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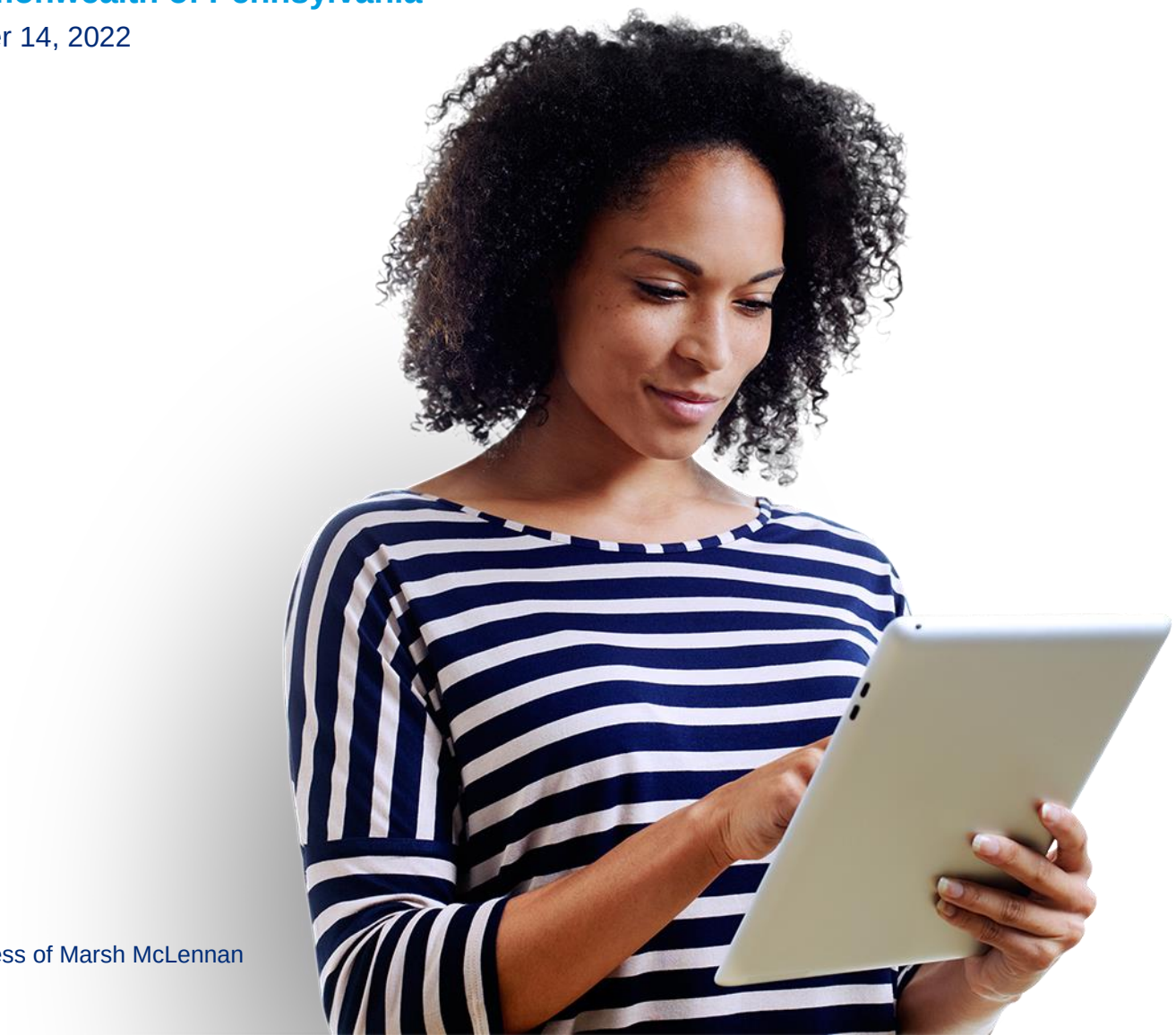
Behavioral Health Telehealth Roadmap: Enhanced Recommendations

Commonwealth of Pennsylvania

October 14, 2022



A business of Marsh McLennan

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Section 1
Introduction

Background

The Commonwealth of Pennsylvania (Commonwealth or Pennsylvania) Office of Mental Health and Substance Abuse Services (OMHSAS) has historically defined telehealth as the delivery of compensable Behavioral Health (BH) services at a distance using real-time, two-way interactive audio-video transmission. In 2021, OMHSAS updated the definition of telehealth to include telephone-only, without video communications, in limited circumstances. This includes when the individual served does not have video capability or for an urgent medical situation, consistent with federal law and corresponding rules and guidance. Telehealth continues to exclude text messaging or electronic mail messaging or facsimile (fax) transmissions. Throughout the COVID-19 Public Health Emergency (PHE), the use of telehealth for BH services temporarily expanded beyond this definition to include non-Health Insurance Portability and Accountability Act (HIPAA) compliant platforms, audio-only communications, and other allowances.

Phase I Objective

In the fall of 2020, OMHSAS engaged Mercer Government Human Services Consulting (Mercer) to solicit feedback on the future of telehealth policy, including what temporary flexibilities for services that use telehealth OMHSAS should consider making permanent once the federal PHE ends. OMHSAS charged Mercer with researching emerging telehealth BH best practices and eliciting feedback from Primary Contractors (PCs), Behavioral Health Managed Care Organizations (BH-MCOs), individuals with lived experience and their families, providers, and other stakeholders across the Commonwealth. Mercer gathered information and drafted recommendations to inform OMHSAS' telehealth policy post-pandemic in the following key focus areas:

- Service Delivery Considerations for BH telehealth:
  - Services provided via telehealth
  - Assessing when telehealth is a viable option
  - Addressing training needs for providers and members
- Telehealth Technology and Security:
  - Telehealth modalities
  - Platforms and security
- Reimbursement:
  - Rate development considerations
- Quality Measures:
  - Early outcomes

  - Defining success
  - Fostering member engagement and satisfaction
- Creating a Culture of Inclusion in Behavioral Health Telehealth:
  - Defining inequities
  - Addressing inequities

Phase II Objective

In the spring of 2021, the Commonwealth engaged Mercer for Phase II of BH Telehealth policy development. OMHSAS re-convened the Steering Committee utilized in Phase I to serve as the designated group for guidance and input. Building from the recommendations from Phase I, the group's charge focused on identifying and prioritizing recommendations for short- and long-term implementation. Mercer facilitated five Steering Committee meetings to ensure there was adequate time to review all recommendations.

Methodology

Three Work Streams were deployed to support implementation, adoption, and roll-out of specific recommendations from Phase I. Each Work Stream met up to six times *(Workforce Development and Provider Qualifications met five times)* to review background materials, develop guidance and best practices, and educational/training materials to formalize and operationalize BH telehealth policy changes. The three Work Streams included:

1. Service Delivery
2. Quality Monitoring and Performance Measures
3. Workforce Development and Provider Qualifications

To help inform the Work Streams, Mercer performed a targeted, up-to-date review from its Phase I (2020) research of BH telehealth policies and practices adopted by other states and from Medicare for use following the federal PHE. In addition, best practices currently being developed by national organizations were also reviewed, including any updated fidelity standards. Steering Committee meetings helped to drive the focus areas of the Work Streams and the supports needed for Work Stream topics. Inclusion of all populations served was an underlying tenant of all Work Stream activities. Work Stream participation from a variety of BH sectors included members, providers, advocates, BH-MCOs, PCs, and advocacy organizations. At least one representative from the Department of Human Services (DHS) attended all Steering Committee and Work Stream meetings.

