February 8, 2021

Council on Advancement of School-Based Health Centers
Telehealth Recommendations

As directed by the Council during its July 2020 meeting, the Quality and Best Practices Workgroup has held several meetings to build on the Council's July 2020 recommendations with regard to telehealth. The workgroup consulted numerous reference documents and met with MDH and MSDE staff to understand current telehealth legislation and approval processes before developing the following recommendations. (See Appendix 1)

BACKGROUND
Legislation passed by the Maryland General Assembly in 2020 (SB 402) has standardized telehealth across health occupations, ensuring that the same standards of practice for telehealth are in place when compared to in-person care. As a result, licensed clinicians in other settings are able to transition to the use of telehealth without additional regulatory approvals.

The Maryland Health Care Commission's Final Report on School-Based Telehealth states "Program standards for telehealth in schools need to be agile and complement nationally recognized standards of care for the use of telehealth technology" (MHCC School-Based Telehealth Final Report 2019, Recommendations by Category, Section 3, p. 7).

Currently, Maryland school-based health centers (SBHCs) are required to undergo a state agency approval process for transition to telehealth services, even if they are already approved as SBHCs. The approval process requires existing SBHCs to demonstrate adherence to the SBHC Standards, a document developed in 2006 and maintained by the Maryland State Department of Education that outlines operational requirements for SBHCs. SBHCs also must complete a checklist that was developed for telehealth delivery models (models 1 and 2 below) that do not reflect current innovations and widespread use of telehealth.

RECOMMENDATIONS

1. Maximize the use of technology to promote access to and continuity of school-based health services regardless of payer or insurance status.
    a. Telehealth should be considered a routine component of many aspects of clinical care, including somatic, behavioral health, occupational therapy, physical therapy, speech therapy, and family counseling.
    b. SBHC clinicians should be permitted to utilize telehealth services to deliver care to students who are not physically present in school, whether the school building is open or not.

    c. Aligned with existing healthcare industry standards, licensed clinicians (eg. physicians, nurse practitioners) in previously approved Maryland SBHCs should not be required to obtain agency approval to implement telehealth services to maintain continuity of care and access for students who are not physically in school.

        i. School-based health center sponsors should notify school leaders, superintendents and MSDE when they begin to offer telehealth services.

    d. New SBHC approvals should include review of the sponsoring agency's existing telehealth policies, commensurate with the general review of clinical policies.

    e. School-based health center sponsors and school systems may consider including telehealth services explicitly in the MOUs that authorize clinical services.

    f. Benefits:

        i. Will help to bridge gaps in care for underserved populations (improving the continuity of care)

        ii. Will help to build trust in communities of care

        iii. Will help to solidify relationships with current and future SBHC sponsors

        iv. Will help to maintain Medicaid reimbursement flexibilities

        v. Will strengthen linkages and relationships with students and their families

        vi. Will enhance access to services, continuity of care, and equity of health care delivery

2. Maryland SBHC Standards should be updated to reflect the use of telehealth as a routine component of clinical primary and preventive care.

    a. The Standards should outline industry standard for telehealth consent, including the use of verbal consent and accompanying documentation when written consent is not feasible.

    b. The Standards document should include information about language that may be incorporated into clinical services MOUs to support the use of telehealth in SBHCs.

3. Use SBHC telehealth as the connector/link between medical, allied health, and social services to provide accessible, convenient care to students and their families.

    a. Focus on building creative elements of care (ex. linking multiple providers together – PT/OT, behavioral, and primary care)

    b. "Advance development of policies to support implementation of innovative approaches and meaningful use of telehealth in schools" (MHCC School-Based Telehealth Final Report 2019, Recommendations by Category, Section 3, p. 8-9).

    c. Link academic outcomes with the use of telehealth.

        i. Identify opportunities that link virtual learning with virtual care.

    d. Explore the concept of integrating School-Based Health and School Health in order to deliver the most comprehensive care in any setting (virtual and in-person).

Additional Insights
- Capacity building for telehealth is high in health care
- Payer/CMS allowances still operating in the innovation space (making large strides)
- Quality improvement/assurance is keeping pace (coding, metric enhancements as a result of COVID-19 impact)
- Technology is also keeping pace (there are quite a few HIPAA compliant products now offering telehealth features)
- EMR companies are developing synchronous features (Epic, Cerner, etc.)

