

CASP Webinar April 3, 2020 - Q&A Report

Question	Asker Name	Answer(s)
Do you know if the 2 hour per day limit is still in place?	Allison Bernstein	Hi Allison, excellent question. This differs for each funder, so we recommend checking with your funders. I know some funders are also increasing the limits and/or removing prior auths as well to help ensure access to care and these parameters include recommendations for funders that may help when making these requests.
Thanks! I thought the MUE was across all funders so I will ask each individually	Allison Bernstein	Hi Allison, typically it is, but we do have some that are lifting the MUE (though it is not too common).
Can you please drop the link for the document she referenced? Thanks!	Anonymous Attendee	https://casproviders.org/practice-parameters-for-telehealth/
Is there research that outlines the prerequisite skills for a client to benefit from telehealth direct services?	Anonymous Attendee	I defer to Joy on the actual research articles, but the practice parameters has appendices, that Joy will discuss in detail, aimed at helping providers evaluate clinical appropriateness for delivery different types of services via telehealth.
Will this webinar be available for review after this session?	Anonymous Attendee	Yes. The recording will be posted to the CASP website
If our Initial Assessment indicates that Comprehensive ABA is medically-necessary, but Telehealth Parent-Training is the only service available: Any recommendations for reconciling these two when writing TPs and making authorization requests to payers?	Anonymous Attendee	I'll cover this in my section, but I would strongly urge continued dialogue with your payers to expand their coverage, as family training only is not sufficient or appropriate to conduct necessary reassessments. Use this practice parameters document to support your advocacy, it's a really wonderful resource with citations etc. to support your request!
Follow-up to questions about Comprehensive ABA vs. Telehealth Parent-Training only. Thank you for your response. That is helpful. To clarify my question a little more, what I meant is: If our IA indicates that Comprehensive ABA is medically-necessary, but Telehealth Parent-Training is the only service our agency has to OFFER at this time? How do we justify this to payers? I.e., Medically-necessary Comprehensive ABA services are clinically-indicated and recommended, but we cannot OFFER in-clinic services at this time, so we are requesting for Telehealth Parent-Training as an alternative?	Anonymous Attendee	I think in a situation such as this it's key to keep your organization, clients, and payers all focused on the current state of emergency we're in. Just because we can't offer services up to the level of medical necessity due to covid-19 doesn't mean that they still aren't appropriate and medically necessary when this emergency abates. Focus with payers on what the family and client are ABLE to do during this time and stress why that may be limited to family training right now. I'd also encourage painting them a picture of how this will change as we're able to revisit in-person services specific to each individual client you're seeking authorizations for.
How do we find out if our state medicaid is allowing 97153 telehealth?	Anonymous Attendee	With significant help from data provided by ABA Therapy Billing and Insurance Services; CASP is trying to collect state-by-state info. Currently, to the best of our knowledge, only AZ and CO Medicaid of specified 97153 as a covered service delivered via TH. Others may but it is less clear. I would encourage you to reach out to your state Medicaid office directly. We will post a summary of available information to the CASP website shortly As we obtain more and more state Medicaid policies on telehealth, we upload them in CASP's Coronavirus library on our website. Check out the "State-by-State" block here: https://casproviders.org/coronavirus-resources/state-by-state-covid-resources/

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Are there trainings or presentations about telehealth targeted for RBTs? Maybe with more simplified language and less emphasis on BCBA roles?	Anonymous Attendee	Excellent question, at this time I am not aware of any available trainings for RBTs; however, our organization has identified that there is a need for this. We are in the process of modifying our current RBT telehealth training to make it more generalizable to other organizations. We recognize the importance of making sure the services are delivered with integrity, so we are hoping to share this as a resource to support the field.
Can you recommend a good risk assessment?	Carey Beranek	Check out the appendix for this in the practice parameters.
I see there is a lot of protocol in place for assessing potential for risk and preventative protocol to avoid challenging situations to begin with; Are there specific guidelines/recommendations in place for if a Technician or BCBA has to mediate an unexpected escalation or physical altercation while directing services through telehealth?	Carisse Ramos	Hi Carisse, excellent question! The clinician would conduct the risk assessment and then following the environmental tools in the appendix as a guide for assessing modifications that may be warranted. The BCBA would use these tools, along with their clinical judgment, taking into consideration the individual characteristics of each client, the caregiver ability to participate, their training/ability to manage challenging bx, programs that may elicit challenging bx, etc. and will modify the treatment plan as well as the behavior intervention plan. Part of the BIP will include protocols for responding to problem behavior, including physical behavior. Some of the research from Dave Wacker's lab, located in the research guide, also has a great research base for implementing caregiver coaching via telehealth to reduce challenging behavior. Hope this helps!
thank you. could you please send a link to the ppt? all my best	Carrie Bowler	https://casproviders.org/coronavirus-resources/telehealth-task-force/
Are we able to get a list of all the references from the presentation? I won't be able to write all these citations down (ha!). Thanks!	Jessica Herbert	Yes. All the references are in the document and PPT - both on CASP website
Is a telephonic interaction billable to insurance companies (who have approved Telehealth)?	Jill Castellani	This depends on the individual payer's policies around telehealth. Many plans ARE covering telephone visits right now due to the national emergency, but others are limiting approval to only in-vivo videoconferencing. Check your payer policy manuals and/or emergency bulletins/policies they're releasing around COVID-19 telehealth.
For telehealth group sessions, what HIPPA related considerations since the clients are caregivers are present at home?	Jing Zhou	Hi Jing, another great question. Our current guidance is to use a combination of your current consent forms for treatment delivered in person to take into account the considerations for group treatment that you already have outlined and then supplementing this with a consent for the delivery model (i.e., Telehealth). If there are additional considerations that you have encountered that are not on the consent (e.g., there are other family members in the home that may walk through the space where the participant is joining session), then we would suggest working with those families individually to modify the environment, change the location, etc. to maintain privacy of the others in the group). Providers are encouraged to evaluate each of the tools and modify as needed for their individual needs since these templates may not address all needs.

Question	Asker Name	Answer(s)
Can 97157 be billed for parent training on a variety of topic such as eating issues, behavior functions?	Jing Zhou	Hi Jing, yes parent training codes can be used to address any any goals that are addressing behaviors of concern that are medically necessary/related to the patient's symptoms of Autism. Behavior reduction, skill acquisition, lanuguage, sleeping, toileting, feeding concerns, would all be appropriate if approached from a behavior analytic perspective.
We have not used the 97157 code in the past. Is it for multiple caregivers of the same client, or caregivers of multiple clients?	Jing Zhou	Hi Jing, I may have misread you last comment - the group family adaptive parent codes can also address these same goals as long as the goals/information is appropriate for all members of the group. 97157 is group of caregivers of multiple clients.
With the video with the mom and young child, was the RBT in the home?	Karen Crisler	Hi Karen, great question! In this example the father was holding the ipad and the RBT was joining via videoconference
is there a list of platforms that are HIPPA compliant	Kathleen Quill	Yes, the OCR list is on CASP website as well!
Is the RBT on site with the client... or are the two providers both via telehealth?	Len Levin	The video she just showed had both the technician and QHP doing the session via telehealth synchronous video.