

BEHAVIORAL TELEHEALTH & PREPARING FOR THE FIGHT AGAINST COVID-19 & ITS AFTERMATH

MAY 4, 2020

PRESENTED BY:



Nancy L. Kaszak

Director | Illinois Telehealth Initiative



Nancy is the Director of the Illinois Telehealth Initiative of the Partnership for a Connected Illinois, an Illinois 501(c)(3) non-profit corporation, aimed at advancing telehealth in Illinois, the broader Midwest and the nation. The Initiative is the organizer of the Telehealth Law & Policy Forum, an annual multi-event series examining the telehealth landscape in across the country. The Initiative is also the organizer of multi-stakeholder telehealth demonstration projects.

Nancy is a trusted telehealth expert able to draw upon her background as a hospital board member to operate effectively in a challenging healthcare environment. She has worked intensively in diverse capacities to advance telehealth in Illinois and evaluate telehealth programs throughout the nation. The programs encompassed a broad range of healthcare specialty services.

An active public figure as a state legislator, Nancy authored legislation and sponsored multiple initiatives to promote technology and enhance the effectiveness and efficiency of government entities by executing strategy and programs that improved the overall state service delivery.



RECOGNITION

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1. Association of Community Mental Health Authorities of Illinois
2. The Chicago School of Professional Psychology
3. Community Behavioral Health Association of Illinois
4. E-Health Initiative & Foundation
5. Illinois Primary Health Care Association

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Raul Garza

President & CEO | Aunt Martha's Health & Wellness



Raul Garza is the President and Chief Executive Officer of Aunt Martha's Health & Wellness, leading a \$75 million system of integrated health care, community wellness, and child welfare services with more than 35 locations, including 23 community health centers. With locations in nine counties and over 800 employees, Aunt Martha's reaches more than 105,000 patients and clients, and impacts the lives of children and adults in some 600 communities across Illinois.

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Defining the “New Normal”

What We Have Learned in 7 Weeks

▶ NEW HIGH-RISK POPULATION

- ▶ Correlation between certain underlying conditions and COVID-19 complications combined with higher % of SMI population with chronic medical conditions
- ▶ Exacerbation of mental health conditions due to the stress created by potential risk associated with COVID-19 for those with underlying conditions

▶ RISK STRATIFICATION

- ▶ Adjustments to risk stratification models to account for new reality
- ▶ Patients with well-managed underlying medical conditions and well-managed mental health conditions may no longer be low-risk

Defining the “New Normal”

▶ INTEGRATION OF CARE

- ▶ Providers must further integrate medical and behavioral health care based on new reality
- ▶ Prime opportunity to hasten and strengthen the integration of care between primary care providers and specialists

▶ QUESTIONS FOR THE FUTURE

- ▶ How do we (FQHCs, Hospitals, Specialists, Managed Care Organizations, State Medicaid System, etc.) use this experience as an opportunity to ensure a more integrated approach to care?
- ▶ How can we fully implement the tenets of population health management for patients who are at risk of experiencing COVID-19 complications?

Sue Sarhage

Healthcare Executive / IT Innovation Leader



Sue is a Healthcare Executive/IT Innovation Leader with over 25 years within the Healthcare/Life Sciences vertical. Sue has assisted in growing market awareness within the Healthcare landscape. Strategic thought Leader driven with consultative strategies at the forefront of IT discussions growing and expanding accounts and driving companies' direction in expanding visibility of services especially Telehealth. Senior Professional in Healthcare IT holding positions with CareTech Solutions (HTC Global), Xerox, Dell and the American Medical Association. Proven record of accomplishments of strategy business development, extensive knowledge of the industry and what lies ahead with Innovation. Sue has worked for some of the top Fortune 100/ 500 companies holding titles including *Sr Vice President of Healthcare* and *Sr Business Development Executive for Healthcare & Life Sciences*. She has focused on defining solutions for providers and Enterprise Healthcare systems, along with emerging technology solutions for Digital Transformation. These include *AI, Analytics, Telehealth, RPA, Population Health, "PCMH", Remote Patient Monitoring, Telehealth services*. Visionary to the extended Health IT landscape and the strategy needed to obtain optimal revenue, cost containment and cost takeout for the Healthcare arena. Concentrated business and sales optimization as well as assisting with marketing support of targeted company needs and the evolving Health IT landscape including vendor relationships.

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Latoya Thomas

Director of Policy and Government Affairs | Doctor on Demand



Latoya Thomas is the Director of Policy and Government Affairs for Doctor on Demand and has a deep expertise in shaping statutory and regulatory policies nationwide that facilitate better delivery of care, cost reduction, internet connectivity and transparency between consumers, providers and insurers. She is a published author, has spoken extensively on matters involving digital health including testimony before legislative and regulatory bodies, and works with a range of stakeholders including providers, health plans, tech companies, startups, and state officials to ensure that the use and deployment of telehealth is achieved through effective policymaking.

Prior to joining the ATA, Latoya worked as a Director of Policy for the American Telemedicine Association, Associate Director of Government Affairs for the National Association for Home Care and Hospice to advance the use of technologies within the home health care industry, and also to ensure equitable access to health information technologies for all involved in the care continuum. She served as Research and Communications Strategist for the National HIT Collaborative for the Underserved (NHIT) to promote their core message of using health IT as a tool to reduce health disparities, and improve patient engagement and access to care.

Latoya serves on the Board for the Texas eHealth Alliance and is a Howard University alumna.

