Department of Education
Office of Medicaid Services
Telemedicine

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Overview of Telemedicine Nursing Service(s)

- This training provides a brief overview of policy requirements specific to Telemedicine Nursing Services.
- Districts are responsible for reviewing the Physician Services Provider Manual for the Telemedicine policy requirements and expectations.

Definition of Telemedicine

Telemedicine is the use of medical information about a patient that is exchanged from one site to another via electronic communications to provide medical care to a patient in circumstances in which face-to-face contact is not necessary. In this instance, a physician or other qualified medical professional has determined that medical care can be provided via electronic communication with no loss in the quality or efficacy of the care. Electronic communication means the use of interactive telecommunication equipment that typically includes audio and video equipment permitting two-way, real-time interactive communication between the patient and the physician or practitioner at the referring site.

Telemedicine

The SCDHHS Medicaid Telemedicine service policy requirements:

- Telemedicine includes consultation, diagnostic and treatment services.
- Telemedicine as a service delivery option, in some cases, can provide beneficiaries with increased access to specialists, better continuity of care, and eliminate the hardship of traveling extended distances.
- Telemedicine services are not an expansion of Medicaid-covered services but an option for the delivery of certain covered services. However, if there are technological difficulties in performing an objective through medical assessment or problems in beneficiaries' understanding of telemedicine, hands-on or direct face-to-face care must be provided to the beneficiary instead. Quality of healthcare must be maintained regardless of the mode of delivery.
- An audio and video telecommunication system is required to render these services and must be Health Insurance Portability and Accountability Act (HIPAA) compliant

Telemedicine - Site of Service

The following are sites of service for telemedicine:

- consultant site is the site at which the specialty physician or practitioner providing the medical care is located at the time of service,
- referring site is the location of an eligible Medicaid beneficiary at the time of service being furnished via telecommunication system occurs (i.e., school district), and

Referring Site Presenters

- Telemedicine policy can be found in the Physician Service Provider Manual.
- The LEA Manual lists the Public Schools as covered referring sites.
- The referring site presenters may be required to facilitate the delivery of telemedicine services. Referring site presenters should be a person knowledgeable in how the equipment works and able to provide clinical support if needed during a session.

Definition of Qualified Staff Credentials

- Per the LEA Provider Manual, “A nurse is defined as an individual who is currently licensed as a registered nurse (RN) or a licensed practical nurse (LPN) by the State Board of Nursing for South Carolina.”
- Per the Nurse Practice Act, “A Registered Nurse means a person to whom the board has issued an authorization to practice as a registered nurse AND a Licensed Practical Nurse or "LPN" means a person to whom the board has issued an authorization to practice as a licensed practical nurse.”

Consulting Telemedicine Providers

Telemedicine providers rendering the service on the consultant site must be:

- Physicians,
- Nurse Practitioners, and
- Physician Assistants.

Consent

Consent is the act of providing express permission, in writing, for some particular action to take place. To comply with legal requirements and the guidelines established by Health Insurance Portability and Accountability Act (HIPAA), Individuals with Disabilities Education Act (IDEA), and the Family Educational Rights and Privacy Act (FERPA), the person providing written consent must be fully informed of all information, in his or her native language, relevant to the activity for which consent is sought and understand the activity for which consent is sought.

For the purposes of Medicaid, consent refers to express permission to medically assess/evaluate, provide treatment, share information to a third party, and bill Medicaid and/or third- party insurance providers for covered services within the guidelines established by the State Medicaid program, the HIPAA, IDEA, and FERPA.

Consent/Notification Requirements

- A consent form must be signed by the parent/guardian on behalf of the student.
- The General Consent form can be found at the Office of Medicaid Services (OMS) webpage.
- The Medicaid Notification of Use of Public Benefits or Private Insurance to Pay for Services Under IDEA form must be provided once a year prior to requesting consent to bill Medicaid and/or any third-party insurer for services that the District will provide in the future.

Telemedicine Consent Form

- Consent for telemedicine services must be obtained prior to services being rendered to the student.
- The Telemedicine Consent Form can be found on the OMS web site.

Release of Information

- A Release of Information Form must be signed and dated by the student, the student's parent or guardian and be present in the clinical record.
- A Release of Information Form authorizes the release of any medical information necessary to process Medicaid claims.
- The release may be incorporated into a consent form.
- The release has been incorporated into the OMS' Medicaid General Consent form.

Medical Necessity

- The telemedicine service must be medically necessary.
- Medical necessity as determined by the consulting providers for the telemedicine service must be documented in the beneficiary's medical record.
- The care must be individualized, specific, consistent with symptoms or confirmed diagnosis and the medical care must be able to be safely furnished, and no equally effective and more conservative or less costly treatment is available statewide.

Coverage Requirements

All telemedicine activities must comply with the requirements of HIPAA:

- Standards for Privacy of individually identifiable health information and all other applicable State and Federal Laws and regulations.
- There must be no dissemination of any beneficiary's images or information to other entities without written consent from the beneficiary.
- The provider at the distant site must obtain prior approval for service when services require prior approval, based on service type or diagnosis.

Coverage Requirements (Cont.)

- The student must be physically present and participating in the telemedicine visit.
- Interactive audio and video telecommunication must be used.
- The telemedicine equipment and transmission speed and image resolution must be sufficient to support the service.
- The licensed health care professional at the referring site must be available during the telemedicine visit.