Section 2
Summary of Recommendations

Work Stream One: Service Delivery

The Service Delivery Work Stream reviewed existing best practices for telehealth service delivery. This included guidance in assessing the appropriateness of telehealth for each member and service; education for providers and members on clinical and technical processes; and technology considerations, including recent efforts to increase access to broadband internet. The Work Stream developed four recommendations for delivering BH services through telehealth, but also noted that the accelerated use of telehealth during the COVID-19 PHE outpaced research on its use, resulting in a lack of best practices in some areas, particularly for certain services and audio-only communications. The Service Delivery Work Stream acknowledged that additional telehealth guidance from Centers for Medicare & Medicaid Services (CMS), the Substance Abuse and Mental Health Services Administration (SAMHSA), and other federal entities is likely forthcoming over the next several years, necessitating potential updates in the future to the recommendations.

Assessment

Service Delivery Work Stream members recommend an assessment be part of the delivery of services through telehealth, to ensure the modality is appropriate both clinically and operationally for each individual. In addition to having a provider conduct an assessment upon intake or prior to providing services through telehealth, the group further recommends that a check-in be performed at each session to continue to ensure telehealth serves as an appropriate modality for service delivery and a reassessment be done at regular intervals such as an annual reassessment.

Research at the federal level and among other states did not yield significant information regarding assessments for the appropriateness of telehealth service delivery. In part, this may be due to the expanded use of telehealth (due to COVID-19) being relatively recent, with less than a year of experience to draw upon. However, a paper released by the National Committee for Quality Assurance (NCQA) in September 2020 noted that individuals receiving services should receive a choice in modality of service, whether it be in-person or via telehealth, which could be part of an assessment process.[1] In addition, Mercer identified one screening tool widely referenced during its review, the *Office and Technology Checklist for Telepsychological Services*, developed by the American Psychological Association.[2] The Service Delivery Work Stream used this tool as a template for developing an assessment tool for use in the Commonwealth.

1. a. Recommendation

Providers should perform an assessment of telehealth suitability for an individual with ongoing check-ins for continuing appropriateness of the modality. **Refer to Appendix A for a sample Behavioral Health Telehealth Assessment**, which should serve as a part of the larger intake

[1] https://www.ncqa.org/programs/data-and-information-technology/telehealth/taskforce-on-telehealth-policy/taskforce-on-telehealth-policy-findings-and-recommendations-overarching-issues/

[2] *Office and Technology Checklist for Telepsychological Services*, American Psychological Association. 2020

assessment completed upon intake. If a barrier such as access to technology arises during the assessment, it should not automatically preclude an individual from telehealth service delivery but rather serve as a flag to explore options to gain access. For example, the individual may need to go to an office site closer to their home and obtain access there, or there may be an opportunity to provide the individual with equipment to allow for access.

Recipient Education

It is important to have buy-in from team members from the beginning when planning for and implementing telehealth; the adoption process can be lengthy and requires staff support throughout, in order to be successful. Both practitioners and individuals are more likely to continue to use telehealth if the first encounter goes smoothly.

Service Delivery Work Stream members noted training and education as an important component for both providers and individuals on telehealth modalities. Testing of connections internally within the agency and with individuals is essential.

Recipients should receive education and training on the process, technology platform, and the options of different telehealth modalities as well as in-person and a hybrid combination of virtual and in-person options. Work Stream members also felt training for individuals should include security, privacy, and confidentiality components specific to telehealth, such as access to a private space for services

Recipients should receive education and training on the process, technology platform, and the options of different service delivery modalities such as in-person, virtual, and a hybrid combination of virtual and in-person options. Work Stream members also felt training for individuals should include:

- Security,
- Privacy, and
- Confidentiality components specific to telehealth, such as access to a private space for services.

All training and educational materials should be clear and practical, with simple language and graphics where appropriate. Boundaries and expectations should also be discussed, including appropriate settings, such as not having a session while driving, or emphasizing that adolescents refrain from using another device, such as a cell phone, when engaging in treatment.

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1. b. Recommendation

Individuals should be prepared for what to expect when receiving telehealth delivered services, either in a hybrid model or completely through telehealth. **A sample Behavioral Health Telehealth Take-Home Prep Sheet can be found in Appendix B** which provides individuals with helpful information of “what to

expect" during their first BH telehealth visit. The sample is designed to allow providers to customize their informational sheets to reflect components unique to each provider, including individual telehealth platforms used, accessing the telehealth platform, as well as specific individual expectations.

Services

Prior to the COVID-19 PHE, the primary two services delivered via telehealth consisted of individual therapy and medication management. The Service Delivery Work Stream reviewed other BH services that may be delivered at least in part in a virtual modality, although any recommended changes the Commonwealth chooses to adopt will take a longer period of time to implement. Policy definitions would require updating, which may take more time in part since there has not been adequate time to explore the impact of telehealth on evidence-based modalities.

The Work Stream specifically looked at the following services:

- Assertive Community Treatment (ACT)
- Intensive Behavioral Health Services (IBHS)
- Partial Hospitalization
- Family-Based Mental Health Services
- Community Residential Rehabilitation

Assertive Community Treatment (ACT): It was determined that due to the intensive nature of need for individuals receiving ACT; services should be primarily in-person when services are first initiated. As an individual progresses through treatment and stabilizes, there may be allowances for clinical judgment in reducing in-person services, freeing up team members such as the psychiatrist to serve more individuals through telehealth.

Intensive Behavioral Health Services (IBHS): The Work Stream recommends licensed individuals could provide services through telehealth, but direct care services provided by non-licensed professionals should remain in-person. The group did note an increase in parent involvement when IBHS is provided through telehealth. Barriers such as lack of transportation, lack of childcare, or concerns with missing work were reduced.

Partial Hospitalization: The Work Stream recommends Partial Hospitalization remain primarily in-person. Partial Hospitalization consists of four to six service hours a day and presents a challenge for telehealth service provision, both due to the difficulty of participants remaining attentive and focused, and from the absence of the therapeutic milieu of the partial hospitalization setting. Periods of transition such as when an individual is returning to work or school may be appropriate for a hybrid approach to the service, but otherwise the recommendation is to retain the in-person modality.

Family-Based Mental Health Services: This service also presents a challenge to telehealth delivery. The Work Stream recommends that due to the intensity of need and the importance of being in the family milieu in-person, these services should continue to be in-person except in emergency cases.

Community Residential Rehabilitation: Due to the need for staff on site in Community Residential Rehabilitation, the Work Stream recommends allowing telehealth as an enhancement for specialty services, such as access to an eating disorder specialist. Telehealth services should only be used as an enhancement and not replace the services already existing and being delivered in these settings.

