

School-Based Telehealth Workgroup

Meeting Agenda

August 22, 2018

2:15pm-4:00pm

4160 Patterson Ave., Baltimore MD 21215

I. MEMBER ENGAGEMENT

II. INTRODUCTIONS

III. OVERVIEW OF LAST MEETING

IV. SCHOOL-BASED TELEHEALTH/TELETHERAPY – AN OVERVIEW OF ADMINISTRATIVE AND REIMBURSEMENT POLICIES

1. Overview/distinction of school health services and school-based health centers
2. Overview of individualized education program (IEP) services and supports
3. Administrative requirements for telehealth and teletherapy services in schools
4. Reimbursement requirements and mechanisms for telehealth and teletherapy services in schools

V. DISCUSSION

Considerations as it relates to implementing telehealth and teletherapy in schools – identifying the benefits, barriers, challenges, and solutions

VI. NEXT STEPS

1. MHCC staff and participant action items
2. Next workgroup meeting (note schedule change): October 2nd; 2:15pm-4:00pm



The Hilltop Institute

analysis to advance the health of vulnerable populations

DRAFT

School-Based Telehealth Workgroup

August 22, 2018

Laura Spicer

Agenda

- Overview of school health services (SHS) and School-Based Health Centers (SBHCs)
- Telehealth in schools
- Payer reimbursement of telehealth
- Overview of Individualized Education Program (IEP) services
- Funding for IEP services and teletherapy
- Privacy and security requirements

SHS AND SBHCs

Overview of SHS

- SHS are mandated for all Maryland public schools
 - Intended for preventive services and screening of minor illnesses and injuries
 - Typically staffed by a registered nurse
 - School nurses do not diagnose or treat illness; they refer a child to appropriate care (i.e., SBHC practitioner, mental health provider, or the child's primary care provider)
 - Standards jointly defined by Maryland Department of Education (MSDE) and Maryland Department of Health (MDH)
- School health suite includes
 - Space for waiting, examination and treatment, storage, and resting
 - A separate room for private consultation and for use as a designated school health services professional's office
 - Toilets, a lavatory, a telephone, and locked file cabinets available for storing health records and for medications
 - Quiet, separate screening facilities

Overview of SBHCs

- SBHCs provide comprehensive preventive and primary health services delivered by a licensed medical practitioner to children at school; some provide behavioral health, dental, and other health care services
- Unlike SHS, SBHCs are optional and work with the school nurse to screen, diagnose, treat, and refer children for medical conditions
- SBHCs do not:
 - Serve as a child's "primary medical home"
 - Compete with other providers of care

SBHC Standards

- MSDE develops standards for SBHCs at three different levels based on hours, staffing, and services offered:
 - Level I, or Core - provide acute, urgent, and primary care services at least eight hours per week
 - Level II, or Expanded - offer additional services, including mental health care and comprehensive preventive care at least 12 hours per week
 - Level III, or Comprehensive - provide comprehensive acute, urgent, preventive, and primary care services, as well as mental health care at least 20 hours per week
- SBHCs are approved annually through an application process carried out jointly by MSDE and MDH

SBHC Standards cont.

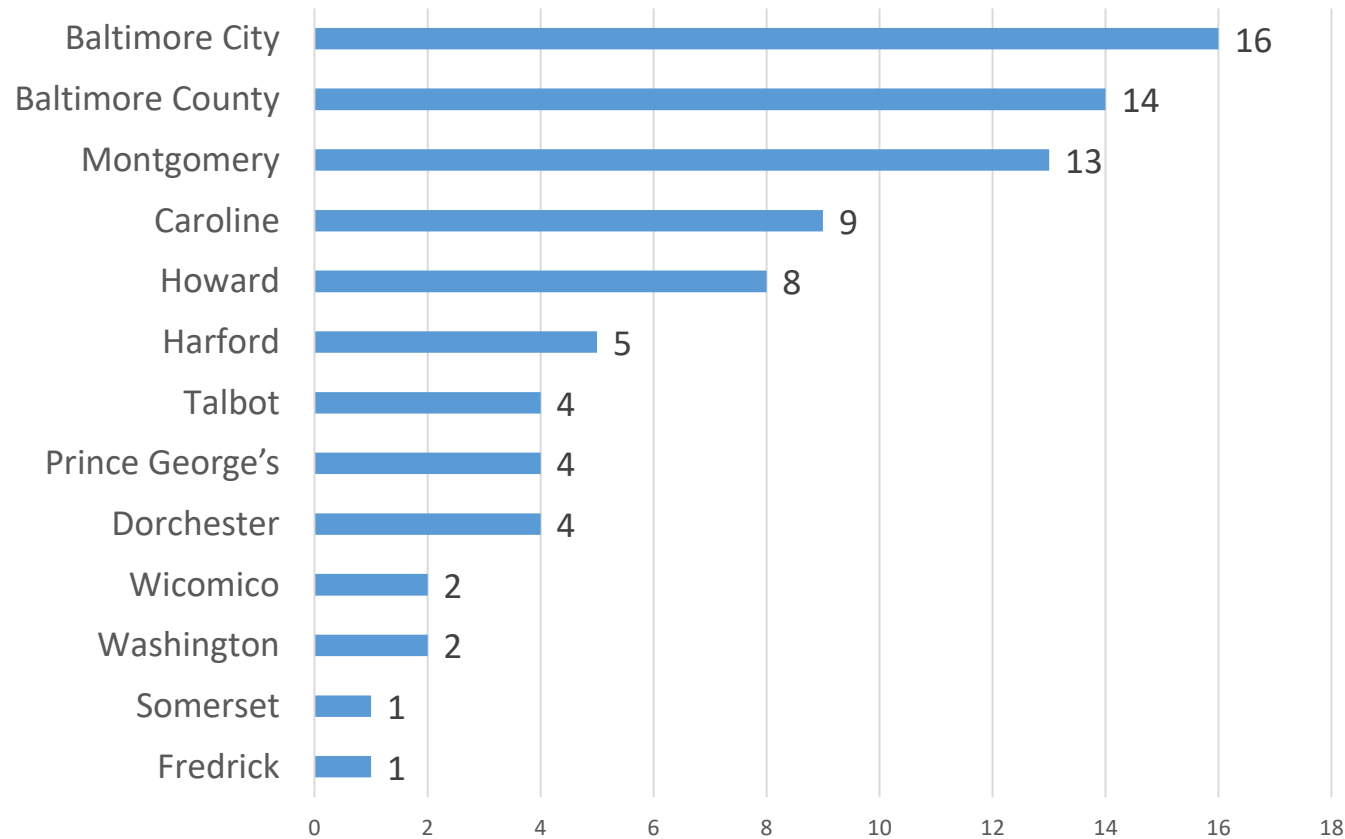
- SBHCs must be a permanent space located on a school campus that is used only for the purpose of providing school health services
- All SBHCs must have a sponsoring agency that is responsible for: designation of a SBHC Medical Director, ongoing involvement in operations of the SBHC, liability coverage, ownership of the medical record, and obtaining a Medicaid SBHC Medical Assistance provider number
- All students are eligible to enroll in the SBHC and minor children must have written parental/guardian consent to enroll
- SBHCs are required to collect and report data annually to MSDE and MDH

