



ACRM

AMERICAN CONGRESS OF
REHABILITATION MEDICINE



**TECHNOLOGY NETWORKING GROUP
TECH TALKS MAY 21, 2021**

Telehealth COVID 19
& Beyond: Policy
Updates, Resources,
Tools and Case Uses

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go₂CARE

Disclosures

TAMMY RICHMOND, MS, OTRL, FAOTA is an Occupational Therapist and Exercise Physiologist and CEO of Go 2 Care, Inc, an online telehealth company that provides telehealth technology, telehealth training and consultation. Tammy serves as a co-chair on the new Telehealth Task Force/Technology Networking Group ACRM, Executive Committee for the Telerehabilitation SIG at the American Telemedicine Association (ATA), Telehealth Advisor for the American Occupational Therapy Association (AOTA). Tammy has authored multiple publications, webinars, and presentations on various aspects of private practice, management and telehealth.

A Message from the Founder

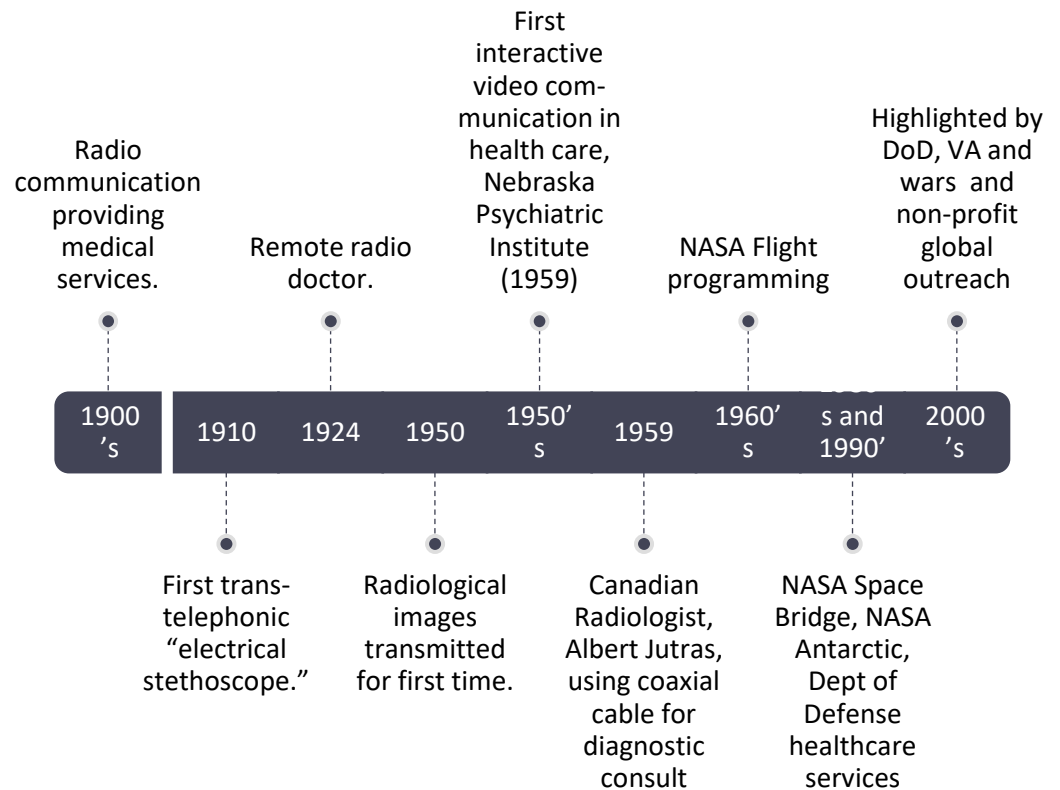
- The information you are about to view reflects the current best practice standards available today including resources and references to standards and guidelines, official documents, service models and case examples in telerehabilitation or telehealth.
- This teaching module is intended to give you an overview of telehealth and it's application to occupational therapy. Our stakeholders include consumers, associations, health care organizations, agencies, systems, and payers.
- Competency in utilizing telehealth technologies for delivering care is important to protect the consumer and to demonstrate critical decision making and skills needed for quality of care standards. **This prerecorded presentation doesn't automatically qualify you to perform telehealth services. This is an informational webinar only.**



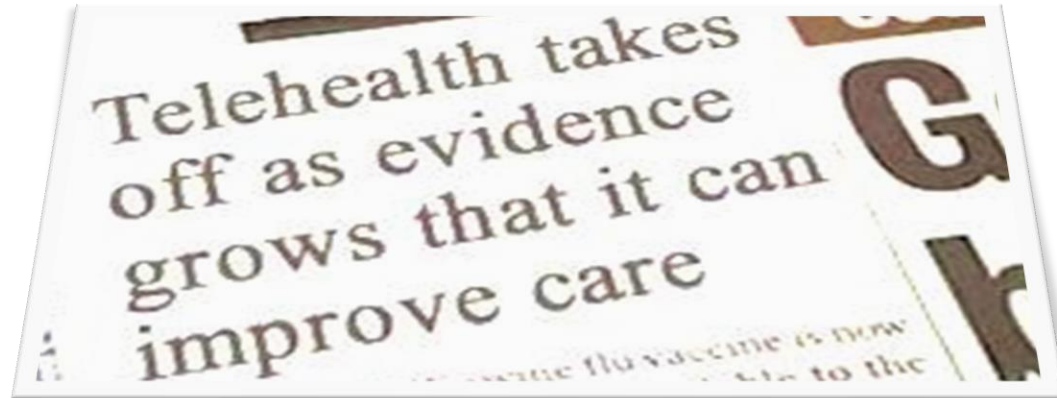
The COVID 19 pandemic created significant changes to health care services. This session will discuss current policy changes, services, resources, and case use examples of newly integrated telehealth service models and how we can sustain telehealth as an integrated care model.

Contact: **tammy@go2care.com**

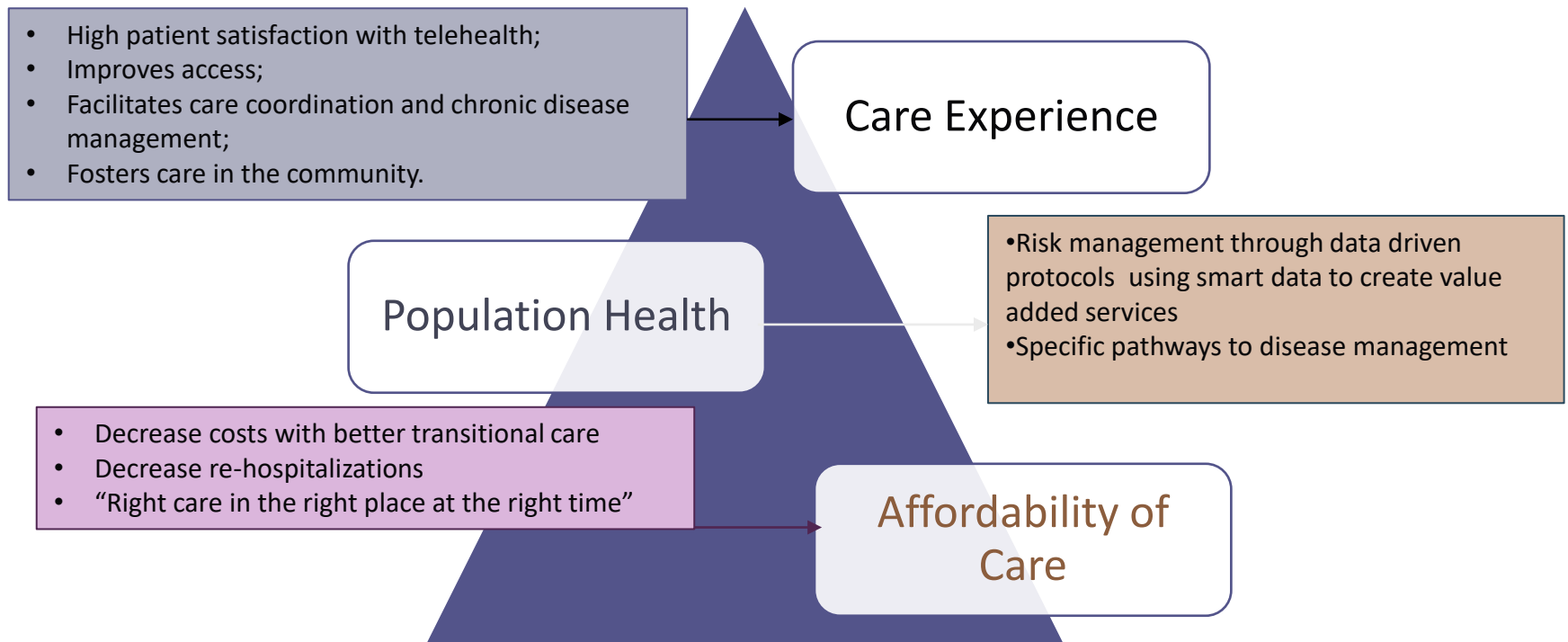
History of Telemedicine



Telehealth exploded with the passage of the Affordable Care Act in 2010.



Telehealth and the 'Triple Aim' of Healthcare Reform



Cason, J. (2015). Telehealth and occupational therapy: Integral to the Triple Aim of health care reform. *American Journal of Occupational Therapy*, 69, 1-8.

