



# **Intro to TeleBehavioral Health and Policy Overview**

Cara Towle, MSN RN MA  
Associate Program Director  
Training, Workforce & Policy Innovations Center  
Behavioral Health Institute  
Harborview Medical Center  
Website: <https://bhinstitute.uw.edu>  
Email: [ctowle@uw.edu](mailto:ctowle@uw.edu)

# Speaker Disclosures

- No relevant disclosures

## DISCLAIMER

Any information provided in today's talk is not to be regarded as legal advice. Today's talk is purely for informational purposes.

Federal and state policies frequently change – and are not uniform! Check the date of publication to be sure you are accessing current information.

Always consult with legal counsel, billing & coding experts, and compliance professionals.

# Learning Objectives

- Review telehealth definitions and modalities.
- Review legal, regulatory and reimbursement issues that impact the delivery of telehealth services.
- Review TeleBehavioral Health implementation checklist.
- Meet state requirements for telehealth training (WA SSB 6061).
- Identify additional resources.

## Definition:

- Telehealth = the use of a technology-based virtual platform to deliver various aspects of health information, prevention, monitoring, and health care services.
- Telemedicine = the delivery of health care services via a remote electronic interface, including provider-to-provider, patient-to-provider.

# TYPES OF TELEMEDICINE



1. Real-time interactive consultation

3. Remote monitoring



2. Store and Forward



4. Case-based teleconferencing



5. mHealth







# TELEHEALTH/TELEMEDICINE LANDSCAPE

 **Integrated Care Training Program**

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# WHAT IS TELEHEALTH/TELEMEDICINE?

## Centers for Medicare & Medicaid Services (CMS)

A two-way, real-time interactive communication between a patient and a physician or practitioner at a distant site through telecommunications equipment that includes, at a minimum, audio and visual equipment\*.

Telehealth definitions:

**Distant site** = where the consulting provider is located

**Originating site** = where the patient is located

<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/TelehealthSrvcsfctsht.pdf>



# TELEMEDICINE BILLING & REIMBURSEMENT - CMS

## Before COVID ....During COVID (PHE extended to mid-Oct 2022)

- Specified ~100 CPT/HCPCs codes... now 240+
  - Reimbursable telephone services
- FQHCs & RHCs excluded as distant sites... now allowed
- Specified providers...
- Patient location/originating site:
  - Specified clinical sites... now includes patient home
  - ~~Required federally defined rural location~~
  - 2019: removed rural requirements, added patient home for SUD & co-occurring MH disorder
  - Originating (patient) site fee; facility fee
- Payment parity

Physicians  
Nurse practitioners  
Physician assistants  
Nurse midwives  
Clinical nurse specialists  
Certified nurse anesthetists  
Clinical psychologists  
Clinical social workers  
Registered dietitians/  
Nutrition professionals

ST, OT, PT....all providers  
eligible to bill Medicare

<https://www.cms.gov/files/document/covid-19-physicians-and-practitioners.pdf>  
<https://www.cchpca.org/resources/covid-19-telehealth-coverage-policies>

# TELEMEDICINE BILLING & REIMBURSEMENT - CMS

- **COMMUNICATION TECHNOLOGY-BASED SERVICES (CTBS)**

for Medicare beneficiaries via:

- **Virtual Check-Ins:** synchronous (phone/video) or asynchronous (S&F)
- **eVisits:** “digital” visits through an online patient portal
- **eConsults:** interprofessional collaboration (phone/video/ internet/EMR/S&F)

CTBS are covered under “Telehealth/Telemedicine”

**All Permanent**

<https://www.cms.gov/files/document/covid-19-physicians-and-practitioners.pdf>

<https://edit.cms.gov/files/document/medicare-telehealth-frequently-asked-questions-faqs-31720.pdf>

# TELEMEDICINE LEGISLATION WASHINGTON STATE

- **2015 - SB 5175** Co... excludes “home”... includes S&F; cre...
- **2016 - SB 6519** In...
- **2017 - SB 5436** “F...
- **2020 - SB6061** – A... clinical telemedic...
- **2020 - SB5385** - P...
- **2021 - HB1196** –... patients. Must ob... not customarily b...
- **2021 - SB5423** - C...



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# WASHINGTON STATE TELEHEALTH/TELEMEDICINE LEGISLATION

- Telemedicine definition
  - HIPAA-compliant, interactive, real-time audio and video telecommunications (including web-based applications) or store and forward (S&F) technology
  - within scope of practice
  - to a client at a site other than the site where the provider is located
  - S&F requires an associated direct contact between the patient and the referring health care provider
- Provider must be licensed in WA
- Payment parity
- Allows for payment of the originating site fee – not if patient is at “home”
- Did not include audio-only telephone, fax, or email, but...HB1196

Also Permanent



## Washington State Medicaid

<https://www.hca.wa.gov/assets/billers-and-providers/apple-health-clinical-policy-and-billing-COVID-19-FAQ-07222022.pdf>



[HCA publishing audio-only telemedicine billing codes to be effective July 1, 2022 \(govdelivery.com\)](#)

For SERI and Part II of the Mental Health Billing Guide, providers will use modifier **FQ**  
For Part 1 of the Mental Health Billing Guide, providers will use modifier **93**  
All other programs will use modifier **93**

Questions? [HCAAppleHealthClinicalPolicy@hca.wa.gov](mailto:HCAAppleHealthClinicalPolicy@hca.wa.gov)



# TELEHEALTH: LEGAL & REGULATORY

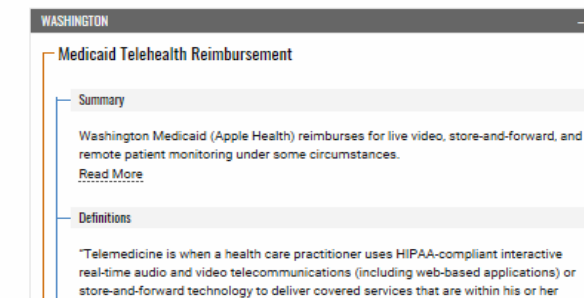
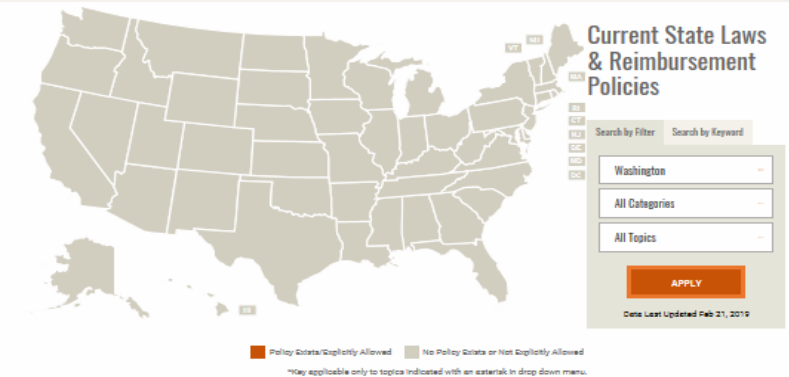
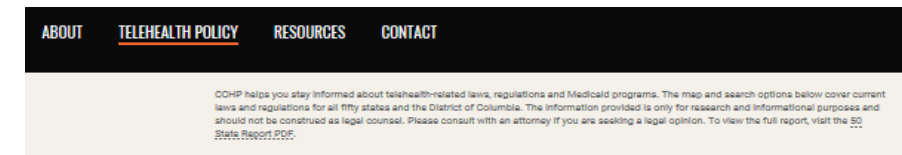
## All states have telemedicine policy