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Policy Pushed by COVID-19

More older Americans will be able to **access healthcare** they need from their home, **without worrying about putting themselves or others at risk during the COVID-19 outbreak**. Providers will be allowed to use everyday technologies to talk to telehealth patients, more telehealth services will be covered for millions more Medicare beneficiaries, and providers will be allowed to **offer these telehealth benefits to Medicare beneficiaries at a lower cost than traditional services**.

- Health and Human Services Secretary Alex M. Azar II

Medicare patients can now **visit any doctor by phone or videoconference** at no additional cost...A historic breakthrough — this has not been done before.

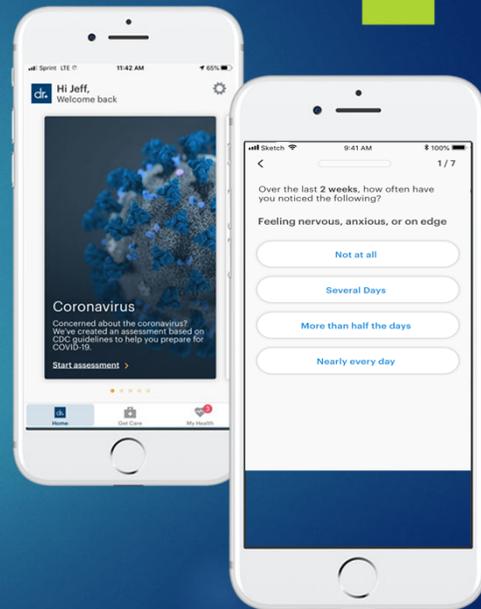
- President Donald R. Trump

Medicare beneficiaries across the nation, no matter where they live, will now be **able to receive a wide range of services via telehealth** without ever having to leave home.

- CMS Administrator Seema Verma

Telemedicine COVID-19 Response

- Online COVID-19 assessment and triage
- Home care guidance
- COVID-19 Information Center
- Encouragement for members to access behavioral health support throughout the patient experience
- Appointments for **COVID screening and other healthcare needs:**
 - + **Prevents the spread of infection**
 - + **Reduces burden on healthcare system**
 - + **Keeps doctors and patients safe**



Sara Shanti

Partner | Benesch Healthcare+



Sara Shanti is a partner in the Benesch Healthcare+ Practice Group. Sara represents healthcare providers and technology companies in matters related to data privacy and security, healthcare regulatory compliance, and mergers and acquisitions.

Sara's practice focuses on counseling clients on various digital health matters, including artificial intelligence, breach notification, mobile applications, and telemedicine. Sara's experience includes advising clients on transferring data across multinational borders, implementing compliance programs, launching health apps, and responding to federal investigations and security incidents, including ransomware attacks. Her experience extends to consumer and minor patient rights, medical staff relationships, and transactional matters.

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Telebehavioral Health Pulse: Illinois Legal Overview of Telebehavioral Health During COVID-19

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- ▶ March 9, 2020
 - ▶ Governorial Disaster Proclamation (the "Emergency")
 - ▶ All Illinois counties were declared a disaster area
- ▶ March 19, 2020
 - ▶ IL Governor issued Executive Order 2020-09, effective during the Emergency (the "EO")
 - ▶ Expanded Telehealth Services
 - ▶ Including psychiatry, mental health, and substance use treatments
 - ▶ IDHFS filed 1135 Waiver
 - ▶ To expand telehealth capabilities under IL Medicaid
- ▶ April 5, 2020
 - ▶ The Chief Bureau of Early Intervention cleared IDHFS requisites to implement Early Intervention Teletherapy, effective during the Emergency

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Telebehavioral Health Pulse: Illinois

Legal Overview of Telebehavioral Health During COVID-19

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- ▶ IL Telehealth **Before** the Emergency
 - ▶ Regulatory Flexibilities
 - ▶ No expressed technology (i.e. the interactive communication system must be sufficient to adequately diagnose patient and have audio and visual functions)
 - ▶ No specific "telehealth consent"
 - ▶ An initial in-person visit was not expressly required to establish patient-physician relationship
 - ▶ Commercial payors could not require or prohibit telehealth
 - ▶ Restrictive
 - ▶ IL licensed providers allowed to treat IL patients
 - ▶ Certain billing requirements
 - ▶ Location
 - ▶ Originated Site: A licensed provider was required to be present with the patient
 - ▶ Distant Site: The provider must be physician, PA, podiatrist, or APRN
 - ▶ No reimbursement parity
 - ▶ In-telehealth-network

Telebehavioral Health Pulse: Illinois

Legal Overview of Telebehavioral Health During COVID-19

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- ▶ IL Telehealth **During** the Emergency
 - ▶ Expand Telehealth Services, including psychiatry, mental health, and substance use treatments
 - ▶ Health insurance issuers are required to cover the costs of all Telehealth Services rendered by in-network providers upon the delivery of clinically appropriate, medically necessary care that would otherwise be covered in an in-person office visit
 - ▶ Expanded electronic or telephonic methods/platforms with provider discretion
 - ▶ Cellular and landline telephone, non-public video applications
 - ▶ Notify patients of privacy risks; enable available security
 - ▶ Suspension of IL's Mental Health and Developmental Disabilities Confidentiality Act
 - ▶ Written consent not required for those with right to inspect records
 - ▶ Licensure
 - ▶ CME and fee requirements suspending for those lapsed <3 years

Telebehavioral Health Pulse: Illinois

Legal Overview of Telebehavioral Health During COVID-19

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IL Telehealth **During** the Emergency