Cason, J. (2012). Telehealth opportunities in occupational therapy through the Affordable Care Act. *American Journal of Occupational Therapy*, 66, 131-136.

Overview of Telehealth Technologies (2008-2012)

Two main healthcare application models:

Clinical: scope of services (practice), consultation, case management, clinical supervision
Non-clinical: distance learning, research, administration

Information capture

EMRs, EHRs, PHRs (electronic medical records) and other documents
Still images (MRIs, Xrays, stethoscopes, etc)
Audio and/or Video

Technology: “store and forward”, and “live, video, interactive”

Web-based; internet, videoconferencing, streaming media, software solutions; synchronous vs asynchronous
Mobile: wireless cellular, PDAs, iPad, iPhone (i.e. download apps, Twitter)
Mobile Health Vans: mobile healthcare on wheels
Enhanced Interactive: Gaming, Virtual Reality, Robotics

Telehealth Benefits

Accessibility of services

- Services to remote, global, incapacitated, aging in place
- Services of providers and specialists otherwise unavailable
- Prevention of unnecessary delays in receiving care
- Distance learning, teaching, consultation, and research

Increase quality of care

- Distance learning, sharing, teaching, supervising
- Improve standards of care through electronic data exchange, tracking, and measuring
- Continuity of Care
- Increase effectiveness of chronic disease management

Improve outcome measurements

- Empower the patient; management, educate, record keeping
- Monitoring devices, alert systems, data collection
- Promote individual adoption of healthy lifestyles (Bashur & Shannon, 2009)

Historical Barriers to Entry

- ◎ Broadband coverage
- ◎ Legislation/Public Policy; Not Medicare eligible providers
- ◎ Licensure portability
- ◎ Lack of reimbursement
- ◎ Incentives to be included
- ◎ Provider and End user acceptance
- ◎ Need for research/professional development
- ◎ Privacy and Security concerns

DELIVERY VS SERVICE.....

“...the application of
evaluative, consultative,
preventative, and
therapeutic
services delivered through
telecommunication and
information technologies”
(AOTA 2018)

*WFOT Telehealth Position Statement
(2021)



Telehealth Definitions

Synchronous means live, interactive, “face to face” communications. Often referred to as video conferencing.

Originating site is where the client is located or where the store and forward data originates

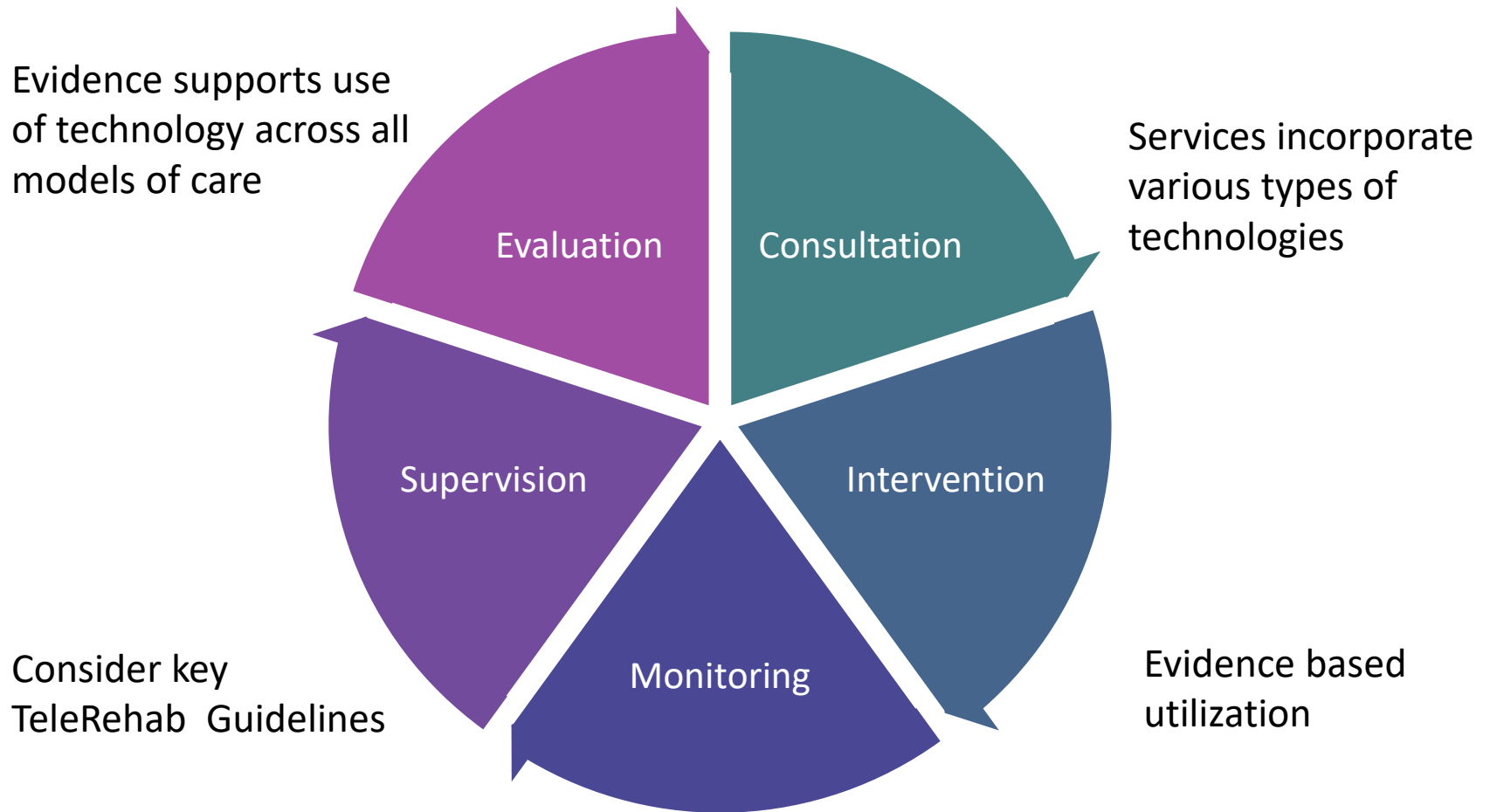


Asynchronous is store and forward types of information such as images, video captures, chat, IM or email

Distant site is where the provider is located

**Typically, you must be licensed in the state where the patient is located. This has been federally waived. Check your state.*

Telehealth 5 Service Models

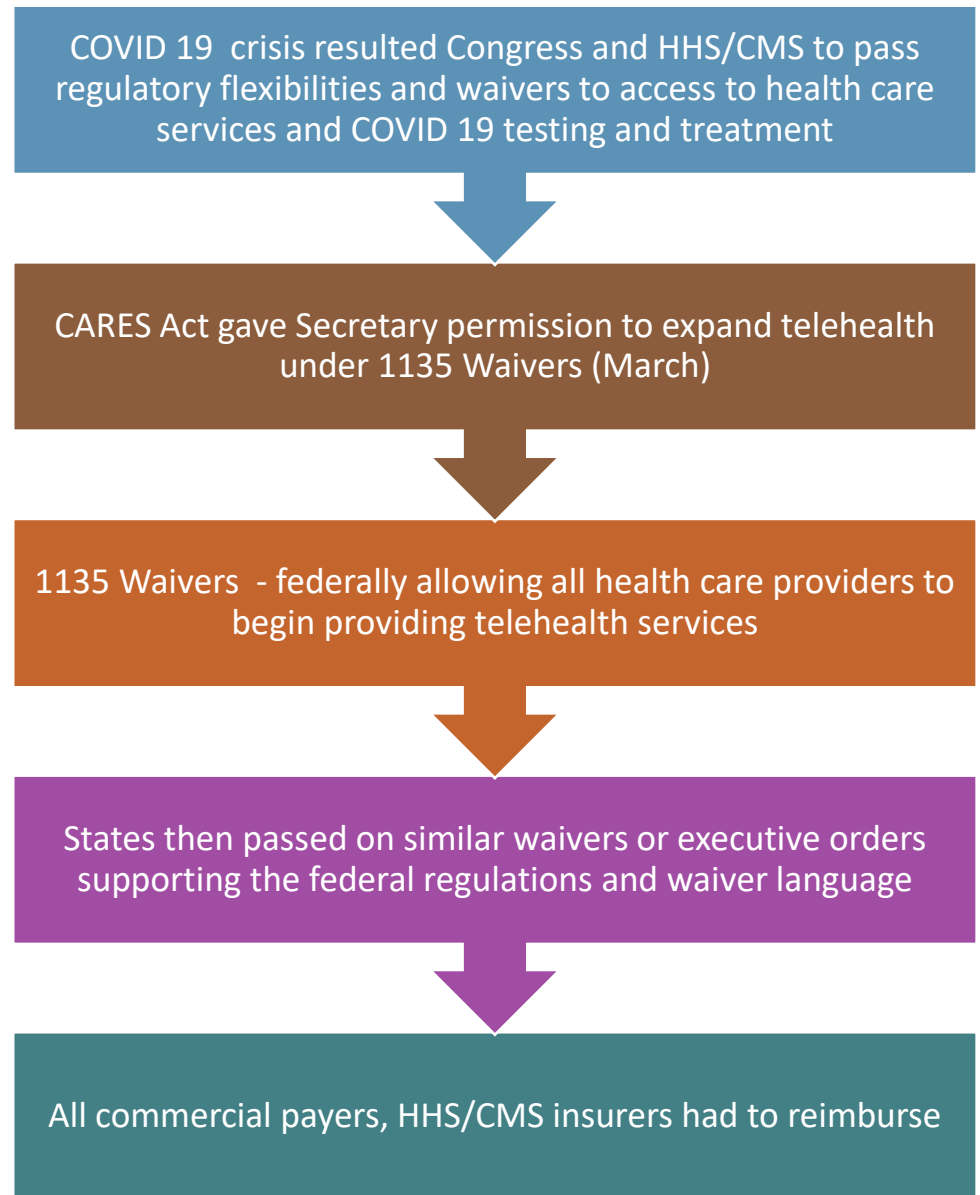




Federal government
waived multiple
restrictions and
barriers for access to
care that included
allowing all types of
practitioners,
including
Occupational Therapy,
to provide services
and reimbursement
for telehealth
services.
(March 2020)

