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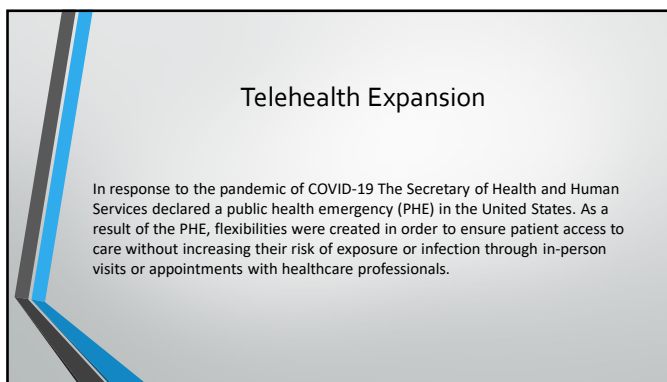
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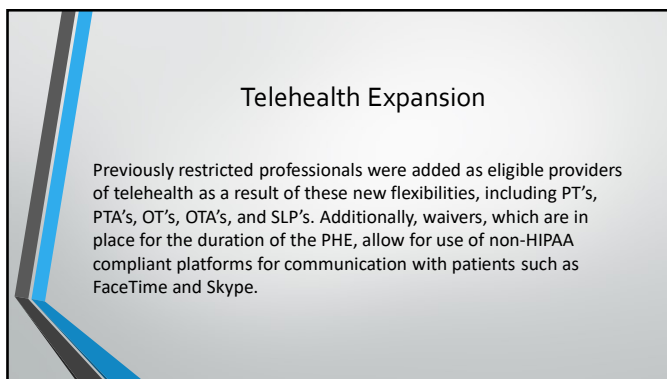
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## Telehealth Expansion

Emerging evidence indicates that telehealth can empower both patients and health care providers to offer the best approaches to care that consider patient demographics, location, and diagnoses; provide high-quality, cost-effective care; and reduce disparities in care, especially in rural communities (CMS). While it does not eliminate the need for in-person visits, telehealth does increase access to a greater variety of providers and can enhance delivery and coordination of care.

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## Telehealth Definitions

- Originating Site: Location of the patient at the time of service
- Distant Site: Location of the practitioner at the time of service.
- Telehealth Visit: An "in-person service" provided remotely via an audio-visual platform.

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## Telehealth Policies

Community Physical Therapy seeks to offer telehealth services to the patients in its contracted skilled nursing facilities for both Part A and Part B Medicare patients. CPT will ensure that full compliance with all applicable federal, state, and local laws and regulations. In the absence of state and local laws and regulations, CPT will adhere to the federal guidelines/regulations.

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## Telehealth Policies

Telehealth will be used in the following instances:

- when no therapist is able to physically come to the facility due to staffing / travel issues
- when covid outbreaks or testing restrictions/expectations occur that no available onsite staff member can meet
- to complete evaluations, recerts, 10<sup>th</sup> visits, DC Summaries and maintain Medicare requirements in a timely manner with minimal interruptions to services to the patients

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## Telehealth Policies

Software considerations: Remote Access must be granted to all Clinicians at the Distant site for all EMR needs to adequately complete the visit.

Hardware considerations: Both the Originating Site and the Distant Site must have hardware with a camera and speakers. At the Originating Site, be sure that the entire patient is in view of the camera (head to toe) and ensure that the area around the patient is free from obstructions. At the Distant site hardware must be a company issued computer and is to only be used for work.

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## Telehealth Procedures

In order to ensure compliance in meeting this standard, the following procedure will be followed:

1. All Clinicians performing Telehealth will complete the CPT Telehealth training and sign the Attestation Document
- You each have a copy of the form and will need to sign it after this training and send to your Regional

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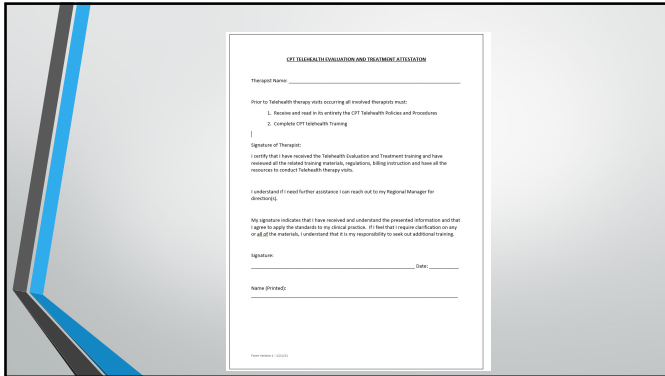
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**CPT TELEHEALTH EVALUATION AND TREATMENT ACKNOWLEDGMENT**