- ▶ Commercial health insurance issuers (e.g. PPO, HMO) ("Issuers") regulated by Dept. of Insurance now required to cover Telehealth Services rendered by in-network providers
 - ▶ Issuers may establish requirements, including documentation consistent with the EO; however, issuers may not be "more restrictive or less favorable" than Medicaid's emergency rulemaking (89 ILCS 140.403(e))
 - ▶ Utilization or treatment limitations must not be more stringent than in-person
 - ▶ No required prior authorization
 - ▶ Telehealth Services may be provided by any in-network IL licensed provider, whether or not in a telehealth network established pre-COVID-19
 - ▶ Expressly includes clinical and prescribing psychologists, "other mental health providers, and other substance use disorder treatment providers"
 - ▶ Issuers must notify provider of any billing instructions
 - ▶ Cost-sharing generally prohibited

Telebehavioral Health Pulse: Illinois

Legal Overview of Telebehavioral Health During COVID-19

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IL Telehealth **During** the Emergency

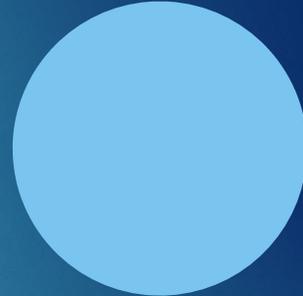
- ▶ Medicaid now required to cover Telehealth Services at the same rate paid for face-to-face services
 - ▶ Expanded behavioral health (but not Mobile Crisis Response and Crisis Stabilization)
 - ▶ Roll-back of location requirements
 - ▶ Originating Site = Telehealth Service delivery; Distance Site = Medicaid provider with appropriate license/certification to offer Telehealth Services (including out-of-state providers with a IL patient-provider relationship)
 - ▶ Telephonic Telehealth Services is acceptable (vs. Medicare's tele-video requirements)
 - ▶ Facility fees available for certified eligible facilities (including SUPR programs and providers reimbursed for patient room and board)

Telebehavioral Health Pulse: Illinois Legal Overview of Telebehavioral Health During COVID-19

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IL Telehealth **After** the Emergency

- Expanded use
 - ▶ Proactive providers
 - ▶ Privacy and security
- Boards, collective, and professional associations
- Schools, workplaces
 - ▶ PTO
 - ▶ Domestic Abuse, Mental Health, Minors, Substance Abuse



Hon. Dr. Dennis Deer Cook County Commissioner-2nd District



Cook County Commissioner Deer proudly represents one of the most diverse districts in Cook County. The 2nd Cook County District extends north to Division, south to 75th Street, east to King Drive and west to Laramie.

Dr. Deer is a graduate of Jackson State University, where he earned his Bachelor of Science in Elementary/Special Education and the Master of Science in Rehabilitation Psychology. He later went on to earn his Ph.D. in Christian Psychology. Born and raised on Chicago's west side, Dr. Deer remains a resident of the North Lawndale community. He has a long history of community service and has worked extensively with local community organizations on employment and training, re-entry, economic development, affordable housing, healthcare, and education. Dr. Deer is a Certified Rehabilitation Counselor, Licensed Clinical Professional Counselor, Clinically Certified Forensic Counselor, and a Certified Corrective Thinking Therapist.

Dr. Deer is also an Illinois Law Enforcement Standards and Training Board Certified Instructor, as well as a Cognitive Restructuring National Trainer. With this, Dr. Deer has been able to help craft solutions to community issues using multiple lenses. His passion for the community became evident some twenty plus years ago when he returned to North Lawndale and founded Deer Rehab Services Inc., a company that has become one of the most well-regarded providers of comprehensive services for ex-offenders. Dr. Deer went on to later start the Law Enforcement Family Training Services. Both organizations are full-service training, curriculum design, and consulting firms.



Amy H. Edgar

APRN, CRNP, FNP-C

Founder & Creator | Children's Integrated Center for Success



Amy is the founder and creator of an Integrated Care System (www.even4kids.org/ins.com) that delivers precision medicine to 4500 families in PA. **Precision medicine practitioner** for the last 5 years using clinical data including genetics to identify high value targets for intervention for children with Autism and other neurodevelopmental disorders. **Patent pending** for the diagnostic engine I created. **Health data pioneer** including membership in The Walking Gallery of Health Care. Currently curating an extensive and unique pediatric dataset to allow for **machine learning and the development of predictive analytics** for children with neurodevelopmental disorders including Autism and ADHD. Currently **Principal Investigator for 3 BioTech studies**: Co-PI VIOME/CICS study related to the impact of microbiome interventions and precision medicine on symptoms of autism, PI ApolloNeuro/CICS study exploring the impact of a tuned vibratory stimulation wearable on symptoms of emotional dysregulation in treatment resistant neurodevelopmental disorders. PI on a retrospective study Genomind/CICS exploring correlations between specific gene changes identified by assay and phenotypic data with the goal of identifying specific subtypes of existing disorders including Autism and ADHD.

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Thriving not just Surviving: Coding and Billing in the time COVID19

- ▶ Top 3 reasons behavioral health visits are denied:
 - ▶ Improper coding: place of service incorrect or add on code missing
 - ▶ The individual plan does not cover tele benefits
 - ▶ The individual plan required prior authorization or referral for the service that was not secured
- ▶ Top 3 reasons behavioral health visits are hard to code:
 - ▶ Different levels of credentialed service providers
 - ▶ Some codes are time based as well as documentation based.
 - ▶ Codes are added or deleted and not always in real time or for every commercial insurance

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Thriving not just Surviving: Coding and Billing in the time of COVID 19

- ▶ Top 3 Reasons to Persist:
 - ▶ The services are vital to the health and well being of citizens of this country
 - ▶ Once you learn the framework you can then move to strategic coding and billing efficiencies and maximize revenue
 - ▶ Tele delivery (virtual delivery) is here to stay. Learning now how to maximize billing through appropriate coding and operational efficiencies places your organization at an advantage.