COVID 19 Impacts Telehealth in Rehab

<https://www.cms.gov/files/document/summary-covid-19-emergency-declaration-waivers.pdf>



Telehealth & Rehab

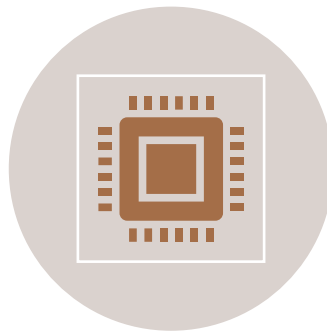
CMS rules allowing OT/PT/SLP to provide services via telehealth to Medicare beneficiaries are in force for the duration of COVID-19 Public Health Emergency. (End December 31, 2021)

CONNECT for Health Act (2019)
Legislation would allow allied health professionals via telehealth on a permanent basis to Medicare beneficiaries after Emergency ends.
*Presently reintroduced for the 4th time in April, 2021.

Medicare HIPAA Waivers with technology



***HIPAA COMPLIANT SOFTWARE** IS USUALLY AN APP OR SERVICE FOR HEALTHCARE ORGANIZATIONS THAT INCLUDES ALL THE NECESSARY PRIVACY AND SECURITY SAFEGUARDS TO MEET THE REQUIREMENTS OF **HIPAA**, FOR INSTANCE, SECURE MESSAGING SOLUTIONS, HOSTING SERVICES, AND SECURE CLOUD STORAGE SERVICES. (SAAS)



HIPAA COMPLIANT PORTAL IS A SECURE ONLINE WEBSITE THAT GIVES CONSUMERS 24 HR ACCESS TO THEIR PERSONAL HEALTH INFORMATION AND MEDICAL RECORDS. OTHER FEATURES INCLUDE EXCHANGING EMAILS WITH PROVIDERS, SCHEDULING, DOWNLOADING OR UPLOADING FORMS, BILLING. PROTECTED LOGIN



***HIPAA COMPLIANT PLATFORM** IS EVERYTHING NEEDED: SOFTWARE, DATA CONNECTIVITY, PROVIDER NETWORK, TECHNOLOGICAL EXPERTISE, PATIENT PORTALS, AND ALL OTHER WORKFLOWS FULLY INTEGRATED WITHIN AN EXISTING FRAMEWORK OF SYSTEMS OR DEVICES, (PAAS)

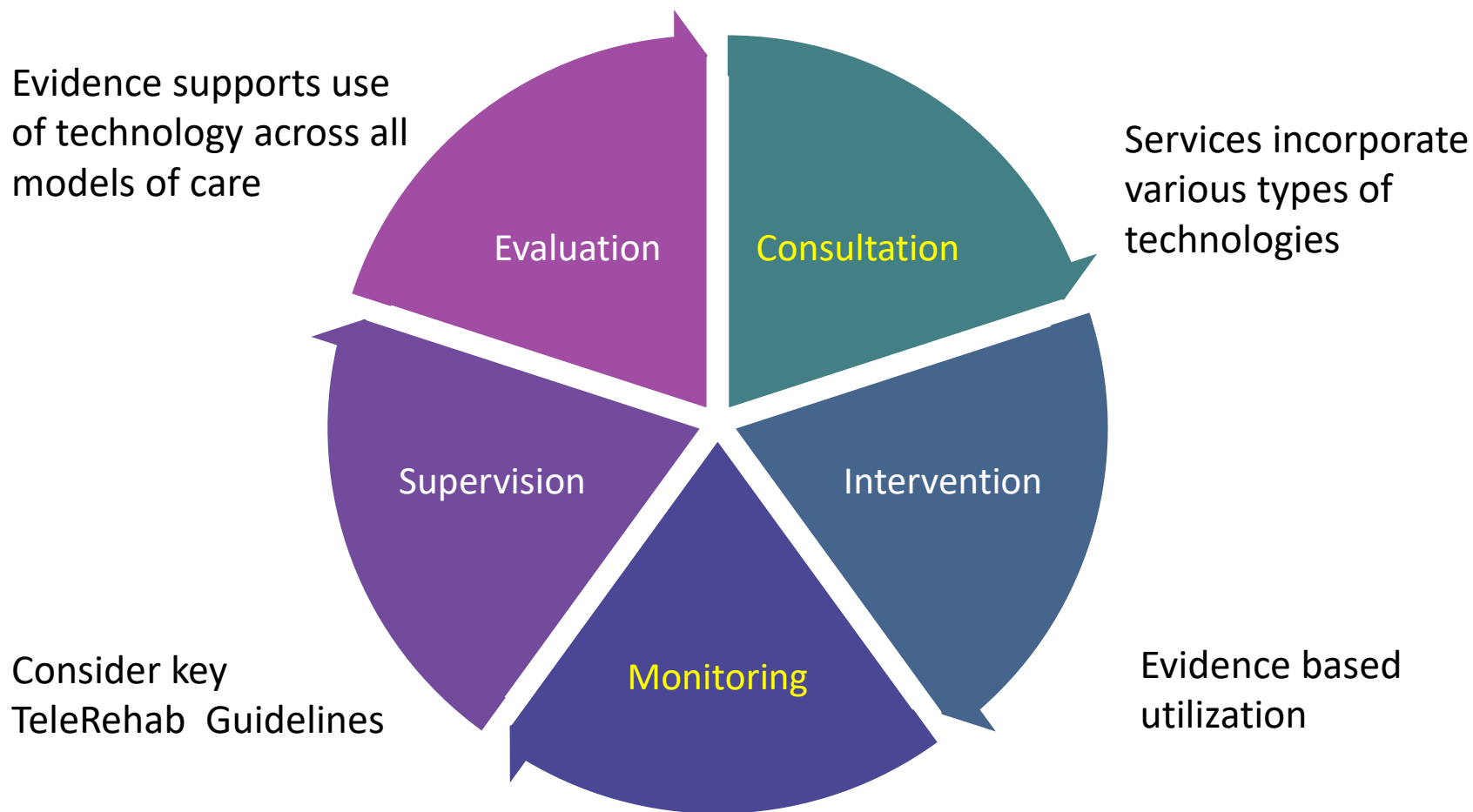
*Waived by CMS during COVID 19. HIPAA and security measure will return after PHE ends.



Eligible Practitioners who may furnish these “sometimes therapy” services include:

- Doctors
- Nurse practitioners
- Physician assistants
- Licensed clinical social workers, in specific circumstances
- Clinical psychologists, in specific circumstances
- ❖ Physical therapists/PTA
- ❖ Occupational therapists/OTA
- ❖ Speech language pathologists

Telehealth 5 Service Models in Rehab



***Medicare is allowing E-visits and Virtual Checks and Telehealth Services. Medicaid is covering services. Commercial Payers are paying for eval and treat including TRICARE.**

Telehealth Supervision & Rehab Services

Medicare rules include allowance for supervision of allied health practitioners by electronic means and in the same facility or building. However, State O/PT/SLP Board regulations and practice acts will supersede CMS ruling so revisit your State Board language to check with state waiver extensions.



Devices and software that allow connection is audio & video. Supervision must be documented.
i.e. Must use OTA modifier with billing.

Medicare Telehealth Services



TELEHEALTH SERVICES



E VISITS



VIRTUAL
CHECK-INS

Health care providers can use CPT codes with billing.
Check w/intermediary about Modifiers & Place of Service.

Commercial payers do pay for telehealth services but do not pay for “consulting or monitoring”



ACRM RESOURCES AVAILABLE

HOME / ACRM COMMUNITIES / TECHNOLOGY

Technology Networking Group



MISSION	EXECUTIVE COMMITTEE
TECH TALKS	TASK FORCES
HOW TO JOIN	TNG AWARDS
CONNECT	LAUNCHPAD
CONFERENCE HIGHLIGHTS	TNG NEWS: Power Up Newsletter

2021 ANNUAL CONFERENCE EARLY BIRD
REGISTRATION COUNTDOWN

0 2 0 2 0 0
Weeks Days Hours

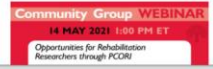
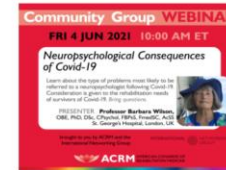


ACRM 2021 Webinars

Click the graphics below for more info and access to live webinars. All webinars will be recorded and made available through the ACRM Library for 24/7 viewing at your convenience. Visit the library to search for webinars by topic.

