

**2021 Special Committee on Kansas Mental Health Modernization and Reform:
Telehealth Working Group Recommendations**

Topic	Status	Recommendation Title	2020 Recommendation	Action Lead Agency (Key Collaborators)	Lead Agency Response	Key Collaborator Response	Enablers (factors that aid action)	Barriers (Factors that obstruct action)	Revisions?
A: Telehealth	In Progress	10.1 Quality Assurance	Develop standards to ensure high-quality telehealth services are provided, including: - Establishing consistent guidelines and measures for telehealth in collaboration with licensing and regulatory agencies; - Implementing standard provider education and training; - Ensuring patient privacy; - Educating patients on privacy-related issues; - Allowing telehealth supervision hours to be consistently counted toward licensure requirements; and - Allowing services to be provided flexibly when broadband access is limited.	Various (KDHE, KDADS, Providers, BSRB, private insurers, regulatory agencies)		BSRB: The Board, and the seven advisory committees under the Board, have had ongoing discussions and recommendations concerning the expansion of telehealth. The Board is working on establishing consistent guidelines for practitioners, in part by working with representatives from multi-state compacts for professions providing telehealth services across state lines. Additionally, the Board is in the process of reviewing and updating existing regulations, including disciplinary guidelines, as these relate to licensees performing more telehealth services. Concerning telehealth supervision hours, the Board of the BSRB requested introduction of HB 2208 during the 2021 Legislative Session, which was enacted by the Legislature. HB 2208 allowed most professions under the BSRB to attain all supervision hours over televideo. For the profession of Licensed Psychology, current regulatory language limits televideo supervision to no more than one out of every four sessions. Staff for the BSRB brought this issue to the Licensed Psychology Advisory Committee and that Committee recommended removing the limitation. The Board recently voted to make that change in regulation, so the agency is submitting regulatory language to allow all supervision by televideo for Licensed Psychologists. Concerning assisting with allowing services to be provided flexibly when broadband access is limited, to assist with			
A: Telehealth	In Progress	10.2 Reimbursement Codes	Maintain reimbursement codes added during the PHE for tele-behavioral health services and consider options to prevent loss of facility fees so that providers are not losing revenue by delivering telehealth services.	KDHE Division of Healthcare Finance (KDADS, MCOS, CMHCs)	KDHE: KDHE concurs that telehealth codes added during the pandemic should be maintained, subject to CMS allowing federal match for those codes. Regarding facility fees, KDHE is studying this recommendation. There would be a fiscal impact if this recommendation is implemented, and non-behavioral health providers would likely also seek the same treatment of facility fees for telemedicine services.	KDADS: The United States continues to be in the PHE, but KDADS does support maintaining expansion and has advocated at the federal level for that to continue.		Unclear fiscal impact	
A: Telehealth	Completed	10.3 Telehealth for Crisis Services	Establish coverage of telehealth for crisis services to allow for the use of telehealth with law enforcement and mobile crisis services. Explore virtual co-responder models for law enforcement to aid police departments and other law enforcement agencies as they respond to mental health crisis in rural and frontier communities.	KDHE (KDADS, KDOC, DCF, local law enforcement agencies, providers)	KDHE: KMAP Bulletin Nos. 20065 and 20086 state that effective with dates of service on or after March 12, 2020, procedure codes H2011 (Crisis Intervention at the Basic Level); H2011 HK (Crisis Intervention at the Intermediate Level); and H2011 HO (Crisis Intervention at the Advanced Level) will be allowed to be reimbursed via telemedicine (both tele-video and telephone). Billing for these two codes is contingent upon KDADS approval of the individual crisis protocol utilized at a specified CMHCs. In addition, the State has submitted an SPA to allow for delivery of mobile crisis services for youth.	KDOC: KDOC has no additional content to submit on this item. DCF: On October 1, 2021 Beacon Health Options begins operations of a statewide centralized call center for crisis line that is audio using a phone line for the crisis intake and triage services. If mobile response is needed, an in-person response is not feasible, telehealth options are available for use with the mobile response service assessment. KDADS: KDADS and KDHE have included this option in their current SPA and policy codes for the mobile crisis code.			

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A: Telehealth	In Progress	10.4 Originating and Distant Sites	The following items should be addressed to ensure that individuals receive - and providers offer - telehealth in the most appropriate locations: - Adopt a broad definition of originating site, consistent with the Kansas Telemedicine Act; - Allow staff to provide services from homes or other non-clinical sites, if patient privacy and safety standards can be met; and - Examine issues related to providers practicing, and patients receiving, services across state lines, such as by exploring participation in interstate licensure compacts.	Legislature (KDHE, KDADS, providers)	Legislature: The Legislature enacted SB 283, which amends a provision allowing an out-of-state physician to practice telemedicine to treat Kansas patients to replace a requirement that such physician notify the State Board of Healing Arts (Board) and meet certain conditions with a requirement the physician hold a temporary emergency license granted by the Board.		SB 283		
A: Telehealth	In Progress	10.5 Child Welfare System and Telehealth	Utilize telehealth to maintain service and provider continuity as children, particularly foster children, move around the state. Consider how the unique needs of parents of children in the child welfare system can be met via telehealth.	KDHE (KDADS, DCF)	KDHE: KDHE recognizes the value telehealth provides and has no present plans to roll back flexibilities allowed during the pandemic. However, the Kansas Medicaid program must follow CMS rules governing the allowability of telehealth in order to qualify for federal matching funds for those services.	DCF: Technology for remote contacts can be used for interactions, services, and supports between case managers and service providers with children and youth in care. CMHCs and other service providers or supports may use technology based on standards of the service or needs of the family.			
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