State-specific telemedicine policy:

- Reimbursement policies: Medicaid & private
- Scope of Practice
- Consent requirements
- Malpractice
- Licensure rules



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

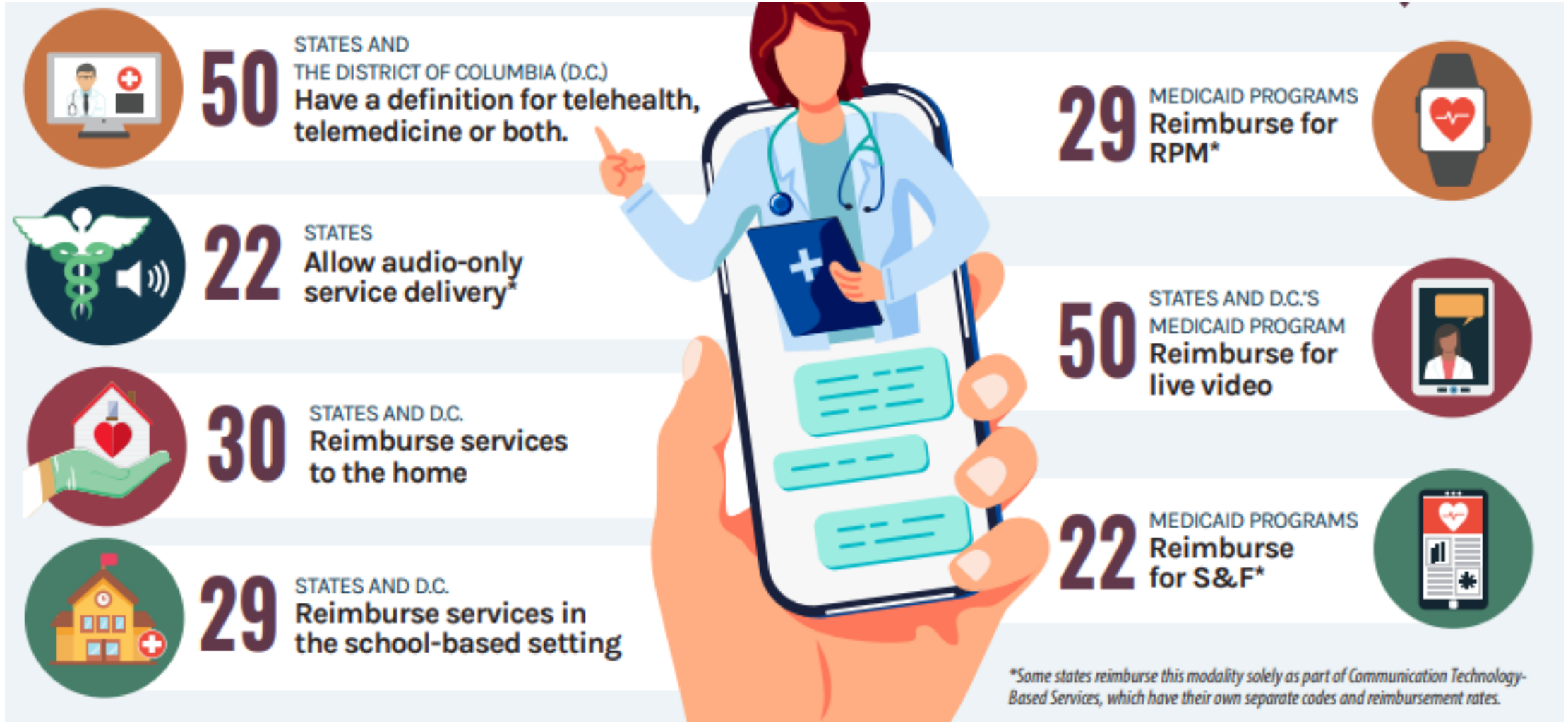


<https://www.americantelemed.org/>

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# TELEHEALTH: LEGAL & REGULATORY



[Fall2021\\_Infographic\\_FINAL.pdf \(cchpca.org\)](#)

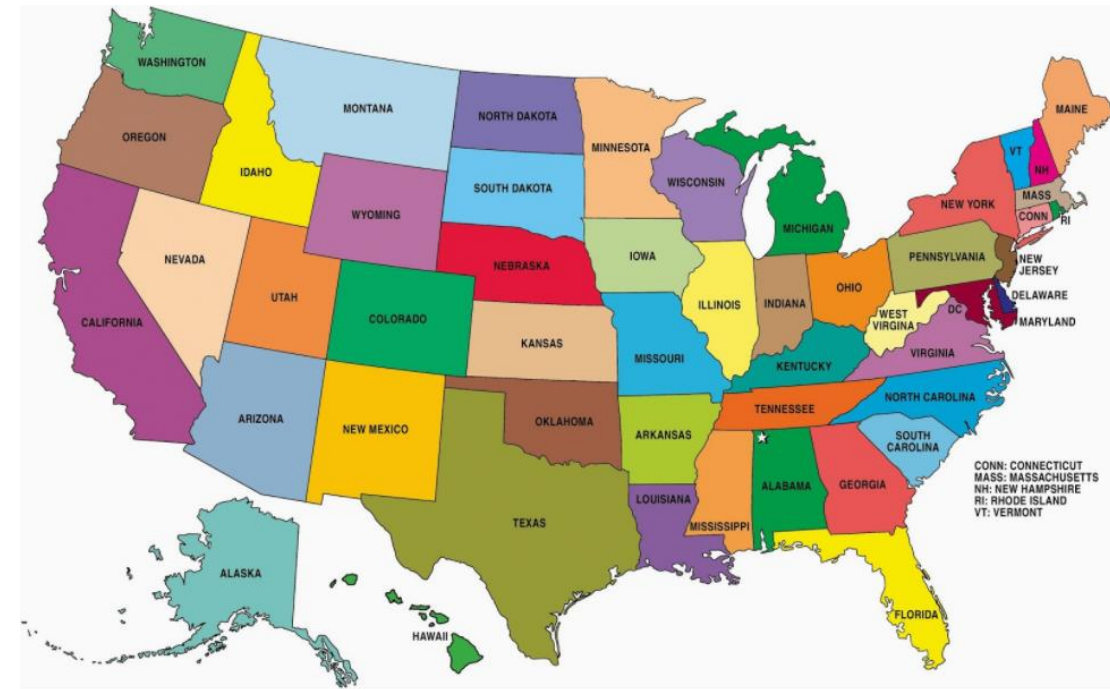
# TELEHEALTH: LEGAL & REGULATORY

## Licensure

Licensure requirement is based on where the patient sits at the time of health care appointment.