2021 ANNUAL CONFERENCE EARLY BIRD
REGISTRATION COUNTDOWN

0 2 0 2 0 0
Weeks Days Hours



TECHNOLOGY

Technology Networking Group >>

Tech Talks

- COMING 21 MAY - Telehealth COVID 19 & Beyond: Policy Updates, Resources, Tools and Case Uses**
With guest speaker, **Tammy Richmond, MS, OTR/L, FAOTA**
In response to the COVID-19 pandemic, the federal and state governments implemented multiple waivers and policies allowing practice provisions to telehealth services. Now as the economy starts to reopen, both providers and consumers will have to navigate how to best continue clinical rehabilitation and habilitation services. This webinar will provide an overview of current policy, technology, administrative and clinical guidelines, and will offer planning strategies for combining in-person visits with online visits.
- Harnessing Technology for Precision Rehabilitation**
With guest speaker, **Rachel Proffitt, OTD, OTR/L**
Rehabilitation technology development and uptake has accelerated over the past decade and the COVID-19 pandemic has necessitated rapid adoption. This webinar will present a forward-thinking approach to technology for rehabilitation with a precision medicine mindset. Attendees will be challenged to consider how and why they use technology in their practice or research to support their rehabilitation clients. Come join the conversation in this new era of rehabilitation.

Pandemic Webinar Series

- These recorded webinars with experts from the Tele-Medicine industry are designed to provide clear and up-to-date information regarding telemedicine and remote monitoring in the field of physical medicine and rehabilitation during the COVID-19 crisis. The series is brought to you by the Pandemic Task Force of the ACRM Technology Networking Group.
- Connected Health Initiative** - Leading telemedicine industry group working directly with the White House on telemedicine changes during the pandemic.
With guest speaker, **Brian Scarpelli, Senior Global Policy Counsel**
 - Nixon Law Group, LLC** - Experts on telehealth and remote patient monitoring reimbursement.



American Congress of Rehabilitation Medicine TNG Telehealth Task Force



ACRM Mission Statement: IMPROVING LIVES of those with disabling conditions through interdisciplinary rehabilitation research, ACRM curates and disseminates world-class rehabilitation research.

TNG Telehealth Task Force Mission Statement: To promote telehealth as a sustainable choice of delivery service for health care professionals through research and evidence based best practice guidelines.

TNG Telehealth Task Force Vision Statement: Engage, collaborate, and promote education, research, practice, and networking in telehealth across inter-disciplinary group of rehabilitation professionals, comprising academicians, clinicians, researchers, rehabilitation and consumer technology industry members, and end-users.

TNG Telehealth Task Force Strategic Goals:

1 = Champion ACRM Telehealth's Value Proposition

- Advocate for research and education in telehealth best practice standards
- To be leading voice of information about telehealth emerging models of care delivery, transformative healthcare delivery models, and healthcare outcomes

2 = Mobilize ACRM's Resources to Effective Transformation

- Promote value and advance telehealth innovation through guided member engagement
- Promote quality standards that reassure telehealth's key end users, including providers, payers and patients.

3 = Empower Innovation and Change

- Create strong industry awareness among all membership and outside stakeholders
- Promote ACRM membership and member retention rates through educational and informational outreach strategies



Rehab and Telehealth after PHE

Federal and State Policy

- Waivers still in place until December 31, 2021 (all types of providers, communication types, devices, etc)
- Over 70 federal bills related to telehealth in HR/S.
- States are adopting their own telehealth laws post pandemic so be aware. The Boards would have to respond so check in.
- 2 Bills that are important to allied health professionals:

CONNECT for HEALTH ACT
EXPANDED TELEHEALTH ACCESS ACT

CONNECT for HEALTH ACT

The bill contains several measures aimed at expanding access to and coverage of telehealth, including:

Permanently removing all geographic restrictions on telehealth and expanding the list of originating sites to include the home and other sites;

Allowing federally qualified health centers (FQHCs) and rural health clinics (RHCs) to provide telehealth services beyond the pandemic;

Giving the Health and Human Services Secretary the authority to waive telehealth restrictions, including during public health emergencies;

Mandating studies of how telehealth has been used during the pandemic and the effectiveness of telehealth waivers; and

Encouraging the Centers for Medicare & Medicaid Services (CMS) Innovation Center to test more payment models that include telehealth.

EXPANDED TELEHEALTH ACCESS ACT

- [The Expanded Telehealth Access Act \(HR 2168\)](#), which [was first introduced in 2020](#), would extend a freedom that has been granted by the Centers for Medicare & Medicaid Services during the coronavirus pandemic, but which will expire with the public health emergency. Specifically, it would give the Health and Human Services Secretary the authority to expand the list of healthcare providers who would be able to use connected health platforms.
- Passage of this bill permanently extends Medicare coverage to telehealth services provided by physical and occupational therapists, audiologists and speech and language pathologists.
- At this point, Medicare has hinted that they would allow allied health professionals to keep the E-visits but these were probably underutilized during the pandemic by our professions.

TRACKING CHANGES

- ACRM

<https://acrm.org/resources/coronavirus-pandemic/>

- CCHP

<https://www.cchpca.org/>

- Federation of State Medical Boards:

<https://www.fsmb.org/siteassets/advocacy/pdf/states-waiving-licensure-requirements-for-telehealth-in-response-to-covid-19.pdf>

- ASHA

<https://www.asha.org/about/telepractice-resources-during-covid-19/>

- APTA

<https://www.apta.org/search?Q=COVID+19+policy+tracking&searcharticletypes=8834&searchconditionandsymptoms=&year=2021&searchloc=APTA>

- AOTA

<https://www.aota.org/Practice/Manage/telehealth/coronavirus.aspx>

IMPACT FACTORS TO TELEHEALTH SUSTAINABILITY

The screenshot displays the CCHP (Center for Connected Health Policy) website interface. At the top left is the CCHP logo, consisting of an orange sunburst icon and the text 'CCHP'. To the right of the logo is a search bar with the placeholder text 'Look up policy by:'. Below this bar are two dropdown menus: 'Topic' with an upward arrow and 'Federal' with a downward arrow. Further right is another dropdown menu labeled 'State' with a downward arrow. In the top right corner, there is a magnifying glass icon and a hamburger menu icon. The main content area is divided into four columns, each with a category title and a list of sub-topics. The sub-topics are highlighted with yellow boxes.

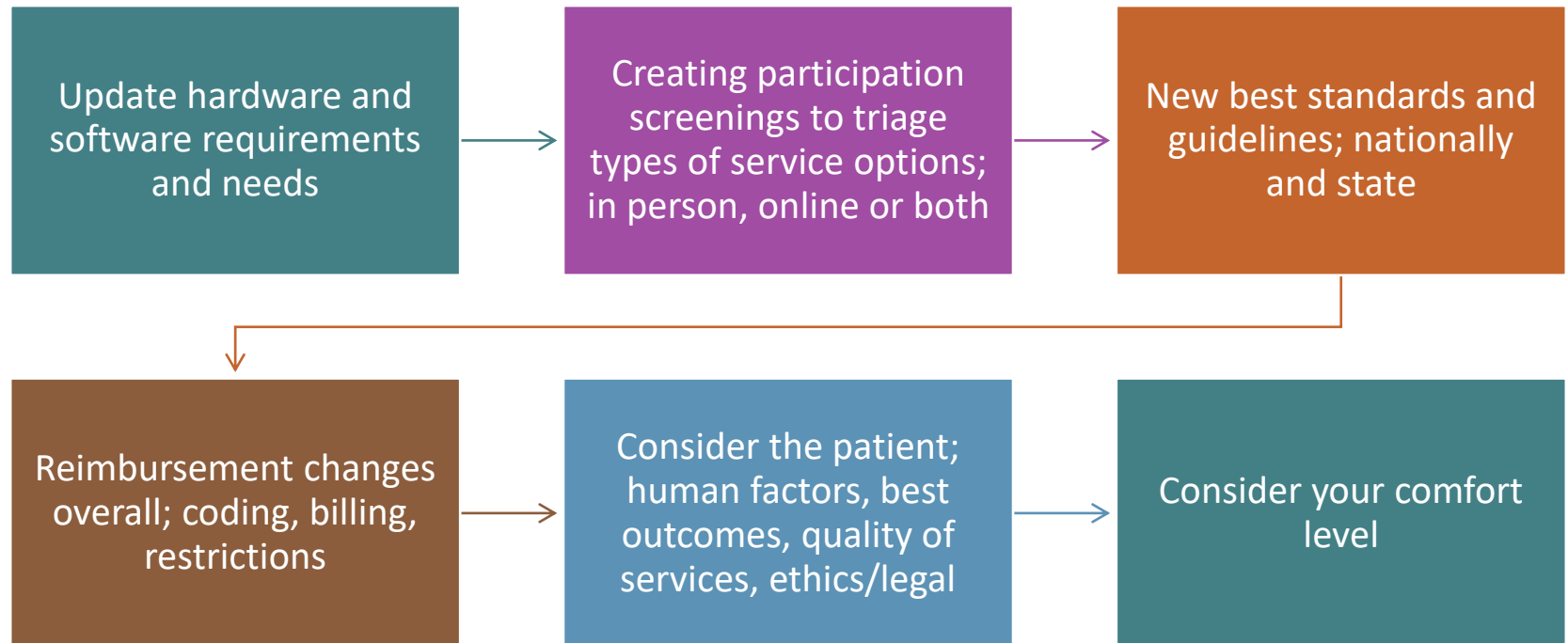
COVID-19	STATE MEDICAID & FEDERAL MEDICARE	PRIVATE PAYER	PROFESSIONAL REQUIREMENTS
Originating Site	Overview	Definitions	Definitions
Provider Type	Definitions	Requirements	Consent Requirements
Service Expansion	Live Video	Parity	Online Prescribing
Audio-Only Delivery	Store-and-Forward		Cross-State Licensing
Easing Prescribing Requirements	Remote Patient Monitoring		Licensure Compacts
Easing Consent Requirements	Email, Phone & Fax		Miscellaneous
Cross-State Licensing	Consent Requirements		Professional Boards Standards
Private Payer	Out of State Providers		
Miscellaneous	Miscellaneous		

