

# Telehealth Updates & Information in Indiana

4/3/2020

Beryl Cohen, MSW  
Steve Monte, LCSW

# Overview

- Introduction
- NASW/NASW Indiana
- Indiana Executive Orders COVID-19
- Teletherapy during COVID-19
- Research evidence for teletherapy
- Practical considerations
- Law & ethics
- Reimbursement

# Introduction

- Steve Monte, LCSW is on the faculty at the University of Southern California's Suzanne Dworak-Peck School of Social Work. He is an active member of NASW Indiana Chapter and has over 10 years of experience in designing and managing tech-enabled behavioral health services.
- Beryl Cohen is the Executive Director of NASW Indiana Chapter. She has been a member of NASW for over 25 years and has experience in advocacy and policy.

# NASW is your professional association.



- Largest organization of professional social workers
- 120,000 members
- 18,000 student members

# NASW

- NASW works to enhance the professional growth and development of its members, to create and maintain professional standards for social workers, and to advance sound social policies.
- NASW National and the Indiana Chapter have resources available related to COVID-19

# NASW – Primary Functions

- Promote professional development of members;
- Establish and maintain professional standards of practice;
- Advance sound social policies
- Provide services that protect members and enhance professional status.
- Sponsor professional conferences/CEH events via local chapters in the U.S. and abroad

# Reasons to Join NASW

## **NASW is YOUR Membership Association**

We advocate on behalf of our members and the clients served to help support:

- a Network of licensed, well trained social workers (LBSW, LSW, LCSW)
- Opportunities to network
- Job opportunities
- Learning opportunities & professional development
- Leadership Opportunities

# INDIANA EXECUTIVE ORDERS & TELETHERAPY INFORMATION



# Governor Holcomb's Executive Orders

- All of the executive orders can be found online at <https://www.in.gov/gov/2384.htm> the ones to focus on are
  - 20-05 Helping Hoosiers during the Public Health Emergency
  - EO 20-08 Directive for Hoosiers to stay at home
  - EO 20-09 Relating to the continuity of operation of government

# EO 20-05

## Section 2D- FSSA

D. FSSA shall suspend Telehealth restrictions and requirements for face-to-face encounters for healthcare services and prescribing which will permit the increased use of Telehealth for statewide services such as Medicaid-covered services, mental health services, and substance use disorder treatment and prescribing.

## EO 20-05

### Section 10 – Public Licensing Agency (PLA)

A. Suspension of the requirement that a health care provider hold an Indiana license if he or she: (1) has an equivalent license from another State, and (2) is not suspended or barred from practice in that State or any State.

B. Mental health professionals are formally authorized to practice via telemedicine.

# EO 20-08 Stay at Home 11:59 p.m. 3/24 to 11:59 4/6 but can be extended

Lists Essential Businesses and Operations and includes:

- d. Charitable/social services: provide food, shelter, social service and other necessities of life for those in need as a result of the emergency
- r. Home-based care/services for adults, seniors, children, people with disabilities, substance use disorder and/or mental illness.
- s. Residential facilities and shelters -
- FAQ for this order is online at <https://calendar.in.gov/site/gov/event/indiana-stay-at-home-order-faq/>

# EO 20-09 Continuity of Government Operations

## Section 3

- The expiration of any state agency-issued license, certification or permit which has expired during, or is set to expire during, this public health emergency shall be extended automatically to Friday, May 22, 2020. This suspension and extension of expiration dates applies to, among other things, occupational, professional and firearms licenses held by Hoosiers. State-issued identification cards, driver's licenses and vehicle registration renewals shall be extended by the process delineated in Executive Order 20-05. This extension does not suspend or change any other renewal requirement for any license, certification or permit.”
- **EO 20-09 means that the renewal deadline for all social work licenses LBSW, LSW, LCSW is extended to May 22, 2020**

# OCR/HHS - HIPAA

- The Office of Civil Rights at HHS released a Notification of Enforcement Discretion for telehealth services. It states that they will “exercise its enforcement discretion to not impose penalties for noncompliance with the regulatory requirements under the HIPAA rules against covered health care providers in connection with the good faith provision of telehealth...” during the public health emergency

