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Cabinet *for* Health *and*
Family Services

Advancing Telehealth in the Commonwealth
Interim Joint Committee on Health, Welfare, and Family Services

June 25, 2020

TELEHEALTH
Virtually Linking Patients with Care

Kentucky Telehealth Program
Office *of* Health Data *and* Analytics

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Telehealth Timeline

- **2000 –** Kentucky Telehealth Board established by the General Assembly.

  - *One of the first states to mandate coverage and reimbursement of telehealth services by Medicaid and Health Benefit Plans.*
  - *Primary objective to certify telehealth locations throughout the Commonwealth, and secondarily to assist providers with telehealth implementation.*

- **April 26, 2018 –** Kentucky's telehealth parity legislation, SB 112 sponsored by Senator Alvarado, passed with a delayed effective date of July 1, 2019.

  - *Mandated Medicaid and Health Benefit Plans cover and reimburse a telehealth service at the same rate as an in-person service.*
  - *Dissolved the Kentucky Telehealth Board and placed the telehealth program within Cabinet for Health and Family Services.*

Telehealth Timeline

July 1, 2019 – Kentucky Telehealth Program established within Cabinet for Health and Family Services.

July 1, 2019 – Medicaid parity for reimbursement established via Emergency Regulation, 907 KAR 3:170E.

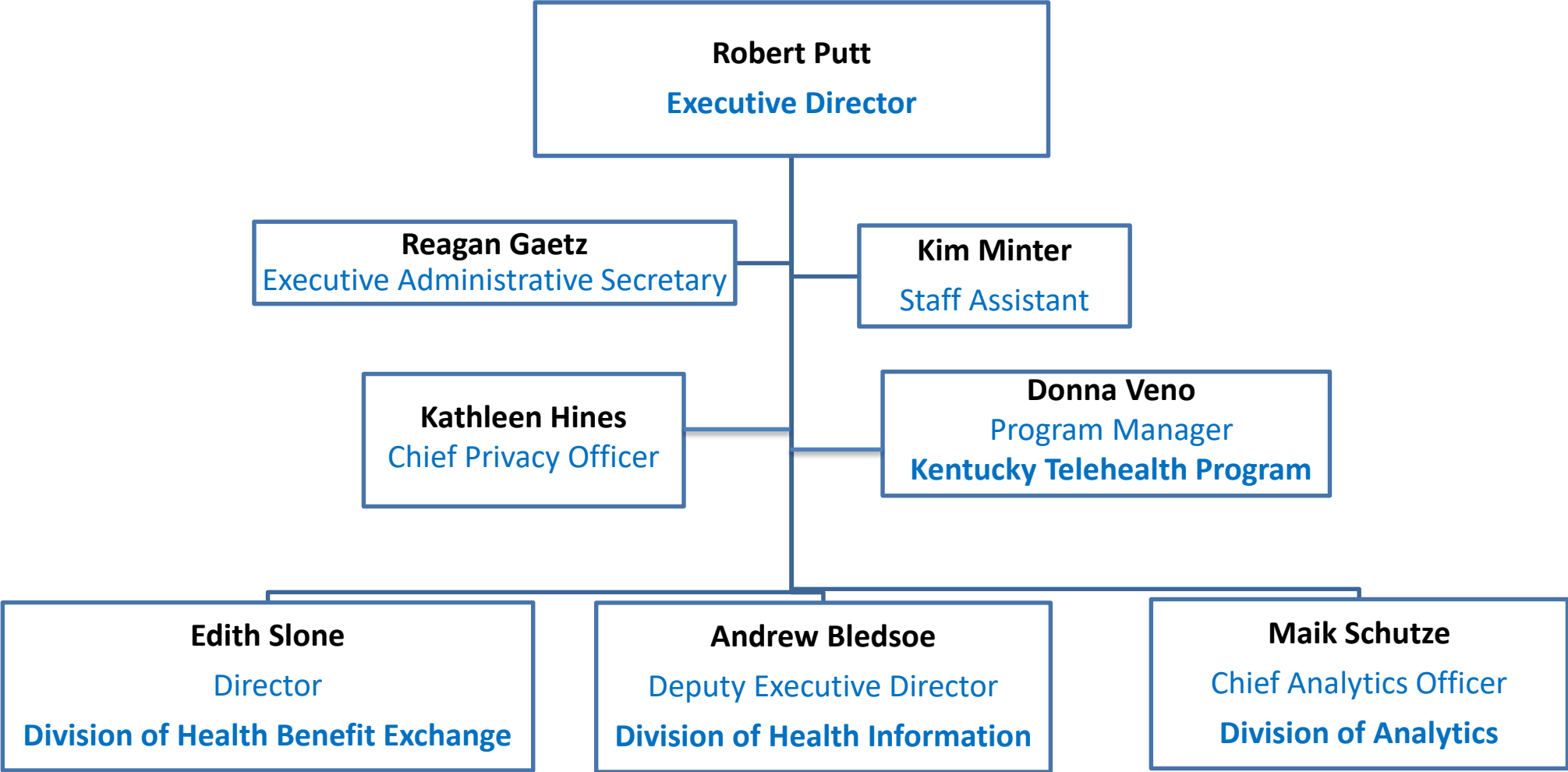**December 6, 2019 –** Ordinary version of 907 KAR 3:170 became effective.

