

State: **WISCONSIN**

What is your team's **biggest strength** around telehealth programs?

Our strength is that we have a project co-PI (William MacLean) with prior experience at a UCEDD in a rural state that used telehealth strategies to deliver expertise to underserved areas. We have staff who are very interested in piloting models with our 3 ECQuIP sites to build capacity to reach families through telehealth.

Describe your team's **biggest challenge** around telehealth programs.

Telehealth regulations in Wisconsin are rather restrictive. For example, Medicaid only covers live synchronous telehealth, and there are limited providers and locations being covered. There is no requirement for private insurance coverage for telehealth in our state.

Describe **ONE current strategy** that your state is using around telehealth.

We are building awareness among Wisconsin Act Early State Team members that *other states*, confronted with capacity issues and long waiting periods for diagnostic visits, have engaged in with community providers to adopt best-practice care for ASD in health care settings using telehealth.

The Wisconsin Act Early State Team meeting in November, 2017, included presentations by William MacLean and leaders *from other states*- Mei Wa Kwong, Ctr for Connected Health Policy; Rene Jamison, Pediatric Ctr for Child Health and Development at Univ of Kansas Medical Ctr; and Judy Theriot, Commission for CSHCN at Univ of Louisville-Kentucky on telehealth.

What's **one interesting thing** about your state?

While the need for better access to ASD services in rural areas is obvious and well-documented, Wisconsin also has several "frontier counties" and inner-city urban communities that also would benefit from having access to services through distance communication methods.

What does your team **hope to gain** from this meeting?

Knowledge of successful implementation of telehealth related to ASD - screening, diagnosis & treatment. At what point in the process was telehealth used? What needed to be in place in advance of a telehealth visit? What technology was used and what are the pitfalls to avoid? How does telehealth get paid for?

State: Washington State

What is your team's biggest strength around telehealth programs?

One of our biggest strengths around TH is the collaboration between organizations and sharing of information. The Department of Health, Healthcare Authority, University of Washington, Seattle Children's Hospital and family led organizations (NAC, ODMF, WAAA) have worked closely to ensure that TH across our state is comprehensive, inclusive and based on based practices.

Describe your team's biggest challenge around telehealth programs.

Telehealth training is more general and doesn't apply to ABA related treatment and providers. There are no standards of care for ABA services that are delivered via TH. Our biggest challenge has been to get ABA specific TH services implemented due to the challenge of creating documents, protocols etc...then the next challenge will be disseminating information and getting providers to deliver the services.

Describe ONE current strategy that your state is using around telehealth.

Our state convened a TH Ad Hoc Committee and was very successful in completing a capacity assessment that gained a great deal of data from surveys and informant interviews. A strategic plan is being developed that will help guide and provide information to families and providers.

Partners are developing fact sheets, guides and 'how to' documents so that insights and information can be disseminated across the state. One particular area is the work that the Medicaid Interpreter Services and NAC is conducting to brainstorm, problem solve and develop protocols and materials so that the TH services will be effective for non-English speakers particularly in our rural communities.

What's one interesting thing about your state?

WA has some of the most diverse geographic and climate features in the USA. From east-to-west and north-to-south, WA has a wide variety of terrain, geology, temperatures, and populations. With this geographic and population diversity, it is critical that TH is delivered so everyone can have access to treatment, education and care.

What does your team hope to gain from this meeting?

We hope to gain a better understanding of language access (interpreters), cultural considerations, cross-cultural communication and cultural brokering when delivering TH.

State: **Virginia**

What is your team's biggest strength around telehealth programs?

- Growing interest of SLPs in Virginia regarding telehealth (subcommittee on telehealth started at SHAV, a registry (network) of SLPS in the state and content area expertise was developed, working with ASHA to draft language for a position statement on telepractice to be adopted by SHAV and DHP to develop practice guidelines).
- Parity law in place for private insurance to cover telehealth (2010).
- DMAS (Medicaid agency) required MCOs to promote telehealth in new CCC+ waiver program.

Describe your team's biggest challenge around telehealth programs.

- No Medicaid funding (outside of school districts) for telehealth services.
- Access to reliable Internet, broadband services in rural areas (65% of Virginia is rural).
- Access to qualified interpreters to communicate with Virginia's linguistically diverse population.
- Lack of training regarding telepractice standards.

Describe ONE current strategy that your state is using around telehealth.