Sara Agate

Associate | Benesch Healthcare+



Sara supports clients in digital health and emerging technologies, along with academic healthcare centers in matters related to data privacy and security, healthcare regulatory compliance, and policy and advocacy.

Sara's practice focuses on clients in emerging technologies, telehealth, regulatory compliance, data privacy and security, ethics, academic health centers, their patients, providers, and clinical research. She strives to anticipate client issues in regulatory and transactional matters to develop solutions.



Kari M. Wolf, MD

SIU School of Medicine



Dr. Wolf joined SIU School of Medicine in 2016 to serve as Chair of Psychiatry. She also currently serves as the Psychiatric Director for Illinois Department of Healthcare and Family Service's Behavioral Health Division. She has been providing telehealth services for almost 20 years in three different states and has experience developing telehealth networks to support hospitals, clinics, schools, and worksites in Central Texas as well as helping develop national telehealth coverage for a large healthcare system.

Dr. Wolf completed a psychiatry residency at the University of Iowa Hospitals and Clinics after earning her medical degree at the University of Iowa. She was on faculty at Iowa for several years before moving to Austin, Texas where she was on the faculty at University of Texas Medical Branch, UT Southwestern, Texas A&M, and UT Austin. In Austin, she spent 12 years building educational programs and the mental health system of care. She held numerous leadership roles including Chair of Psychiatry, CEO of the physician practice group, and Chief Medical Officer at Seton Shoal Creek Hospital.

Board Certified by the American Board of Psychiatry and Neurology, she is a member of numerous professional organizations and has significant expertise in developing systems of care, creating innovative services to expand behavioral health access, health policy development, change management, strategic planning, quality improvement processes, mentoring, and curriculum development. Her areas of interest include education, chronically mentally ill, and system redesign to enhance access to mental health services.



Illinois Provider's Perspective Before, During, and After COVID-19

Kari M. Wolf, MD
Chair of Psychiatry
Southern Illinois University
School of Medicine



BACKGROUND

- Almost 20 years experience with telehealth
- Worked in 3 different states
- State regulations create wide variability in what can be done

PRE-COVID-19 ILLINOIS LIMITATIONS

- Rural telepsychiatry
 - Limited to approved clinic sites
 - HPSA
 - Inconsistent reimbursement
- Incarcerated population
 - Pontiac Correctional Center
 - Logan Correctional Center
 - Macon County Jail
- Inpatient coverage
 - HPSA hospitals only
 - Medicare covers only every 3 days

TELEHEALTH DURING COVID-19

- On-site clinic for limited patients
 - Current TMS patients
 - Current esketamine patients
 - Patients needing long-acting injectable medication
- Maintained 85% of normal volume
 - Telepsych to patient homes
 - Including neuropsych testing
 - Minimal phone-only contact
 - Patient satisfaction scores at or better than pre-COVID-19

TELEPSYCH GOING FORWARD

- Federal regulations:
 - Eliminate geographical requirements
 - Reimburse daily hospital encounters
 - Continue to allow billing based upon medical decision making
 - Reasonable reimbursement for phone only visits
- State changes:
 - Pass legislation requiring telehealth to be reimbursed on par with in-person visits
 - Eliminate restrictions on patient location



Janeth Barba, LCSW

Director of Clinical Services | Family Service Association of Greater Elgin



Janeth Barba, LCSW is the Director of Clinical Services at FSA (Family Service Association) a community mental health agency with services in Kane and Kendall County. In her role Janeth provides clinical and administrative oversight to the 8 clinical programs to include SASS, Mental Health Juvenile Justice, Therapeutic Mentoring, Therapy Services, School Based Mental Health, Intake Department, Psychiatric Services and Crisis Intervention Team Enhanced (CITE). Janeth is a Police Social Work Supervisor for FSA's newest program CITE through Aurora Police Department that focus on responding to individuals in a mental health crisis through co-response with Officers or follow up case management. Janeth graduated from Illinois State University with her Bachelor of Social Work and Master of Social Work. Janeth has focused her career on working with children, youth, and families in crisis situations and those in need of intensive community-based services. Prior to FSA Janeth worked with DuPage County Court Services as part of their specialized team of therapist focused on work with high risk juveniles and their families. Janeth has training as a Multi Systemic Treatment therapist and has a strong experience working with hospitals, schools, law enforcement, court services, and other social services agencies.



**Family Service Association
OF GREATER ELGIN**

Best Practices in
Telebehavioral Health
Services:
Illinois Perspective on
Patients and Cultural
Considerations

JANETH BARBA, LCSW CLINICAL DIRECTOR
FAMILY SERVICE ASSOCIATION OF THE GREATER
ELGIN AREA



Utilization of Telebehavioral Health

- ▶ Crisis Assessments-Hospitals
- ▶ Crisis Intervention- Law enforcement
- ▶ Individual and Family Therapy
- ▶ Group Therapy
- ▶ Community Support
- ▶ Case management
- ▶ Psychiatry



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Telehealth Utopia

- ▶ Trained therapist in using telehealth
- ▶ Top notch equipment for therapist and client
- ▶ User friendly platform such as ZOOM or Doxy.me
- ▶ Client is comfortable navigating the system
- ▶ Solid internet connection
- ▶ Client consenting for use of telehealth
- ▶ Client understanding of confidentiality and limitations
- ▶ Therapeutic environment in clients home setting. No real distractions.
- ▶ Therapist environment is well setup

Once an option....now a necessity

- ▶ We took a drastic shift felt not only by providers but by clients.
 - ▶ Acknowledging the different stages of both the clinician and client
 - ▶ Therapist needs to be competent and confident in using telehealth.
 - ▶ Client needs to feel comfortable in using telehealth
- ▶ What we saw:
 - ▶ I love it
 - ▶ Its weird but its also kind of cool
 - ▶ I hate it. I will wait until I can see you again.
- ▶ We are now experiencing a shift of acceptance and increased comfort for both therapist and client.