May 2020 – Telehealth Clinical Specialist in place.

July 15, 2020 – Division of Telehealth Services to be formally established via SB 123.

Q1 of FY 21 - Division Director to be hired.

Q2 of FY 21 - Telehealth Advisory Council to be established via Administrative Order.

Office of Health Data and Analytics (OHDA)

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Mission of Telehealth Program

- Implement telehealth services and develop standards, guidance, resources, and education to help promote access to healthcare services in the Commonwealth

- Provide oversight, guidance, and direction to Medicaid providers delivering care using telehealth

CHFS & Telehealth Steering Committee

CHFS & Telehealth
- Departmental representatives will discuss ways in which telehealth can be of value to programmatic areas in the Cabinet.

Interim Telehealth Steering Committee
- 22 members representing the Kentucky Medical Association, Kentucky Academy of Family Physicians, Kentucky Hospital Association, hospitals, academic medical centers, primary care centers, Kentucky Board of Nursing, Kentucky Dental Association, Department of Insurance, Department for Medicaid Services, Department for Public Health, Department for Behavioral Health, Developmental and Intellectual Disabilities, and the Public Protection Cabinet.
- Assist with conducting an assessment and survey of telehealth services and opportunities in Kentucky (hospitals, primary care clinics, mental health centers, schools, local health departments, etc.).
- Receive updates from the department and workgroups and provide input for priorities.
- Identify strategic objectives for the future Telehealth Advisory Council.

Telehealth Workgroups

Ten workgroups consisting of subject matter experts are charged with addressing specific areas of interest and reporting to the Interim Telehealth Steering Committee. Each workgroup has defined tasks and deliverables.

- School-Based Physical and Behavioral Health – *February 2020*
- Privacy and Compliance – *February 2020*
- Research and Funding Opportunities – *February 2020*
- Policy Development – *February 2020*

- Local Health Department – *June 2020*
- Workforce Development / Education / Outreach – *June 2020*
- Behavioral Health / Substance Use Disorder (SUD) Treatment – *June 2020*

- Telco / Technology / Security - *TBD*
- Metrics / Healthcare Data Analysis / Reporting - *TBD*
- Disaster Preparedness - *TBD*

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School-Based Physical & Behavioral Health Workgroup

- Convened in February 2020
- Lead by Eva Stone, DNP, APRN, Jefferson County Public Schools
- Five Subcommittees:
  - Communications
  - Data
  - Implementation
  - Service, Coverage and Reimbursement
  - Technology

Deliverables
- Survey schools to conduct a needs assessment to identify current school-based telehealth clinics and their health care needs
- Integrate telehealth in the Kentucky School-Based Program & Free Care for Students Program
- Develop policy, guidance, and best practices for utilizing telehealth technology in school clinic settings
- Develop technology standards
- Develop communications and marketing tools

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Privacy and Compliance Workgroup

- Convened in February 2020
- Lead by Kathleen Hines, JD – Chief Privacy Officer, CHFS

Deliverables
- Develop policy and guiding principles for telehealth privacy and compliance
- Prepare a list of HIPAA compliant telehealth practice, procedures, and software
- Identify language to include in Business Associate Agreements for risk assessment and information systems activity review
- Identify criminal penalties for wrongful disclosure of individually identifiable patient health information; provide education on Anti-Kickback statute and Stark Law
- Prepare a telehealth etiquette checklist
- Develop an educational tool for all compliance information
- Develop communications and marketing tools