Therapist Name: \_\_\_\_\_

Order to Telehealth Therapy only occurring at involved Therapist must:

1. Review and read in its entirety the CPT Telehealth Policies and Procedures
2. Complete CPT Telehealth Training

Signature of Therapist: \_\_\_\_\_

I certify that I have reviewed the Telehealth Evaluation and Treatment training and have reviewed all the related training materials, regulations, billing instruction and have all the resources to conduct Telehealth Therapy only.

I understand if need further assistance I can reach out to my Regional Manager for director(s).

My signature indicates that I have reviewed and understood the presented information and that I agree to apply the standards to my clinical practice. If I feel that requires clarification on any or all of the materials, I understand that it is my responsibility to seek out additional training.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name (Printed): \_\_\_\_\_

Form ID: 0001

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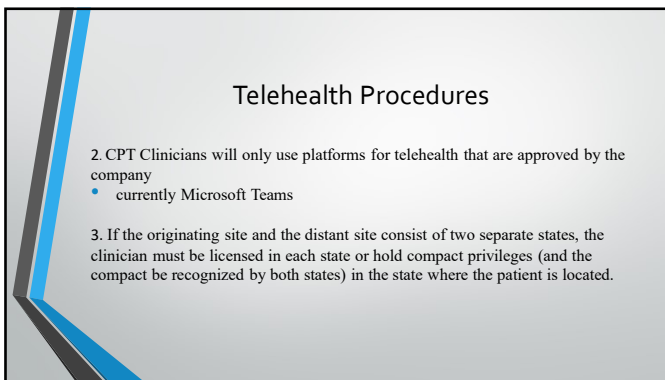
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## Telehealth Procedures

2. CPT Clinicians will only use platforms for telehealth that are approved by the company
  - currently Microsoft Teams
3. If the originating site and the distant site consist of two separate states, the clinician must be licensed in each state or hold compact privileges (and the compact be recognized by both states) in the state where the patient is located.

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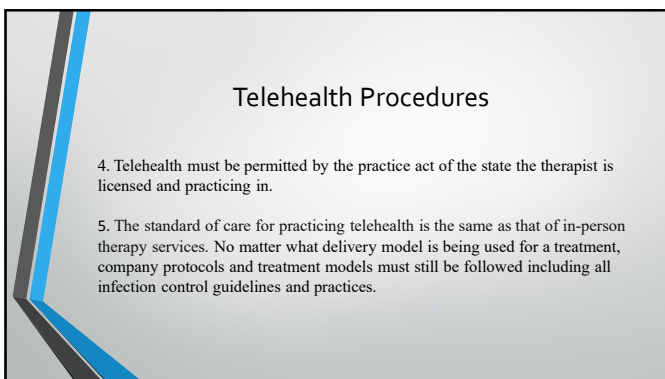
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## Telehealth Procedures

4. Telehealth must be permitted by the practice act of the state the therapist is licensed and practicing in.
5. The standard of care for practicing telehealth is the same as that of in-person therapy services. No matter what delivery model is being used for a treatment, company protocols and treatment models must still be followed including all infection control guidelines and practices.

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[illegible]

## Telehealth Procedures

6. The clinician is responsible for identifying patients who are appropriate for telehealth visits.

- Be mindful of the patient's cognition and ability to follow directions.
  - You will have an assistant at the other end with the patient to assist so cognitively impaired patients can still participate
7. Insurance coverage of Telehealth must be verified prior to the telehealth visit.
- Currently during the PHE all Insurance that follow Medicare rules are allowing Telehealth

## Telehealth Procedures

8. Due to the nature of the telehealth visit, clinicians must be especially sensitive to connecting with the patient during the visit. Be aware of your “web”-side manner.

9. Clinicians are responsible for ensuring a *signed consent* from the patient, or at minimum a *verbal consent* from the responsible party, is in place. The clinician must also document that fact in their note. Obtaining consent is much more than getting your patient's signature. It's part of a process that ensures your compliance with all rules and regulations and ethical responsibilities, and ensures that the patient is informed, understands, and is comfortable with treatment via telehealth.