1. FOLLOW-UP

1. Guidance Needed
    a. Agency attorneys need to address school and agency responsibility for SBHC telehealth services that do not originate in the school (see Table 2, Model 5). New consent form language may resolve agency concerns.

    b. MDH/Maryland Medicaid should verify that SBHCs can bill for telehealth services as an SBHC if the clinician is not located in the SBHC at the time of the visit.

2. Post Public Health Emergency (PHE), **monitor** developments and impact on care delivery (ex. any re-imposed telehealth restrictions)

3. **Learn** more about whether telehealth could be used to provide services to students in schools that do not have a physical SBHC in their building (see Table 3, Model 6).
    a. Such an approach would take advantage of the new acceptance and prevalence of telehealth to provide SBHC care to many more students across the state, ideally and eventually to every school that has a school nurse.

    b. During 2021, flesh-out this model – determine if any revisions are needed for the SBHC standards.

2. DEFINING TELEHEALTH DELIVERY MODELS

The following tables show telehealth service delivery models for Maryland SBHCs. Table 1 shows current permissible SBHC telehealth models. Table 2 shows a proposed telehealth model that is awaiting final agency approval. Table 3 shows a potential future telehealth model that should be studied further.

TABLE 1. Current Permissible Telehealth Service Delivery Models

	Originating site/patient's location	Staff/telepresenters at originating site	Technology currently required	Rendering clinician and location
Model 1 (TH-only-SBHC)	SBHC in school	RNs	Specialized equipment and HIPAA compliant video conferencing software	Remote clinician in office or hospital
Model 2 (Hub-and-Spoke)	SBHC in school	RNs	HIPAA compliant video conferencing software	Remote clinician in a related SBHC
Model 3 (Home-to-School)	Student's home or other location (must be located in Maryland)	None (parents/ guardians)	HIPAA compliant video conferencing software	Clinician in SBHC
Model 4 (Specialist)	SBHC in school	Physicians, NPs, or RNs	HIPAA compliant video conferencing software	Specialist in office or hospital

Telehealth service delivery models 1-4 currently require approvals from MSDE and MDH in order to be sanctioned as SBHC telehealth. The approval process includes review of a telehealth service delivery plan, completion of an MDH telehealth checklist, completion of an MSDE/MDH site visit, and the submission of a new or updated MSDE SBHC application. In addition to all these items, Model 4 requires documentation of a care relationship that has been established with a specialist.

TABLE 2. Proposed Telehealth Service Delivery Model

	Originating site/patient's location	Staff/telepresenters at originating site	Technology currently required	Rendering clinician and location
Model 5 (Home-to-Offsite)	Student's home or other location (must be located in Maryland)	None (parents/ guardians)	HIPAA compliant video conferencing software	Remote clinician in location outside SBHC

Model 5 is currently under review by the Attorney General's office. The Council strongly supports a definition of SBHCs that is not rooted in a physical school building, but rather the population served. Such a definition would allow immediate implementation of Model 5. The Council is aware of several SBHCs that have requested authorization to provide telehealth services according to this model.

TABLE 3. Possible Future Telehealth Service Delivery Model

	Originating site/patient's location	Staff/telepresenters at originating site	Technology currently required	Rendering clinician and location
Model 6 (Augmented Health Suite)	Augmented health suite in school	RNs	Specialized equipment	Remote clinician in a related SBHC

Model 6 represents an integration of school health services and school-based health centers that could greatly expand access to health services throughout the state. The Council recommends further exploration of this model.

Appendix 1.

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Reference Documents and Meetings re: Telehealth

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Resources:

- MDH Public Health Emergency Telehealth Extension (7.24.20)
- MDH Checklist for SBHC telehealth
- Maryland Medicaid Telehealth Program Guidance website
- Maryland Medicaid Telehealth Coverage Update
- Maryland Health Care Commission paper on School-Based Telehealth
- SB 402, 2020 Maryland telehealth legislation
- COMAR telehealth regulations
- American Academy of Pediatrics Paper on Telemedicine: Pediatric Applications
- Maryland Assembly on School-Based Health Care position paper: Telehealth in the COVID-19 Crisis and Beyond

Meetings:

- July 27, 2020 workgroup meeting with MSDE
- August 24, 2020 workgroup meeting
- September 24, 2020 leadership meeting with MDH and MSDE
- October 2, 2020 leadership meeting with MDH
- November 23, 2020 workgroup meeting
- December 2, 2020 leadership meeting with MDH
- December 10, 2020 leadership meeting with SBHC applying to adopt telehealth
- December 28, 2020 workgroup meeting
- January 19, 2021 leadership meeting with MDH and MSDE