SBTC: The Essentials of Getting a Solid Start

Sherrie Williams, LCSW, COO
Global Partnership for Telehealth (GPT)
ABOUT GPT

- Not-for-Profit, 501c 3
- 650+ endpoints
- 150+ specialists/providers
- 109 out of 159 counties in Georgia
- 11 States
- 4 Countries
- National School of Applied Telehealth
- SE Telehealth Resource Centers (SETRC) - 1 of 14 Federal Centers

About SBTC Partnerships

- GA = 110+
- TN = 40+
- AL = 2
- FL = Coming Soon!

First GPT school partnership started in 2009 in Berrien County, GA
Not all telehealth is created equal
Fully Integrated Community SBTC Model

Points of Interest with this Model:
- Students have access to their community physicians
- Students have access to remote specialists
- The local community is supported and embraced by the SBTC
Available Services

- **Acute Care Services**
  - Minor injury
  - Minor illness

- **Chronic Disease Management**
  - Asthma
  - Diabetes

- **Mental Health**
  - Individual therapy
  - Family therapy
  - Group therapy
  - Psychiatry

- **Specialty Care**
  - Cardiology
  - Nephrology
  - Many others

- **Oral Health Care**
  - Cleanings
  - Screenings
  - Fluoride tx

- **Education**
  - General Health Education
  - For use in Health
  - Occupation Classes

Comprehensive care is the goal!
Financing a SBTC Program

Grants are good but what happens when they disappear?
Financing a SBTC Program

- GPT began engaging with GA DCH in 2010
  - 2012: GA DCH implemented first telehealth reimbursement manual
  - Schools were included as a reimbursable location (Q3014)
  - Horse before the cart situation...mechanisms were not built for schools until August 2016

GA SBTCs are now eligible for Q3014 reimbursement
(up to ~$27 per encounter)
7 Essential SBTC Best Practices

1. Assess and confirm school’s and community’s readiness for by performing needs assessment.
2. Know the local resources and identify potential partners.
3. Know the law.
4. Choose the right telehealth company and equipment.
7 Essential SBTC Best Practices

5. Get the right people in place.

6. Develop:
   1. Business plan
   2. Policies/Procedures
   3. Data collection tools
   4. Marketing plan

7. Develop relationships with community and network partners to ensure effective communication.
Flow for Mental Health Appointments

Student’s need for a mental health consult is identified by nurse, PCP, parent, or school administration.

School nurse determines student’s enrollment status in the SBTC.

Child returns to class.

Student is not enrolled. Nurse discusses with parents the option of mental health visits via the SBTC and sends enrollment forms home.

Student returns to class. GPT scheduling is called to assist with follow-up appointment arrangements per physician orders and parent notified of appointment date and time.

Physician calls into telemedicine equipment at scheduled appointment time.

Physician talks to parent, student, and presenter to assess, diagnose, treat, and order labs/medications.

Parent arrives 30 minutes early to sign necessary consents. Student is called to the clinic 5 minutes before appointment time.

School nurse and counselor work together to complete all required forms as well as to gather current grade report, attendance report, discipline log report, and teacher reports. All paperwork is faxed or emailed to physician before the scheduled appointment.

Parent is enrolled.

Parent/guardian is contacted and educated on the SBTC and asked if they want their child to use the SBTC for mental health services.

Parent agrees to use SBTC. GPT scheduling is called to assist with appointment needs. Obtain referral for psychiatric services from PCP (if needed) and gather any other forms required by the psychiatrist.

Parent does not wish for student to use SBTC; parent is advised to follow-up with PCP.
Specialty Care Flow for All Patients

Patient is referred to a medical specialist

SBTC determines if that specialty is in the network. If so, GPT scheduling is contacted for an appointment.

Patient/Parent is notified of appointment date/time.

On the day of the appointment, patient/parent should arrive at least 30 minutes early. This time will be used to have the patient/parent fill out forms that are specific to that specialist and for vitals to be taken and sent to the doctor.

Physician calls into telemedicine equipment at scheduled appointment time. Physician talks to parent, student, and presenter to assess, diagnose, treat, and order labs/medications.