Research & Funding Opportunities Workgroup

- Convened February 2020
- Lead by Deborah Burton, PhDc, Telehealth Director, CHI Saint Joseph Health

Deliverables
- Report on grant and funding opportunities, evidence-based telehealth services, possible partnership and collaborations for expanding the adoption of telehealth services in the Commonwealth
- Assist in preparing grant proposals
- Identify funding opportunities to support state initiatives; i.e., Behavioral Health, Medicaid, Public Health, Disaster Preparedness, Personnel, Veterans Affairs, Corrections, etc.
- FCC COVID-19 Telehealth Program Application – CHFS/Department for Public Health (DPH), on behalf of all local health departments, has prepared a proposal to obtain funding for telehealth technology that would assist local health departments with connectivity to FIRSTNet® Emergency Network for disaster response and provide tele-monitoring of COVID-19 positive cases

Policy Development Workgroup

- Convened in February 2020
- Lead by Anna Whites, JD

Deliverables
- Develop policy and guidance for telehealth regarding confidentiality and data integrity, privacy and security, informed consent, privileging and credentialing, coverage and reimbursement, training, etiquette, and technology
- Develop standardized language to integrate telehealth in professional licensure, ethics, and standards of practice
- Develop an educational tool for policy information
- Develop communications and marketing tools

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Workgroups Convening in June 2020

- **Local Health Department Workgroup**
  Lead by Donna Veno, Telehealth Program Manager

- **Workforce Development / Education and Outreach Workgroup**
  Lead by Dianna Vice-Pasch, MSN, RN, Telehealth Clinical Specialist

- **Behavioral Health and SUD Treatment Workgroup**
  Lead by Anna Whites, JD

Department for Behavioral Health, Developmental and Intellectual Disabilities

Benefits of Telehealth in Behavioral Health

- Overcomes barriers related to transportation, work schedule, child care, and acute anxiety or depression
  - Decreased "no show" rate
  - Telehealth visit far surpasses no visit
- Allows for "mask-free" clinic visits
  - People with certain illnesses and disabilities can struggle with wearing masks and social distancing
  - Waiting rooms presented risks for vulnerable populations even before COVID-19
- Efficient and effective service delivery
  - Preferred by some consumers

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Department for Behavioral Health, Developmental and Intellectual Disabilities

Telehealth for Inpatient and Outpatient Services

- Physician rounding in facilities (psychiatric hospitals, nursing, and intermediate care facilities)

- Psychiatry, medicine, neurology, therapies, and dentistry to some degree in clinics

- Group therapy led by staff who are at high risk or otherwise unable to report to work site

- Court proceedings:
  - Involuntary commitment hearings (KRS 202A & 202B)

- Engagement of family and significant others

Department for Behavioral Health, Developmental and Intellectual Disabilities

Increased Access to Substance Use Disorder Treatment via Telehealth

- Individual therapy delivered via telehealth as an adjunct to medication therapy (e.g., Suboxone, Vivitrol)
- Group therapy in residential settings delivered via telehealth
- Overdose prevention training delivered via telehealth by a pharmacist to Federally Qualified Health Center (FQHC) patients followed by naloxone mailed to patient homes
- Peer support delivered over a tablet to persons who experienced an overdose
- Mutual aid groups held on digital platforms to maintain access to recovery support (i.e., Alcoholics Anonymous)

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Actions and Guidance Medicaid Took to Accommodate Telehealth During the COVID-19 Pandemic

Approval of Federal Section 1135 Waiver Requests – Effective 3/01/2020

Source: **https://chfs.ky.gov/agencies/dms/Documents/1135Flexibilities.pdf**

Provider Letter A-105 COVID-19 Guidance – Effective 3/11/2020

Waiving all cost sharing for services associated with COVID-19, encouraging the use of telehealth through HIPAA compliant technology, when possible, and adding the following codes on a temporary basis for brief communications with established patients

Source: **https://chfs.ky.gov/agencies/dms/ProviderLetters/dmsproviderletterCOVID19.pdf**

1915(c) Home and Community Based Services Waiver Providers – Effective 3/13/2020

Effective immediately, case managers may conduct visits with waiver participants online or by phone. Case managers need to ensure meetings are conducted in a HIPAA compliant manner.