SBHC Landscape (2016-2017)

- 83 SBHCs
 - 52 – Level 1
 - 14 – Level 2
 - 17 – Level 3
- 41,348 students enrolled
- 14,897 unique students served
- 65,144 visits
 - 42,513 – somatic care
 - 19,328 – behavioral health
 - 2,156 – dental
 - 1,147 – case management or other

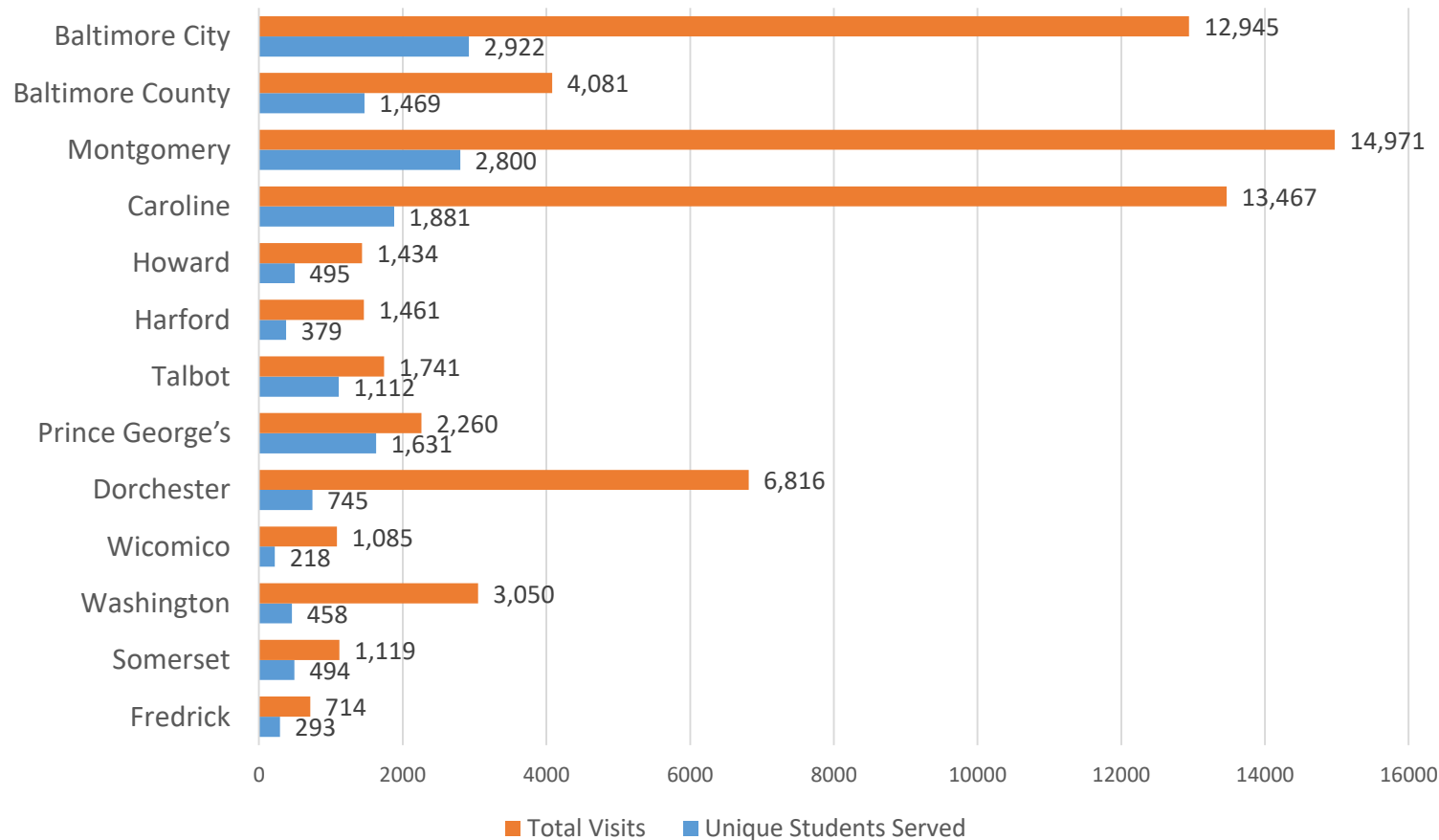
Source: Council on Advancement of School-Based Health Centers Annual Report (December 2017).
Available at: <https://health.maryland.gov/mchrc/Documents/SBHC%20PAGE/Microsoft%20Word%20-%20CASBHC%20Annual%20Report%20for%20CY%202017,%20FINAL%20FOR%20EXTERNAL%20SUBMISSION,%20Dec%202015,%202017.pdf>.