Patient/parent is educated on orders, medications, and treatments as needed. Student returns to class. GPT scheduling is contacted for follow-up appointments if needed, and parents notified of date/time.
Important Partnerships

• Payors
• State Agencies
• School Personnel
• Existing Local Medical Community
• Parents/Families
To Learn More:

Call: 866-754-4325
Email: Sherrie.Williams@gpth.org
Web: www.gatelehealth.org
What is the South Carolina Telehealth Alliance (SCTA)?

• The South Carolina Telehealth Alliance is a statewide collaboration of many organizations joining forces to expand telehealth services across the state.
• The Alliance provides guidance, assists with strategic development, and advises on technology and standards to develop an open-access network.
• Administered out of the MUSC Center for Telehealth

SCTA Mission:

*Improve the health of all South Carolinians through Telehealth*
MUSC Center for Telehealth

- Administrative seat of SCTA
- Partners with health care systems, providers, and school districts across SC
- Offers many telehealth programs including:
  - TeleICU
  - Telestroke
  - Specialty care
- Designated as a National Telehealth Center of Excellence
South Carolina’s School-Based Telehealth program is one of the fastest growing school-based telehealth networks in the nation.
What is school-based telehealth?

- A telemedicine cart is placed in the school nurse’s office.
- A thorough exam is done with the use of telemedicine peripherals and the assistance of the school nurse or telepresenter.
- Children are treated as they would be in a regular clinic setting.
Services Offered

• **Acute Care**
  • Sick visits for most low-acuity conditions
  • Over 85% of visits are able to be completed with telemedicine alone

• **Specialty Care**
  • Access to pediatric specialists
  • Children with special healthcare needs (PACE)

• **Behavioral Health**
  • ADHD
  • Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)
Phases of Program Implementation

**Phase 1**
*Strategy*
- Exploration
- Agreements

**Phase 2**
*Design*
- Equipment
- Business Requirements

**Phase 3**
*Transition*
- Train school nurse & providers
- Mock calls

**Phase 4**
*Operation*
- School/Community Engagement
- Evaluation
Leadership support

Introductory Meeting
- Superintendent
- Director of Special Services/Lead Nurse
- Local Provider

Follow-Up Meetings
- School Board
- School Nurses

Inform
- Finance
- IT
- Special Education
- Medicaid Coordinator
Training: School Nurse

- Consent
  - HIPAA/FERPA
  - Secure transfer of forms
- Documentation
  - CSN form
- Billing
- Workflow
- Equipment
- Care coordination following the exam
- Mock calls
Training: Providers

- Consent process
- Documentation
- Billing
- Workflow
- Equipment
- Communication with PCP
- Mock calls
Contact Information

Elana Wells, MPH, CHES
School-Based Health Manager
Phone: 843.876.0240
e-mail: navon@musc.edu
Telehealth: A Deep Dive into Telehealth Partnerships

Coordination and Collaboration

Shelley McGeorge, Ph.D., MPA, LPC/S, LMFT
Director of Medicaid Services
SC Department of Education
Developing Telemedicine/Telehealth as an Education Agency; What is needed

- Familiarity with Telemedicine/Telehealth
- Decision to be a provider and/or a recipient of services (school districts)
- Individual/office to be champion of services (who will coordinate)
- Who are partners/providers of Telemedicine/Telehealth?
- Understanding of HIPAA/FERPA (legal counsel involved)
Developing Telemedicine/Telehealth as an Education Agency; What is needed

• Models for contracts and forms
• Training and coordination
• Billing if Medicaid allows
• Development of audit process
• Troubleshooting problem areas
SCDE Telemedicine/Telehealth Committee

• Telemedicine Committee at SC Department of Education (SCDE) has been meeting since July, 2014

• Medical University of South Carolina (MUSC) has an existing program to provide Telemedicine in the school districts and has established the SC Telehealth Alliance

• Currently, 80 schools receive Telemedicine/Telemental Health services

• SCDE’s role is to provide support and coordination for the school districts which choose to contract for Telemedicine
SCDE Telemedicine/Telehealth Committee