Strengths of Telehealth

- ▶ Creative use of technology
 - ▶ Ease of using translators with video based.
- ▶ Immediate access to services
- ▶ Family able to include support person remotely.
- ▶ Natural setting-(include others that are not usually in the office)
- ▶ Continued support even among the shelter in place orders- continuity of care
- ▶ Transportation challenges eliminated.
 - ▶ More families have technology compared to transportation
 - ▶ Some prefer and feel more comfortable disclosing. May utilize the chat box for things they struggle saying but can write.
- ▶ Ability to increase professional supports
- ▶ Completing documents using shared screen

Challenges

- ▶ Many that are present for in person sessions still exist!
- ▶ Comfort level of therapist using technology maybe low
- ▶ Multiple distractions in clients home
- ▶ Environment not therapeutic.
- ▶ Families waiting for in person as they don't want to try video
- ▶ Childrens whos parents work not as involved. Sessions less frequent.
- ▶ Internet access, technology access may prevent the ability to use telehealth

Adapting your approach

- ▶ Age group
- ▶ Existing Clients
 - ▶ What is needed to shift to telebehavioral health
- ▶ New Clients
 - ▶ How do you start with a new client never meeting them in person
 - ▶ Focus on the building of relationship and comfort to the use of telehealth
- ▶ Communication Abilities
 - ▶ Visual or hearing impairments
- ▶ Cultural Awareness
- ▶ Therapeutic Approaches- Does it work for telehealth?

Patient Engagement Considerations

- ▶ Therapeutic relationship has never been more important
- ▶ Spending more time on the relationship and comfort of the client is essential.
- ▶ Acknowledge the absence of the personal face to face connection
- ▶ Environment Setup- What message are you sending?
- ▶ What is in your background matters
- ▶ Ability to maintain appropriate level of eye contact
- ▶ Attire is appropriate

Cultural Considerations

- ▶ Delivery of culturally appropriate mental health services using telehealth requires cultural awareness.
- ▶ Cultural awareness practiced whether in person or over video
- ▶ Things we have known to take into consideration :
 - ▶ Views of mental illness and treatment
 - ▶ Preference of treatment
 - ▶ Approaches to treatment and health
 - ▶ Disclosure of family information
 - ▶ Language interpretations or communication styles
 - ▶ Difference in value systems

Cultural Considerations Using Telehealth

- ▶ Therapeutic Relationship needs to be maintained
 - ▶ In many cultures they need to trust you by sharing stories and small talk. Engaging on a deeper level. Make time for this.
 - ▶ Collective societies approach family problems different often including the extended family and see their role and approval as vital for success. Be open to including other "family" in treatment. This may also increase conform level
- ▶ Families may need additional support on basic needs before they can focus on their mental health.
 - ▶ Maslow's Hierarchy of needs
 - ▶ Ensure families have the correct information by providing psychoeducation
- ▶ Family involvement may look different with telehealth

COVID-19 Related Risk Factors

- ▶ We need to assess not only what was impacted but how it was perceived by the individual and family.
- ▶ Experience is different for each family
 - ▶ Asian Americans increase in racism
 - ▶ Immigrant families not qualifying for many benefits
 - ▶ Fear of medical attention due to immigrant questions on COVID TEST
- ▶ Major loss impacts mental health
- ▶ Financial Instability
- ▶ Health Concerns
- ▶ Increased Anxiety about the future
- ▶ Social Isolation
- ▶ Conflict within the family or in the same household
- ▶ Discrimination

Assessing for Covid-19 Related Risk Factor

- ▶ Check in on risk factors with individuals and families consistently.
 - ▶ “Has anything changed with your financial or living situation since we last met”
 - ▶ What is your routine like this week.
 - ▶ Whats been your experience? Don't assume its all been bad.
 - ▶ Negative impacts on certain cultures. Wearing a facemask is not “safe for everyone”
 - ▶ Not everyone has the resources to purchase necessities
- ▶ Not normal situations...not normal reactions.
- ▶ Looking for resilience
 - ▶ How are they problem solving. What gets them through the week. Its important to highlight this.
 - ▶ This may not ne the first crisis for them.

Clients dropped out of contact try.....

- ▶ Contact family via phone, text, email
- ▶ Reach out to client's school. If client enrolled in e-learning obtain support from school
- ▶ Pull other involved professionals to reach out
- ▶ Send personal note with a timeline requesting contact.

Lessons Learned

- ▶ Preparation is key! Back up plans are essential!
- ▶ Test the equipment prior to the session.
- ▶ Instructions on using technology in multiple languages
- ▶ Spend time with the family to feel comfortable using the platform or app.
- ▶ Discuss expectations of telehealth with the family
- ▶ Adjust sessions based on needs. Found shorter sessions and more check ins during the week to be preferred.
- ▶ Use of shared screen has benefits!!!!