Center for Connected Health Policy. <https://www.cchpca.org/>

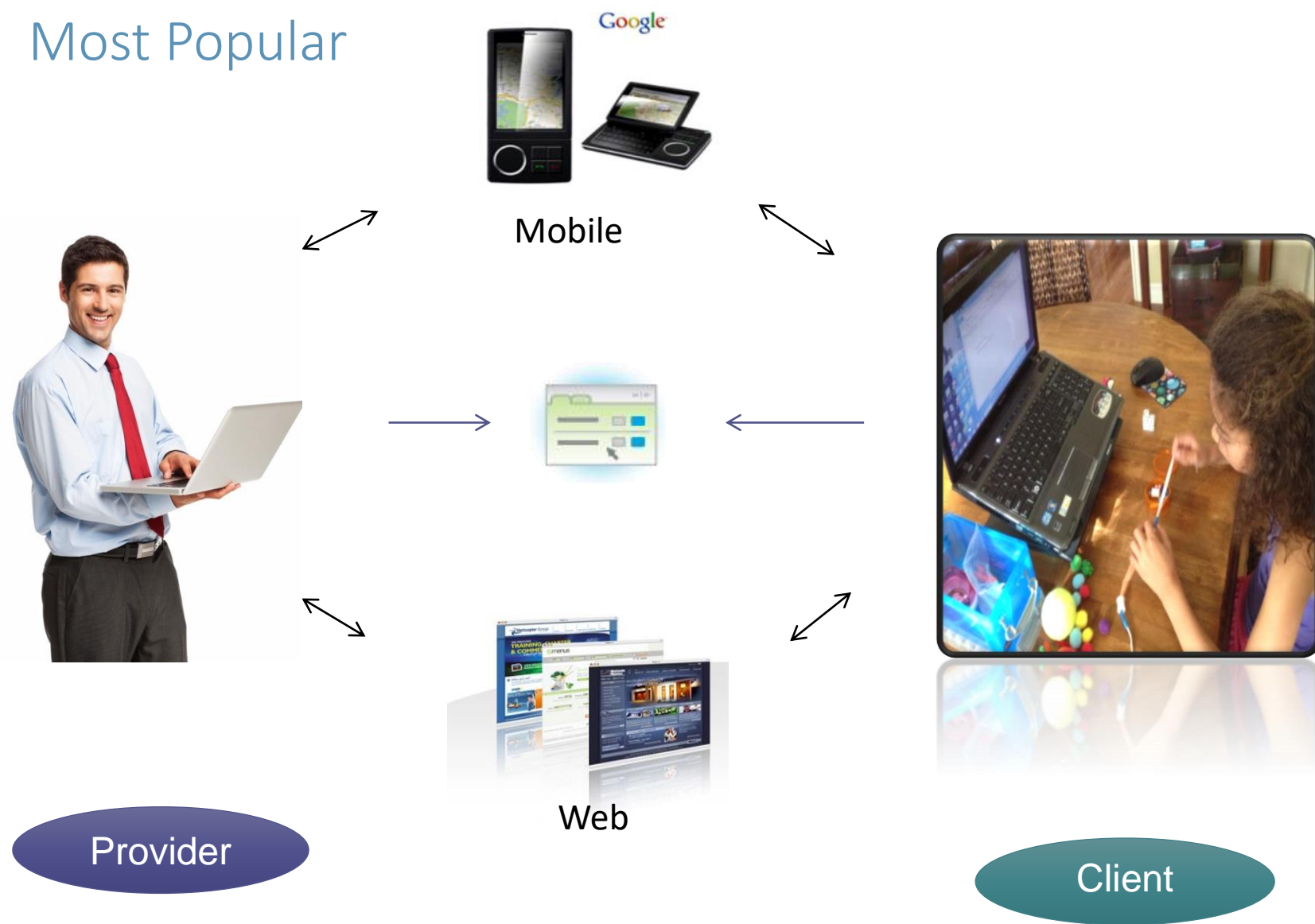
A woman with dark, curly hair is smiling while looking at a tablet computer. She is wearing a light blue and white striped long-sleeved shirt. The background is a blurred indoor setting, likely a home, with a dining table and chairs visible. The overall lighting is soft and warm.

Rehab in Telehealth Post Covid 19

Post COVID 19 Blended Practice Models Factors



Most Popular



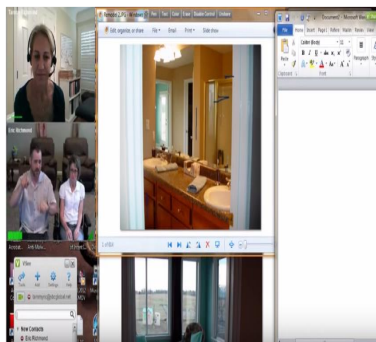
Evidence Based Solutions.....



Early Intervention



School Age



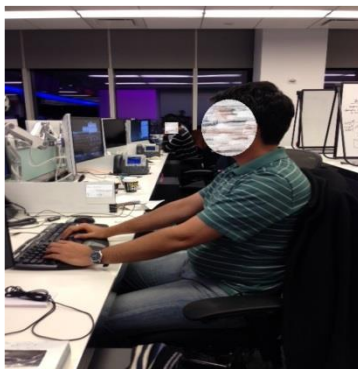
Home Health



Community



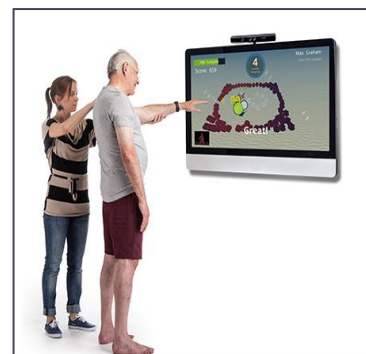
Rehab/Habilitation



Employee Health



Military HS



ALCs/SNFs

Evaluations, Interventions, Consultative & Monitoring

Upper body
strengthening

Lower body
strengthening

Care
Management

Life Skills
Coaching

Ankle/Feet
Strengthening

Home
management

Stretching

Fine motor
skill
development

Balance and
Posture

Pain
Management

Home
Modifications

Equipment
Selection

Splint
Selection

Injury
Prevention

Core
strengthening

Case
Management

PATIENT EDUCATION

Maintenance

PREVENTION

PATIENT ENGAGEMENT

Care Management

CASE MANAGEMENT

Blended Model

IN-PERSON (Moderate to Complex Pts)

Complex or Standardized Testing/Assessments

Modalities Introduction

Scar Management

Safety Check (Balance)

Pain Management

Edema Control

Customized Splint making

ONLINE: (Simple or Engage-Progressive)

Progressive strengthening and ROM program

Home Management integration

ADL equipment check

Progressive Sensory Activities

Fine/Gross Motor Learning

Environmental Integration

Chronic Disease Management monitoring

Ergonomics

Caregiving Training

OTC Splint Selection



3 Guiding Principles to Providing Telehealth

Technology Guidelines

Administrative Guidelines

Clinical Guidelines

**American Telemedicine Association's
Principles for Delivering Telerehabilitation
Services**

<https://pubmed.ncbi.nlm.nih.gov/29238450/>

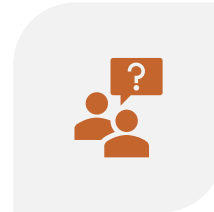
Key Clinical Documents



TELEHEALTH
PARTICIPATION
SCREENING



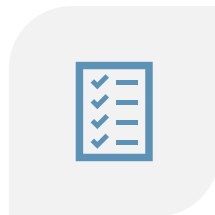
*TELEHEALTH
INFORMED CONSENT



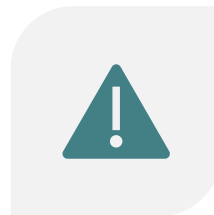
FERPA CONSENT
(SCHOOL BASED)



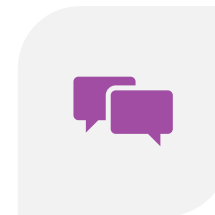
HIPAA PRIVACY
STATEMENT



*COMPETENCY
CHECKLIST



TELEHEALTH
ENCOUNTER NOTE
(DAILY PROGRESS NOTE)