1. c. Recommendation

Some high intensity services do not lend themselves as well to a telehealth modality. Telehealth may be utilized as an enhancement in these services but not as the primary delivery modality. More detailed **Behavioral Health Services and Telehealth Recommendations on specific BH services can be found in Appendix C.**

Broadband Connectivity and Funding Opportunities

A final area of focus for the Service Delivery Work Stream was to review and identify funding opportunities for increasing broadband access. Among the items discussed were federal funding and technical assistance opportunities through the Health Resources and Services Administration (HRSA) and the Telehealth Resource Center Grant Program. The Work Stream also reviewed existing efforts undertaken by other states to expand broadband to underserved areas, including regional partnerships among states and public-private partnerships.

Some efforts to increase broadband access are currently underway. The Commonwealth used $1 million of its Coronavirus Relief (Coronavirus Aid, Relief, and Economic Security Act [CARES Act]) funding to improve broadband. Another project overseen by Driving Real Innovation for a Vibrant Economy (DRIVE) will provide additional services in Montour County with funding from Geisinger.[3] Innovative funding projects such as these will alleviate some access issues in rural areas although more sources of funding for other projects will need to be identified.

1. d. Recommendation

The expansion of internet connectivity will continue to be a challenge and the Commonwealth should continue to pursue funding opportunities to expand broadband when available.

[3] *DRIVE Partners with Geisinger to Provide High Speed Rural Broadband*. DRIVE. http://driveindustry.com/drive-partners-with-geisinger-to-provide-high-speed-rural-broadband/

Work Stream Two: Quality Monitoring and Performance Measures

The general theme of the literature reviewed was that treatment, psychotherapy, and assessment conducted via telehealth platforms were equal in quality and effectiveness to in-person service delivery, and in some cases more effective.

The Quality Monitoring and Performance Measures Work Stream (Quality Work Stream) began their work with a review of current research on the effectiveness of telehealth as a modality for the provision of a variety of BH services and for a number of conditions and diagnoses. The populations studied varied in ages, ethnicities, and gender. The numbers of participants studied were varied as well and generally exceeded thresholds for validity and power. The general theme of the literature reviewed was that treatment, psychotherapy, and assessment conducted via telehealth platforms were equal in quality and effectiveness to in-person service delivery, and in some cases more effective.

The Quality Work Stream discussed both qualitative and quantitative data that will be of use in determining the effectiveness of telehealth service delivery, including consumer satisfaction and no-show rates. The Quality Work Stream did note that information available to the Commonwealth has room for improvement as the expanded allowances for telehealth are still relatively recent, and information is further skewed due to the need to use telehealth during the COVID-19 PHE versus having a choice of services being delivered via telehealth or in-person. The Quality Work Stream developed five recommendations for quality, based both on what the group felt to be a critical item in monitoring telehealth and in the ability of OMHSAS to collect the data requested.

In developing recommendations, the group were guided by several core principles:

- Whatever is being measured for quality and performance for in-person services should be the same with telehealth.
- Data measures should be consistent across modalities and ensure telehealth is scrutinized the same as in-person service delivery.
- Providers should not be burdened with producing information and/or data that would be “nice to have”.

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- Whatever is being measured for quality and performance for in-person services should be the same with telehealth.
- Data measures should be consistent across modalities and ensure telehealth is scrutinized the same as in-person service delivery.
- Providers should not be burdened with producing information and/or data that would be “nice to have”.

Satisfaction Surveying

The Quality Work Stream's top recommendation was that satisfaction with telehealth should be surveyed regularly. The group concluded that data on satisfaction should be collected from consumers, family members, providers, and payers. In addition, they felt that while satisfaction with telehealth was a priority, satisfaction with in-person services should be measured as well. It was recommended that existing surveys be leveraged wherever possible, such as through the Consumer and Family Satisfaction Team and the annual OMHSAS Telehealth Survey that has been administered for the past two years. Additionally, the Pennsylvania Insurance Department shared information regarding requirements for health plans to assess enrollee satisfaction.

Another element of consumer satisfaction that was discussed and included in this recommendation centered on consumer grievances and complaints. The group felt that inclusion of data relative to consumer complaints to BH-MCOs should be included in reports on consumer satisfaction.

An additional concern was raised with regard to individuals who might be difficult to engage in the surveying process due to complex conditions and/or capacity to meaningfully participate in standard questioning and answering methods typically used. For these individuals, tailored, person-centered surveying should be conducted to ensure all individuals have an opportunity to be heard.

2. a. Recommendation

Satisfaction with telehealth should be surveyed regularly and existing surveys to capture satisfaction should be leveraged. Surveying should be tailored and person-centered as much as possible. Consumer grievances and complaints to BH-MCOs serve as a source of measuring satisfaction with services and should be included in consumer satisfaction reports.

No Show Rates

Although many providers and stakeholders in all of the Work Streams anecdotally noted significant reductions in no-show rates since the increased use of telehealth, the Quality Work Stream members felt that this claim should be validated through the collection of comparative data.

The group recommends a Commonwealth-run universal web-based portal to enter data. Similar to other recommendations, the group recognized that there are operational concerns along with cost considerations that would need to be contemplated prior to implementation of any sort of data collection mechanism. Relative to limiting burden on providers, the group recommended that this data be collected no more frequently than once a quarter.

2. b. Recommendation

No-show and late cancellation data should be collected and include type of service, place of service, population, and county. Furthermore, efforts should be made to normalize the data so that meaning can be derived from information collected. For example, if a provider reported a no-show rate of 15%, there needs to be clear meaning of the relevance of that percentage compared to previous experience and compared to other service modalities. The data would need to be submitted by providers, as it could not be captured by claims. A Commonwealth-run web-based portal could be used to capture this information from providers on a quarterly basis.

HEDIS Measures

According to DHS' "Medical Assistance and Children's Health Insurance Program Managed Care Quality Strategy" document[4] published in December 2020, OMHSAS uses a combination of national performance measures from measure sets including the NCQA's HEDIS® set, National Quality Forum (NQF) measures, and the CMS Core Sets, including Adult, Child, and BH. OMHSAS has begun to analyze HEDIS measure data stratified by demographic characteristics, including age, race, ethnicity, gender, geographic location, and MCO. Additionally, the Integrated Care Plan (ICP) quality measures are being stratified by these characteristics as well. The results are to be shared with the PCs and BH-MCOs.

The Quality Work Stream recommended that the same set of quality measures, which are currently being used for in-person services, also be used for telehealth services. Refer to Appendix D for a list of quality measures OMHSAS utilizes. These measures have been updated by HEDIS with Current Procedural Terminology (CPT) codes to be able to capture telehealth as part of the measure in a standardized, valid methodology.

2. c. Recommendation

HEDIS measures currently used by the Commonwealth should be updated to include the new HEDIS specifications to include telehealth as part of the measure outcome.

OMHSAS establishes quality measures that BH-MCOs are required to measure, collect, and report on to the Commonwealth. The quality measures OMHSAS requires should be strategically identified and selected to ensure quality monitoring addresses priority outcomes identified by the Commonwealth.

