Introductions

• Melissa Jakubowitz, M.A. CCC-SLP BRS-CL, VP of SLP Services
  Presence Learning
• Mark Smith, CPM MPA, Agency Coordinator, Medicaid in Schools Program,
  Ohio Department of Education
• Clay Whitehead, Co-CEO PresenceLearning
1. Overview of telepractice
2. Medicaid and equity of access
3. Why states are making the change
4. Blueprint for approving reimbursement in your state

Overview of Telepractice

The Individuals with Disabilities in Education Act (IDEA)

Federal mandate to provide specialized services to eligible students
Special Education is **first in line** for school funds

Cost of SPED Student = $2 \times \text{Cost of GenEd Student}$

SPED students are **TWICE** as likely to **drop out**
7,000 related service job vacancies go unfilled each year, leaving over **350,000 kids unserved**

What is telepractice?

Telepractice is the application of telecommunications technology to the delivery of speech language pathology and audiology professional services at a distance by linking clinician to client/patient or clinician to clinician for assessment, intervention, and/or consultation...

Telepractice is an appropriate model of service delivery for audologists and speech-language pathologists.

-American Speech-Language Hearing Association

Telepractice is a mode of service delivery, not a new type of therapy.

So what does that look like in practice?
Telepractice is... talented, licensed clinicians...

...using engaging technology...

...backed by appropriate support...
…to deliver exceptional student outcomes.

A platform for online special education

Talented professionals…

…using engaging technology…

…backed by an extraordinary support team…

…to deliver exceptional student outcomes.

A look at telepractice
Over 1,500,000 successful sessions completed in the past five years...

with half of those being completed in the past year!

Telepractice is happening in your state already
online therapy isn't just Skype

Modern systems have live therapy with engaging activities

Modern systems have a depth and breadth of curriculum-relevant content
Modern systems have verifiable compliance tracking and auditing features.

Modern systems allow for careful documentation on the student and aggregate levels.

The most important thing: kids love online therapy.
Online students beat the national average

<table>
<thead>
<tr>
<th></th>
<th>FY14</th>
<th>National Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Speech Sound Production (n=1,191)</td>
<td>74%</td>
<td>75%</td>
</tr>
<tr>
<td>Spoken Language Production (n=1,112)</td>
<td>65%</td>
<td>60%</td>
</tr>
<tr>
<td>Spoken Language Comprehension (n=893)</td>
<td>64%</td>
<td>60%</td>
</tr>
</tbody>
</table>

Online therapy is endorsed by all relevant professional boards

- American Speech-Language-Hearing Association
- American Counseling Association
- AOTA (The American Occupational Therapy Association, Inc.)
- NASW (National Association of Social Workers)
- American Psychological Association
- NBCOT (National Board for Certification in Occupational Therapy)

Telepractice is just a mode of service delivery; the practitioners are the same

State Licensed
Master's Degree
School Experience
Professional Credentials
Telepractice is supported by over 50 peer reviewed studies

Online speech therapy is used by the largest and smallest districts

Schools use online speech therapy to fill gaps...not to replace therapists
Existing therapists are glad to have the help

The typical clinician holds 550 meetings and completes 2,860 forms every year!

Medicaid And Equity Of Access

So what's the big deal with not reimbursing for this mode of service delivery?
IDEA mandates clash with Medicaid policies

Already disadvantaged children are hit the hardest

Current payment policies are unfair to schools that need to employ telepractice

<table>
<thead>
<tr>
<th></th>
<th>School With Therapist</th>
<th>School with Telepractice</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hourly Therapy Cost</td>
<td>$75</td>
<td>$70</td>
</tr>
<tr>
<td>Hourly Reimbursement</td>
<td>$45</td>
<td>$0</td>
</tr>
<tr>
<td>Net Hourly Cost</td>
<td>$30</td>
<td>$70</td>
</tr>
</tbody>
</table>

The telepractice school pays 133% more due to Medicaid!
Why States Are Making The Change

The status quo is changing for good reasons

- This is a new mode of service delivery, not a different service
- ASHA approves
- CMS approves
- CMS has established coding procedures
- This is a budget neutral change for states
- SPA amendments are not required in nearly all states
- Only required when the SPA specifically excludes schools from using telemedicines, like in Indiana.
- 10 states are already reimbursing or soon will reimburse
- There is no built-in opposition to this change
- This is a simple case of regulations catching up with practice standards
- It helps kids and schools immensely!