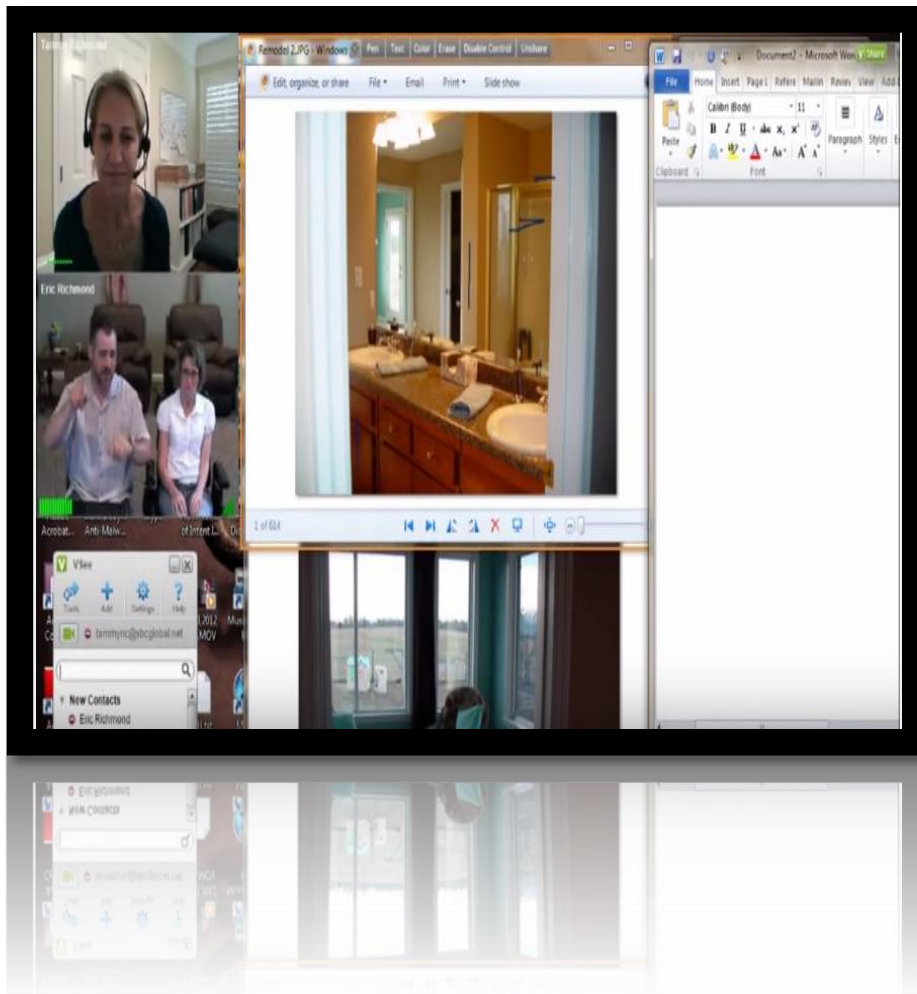


TELEHEALTH PATIENT
SATISFACTION SURVEY

Best Practice Clinical Guidelines to follow

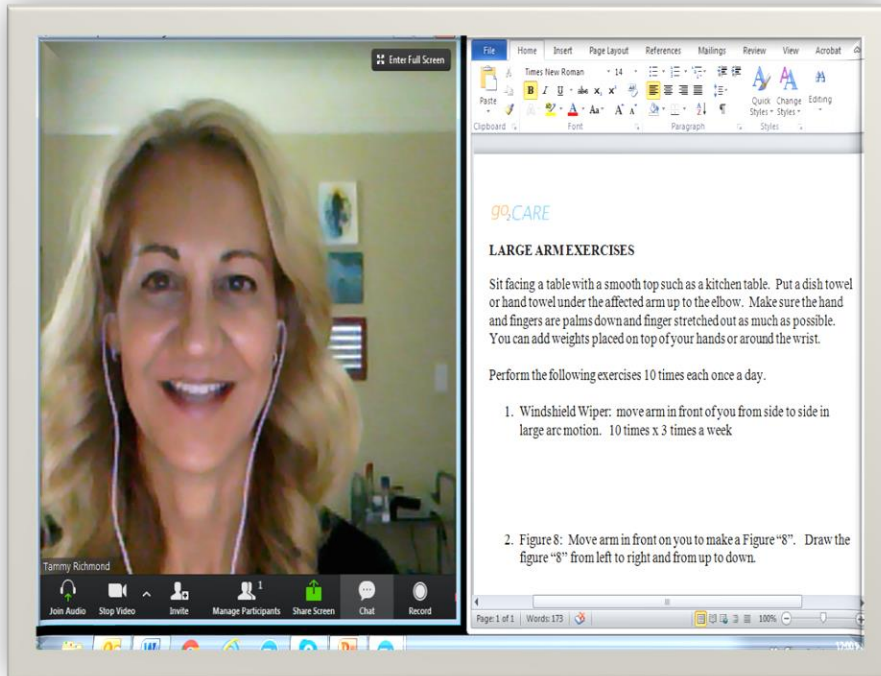


Technical Requirements



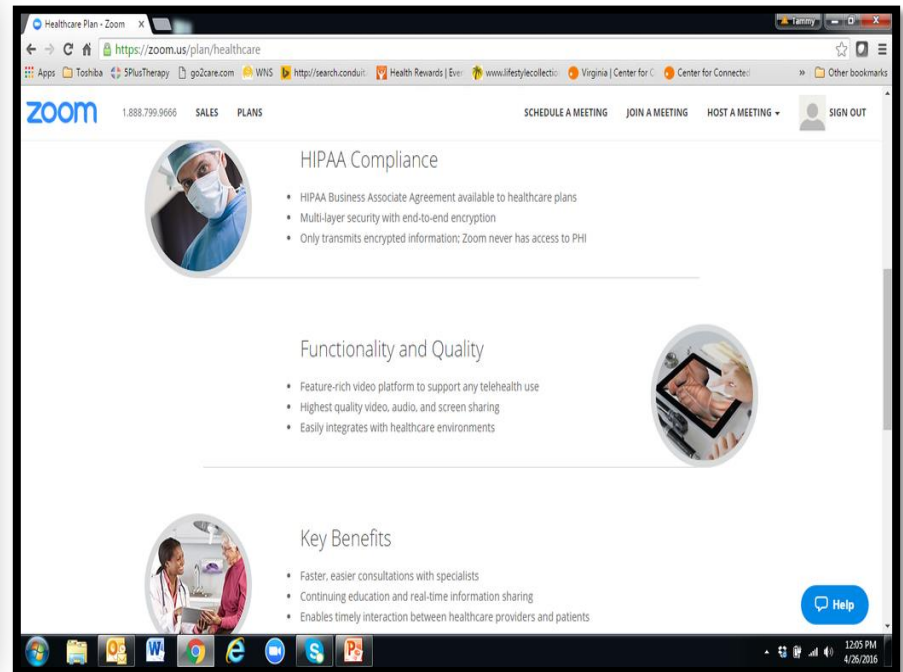
- ☐ **Hardware/equipment** at all points of services (tablet, phone, laptop, PC)
- ☐ **Software** to gather and manage information (HIPAA compliant, requirements)
- ☐ **Bandwidth.** For 1:1 video calling: 600kbps (up/down) and 1.2 Mbps (up/down) for HD video

Software Considerations



SERVICE KEY FEATURES

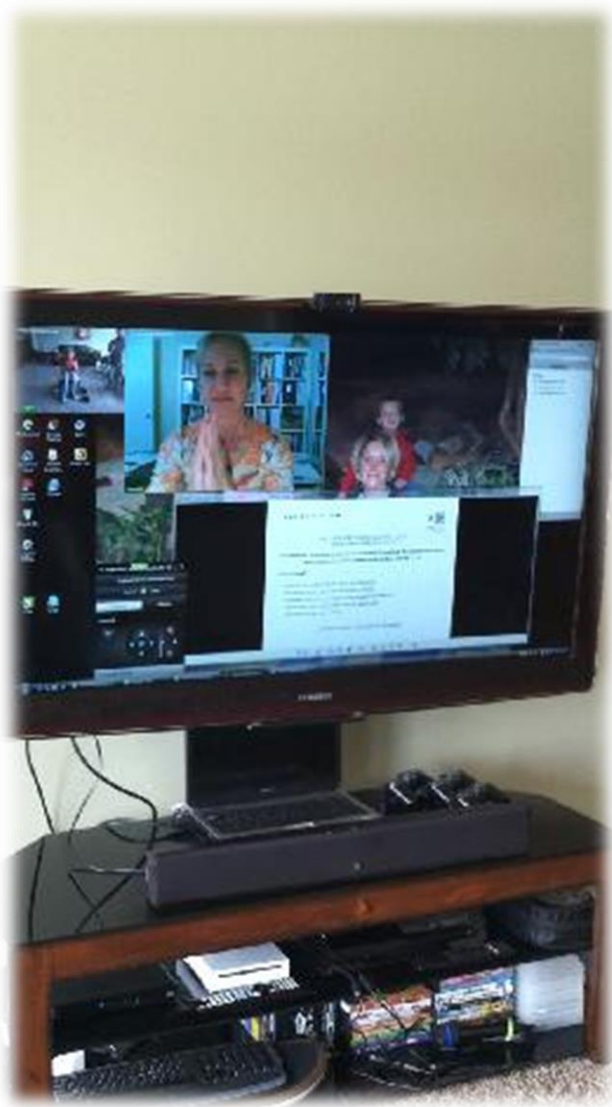
- Audio/Video
- Screen sharing
- Annotation
- Chat box
- *Telephone as back up in case of tech failure



KEY FEATURES

- *HIPAA Compliant/Security Requirements
- *BAA Contract
- All device types
- Easy scheduling/one click sign on
- *User Login Authorization

Personnel Requirements



- **Providers and Specialists**
 - Have *knowledge* and *skills* in technology and delivering services *through technology*
- **Support team**
 - *Technical* support for idea operability and data gathering and management (IT)
 - *Person(s)* for room preparation for encounter
 - “*E-helper*”; the caregiver, family member, staff member or other person to assist in the encounter
- **Client**
 - Screen for abilities, capabilities and need for *assistance and modifications*
 - Screen for *technology requirements* or need to purchase



Additional Considerations

- The client needs to have any handouts, equipment, and items that they will need for the service or intervention.
- 6 foot rule: need at least 6 feet on all sides to allow for demonstration and safety
- If the client needs to be “mobile”; i.e. walk to another room, then consider device choice
- If another person is in the virtual session, you should indicate that on treatment document
- Screen for technical skills, space, and connection.

