

Best Practices for Telehealth During COVID-19 Public Health Emergency

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Overview

National Council for Behavioral Health members are on the front lines providing critical mental health and substance use treatment during an unprecedented public health emergency. Congress and the Trump Administration have [changed federal guidelines](#) so that more practitioners may use telehealth during the COVID-19 outbreak.

This document is intended to provide you with the background and resources necessary to help you begin or expand your use of telehealth. This list is not exhaustive and guidance from the Trump Administration or future legislation may change the current situation at any time. Please reach out to use if we can be of help during this period. For technical assistance, contact your Telehealth Regional Center [here](#).

COVID19 Response: Policy Changes in Telehealth

Key Things to Know

- Centers for Medicare & Medicaid Services (CMS) issued a [General Provider Telehealth and Telemedicine Tool Kit](#)
- Covered health care providers that want to use audio or video communication technology to provide telehealth to patients during the public health emergency can use any non-public facing remote communication product that is available to communicate with patients including Apple FaceTime, Facebook Messenger video chat, Google Hangouts video, or Skype.
- Penalties won't be imposed on covered health care providers who have not entered into HIPAA business associate agreements (BAAs) with video communication vendors.

Medicaid and CHIP

- Changes to policies and regulations for Medicaid and CHIP are largely being adopted at a state level. Increasingly, states are issuing guidance on changes that include:
 - Allowing providers who do not have access to the technology required for video-enabled virtual session to provide telephonic sessions in a member's home when there are concerns about COVID19
 - Waiving face-to-face requirements to allow for telephonic or telehealth services in programs such as health homes or care coordination programs
- States have the ability to submit Section 1135 waiver requests for flexibilities in Medicaid and CHIP including:
 - Waive prior authorization requirements in fee-for -service programs

- Permitting providers located out of state/territory to provide care to another state's Medicaid enrollees impacted by the emergency
- Temporarily suspend certain provider enrollment and revalidation requirements to increase access to care.
- Temporarily waive requirements that physicians and other health care professionals be licensed in the state in which they are providing services, so long as they have an equivalent licensing in another state
- Since waivers and changes are largely on a state-by-state basis, **we recommend seeking guidance from your state department of health or mental health agency to ensure you are compliant with changes and able to bill appropriately.**

Changes for Medicare Beneficiaries

- Medicare has expanded telehealth coverage that enables beneficiaries to receive a wider range of healthcare services from their doctors without having to travel to a healthcare facility. More detailed information on Medicare changes can be accessed [here](#).
- Changes include:
 - Allowing beneficiaries to receive telehealth services within their homes
 - CMS will not enforce an established relationship requirement (HHS will not conduct audits to enforce that a patient has a prior established relationship with a particular practitioner)
 - Authorized use of telephones that have audio and video capabilities as acceptable equipment for telehealth

Expanded Autonomy in Telehealth Adoption/Platforms

HHS Office of Civil Rights has issued a "[Notification of Enforcement Discretion](#)" for telehealth remote communications during the public health emergency. HHS will not impose penalties for noncompliance with the regulatory requirements under the HIPAA Rules against covered health care providers during the COVID-19 nationwide public health emergency.

Guidance for Non-Invasive Remote Monitoring Devices

The Food and Drug Administration (FDA) [announced](#) they would allow manufacturers of certain FDA-cleared, non-invasive, vital sign-measuring devices to expand their use so that health care providers can use them to monitor patients remotely. The goal is to expand the availability and capacity of these devices so that providers can monitor a patient's vital signs including body temperature, respiratory rate, heart rate, blood pressure, and more from home, minimizing the risk of exposure to COVID-19.

Benefits for Using Telehealth During COVID19 Outbreak

- Promotes the practice of social distancing to reduce spread – shifting visits that do not require in-person/face-to-face limits the physical contact between staff and patients and can reduce risk of spread in high-volume/traffic areas such as waiting rooms.

- Enables you to explore options for continued engagement and reduced potential for exposure for those who are considered most vulnerable to COVID19.
- Reduces the likelihood of patients participating in activities/behaviors that could increase risk of exposure, such as use of public transportation to attend appointments.

Key Considerations For Adopting/Expanding Telehealth

Be strategic in your considerations: Work with your team to think strategically about where opportunities for expanding telehealth are. Consider which services/programs already have virtual options that could be expanded, which populations or clients would most easily adapt to virtual platforms, and which services or populations would pose the greatest challenges. With things moving quickly, all of these factors are important to streamlining implementation.

Take time to assess your needs: Understand what your current capacity is and where your gaps are in terms of equipment, staffing and patient resources. Ask yourself: What technology capacities do you already have? What equipment could you purchase quickly? Who on your staff could be a leader in utilizing technology and training other staff? What are the needs of individuals served by your organization? What technology capacities can you guesstimate they have/need? ExL If your patients regularly access a patient portal, they likely have smart phones, if population is >60% over age 60 perhaps phone calls would be best, etc.

Communicate visit changes to your patients: Let your patients know that your organization's telehealth policies during COVID19 outbreak. If you will only be providing telehealth visits, post information to your website, consider changing your organizations phone script to include this information at the beginning of your recording, call patients with upcoming appointments and offer televisit. Consider targeted outreach to "high risk" patients.

Practice using technology first: Whatever application you decide to use, practice with other staff before you use with a patient. You may be able to recommend preferred video conferencing applications to patients and send them test links to make sure a connection is available before starting your session.

Create a backup plan: Establish protocols in case escalation of care is required or technology fails. Do you need to consult with another provider? What backup technology could you use?

Consider appropriate screening tools: If you are still offering in-person appointments, incorporate approaches for screening for COVID19 symptoms prior to arrival and protocols for shifting appointments to virtual should someone be presenting symptoms. If someone is displaying symptoms but is in crisis or requires immediate support, consider protocols and partnerships that can alert EMS/crisis response teams of symptoms consistent in advance.

Documentation and record keeping: Continue maintaining an electronic record for each patient and document to the highest of your capability based on your interaction, including any assessments or treatment plans. Ensure your staff are kept abreast of policy or billing changes as states adopt and expand access so that documentation is in compliance.

Check in with patients: find out where the trouble areas are for them and make changes where necessary. Check in during the visit and afterwards. Did they struggle with this type of communication? Could you switch to a different application? Are there tests you could do beforehand to check their internet or phone connection if that is a trouble area?

Reach out if you need help: Contact the National Council for technical assistance. Additionally, there are regional telehealth centers (TRC) throughout the country. You can reach out to them with specific questions. Find your TRC [here](#).

ADDITIONAL RESOURCES

- SAMHSA - [Telebehavioral Health Training and Technical Assistance](#)
- American Telemedicine Association – [Practical Guidelines for Video-based Online Mental Health Services](#)
- American Medical Association – [Telemedicine: Connect to Specialists and Facilitate Better Access to Care for Your Patients](#)
- National Consortium of TeleHealth Research Centers – [COVID-19 Telehealth Toolkit](#)
- National Telehealth Technology Assessment Resource Center - [Home Telehealth](#)
- National Telehealth Technology Assessment Resource Center - [Clinician’s Guide to Video Platforms](#)
- American Psychological Association - [Guidelines for the Practice of Telepsychology](#)
- Hazelden Betty Ford Foundation - [Using Telehealth for Addiction Treatment](#)