[illegible]

## Telehealth Procedures

8. Due to the nature of the telehealth visit, clinicians must be especially sensitive to connecting with the patient during the visit. Be aware of your “web”-side manner.

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[illegible]INFORMED CONSENT FOR THERAPY: ☒ PHYSICAL ☐ SPEECH ☐ OCCUPATIONAL

I, the undersigned hereby authorize the administration of such treatment and procedures to myself, or named dependent, as is the typically considered necessary. I further understand that physical, mental, emotional, speech, and/or occupational therapy services shall generally be delivered through the utilization of necessary and useful equipment and have been used to treat without neurological, orthopedic, and medical impediment. I also understand that this consent may be for the first therapy services received as provided as indicated. I understand that I am hereby authorizing the release of my personal information to the provider of the service, and I authorize such features connecting me to a therapy service provider in use. I advise this therapy service will be performed. If I wish to opt out of telehealth services, I must identify that at the bottom of this form. I certify that the foregoing authorized treatment and/or procedures have been explained to me and I understand the reason(s) for it, the advantages, possible complications, if any, and alternative means of treatment. No guarantee of medical results is made. I understand that I am free to discontinue treatment at any time or upon my physician's order.

I also hereby authorize the provider of services to release any information regarding this treatment or subsequent treatment relative to this injury or illness to my physician and family and/or others for the purpose of completing insurance forms which may include or which may be submitted by others in connection with this case.

☒ I prefer to opt out of telehealth therapy

- 1) Private Pay**  
☐ Commercial Insurance Plans  
 (provide name and address of insurance carrier and policy number)
- 2) Medicare Part A**  
 Medicare covers the treatment cost fully authorized for services, deductibles and in-patient stay. Contact your agent for details.
- 3) Medicare Part B / Private Pay**  
 (provide name and address of insurance carrier and policy number)
- 4) Medicare Part A / Private Pay**  
 (provide name and address of insurance carrier and policy number)
- 5) Private Pay**  
 (provide name and address of insurance carrier and policy number)
- Family/parent is responsible for 100% of payment.  
 Insurance covers the treatment cost fully authorized for services, deductibles and in-patient stay. Contact your agent for details.  
 Medicare covers 100% of the treatment cost for 90 days. After 90 days the family and/or patient is responsible for the co-pay after a co-insurance covers those charges.  
 Medicare Part B covers 80% of the treatment. The family and/or patient is responsible for the co-pay after the primary deductible is met. The family and/or patient is responsible for the yearly deductible and the remaining 20% unless a co-insurance covers those charges.  
 Medicare A & B covers 100% of the treatment. The family and/or patient is responsible for payment.  
 No charges will be incurred to the patient and/or family.
- Facility \_\_\_\_\_ Date \_\_\_\_\_
- Physician (Print Name) \_\_\_\_\_
- Witness or Responsible Party Signature \_\_\_\_\_ Relationship to PO \_\_\_\_\_
- Witness to Signature \_\_\_\_\_

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## Telehealth Procedures

10. Onsite virtual visits are billed the same as an in-person visit, however, the therapist should describe the format of the visit in the documentation.

11. Document the legal and ethical reasons you are converting patients to telehealth visits. While the COVID-19 pandemic in itself offers justification, you still need to document the rationale for furnishing telehealth. (APTA)

12. In the case of an emergency, the clinician/presenter should call for immediate assistance from facility staff.

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## Telehealth Procedures

13. Consideration should be given to the atmosphere at the Distant Site as well as what will be viewed on-screen at the Distant Site. Providing a telehealth visit should be no different than the therapist providing the same service in person, therefore, there should be no interruptions by others at the Distant Site while the telehealth visit is occurring.

a. For parents, childcare should be secured & pets kept in other parts of the Distant Site.

b. As a professional and employee of CPT, your appearance is an extension of CPT and all behavior and dress codes still apply even if the employee is not at a CPT location.

c. What is viewed at the Distant Site should be images that are appropriate and professional. Strictly prohibited are images of drugs (or drug paraphernalia), alcohol, questionable reading material, people in clothing (or lack of clothing) that does not meet the CPT dress code.

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## Telehealth Logistics

1. The "Presenter" (therapy assistant preferred; but could be a tech or CNA) takes the computer to the session location and sets up the hardware.