Telemedicine vs. Telehealth

- SCDHHS announced that the two terms Telemedicine and Telehealth are generally used interchangeably, and that SCDHHS will reference telehealth in the provider manuals addressing the provision of services via electronic communications.

Telemedicine Clinical Service Note (CSN)/Referral Form

The school district is responsible for filling in the following information:

- Student name,
- Medicaid Identification number,
- name of the referring nurse and title,
- referral date,
- fax number of the referring school district,
- start and stop times,
- referring nurse signature and title, and
- reason for the telemedicine referral and comment/explanation for the referral.

•The Telemedicine CSN/Referral Form is located on our website.

Telemedicine CSN/Referral Form (Cont.)

The consulting site is responsible in filling in the following information on the form:

- name and title of the healthcare provider,
- health care provider location,
- follow up information, and
- if the student requires another visit.

Individualized Treatment Plan

The individualized treatment plan establishes a written detailed medical plan in order to administer medically necessary, treatment, procedures, or medications.

- The requirements for ITP/IHPs are as follows:
- An ITP/IHP is a nursing treatment plan, which outlines the plan of care of the student.
- If the assessment indicates that nursing services are medically necessary, an ITP must be developed, and the service must be appropriately document/included on the ITP.
- The treatment plan should be reviewed and updated according to the level of progress. If a determination is made during treatment that additional services are required, these services must be added to the treatment plan.

Criteria of Developing an Individualized Health Plan (IHP)/Individualized Treatment Plan (ITP)

Nursing criteria for developing an ITP

- Nursing services must be for children under 21 years of age.
- The medical service or medication must be authorized and prescribed by a physician or dentist and/or other licensed/authorized healthcare personnel.
- Children who require direct care and require monitoring or medical charting require an ITP for the following:
  - Special health conditions,
  - Medical treatment,
  - Medical procedures, and
  - Medications, and/or administration of medication.

• The Medical services must not impact the child's ability to receive a free appropriate public education in the least restrictive environment.

Individualized Education Plan (IEP)
Individualized Family Service Plan (IFSP)

- For the purposes of Medicaid, the individualized education plan (IEP) and individualized family service plan (IFSP) serve as written documents that mandate the provision of specific services to students with disabilities.
- The IEP and IFSP detail the medical plan to administer medically necessary assessments, treatment, procedures, medications, and/or other covered services.
- IEPs and IFSPs establish the amount, type, frequency and duration of services the student must receive, includes measurable annual goals for the services, describes how progress toward the goals will be monitored, and how often progress toward each goal will be monitored by service providers.

Individualized Education Program (IEP)

The IEP should be reviewed and updated according to the level of progress. If a determination is made during treatment that additional services are required, these services should be added to the treatment plan.

In order to bill Medicaid, the IEP must include the following components:

- individualization,
- specific problems to be addressed,
- goals of treatment,
- short term objectives, (Only required for students on South Carolina Alternate Assessment [SC-Alt] & required when the IEP is used as the Individual Plan of Care [IPOC] for Rehabilitative Behavioral Health Services.), and

Individualized Education Program (Cont.)

- types of interventions to be utilized,
- planned frequency of service delivery,
- estimated duration,
- criteria for achievement.
- exact service the beneficiary should be receiving,
- signature, date signed and title of the nurse, and
- beneficiary's strengths and weaknesses.

Electronic Signatures

The South Carolina Department of Health and Human Services (SCDHHS) Electronic Signature policy

- SCDHHS will accept electronic signatures on Medicaid documentation when an electronic health record/system is being utilized.
- Please review the SCDHHS Provider Administrative and Billing Manual to review/identify the requirements and standards specific to electronic signatures.

*Note: The electronic signatures must be clearly seen on all documents and must include the nurses name, title, and date.

Personnel Records

School districts are responsible for verifying the staff's credentials via the following authorities:

- South Carolina Department of Labor, Licensing and Regulation (SCLLR) – exclusions and terminations
- South Carolina Department of Health and Human Services Office of Inspector General (OIG) website – exclusions and terminations
- Federal OIG website – exclusions and terminations
- Copies of documents must be kept in the credential file or in the student's file. Districts must verify staff credentials at least annually and copies must be date stamped.

Clinical Records and Maintenance Requirements

Medicaid policy requirement for clinical records and maintenance are as follows:

- each clinical entry must be typed or legibly handwritten in dark ink,
- clinical records must be arranged logically,
- all clinical entries must be filed in the student's clinical records,
- a signature sheet must be available that identifies the staff's name, signature, and initials,
- an abbreviation key must be available, and
- each entry must stand on its own and not include arrows, ditto marks, etc.

*Note: If an error occurs on any documentation the nurse must place a line through the error, make the correction, initial, and date.

Clinical Records and Maintenance

- LEAs are required to maintain a clinical record on each Medicaid eligible child that includes documentation of all Medicaid-reimbursable services to justify Medicaid payment.
- Clinical records must be current, meet documentation requirements and provide a clear descriptive narrative of the services provided.
- Records are key documents for post-payment review. In the absence of appropriately completed clinical records, previous payments may be recovered by SCDHHS.
- It is essential that an internal records review be conducted by each LEA to ensure that the services are medically necessary and appropriate both in quality and quantity, and that service delivery, documentation and billing comply with Medicaid policy and procedure.

Questions

Please send all emails to your district's respective Education Associate and/or to medicaidservices@ed.sc.gov.