Source: **https://chfs.ky.gov/agencies/dms/ProviderLetters/1915ctelehealthcovid19providerletter.pdf**

Actions and Guidance Medicaid Took to Accommodate Telehealth During the COVID-19 Pandemic

Statement of Emergency – 907 KAR 1:604E – Effective 3/13/2020

This emergency administrative regulation is being promulgated to remove copayment requirements for 1915(c) waiver enrollees and members receiving services within long-term care facilities, waive Medicaid copayments under circumstances relating to an emergency declaration, clarify additional circumstances where the department may waive cost-sharing in response to an actuarial analysis if federal approval is received, clarify that pregnant women are fully exempt from Medicaid copayments, remove references to a nonfunctioning federal waiver, and clarify that managed care organizations may reduce or eliminate copayments for their enrollees.

Source: **https://governor.ky.gov/attachments/20200313_State-of-Emergency_907-KAR-1-604E.pdf**

Provider Letter A-106 COVID-19 Guidance – Telehealth – Effective 3/17/2020

Licensed behavioral health providers can deliver services via telehealth, with the exception of residential substance use disorder treatment services and residential crisis services. All providers delivering care via telehealth must comply with all telehealth regulations, including synchronous, two-way video on a HIPAA secure link.

Source: **https://chfs.ky.gov/agencies/dms/ProviderLetters/behavioralhealthcovid19.pdf**

Actions and Guidance Medicaid Took to Accommodate Telehealth During the COVID-19 Pandemic

907 KAR 3:300. Enhanced and suspended Medicaid services and requirements if there is a declared national or state emergency - Effective 3/19/2020
Enhanced or Expanded Medicaid Benefit
Source: **https://apps.legislature.ky.gov/law/kar/907/003/300E.pdf**

Guidance on Well Child Visits During COVID-19 – Effective 4/15/2020
DMS will reimburse at the same rate as an in-person visit as for a telehealth well child visit. Specific guidance has been developed during the time of emergency for fee for service and managed care populations.
Source: **https://chfs.ky.gov/agencies/dms/Documents/telehealth%20wellchildvisit%20memo.pdf**

Medicaid Telehealth Claims – MCO's

Three months of services using telehealth **pre-COVID19** = $1,093,910.
Three months of services using telehealth **during COVID19 =** $31,791,510.

Top providers using telehealth were:

- Community Mental Health Centers
- Behavioral Health Multi-Specialty Groups
- Behavioral Health Service Organizations (BHSO)
- Physician Groups
- Rural Health Clinics
- Certified Nurse Practitioners
- Primary Care Centers/Federally Qualified Health Centers
- Licensed Professional Clinical Counselors
- Licensed Clinical Social Workers

Medicaid Telehealth Claims – Fee for Service

Three months of services using telehealth **pre-COVID19** = $95,686.
Three months of services using telehealth **during COVID19 =** $6,953,575.

Top providers using telehealth were:

- Support for Community Living (SCL)
- Acquired Brain Injury
- Early Periodic Screening, Diagnostic and Treatment/Special Services
- Rural Health Clinics
- Community Mental Health Centers
- Primary Care Centers/Federally Qualified Health Centers
- Behavioral Health Multi-Specialty Groups
- Multi-Therapy Agencies
- Physician Groups

What's Next?

- Work with professional licensure boards and cabinets on needed regulatory amendments for post-COVID-19 telehealth use.

- Provide connectivity to FIRSTNet® Emergency Network for all local health departments for disaster preparedness.

- Engage the Board of Emergency Medical Services, Public Health, and the Emergency Management Assistance Compact to discuss integration of telehealth into the Kentucky Emergency Operations Plan.

- Develop a plan for all local health departments to connect to KentuckyWired. Look to grants to provide project funding.

- Redesign the telehealth website for providers and patients: telehealth.ky.gov

- Develop a statewide telehealth services directory.

- Partner with Kentucky Community & Technical College System (KCTCS) and academic medical centers on curriculum development; could potentially be certified by the American Telehealth Association.

- Expansion of the Department of Veterans Affairs telehealth project to help veterans access healthcare.

- Develop a communications and marketing plan and brand Kentucky Telehealth.

- Continue to pursue grants for project funding.

Recommendations for Encouraging Use of Telehealth Technology

- **Connectivity**
  - Broadband
  - Disaster response

- **Standards**
  - Tools selection
  - Practice and procedures

- **Education**
  - Implementation & clinical use
  - Privacy and security

- **Policy and Regulations**
  - Statutes to encourage use
  - Licensure boards and association regulatory amendments
  - Coverage and reimbursement of services

Questions / Contacts

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