American Speech-Language-Hearing Association

Telepractice

Cheris Frailey, MA, CCC-SLP
Director, State Education and Legislative Advocacy

ASHA /Disclosure

- Cheris Frailey, Director, State Education and Legislative Advocacy
- Financial: I am a paid employee of ASHA.
- Non-Financial: I am an ASHA member. I support ASHA's Public Policy Agenda which includes the advocacy initiatives that the association supports.

ASHA /Licensure Board Telepractice Requirements

ASHA /Private Insurance Laws/Regs-Telepractice

ASHA /Medicaid Laws/Regs-Telepractice

ASHA /Telesupervision- Support Personnel
KSHA and Telepractice

Established a Task Force in 2015 to address issues
Members include SLPs in clinical and academic settings, rep from a telepractice company (Presence Learning), and special education administrators (e.g., Director of Student Services for a district)

Task Force determined that advocacy was needed for state Medicaid coverage and a position statement on service delivery models that included telepractice

Legislation: 2016-2017 Session

Legislative Day in January
- Included telepractice and Medicaid coverage in 1-page handout distributed to state legislators
- House Bill No. 2066
  - Sponsored by Rep. Jim Kelly (worked with American Telehealth Association)
  - Committee on Health and Human Services
  - Coverage for services whether in person or via telehealth/telemedicine
  - Telehealth services include screening, diagnosis, and intervention

Legislation cont’d
- Testimony to Committee in February – Oral and Written
  - 25 Proponents (including KSHA)
  - 3 Opponents/3 Neutral
  - Asked KSHA members to contact legislators on the Committee
  - Assistance from ASHA
  - Current status – In Committee until next session

Other current issues
- Shortages of SLPs across Kansas
  - SLPs opt for telepractice over “brick and mortar” positions
  - Short-term needs filled by telepractice become long-term
- No current regulation for telepractice service delivery outside of state licensure requirement for SLPs
- University training in service delivery via telepractice has been expanding but is not possible for all students
**DEFINITION OF TERMS**

"Telemedicine means the delivery of medical services and any diagnosis, consultation, or treatment using interactive audio, interactive video, or interactive data communication."

**Source:** CO Revised Statutes 12-36-102.5.

**Telehealth** means a mode of delivery of healthcare services through telecommunications systems using information, electronic, and communication technologies.

**Goal:** Facilitate the assessment, diagnosis, consultation, treatment, education, care management, or self-management of a covered person's health care while the covered person is located at an originating site and the provider is located at a distant site.

**How:**
- Synchronous interactions, store-and-forward transfers and services
- HIPAA Compliant interactive audiovisual communication or the use of a HIPAA compliant application via a cellular telephone.

**Source:** CO Revised Statutes 10-16-123(2)(h)(4)(I & II).

**PROVIDER CRITERIA**

- The SLP must be licensed in CO and enrolled in the Colorado Medical Assistance Program through the facility where they practice.
- Can only treat a patient also located in CO.
- The provider must undergo an initial on-line training provided by the state which includes:
  1. Technology
  2. Privacy and security considerations
  3. Session logistics
  4. Coaching

**DELIVERY OF SERVICES**

- Telehealth must be added to IFSP as a method to deliver services and the family has to sign the consent
- The policy allowing providers in CO to bill went into effect on July 1, 2016 for EI services
- Few providers and families are utilizing telehealth at this time
- As more providers are trained, the utilization of this method is expected to increase

**TELEMEDICINE AND MANAGED CARE**

No enrolled managed care organization may require face-to-face contact between a provider and a member for services appropriately provided through telemedicine if:

- The member resides in a county with a population of 150,000 or fewer residents.

and

- The county has the technology necessary to provide telemedicine services.
**BENEFITS**

- Geographical
- Alleviates provider and physical space shortages
- Utilizes coaching method of service delivery
- Allows for routines based intervention

**CHALLENGES**

- Stable HIPPA complaint internet technology and connections
- State licensing requirements
- Colorado General Assembly considers a primary purpose of telemedicine is to bring providers to people living in rural areas.
- The use of telemedicine is not required when in-person care by a participating provider is available to an enrolled member within a reasonable distance.

**REFERENCES**


**QUESTIONS?**

Liliana Stagakes, M.S., CCCSLP
President 2017, Colorado Speech-Language-Hearing Association (CSHA)
Liliana.scsba@gmail.com