- ✓ **Must abide by the laws in the state where patient is located.**
- ✓ **Must abide by telemedicine-specific laws in the state where the patient is located.**
- ✓ **Check your malpractice policy.**

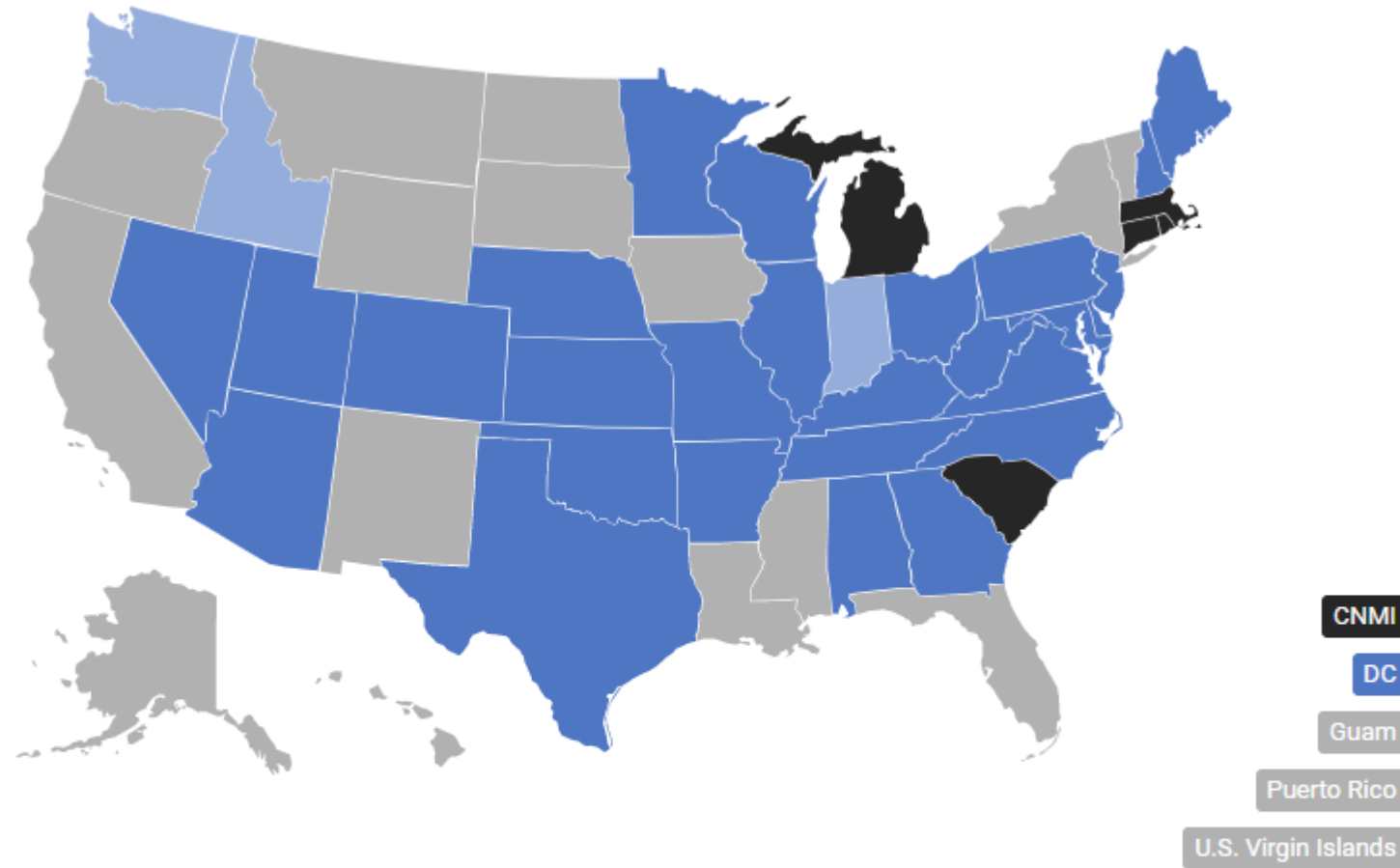
<https://www.cms.gov/files/document/covid-19-physicians-and-practitioners.pdf>



# TELEHEALTH: LEGAL & REGULATORY

## Interstate

- Interstate
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- Psycholo
  - Give
- Physical
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- EMS Per
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- Audiolog
  - Auth path



### Map Key

- PSYPACT Participating State
- Enacted PSYPACT Legislation -practice under PSYPACT not permitted
- PSYPACT Legislation introduced

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[ca.org/](http://ca.org/)



### Licensure requirement changes r/t telemedicine:

Center for Connected Health Policy:

<https://www.cchpca.org/resources/covid-19-related-state-actions>

FSMB website:

<https://www.fsmb.org/siteassets/advocacy/pdf/states-waiving-licensure-requirements-for-telehealth-in-response-to-covid-19.pdf>



### Credentialing and Privileging

- Must be credentialed/privileged at provider site (“distant site”)
- Must be credentialed/privileged at patient site (“originating site”) if that site requires credentialing and privileging
- Credential-by-proxy (optional)
  - TJC standards
  - CMS regulations



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

### Prescribing - Ryan Haight Act 2008

A controlled substance cannot be prescribed over the internet unless:

- **The prescriber has seen the patient in person at least once**
- The prescriber is covering for another provider who has seen the patient in person at least once
- The patient is at a DEA registered facility
- It's an emergency

# TELEHEALTH: LEGAL & REGULATORY

## COVID 19 PHE CHANGES

### DEA announcement around prescribing controlled substances

DEA-registered practitioners may issue prescriptions for buprenorphine and other controlled substances to patients for whom they have not conducted an in-person medical evaluation, provided all of the following conditions are met:

- The prescription is issued for a **legitimate medical purpose** by a practitioner acting in the usual course of his/her professional practice
- The telemedicine communication is conducted using an **audio-visual, real-time, two-way interactive** communication system.
- The practitioner is acting in accordance w/applicable **Federal & State law**.