Value-Based Payment Models

The Quality Work Stream members discussed OMHSAS' Value-Based Payment initiative and several of the approved models that are in operation at the PC-level and the need to include telehealth services in currently approved models.

2. d. Recommendation

The selected quality and performance measures that drive the value base payments should be modality-agnostic and be applied to telehealth services in the same way as they would to as in-person services.

Communication

Several Quality Work Stream members were unaware of OMHSAS' current quality initiatives and the quality measures that were currently in place. Further, there was concern that outcomes of these measures were not widely reported to advocacy groups or other stakeholders. The group's final recommendation was in the area of communication. Data gathered from all four recommendation outputs above should be shared in on-going and regular communication with stakeholders, providers, and the Mental Health Planning Council. Suggested methods of

[4] Pennsylvania Department of Human Services. (2020, December). *Medical Assistance and Children's Health Insurance Program Managed Care Quality Strategy*. https://www.dhs.pa.gov/HealthChoices/HC-Services/Documents/Medical%20Assistance%20Quality%20Strategy%20for%20Pennsylvania.pdf

communication could include quarterly postings on the OMHSAS website, communication bulletins, or other communication mechanisms open to multiple sources.

2. e. Recommendation

The Quality Work Stream recognizes that these recommendations could be challenging to put into practice and operationalize. Looking ahead to operationalizing the quality and performance measure recommendations, the Quality Work Stream recommends continued outreach efforts to engage representatives from the full HealthChoices Behavioral Health service spectrum to ensure as many voices as possible are heard.

Work Stream Three: Workforce Development

As part of increasing the telehealth workforce, the Workforce Development Work Stream reviewed areas to assist in engaging and expanding the use of telehealth in the current workforce, such as increasing provider engagement skills, offering opportunities for provider development and training, and building telehealth into the strategic business design plan of the provider agency. Some concerns identified in the Workforce Development Work Stream discussions included areas that did not result in recommendations. Members noted that they are losing trained providers to the private sector due to higher salaries and better benefits, as well as the flexibility to work their own hours from home and set-up independent practices. The concern of provider reimbursement and the desire for providers to maintain longer employment for a Medicaid agency were not a part of the scope of the Work Stream.

Developing Provider Engagement Skills

The Workforce Development Work Stream participants noted patient engagement as a key element of integrating telehealth into workforce development. Best practices for engagement vary by age group, indicating providers should focus on the demographics of their practice.

Telehealth engagement strategies for youth discussed by work stream members included making caregiver presence in the session *mandatory* for children five years of age or younger, strongly *recommend* caregiver presence for individuals six to nine years of age and *consider* the clinical benefits of caregivers being present for individuals ten years of age or older. Clear boundaries should be set with youth at the beginning of therapy sessions, such as ensuring that there will be no use of cell phones during the session. Other boundaries may include consideration of whether or not there is someone else in the room for individuals over the age of 14 aside from the caregiver, setting boundaries about the need for privacy, and having a space free from distractions. Providers may want to develop a telehealth agreement with the recipient regarding responsibilities and expectations.

The telehealth challenges noted by the group focused on technology, such as poor internet connectivity or lack of equipment such as the individual not having a camera, leading to services provided through audio only.

The Workforce Development Work Stream reported that adult engagement with telehealth services has not presented as many challenges in the field. They also reported that adults have more engagement with telehealth and no-show rates have decreased. The telehealth challenges noted by the group focused on technology, such as poor internet connectivity or lack of equipment such as the individual not having a camera,

leading to services provided through audio only. Some providers have sent tools to the homes of individuals, such as self-soothing devices such as stress balls or kinetic sand.

Finally, providers should consider their personal appearance as well as the appearance of their offices. To engage in a professional interaction, providers should dress as they would for in-person sessions. Desks should be clear of personal items and other distractions. A professional setting will assist in engagement of the individual in a professional, therapeutic relationship rather than a more informal relationship that could occur from a lack of in-person interactions.

3. a. Recommendation

OMHSAS should continue to develop and issue guidance on best practices for providers on engaging patients, both through bulletins and online trainings. Training should not be limited to providers, as other office staff will also need to know best practices for activities such as scheduling patients and answering patient questions about what to expect.

In addition, providers should consider the appearance of their offices as well as the functionality of technology and establish boundaries and expectations prior to beginning telehealth services with an individual, whether in a hybrid model or fully through virtual interaction. Engagement strategies should be considered by age of the individual. **A Behavioral Health Telehealth Provider Checklist for engagement considerations can be found in in Appendix E**.

Workforce Retention and Training

The Work Stream noted other workforce challenges such as losing staff to private companies due to low salaries and enhanced benefits in larger, private organizations. Some mitigating strategies that were discussed included working with the colleges and universities in the Commonwealth to offer internship and continuing education opportunities to individuals willing to work in areas that are more rural or with harder to reach populations.

Regarding the location of providers, Pennsylvania Department of State (DOS) is in the process of developing an interstate medical licensure compact approval. OMHSAS also has an exception process established in OMHSAS-21-09 allowing HealthChoices PCs to request approval from OMHSAS to utilize distant providers (more than 45 miles/60 minutes away) to provide additional access and specialized services for HealthChoices enrollees. The main recommendation of the group was to ensure a provider has a license in Pennsylvania or is a part of an Interstate Licensure Compact.

3. b. Recommendation

BH-MCOs, PCs, and providers should consider identifying opportunities to work with universities and colleges to develop internships and other opportunities to expand potential network resources.

OMHSAS should stay informed on DOS' progress of an interstate medical licensure compact approval to assist in expanding potential workforce resources; and communicate updates with BH providers when appropriate.

Workforce Training Options

The Workforce Development Work Stream discussed the development of provider training and reviewed several components for the Commonwealth to consider in developing a Commonwealth-led telehealth training initiative. These components included identifying national and state training partners, selecting learning objectives, and determining the format (i.e., virtual modules). A full list of options and considerations for **Behavioral Health Telehealth Provider Training in the practice of telehealth can be found in Appendix F**.

As part of this discussion, Work Stream members reviewed several recent virtual trainings on telehealth conducted in three states. Of the three examples, one was developed exclusively for BH practitioners (Maryland), while two were developed for all licensed or certified health care practitioners providing telehealth services (New York and Washington). Of note, all three examples utilized technical assistance resources from the Regional Telehealth Resource Centers, along with additional national and state partners. There are currently 12 regional and two national centers, which together, comprise the National Consortium of Telehealth Resource Centers. The Commonwealth is supported by the Mid-Atlantic Center and providers may take advantage of this free federal technical assistance resource.[5]

Workforce Development Work Stream members expressed an interest in several components, including the availability of training through a start-and-stop format, which would allow practitioners to acquire information within their existing work schedules. In addition, Work Stream members requested that curriculum developed by the Commonwealth provide information on compliance requirements, including relevant federal (i.e., HIPAA) and state statutes, regulations, and policies. Finally, there was discussion regarding the feasibility of providing continuing education credits for trainings developed by the Commonwealth.