Recommendations

- ▶ Grants for funding for families to have tablets for telehealth.
 - ▶ Collaboration with schools for school aged children to be able to utilize their school tablets for therapy.
 - ▶ Headphones are helpful as well
- ▶ Support funding for telehealth to be fully reimbursed
- ▶ Training staff- practicing in area that you are competent.
- ▶ Funding for agencies to obtain equipment that improves telehealth services
 - ▶ Microphone, video, audio, lighting, platform

Jodi Mahoney

Vice President & COO | North Central Behavioral Health Systems



Jodi Mahoney currently serves as the Vice President and Chief Operating Officer of North Central Behavioral Health Systems, serving seven counties at 10 locations in central and north central Illinois. She oversees North Central's service delivery system including substance use treatment and prevention services and office and community-based mental health services and has championed the organization's leadership in telehealth and technology-based services. She holds bachelors and master's degrees in business administration; currently serves on the Board of Directors of the Illinois Association of Behavioral Health; has served on the Board of Directors of the Community Behavioral Health Association of Illinois; and has represented North Central through membership in the National Council and Mental Health Corporations of America.

North Central Behavioral Health Systems

- Community Mental Health Center (CMHC)
- Cover north central and central Illinois
- 7 Counties with a span of approximately 250 miles between offices
- Serve 6,000 unduplicated individuals annually
- Mental Health & Substance Use service provider
- 90% of our population is Medicaid
- Initially began telehealth in 2009 with telepsychiatry
- 2020 we utilize telehealth in all services available in our service array



CHALLENGES	STRENGTHS
<ul style="list-style-type: none"> ➤ Do not have access to technology the same as adults do ➤ Access to technology is dependent on using parents device ➤ Internet access ➤ Speed of internet ➤ For some - proficiency in using technology ➤ Sitting in front of screen ➤ For some - they are more proficient with technology than staff ➤ Kids are "tech natives" staff are "tech immigrants" ➤ First connection in most difficult ➤ Many device options that are easier to utilize are perceived as a privacy risk 	<ul style="list-style-type: none"> ➤ Adolescent population are more likely to have devices ➤ Adolescent are savvy with knowledge of technology ➤ "Tech Natives" ➤ Prefer text or video over phone ➤ Video is easier to engage clients ➤ Maintains service continuity and client engagement in services ➤ Some are more talkative using technology vs. in person ➤ Nature "excuse" to work with parent ➤ Improves operational efficiencies ➤ Allows frequent check-in with client
LESSONS LEARNED	RECOMMENDATIONS
<ul style="list-style-type: none"> ➤ Introduction to clients environment is helpful for office based staff ➤ Clients have a higher comfort level while in their own home ➤ Patience is needed ➤ Keep trying ➤ Consistency in utilizing technology ➤ Be positive and teach clients ➤ Pre-plan for hands on activities you can do together while on video 	<ul style="list-style-type: none"> ➤ Have discussion with clients about technology comfort ➤ Allow options of video and in person as part of your Service Delivery Model ➤ Prepare clients for the use of telehealth ➤ Create an organizational culture of telehealth ➤ Re-examine technology device privacy requirements to assure client can utilize simpler devices

Daniel Meier

Partner | Benesch Healthcare+



Daniel's practice focuses on advising acute, long term care and post-acute care providers and their ancillary service businesses on regulatory business issues, transactional matters and advocacy matters. Daniel's specialty areas include: long term care ancillary services, telehealth and remote patient monitoring, LTC and specialty pharmacy, hospice, physical therapy, occupational therapy, and speech language pathology providers, behavioral health providers, physicians and physician organizations, dentists and dental practices, DSOs, MSOs, ambulatory surgery centers, and group purchasing organizations for health benefits.

Daniel regularly counsels clients on regulatory issues, compliance, licensure, HIPAA, state privacy laws, certification, Medicare and Medicaid reimbursement, telemedicine and telehealth considerations and in the area of fraud and abuse, including, federal and state anti-kickback laws, physician self-referral laws, and the False Claims Act.

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Nick Mercadante

CEO | PursueCare



Nick Mercadante is CEO of PursueCare (<https://www.pursuecare.com>), a technology-enabled addiction treatment and behavioral health services provider founded in 2019. PursueCare leverages groundbreaking low-bandwidth telehealth technology to provide 24x7 on-demand access to Medication-Assisted Treatment for Opioid Use Disorder in rural and underserved communities. Their smart phone app provides direct access to comprehensive addiction treatment services and can ship medications straight to the patient at home. PursueCare partners with community health centers, health systems, insurance plans, and self-funded employers to create transitional programs that rapidly triage patients into care at home during the COVID crisis.

Nick previously served as President and COO of MedOptions, a national provider of behavioral healthcare to long-term care. There, Nick led development of a first-of-its-kind telehealth program to serve rural facilities where traditional in-person staffing is challenging. Early in his career while serving in a business development role at Drugmax Inc., Nick developed a telehealth pharmacy kiosk for point-of-care consultations, before the company was eventually acquired by Walgreens.

Nick operates a consulting firm advising on telehealth strategy, regulations, implementations, and acquisitions. Nick graduated from Tulane Law School and is licensed to practice law in CT, NJ, and TX. He is a member of the American College of Healthcare Executives, American Health Lawyers Association, the Health Care Compliance Association, and the Association of Corporate Counsel.