<https://www.dea diversion.usdoj.gov/coronavirus.html>

[https://www.dea diversion.usdoj.gov/GDP/\(DEA-DC-022\)\(DEA068\)%20DEA%20SAMHSA%20buprenorphine%20telemedicine%20%20\(Final\)%20+Esign.pdf](https://www.dea diversion.usdoj.gov/GDP/(DEA-DC-022)(DEA068)%20DEA%20SAMHSA%20buprenorphine%20telemedicine%20%20(Final)%20+Esign.pdf)

<https://www.hca.wa.gov/assets/program/opioid-treatment-program-faq.pdf>

# TELEHEALTH: LEGAL & REGULATORY

## PRE - COVID 19 PANDEMIC

- **CMS**

- Documentation not required for telehealth/telephone
- Required annually for CTBS

- **Washington State**

- Telemedicine Guideline (MD2014-03) - informed consent
- HCA - consent for telemedicine required

- **Best Practice/Standardization:**

- **Obtain/document consent, include:**

**\*Expectations      \*Patient rights & responsibilities      \*Benefits & risks**

**\*Security information      \*Right to refuse** <https://www.cms.gov/files/document/03092020-covid-19-faqs-508.pdf>

<https://www.hca.wa.gov/assets/billers-and-providers/telehealth-brief-for-COVID-03-2020.pdf>



# TELEHEALTH: LEGAL & REGULATORY

## COVID 19 PHE CHANGES

### CONSENT

- Relaxations –
  - How it is obtained: written, electronic, verbal
  - Timing or frequency
- If using a non-HIPAA-compliant platform, consent is required.
- 42 CFR part 2
  - Still must obtain written consent to share information;
  - No consent required in a medical emergency - more discretion allowed
  - Electronic and photocopied signatures are ok



<https://www.cchpca.org/>  
[https://coepi.org/sites/default/files/provider telehealth and privacy.pdf](https://coepi.org/sites/default/files/provider_telehealth_and_privacy.pdf)  
[Fact Sheet: SAMHSA 42 CFR Part 2 Revised Rule | HHS.gov](#)



# TELEHEALTH: PRIVACY & SECURITY

## PRE - COVID 19 PANDEMIC

- HIPAA/HITECH Act
  - HIPAA protects personal health information (PHI)
  - If a health care provider is utilizing telehealth that involves PHI, the provider must meet the same HIPAA requirements as if the service was provided in-person.
  - Telehealth technology, such as software or other equipment, should use encryption, require passwords, and utilize other safeguards.
  - Business Associates Agreements (BAAs) with vendors is one way to confirm HIPAA compliance of the technology.
  - Includes requirements for notification of breach
  - Includes enforcement and penalties <https://www.cchpca.org/telehealth-policy/hipaa>

# TELEHEALTH: PRIVACY & SECURITY

## COVID 19 PHE CHANGES

### HR6074 - OCR Waiver during Covid19 Public Health Emergency

- Enforcement discretion/not impose penalties for non-compliance with HIPAA requirements during “good faith” provision of telehealth.
- Can use any non-public-facing audio or video technology
  - Applies even if the telehealth care is not related to conditions r/t Covid19.
  - Notify patient re risks.
- States may have additional requirements

<https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html> Includes list of platforms

# TELEHEALTH: PRIVACY & SECURITY - WA

## COVID 19 PHE CHANGES

- Check state laws
- WA Medicaid: under the PHE, Medicaid is covering a variety of technology modalities in lieu of in-person visits to support evaluation, assessment and treatment of clients. These modalities include:

**However, HCA is beginning the transition to a post-pandemic telehealth policy and will no longer allow services to be provided via a non-HIPAA compliant audio-visual modality.**

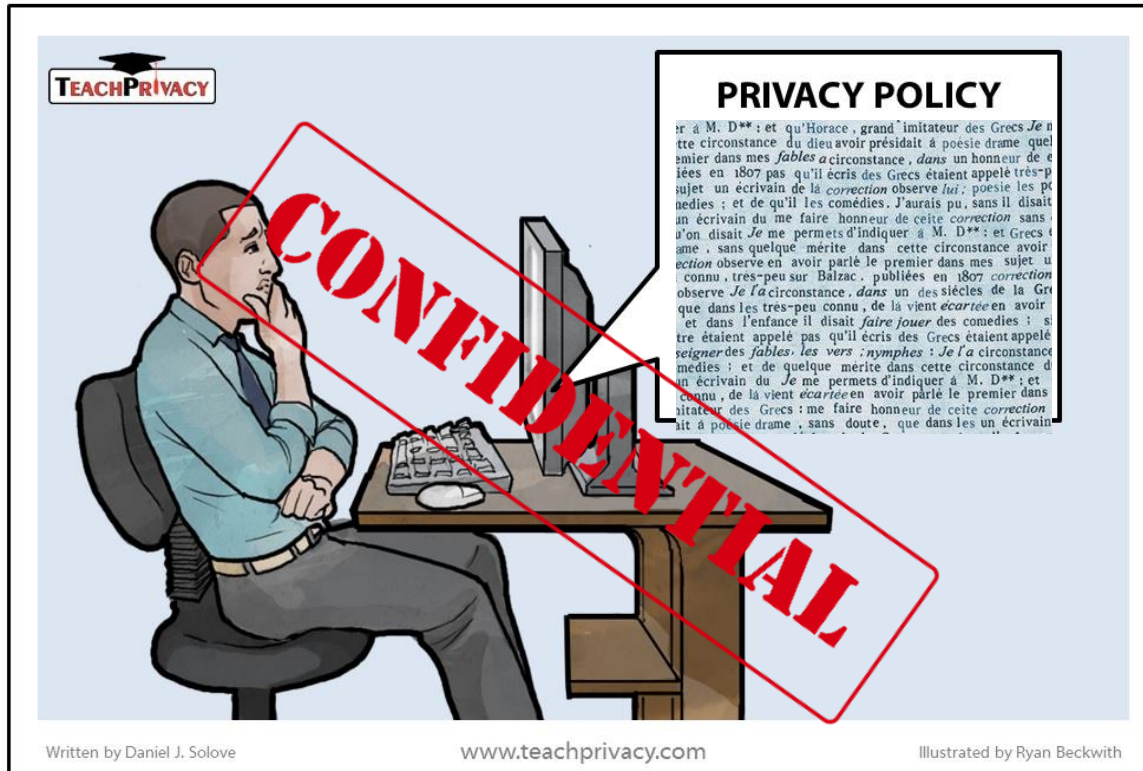
- HCA Zoom licenses are HIPAA and 42 CFR compliant

<https://www.hca.wa.gov/assets/billers-and-providers/behavioral-health-policy-and-billing-COVID-19.pdf>  
[Audio-Only Medicaid Telehealth Policies \(shvs.org\)](#)

# TELEHEALTH: PRIVACY & SECURITY

## Additional Privacy & Security Measures

- Shared data encryption
- Platform functions
  - Stopping pop-ups
  - Cautions while screen sharing
- Recording policy
- No visual/audio access
- ID provider
- ID patient
- Who is in the room with you?  
Who is in the room with patient?