- If there is a "telehealth" station in the therapy gym, then the patient can be brought to the "telehealth" station.

- If this session is a "supervisory visit" session, then the presenter should be the therapy assistant being supervised.

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## Telehealth Logistics

2. Clinician at the Distant site is to ensure no one else can hear or see the telehealth session, unless the patient has given consent for their presence.
3. Both the presenter and the therapist log in to the approved platform at the designated time.

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## Telehealth Logistics

4. A short introduction occurs, where consent for a telehealth visit is secured and a brief orientation to the telehealth platform and process are reviewed.
  - Be sure to explain the technology you're using and identify yourself and any others involved during the session, such as the presenter or other provider, including their credentials.
5. Explain that the patient can ask questions before, during, and after the telehealth session—and answer any that are raised.

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## Telehealth Logistics

6. Explain that the session is not being recorded, but if the patient wants to be recorded and the telehealth technology has that capacity, obtain written consent from the patient for recording and storing the session with encryption, satisfying all HIPAA requirements and state privacy law requirements. (APTA)
7. Explain that the patient has the right to refuse and can discontinue the telehealth visit at any time.
8. Explain any possible technical difficulties, including sound and video delay, and interruptions due to poor internet connection or tech breaches.

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## Telehealth Logistics

9. The therapist instructs the patient and presenter through the evaluation/treatment session and the therapist documents what is observed.

- a. Keep in mind that the presenter is the "hands" of the therapist and should be adhering to all CPT patient care policies relative to safety and privacy.
- b. Provide the patient with follow-up instructions and next steps of treatment.

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## Telehealth Logistics

10. If the therapist asks the patient to perform any task that the patient is uncomfortable with and the presenter cannot ensure safety during the task, then this task should be omitted from the evaluation.

- Patient safety is paramount for both in-person and telehealth therapy visits.

11. Upon completion of the treatment session/evaluation, the therapist and presenter log off of the approved telehealth platform.

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## Telehealth Logistics

12. Document your location, the location of the patient, and the name & location of any others involved during the session, including a therapy assistant and any other provider(s).

13. The Therapist completes the treatment session/evaluation documentation (including GG, PCC Clarification orders & care plans where necessary).

- Documentation of why the decision was made for this visit to be performed via telehealth should be placed in the TEN under the Subjective/Objective box.

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## Telehealth Logistics

14. The Therapist completes the billing in the CPT EMR documentation and billing software noting the time for each billing code performed or a "missed visit" document must be logged under daily activity log
15. The Therapist labor time must be logged into Net Health by clocking in when session begins and clocking out of the facility site when completed with the visit, billing & documentation

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## Telehealth Logistics

16. Onsite Assistant or supervisor to follow up on any on-site post visit needs.
  - Ex: Assistant to print documentation from originating site and ensures MD signature process is followed
  - Assistant can complete treatment after the telehealth visit as appropriate and directed by the Therapist
  - Transport patient back to nursing unit

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## Telehealth Documentation Needs Summarized

- a signed patient consent or verbal consent from responsible party is in place as of 1<sup>st</sup> session.
- verbal consent received for the current visit to be completed via telehealth
- telehealth was the format for the visit
- the rationale for furnishing telehealth
- the name and professional designation of the onsite helper and anyone else present during the session
- the location of the patient during the session
- their location during the session
- any limitation (or lack thereof) to the session due to the telehealth format

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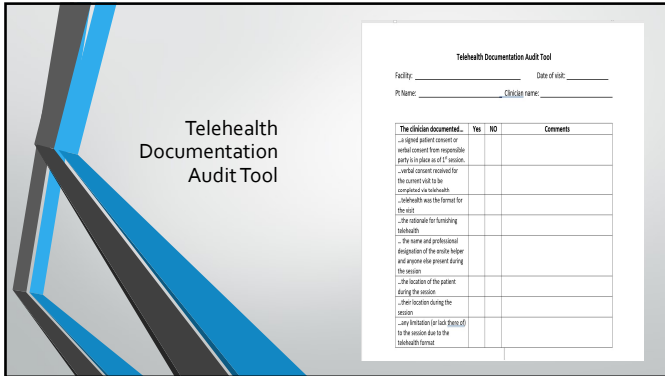
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**Telehealth Documentation Audit Tool**

Facility: \_\_\_\_\_ Date of visit: \_\_\_\_\_  
 Pt Name: \_\_\_\_\_ Clinician name: \_\_\_\_\_

The clinician documented...	Yes	No	Comments
...a signed patient consent or verbal consent from responsible party in relation to IT service.			
...verbal consent received for the current visit to be completed via telehealth.			
...telehealth was the format for the visit.			
...the rationale for furnishing telehealth.			
...the name and professional designation of the audio helper and anyone else present during the session.			
...the location of the patient during the session.			
...any limitations (or lack thereof) to the session due to the telehealth format.			