3. c. Recommendation

OMHSAS should consider the telehealth trainings offered by other states as well as the technical assistance of the Telehealth Resource Center to develop an electronic training curriculum for BH providers. If possible, continuing education credits should be offered to providers who complete these telehealth trainings. Refer to **Appendix F for a list of options and considerations for training BH providers** in the practice of telehealth.

Business Design Options

The Workforce Development Work Stream members discussed the different considerations necessary for choosing a telehealth model and platform. Questions for executive leadership in organizations should start with a vision for a telehealth workflow, including the reasons for utilizing telehealth. Reasons may range from an effort to be more cost efficient to serving an especially hard to reach community and may include several factors. The reasons for creating a hybrid model should first be determined before planning how to organize workflows and choosing appropriate telehealth technology.

The Workforce Development Work Stream identified several considerations when determining a business model that may be a hybrid of telehealth and in-person services. Some points for consideration include what services will be provided through telehealth, what the needs are of the

[5] There are 14 Telehealth Resource Centers, funded individually through cooperative agreements from the Health Resources & Services Administration, Office for the Advancement of Telehealth.

community being served, and what the available budget is for any necessary upgrades to technology, training, and staffing. Although there may be reduced costs for brick-and-mortar clinic sites, the costs associated with the telehealth technological infrastructure will have some initial and ongoing costs.

Many tools exist to support telehealth. When choosing a vendor considerations should include the capacity for e-signatures, the need for an integrated electronic health record, and the inclusion of clinical decision tools and streamlined billing. In tandem with the product capabilities, providers should also consider the amount of technical support needed, whether it be hiring information technology staff or purchasing a support package from the telehealth vendor. In addition, a digital storefront should be a considered, where consumers can access someone immediately via a chat function and may be able to schedule an appointment online.

Finally, the Workforce Development Work Stream discussed the need to reach out to the field to determine what is working on the ground, what best practices exist, and any lessons learned. Although a survey was initially discussed, the group reflected that many of the choices such as developing a vision statement and choosing a vendor are not activities typically conducted by the usual provider contacts. A stakeholder meeting was recommended receive feedback from appropriate personnel to both assist the Commonwealth in planning and assist providers not as far along in the planning process with making telehealth decisions.

3. d. Recommendation

Develop a communication strategy for providers to consider important factors in developing a telehealth business model. This may be as simple as a Bulletin and/or training from OMHSAS but may require consideration from a larger stakeholder discussion involving provider leadership and administrative staff. Refer to **Appendix G for a list of Telehealth Best Practice Considerations**.

Section 3
Roadmap of Work Stream Recommendations

Work Stream One: Service Delivery

Assessment

Providers should perform an assessment of telehealth suitability for an individual with ongoing check-ins for continuing appropriateness of the modality. Refer to **Appendix A for a sample Behavioral Health Telehealth Assessment**, which should serve as a part of the larger intake assessment completed upon intake. If a barrier such as access to technology arises during the assessment, it should not automatically preclude an individual from telehealth services but rather serve as a flag to explore options to gain access. For example, the individual may need to go to a closer office site to their home and obtain access there, or there may be an opportunity to provide the individual with equipment to allow for access to telehealth services.

Recipient Education

Individuals should be prepared for what to expect when receiving telehealth services, either in a hybrid model or completely through telehealth. **A sample Behavioral Health Telehealth Individual Take-Home Prep Sheet can be found in Appendix B** which provides individuals with helpful information of "what to expect" during their first BH telehealth visit. The sample is designed to allow providers to customize their informational sheets to reflect components unique to each provider, including individual telehealth platforms used, accessing the telehealth platform, as well as specific individual expectations.

Services

Some high intensity services do not lend themselves as well to a telehealth modality. Telehealth may be utilized as an enhancement in these services but not as the primary delivery mechanism. More detailed **Behavioral Health Services and Telehealth Recommendations on specific BH services can be found in Appendix C**.

Broadband Connectively and Funding Opportunities

The expansion of internet connectively will continue to be a challenge and the Commonwealth should continue to pursue funding opportunities to expand broadband when available.

Work Stream Two: Quality Monitoring and Performance Measures

Satisfaction Surveying

Satisfaction with telehealth should be surveyed regularly and existing surveys to capture satisfaction should be leveraged. Surveying should be tailored and person-centered as much as possible. Consumer grievances and complaints to BH-MCOs serve as a source of measuring satisfaction with services and should be included in consumer satisfaction reports.

No-Show Rates

No-show and late cancellation data should be collected and include type of service, place of service, population, and county. Furthermore, efforts should be made to normalize the data so that meaning can be derived from information collected. For example, if a provider reported a no-show rate of 15%, there needs to be clear meaning of the relevance of that percentage compared to previous experience and compared to other service modalities. The data would need to be submitted by providers, as it could not be captured by claims. A Commonwealth-run web-based portal could be used to capture this information from providers on a quarterly basis.

HEDIS Measures

HEDIS measures currently used by the Commonwealth should be updated to include the new HEDIS specifications to include telehealth as part of the measure outcome.

OMHSAS establishes quality measures that BH-MCOs are required to measure, collect, and report on to the Commonwealth. The quality measures OMHSAS requires should be strategically identified and selected to ensure quality monitoring addresses priority outcomes identified by the Commonwealth.

Value-Based Payment Models

The selected quality and performance measures that drive the Value-Base Payments should be modality-agnostic and be applied to telehealth services in the same way as they would to as in-person services.

Communication

The Quality Work Stream recognizes that these recommendations could be challenging to put into practice and operationalize. Looking ahead to operationalizing the quality and performance measure recommendations, the Work Stream recommends continued outreach efforts to engage representatives from the full HealthChoices BH service spectrum to ensure as many voices as possible are heard.

Work Stream Three: Workforce Development

Developing Provider Engagement Skills

OMHSAS should continue to develop and issue guidance on best practices for providers on engaging individuals, both through bulletins and online trainings.

In addition, providers should consider the appearance of their offices as well as the functionality of technology and establish boundaries and expectations prior to beginning telehealth services with an individual, whether in a hybrid model or fully through virtual interaction. Engagement strategies should be considered by age of the individual. **A Behavioral Health Telehealth Provider Checklist for engagement considerations can be found in in Appendix E**.

Workforce Retention and Training

BH-MCOs, PCs, and providers should identify opportunities to work with universities and colleges to develop internship and other opportunities to expand potential network resources. The group recommended quarterly stakeholder meetings to continue to discuss concerns and issues as they arise.

OMHSAS should stay informed on DOS' progress of an interstate medical licensure compact approval to assist in expanding potential workforce resources; and communicate updates with BH providers when appropriate.

Workforce Training Options

OMHSAS should consider the telehealth trainings offered by other states as well as the technical assistance of the Telehealth Resource Center to develop an electronic training curriculum for BH providers. If possible, continuing education credits should be offered to providers who complete these telehealth trainings. Refer to **Appendix F for a list of options and considerations for training BH providers in the practice of telehealth**.

Business Design Options

Develop a communication strategy for providers to consider important factors in developing a telehealth business model. This may be as simple as a bulletin and/or training from OMHSAS but may require consideration from a larger stakeholder discussion involving provider leadership and administrative staff. Refer to **Appendix G for a list of Telehealth Best Practice Considerations**.