Piloting a model for enhancing family-centered early intervention, through a "family-based treatment" approach to coaching provided through a hybrid telepractice service delivery (through Longwood University).

We are especially interested in identifying ways to use telehealth to address services for specific populations (like children with hearing loss) that have limited numbers of providers in VA and to meet service delivery need areas like improving diagnostic access for young children who need ASD diagnostic evaluations.

What's one interesting thing about your state?

Virginia is "the internet" state. Estimates suggest that anywhere from 50% to 70% of all Internet traffic flows through data centers located in Northern Virginia.

What does your team hope to gain from this meeting?

- Learn more about how other states are using telehealth to improve diagnostic evaluations and other direct services for target populations.
- Learn more about how other states are accessing public and private insurance for telehealth.
- Bring back information, contacts, and ideas to guide our team as we work on this issue when we return to VA, including connecting with partners who weren't able to attend.

State	Texas
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What is your team's **biggest strength** around telehealth programs?

The Texas team's greatest strength within our telehealth initiative is the strong network that was forged between the ten identified Physician / Professional Sites while completing work on a prior project.

The ten Physician/Professional Sites formed a collaborative *Act Early Texas!* Autism Commission, which was tasked with drafting an Autism State Plan to improve care and quality of services provided to children and their families impacted by autism spectrum disorder (ASD).

Describe your team's **biggest challenge** around telehealth.

The Texas team's most significant challenge has been securing collaborative Patient Sites, particularly within the rural pockets of east and mid-Texas and in the southern, Spanish-speaking "Rio Grande Valley" area of Texas.

Most existing Telehealth sites have no interest in ASD/IDD.

Describe **ONE current strategy** that your state is using around telehealth.

Through a HRSA funded equipment grant, the Texas team was able to secure equipment to provide:

Ten telemedicine Physician/Professional Sites with equipment including:

- Laptops
- Webcams
- Laptop accessories
- ZOOM teleconferencing software

AND

Twelve Patient Sites with equipment:

- Laptops
- Webcams
- Custom POV cameras
- Teleconferencing headsets
- Furniture
- Toys
- ADOS-2 Kits
- ZOOM teleconferencing software

We have partnered with the Legal Teams of each participating Physician/Professional Site/ University to secure Memorandums of Understanding for the use of equipment, and continue to address identification of Patient sites.

What's **one interesting thing** about your state?

The phrase "Six Flags Over Texas" refers to the six countries that ruled the Texas territory:

1. Spain (1519-1821)
2. France (1685-1690)
3. Mexico (1821-1836)
4. The Republic of Texas (1836-1845)
5. United States (1845-1861 & 1865-Present)
6. Confederate States of America (1861-1865)

The term "Six Flags" has been incorporated into theme parks, shopping malls, and other venues across Texas.

What does your team **hope to gain** from this meeting?

The Texas team hopes to gain ideas and insight into telehealth best practice as it relates to ASD from our time at this meeting.

We are also actively seeking tips and tools to create a sustainable model for a "big picture" ASD/IDD program across the state.

State: Rhode Island

What is your team's **biggest strength** around telehealth programs?

Our ability to adapt and our responsiveness to the community's needs. We've been around for over 20 years, and are constantly changing and adding to our trainings, programs, and partnerships. This will help us roll with any telehealth punches and make sure our offerings meet community needs.



Describe your team's **biggest challenge** around telehealth programs.

Time investment! Our Family Support Specialists and Trainers are booked solid. Building our internal capacity for delivering telehealth has to be an efficient, effective, and sustainable process.



Describe **ONE current strategy** that your state is using around telehealth.

The **Telemedicine Coverage Act**, passed by Governor Gina Raimundo (*pictured below*) on June 28, 2016, requires commercial insurers to cover treatment delivered via telemedicine to the same extent that they would cover the services via in-person care.



What's **one interesting thing** about your state?



We're not called the ocean state for nothing. Even though RI is only 34 miles wide, we have over 384 miles of coastline.

What does your team **hope to gain** from this meeting?

Strategies for piloting webinars & trainings with families and community members, for gathering pilot feedback, and assessing impact.



State: **New Hampshire**

What is your team's **biggest strength** around telehealth programs?

