

# Telepractice Guide

*FOR THE DELIVERY OF  
AUTISM SPECTRUM DISORDER BENEFIT  
DIRECTION/OBSERVATION  
AND PARENT/GUARDIAN TRAINING*



## Telepractice Guide

### *DWMHA Autism Spectrum Disorder Benefit Services – Direction/Observation & Parent/Guardian Training*

*Revised: June 16, 2016*

#### **1. Purpose:**

The purpose of this guide is to establish guidelines for the use of telepractice within the Detroit Wayne Mental Health Authority (DWMHA) for the delivery of Direction/Observation and the delivery of Parent/Guardian Training.

#### **2. Application:**

This guide applies to Authority direct contracted Autism Spectrum Disorder (ASD) Benefit Providers, Managed Care Provider Networks, and IPOS Case Holder Agencies that serve families receiving ASD Benefit recipients.

#### **3. Definitions:**

**Telepractice** is defined as the use of live two-way interactive video conferencing. Telepractice is considered a face-to-face service.

#### **4. Standards & Procedures:**

##### **a. Telepractice Standards:**

- i. Telepractice may be approved for those who are enrolled in Medicaid Autism ABA services for the delivery of the following services:
  1. Family Training (S5111/0370T), and
  2. Observation and Direction of ABA services (S5108/0368T+0369T)
  3. Groups are not permitted to be delivered via telepractice.
- ii. Telepractice will only be utilized on cases where telepractice is identified as resulting in the same or increased successful outcomes for the case.
- iii. Telepractice must be delivered live. Live video conferencing between the patient site and qualified provider site.
- iv. Documentation (e.g. case notes) of service provided via telepractice must include the notation of the use of telepractice for this specific encounter
- v. A trained telepractice facilitator is required at the patient site when telepractice is delivered.
  1. The telepractice facilitator may be a family member, a qualified provider, or the Behavior Technician (BT).
  2. The Telepractice facilitator will be trained in the use of the equipment and Telepractice guide by DWMHA ASD Benefit Provider staff. Documentation of the telepractice training must be maintained by the ASD Provider for all telepractice facilitators.
- vi. A back-up plan will be in place to ensure provision of services in the event that the telepractice equipment is not functional to ensure performance indicators are met.
- vii. It is not recommended that more than 75% of the quarterly delivered parent/guardian training or direction/observation be delivered via telepractice.

##### **b. Authorization to Deliver Telepractice:**

- i. DWMHA ASD Benefit Providers **must be pre-approved** by DWMHA to deliver telepractice services to families in the ASD Benefit.
  1. Pre-approval must be requested using the *DWMHA Application for Completion of Telepractice for the Delivery of Direction/Observation & Parent/Guardian Training Form* attached in this guide.
  2. The Business Associate Agreement for the telepractice technology system must be provided with the application.
  3. Applications must be submitted to the DWMHA ASD Benefit Specialist.
  4. Applications must be approved before delivery of the telepractice service.
- ii. The use of Telepractice in each ASD Benefit Case **must be prior authorized** by the Michigan Department of Health and Human Services (MDHHS) staff.
  1. MDHHS Approval is obtained through the Web Support Application (WSA) system.
  2. The ASD Benefit Provider must coordinate with the IPOS Case Holder and communicate the specific amount, scope, duration, and frequency of each service, specifying specific telepractice when identified.
  3. The specific amount, scope, duration, and frequency for each service utilizing telepractice must be written into the consumer's IPOS by the consumers IPOS Case Holder.
    - a. It must be specified clearly in the services summary grid within the IPOS.
    - b. The IPOS must be reviewed and approved by the family and must have parent/guardian approval signature. Consent for Telepractice will be obtained through the IPOS process.
  4. The IPOS Case Holder uploads the IPOS with the telepractice specified and parent/guardian signature into the MH-WIN System under 'Scanned Documents.'
  5. The ASD Benefit Provider submits an authorization request in MH-WIN for the specific service.
  6. The DWMHA ASD Benefit Utilization Management (UM) Specialist reviews the authorization request for clinical medical necessity.
  7. If the authorization is approved, the ASD Benefit UM Specialist uploads the IPOS to the WSA and selects the telepractice approval box in the service plan form.
  8. The MDHHS, reviews the individual case IPOS and makes approval decision.