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Legal Pulse in NY Tri-State & New England Region and Best Practices by PursueCare, a Telebehavioral & Addiction Services Provider

MAY 4, 2020

PRESENTED BY:

Benesch, Friedlander, Coplan & Aronoff LLP

Daniel Meier, Esq., Partner

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Nicholas J. Mercadante, JD, Co-Founder & CEO

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Legal Pulse in NY Tri-State & New England Region

- ▶ NY Telehealth Coverage During COVID-19 Crisis:
 - ▶ Insurer may not exclude a service that is otherwise covered under the plan because the service is delivered via telehealth.
 - ▶ May not exclude an entire category of service from being eligible for coverage when performed via telehealth (eg, can't exclude PT if PT is a covered benefit). Insurer may review services to determine if they meet CPT requirements or if services are medically necessary.
 - ▶ Patient and provider may be located at any site meeting privacy and confidentiality standards, including patient's home or provider's home.
 - ▶ Coverage for use of telehealth via telephone or video modalities.
 - ▶ NYS insurer must waive cost-sharing, whether or not service is related to COVID-19, and must convey such rule to in-network providers.

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Legal Pulse in NY Tri-State & New England Region

- ▶ NY Telehealth Medicaid (FFS & MMC) Guidance - COVID-19 Crisis:
 - ▶ Telehealth services are reimbursed at parity with existing off-site visit payments (clinics) or F2F visits (100% of Medicaid rates).
 - ▶ Audio-only (phone) communications by provider are covered if they can't be provided by synchronous audio-visual.
 - ▶ Originating sites: no limits.
 - ▶ Distant site: any location, including provider's home in US.
 - ▶ Following OCR approach to HIPAA (enforcement discretion).

Legal Pulse in NY Tri-State & New England Region - COVID-19

- ▶ NY Office of Addiction Services and Supports (OASAS):
 - ▶ OASAS Telepractice Guidance supersedes any other state or federal-issued telehealth guidance.
 - ▶ Personalized screening and assessments and medication assisted treatment via telepractice.
 - ▶ Waiver of certain telepractice regulations, including ability to self-attest.
- ▶ NYS Office for People with Developmental Disabilities (OPWDD):
 - ▶ Nonresidential facilities and programs under OPWDD should deliver services via telehealth to I/DD individuals, but only when services can be effectuated with verbal prompts/cues.
 - ▶ Respite services only via 2-way audio-visual (not phone).

Best Practices by PursueCare, a Telebehavioral & Addiction Services Provider

- ▶ Adoption of telehealth relaxation for safety, not just retention
- ▶ Executive Orders create region alignment – states like CT, MA, NH now following more traditionally progressive "early adopter" states
 - ▶ CT and MA Medicaid previously did not include broad coverage or parity.
 - ▶ NH did not previously allow prescribing of controlled substances.
- ▶ Certain relaxations, mixed messaging, and lack of expertise create marketplace uncertainty during increased adoption
 - ▶ HIPAA/data security, licensure
- ▶ Hope for telehealth adoption, parity, and rational deregulation to be maintained after COVID-19

Becky Sanders, MBA

Senior Director | Indiana Rural Health Association
Program Director | Upper Midwest Telehealth Resource Center



As Senior Director for the Indiana Rural Health Association (IRHA), Becky Sanders engages with the other senior directors of the IRHA Executive Team in strategic planning and guidance for the future of the IRHA. She works with a wide variety of healthcare providers throughout the state of Indiana and maintains relationships with other state organizations to foster public/private partnerships on behalf of the IRHA.

Becky also serves as the Program Director for the Upper Midwest Telehealth Resource Center (UMTRC). In this role, she provides technical assistance and resources for healthcare facilities in Illinois, Indiana, Michigan, and Ohio. The UMTRC serves as a single point of contact for telehealth resources through educational presentations, individualized technical assistance, facilitation, and connections to telehealth information via the website and program staff.

Ms. Sanders has been with the IRHA since 2008. She has a Lean Healthcare Black Belt Certification from Purdue Healthcare Advisors and is a National Rural Health Association Fellow. Becky previously worked in telecommunications for the National Exchange Carrier Association. Ms. Sanders has a Bachelor of Arts degree from Indiana State University and a Masters of Business Administration in Healthcare Management from Western Governors University.



Behavioral Telehealth & Preparing for the Fight Against COVID-19 and its Aftermath

MAY 4, 2020

PLEASE BE ADVISED THAT UMTRC ONLY PROVIDES GUIDANCE ON BILLING ISSUES BASED ON EXPERIENCE. ANECDOTAL INFORMATION WE HAVE HEARD IN THE FIELD, AND THROUGH RESEARCH. FOLLOWING OUR ADVICE DOES NOT GUARANTEE PAYMENT. WE ALWAYS RECOMMEND YOU CHECK WITH THE PAYER (OR YOUR MEDICARE ADMINISTRATIVE CONTRACTOR) TO VERIFY UMTRC'S INFORMATION.

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Becky Sanders

*Senior Director,
Indiana Rural
Health Association*

*Program Director,
Upper Midwest
Telehealth Resource
Center*

National Consortium of Telehealth Resource Centers



Regionals

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

Nationals

- CCHP
- TTAC

Funded by the U.S. Health Resources and Services Administration (HRSA), the National Consortium of Telehealth Resource Centers (NCTRC) consists of 14 Telehealth Resource Centers (TRCs). As a consortium, the TRCs have an unparalleled amount of resources available to help virtual programs across the nation, especially within rural communities. Each TRC is staffed with telehealth experts to who are available to provide guidance and answer questions. As telehealth continues to gain more visibility and recognition in healthcare, the TRCs will remain positioned to provide assistance for all.