• Telemedicine Committee at SCDE continues to work along with MUSC to refine models and protocols for school districts

• Committee includes representatives from the offices of: Special Education, Medicaid Services, General Counsel, Health and Nutrition (nursing), Technology Support Services and School Transformation

• Committee meets every other month or as necessary
Telemedicine Collaboration with MUSC

• Telemedicine Committee at SCDE has developed a model agreement and addendum with MUSC for school districts to utilize when providing school-based health services and utilizing telemedicine

• The school districts can utilize this model agreement and addendum when contracting with healthcare providers
Telemedicine Services Update

Issues addressed in the agreement/addendum include:

• Roles of school district and healthcare provider
• Maintenance of equipment
• HIPAA/FERPA (release of student records to healthcare provider)
• Liaison appointed between the district and the healthcare provider (nurse or nurse leader)
• Consent for release of education records and information (parent signs release for district to release medical information to healthcare provider)
• Consent/release to bill Medicaid
Telemedicine Services Update

School districts can bill a facility fee of $14.96 using the code Q3014

SCDE has updated and or created new forms:
https://ed.sc.gov/districts-schools/medicaid/medicaid-program-quality-assurance/telemedicine/

- SCHOOL DISTRICT TELEMEDICINE CSN/ REFERRAL FORM
- TELEMEDICINE CHECKLIST QUALITY ASSURANCE REVIEW
- CONSENT FOR RELEASE OF EDUCATION RECORDS AND INFORMATION FORM
School District Telemedicine CSN/Referral Form

SCHOOL DISTRICT TELEMEDICINE CSN/ REFERRAL FORM

STUDENT NAME: __________________ MEDICAID ID #: __________________

PRINT REFERRING NURSE/TITLE: __________________ LICENSE #: __________________

REFERRING DATE: _______________ FAX NUMBER: __________________

SCHOOL NAME/DISTRICT: __________________

START TIME: ___________ STOP TIME: ___________

REFERRING NURSE SIGNATURE/TITLE: __________________ DATE: _______________

▼ REASON FOR TELEMEDICINE REFERRAL (referring nurse complete this section):

<table>
<thead>
<tr>
<th>R01</th>
<th>Rash/Skin</th>
<th>R06.2</th>
<th>Wheezing</th>
<th>R07.0</th>
<th>Sore Throat</th>
</tr>
</thead>
<tbody>
<tr>
<td>R05</td>
<td>Cough</td>
<td>H92.09</td>
<td>Ears</td>
<td>J45.909</td>
<td>Asthma</td>
</tr>
<tr>
<td></td>
<td>Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Procedure Code: Q3014 ($14.96) Telemicene referring site

COMMENT/EXPLANATION (FOR REFERRAL):

__________________________________________________________________________________

PROVIDER CONSENT (Is there a consent signed by parent for treatment? if not, STOP!)
NOTE: 1. Fax referral form to Health Care Provider. 2. Referring nurse remember to follow-up with health care provider for supporting documentation for school record(s)/billing.
This section to be completed by provider of service:

▼ (PLEASE PRINT) Name/Title of Healthcare Provider(s):

(Provider treating the student) NPI:

Health Care Provider Location:

(Please list: Physician’s Office, Area Hospital, MUSC, School, etc.)

▼ FOLLOW-UP (End Results): (treating health care provider completes this section AND/OR attachments if applicable) Return by fax to referring school district:

Is there another visit required by Health Care Provider? YES_______NO_________

7/12/17
### Telemedicine Checklist Quality Assurance Review Form

**Revised 8/25/17**

**TELEMEDICINE CHECKLIST**  
**QUALITY ASSURANCE REVIEW**

**Review Period:** ________________  **Student:** ________________

**Provider:** ________________  **Medicaid #:** ________________

**Date:** ________________  **Reviewer:** ________________

**District:** ________________

<table>
<thead>
<tr>
<th></th>
<th>CONSENT</th>
<th>MET</th>
<th>COMMENTS/RECOMMENDATIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1</td>
<td><strong>Is there a General Consent/Release of Information Form effective 1/1/17, signed (electronically or handwritten) by the child’s parent or guardian authorizing the release of any medical information necessary to process Medicaid claims and requesting payment of government benefits on behalf of the child?</strong></td>
<td>CAP</td>
<td></td>
</tr>
<tr>
<td>1.2</td>
<td><strong>Is there a Consent for Release of Education Records and Information form signed by the parent allowing the district to release medical, psychological, and other personally-identifiable confidential information to the healthcare provider?</strong></td>
<td>CAP</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>REFERRAL</th>
<th>MET</th>
<th>COMMENTS/RECOMMENDATIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.1</td>
<td><strong>Is there a written referral for services signed and dated (electronically or handwritten) by a nurse or other licensed health care provider?</strong></td>
<td>CAP</td>
<td></td>
</tr>
<tr>
<td>2.2</td>
<td><strong>Is there a completed referral form returned from provider of service in the students’ file?</strong></td>
<td>CAP</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>CLINICAL SERVICE NOTE(S)</th>
<th>COMMENTS/RECOMMENDATIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.1</td>
<td><strong>Is a Telemedicine services Clinical Services Note (CSN) present?</strong></td>
<td>CAP</td>
</tr>
<tr>
<td>3.2</td>
<td><strong>Is there supporting documentation on the CSN for medical necessity for telemedicine service?</strong></td>
<td>CAP</td>
</tr>
<tr>
<td>3.3</td>
<td><strong>Is the CSN signed, dated, (electronically or handwritten) and list the title of the appropriate medical provider?</strong></td>
<td>CAP</td>
</tr>
</tbody>
</table>
## Telemedicine Checklist Quality Assurance Review Form

**Revised 8/23/17**

<table>
<thead>
<tr>
<th>3.4</th>
<th>Is there a start and stop time on the CSN/Referral form?</th>
<th>CAP</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.5</td>
<td>Is there a Memorandum of Agreement (MOA) and Clinical Addendum, signed and dated (electronically or handwritten) between the school district and the healthcare provider?</td>
<td>CAP</td>
</tr>
<tr>
<td>3.6</td>
<td>Are beneficiary/student’s name, provider, school, or location of the referring and/or consulting site location (if applicable) information listed on the documented CSN?</td>
<td>CAP</td>
</tr>
<tr>
<td>3.7</td>
<td>Is the documentation sufficient to support the number of encounters billed to Medicaid?</td>
<td>CAP</td>
</tr>
<tr>
<td>3.8</td>
<td>Is the reason for the Telemedicine service listed on the CSN?</td>
<td>CAP</td>
</tr>
<tr>
<td>3.9</td>
<td>Are entries filed in the beneficiary/student’s clinical record in chronological order by discipline?</td>
<td></td>
</tr>
<tr>
<td>3.10</td>
<td>Are errors corrected according to Medicaid Policy and Procedure?</td>
<td></td>
</tr>
<tr>
<td>3.11</td>
<td>Is the documentation legible?</td>
<td></td>
</tr>
<tr>
<td>3.12</td>
<td>Is there an ICD-10 code dated correctly (effective 10-01-15) on the CSN? (Best Practice)</td>
<td></td>
</tr>
</tbody>
</table>

### CREDENTIALS

| 4.1 | Are the credentials’ files available and current? | CAP |

### TREATMENT PLAN

| 5.1 | Is there an IEP, IFSP, IHP, ITP to reflect the diagnosis and treatment plan resulting from the telemedicine service and follow-up by the health care provider, if applicable? | CAP |

### GENERAL

<table>
<thead>
<tr>
<th>6.1</th>
<th>Are signature sheets and an abbreviation key available?</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>6.2</td>
<td>Are services billed correctly?</td>
<td></td>
</tr>
</tbody>
</table>
Consent for Release of Education Records and Information Form

CONSENT FOR RELEASE OF EDUCATION RECORDS AND INFORMATION

The ___________________ (the District) shall obtain written consent before disclosing any personally identifiable information from an education record. I understand that the District will operate under the guidelines of the Family Educational Rights and Privacy Act (FERPA), state statutes and regulations, and state and District policies and procedures to ensure confidentiality regarding the release of student information. No information will be released or secured without prior approval from the parent, except as provided by law.