SBHC Programs by Jurisdiction



Source: Council on Advancement of School-Based Health Centers Annual Report (December 2017). Maryland State Department of Education, 2016-2017 SBHC Survey (Preliminary Data)

SBHC Visits and Students Served



Source: Council on Advancement of School-Based Health Centers Annual Report (December 2017). Maryland State Department of Education, 2016-2017 SBHC Survey (Preliminary Data)

Funding for SBHC

- SBHC can be funded through MSDE funds, local (county) funds, grant funds, billing, and private donations
 - No new funding available through MSDE
 - MSDE is only providing ongoing funding to SBHCs that are currently funded by MSDE
 - New SBHCs primarily rely on grant funding for initial start-up costs and billing for ongoing sustainability

Telehealth in Schools

- SBHC must meet an additional set of standards in order to render care via telehealth
 - Established workflow and communication policies to ensure coordination of telehealth with other health care providers (e.g., SHS, primary care providers, labs, referrals, etc.)
 - Establish protocols for HIPAA compliance and testing and maintenance of technology
 - Establish education and training for students and providers
 - Establish protocols for follow-up activities, including appointments, referrals, and documentation of the encounter
- Telehealth has been used for other services, such as screening and management of a specific disease condition (i.e., asthma) and mental health outside of the SBHC

Private Payer Telehealth Coverage

- Maryland Insurance Code §15-139 requires private payers to cover health care services provided appropriately through telehealth
 - Applies only to services that are covered by the patient's plan
- May not exclude a service solely because it is provided through telehealth instead of in-person, e.g., a covered service offered in-person in a SBHC would also be covered by telehealth
- SHS are not covered

Medicaid Reimbursement of Telehealth Services

- Medicaid does not cover services that require in-person evaluation
- Eligible originating and distant site telehealth providers must register before providing telehealth services
- An originating site in a school must be a qualified SBHC with a federally qualified health center (FQHC), general clinic, or a local health department sponsoring entity in order to bill Medicaid
- Originating site only receives the originating site fee

Medicaid Reimbursement of Telehealth – Distant Site

- Distant site must be one of the following; some of these would not be the typical distant site for a school:
 - Community-based substance use disorder provider
 - Opioid treatment program
 - Outpatient mental health center
 - FQHC
- Distant site providers permitted places of services:
 - School
 - Office
 - Inpatient hospital
 - Outpatient hospital
 - Emergency room
 - Nursing facility
 - Independent clinic
 - Community mental health center
 - Public health clinic

Medicaid Reimbursement of Telehealth – Distant Site cont.

- Distant site providers may include:
 - Nurse midwife or practitioner
 - Psychiatric nurse practitioner
 - Physician
 - Physician assistant
 - Provider fluent in ASL for telehealth services for the deaf or hard of hearing

Summary SHS vs SBHC

Characteristic	SHS	SBHC
Mandatory in Schools	Yes	No
Clinical Staff	Typically an RN	Licensed medical practitioner
Services	Emphasis on health promotion and disease prevention	Full health clinic services
Third Party Billing	No	Yes
Meet Free-Standing Clinic Requirement	No	Yes

IEP SERVICES AND TELETHERAPY

Introduction

- Teletherapy is the application of telecommunications technology to delivery of professional services at a distance and is intended to include both non-medical therapeutic services and non-clinical services
- An IEP is a written statement for each child with a disability that describes the child's current academic and functional levels, and the measureable annual goals, including the special education and related services that will help the child to attain those goals.