# Additional information OCR/HHS

- Can use Apple FaceTime, Facebook Messenger video chat, Google Hangouts video, or Skype, related to the good faith provision of telehealth during the COVID-19 nationwide public health emergency.
- Please notify clients that these third-party apps introduce some privacy risks, and make sure you enable all available encryption and privacy modes.
- You **CANNOT** use Facebook Live, Twitch, TikTok, and similar video communication applications that are public facing.
- If you can use HIPAA Compliant platform please do

# Questions



# RESEARCH EVIDENCE FOR TELETHERAPY

- In a study of 318 participants, “120 (37.8%) demonstrated a clinically significant improvement and 194 (62%) demonstrated a partial response” after 3 months.
- “In addition ... Results revealed a significant decrease in symptom severity posttreatment with effect size in the medium range”
- Marcelle, E., Nolting, L., Hinshaw, S., Aguilera, A., & Marcelle, E. (2019). Effectiveness of a Multimodal Digital Psychotherapy Platform for Adult Depression: A Naturalistic Feasibility Study. *JMIR mHealth and uHealth*, 7(1), e10948–e10948

# Research Evidence for Teletherapy

- Available evidence also demonstrates safety, return on investment, and positive satisfaction ratings from clients.
- Can be as effective as face-to-face therapy.
- "No absolute contraindications to patients being assessed or treated using telemental health" - American Psychiatric Association (2018)

# Legal Issues

Per Indiana Code ...

- Telehealth requires “the same standards of appropriate practice as those standards for health care services provided at an in-person setting.”
- Establish a provider-patient relationship ... which means “at a minimum”
  1. Determine the identity of the patient “to the extent reasonably possible”
  2. Obtain contact information and current location
  3. Disclose the provider's name and professional status (licensure/training/credentials)
  4. Obtain informed consent from the patient
  5. Obtain the patient's medical history and other information necessary to establish a diagnosis

(IC 16-36-1.5-10 and 25-1-9.5-7)

# Legal Issues

6. Discuss with the patient the diagnosis and evidence for the diagnosis
7. Discuss “reasonably foreseeable risks and relative benefits of proposed treatments and alternative treatments” including when it is advisable to seek in-person care.
8. Discuss the patient's right to withdraw consent for treatment at any time
9. Create and maintain a record for the patient
10. Issue proper instructions for appropriate follow-up care.
11. Provide a telemedicine visit summary to the patient

### Telemental Health Informed Consent

I \_\_\_\_\_, (name of client) hereby consent to participate in telemental health with \_\_\_\_\_ (name of provider) as part of my psychotherapy. I understand that telemental health is the practice of delivering clinical health care services via technology assisted media or other electronic means between a practitioner and a client who are located in two different locations.

I understand the following with respect to telemental health:

- 1) I understand that I have the right to withdraw consent at any time without affecting my right to future care, services, or program benefits to which I would otherwise be entitled.
- 2) I understand that there are risk and consequences associated with telemental health, including but not limited to, disruption of transmission by technology failures, interruption and/or breaches of confidentiality by unauthorized persons, and/or limited ability to respond to emergencies.
- 3) I understand that there will be no recording of any of the online sessions by either party. All information disclosed within sessions and written records pertaining to those sessions are confidential and may not be disclosed to anyone without written authorization, except where the disclosure is permitted and/or required by law.
- 4) I understand that the privacy laws that protect the confidentiality of my protected health information (PHI) also apply to telemental health unless an exception to confidentiality applies (i.e. mandatory reporting of child, elder, or vulnerable adult abuse; danger to self or others; I raise mental/emotional health as an issue in a legal proceeding).
- 5) I understand that if I am having suicidal or homicidal thoughts, actively experiencing psychotic symptoms or experiencing a mental health crisis that cannot be resolved remotely, it may be determined that telemental health services are not appropriate and a higher level of care is required.
- 6) I understand that during a telemental health session, we could encounter technical difficulties resulting in service interruptions. If this occurs, end and restart the session. If we are unable to reconnect within ten minutes, please call me at \_\_\_\_\_ to discuss since we may have to re-schedule.

- 7) I understand that my therapist may need to contact my emergency contact and/or appropriate authorities in case of an emergency.

### Emergency Protocols

I need to know your location in case of an emergency. You agree to inform me of the address where you are at the beginning of each session. I also need a contact person who I may contact on your behalf in a life-threatening emergency only. This person will only be contacted to go to your location or take you to the hospital in the event of an emergency.