Key Legal Points

- Comply with the licensure and regulatory requirements in the state where located and the state where the client is located in order to provide services
- Obtain professional liability insurance
- Services should be of equal quality as “in person”
- Privacy and security should not be compromised by the use of technology and should comply with all Health Insurance Portability and Accountability Act (HIPAA, P.L. 104-191) guidelines

Key Ethical Points

- *“Fully inform the client regarding the implications of a telehealth service delivery model vs. an in-person service delivery model.”*
- *“Provide therapy services that are within each practitioner’s level of competence and scope of practice (e.g. qualification, experience, the law)”*
- *Assess the effectiveness of interventions provided through telehealth technologies by consulting current research and conducting ongoing monitoring of client response*
- *Recognize the need to be culturally competent in the provision of services via telehealth, including language, ethnicity, socioeconomic and educational background that could affect the quality and outcomes of services provided.*

Reimbursement Opportunities



OT/PT/SLP is statutorily excluded from telehealth under Section 1834 of the Social Security Act as a qualified health provider therefore, not able to provide services to Medicare participants or get paid. Until COVID 19 or PHE (public health emergency)

CMS Proposes Medicare Telehealth Coverage in 2021

- ✓ CMS is now considering which communication technology-based services (CTBS) should remain on the Medicare telehealth services list permanently after the end of the PHE.
- ✓ CMS is also proposing to allow billing of other CTBS by certain nonphysician practitioners (NPPs), consistent with the scope of the practitioners' benefit categories through the creation of two additional HCPCS Level II G codes that can be billed by practitioners who cannot independently bill for E/M services: CMS is proposing to value these services identically to HCPCS Level II codes **G2010 and G2012**, respectively.
- ✓ To facilitate billing of the CTBS by therapists, CMS proposes to designate HCPCS Level II codes **G20X0, G20X2, G2061, G2062, and G2063** as **"sometimes therapy" services**. When billed by a private practice physical therapist (PT), occupational therapist (OT), or speech-language pathologist (SLP), the codes would need to include the corresponding GO, GP, or GN therapy modifier to signify that the CTBS are furnished as therapy services furnished under an **OT, PT, or SLP plan of care**.
- ✓ In section II.K. of this proposed rule CMS is proposing for CY 2021 to replace the eVisit G codes with corresponding CPT® codes, and this policy would also apply to those codes

Example1: Orthopedic Treatment and Consultation Telehealth Sessions

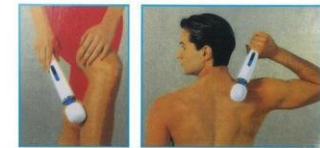
Consultation: 15 - 30 minutes

- Set up appt to discuss Pain Management, sleeping issues with shoulder
- Discussed icing, massage, positioning with sitting, work, sleeping
- Dos/Don'ts
- Triage if need a full hour telehealth therapy session

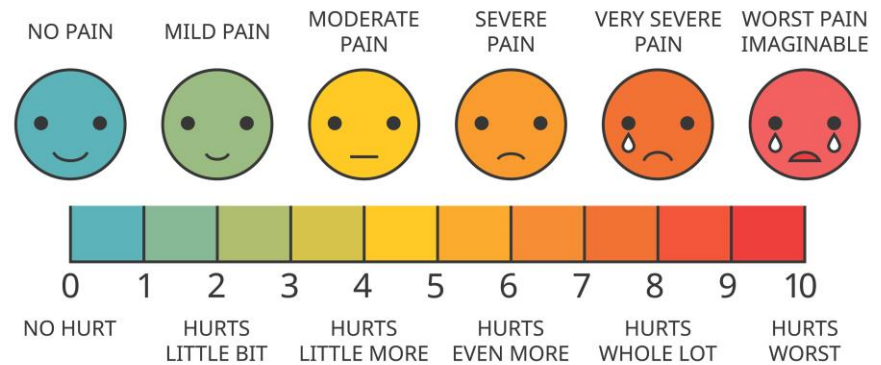
(\$26 dollars or co-pay amount)



Pain Management

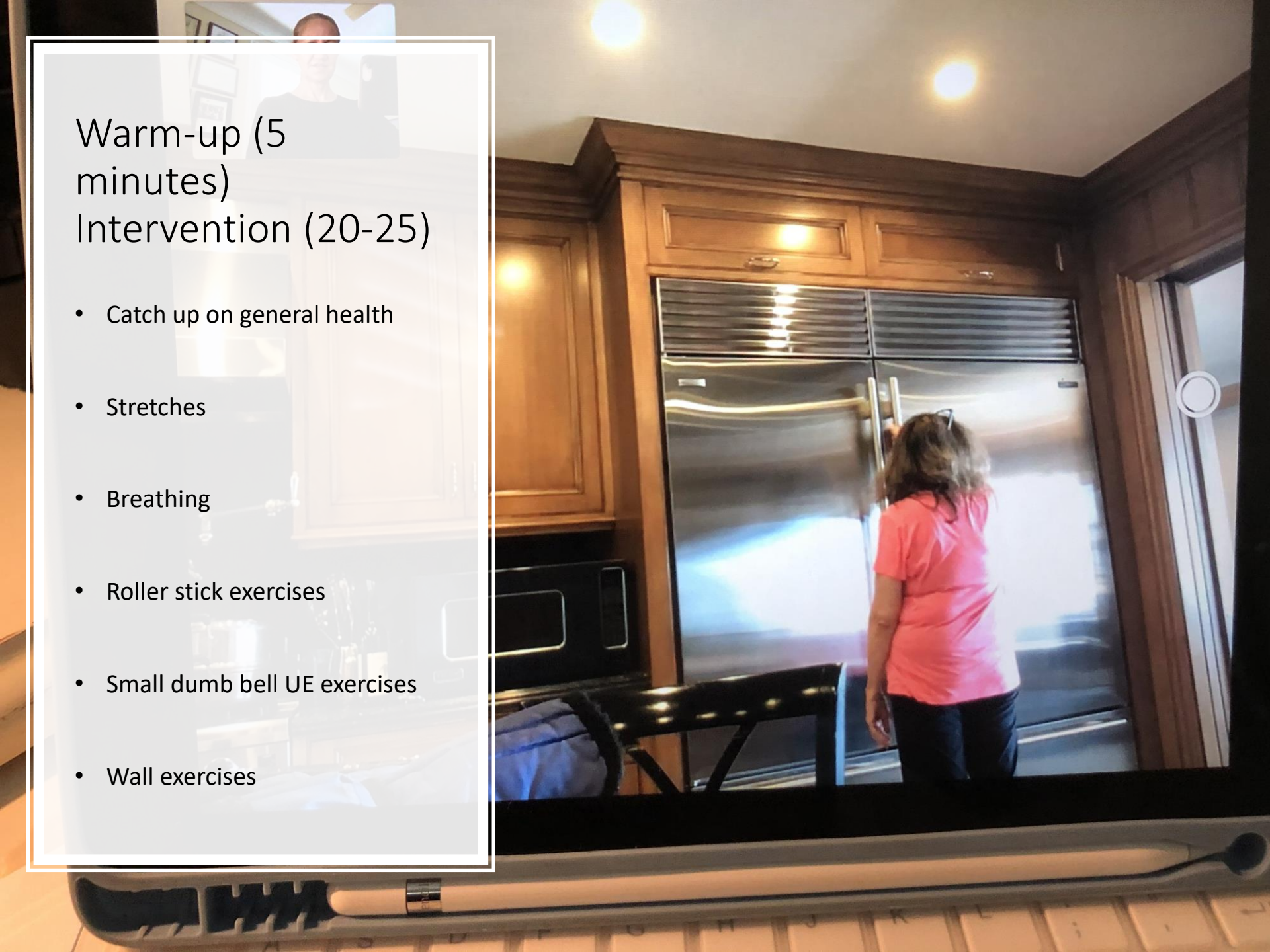


PAIN MEASUREMENT SCALE





Example #2: Senior/Ortho,
Treatment & Consulting



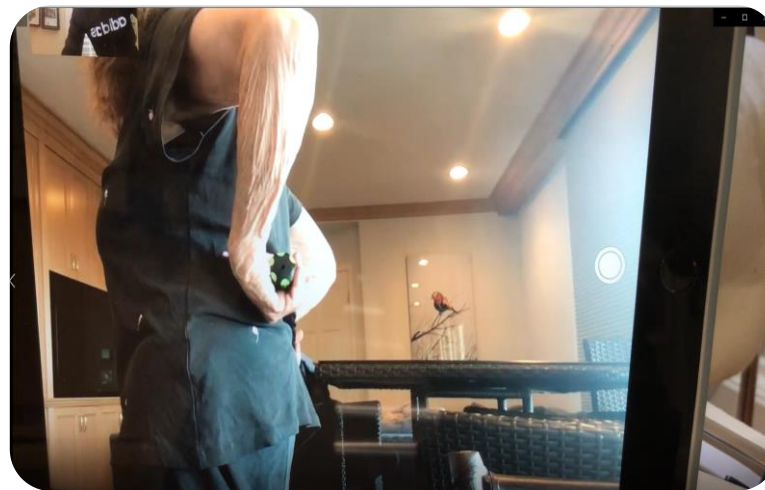
Warm-up (5 minutes)