IEP Services

- Federal requirement from the Individuals with Disabilities Education Act (IDEA) for schools to create plans for students with disabilities
- Must identify services needed to meet academic and functional goals, e.g.,
 - Speech, PT, OT
 - Audiology
 - Psychological services
 - Transportation
 - Counseling

IEP Process

- Maryland law defines “student with a disability” as children aged 3-21 identified through the IEP process as having one of a list of disabilities (e.g., autism, learning disability, hearing impairment, etc.)
- The IEP evaluation is conducted annually by a team of individuals, including the child’s parents and qualified school staff, that identifies the services needed for a student to meet their annual academic and functional goals
- These services include developmental, corrective, and other supportive services as may be required to assist a student with a disability to benefit from special education

Funding for IEP Services

- Medicaid and school system funds covers IEP services for those who qualify
 - Federal law requires that Medicaid be the first payer for IEP services if the services qualify as a covered benefit
- Federal government provides formula grants to states for the excess costs of providing special education
 - Funds are allocated among states based on a variety of factors
 - Most of these funds must be passed to local education agencies

IEP Reimbursement

- Medicaid will reimburse for IEP services that are a covered benefit delivered in-person
 - Does not cover teletherapy for IEP services
- Private payers are not required to reimburse for services delivered through early intervention or school services

PRIVACY AND SECURITY

Privacy and Security Requirements

- All providers and schools have to comply with both the Family Educational Rights and Privacy Act (FERPA) and the Health Protection and Privacy Act (HIPAA)
 - FERPA protects student education records
 - HIPAA protects health information
- Telehealth providers and schools must use HIPAA compliant audio-video transmissions

Contact Information

Laura Spicer

Director of Health Reform Studies

The Hilltop Institute

University of Maryland, Baltimore County
(UMBC)

410.455.6536

lspicer@hilltop.umbc.edu

www.hilltopinstitute.org

School-Based Telehealth Workgroup

INFORMATION GATHERING TABLES

Draft Version 1.0

The Maryland Health Care Commission (MHCC) appreciates the contribution made by members of the School-Based Telehealth Workgroup (workgroup). The MHCC is in the *information gathering stage* and seeks workgroup member input to complete the tables on the topic categories below. This information will be used to guide future deliberations by the workgroup. We anticipate completing the tables over multiple meetings with the diverse perspectives of workgroup members.

The items are organized by key categories based on discussions with the workgroup. Each item is also identified as either relevant to a school-based health center (SBHC)¹, school health services (SHS)², or special education services (SES)³. This document is for information gathering purposes only and should not be considered a comprehensive list of all topic categories of discussion.

Definitions

Benefit: The value derived from producing or consuming a service

Barrier: A circumstance or obstacle (e.g. economical, political, institutional, environment, social, etc.) that hinders or prevents progress

Challenge: A difficult task or complex situation that must be overcome in order to implement a solution

Solution: An idea aimed at solving a problem or managing a difficult or complex situation

¹ SBHCs are health centers, located in a school or on a school campus, which provide onsite comprehensive preventive and primary health services. Services may also include mental health, oral health, ancillary, and supportive services.

² All Maryland local school systems are required to have a designated school health professional available on site to provide health care services to students, which is defined as a physician, certified nurse practitioner, or registered nurse with experience and/or training in working with students or school health programs. Schools are required to ensure that all students receive a physical before entering school, review health records to identify any special needs and ensure accommodations are made for these students, provide hearing and vision screenings, provide health counseling to students in need, ensure that all students have received immunizations and notify the local health department of non-compliance, provide physical education, and emergency services. More information is available at: <http://marylandpublicschools.org/about/Pages/DSFSS/SSSP/SHS/SHSMD.aspx>.

³ These are services that are provided to a student in accordance with their Individualized Education Program (IEP). The IEP is a written plan that describes the special education and related service support needed for a child with a disability. The IEP defines the type and amount of services needed and where the services will be delivered. School staff is responsible for the implementation of the IEP. More information is available at: http://mdk12.msde.maryland.gov/instruction/specialed/how_does_the_iep_process_work.html.

Instructions

The top row of each table identifies a topic/concept of discussion. Each table includes four quadrants: benefits, barriers, challenges, and solutions. Each quadrant includes select categories (e.g., students, MSDE, schools or school districts, grant funds, private payors) that have a role in or may be impacted by the topic/concept of discussion. Other categories may be added by the workgroup during discussions. We ask that workgroup participants list all possible benefits, barriers, challenges, and solutions related to the topic/concept for each category. Solutions should be identified after all benefits, barriers, and challenges are listed.

Key Categories

- A. Engagement: Building awareness about the value of telehealth⁴/teletherapy⁵ services

Table 1

SBHC telehealth services	
BENEFITS <i>Students</i> <ul style="list-style-type: none"> • <i>Parents/guardians</i> <ul style="list-style-type: none"> • <i>Schools or school districts</i> <ul style="list-style-type: none"> • 	BARRIERS <i>Students</i> <ul style="list-style-type: none"> • <i>Parents/guardians</i> <ul style="list-style-type: none"> • <i>Schools or school districts</i> <ul style="list-style-type: none"> •
SOLUTIONS <i>Students</i> <ul style="list-style-type: none"> • <i>Parents/guardians</i> <ul style="list-style-type: none"> • <i>Schools or school districts</i> <ul style="list-style-type: none"> • 	CHALLENGES <i>Students</i> <ul style="list-style-type: none"> • <i>Parents/guardians</i> <ul style="list-style-type: none"> • <i>Schools or school districts</i> <ul style="list-style-type: none"> •

⁴ Telehealth involves the use of telecommunications, including interactive video conferencing and store-and-forward transmissions, to deliver a variety of health care and other services to students within a Maryland school

⁵ Teletherapy is the application of telecommunications technology to delivery of professional services at a distance and is intended to include both non-medical therapeutic services (e.g., mental health counseling, psychoeducational assessments) and non-clinical services (e.g. occupational therapy, speech therapy, etc.).

