

Special Committee on Mental Health Modernization

Telehealth Working Group Meeting

October 20, 2021

12:30-2:00pm

Meeting Notes

Meeting Materials: <https://www.khi.org/pages/2021-MHMR>

Agenda:

12:30pm – Welcome

12:35pm – Overview of Kansas Telemedicine Act

1:05pm – Revisions to 2020 Vision and MHMR Telehealth Recommendations

1:50pm – Discuss New Topic: Telehealth Payment Parity

1:58pm – Administrative Updates

2:00pm – Adjourn

Meeting Commitments:

- Come ready to discuss and compromise
- Keep remarks succinct and on topic
- Don't hesitate to ask clarifying questions
- Start and end on time

Attendees

Working group members: Sunee Mickle, BCBS-KS; Rep. Brenda Landwehr; Andrew Brown, KDADS; Jennifer Findley, KHA; Stuart Little, BHAK; Sen. Carolyn McGinn; Brittney Nichols, KDHE; Rennie Shuler-McKinney, AdventHealth; Kandice Sanaie, Cigna; Claudia Tucker, Teledoc Health; Coni Fries; Jason Grundstrom, KUMC; Dr. Chad Johanning, Fam Med, Rep. Cindy Neighbor; Dennis Shelby, Wilson Medical Center

Supplemental experts: Dorothy Hughes, KUMC; David Fye, BSRB; Leslie Allen, BSRB; Kyle Kessler, ACMHC

Staff: Hina Shah, KHI; Kari Bruffett, KHI; Samiyah Para-Cremer, KHI; Eileen Ma, Revisor of Statutes; Leighann Thone, KLRD

Overview of Kansas Telemedicine Act

- Eileen Ma, Assistant Revisor of Statutes provided overview of the Kansas Telemedicine Act and related legislation included below
 - [HIPAA Combined Text of All Rules](#)
 - [KLRD Memo \(Connor Stangler\): Overview of the Psychology Interjurisdictional Compact](#)
 - [KLRD Memo \(Leighann Thone\): Kansas Telemedicine Act \(2018 Senate Sub. for HB 2028\) and 2021 Senate Sub. for HB 2208](#)
 - [House Bill 2206](#)
 - [Kansas Telemedicine Act](#)
 - [K.S.A. 65-28,135](#)
 - [Revisor of Statutes Memo: Kansas Statutes Governing the Delivery of Healthcare Services Via Telemedicine](#)

Revisions to 2020 MHMR Telehealth Vision Statement and Recommendations

2020 Telehealth Vision Statement. *A modernized behavioral health system will deliver technologically current telehealth services as a strategy to provide meaningful access to care across rural, frontier and urban areas. These services will be high-quality, integrated with other modes of care delivery and ensure consumer choice and privacy, in addition to supporting the full spectrum of behavioral health care.*

Revision:

- **Revised Language:** The vision statement now reads: *A modernized behavioral health system will deliver technologically current telehealth services, consistent with the Kansas Telemedicine Act, as a strategy to provide meaningful access to care across rural, frontier and urban areas. These services will be high-quality, integrated with other modes of care delivery and ensure consumer choice and privacy, in addition to supporting the full spectrum of behavioral health care.*

Context for Revision:

- **Consistency with Existing Legislation:** Upon listening to the overview of the Kansas Telemedicine Act, working group members decided that to maintain consistency with the legislation's definitions and improve clarity, the vision would refer to the Kansas Telemedicine Act's definitions rather than include a definition.

Recommendation 10.1 Quality Assurance. *Develop standards to ensure high-quality telehealth services are provided. This includes:*

- *Establishing consistent guidelines and measures for telehealth in collaboration with licensing and regulatory agencies.*
- *Requiring 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.*
- *Allowing services to be provided flexibly when broadband access is limited.*

Revision:

- **Revised Language:** *Develop standards to ensure high-quality telehealth services are provided. This includes:*
 - *Establishing consistent guidelines and measures for telehealth in collaboration with licensing and regulatory agencies.*
 - *Requiring 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.*
 - *Allowing services to be provided flexibly when broadband access is limited.*
 - *Improving provider and patient education around telehealth literacy in relation to privacy, efficacy, access and cybersecurity practices.*

Context for Revision:

- **Improved Provider and Patient Education:** The working group determined that although cybersecurity practices are regulated under HIPAA, further education is necessary to ensure adherence.