**c. Technical Guide:**

- i. The video system used must be HIPAA compliant and encrypted in accordance with current industry standards.
- ii. The telepractice session may not be recorded for any purpose.
- iii. Technical support for the telepractice equipment and connectivity must be available to ensure service delivery.
- iv. The telepractice system must be tested prior to use.
- v. The telepractice system must initiate at the client site.
- vi. ASD Benefit Providers are recommended to sign on 15 minutes prior to encounter to ensure connectivity.

**d. Billing Guide:**

- i. No time will be billed for set-up/take-down of telepractice equipment or time troubleshooting technical related errors.
- ii. Please see DWMHA Bulletin 16-002 for telepractice billing guidance.

## 5. IPOS Examples:

<p><b>5 Family Support - Home care training (Via Tele Practice and/or Face to Face Consult)</b></p> <p>Status: Active  Amount: one to three encounters monthly or as determined by provider  Frequency: 12 months  Duration: 12 months  Provider: Board Certified Behavior Analyst (BCBA)  Contractor  Medical Necessity Criteria: Obtain or maintain sufficient LOF Expected to Arrest or Delay Progression intended to treat, ameliorate, stabilize</p> <hr/> <p><b>6 Home Care Training to Home Care (Supervision of direct care Provider) (Via Tele Practice and/or Face to Face consult)</b></p> <p>Status: Active  Amount: 4 units (one hour) for every 10 hours of ABA services provided For every ten hours of ABA provided  Frequency: 12 months  Duration: 12 months  Provider: Board Certified Behavior Analyst (BCBA)  Contractor  Medical Necessity Criteria: Obtain or maintain sufficient LOF Expected to Arrest or Delay Progression intended to treat, ameliorate, stabilize Necessary for screening and assessing Required to identify and evaluate</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">SS111 - US - Family Training</td> <td style="width: 10%;">Encounter</td> <td style="width: 10%;">2 Per Month</td> <td style="width: 15%;">5/10/2016 - 11/14/2016</td> <td style="width: 5%;">13</td> <td style="width: 5%;">0</td> <td style="width: 10%;">1605A1016909</td> <td style="width: 20%;">100 family training by ABA staff</td> <td style="width: 5%;">1</td> </tr> <tr> <td>SS108 - US - Autism Benefit - Supervision</td> <td>15 Minutes</td> <td>4 Per Week</td> <td>5/10/2016 - 11/14/2016</td> <td>108</td> <td>0</td> <td>1605A1016909</td> <td>Tele supervision for ABA services</td> <td>1</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="4" style="text-align: left;">05/20/2016-09/01/2016</th> <th colspan="2" style="text-align: right;">Approved</th> </tr> <tr> <th style="text-align: left;">Authorized Service Descriptions</th> <th style="text-align: center;">Units Authorized</th> <th style="text-align: center;">Units Claimed</th> <th style="text-align: center;">Units Paid</th> <th style="text-align: center;">Units Available</th> <th style="text-align: center;">Exp</th> </tr> </thead> <tbody> <tr> <td>SS108 US GT Autism Benefit - Supervision</td> <td style="text-align: center;">4 Per Auth</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> <td style="text-align: center;">10</td> <td style="text-align: center;">09/01/16</td> </tr> <tr> <td></td> <td style="text-align: center;">Total: 15</td> <td></td> <td></td> <td></td> <td style="text-align: center;">Exp: 09/01/16</td> </tr> <tr> <td>SS111 US GT Family Training</td> <td style="text-align: center;">8 Per Auth</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> <td style="text-align: center;">7</td> <td style="text-align: center;">09/01/16</td> </tr> <tr> <td></td> <td style="text-align: center;">Total: 7</td> <td></td> <td></td> <td></td> <td style="text-align: center;">Exp: 09/01/16</td> </tr> </tbody> </table>	SS111 - US - Family Training	Encounter	2 Per Month	5/10/2016 - 11/14/2016	13	0	1605A1016909	100 family training by ABA staff	1	SS108 - US - Autism Benefit - Supervision	15 Minutes	4 Per Week	5/10/2016 - 11/14/2016	108	0	1605A1016909	Tele supervision for ABA services	1	05/20/2016-09/01/2016				Approved		Authorized Service Descriptions	Units Authorized	Units Claimed	Units Paid	Units Available	Exp	SS108 US GT Autism Benefit - Supervision	4 Per Auth	0	0	10	09/01/16		Total: 15				Exp: 09/01/16	SS111 US GT Family Training	8 Per Auth	0	0	7	09/01/16		Total: 7				Exp: 09/01/16
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## 6. Attachments :

