and DC
have telehealth private payer laws

Some go into effect at a later date.

**Parity is difficult
to determine:**

Parity in services covered vs.
parity in payment

Many states make their telehealth
private payer laws
*“subject to the terms and conditions
of the contract”*

As of February 2020

COVID-19 WORLD STATES

- **Common telehealth policy changes**
 - **Allowing home to be an eligible originating site**
 - **Allowing telephone to be used to provide services**
 - **Note: May only allow G2012/G2010**
 - **Requiring health plans, managed care and private to cover telehealth services and offer parity**

COVID-19 WORLD STATES

- **Less common telehealth policy changes**
 - **Expanding use of other modalities besides phone**
 - **Expanding the list of eligible providers to include others such as allied health professionals**
 - **Waiving consent requirements, usual an adjustment made such as allowing it to be verbal consent**

STATE TELEHEALTH POLICY ISSUES

- **Licensing**
- **Privacy**
- **Malpractice**
- **Consent**
- **Reimbursement**

STATE TELEHEALTH POLICY ISSUES

- **Licensing**
 - **Feds provided some flexibility in Medicare and Medicaid for payment purposes, but state law would still apply**
 - **Not all states provided extensive flexibilities:**
 - **EX: CA allowed during COVID for out-of-state licensed provider to practice w/o CA license, but a CA facility would have to apply for that person**
 - **Pre-COVID the licensing issue was mainly addressed through state compacts**