NH is the home of the Dartmouth Center for Telehealth which is the hub for a variety of telehealth activities and the program lead, Sara Pletcher, MD, is nationally recognized for her pioneer work. Telehealth is considered to be accessible for NH with over 90% of the state having access to internet services. Under state statute telehealth services can be provided and reimbursed under standard Medicaid, Medicaid Managed Care and non ERISA private insurance plans for the same provider types as identified by Medicare. Currently, there are standard processes for telepsychiatry for pediatric care. Additionally, efforts for teleconsultation have been initiated in Part C Early Intervention for specialized Hearing and Vision services.

Describe your team's **biggest challenge** around telehealth programs.

There are limitations related to the fact that provider types have been specifically identified and therefore limit expansion/flexibility. Additional limitations include

- The ability to assure sites/security officers/families of the security of health information using teleinterventions.
- The Dartmouth Center for Telehealth is a valuable resource but costs can be high to partner with them and their services are in demand and therefore they 'choose' with which projects they want to work with.
- Workforce comfort and skill with teleinterventions is limited and they are at times resistant.
- Limitations regarding which participants (in person vs. consultant) are able to bill and how to arrange for services from out of state consultants (some issues are licensing when clinicians are involved but many Early Intervention service providers of Autism Services are generally not licensed such as ABA providers, Behavior Specialists, Autism Specialists etc).

Describe **ONE current strategy** that your state is using around telehealth.

New England Part C Early Intervention programs have begun work to ready their state programs to be able to utilize Teleconsultation. NH's program, called Family Centered Early Supports and Services (FCESS) has decided to create a series of trainings and guidance documents to facilitate this process. The effort will include the development of Training modules for FCESS staff, families and potential consultants. Each group will have both didactic and video tutorials to support a common understanding of how to begin to utilize teleconsultation, the potential benefits and how to monitor for effectiveness/satisfaction. FCESS already has a funding mechanism to cover consultations for hearing and vision issues utilizing State Funds and has piloted teleconsultation for these services. The pilot is designed to have FCESS staff present with the family/child and they facilitate the use of the technology for the consultation. Families and provider have provided positive feedback and NH FCESS has created a YouTube video demonstrating the process and highlighting the participants' experiences.

What's **one interesting thing** about your state?

Traditionally, teleintervention is identified and utilized for rural and frontier regions. NH projects interested in teleintervention have consistently identified a need to recognize the potential for teleintervention services in all areas of the state and last year NH legislation was changed to allow for statewide coverage. A feat because NH has 400 legislators and 26 senators, all volunteers making up the 3rd largest English speaking legislative body in the world.

What does your team **hope to gain** from this meeting?

NH would like to build upon our strategies to better engage providers and develop a sustainable process. Specifically, related to Autism Services, NH is very interested in research and approaches that facilitate teleintervention in order to make services more accessible while maintaining quality and fidelity to evidence based models. Additionally, techniques for accessing out of state providers will be a focus for the Peer to Peer Exchange.

State: **Minnesota**

What is your team's biggest strength around telehealth programs?

We are able to provide coverage for telehealth under the state's Autism Early Intensive Development and Behavioral Intervention (EIDBI) Benefit. The benefit provides medically-necessary early intervention and supports.

Describe your team's biggest challenge around telehealth programs.

Utilizing telehealth for diagnostic evaluation of young children with developmental concerns.

HIPAA/privacy compliance and reimbursement barriers in setting up telehealth with providers of applied behavioral analysis.

Describe ONE current strategy that your state is using around telehealth.

Developing interagency partnerships to help improve the system. These partnerships enable us to more easily learn of gaps and opportunities within the system when it comes to assessment, diagnostics, and interventions. For instance, a wealth of research is being conducted by researchers from the University of Minnesota on delivering parent coaching interventions via telehealth. This has helped to address barriers to service access faced by many families in the state.

What's one interesting thing about your state?

We've had a lot of success on our outreach work related to cultural groups. Specifically, implementing a cultural delegate model.

This has helped tremendously in spreading awareness of developmental milestones and the importance of early intervention.

What does your team hope to gain from this meeting?

Learning how others have navigated logistics related to telehealth - including: licensure requirements, reimbursement, HIPAA/privacy.

Learning about logistics for utilizing telehealth for diagnostic evaluations.

State: Iowa - Division of Child and Community Health-
(DCCH)

What is your team's **biggest strength** around telehealth programs?

The biggest strength of our program is the existing infrastructure across the state to support telehealth. DCCH has a network of 14 regional centers across Iowa equipped with telehealth technology and has been providing telehealth services to Iowa families since 2005.