# TELEHEALTH: ANTI-KICKBACK REGULATIONS

## Stark Law and Anti-Kickback Statutes

- Address patient protection by:
  - Prohibiting physician self-referral.
  - Prohibiting referral of a Medicare or Medicaid patient to an entity where a physician has a financial interest.
- Aim - to protect patients from unnecessary services or inappropriate referral for services.
- CMS and the Office of the Inspector General – new reforms to ease regulatory burden and include innovative arrangements with digital technology that may help patients receive care. Some relaxations during PHE.
- Check for state-specific regulations.

<https://oig.hhs.gov/reports-and-publications/federal-register-notices/factsheet-rule-beneficiary-inducements.pdf>

<https://www.cms.gov/newsroom/fact-sheets/modernizing-and-clarifying-physician-self-referral-regulations-final-rule-cms-1720-f>

**NEW:** [New Stark Law rules create safe harbors to promote value-based care, telehealth - Stark Medical Auditing](#)  
[Changes to Stark Law and Anti-Kickback Statute | Healthcare IT Today](#)



# TELEHEALTH: LEGAL & REGULATORY CONSIDERATIONS

**Licensure** – requirement is based on where the patient sits at the time of health care appointment

- ✓ **Must be licensed in state where patients is located** (PHE CMS state waivers, compacts)
- ✓ Must abide by its laws and standards of care, and telemedicine-specific rules.

**Malpractice** - policy valid in state where patient is located; covers telemedicine.

**Credentialing & Privileging** - provider (distant) site & patient (originating) site as required; credential-by-proxy (optional) – TJC & CMS approved

**Ryan Haight** - changes re in-person visit requirement

**Telemedicine Consent** → best practice

## HIPAA

- ✓ Federal & state requirements
- ✓ Before (HIPAA/HITECH Acts), during (OCR waiver) and after PHE
- ✓ Additional privacy & security measures

**Stark Law & Anti-kickback Statutes** - prevent unnecessary services or inappropriate referrals.

# TELEHEALTH: LEGAL & REGULATORY CONSIDERATIONS

Post-PHE, per 2022 Physician Fee Schedule and Consolidated Appropriations Act of 2022

- Unsure post-PHE
  - HIPAA [enforcement discretion](#): [HHS Office for Civil Rights \(OCR\)](#) can keep policy or let it expire.
  - State-based PHE policies
- Immediate reversal post-PHE:
  - Reimbursement of some [Medicare telehealth services](#) (such as group psychotherapy and phone E/M codes 99441-99443); others extended through the end of 2023. See CMS telehealth service list for exact codes.
  - Prescribing controlled substances without an in-person examination. (Delays?)
- Temporary Medicare Reimbursement for 151 days post-PHE for:
  - TH into patients at home.
  - Expanded list of eligible providers, incl. FQHCs and RHCs as distant site/provider for non-telemental health (TMH).
  - Audio-only telehealth for non-mental health visits.
- Permanent Medicare Reimbursement for:
  - Eligible TH service; patient in rural area AND in an eligible site (i.e. in most cases not the home).
  - TMH services into home and without rurality requirements (including some audio-only) with requirements....
  - Medicare reimbursement to FQHCs and RHCs for “mental health visit”
    - \*CMS redefined “mental health visit” to now include encounters furnished through interactive, real-time telecommunications technology (including some audio-only) for a mental health disorder.

# TELEMEDICINE: DOCUMENTATION

## Tips for Documentation

- Date of the service, include start/stop time and duration
- Consent:
  - Written, verbal, electronic
  - Who – provider or auxiliary staff
- Others present during the encounter
- How/why service delivered, platform, HIPAA-compliance
- Physical exam: self-reported or obtained under direction
- Provider location during encounter
- Patient location during encounter...**safety plan**
- Billing code + telehealth modifier
- Place of Service code

*Please consult with your billing & coding experts, and compliance professionals!*

# TELEMEDICINE BILLING & REIMBURSEMENT: CODES

## How to bill for telemedicine:

- Ask - Telemedicine or CTBS?
  - Modality?
  - Telemed to another clinical site or into patient home?
  - Distant (provider) site or originating (patient) site?
  - Hospital; hospital-based clinic or not; FQHC or RHC?
  - Facility fee vs originating site fee?
  - Who/what is the payer policy and/or payer agreement?
- Determines – modifier: GT vs GC vs 95...
  - POS 02 (telehealth) vs POS 10 (telehealth into home) vs normal POS
  - Q3014 <https://www.cms.gov/files/document/03092020-covid-19-faqs-508.pdf>  
<https://edit.cms.gov/files/document/medicare-telehealth-frequently-asked-questions-faqs-31720.pdf>;  
<https://www.hca.wa.gov/assets/billers-and-providers/physician-related-serv-bg-20200401.pdf>

Please consult  
with your  
billing &  
coding  
experts, and  
compliance  
professionals!

# TELEHEALTH/TELEMEDICINE IMPLEMENTATION

## ☐ Technology decisions

- Best fit with proposed service
- Cost
- Ease of use & training requirements for users
- Device/technology EMR compatibility
- HIPAA-compliance

## ☐ Space considerations

- HIPAA considerations
- Camera and room set-up
- **Provider remote work**

# TELEHEALTH/TELEMEDICINE IMPLEMENTATION

## ☐ Provider Readiness

- Licensure and liability protection (malpractice insurance)
- Credentials & privileges – provider & patient sites
- Telehealth training
  - Federal and State requirements, e.g., WA State SSB6061
  - Training to the telehealth protocol & policies
  - Technical failure and emergency protocols
  - “Webside manner”
- Staff training



# TELEHEALTH/TELEMEDICINE IMPLEMENTATION

## □ Workflow & Administrative Processes

- Scheduling appointments – telemed vs in-person
- Patient information forms - sending & obtaining
- Interpretation services
  - Telemedicine subject to same state and federal requirements re language access and disability accommodations.
- Check-in and check-out procedures
- Documentation requirements & templates
- Consents
- Consult billing and compliance

