Let's Revisit

Telehealth



February 2022/K. Berger

Where we Began

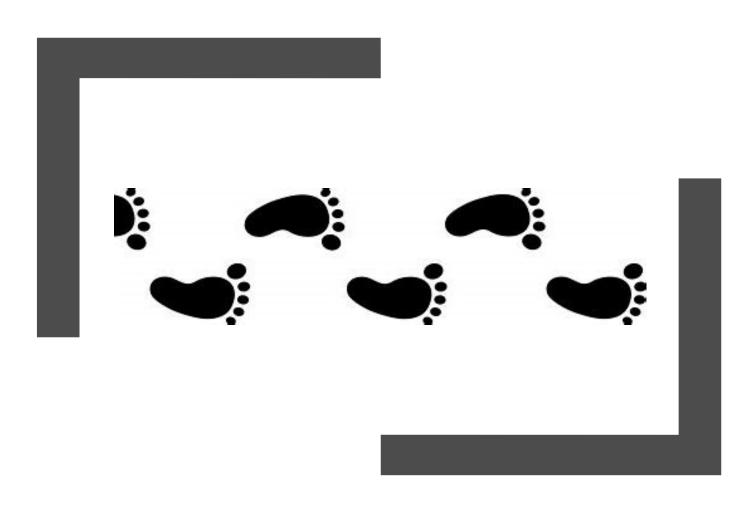
MARCH 2020

LifeWays CMH began using telehealth for recipient encounters

- Recipients could still receive the services they needed
- Practitioners could protect recipients and themselves from SARS-CoV-2 transmission



Steps Along the Way



SPRING 2021

- In-person encounters again become the expectation for providing services to LifeWays CMH recipients
- Telehealth remains an option to protect recipients and practitioners from transmitting SARS-CoV-2

Here & Now: Question 1

Standard of Care & Quality of Care

 What's the level of quality when a telehealth annual assessment, person-centered planning, or a formal review of progress takes 5 minutes... or even less?

 What's the level of quality when a telehealth case management encounter takes 3 minutes... or even less?

Here & Now: Question 2

The Federal Regulators

Sometime in the future federal regulators will be auditing telehealth encounters for Medicare and Medicaid recipients. They'll take a good look at **individual** encounters:

- Was using telehealth necessary for this encounter?
- Is there specific documentation showing the necessity?
- Does documentation justify it met medical necessity: are interventions aligned with goals/objectives; could these reasonably be accomplished in the documented length of time?

Steps Moving Forward to Address the Questions

→Strengthen the Quality of Care

→ Mitigate the Risks ≥



Procedure/Process Revision

LifeWays current telehealth procedure/process is being revised and will outline:

- The 3 instances when telehealth may be used
 Yes, there may be exceptions
- The specific rationale that must be documented for any of these 3 instances, or exceptions
- The length of time for telehealth encounters



Let's talk about FEEDBACK

The revision effects **everyone** serving LifeWays CMH recipients.

Look for the feedback request on the procedure and please...

Provide your feedback!
It's necessary!
It's valued!