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NCTRC Website



<https://www.telehealthresourcecenter.org/>

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UMTRC Services

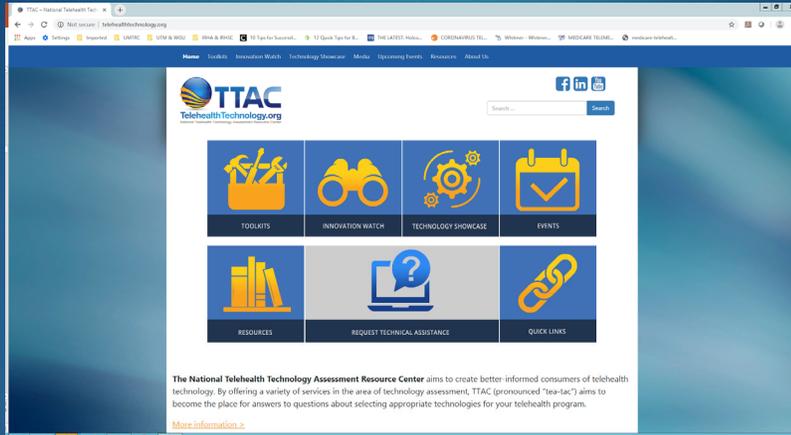
- ▶ Virtual Librarians
 - ▶ Individual Consultation
 - ▶ Technical Assistance
 - ▶ Connections with other programs
- ▶ Presentations & Trainings
 - ▶ Project assessments
 - ▶ Updates on reimbursement policy and legislative developments



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TTAC Toolkits



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<http://telehealthtechnology.org/toolkits/>

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TTAC Guide to Video Platforms

TTAC
TelehealthTechnology.org
National Telehealth Technology Assessment Resource Center

Clinician's Guide to Video Platforms

This updated video platform toolkit is designed to help readers learn more about how video can be used to support the delivery of healthcare and improve the customer care experience, we have included sections for consumers and those holding clinical, operational, or administrative positions. In addition to using online video for clinical services, some attention will be given to other customer support processes common to a clinical office.

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<http://telehealthtechnology.org/toolkits/>

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Existing Organizational EMR Systems and Technology

- ▶ Epic
- ▶ Cerner
- ▶ Meditech
- ▶ Cisco
- ▶ Microsoft



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UMTRC COVID-19 Resources



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COVID-19 Resources
FAQs
Getting Started Guides
Grant Resources
International Resources
News
Policy & Regulations
Reimbursement
Sample Forms & Templates
Technology

This toolkit has been created to assist providers with resources for plan.
[more>](#)

ILLINOIS COVID-19 RESOURCES
[more>](#)

INDIANA COVID-19 RESOURCES
[more>](#)

MICHIGAN COVID-19 RESOURCES
[more>](#)

OHIO COVID-19 RESOURCES
[more>](#)

<https://www.umtrc.org/resources/covid-19/>

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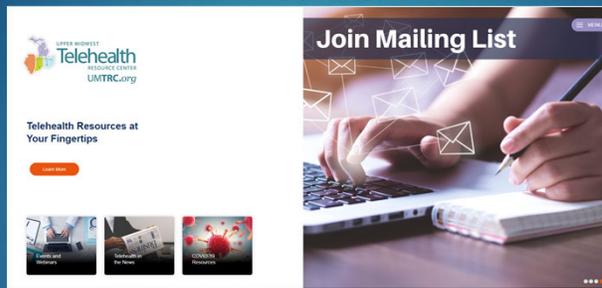
UMTRC Events & Webinars

- May 8**
 UMTRC Webinar: Telehealth/Telemedicine billing with current RHC rules/regulations
 Description: Telehealth/Telemedicine billing with current RHC rules/regulations on Medicare billing rules Presenter: Mark R. Lynn, CRHCP, CPA (inactive) RHC Consultant, Healthcare Business Specialists, LLC Mr. Lynn is considered one of...
- May 11**
 UMTRC Webinar: Telemedicine Technology Basics
 Presenter: Scott Richards Information Security Analyst Purdue University Technical Assistance Program, cyberTAP Telemedicine Technology Basics Purdue University cyberTAP's Information Security Analyst Scott Richards will discuss...
- May 12**
 Virtual Meeting SAEM Consensus Conference Telehealth and Emergency Medicine: A Consensus Conference to Map the Intersection of Emergency Medicine and Telehealth
 Virtual Conference to be held at a new date and time SAEM Consensus Conference *Telehealth will be defined for this conference as the use of communication technology to facilitate the delivery of healthcare. These modalities...
- May 13**
 UMTRC Virtual Office Hours: Video Etiquette
 Topic: Video Etiquette Presenter: Becky Sanders, MBA, Senior Director of Operations Upper Midwest Telehealth Resource Center (UMTRC) & Indiana Rural Health Association for telehealth resources throughout Indiana, Illinois, Ohio, and...
- May 18**
 UMTRC Webinar: Using Telehealth and Telemedicine to Support your MIPS and Medicaid PI Program Participation
 Presenter: Patty Rose, CPHP Senior Quality Advisor Purdue Healthcare Advisors Topic: Using Telehealth and Telemedicine to Support your MIPS and Medicaid PI Program Participation Patty Rose, Senior Quality Advisor from Purdue Healthcare...

<https://www.umtrc.org/events/>



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Thanks to our Host and Premium Sponsor: Benesch

Thanks to our Supporting Nonprofit Organizations who helped up publicize this event:

1. Association of Community Mental Health Authorities of Illinois
2. The Chicago School of Professional Psychology
3. Community Behavioral Health Association of Illinois
4. E-Health Initiative & Foundation
5. Illinois Primary Health Care Association