Table 2

SES teletherapy services	
BENEFITS <i>Students</i> <ul style="list-style-type: none"> • <i>Parents/guardians</i> <ul style="list-style-type: none"> • <i>Schools or school districts</i> <ul style="list-style-type: none"> • 	BARRIERS <i>Students</i> <ul style="list-style-type: none"> • <i>Parents/guardians</i> <ul style="list-style-type: none"> • <i>Schools or school districts</i> <ul style="list-style-type: none"> •
SOLUTIONS <i>Students</i> <ul style="list-style-type: none"> • <i>Parents/guardians</i> <ul style="list-style-type: none"> • <i>Schools or school districts</i> <ul style="list-style-type: none"> • 	CHALLENGES <i>Students</i> <ul style="list-style-type: none"> • <i>Parents/guardians</i> <ul style="list-style-type: none"> • <i>Schools or school districts</i> <ul style="list-style-type: none"> •

B. Financial and Sustainability: Funding to support telehealth/teletherapy service implementation and ongoing program maintainance

Table 3

Establishing adequate funding sources to implement telehealth services - SBHC	
BENEFITS <i>State grants</i> <ul style="list-style-type: none"> • <i>School district funds</i> <ul style="list-style-type: none"> • 	BARRIERS <i>State grants</i> <ul style="list-style-type: none"> • <i>School district funds</i> <ul style="list-style-type: none"> •
SOLUTIONS <i>State grants</i> <ul style="list-style-type: none"> • <i>Schools or school districts funds</i> <ul style="list-style-type: none"> • 	CHALLENGES <i>State grants</i> <ul style="list-style-type: none"> • <i>Schools or school districts funds</i> <ul style="list-style-type: none"> •

Table 4

Establishing adequate funding sources to implement teletherapy services - SES	
BENEFITS <i>State grants</i> <ul style="list-style-type: none"> • <i>Schools or school district funds</i> <ul style="list-style-type: none"> • 	BARRIERS <i>State grants</i> <ul style="list-style-type: none"> • <i>Schools or school district funds</i> <ul style="list-style-type: none"> •
SOLUTIONS <i>State grants</i> <ul style="list-style-type: none"> • <i>Schools or school districts funds</i> <ul style="list-style-type: none"> • 	CHALLENGES <i>State grants</i> <ul style="list-style-type: none"> • <i>Schools or school districts funds</i> <ul style="list-style-type: none"> •

Table 5

Establishing adequate funding sources to implement telehealth services – SHS	
BENEFITS <i>State grants</i> <ul style="list-style-type: none"> • <i>Schools or school district funds</i> <ul style="list-style-type: none"> • 	BARRIERS <i>State grants</i> <ul style="list-style-type: none"> • <i>Schools or school district funds</i> <ul style="list-style-type: none"> •
SOLUTIONS <i>State grants</i> <ul style="list-style-type: none"> • <i>Schools or school districts funds</i> <ul style="list-style-type: none"> • 	CHALLENGES <i>State grants</i> <ul style="list-style-type: none"> • <i>Schools or school districts funds</i> <ul style="list-style-type: none"> •

Table 6

Establishing a sustainable telehealth program - SBHC	
BENEFITS <i>State grants</i> <ul style="list-style-type: none"> • <i>Schools or school districts funds</i> <ul style="list-style-type: none"> • 	BARRIERS <i>State grants</i> <ul style="list-style-type: none"> • <i>Schools or school districts funds</i> <ul style="list-style-type: none"> •

SOLUTIONS <i>State grants</i> <ul style="list-style-type: none"> • <i>Schools or school districts funds</i> <ul style="list-style-type: none"> • 	CHALLENGES <i>State grants</i> <ul style="list-style-type: none"> • <i>Schools or school districts funds</i> <ul style="list-style-type: none"> •
--	---

Table 7

Establishing a sustainable teletherapy program - SES	
BENEFITS <i>State grants</i> <ul style="list-style-type: none"> • <i>Schools or school districts funds</i> <ul style="list-style-type: none"> • 	BARRIERS <i>State grants</i> <ul style="list-style-type: none"> • <i>Schools or school districts funds</i> <ul style="list-style-type: none"> •
SOLUTIONS <i>State grants</i> <ul style="list-style-type: none"> • <i>Schools or school districts funds</i> <ul style="list-style-type: none"> • 	CHALLENGES OF USING <i>State grants</i> <ul style="list-style-type: none"> • <i>Schools or school districts funds</i> <ul style="list-style-type: none"> •