- **Improved cross-sector access and communication:** The working group acknowledged that some compacts and waivers already exist to help ensure a standardized quality of care and facilitate inter-state provision of care. However, the working group stated a need for further development and prioritization of these options to improve patient access to care. The working group discussed whether a revision should be made to *“Establish a need for a behavioral health and medical professional licensure compact or develop a waiver through the regulatory agency.”*
 - **Action Item:** The working group requested input from the Kansas Behavioral Sciences Regulatory Board on development of a waiver.

Recommendation 10.2 Reimbursement Codes. *Maintain reimbursement codes added during the public health emergency 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.*

Revision:

- **Revised Language:** *Maintain **Medicaid** reimbursement codes added during the public health emergency for **tele**health services and consider options to prevent loss of facility fees so that providers are not losing revenue by delivering telehealth services.*

Context for Revision:

- **Improved Clarity:** The working group noted that this recommendation only focused on Medicaid reimbursement rates and not commercial rates and therefore should specifically clarify it pertains to Medicaid. Additionally, tele-behavioral health was revised to telehealth to better align with broad goal of recommendation.

Recommendation 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.*

Revision:

- **Revised Language:** *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. **Increase education for providers, practitioners and law enforcement officers on using telehealth for crisis services.***

Context for Revision:

- **Improve understanding of best practices:** The working group called for increased education to help Kansas learn from the best practices implemented in other states and apply these best practices
 - **Action Item:** The working group requested further information on models for using telehealth for crisis services. Specifically, the working group requested additional information on the Oklahoma model and local model.

Recommendation 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.*
- *Examine issues related to providers practicing, and patients receiving, services across state lines, such as by exploring participation in interstate licensure compacts.*

Revision:

- **Revised Language:** *The following items should be addressed to ensure that individuals receive — and providers offer — telehealth in the most appropriate locations:*
 - *Be consistent with the Kansas Telemedicine Act definition of “originating site,” which means a site at which a patient is located at the time healthcare services are provided by means of telemedicine.*
 - *Be consistent with the Kansas Telemedicine Act definition of “distant site,” which means a site at which a healthcare provider is located while providing healthcare services by means of telemedicine.*
 - *Examine issues related to providers practicing, and patients receiving, services across state lines, such as by exploring participation in interstate licensure compacts.*

Context for Revision:

- **Consistency with Existing Legislation:** Based on the Revisor’s review of the Kansas Telemedicine Act, the working group decided to revise the recommendation to maintain consistency with existing definitions of originating and distant site as found within the legislation.
- **Clarity:** The working group determined that dividing the definitions of originating and distant site into two bullet points rather than one would improve overall understanding of the recommendation

Recommendation 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.*

Revision:

- **Revised Language:** *Utilize telehealth to maintain service and provider continuity as children, particularly foster children, move around the state. Explore how the unique needs of parents of children in the child welfare system can be met via telehealth.*

Context for Revision:

- **Expand options:** The working group determined that revising the current language of “consider” to “explore” suggested more expansive options that better align with the recommendation’s intent. Working group members said this new language better facilitates the search for best practices in serving those in the child welfare system and their parents.

Telehealth Payment Parity Discussion

Telehealth Payment Parity is a new topic for 2021 assigned to this working group by the Special Committee. Working group members were asked to complete a new topic worksheet before this meeting. Four responses have been received thus far. The workgroup also was asked to suggest supplemental experts or submit any research requests.

- **Action Item:** The workgroup requested data on telehealth utilization rates pre- and post-COVID-19. The workgroup stated that anecdotally, they’ve seen a rise of telehealth utilization for behavioral health services in their own practices and perceptions; however, working group members want to confirm whether the statewide data supports their experiences. Working group members discussed whether this data would be most

valuable for only Medicaid or for commercial insurers. However, some working group members expressed concern that this data would not be available beyond Medicaid.

Follow up items

Working group members were asked to complete a survey by November 8 to confirm revised recommendation language and updates to the rubric as needed. The workgroup members also will have another opportunity to submit information or a recommendation around telehealth payment parity to allow for discussion during the upcoming meeting (Monday, November 15 at 1pm)

Additionally, working group members were advised of the following meeting:

- October 28, Special Committee Meeting