# TELEHEALTH/TELEMEDICINE IMPLEMENTATION

## ☐ Evaluation & Metrics

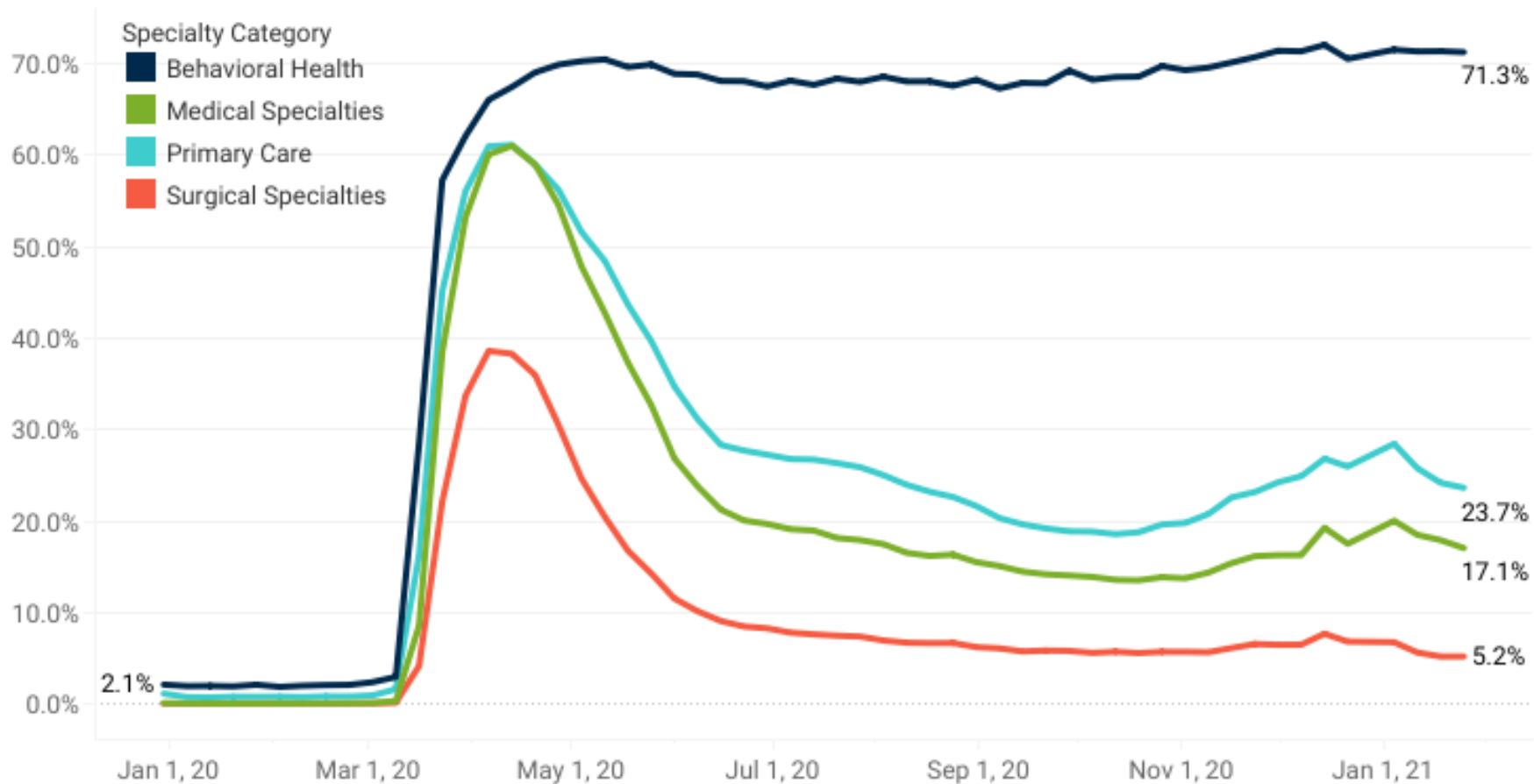
### ⦿ Who will be affected?

- Patients
- Clinicians & Staff
- Healthcare Facilities
- Payers
- Healthcare system
- Society-at-large

### ⦿ How will they be affected?

- Access
- Efficiency
- Satisfaction
  - Patient
  - Provider & staff
- Clinical Outcomes
- Financial

# Nationally, rate of telehealth visits high for BH, above pre-pandemic for primary care and medical specialties



Source: The Chartis Group, April 2021

# TELEMEDICINE BILLING & REIMBURSEMENT - CMS

[Centers for Medicare and Medicaid Services \(CMS\) Calendar Year \(CY\) 2022 Final Physician Fee Schedule \(PFS\):](#)

- TeleMental Health (TMH) Services:
  - Will continue to pay for TMH into patient home and without geographic restrictions, but...
    - Require in-person visit within 6 mos of first TMH visit, every 12 mos thereafter
    - In-person requirement does not apply to SUD & co-occurring MH disorder
    - Exceptions to in-person requirement r/t risks and burdens of in-person visit – must document!
  - Will continue to pay for audio-only modality for TMH only if:
    - TMH into “home”
    - provider has audio-video access but patient does not/cannot use/will not consent to audio-video
  - Will continue to allow federally qualified health centers (FQHCs) and rural health centers (RHCs) to deliver mental health services via “interactive, real-time telecommunications technology” including audio-only.

[Telehealth Policy Updates – CCHP Insights into State and Federal Developments & Trends \(mailchi.mp\)](#)

# TELEHEALTH: GOING FORWARD

- QA/QI/RCTs
- Hybrid models
- Integration and continuity of care
- PHE waivers & new legislation
- Access & equity issues
  - Digital literacy
  - Technology access – devices and broadband
  - Rural & Urban
  - Language barriers; Cultural barriers
- New digital health modalities
  - “Digital front door” (*patient portals, self-scheduling, etc.*)
  - RPM - sensors, data-base management
  - Texting, chat, AI, apps



## RESOURCES for TELEHEALTH & TELEMEDICINE

# TELEHEALTH/TELEMEDICINE RESOURCES



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Are you registered for the leading telehealth conference?

The ATA19 program has been announced! Register by February 28 to save.

[LEARN MORE AND REGISTER](#)

## ABOUT US

ATA is the leading telehealth association helping to transform and re-invent healthcare...

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## EVENTS

We offer the leading telehealth events in the industry, focused on innovative technology and...

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## LEARNING CENTER

Take advantage of key educational content by telehealth experts...