Appendix A
Behavioral Health Telehealth Assessment

Purpose: Screening to determine whether telehealth service delivery is appropriate both clinically and operationally. The Office of Mental Health and Substance Abuse Services (OMHSAS) recommends providers conduct an initial assessment prior to providing services through telehealth and at regular intervals such as an annual reassessment. In addition, it is recommended that a short review be done with a patient during each session to determine if future appointments should continue to be conducted virtually, in-person, or a hybrid combination.

Setting and Operations

1. Is it the individual's preference to have services via telehealth (e.g., safety, transportation, access to technology, schedule, and child/elder care)?
2. Will the individual be more engaged in care through telehealth and/or reduce no-show occurrences?
3. Does the individual have physical space for a private telehealth session? Is it reasonably quiet? Is it reasonably free from potential distractions such as children, siblings, and/or shared living space?
4. For group sessions, has the practitioner provided information on privacy concerns that are unique to a virtual group session? Do participants understand the additional privacy concerns with virtual group sessions?
5. Are both the individual and practitioner in the Commonwealth of Pennsylvania (Commonwealth)? If not, does the location of the individual or practitioner prohibit telehealth across state lines from occurring?
6. Can a back-up plan be developed with the individual in the case of technical difficulties or in the case of a crisis situation?
7. Does the individual have health coverage for telehealth services? If telehealth is covered, are there different rates for virtual services vs. in-person, or for virtual vs. audio services? Has the patient been informed of any out-of-pocket costs?[6]

[6] Pennsylvania Medicaid recipients currently have coverage for services delivered through telehealth as of the publication of this document.

Individual Competencies

1. Consider the individual's clinical and cognitive status — have accommodations been requested or identified to provide effective participation?
2. Is there a therapeutic benefit to discussing behavioral change while engaging in behaviors in an individual's home or other personal setting (e.g., addressing health eating habits while preparing meals)?
3. Is there an urgency, in which an in-person visit is more or less appropriate?
4. Consider individual safety (e.g., suicidality) and health concerns (e.g., viral risk, mobility, immune function, etc.), community risk, and practitioner health when deciding to do telehealth sessions instead of in-person.

Diversity, Equity, and Inclusion (DEI) Considerations

1. Is there a need to address sensitive topics, especially if there is individual discomfort, stigma, or concerns for privacy, in which an in-person visit is more or less appropriate?
2. Is there culture acceptance of conducting virtual visits in lieu of in-person by the individual and those in close proximity (e.g., individual's home)?
3. Are there cultural considerations in observing an individual's home/personal space?
4. For individuals who may be seeking a specialty service or modality (e.g., non-English speakers, translator/interpreters, LGBTQ providers, and other cultural preferences), will telehealth increase access?
5. Are there any additional factors (e.g., geographic, economic, etc.) that should be considered?

Technology

1. Does the individual have access to the internet, a phone, and/or a computer?
2. Does the individual have technology resources for a videoconference (e.g., webcam or smartphone)? *(Note: Consider current federal and Commonwealth rules regarding HIPAA and privacy.)*
3. Is the individual comfortable using technology — can they log in and effectively use the technology?
4. Does the individual have adequate internet connectivity for video conferencing?
5. Does the individual have access to a password-protected, secure internet connection, not public or unsecured Wi-Fi?
6. Does the individual have antivirus/antimalware protection that is up to date to prevent being hacked?
7. Does the individual have sufficient data or minutes in their internet or wireless plan to participate in telehealth? Will this impact future sessions (e.g., frequency of sessions)?
8. Has the practitioner reviewed platform or modality options with the individual (e.g., face-to-face and audio-only)? (Should consider the compatibility of the individual's device and the platform used by the practitioner.)

Consent

1. Did the individual or the individual's legal representative or guardian provide consent?
2. Does the individual understand the potential risks/benefits of telehealth sessions, related to clinical and other treatment and recovery services?
3. If the individual is not using a secure internet connection with sufficient privacy protections, has the individual received information on the potential risks (e.g., using public Wi-Fi) and provided consent to proceed?
4. Has the individual provided consent to using identified telehealth platform or modality?

Appendix B
Behavioral Health Telehealth Individual Take-Home Prep Sheet

The purpose of the Prep Sheet is to provide individuals receiving services with some helpful information of "what to expect" during their first telehealth visit. Providers are strongly encouraged to conduct an initial assessment to determine whether telehealth is optimal for the client and whether it is the preferred mode of the client.

What do I need to do to prepare?

In addition to the items below, individuals receiving services are advised to contact their provider with any questions or assistance needed in preparing for their telehealth visit.

- ✓ Register: Your provider may request that you register in their patient portal and follow instructions for signing up to use their telehealth platform. Be advised that your provider may request that you login 10–15 minutes before your scheduled appointment.
- ✓ Computer or Smartphone Device: Make sure you have a desktop, laptop, tablet, or smartphone with a good-quality camera and microphone.
- ✓ Internet: Make sure you have Internet speed that can sustain video. In many instances, the telehealth platform used by your provider will have instructions on minimum requirements and instructions on how to testing your internet speed.
- ✓ Private Space: Having a private space with limited background noise and good lighting is preferred.
- ✓ Camera Quality: Double-check your camera for clarity.

What should I expect during my first visit?

- ✓ Contact Information: Your provider may ask you to verify your name, contact information, and location. This may include showing a government issued photo ID.
- ✓ Confidentiality: You will be informed about privacy and confidentiality laws, including cybersecurity.
- ✓ Providing Consent: You will be asked to consent to receive telehealth care.
- ✓ Follow-up Care: Your telehealth visit will be as similar as possible to a typical in-person visit. Your provider will be able to help arrange follow-up care, prescription orders, and schedule your next appointment.
- ✓ Patient Satisfaction: Your provider may ask you to complete a quick patient feedback form at the end of the visit to help improve your future telehealth visits.

Who will pay for telehealth visits?

Many insurance plans will pay for telehealth visits. Before your first visit, patients are encouraged to contact their health insurance carrier or provider to confirm that the telehealth visit will be covered and ask if there will be any out-of-pocket costs. Note: Coverage may vary depending on whether services or provided by video or phone (audio).[7]

Adapted from the National Consortium of Telehealth Resource Centers Appendix 1.3 Partnering with Patient — Patient Take-home Prep Sheet

[7] Pennsylvania Medicaid recipients currently have coverage for services delivered through telehealth as of the publication of this document.