Table 8

Establishing a sustainable telehealth program – SHS	
BENEFITS <i>State grants</i> <ul style="list-style-type: none"> • <i>Schools or school districts funds</i> <ul style="list-style-type: none"> • 	BARRIERS <i>State grants</i> <ul style="list-style-type: none"> • <i>Schools or school districts funds</i> <ul style="list-style-type: none"> •
SOLUTIONS <i>State grants</i> <ul style="list-style-type: none"> • <i>Schools or school districts funds</i> <ul style="list-style-type: none"> • 	CHALLENGES <i>State grants</i> <ul style="list-style-type: none"> • <i>Schools or school districts funds</i> <ul style="list-style-type: none"> •

Table 9

Existing Medicaid and private payor telehealth reimbursement models - SBHC	
BENEFITS <i>Medicaid</i> <ul style="list-style-type: none"> • <i>Private payors</i> <ul style="list-style-type: none"> • 	BARRIERS <i>Medicaid</i> <ul style="list-style-type: none"> • <i>Private payors</i> <ul style="list-style-type: none"> •
SOLUTIONS <i>Medicaid</i> <ul style="list-style-type: none"> • <i>Private payors</i> <ul style="list-style-type: none"> • 	CHALLENGES <i>Medicaid</i> <ul style="list-style-type: none"> • <i>Private payors</i> <ul style="list-style-type: none"> •

Table 10

Existing Medicaid and private payor teletherapy reimbursement models - SES	
BENEFITS <i>Medicaid</i> <ul style="list-style-type: none"> • <i>Private payors</i> <ul style="list-style-type: none"> • 	BARRIERS <i>Medicaid</i> <ul style="list-style-type: none"> • <i>Private payors</i> <ul style="list-style-type: none"> •
SOLUTIONS TO <i>Medicaid</i> <ul style="list-style-type: none"> • <i>Private payors</i> <ul style="list-style-type: none"> • 	CHALLENGES <i>Medicaid</i> <ul style="list-style-type: none"> • <i>Private payors</i> <ul style="list-style-type: none"> •

C. Care Delivery/Coordination: Current activities aimed at the coordination of providers on the delivery of care

Table 11

Ensuring the continuum of care/care coordination via telehealth - SBHC	
BENEFITS <i>Students</i> <ul style="list-style-type: none"> • <i>Parents/guardians</i> <ul style="list-style-type: none"> • <i>Primary care</i> <ul style="list-style-type: none"> • <i>Specialty care</i> <ul style="list-style-type: none"> • <i>Schools or school districts</i> <ul style="list-style-type: none"> • 	BARRIERS <i>Students</i> <ul style="list-style-type: none"> • <i>Parents/guardians</i> <ul style="list-style-type: none"> • <i>Primary care</i> <ul style="list-style-type: none"> • <i>Specialty care</i> <ul style="list-style-type: none"> • <i>Schools or school districts</i> <ul style="list-style-type: none"> •
SOLUTIONS <i>Students</i> <ul style="list-style-type: none"> • <i>Parents/guardians</i> <ul style="list-style-type: none"> • <i>Primary care</i> <ul style="list-style-type: none"> • <i>Specialty care</i> <ul style="list-style-type: none"> • <i>Schools or school districts</i> <ul style="list-style-type: none"> • 	CHALLENGES <i>Students</i> <ul style="list-style-type: none"> • <i>Parents/guardians</i> <ul style="list-style-type: none"> • <i>Primary care</i> <ul style="list-style-type: none"> • <i>Specialty care</i> <ul style="list-style-type: none"> • <i>Schools or school districts</i> <ul style="list-style-type: none"> •

Table 12

Ensuring the continuum of care/care coordination via teletherapy - SES	
BENEFITS <i>Students</i> <ul style="list-style-type: none"> • <i>Parents/guardians</i> <ul style="list-style-type: none"> • <i>Primary care</i> <ul style="list-style-type: none"> • <i>Specialty care</i>	BARRIERS <i>Students</i> <ul style="list-style-type: none"> • <i>Parents/guardians</i> <ul style="list-style-type: none"> • <i>Primary care</i> <ul style="list-style-type: none"> • <i>Specialty care</i>

<ul style="list-style-type: none"> • Schools or school districts • 	<ul style="list-style-type: none"> • Schools or school districts •
SOLUTIONS <i>Students</i> <ul style="list-style-type: none"> • <i>Parents/guardians</i> <ul style="list-style-type: none"> • <i>Primary care</i> <ul style="list-style-type: none"> • <i>Specialty care</i> <ul style="list-style-type: none"> • <i>Schools or school districts</i> <ul style="list-style-type: none"> • 	CHALLENGES <i>Students</i> <ul style="list-style-type: none"> • <i>Parents/guardians</i> <ul style="list-style-type: none"> • <i>Primary care</i> <ul style="list-style-type: none"> • <i>Specialty care</i> <ul style="list-style-type: none"> • <i>Schools or school districts</i> <ul style="list-style-type: none"> •