The District has my permission to release and exchange medical, psychological, and other personally identifiable confidential information, as necessary, to representatives of the School-Based Health program. I understand that the purpose of this consent is to refer my child for health-related services and treatment.

Consent to Release Confidential Information

By providing my signature below, I understand that granting consent for the release of personally identifiable information from my child’s education records is voluntary and may be revoked at any time. If I later revoke consent, that revocation is not retroactive (i.e., it does not negate an action that has occurred after the consent was given and before the consent was revoked). I understand this consent form is valid until I revoke it.

By providing my signature below, I understand the recipient of these records must obtain my written consent before it can further share my child’s information from the District with any other party, such as for the purpose of billing Medicaid. If I provide written consent for the service provider to share my child’s information with another party, the re-disclosure of my child’s information by the recipient may no longer be protected by the requirements of the FERPA.

Student’s Name ___________________  Student’s Date of Birth ___________________

Signature of Parent/Guardian/Surrogate Parent ___________________  Date _________________

To contact the School-Based Health Program office at MUSC, in writing, the address is 169 Ashley Avenue MSC 332 Charleston, SC 29425; the phone number is (843) 876-0240.
Health Students, Promising Future Learning Collaborative

Digging in Deep: Telehealth

Valeria Williams
Program Director, DHHS Health Programs
June 14, 2018
Agenda

- **Medicaid Perspective** - SC Department of Health and Human Services, Valeria Williams, Program Director

- **Coordination and Collaboration** – SC Department of Education, Shelley McGeorge, Ph.D., MPA, LPC/S, LMFT, Director of Medicaid Services

- **Steps Needed to Build from Smaller to Larger State-supported Telehealth Efforts** - Medical University of South Carolina, Elana N. Wells, MPH, CHES, School-Based Health Manager, Center for Telehealth
Why Telemedicine

South Carolina (SC) had a documented and demonstrated need for improved services in our rural communities with major partners working to meet the needs

- A shortage of MFM physicians
  - SC had 25 Maternal Fetal Medicine Physicians to serve the Medicaid population. SC Medicaid pays for over 50% of all birth statewide in a predominately rural state.

- High stroke population
  - Medical University of SC (the premiere teaching hospital) developed a statewide stroke intervention protocol that assisted small rural hospitals triage stroke victims to determine appropriate treating facility

- A shortage of Psychiatrist
  - The State Department of Mental Health acquired a Duke Endowment grant to pilot telemedicine in the Emergency Department. With the goal of effectively discharging Behavioral Health patience’s within a 24 hour period instead of the 72 hour period that was the norm.
Why Telemedicine, Cont.

• The combination of these three critical areas converged to create the need for a policy that allowed greater use of telemedicine technology

• In SC several things happened that moved the telemedicine policy forward
  • Private sector providers implemented telemedicine protocols to address patient and financial concerns
  • Statewide broadband limitation became apparent. This discovery crystalized the need for legislative involvement
  • A collaborative coalition went to the State legislature to request support for a Telemedicine law and funding to address broadband issues statewide
Why Telemedicine?

• SC Legislature issued a proviso (temporary law) to study what laws were needed to support telemedicine

• SC Medicaid worked closely with this committee to ensure that language in the law worked well with policy

Lesson Learned

• Be included in the conversation early to ensure that Medicaid concerns are addressed in any state laws, regulations, and/or statutes
Medicaid Policy Implementation

• SC Medicaid updated its telemedicine policy October 2011
• School District policy was added November 2015
• Policy recognizes Physician, Nurse Practitioner, and Physician Assistant providers
• Policy allows Office Visits, Inpatient Consults, and Behavioral Health Consults
Policy Implementation
Lesson Learned

- Define the policy for your state that can be accomplished immediately without legislative or licensing authority