Appendix C

Behavioral Health Services and Telehealth Recommendations

Service	Recommendation(s)	Reason
Assertive Community Treatment	• Hybrid model with recommendations on what percent of visits should be telehealth vs. in-person; more in-person interactions for new patients.	• Once relationship is developed, provider knows what patient needs via telehealth. • Some in-person sessions still needed as providers observe and obtain different, and useful, information when in the same physical space as the individual.
Intensive Behavioral Health Services	• Develop process and guidelines for providers to have discussion with teens about having family and/or friends in the room. • Develop policies for telehealth use (i.e., distractions such as having camera on, no phones, no TVs, environment, etc.). • Direct support care remain in-person. • Masters-level care use hybrid model with recommendations on what percent of visits should be telehealth vs. in-person.	• Need to be flexible to encourage attendance, but discuss boundaries and expectations ahead of time. • Guidelines will vary for children vs. adolescents. • Have seen more parent engagement and involvement with telehealth. • Telehealth has allowed for better transfer of skills in home and community. • Direct care service easier to engage in-person. • Direct care level makes sense to take place in-person (Behavioral Health Treatment); behavior consultation and mobile therapy are acceptable via telehealth.
Partial Hospitalization	• Remain predominantly in-person. • If telehealth is used, break-up into shorter time segments (i.e., two hours in the morning, two hours in the afternoon/evening).	• It is hard to stay engaged and focused for long periods of time. • A few telehealth sessions have been found helpful at the start of treatment to get the patient

Service	Recommendation(s)	Reason
	• Use telehealth as part of the transition phase.	comfortable with treatment and then they are more apt to move to in-person. • Having telehealth available is beneficial for attendance during special circumstances such as inclement weather, COVID-19 exposure, etc. or individuals in school/work.
Family-Based Mental Health Services	• In-person with some exceptions for crisis situations or time-delay.	• Trying to address family dynamics is difficult via telehealth. • Need to physically assess the environment to make sure the child or family member is not in danger.
Community Residential Rehabilitation	• Remain in-person with telehealth as an option for special circumstances. • Use telehealth to enhance the in-person experience.	• Activities are going on throughout the day and most of the clinical pieces are in-person with some exceptions. • Another provider doing specialty services could utilize telehealth to enhance CRR.
Group Services	• Develop privacy/Health Insurance Portability and Accountability Act (HIPAA) guidelines. • Be able to offer telehealth options to bring special populations together (i.e. individuals who are transgender, blind, or hard of hearing). • Develop review process for providers to provide group therapy via telehealth.	• Risk of other people not involved in the group hearing the discussion. • Members of the group need to feel confident that the group discussions are confidential. • Telehealth allows for individuals to participate with others like them. • Groups will vary whether telehealth is an appropriate modality; need to look at case-by-case and what the provider's plan is.

Appendix D
Quality Measures

- The CMS Adult Core Measures OMHSAS Utilizes:
  - Follow-up After Emergency Department Visit for Mental Health or Alcohol and Other Drug Dependence
  - Follow-up After Hospitalization for Mental Illness: Age 18 and older
  - Follow-up After Hospitalization for Mental Illness: Age 6 or older
  - Initiation and Engagement of Alcohol and Other Drug Dependence Treatment
  - Adherence to Antipsychotics for Individuals with Schizophrenia
  - Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medication
- The CMS Child Core Measures OMHSAS Utilizes:
  - Use of First-Line Psychosocial Care for Children and Adolescents (CMS Child Core)
  - Follow-up After Hospitalization for Mental Illness: Ages 6–17
- CMS Behavioral Health Core Set Measures OMHSAS Utilizes:
  - Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics
  - Follow-up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence
  - Follow-up After Hospitalization for Mental Illness: Ages 6–17 (7 day and 30 day)
  - Follow-up After Hospitalization for Mental Illness: Ages 18 and older (7 day and 30 day)
  - Follow-up After Emergency Department Visit for Mental Illness
  - Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)
  - Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (13 and older)
  - Adherence to Antipsychotics for Individuals with Schizophrenia
  - Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications
- HEDIS Measures OMHSAS Utilizes:
  - Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia
  - Diabetes Screening for People with Schizophrenia or Bipolar Disorder who are using Anti-Psychotic Medications
- Pennsylvania Performance Measures:
  - Specific Follow-up after Hospitalization for Mental Illness (7 day and 30 day)
  - Readmission within 30 days of an Inpatient Psychiatric Discharge
  - Adherence to Antipsychotics for Individuals with Schizophrenia (Adult Core Set MAC-Pro)

Appendix E

Behavioral Health Telehealth Provider Checklist

Purpose: To ensure providers have considered various components within their telehealth delivery model.

Prescreen[8]

1. Consider patient's clinical and cognitive status:
   A. Can the patient effectively participate?
   B. Are accommodations needed to effectively participate?
2. Does the patient have technology resources for a videoconference, including equipment and internet connection/Wi-Fi?
3. Consider patient's comfort in using technology:
   C. Can they login and effectively use the technology?
4. Does the patient have physical space for a private telehealth session?
5. Is consent required from a parent or guardian? If yes, was it obtained?
6. Consider patient safety and health concerns.

Set-up

Practitioner Guidance	Technology
1. **Is the location private?** 2. **Is it reasonably quiet, without background noise?** 3. **Is the practitioner's space well lit?** 4. **Adjust webcam to eye level to improve eye contact.** 5. **Consider removing personal items or distractions in the background.** 6. **Check the picture and audio quality**: A. **Can you see and hear each other?** 7. **As much as possible, both people should maintain good eye contact and speak clearly.** 8. **Apply the same level of professional attire as in-person care**.	1. Ensure you have all necessary equipment: A. Computer or tablet B. High-speed internet C. Web camera D. Microphone E. Dual screens for Electronic Health Record (EHR) documentation note taking F. RPM dashboard (if using) G. Headphones (if using) 9. Is your technology platform consistent with HIPAA-compliant practices? 10. Do you have a Business Associate Agreement (BAA) for that technology vendor?

[8] Pennsylvania has developed the *Behavioral Health Telehealth Assessment*, a comprehensive prescreen tool for providers to utilize in determining whether telehealth services are appropriate for each patient/consumer.

Practitioner Guidance	Technology
	11. Do you and the patient have adequate internet connectivity for video-conferencing? 12. Did you discuss with or provide information to the patient on how to login and use the technology? 13. Are you using a password-protected, secure internet connection (not public or unsecured Wi-Fi)? What about your patient? *(If not, it increases the risk of being hacked.)* 14. Did you check that your anti-virus/malware is up to date to prevent being hacked? What about your patient?

Pre-session

Patient Engagement and Education	Scheduling Protocols
1. **Identifying patients likely to succeed**. 2. **Educating patients on the offering**. 3. **Setting expectations for use**. 4. **Educating on proper appointment standards**. 5. **Review patient complaints and records before beginning session**.	1. Identifying appropriate clinical use cases. 2. Determining when and how telehealth visits will fit into the schedule. 3. Updating the EHR scheduler. 4. Identifying triage questions for scheduling in-person appointments. 5. Ensuring practitioners are following all applicable state telehealth rules, including licensing laws and regulations. 6. Ensuring telehealth is covered in clinicians' liability insurance. 7. Practitioners should be competent to deliver telehealth services.[9] 8. Discuss the potential risks and benefits of telehealth sessions with the patient/consumer. 9. Get a signed informed consent from your patient(s) or patient's legal representative. 10. Develop a back-up plan in case of technical difficulties or in a crisis situation, including obtaining contact information; and identifying local resources (e.g.,

[9] In addition to continuing education courses, the American Medical Association (AMA) has developed the Telehealth Implementation Playbook and the American Psychological Association (APA) has developed the Office and Technology Checklist for Telepsychological Services.