Table 13

Ensuring the continuum of care/care coordination via telehealth - SHS	
BENEFITS <i>Students</i> <ul style="list-style-type: none"> • <i>Parents/guardians</i> <ul style="list-style-type: none"> • <i>Primary care</i> <ul style="list-style-type: none"> • <i>Specialty care</i> <ul style="list-style-type: none"> • <i>Schools or school districts</i> <ul style="list-style-type: none"> • 	BARRIERS <i>Students</i> <ul style="list-style-type: none"> • <i>Parents/guardians</i> <ul style="list-style-type: none"> • <i>Primary care</i> <ul style="list-style-type: none"> • <i>Specialty care</i> <ul style="list-style-type: none"> • <i>Schools or school districts</i> <ul style="list-style-type: none"> •
SOLUTIONS <i>Students</i> <ul style="list-style-type: none"> • <i>Parents/guardians</i> <ul style="list-style-type: none"> • <i>Primary care</i> <ul style="list-style-type: none"> • <i>Specialty care</i> <ul style="list-style-type: none"> • 	CHALLENGES <i>Students</i> <ul style="list-style-type: none"> • <i>Parents/guardians</i> <ul style="list-style-type: none"> • <i>Primary care</i> <ul style="list-style-type: none"> • <i>Specialty care</i> <ul style="list-style-type: none"> •

Schools or school districts <ul style="list-style-type: none"> 	Schools or school districts <ul style="list-style-type: none">
--	--

3. Operations: The management and administration of people, processes, and procedures to deliver telehealth/teletherapy services

Table 14

Technology (i.e., hardware and software) used in a telehealth encounter – SBHC	
BENEFITS Schools <ul style="list-style-type: none"> Providers <ul style="list-style-type: none"> Students <ul style="list-style-type: none"> Parents/guardians <ul style="list-style-type: none"> 	BARRIERS Schools <ul style="list-style-type: none"> Providers <ul style="list-style-type: none"> Students <ul style="list-style-type: none"> Parents/guardians <ul style="list-style-type: none">
SOLUTIONS Schools <ul style="list-style-type: none"> Providers <ul style="list-style-type: none"> Students <ul style="list-style-type: none"> Parents/guardians <ul style="list-style-type: none"> 	CHALLENGES Schools <ul style="list-style-type: none"> Providers <ul style="list-style-type: none"> Students <ul style="list-style-type: none"> Parents/guardians <ul style="list-style-type: none">

Table 15

Technology (i.e., hardware and software) used in a teletherapy encounter – SES	
BENEFITS Schools <ul style="list-style-type: none"> Providers <ul style="list-style-type: none"> Students <ul style="list-style-type: none"> 	BARRIERS Schools <ul style="list-style-type: none"> Providers <ul style="list-style-type: none"> Students <ul style="list-style-type: none">

<i>Parents/guardians</i> <ul style="list-style-type: none"> • 	<i>Parents/guardians</i> <ul style="list-style-type: none"> •
SOLUTIONS <i>Schools</i> <ul style="list-style-type: none"> • <i>Providers</i> <ul style="list-style-type: none"> • <i>Students</i> <ul style="list-style-type: none"> • <i>Parents/guardians</i> <ul style="list-style-type: none"> • 	CHALLENGES <i>Schools</i> <ul style="list-style-type: none"> • <i>Providers</i> <ul style="list-style-type: none"> • <i>Students</i> <ul style="list-style-type: none"> • <i>Parents/guardians</i> <ul style="list-style-type: none"> •

Table 16

Technology (i.e., hardware and software) used in a telehealth encounter – SHS	
BENEFITS <i>Schools or school districts</i> <ul style="list-style-type: none"> • <i>Providers</i> <ul style="list-style-type: none"> • <i>Students</i> <ul style="list-style-type: none"> • <i>Parents/guardians</i> <ul style="list-style-type: none"> • 	BARRIERS <i>Schools or school districts</i> <ul style="list-style-type: none"> • <i>Providers</i> <ul style="list-style-type: none"> • <i>Students</i> <ul style="list-style-type: none"> • <i>Parents/guardians</i> <ul style="list-style-type: none"> •
SOLUTIONS <i>Schools or school districts</i> <ul style="list-style-type: none"> • <i>Providers</i> <ul style="list-style-type: none"> • <i>Students</i> <ul style="list-style-type: none"> • <i>Parents/guardians</i> <ul style="list-style-type: none"> • 	CHALLENGES <i>Schools or school districts</i> <ul style="list-style-type: none"> • <i>Providers</i> <ul style="list-style-type: none"> • <i>Students</i> <ul style="list-style-type: none"> • <i>Parents/guardians</i> <ul style="list-style-type: none"> •

Table 17

Management and administration of telehealth services (e.g., training, procedures, processes, workflow, etc.) – SBHC	
BENEFITS <i>Schools or school districts</i> <ul style="list-style-type: none"> • <i>Providers</i> <ul style="list-style-type: none"> • <i>Students</i> <ul style="list-style-type: none"> • <i>Parents/guardians</i> <ul style="list-style-type: none"> • 	BARRIERS <i>Schools or school districts</i> <ul style="list-style-type: none"> • <i>Providers</i> <ul style="list-style-type: none"> • <i>Students</i> <ul style="list-style-type: none"> • <i>Parents/guardians</i> <ul style="list-style-type: none"> •
SOLUTIONS <i>Schools or school districts</i> <ul style="list-style-type: none"> • <i>Providers</i> <ul style="list-style-type: none"> • <i>Students</i> <ul style="list-style-type: none"> • <i>Parents/guardians</i> <ul style="list-style-type: none"> • 	CHALLENGES <i>Schools or school districts</i> <ul style="list-style-type: none"> • <i>Providers</i> <ul style="list-style-type: none"> • <i>Students</i> <ul style="list-style-type: none"> • <i>Parents/guardians</i> <ul style="list-style-type: none"> •