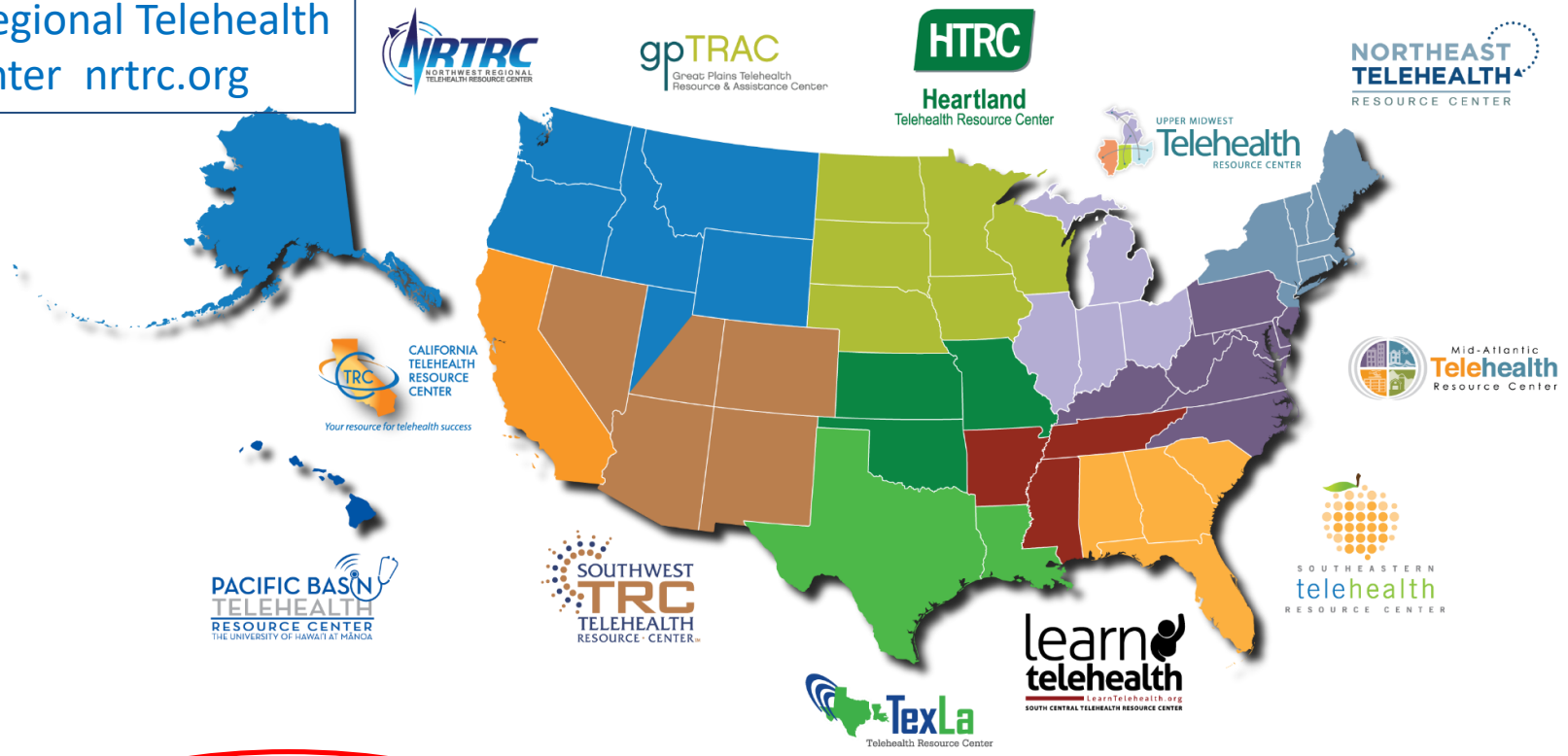
[LEARN MORE >](#)

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# TELEHEALTH/TELEMEDICINE RESOURCES

## TelehealthResourceCenters.org

Northwest Regional Telehealth Resource Center [nrtrc.org](http://nrtrc.org)



TTAC (TelehealthTechnology.org) and Center for Connected Health Policy (The National Telehealth Policy Resource Center)

2 National Resource Centers

NRTRC	gpTRAC	NETRC
CTRC	HTRC	UMTRC
SWTRC	SCTR	MATRC
PBTRC	TexLa	SETRC

12 Regional Resource Centers

### Integrated Care Training Program

# TELEHEALTH/TELEMEDICINE RESOURCES



Focus: policy, regulatory, reimbursement issues

- Monitors state and federal policy
- Annual Report: State Telehealth Laws & Reimbursement Policies
- Fact Sheets
- More...

[www.cchpca.org](http://www.cchpca.org)

SPRING 2020

50 STATES & THE DISTRICT OF COLUMBIA



## STATE TELEHEALTH LAWS

### & REIMBURSEMENT POLICIES

# TELEHEALTH/TELEMEDICINE RESOURCES

## Washington State Telehealth Collaborative

### Vision Statement

The Collaborative will advance excellence and innovation in telehealth for all Washington communities, improving access to high-quality, safe and affordable health care in Washington State.



### Mission Statement

The Washington State Telehealth Collaborative will provide a forum to improve the health of Washington residents through the collaboration and sharing of knowledge and health resources statewide and increasing public awareness of telehealth as a delivery mechanism. The Collaborative seeks to enable development and delivery of technology-assisted programs that promote access, sustainability, utilization and affordability of Telehealth services.

[Frequently Asked Questions about Telehealth: A Patient's Guide](#)

[Frequently Asked Questions about Telehealth: A Clinician's Guide](#)

*While WSHA proudly hosts this website, the Telehealth Collaborative is an independent group, not affiliated with WSHA.*



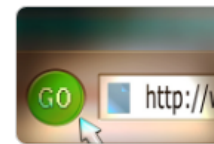
About the  
Telehealth  
Collaborative



Telehealth  
Collaborative  
Members



Telehealth  
Collaborative:  
Upcoming and  
past meetings,  
minutes and  
more



Telehealth  
Resources

<https://www.wsha.org/policy-advocacy/issues/telemedicine/washington-state-telemedicine-collaborative/>

Visit our [COVID-19 page](#) for the latest updates, [vaccine information](#), [testing locations](#) and [data dashboard](#).

[For Public Health and Healthcare Providers](#) > Telehealth

## Telehealth

[Telehealth and Federal Resources](#)

[Insurance Coverage: Employee Retirement and Income Security Act \(ERISA\) Information](#)

[Reimbursement: Federal Center for Medicare and Medicaid Services \(CMS\)](#)

[Telehealth in Washington](#)

## Telehealth

Telehealth as we now know it has existed since the mid-1990s. However, with the onset of the COVID-19 pandemic in early 2020, providers and health care systems across the nation scrambled to implement telehealth programs to continue to safely provide their patients' health care services. Telehealth and telemedicine use have since skyrocketed to unprecedented levels.