Patient Engagement and Education	Scheduling Protocols
	Emergency Room) and the patient/consumer's location. 11. Discuss how the session will be billed and what fees may apply for late/no-shows 12. In the case of minors, determine where the adult will be at that location

During the Visit

1. Ensure there is a virtual "wait room" for patients.
2. Ensure there is technical assistance on hand for troubleshooting technical issues.
3. Verify the patient's identity, if needed.
4. Confirm there are no changes to the patient/consumer's back-up plan, including verifying the patient's location and a phone number where the patient can be reached.
5. Review importance of privacy at your location and patient's location.
6. All individuals present for the virtual visit must be within view of the camera, so the practitioner is aware of who is participating.
7. Confirm that nobody will record the session without permission.
8. Turn off all apps and notifications on your computer, tablet, or smartphone. Ask patient/consumer to do the same.
9. Conduct the session mostly like you would an in-person session.
10. Narrate actions with patient. (If you need to turn away, look down to take notes, etc.)
11. Pause to allow transmission delay if needed.
12. Verbalize and clarify next steps, such as follow-up appointments, care plan, and prescription orders.

After the Visit

1. Select the appropriate code for telehealth services delivered.
2. Ensure collaborative documentation to the extent possible.
3. Integrating CPT® codes and appropriate modifiers into the EHR.
4. Sharing visit summary and follow-up care.
5. Monitor OMHSAS telehealth bulletins for codes and documentation when updated guidance is available.

Appendix F

Behavioral Health Telehealth Provider Training

Purpose: This document provides information on options and considerations for training behavioral health providers in the practice of telehealth.

Training Options

State or State-Partner Led: Many states have chosen to develop their own training programs. While this may require additional resources, it may be a more suitable option in ensuring information on specific state laws, regulations, and policies are included. There are several recommended options including Office of Mental Health and Substance Abuse Services (OMHSAS) led; Commonwealth of Pennsylvania (Commonwealth)-partnered university/training center led; and health professional associations holding their own courses specific to each practitioner group's scope of practice.

National Partner Led: Another option is for the Commonwealth to partner with a national entity that has expertise in training health professionals in telehealth practices. National entities, including for-profit training centers, may have a broader base of information regarding best practices and providing services across state lines.

Recent State Examples

State Examples	
Maryland[10] **Developed by the Central East Addiction Technology Transfer Center and the Atlantic Telehealth Resource Center**	**Learning Objectives:** • Provide an overview of telehealth and technology-based interventions best practices, HIPAA-compliance measures, and ethical considerations. • Review all applicable federal and Maryland telehealth practice regulations and policy expectations, including those related to the global pandemic emergency declaration. • Offer an opportunity for interactive, real-time exploration of the application of telehealth skills, knowledge, and policy. • Provide information about additional federal and Maryland resources for continued learning.
New York[11] **Developed by the Northeast Telehealth Resource Center and**	**Modules:** • Introduction to Interprofessional Telehealth Education • Introduction to Telehealth Practice • Introduction to Telehealth Technology

[10] *Best Practices in Telehealth Webinar*. Google Drive. https://drive.google.com/file/d/10hzT3iaBqv1RUh2kQ2i9IMPuz8fZED84/view

[11] Javidan, A. (2021, August 30). *Stony Brook Medicine's Interprofessional Telehealth Training*. National Consortium of Telehealth Resource Centers. https://telehealthresourcecenter.org/resources/success-stories/stony-brook-medicines-interprofessional-telehealth-training/

State Examples	
developed by the Interprofessional Telehealth Board at Stony Brook University	• Telehealth Compliance, Regulation, and Consents • Telehealth Ethics and Inclusivity • Telehealth and Roles/Responsibilities and Teamwork and Interprofessional Education and Practice • Telehealth and Communication • Telehealth Interprofessional Student Projects
Washington State[12] **Developed by the Northwest Regional Telehealth Resource Center**	**Learning Objectives:** • Identify how telemedicine is defined in Washington State. • Describe regulating policies and scope of practice when providing telemedicine services. • Understand the necessary infrastructure before providing telemedicine services. • List practice considerations when providing telemedicine services. • Demonstrate knowledge of telemedicine practice, business, and compliance standards.

Development Considerations

Develop Training or Refer to Existing Resources: There are several advantages in a state developing its own telehealth training, including the ability to cover state rules and polices. Where training does not already exist, or where states are looking to supplement information, there are several existing resources available. In addition to national for-profit training entities, the National Consortium of Telehealth Resource Centers (NCTRC) hosts an Education Webinar[13] every third Thursday of the month at no cost to participants. In addition, interested parties have the opportunity to review past trainings posted to its website.

One-Time or Series: In developing any online training, there are considerations in doing a comprehensive training that covers all topics or developing a series of shorter modules by topic. The advantage of holding a single training is efficiencies in creating the training and ability to issue certificates of completion that meet continuing education requirements. The advantage of developing a series of modules is the ability to update content more readily as state and federal rules, policies, and best practices change over time.

Recommendations or Requirements: While several states have prerequisite training requirements in statute and/or regulations for providers who wish to engage in telehealth practices, a cursory search indicates that most states do not have mandatory training requirements for behavioral health providers who provide services via telehealth. In states where requirements do exist, these are often placed within under the state's licensing laws and regulations.

[12] *Washington State Healthcare Professional Telemedicine Training*. Northwest Regional Telehealth Resource Center. https://nrtrc.catalog.instructure.com/courses/washington-state-healthcare-professional-telemedicine-training

[13] National Consortium of Telehealth Resource Centers. NCTRC Webinar Series. https://telehealthresourcecenter.org/nctrc-webinar-series/#info

Appendix G
Telehealth Best Practice Considerations

Considerations for Provider Agency Executive Staff

Purpose of Telehealth in an Agency and Developing a Telehealth Strategy

- What is your agency's telehealth vision related to:
  - Enhancing access to care
  - Controlling costs
  - Increasing opportunity for integrated care
  - Assisting individuals in rural areas
- What other needs in the community is your organization planning to use telehealth to meet?
- Was your implementation of telehealth informed by consumer feedback?
- What is the best method of capturing this information from these individuals?

Considerations when Choosing a Telehealth Vendor

- What are the most important factors in choosing a telehealth vendor?
  - Electronic signature capability?
  - Electronic health record integration?
  - Billing integration?
  - Having a "digital storefront" with a chat feature allowing individuals to immediately interact with someone?

Telehealth Technical Assistance

- What kind of training or technical assistance is important in designing a telehealth model?
- How often should training occur (quarterly and/or annually)?
- Does technical assistance need to be available? If so, how often (i.e., 24/7, during business hours only)?
  - Chat capability with the telehealth vendor?
- Does an IT person need to be on staff? Why or why not?

Other Key Considerations in Developing a Telehealth Business Strategy

- What are the most important elements to ensure providers receive training on?
- Should all providers see a mix of in-person and virtual clients or is it more effective to have individual providers dedicated to one methodology or the other?
- What other activities are working in the field currently?
- What lessons learned should be shared with the provider community moving toward increased technology in services?
- Can these questions be added to an existing survey? What other methods could help reach this audience?

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