Telehealth 101: Just the Basics for all Bed-Based Levels of Care

Presented by Community Behavioral Health

Compliance: Ken Inness, Senior Director of Compliance and Compliance Officer

Provider Training and Development: Stephanie Wiseman, M.A., Provider Training and Development Supervisor

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Telemedicine vs. Telehealth: Is There a Difference?

Telemedicine tends to be more restricting.

Telehealth is typically used to describe a broader array of “services”.
Telemedicine 101: The Basics of the Basics

- Telemedicine is not CBH-regulated
- Telemedicine is not new
- The temporary changes to rules around provision of telemedicine are unprecedented
- Relaxation of rules and regulations is done to ease access for our members and eliminate administrative burden for providers
- Providers still need to maintain quality control and compliance practices
How Is It Done?

In normal circumstances:

- Telemedicine for per diem/bed-based providers is generally extremely limited
- Real-time, two-way, audio-visual technology is required
- HIPAA security needs to be ensured
- Services referred to as “Store and Forward” are not billable
Earlier this year, regulations in Pennsylvania required that telemedicine:

- Be implemented only after an application to the Commonwealth
- Still use face-to-face services in most instances
- Be limited the scope to a relatively small group of practitioners
- Have limits on the use of telemedicine to meet staffing requirements
- Require the member to be in a provider’s office
COVID-19 Telehealth Accommodations

- CMS and the Commonwealth moved quickly at the onset of COVID-19 in the USA to relax regulations around telehealth
- In Pennsylvania, these changes are currently viewed as temporary
- The Commonwealth issued two Bulletins announcing changes in response to COVID-19. Changes included:
  - Expanded list of available staff who could utilize telemedicine
  - While two-way video conferencing is still preferred, audio-only is permitted
  - Technology does not necessarily need to be HIPAA-compliant
  - Limitations on the use of telemedicine to meet staffing requirements were relaxed
What Hasn’t Changed?

- Telemedicine guidance does not alone waive any other regulation

- Rules/regulations that **have not** changed:
  - Progress notes must still be entered
  - Treatment/Recovery Plans still need to be completed
  - Members receiving bed-based services must still be receiving services at the “billing” facility (except when allowed by regulation, e.g. RTF Therapeutic Leave)
How Can Bed-Based Services Utilize Telemedicine?

- Staff who may need to remain at home or at an alternate site can provide some services to members on the unit.
- Therapists who may be self-quarantining can “meet” with members individually via telemedicine.
- Social Workers can have family sessions with family remotely.
- When appropriate, consultations may be possible to complete remotely.
Telehealth Best Practices

- Two-way audio-video always preferred
- Electronic Health Records are recommended
- Crisis Plans should be completed
- Make sure sessions are as secure as possible
- Plan to get physical signatures if using verbal consents
- Never back-date signatures
- Plan to verify services delivered as clinician indicated
Telehealth and Fraud

*Common telehealth fraud schemes include:*

- Services not provided
- Using telehealth/telemedicine to market non-medically necessary services
- Billing for more services than provided
- Using telehealth/telemedicine to aid in patient brokering
- Use of non-qualified staff
Telehealth Implementation Strategies for Success
Having a solid policy and procedure for how your organization is implementing telehealth during the COVID-19 pandemic is key!

What is your continuity of operations plan?

How often is the plan reviewed/updated?

Do any current policies need to be updated?
Planning for Telehealth Service Delivery

What does a quality telehealth session look like for your organization?

- Managing expectations, for both staff and for supervisors
- Planning for the “what-ifs” that will occur
- Preparing for sessions, for both staff and for clients
- Training and supervision for staff:
  - to ensure quality and consistency in telehealth sessions provided
  - to maintain staff morale and maintain productivity
Technical Considerations

- Same service, but different delivery
- What are some of the complications with technology, and how do we work around them?
- Troubleshooting/contingency plan to overcome barriers
Clinical Considerations

- What are all the possible options for support?
- Take into consideration individual/family preferences for sessions
- Educate on platform being used
- Privacy
- Documentation
- Safety/Crisis planning
Questions?
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**CBH Website**

[https://cbhphilly.org/](https://cbhphilly.org/)

**DBHIDS Website**