Online speech therapy is just another mode of service delivery
Online therapy is an optional method of service delivery...not a prescription.

Online reimbursement is quickly becoming standard practice now that it has CMS approval and coding procedures.

Allowing a new mode of service delivery in the schools is revenue neutral.

There is no state match for school programs...this is free Federal money and a win for Connecticut.
This letter provides clarification of coverage of speech therapy provided by Speech-Language Pathologists through the Medicaid School Program (MSP) through interactive audio-visual technologies, commonly referred to as telehealth. Effective August 2, 2011, MSP speech therapy telehealth can be billed using Current Procedural Terminology code 92507, defined by the American Medical Association as: Treatment of speech language, voice, communication, and/or auditory processions disorder, individual; this code needs to be billed using the telehealth modifier "GT" to indicate the service was provided "via interactive audio and video telecommunication system" (e.g., 92507 GT). The purpose of this modifier is tracking and reporting only; no additional reimbursement is associated with providing speech therapy through telehealth.
Working with ASHA

- Let ASHA know you are working on clarifying reimbursement
- They can update you on the latest nationally
- For more information, contact R. Wayne Holland of the ASHA Health Care Economics Committee: Wholland@stamfordct.gov

Working with your state licensing board

The ultimate outcome is for the state licensing board to certify that there is no prohibition against telepractice in the state. However, approach the conversation carefully and do not ask them whether telepractice is allowed, as telepractice is a mode of service delivery (like group therapy, individual therapy or the use of iPads) and nearly all licensing codes are silent on modes of service delivery.²²

²² A Guide to Medicaid Reimbursement or Online Speech Language Pathology Services in Schools

Working with Special Education Directors

The goal for working with special education directors is to get them to agree to be a reference to the state Department of Education on the issue of Medicaid reimbursement for telepractice... Directors are justifiably hesitant to talk openly about their compliance issues, so be sure to frame the conversation generally so that they can speak candidly.²²

²² A Guide to Medicaid Reimbursement or Online Speech Language Pathology Services in Schools
Your goal in talking to the person in charge of special education services / child health programs in schools [at your DOE] is to get him or her to understand the scope of the problem and to agree that reimbursement is needed.”

“Remember, you are not asking all stakeholders approve telepractice for use in all cases. Rather, you are building a consensus that there is no reason reimbursement should not be available for telepractice.”

Common objections have common sense answers

But this is a new service!
- This is a new mode of service delivery recognized by ASHA and CMS

This will cost us money!
- There is no state match for the schools portion of the Medicaid program

This will take away jobs!
- Telepractice is a supplement and a complement meant to help reduce the shortage of SLPs. Only licensed clinicians can work via telepractice

I need to figure out my telehealth policy first!
- This is a narrow change already allowed by CMS that schools desperately need
Steps 2-3 are easy!

- Be aware that your state may need to adapt the modifier to represent telepractice services for analysis purposes to differentiate and compare onsite and telepractice services.
- Remember, no SPA change is needed in nearly all states!
- Consult with your state-level billing agents on the best way to document the service to ensure program integrity
- Issue a letter of policy clarification, similar to the Ohio memo shown earlier
- You’re done!

Few changes you in Medicaid require such little effort to produce such great rewards in Medicaid!

- High reward, low effort
- High reward, high effort
- Low reward, low effort
- Low reward, high effort