<table>
<thead>
<tr>
<th>#</th>
<th>Question</th>
<th>Asker Name</th>
<th>Answer(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>How do you get a password for the created by fellow providers section?</td>
<td>Kylie Short</td>
<td>That one section is for CASP-members only. If you are a CASP member, please email us for the password. Thanks!</td>
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<td>2</td>
<td>For direct service by a technician/paraprofessional (97153 or H2019): With young children who move in and out of screen, would it still be appropriate to bill the full session as direct? Can we count interactions with the caregiver as part of the direct service? Or, should we track how many “on-screen” minutes were actually provided with the client and bill for just those instead. Thank you!</td>
<td>Gabrielle Clark</td>
<td>Part of the suggestion for this issue is to reposition the camera to attempt to gain a broader view of the environment. This means that you can try to find better viewing perspectives that may be a quick solution. However, if that has already been addressed, consider what Joy is mentioning - considering whether or not this child is benefitting from the service as is or are you spending most of the time to try and get them to stay in one place? Another is to consider focusing on pairing them to areas where treatment is designated. Remember if you add a goal, this must be approved by the parents and the payer. But if they are running off constantly and not attending, consider if it’s something that has treatment implications for targeting. When it comes to the service content - think about what it is that you are doing. Make sure that your conduct aligns with the code being billed. Discuss those areas of treatment need first, make sure it is medically necessary, and then provide programming accordingly. It may be that the parents do need coaching or the child needs to learn a new skill (attending) or reduce a problem behavior (running away) - but don’t think of it is as trying to fit a square peg in a round hole if that makes sense. Work on antecedent strategies to help set up the session to be rendered clinically as the code allows for.</td>
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<td>3</td>
<td>How do you feel about the efficacy of completing initial assessments via telehealth?</td>
<td>Devon Sundberg</td>
<td>This is somewhat tied to the skill of the person assessing - begin with the basics. Operate within your scope. Make sure that you are able to do what you are wanting to do. Seek proper supervision/training prior to delving in to this task. If you are confident and clear about how to assess via telehealth then do what you can to make sure your assessment objectives are clear. What deficits are you wanting to evaluate? Can you use the parent as a proxy? Apologies for the short response will try to expand. In terms of efficacy - think</td>
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Chat notes from May 5, 2020: Telehealth Tuesdays

13:08:48 From Paulette Clark to All panelists:
Can 97153 sessions be run in a group format ex. 2 clients and 2 BTs?

PRODUCTS


13:19:47 From Joy Pollard: Clinician headset - higher end option:
13:19:48 From Joy Pollard: https://www.amazon.com/gp/product/B013F4LJTI/ref=ppx_yo_dt_b_asin_title_o05_s00?ie=UTF8&psc=1

13:20:05 From Kristin Korinko to All panelists: Thank you for this resource.


13:20:29 From Joy Pollard: Clinician headset - affordable option:
13:20:30 From Joy Pollard: https://www.amazon.com/gp/product/B000UXZQ42/ref=as_li_qf_sp_asin_il_tl?ie=UTF8&camp=1789&creative=9325&creativeASIN=B000UXZQ42&linkCode=as2&tag=nalcubic-20&linkId=NZ2EDYANU3LOKJXF

13:20:49 From Joy Pollard: Bluetooth Earbud -

13:21:08 From Joy Pollard: iPad stand

13:21:21 From Joy Pollard: iPad case with strap

13:21:36 From Joy Pollard: jogging headset -

GRANTS

13:31:14 From Joy Pollard: Grant - UHC

13:31:21 From Joy Pollard: ACT Today -
Chat notes from May 5, 2020: Telehealth Tuesdays


13:31:45 From Joy Pollard: FCC -

13:34:45 From Heather H to All panelists: None of the funders are paying that code - they said it's for institutions only

13:37:39 From Stephanie Du-Wang to All panelists: It's really difficult to hear Rebecca as her audio cuts in and out. Will this webinar be available for access later?

13:38:59 From Mike Wasmer: Yes - the recorded webinar will be posted on the CASP website https://casproviders.org/category/recorded-webinars/

13:39:38 From Rebecca Womack: There is always a learning curve. Be patient with yourself and those you are serving.
Make sure to be very familiar with the CASP Practice Parameters and the logistics of providing services per code content through the modality of telehealth.
Have a clear session agenda - know what your purpose is per session and per role.
What is expected of you? What about the RBT? What about the parents? Map this out and then communicate. This is essential to aligning expectations of your services. Both in rendering and for treatment outcomes.
Make sure you understand your environment. This means:

13:41:01 From Rebecca Womack: Knowing all the optimal camera positions. What place is best in the room? What about on the staff? What do you need to view to make sure that you are providing the service that most closely mirrors in person services?
This may mean investing some non-billable time (especially in environments that are non-familiar to you) to map out these prior to starting the actual session. When it comes to parents:

13:43:23 From Rebecca Womack: Be as respectful as possible recognizing that they may not want all areas of their room to be viewed via telehealth; if there are siblings that are extra active and excited during your session, make a plan to ensure that they are busy during the sessions. Troubleshoot where any potential weak wifi signals are. When it comes to the fidelity of programming:

13:44:58 From Rebecca Womack: It becomes especially essential to create reliability checklists per program. This means you are listing out an itemized step of how to implement your treatment program as intended. Take data on the programs that are implemented using this checklist to measure the treatment fidelity.
Make sure to schedule time outside of the sessions to train the parents/proxys/RBTs on items that were scored as "inaccurately implemented".

13:45:46 From Rebecca Womack: Keep in mind that there may be upfront additional costs due to the nonbillable content associated with these suggestions - but however, implementing these will be a short term investment for a long term gain.

13:46:49 From Allison Singer to All panelists: Our funders (BCBS/BN) told us that we did not qualify to use this code because it is meant for large facilities (hospitals for example) only, not a small group provider like us.

13:59:52 From Janice Huber to All panelists: thank you everyone!