Table 18

Management and administration of teletherapy services (e.g., training, procedures, processes, workflow, etc.) – SES	
BENEFITS <i>Schools or school districts</i> <ul style="list-style-type: none"> • <i>Providers</i> <ul style="list-style-type: none"> • <i>Students</i> <ul style="list-style-type: none"> • <i>Parents/guardians</i> <ul style="list-style-type: none"> • 	BARRIERS <i>Schools or school districts</i> <ul style="list-style-type: none"> • <i>Providers</i> <ul style="list-style-type: none"> • <i>Students</i> <ul style="list-style-type: none"> • <i>Parents/guardians</i> <ul style="list-style-type: none"> •
SOLUTIONS <i>Schools or school districts</i> <ul style="list-style-type: none"> • <i>Providers</i> <ul style="list-style-type: none"> • 	CHALLENGES <i>Schools or school districts</i> <ul style="list-style-type: none"> • <i>Providers</i> <ul style="list-style-type: none"> •

<i>Students</i> <ul style="list-style-type: none"> • <i>Parents/guardians</i> <ul style="list-style-type: none"> • 	<i>Students</i> <ul style="list-style-type: none"> • <i>Parents/guardians</i> <ul style="list-style-type: none"> •
--	--

Table 19

Management and administration of telehealth services (e.g., training, procedures, processes, workflow, etc.) – SHS	
BENEFITS <i>Schools or school districts</i> <ul style="list-style-type: none"> • <i>Providers</i> <ul style="list-style-type: none"> • <i>Students</i> <ul style="list-style-type: none"> • <i>Parents/guardians</i> <ul style="list-style-type: none"> • 	BARRIERS <i>Schools or school districts</i> <ul style="list-style-type: none"> • <i>Providers</i> <ul style="list-style-type: none"> • <i>Students</i> <ul style="list-style-type: none"> • <i>Parents/guardians</i> <ul style="list-style-type: none"> •
SOLUTIONS <i>Schools or school districts</i> <ul style="list-style-type: none"> • <i>Providers</i> <ul style="list-style-type: none"> • <i>Students</i> <ul style="list-style-type: none"> • <i>Parents/guardians</i> <ul style="list-style-type: none"> • 	CHALLENGES <i>Schools or school districts</i> <ul style="list-style-type: none"> • <i>Providers</i> <ul style="list-style-type: none"> • <i>Students</i> <ul style="list-style-type: none"> • <i>Parents/guardians</i> <ul style="list-style-type: none"> •

Table 20

State SBHC application process for telehealth	
BENEFITS <i>MSDE</i> <ul style="list-style-type: none"> • <i>MDH</i> <ul style="list-style-type: none"> • <i>Schools or school districts</i> <ul style="list-style-type: none"> • 	BARRIERS <i>MSDE</i> <ul style="list-style-type: none"> • <i>MDH</i> <ul style="list-style-type: none"> • <i>Schools or school districts</i> <ul style="list-style-type: none"> •

SOLUTIONS MSDE <ul style="list-style-type: none"> • MDH <ul style="list-style-type: none"> • Schools or school districts <ul style="list-style-type: none"> • 	CHALLENGES MSDE <ul style="list-style-type: none"> • MDH <ul style="list-style-type: none"> • Schools or school districts <ul style="list-style-type: none"> •

Table 21

State SBHC standards as it relates to telehealth	
BENEFITS MSDE <ul style="list-style-type: none"> • MDH <ul style="list-style-type: none"> • Schools or school districts <ul style="list-style-type: none"> • 	BARRIERS MSDE <ul style="list-style-type: none"> • MDH <ul style="list-style-type: none"> • Schools or school districts <ul style="list-style-type: none"> •
SOLUTIONS MSDE <ul style="list-style-type: none"> • MDH <ul style="list-style-type: none"> • Schools or school districts <ul style="list-style-type: none"> • 	CHALLENGES MSDE <ul style="list-style-type: none"> • MDH <ul style="list-style-type: none"> • Schools or school districts <ul style="list-style-type: none"> •

Table 22

State SBHC reporting requirements as it relates to telehealth	
BENEFITS MSDE <ul style="list-style-type: none"> • MDH <ul style="list-style-type: none"> • Schools or school districts	BARRIERS MSDE <ul style="list-style-type: none"> • MDH <ul style="list-style-type: none"> • Schools or school districts

<ul style="list-style-type: none"> 	<ul style="list-style-type: none">
SOLUTIONS <i>MSDE</i> <ul style="list-style-type: none"> <i>MDH</i> <ul style="list-style-type: none"> <i>Schools or school districts</i> <ul style="list-style-type: none"> 	CHALLENGES <i>MSDE</i> <ul style="list-style-type: none"> <i>MDH</i> <ul style="list-style-type: none"> <i>Schools or school districts</i> <ul style="list-style-type: none">