Intervention (20-25)


- Catch up on general health
- Stretches
- Breathing
- Roller stick exercises
- Small dumb bell UE exercises
- Wall exercises

Consulting Sessions (Virtual Check)

- Home Exercise Program
- Activity goals
- In between reporting PRN
- Triage if there needs to be a regular appt



"Can you check to see if I am doing these exercises correctly?"

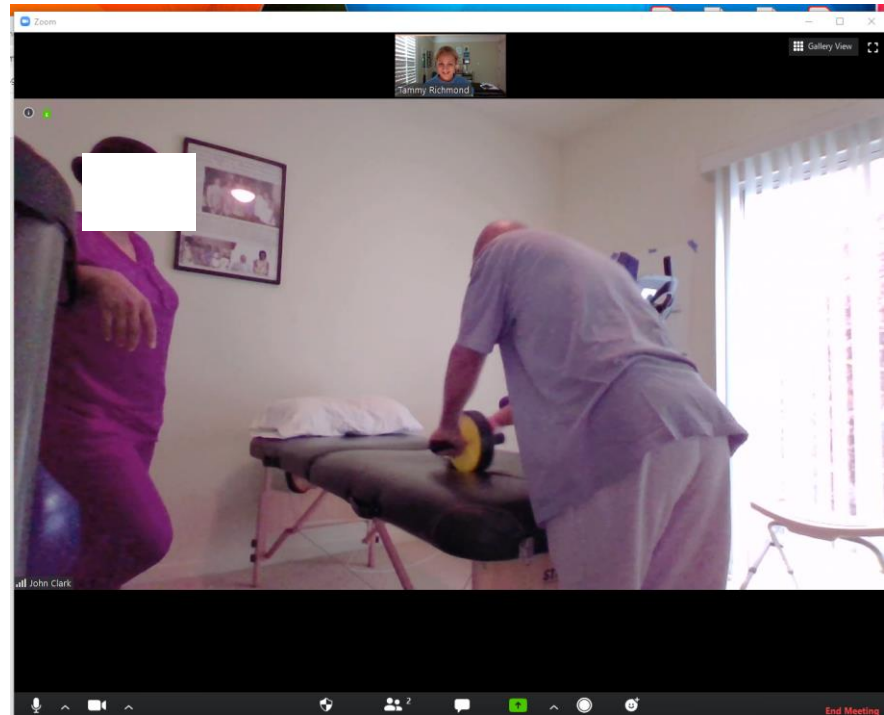


Example #3

Neuro Treatment & Consulting

Consulting Session

- Demonstrate exercises in front of camera
- Have handout available on the screen
- Send handout by email



Review and coach caregiver in assisting in the home stretching and functional activities home program

Example: Peds Telehealth Session

Background:
Receiving
services at
school but
now at home



Name: Emily



Age: 7 yr

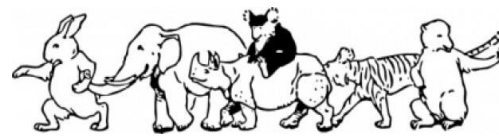


Diagnosis: SPD



School-aged Interventions and GOALS

- Handwriting
- Fine motor/hand skill development
- Cutting/scissor skills
- Motor planning/bilateral coordination
- Upper body strengthening
- Core strengthening
- Visual-perception/visual-motor
- Sensory strategies
- Activities of daily living (self-help)
- Parent coaching



- Elephant
- Snake
- Crab walk/kick
- Duck walk
- Frog frolic/frog jumps

Handwriting Assessment Protocol – 2nd edition



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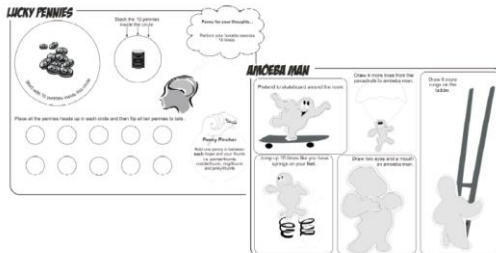


General Equipment required

*Have available on both sides of session

MOTOR MINUTE CHALLENGES

Practice fine motor, gross motor and visual motor skills with 20 timed challenges



Your Therapy Source Inc

Let's warm up our body 😊

You pick two – be sure to pick one hard one 😊

Animal parade

- Elephant
- Snake
- Bear walk
- Crab walk/kick
- Duck walk
- Inch worm
- Frog frolic/frog jumps
- Elbow to knee cross over



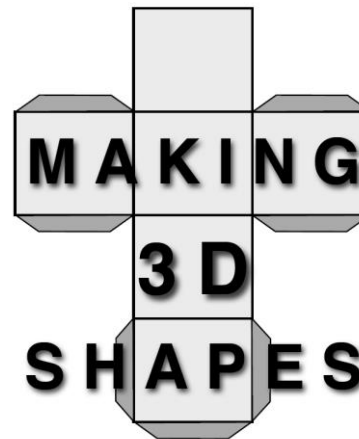
Wrap Up

- Home Program
- Activity goals
- In between reporting PRN
- Establish next appt



- Handwriting without Tears workbook

pp. 28-31



Example #5

Senior Wellness & Ortho

MONITORING

Client with THR,
completed
therapy.

Monthly check-in
to triage any
discomfort, iADLS
status, hobbies
(tennis), any
other discomforts
or limitations.



E Visits, Virtual Check-Ins, Telephone Assessments



Telehealth Health Visit	OT Intervention
Patient's caregiver has questions about ADLs	Caregiver training (e.g., transfer training, ADL training, home exercise program training, positioning)
Patient has questions about fall prevention techniques given at last visit	Review the balance exercises with ball, Theraband, small weights on HEP
Employee sends a question regarding difficulty using soft splint	Advise the patient on wear time, proper positioning, first aid
Patient recovering from CVA has questions and requires follow up with functional activity home program	Review and coach caregiver in assisting in the home stretching and functional activities home program
Patient with cognitive dysfunction has questions about home program	Review home program of cognitive work sheets, check those completed, and send additional handouts based on client's progress and barriers

Medicare E-visits

(Consultation or Monitoring)

CURRENTLY BY WAIVERS for Medicare Part B

- Not defined as Medicare Telehealth Services
- **Non-face-to-face communications** using online portals (**online Chat**)
- Need verbal **Informed Consent**
- Only billed once per 7 days; timed increments
- Providers are allowed to notify/promote E visits
- May or may not have to be an “established patient”; check with fiscal intermediary (FI) /administrative contractor (MAC)
- Patient should initiate scheduling of E visit through a portal
- Document therapy plan of care
- Use place of service 11 or 12, (where therapist is located)
- Medicare coinsurance and deductible would apply

Medicare Virtual Check-Ins

CURRENTLY BY WAIVERS for Medicare Part B

- Not defined as Medicare Telehealth Service
- *Can be by phone, audio, video, video capture, images*
- The communication must not be related to a medical visit within the past 7 days and must not lead to the medical visit within the next 24 hours (or the soonest appointment available) by a E/M eligible provider
- Requires verbal Informed Consent and your consent must be documented in the medical record. Beginning January 1, 2020 you may obtain a single consent for a year's worth of these services.
- Patient should initiate scheduling as promoted by provider
- Document therapy plan of care
- Use place of service 11 or 12, (where therapist is located)
- Medicare coinsurance and deductible would apply
- No limit of times billed but basically once every 7 days with parameters above

Example #6

Work and Industry: Prevention, Consulting, and
Monitoring

Employee IP25 Program

MSD Triage and Injury Prevention Program for self funded employers

- At time of discomfort, schedule to be seen by Prevention Specialist (OT/PT/Athletic trainer)
- OSHA first aid compliant
- **MONITOR:** first aid, job coaching, wellness for MSD discomfort
- **CONSULT:** if provider recommends further review of discomfort, than set up Consult session: 30-60 min.



Conclusion and Questions

ACRM Resources

COVID 19

<https://acrm.org/resources/coronavirus-pandemic/>

Webinars

<https://acrm.org/resources/video-library/>

Resource Center

<https://acrm.org/resources/webinars-summary/>



Safe and Secure Priority
Access to Personalized
Healthcare

SCHEDULE
APPOINTMENT

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