STATE TELEHEALTH POLICY ISSUES

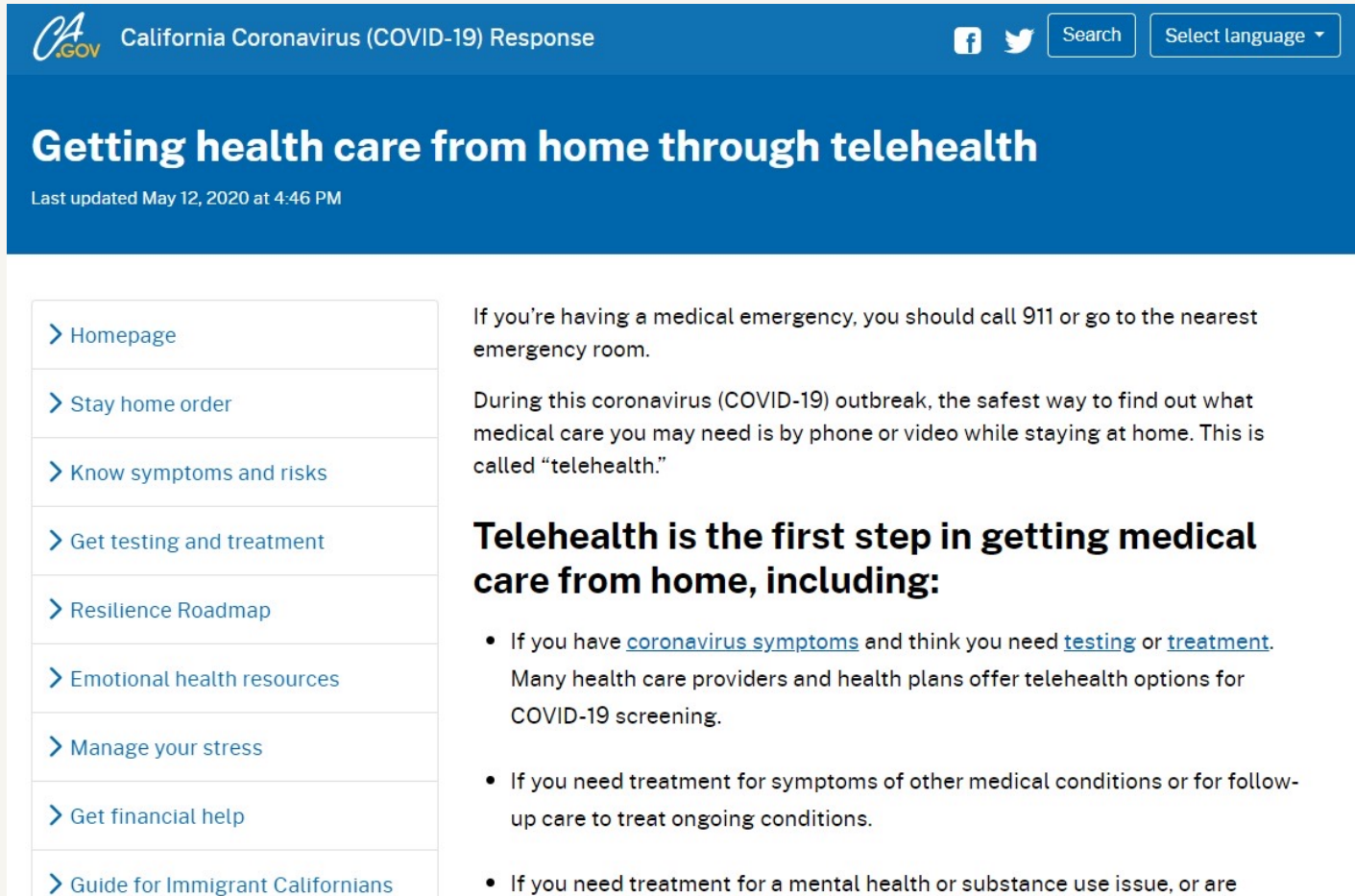
➤ Privacy

- Some states may have more stringent laws than HIPAA or other requirements to a provider would need to navigate
- Additionally there may be some state laws not associated with health services that go into effect because you are using telehealth

STATE TELEHEALTH POLICY ISSUES

- **Malpractice – Malpractice coverage, will it work in the patient’s state?**
- **Consent – More than half the states have a consent requirement**
- **Additional state requirements – If you are a telehealth business may require registering with the state. If your patient is a Medicaid patient, you need to register with the Medicaid program.**

CA CONSUMER TELEHEALTH WEBSITE



CA .GOV California Coronavirus (COVID-19) Response

Facebook Twitter Search Select language ▾

Getting health care from home through telehealth

Last updated May 12, 2020 at 4:46 PM

- > Homepage
- > Stay home order
- > Know symptoms and risks
- > Get testing and treatment
- > Resilience Roadmap
- > Emotional health resources
- > Manage your stress
- > Get financial help
- > Guide for Immigrant Californians

If you're having a medical emergency, you should call 911 or go to the nearest emergency room.

During this coronavirus (COVID-19) outbreak, the safest way to find out what medical care you may need is by phone or video while staying at home. This is called "telehealth."

Telehealth is the first step in getting medical care from home, including:

- If you have [coronavirus symptoms](#) and think you need [testing](#) or [treatment](#). Many health care providers and health plans offer telehealth options for COVID-19 screening.
- If you need treatment for symptoms of other medical conditions or for follow-up care to treat ongoing conditions.
- If you need treatment for a mental health or substance use issue, or are

- Search function for health plans in your area that cover telehealth
- Nurse advice line
- Contact information for issues

<https://covid19.ca.gov/telehealth/>

HHS TELEHEALTH WEBSITE

Telehealth: Health care from the safety of our homes.

During the COVID-19 Public Health Emergency, we don't have to choose between medical care and social distancing. When patients can get health care through telehealth — and doctors can provide it — we protect ourselves, our families, and our communities.



Learn more about telehealth

For patients



Find out what telehealth is, what you'll need (not much!), and what to expect from a visit. You can also check out our tips on finding telehealth options.

[Understanding telehealth](#) >

[Telehealth during COVID-19](#) >

[Finding telehealth options](#) >

[Go to the patients page](#) >

For providers



Get information to help you provide telehealth, get up to speed on recent COVID-19 related policies, and learn what patients will need to use telehealth.

[Getting started with telehealth](#) >

[Policy changes during COVID-19](#) >

[Planning your telehealth workflow](#) >

[Go to the providers page](#) >

TELEHEALTH.HHS.GOV For patients For providers

For patients

Wondering how to get started with telehealth? Check out the information below to better understand your options.

COVID-19 self-assessment tools

For the sake of everyone's safety and to reduce the load on the healthcare system, automated screening tools should be among the first telehealth options to consider. Here are two COVID-19 self-assessment tools based on information from CDC: [CDC Coronavirus Self-Checker](#) and [COVID-19 Screening Tool](#).