In case of an emergency, my location is: \_\_\_\_\_

and my emergency contact person's name, address, phone: \_\_\_\_\_

\_\_\_\_\_

I have read the information provided above and discussed it with my therapist. I understand the information contained in this form and all of my questions have been answered to my satisfaction.

\_\_\_\_\_  
Signature of client/parent/legal guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of therapist

\_\_\_\_\_  
Date

*The information is provided as a service to members and the social work community for educational and information purposes only and does not constitute legal advice. We provide timely information, but we make no claims, promises or guarantees about the accuracy, completeness, or adequacy of the information contained in or linked to this Web site and its associated sites. Transmission of the information is not intended to create, and receipt does not constitute, a lawyer-client relationship between NASW, LDF, or the author(s) and you. NASW members and online readers should not act based on the information provided in the LDF Web site. Laws and court interpretations change frequently. Legal advice must be tailored to the specific facts and circumstances of a particular case. **Nothing reported herein should be used as a substitute for the advice of competent counsel.***

# Telemedicine Parity

- "Coverage for telemedicine services ... may not be subject to a dollar limit, copayment, or coinsurance requirement that is less favorable to the enrollee than (what) applies to the same health care services delivered to an enrollee in person."
- Indiana Code 27-13-7-22
- Self-funded plans (e.g. some Fortune 500 companies) are not required to follow this state law.
- The Indiana Department of Insurance ([www.in.gov/idoi/](http://www.in.gov/idoi/)) would handle provider complaints about any alleged violations of this law

# Reimbursement

- Commercial payors and plans differ in what telehealth services they will reimburse and how they want those services coded. Check with the payor first for each client.
- When speaking with payors, exact language matters. Are your telehealth services “synchronous audio and video communication between providers at distant sites and beneficiaries at originating sites”?
- CPT and HCPCS codes stay the same. However, modifier codes 95 and/or GT are used, and place of service code = 02. Use of these codes is incredibly important to avoid reimbursement and compliance issues



# Possible Scenarios

1. Your colleague heard you provide telemental health services and wants permission to send you a referral for a client — who lives in Crown Point, IN but works in Chicago. She wants to do sessions during her lunch hour.
2. When you start a video conference with a client, at your regularly scheduled time, you notice the client appears to be driving in a car. When you ask about your client's location, you learn that this client is halfway home from a trip to the mechanic ... but won't be home for a while and really wants to talk with you!
3. You're working as a contractor with a popular tele-counseling website that provides you with only your client's first name and age. 8 weeks into your work with a client who is experiencing moderate amounts of depression, the client no-shows for your session and stops returning emails through the system.
4. You're 30 minutes into a therapy session when Siri says, "I'm sorry. I couldn't quite catch that. Could you try that again?" When you look over at the cell phone sitting on your desk, the light is on and she's clearly listening.

# Practical Considerations

- Make intentional decisions on which states you will practice (and be licensed) in. Consider your liability from a legal, ethical, and financial (insurance) perspective if you make any exceptions to established policy.
- Communicate with clients about your expectations about telehealth: their location, attire, technology, interruptions, no shows, etc.
- Intentionally design your physical space to maximize privacy and minimize interruptions.

# Practical Considerations

- Consistently gather client feedback is crucial. Problems of all kinds increase when clients become less engaged and/or less satisfied with services.
- Recognize that not all client and/or providers are appropriate for telehealth. Competence and access to technology are primary concerns.
- Complex clinical situation require complex responses and adaptations.

# NASW Ethical Standards

- Social workers who use technology in the provision of social work services should ensure that they have the necessary knowledge and skills to provide such services in a competent manner. This includes an understanding of the special communication challenges when using technology and the ability to implement strategies to address these challenges (1.04d)
- Social workers should take adequate measures to discourage, prevent, expose, and correct the unethical conduct of colleagues, including unethical conduct using technology (2.10a)

# Telehealth isn't going back in the bottle



# Other information/resources

- NASW Indiana has a page dedicated to COVID-19 and teletherapy – you can find it at <https://www.naswin.org/page/COVID19>
- NASW National has information at <https://www.socialworkers.org/Practice/Infectious-Diseases/Coronavirus>

# Questions?

- Email questions to [info.naswin@socialworkers.org](mailto:info.naswin@socialworkers.org)
- If you are an NASW member and would like to set up a time to talk email [info.naswin@socialworkers.org](mailto:info.naswin@socialworkers.org) to set up an appointment.
- Thanks for joining us!