Telehealth is a general term that can include education, consultation, videoconference meetings, and patient contact. Telemedicine usually refers solely to clinical patient encounters with a healthcare professional.

### A Word about the COVID-19 Pandemic

The federal government and individual states declared a Public Health Emergency (PHE) when the COVID-19 pandemic began. During the PHE, many federal and state regulations regarding telehealth and virtual care

[www.doh.wa.gov/ForPublicHealthandHealthcareProviders/Telehealth](http://www.doh.wa.gov/ForPublicHealthandHealthcareProviders/Telehealth)



# TELEBEHAVIORAL HEALTH 101

- Introduction to TeleBehavioral Health and Policy Overview\*
- Getting started: Facts & Myths, and Security & Privacy
- Digital Health Do's & Don't's, Workflows, and Safety planning
- Billing and Reimbursement for TeleBehavioral Health
- Clinical Engagement over Telehealth
- Clinical Supervision in Telehealth
  - **6-module Online Self-Study\***

[TeleBehavioral Health 101 Series - NRTRC \(instructure.com\)](https://instructure.com)

CME Accreditation:

The University of Washington School of Medicine is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

The University of Washington School of Medicine designates this live activity for a maximum of **6 AMA PRA Category 1 Credits™**. Physicians should claim only the credit commensurate with the extent of their participation in the activity. (Each session is 1.0 credits)

# TELEBEHAVIORAL HEALTH 201

**Monthly series: 3<sup>rd</sup> Friday of each month, 11am-12pm PST:**

- 10/23/20 – TELEHEALTH POLICY – THE CHANGING FEDERAL AND STATE LANDSCAPE
- 11/20/20 – PREPARING PATIENTS & TECHNOLOGY for TELEHEALTH
- 12/18/20 – DOING GROUPS over TELEHEALTH
- 01/15/21 – MOBILE HEALTH (mHEALTH) FOR SERIOUS MENTAL ILLNESS
- 02/19/21 – PROVIDER SELF-CARE & WELLNESS in the ERA of TELEHEALTH and COVID
- 03/19/21 – BEHAVIORAL HEALTH APPS
- 04/16/21 – CHILDREN and TELEBEHAVIORAL HEALTH
- 05/21/21 – APPLYING TELEHEALTH to SUD TREATMENT in COMMUNITY-BASED SETTINGS
- 06/18/21 – CULTURAL COMPETENCE & HUMILITY in TELEBEHAVIORAL HEALTH
- 07/16/21 – APPLYING TELEHEALTH to MEASUREMENT-BASED CARE
- 08/20/21 – SUICIDE RISK ASSESSMENT over TELEHEALTH
- 09/17/21 – COUPLES & FAMILY THERAPY over TELEHEALTH

Online Self-Study at  
[Telebehavioral Health 201 Series](https://www.instructure.com)  
[- NRTRC \(instructure.com\)](https://www.instructure.com)

**A CERTIFICATE OF COMPLETION WILL BE ISSUED FOR EACH SESSION ATTENDED**

## **CME Accreditation**

The University of Washington School of Medicine is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

The University of Washington School of Medicine designates this live activity for a maximum of **12 AMA PRA Category 1 Credits™**. Physicians should claim only the credit commensurate with the extent of their participation in the activity. (Each session is 1.0 credits)

# TELEBEHAVIORAL HEALTH 301 webinar series

Jan 21, 2022:	Bree Collaborative Telehealth Guide & Hybrid Models
Feb 18, 2022:	Crisis Management & Risk Assessment
Mar 18, 2022:	Safety & Consent Planning
Apr 15, 2022:	Substance Use Disorder Treatment over Telehealth
May 20, 2022:	TeleBehavioral Health & Groups: lessons from Dialectical Behavioral Therapy
Jun 17, 2022:	TeleSupervision
Jul 15, 2022:	Whole Health & Telehealth
Aug 19, 2022:	Children & Adolescents
Sep 16, 2022:	Trauma-Informed Care
Oct 21, 2022:	Remote Teams & Tele-Teaming
Nov 18, 2022:	TeleMental Health and Professional Liability
Dec 16, 2022:	Reimagining practice: integration of AI, digital therapeutics and automation in behavioral health

A CERTIFICATE OF COMPLETION WILL BE ISSUED FOR EACH MODULE COMPLETED

NASW accredited: provider #1975-433.

## CME Accreditation

Accreditation with Commendation: The University of Washington School of Medicine is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

Credit Designation: The University of Washington School of Medicine designates this Other Activity for a maximum of 36 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity. (Each 1 hour module is 1.0 credits).

\*Note: accreditation includes additional webinar and online series offerings.

# Takeaways

- Keep offering telebehavioral health/telemental health!
- Use resources to continue to track legislation and rules & regulations
  - Cross-state licensure
  - Malpractice
  - Credentialing & Privileging
  - Ryan Haight – prescribing controlled substances
  - Telemedicine Consent
  - HIPAA
  - Stark Law & Anti-kickback Statutes
- Work with your compliance and billing experts
- Thoughtful (and detail-oriented) implementation and practice of Telehealth services
  - Hybrid services
  - Meet the patient where they are
  - Integration with primary care
  - Evaluation and QI

# Additional Free Resources for Washington State Healthcare Providers

\*No cost

## EDUCATIONAL SERIES:

- [AIMS Center office hours](#)
- [UW Traumatic Brain Injury](#) – Behavioral Health ECHO
- UW Psychiatry & Addictions Case Conference ECHO [UW PACC](#)
- UW TelePain series [About TelePain \(washington.edu\)](#)
- TeleBehavioral Health 101-201-301-401 [Telehealth Training & Support - Harborview Behavioral Health Institute \(uw.edu\)](#) | [bhinstitute@uw.edu](mailto:bhinstitute@uw.edu)

## PROVIDER CONSULTATION LINES

- UW Pain & Opioid Provider Consultation Hotline [Consultation \(washington.edu\)](#) – 844-520-PAIN 7246)
- [Psychiatry Consultation Line](#) - (877) 927-7924
- [Partnership Access Line \(PAL\)](#) (pediatric psychiatry) - (866) 599-7257
- [PAL for Moms](#) (perinatal psychiatry) - (877) 725-4666

THANK YOU!

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[ctowle@uw.edu](mailto:ctowle@uw.edu)



# Questions and Discussion

- Ask questions in the chat or unmute yourself

# Registration

- If you have not yet registered, please email [uwictp@uw.edu](mailto:uwictp@uw.edu) and we will send you a link