Another strength is that DCCH is part of University of Iowa Health Care which allows us to leverage relationships with pediatric specialists to increase access to families across the state via telehealth.

Describe your team's **biggest challenge** around telehealth programs.

One of the biggest challenges is the sustainability of telehealth and insurance coverage and payment parity.

Within Iowa, a telehealth coverage parity bill was recently signed in March 2018 which will require coverage of telehealth by state regulated insurance plans to the same extent as those services are covered in person. Challenges still exist with payment parity.

Specific to ASD services, there was a recent change impacting families' access to coverage for ABA therapy delivered via telemedicine within United Health Care, one of Iowa's Managed Care Organizations.

Describe **ONE current strategy** that your state is using around telehealth.

One strategy our Division is using is to evaluate the impact of our current telehealth activities and gauge family satisfaction by conducting a telehealth patient experience survey.

The survey tool addresses a variety of areas including: travel time saved, convenience, satisfaction with appointment, comparison to similar in-person appointments and use of technology.

Initial results of the survey have been used in education and advocacy efforts about telehealth as well as to ensure that our current services are meeting the needs of the families we serve.

What's **one interesting thing** about your state?

Iowa has over 128,000 children and youth with or at risk of having a special health care need including chronic conditions, developmental disorders and complex health needs.

The University of Iowa Stead Family Children's Hospital Autism Center is located in Eastern Iowa and is the largest comprehensive diagnostic center in Iowa, providing diagnostic services to over 500 toddlers and young children with ASD annually.

What does your team **hope to gain** from this meeting?

We hope to learn strategies and best practices related to the implementation of telehealth services within the ASD/DD community and systems.

We would also like to learn more about navigating the legislative and policy issues impacting telehealth within these systems and how to develop financially sustainable models for telehealth.

State: Delaware

What is your team's biggest strength around telehealth programs?

A major strength of our current telehealth initiative to serve young children with ASD is the **enterprise backing** on the telehealth platform from Nemours/A.I. duPont Hospital for Children. Through using the existing **VidyoMobile platform** at Nemours, there is ongoing support for telehealth and technology use. This backing has supported our work as we look to expand telehealth opportunities for families of children with ASD.

Describe your team's biggest challenge around telehealth programs.

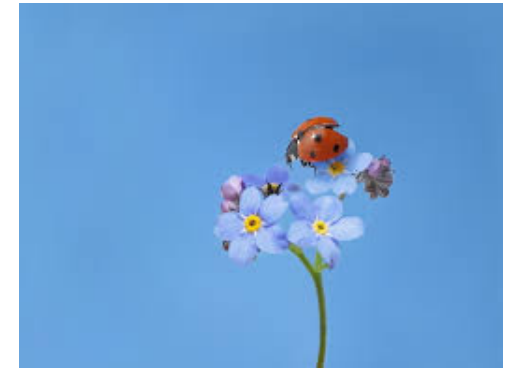
A major challenge is around **technology**. One challenge that has arisen is the use of **interpretation services** within a telehealth session. The Nemours system utilizes an iPad-based interpreter service. It has not been feasible to date to connect the interpreter with the telehealth (Vidyo) platform. This challenge limits to provision of service to English-speaking families. Another challenge has been **internet connectivity** for families in rural locations.

Describe ONE current strategy that your state is using around telehealth.

We are currently conducting a pilot, known as **Tele-TOTs** (Treatment On Time), to provide **parent coaching interventions to parents/caregivers of young children with autism spectrum disorder via telemedicine**. HRSA grant partner, Nemours A.I. duPont Hospital for Children, offers telemedicine services through the VidyoMobile platform. The platform allows providers to connect with patients through a secure mobile app that can be downloaded on a personal smartphone or tablet. For patients who do not have this technology readily available, there are primary care clinics equipped to accommodate telemedicine sessions. Through a quality improvement initiative supported by the HRSA grant, Nemours psychologists are now **utilizing telehealth to offer therapy to families in their homes focused on challenging behaviors and social communication**.

What's one interesting thing about your state?

The Delaware state insect is the ladybug.



What does your team hope to gain from this meeting?

1. Methods for improving telehealth connections.
2. Platforms and systems being used by other states to conduct evaluations through telehealth. Our current system does not allow the provider to have control over moving the camera at the other end, which is key need for conducting evaluations.