You can search online for additional telehealth screening tools. Many of these tools are free, especially if they are COVID-19 related, and some of them may guide you to a virtual visit online after your assessment. You can also check with your doctor, your employer, your health insurance company, or your state to see if they recommend any related solutions.

Finding telehealth options

If screening tools and self-checkers do not lead you to the care or information you are seeking, you can reach out directly to your doctor or health insurance company for options that can help connect you to a provider online.

Understanding telehealth

TELEHEALTH.HHS.GOV For patients For providers

For providers

This content is for doctors and other health care professionals, including individual practitioners and hospital staff.

Getting started

Find resources for incorporating telehealth into your practice and related considerations.

Planning your telehealth workflow

Your workflow for patient encounters will need to adapt to the platform you choose, but here are a few basics to consider.

Preparing patients for telehealth

Learn how to prepare your patients for telehealth to ensure their comfort and high-quality care.

Policy changes during the COVID-19 Public Health Emergency

The federal government has taken action to make telehealth services easier to implement and access during this national emergency.

<https://telehealth.hhs.gov/>

CCHP

- CCHP Website – cchpca.org
 - Telehealth Federal Policies - <https://www.cchpca.org/resources/covid-19-telehealth-coverage-policies>
 - State Emergency Waivers/Guidances - <https://www.cchpca.org/resources/covid-19-related-state-actions>
- Subscribe to the CCHP newsletter at cchpca.org/contact/subscribe



Thank You!

www.cchpca.org

info@cchpca.org

Slides & resources will be posted after the session

<https://bhi-telehealthresource.uwmedicine.org/>

Please complete the evaluation survey:

- **LINK will be shared in the chat box near the end & also emailed out**
- **Helps the presenters plan future sessions**

TELEBEHAVIORAL HEALTH 201 SERIES

PREPARING PATIENTS & TECHNOLOGY for TELEHEALTH

SPEAKER: TAMMY ARNDT, Nwth, NRTRC

NOVEMBER 20, 2020, 11AM - 12:00 PM PST

Monthly series: 3rd Friday of each month, 11am-12pm PST:

- 12/18/20 – DOING GROUPS over TELEHEALTH
- 01/15/21 – MHEALTH & WORKING with SMI PATIENTS over TELEHEALTH
- 02/19/21 – PROVIDER SELF-CARE & WELLNESS in the ERA of TELEHEALTH and COVID
- 03/19/21 – BEHAVIORAL HEALTH APPS
- 04/16/21 – CHILDREN and TELEBEHAVIORAL HEALTH
- 05/21/21 – APPLYING TELEHEALTH to SUD TREATMENT in COMMUNITY-BASED SETTINGS
- 06/18/21 – (tent) SUICIDE RISK ASSESSMENT over TELEHEALTH
- 07/16/21 – (tent) APPLYING TELEHEALTH to MEASUREMENT-BASED CARE
- 08/20/21 – (tent) CULTURAL COMPETENCE & HUMILITY in TELEBEHAVIORAL HEALTH
- 09/17/21 – COUPLES & FAMILY THERAPY over TELEHEALTH

A CERTIFICATE OF ATTENDANCE WILL BE ISSUED FOR EACH SESSION ATTENDED

Continuing Medical Education credit may be provided for a nominal fee:

The University of Washington School of Medicine is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

The University of Washington School of Medicine designates this live activity for a maximum of **12 AMA PRA Category 1 Credits™**. Physicians should claim only the credit commensurate with the extent of their participation in the activity. (Each session is 1 credit)

TELEBEHAVIORAL HEALTH 101

- **6-module Online Self-Study**
- **6-session Interactive Webinar**

- Introduction to TeleBehavioral Health and Policy Overview*
 - Getting started: Facts & Myths, and Security & Privacy
- Digital Health Do's & Don't's, Workflows, and Safety planning
 - Billing and Reimbursement for TeleBehavioral Health
 - Clinical Engagement over Telehealth
 - Clinical Supervision in Telehealth

***This session will meet the requirements for telehealth training as established by Washington SB6061, effective January 2021. A certificate will be issued for each module completed.**

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Visit our [website](#)

Email: melmckee@uw.edu