  (SC Legislature did not codify telemedicine until 2016)

- Initial policy focus should consider access to care or gaps in service delivery that could provide champions/support for your policy

- Do not attempt to implement an all inclusive policy at once
Financing

• The cost associated with implementing a telemedicine policy is a multi level issue
  • For the Medicaid Agency the policy includes adding the code associated with billing for the referring site.
  • For the referring and consulting sites start up cost for equipment, and training can range from $1,000 to $10,000 per unit
  • The annual cost of extended warranties, maintenance fees, broad band service etc. can range from $1,500 to $2,000 per year
  • However broadband expenditures may be offset by the FCC Healthcare Connect Fund, see link below for more info
    ➢ https://www.fcc.gov/general/rural-health-care-program#HCF
Financing of Telemedicine Services at S C Medicaid

- Fiscal impact is very limited,
- Providers at the consultant site bill the appropriate service code, and append a GT modifier to indicate that this was a telemedicine service
- Reimbursement is based on published fee schedules,
- GT modifier is informational, allows for reporting
- Providers at the referring site bill Q3014 (Telemedicine originating site facility fee), reimbursement $14.96 per encounter
- SC Medicaid financed about 15 Telemedicine carts in a 4 county area that did not have any OBGYNs or delivering hospitals to address access to care issues. Funding came from a Proviso to support health care disparity in the state
Financing of the Statewide initiative

S. C. Telehealth Alliance

• S. C. State Legislature allocated funding to the S. C. Alliance to implement a statewide open access telemedicine network

• Funding over the past five years
  - FY 13-14: $ 4M
  - FY 14-15: $14M
  - FY 15-16: $13M
  - FY 16-17: $11M
  - FY 17-18: $ 9M
Financing of the SC Telehealth Alliance

• Funding is intended to address barriers to the expansion of telehealth services throughout the state of SC

• The Alliance is responsible for developing the telehealth strategic plan and determining the programmatic direction of telehealth in SC
Financing

• The Alliance is currently working on six key directives:
  • Deploy a coordinated, open-access telehealth network in SC
  • Understand and effectively respond to the needs of users of telehealth with an emphasis on the underserved and rural
  • Invest in expanding needed specialty and subspecialty capabilities through telehealth
  • Conduct statewide education, training and promotion of providers and the public to accelerate and spread the adoption of telehealth
  • Develop a telehealth organizational structure that encourages and facilitates statewide collaboration among providers in the delivery of health care, education and research
  • Demonstrate to legislators, payers, providers and the public the impact of telehealth in improving access, quality and affordability
  • Link to quarterly reports on progress: https://msp.scdhhs.gov/proviso/site-page/telehealth-reports
Stakeholder engagement is critical to ensure that your policy meets the needs of the providers and also to ensure that unintended barriers to implementation are avoided

- The team should include minimally:
  - The hospital authority
  - The state licensing authority
  - Appropriate state agencies
  - Provider associations
  - Information technology support
  - HIPAA compliance officer
• Utilize your team to review draft policy
  • This allows opportunity to address concerns early and it also assist with setting expectation

• Develop realistic timelines
  • Stakeholders in your state will have to build the appropriate infrastructure to deliver services in a compliant manner
Stakeholders

• Some of the stakeholders for the advancement of Telemedicine in SC includes:
  • South Carolina Telehealth Alliance
  • South Carolina Hospital Association
  • South Carolina Department of Health and Human Services
  • South Carolina Board of Medical Examiners
  • Medical University Hospital Authority
  • Medical University of South Carolina
  • Blue Cross Blue Shield of South Carolina
  • South Carolina Department of Education
  • South Carolina Department of Health and Environmental Control
Infrastructure

Developing a supportive infrastructure around your states initiative that includes policy, technology, payer and provider stakeholders is critical to success

• Start early addressing any broadband issues in your state
• Engage other payers to ensure consistent policies around reimbursement and CPT code use
• Information Technology support should provide guidance on equipment selection
• Consideration should be given to training telemedicine presenter to ensure consistency in service delivery
Thank You