- a. *DWMHA Bulletin 16-002 - [http://www.dwmha.com/Portals/0/Documents/Policies/Coding/Bulletin\\_16-002r\\_Autism\\_Phase%20I\\_01112016.pdf](http://www.dwmha.com/Portals/0/Documents/Policies/Coding/Bulletin_16-002r_Autism_Phase%20I_01112016.pdf)*
- b. *DWMHA Bulletin 16-003 - [http://www.dwmha.com/Portals/0/Documents/Policies/Coding/Bulletin\\_16-003\\_Autism\\_Phase%20II%20-Staff%20Qualifications\\_03012016\\_F.pdf](http://www.dwmha.com/Portals/0/Documents/Policies/Coding/Bulletin_16-003_Autism_Phase%20II%20-Staff%20Qualifications_03012016_F.pdf)*
- c. *DWMHA Application for Completion of Telepractice for the Delivery of Direction/Observation & Parent/Guardian Training Form*

Detroit Wayne Mental Health Authority  
Autism Spectrum Disorder Benefit Provider

Application for Completion of Telepractice for the Delivery of Direction/Observation & Parent/Guardian Training

**PROVIDER INFORMATION**

Service Provider Name: \_\_\_\_\_

Service Provider Address: \_\_\_\_\_

Phone#: \_\_\_\_\_ Fax#: \_\_\_\_\_ Email: \_\_\_\_\_

Contact Name & title: \_\_\_\_\_

Days of operation: \_\_\_\_\_ Hours of operation: \_\_\_\_\_

How long has this provider been established? \_\_\_\_\_(Years) How long providing telepractice services? \_\_\_\_\_(Years)

List all expertise in delivering telepractice services: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What software program will you be utilizing to deliver telepractice? \_\_\_\_\_

*Please submit the Business Associate Agreement between your agency and the telepractice software, indicating the security compliance.*

**Attestation**

I \_\_\_\_\_ representative of \_\_\_\_\_ am in agreement of and attest that:

1. The system equipment and software being utilized for telepractice is encrypted and HIPAA compliant and that telepractice will be delivered in a HIPAA compliant location(s), which may include the patient’s home, clinic site, provider office, or other approved location.
2. The telepractice service will be conducted live.
3. The specific amount, scope, duration and frequency of telepractice service will be written into the IPOS that is uploaded for MDHHS pre-approval before delivering telepractice services and that consent is obtained from the parent/guardian via signature of IPOS approval.
4. The telepractice service will initiate at the location of the client.
5. Telepractice will only be conducted for Direction/Observation of the Behavior Technician delivering ABA Direct service and for the delivery of Parent/Guardian Training and that the GT modifier will be added to all claims involving telepractice within the DWMHA ABA Benefit. No groups can be billed that are conducted with telepractice.
6. Telepractice will only be utilized on cases where telepractice is identified as resulting in the same or increased successful outcomes for the case.
7. A telepractice facilitator will be present at the patient site, which may include a family member or qualified provider.
8. No time will be billed for set-up/take-down of telepractice equipment or time troubleshooting technical related errors.
9. A back-up plan will be in place to ensure provision of services in the event that the telepractice equipment is not functional to ensure performance indicators are met.
10. Progress notes related to the service will indicate if telepractice was utilized.

\_\_\_\_\_  
Printed Name of Applicant/Provider Organization Signatory Designee

\_\_\_\_\_  
Signature of Applicant/ Provider Organization Designee Date

**For DWMHA Staff Only:**

Approved:  \_\_\_\_\_

Denied:  \_\_\_\_\_

Comment: \_\_\_\_\_