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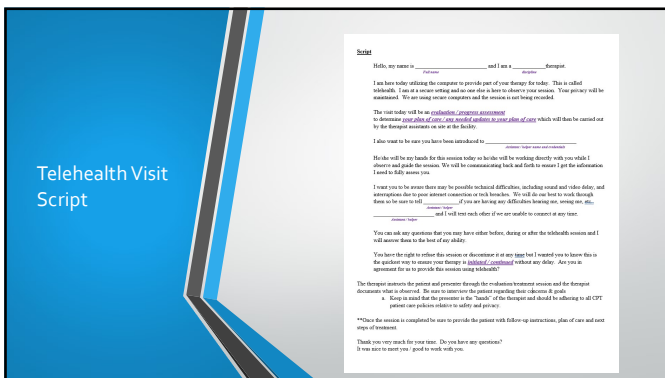
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**Telehealth Visit Script**

**Script**

Hello, my name is \_\_\_\_\_ and I am a \_\_\_\_\_ therapist.

I am here today, following the company to provide part of your therapy for today. This is called telehealth. I am at a secure setting and so you don't have to observe your session. Your privacy will be maintained. We are using secure computers and the session is not being recorded.

The visit today will be for my evaluation/progress assessment to determine your plan of care, any needed updates to your plan of care which will then be carried out for the Ramped sessions to come in the facility.

I also want to be sure you have been introduced to \_\_\_\_\_ (address: follow your state guidelines)

He/she will be my hands for this session today so he/she will be working directly with you while I observe and guide the session. We will be communicating back and forth to ensure I get the information I need to fully assess you.

I want you to be aware there may be possible technical difficulties, including sound and video delay, and interruptions due to your internet connection or tech hardware. We will do our best to work through these so be sure to tell \_\_\_\_\_ if you are having any difficulties hearing me, seeing me, etc.

(address: follow your state guidelines) and I will text each other if we are unable to connect at any time.

You can ask any questions that you may have either before, during or after the telehealth session and I will answer them to the best of my ability.

You have the right to refuse this session or discontinue it at any time but I request you to leave this in the quietest room in your home for therapy to minimize distractions without any delay. Are you in agreement for us to provide the session using telehealth?

The therapist instructs the patient and provides thorough the evaluation treatment session and the Ramped documents when it is entered. The team instructs the patient regarding their release of privacy.

• Being to assist that the presence in the "back" of the therapist and should be adhering to all CPT patient care policies related to safety and privacy.

**\*\*Once the session is completed the team to provide the patient with follow-up instructions, plan of care and next steps of treatment.**

Thank you very much for your time. Do you have any questions?  
 It was my pleasure to be "good to work with you."

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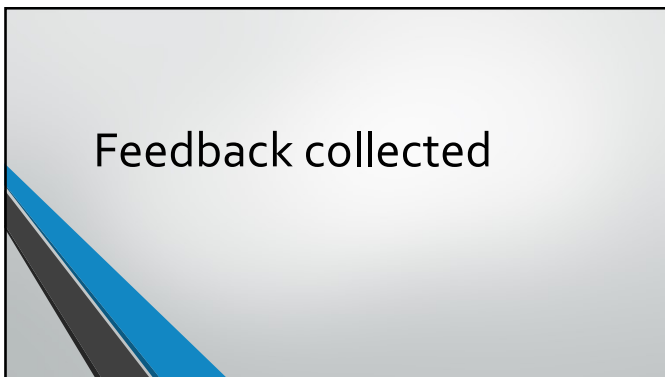
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**Feedback collected**

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## Feedback

- Feedback will be collected in the form of Surveys
- Each participant in the telehealth process will be given a survey for a chance to provide us with feedback to improve the process
- This includes:
  - distant site clinician
  - Onsite clinician
  - Patient

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### Distant Site Clinician Survey via Telehealth:

1. Name: \_\_\_\_\_
  2. Date: \_\_\_\_\_
  3. Please rate your ability to adequately assess the patient's functional status (1- very limited ability, 5- great ability to fully assess)
  4. Please rate the ability to collaborate with the on-site therapist (1- very difficult, 5- great)
  5. Were there any technical difficulties during the session?
    - ☐ YES (please explain below)
    - ☐ NO
  6. Evaluations: Did you have access to the patient's hospital records in PCC prior to the session to perform a chart audit?
    - ☐ YES
    - ☐ NO
  7. Overall, how would you rate the telehealth experience? (1- terrible, 5- excellent)
8. Additional Comments

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### Onsite Clinician Survey regarding Telehealth

1. Clinician Name \_\_\_\_\_
  2. Date: \_\_\_\_\_
  3. Facility Name \_\_\_\_\_
  4. Please rate your ability to adequately follow directions from distant therapist (1- very difficult, 5- easy to follow)
  5. Please rate the ability to collaborate with the distant therapist (1- very difficult, 5- great)
  6. Were there any technical difficulties during the session?
    - ☐ YES (please explain below)
    - ☐ NO
  7. Overall, how would you rate the telehealth experience? (1- terrible, 5- excellent)
8. Additional Comments

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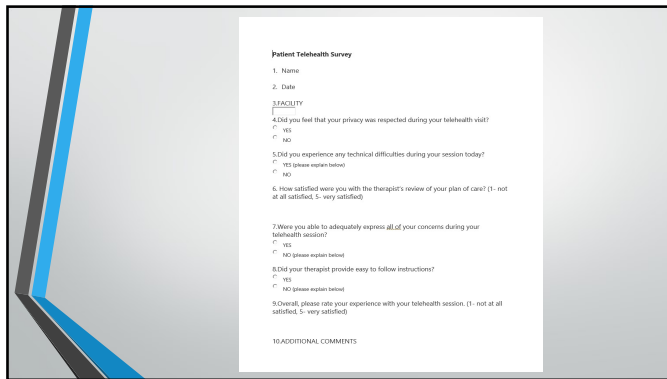
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**Patient Telehealth Survey**

1. Name \_\_\_\_\_
2. Date \_\_\_\_\_
3. FACILITY \_\_\_\_\_
4. Did you feel that your privacy was respected during your telehealth visit?
  - ☐ YES
  - ☐ NO
5. Did you experience any technical difficulties during your session today?
  - ☐ YES (please explain below)
  - ☐ NO
6. How satisfied were you with the therapist's review of your plan of care? (1- not at all satisfied, 5- very satisfied) \_\_\_\_\_
7. Were you able to adequately express all of your concerns during your telehealth session?
  - ☐ YES
  - ☐ NO (please explain below)
8. Did your therapist provide easy to follow instructions?
  - ☐ YES
  - ☐ NO (please explain below)
9. Overall, please rate your experience with your telehealth session, (1- not at all satisfied, 5- very satisfied) \_\_\_\_\_
10. ADDITIONAL COMMENTS \_\_\_\_\_

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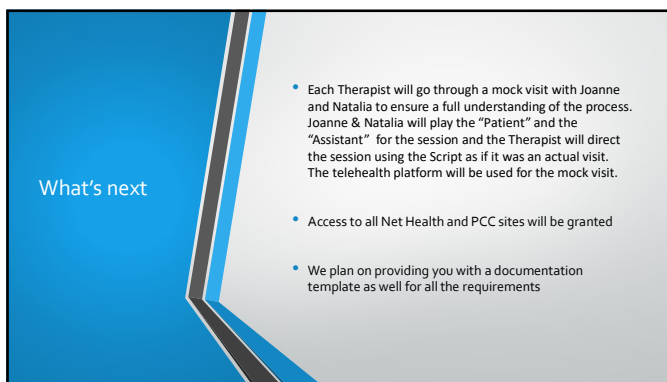
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**What's next**

- Each Therapist will go through a mock visit with Joanne and Natalia to ensure a full understanding of the process. Joanne & Natalia will play the "Patient" and the "Assistant" for the session and the Therapist will direct the session using the Script as if it was an actual visit. The telehealth platform will be used for the mock visit.
- Access to all Net Health and PCC sites will be granted
- We plan on providing you with a documentation template as well for all the requirements

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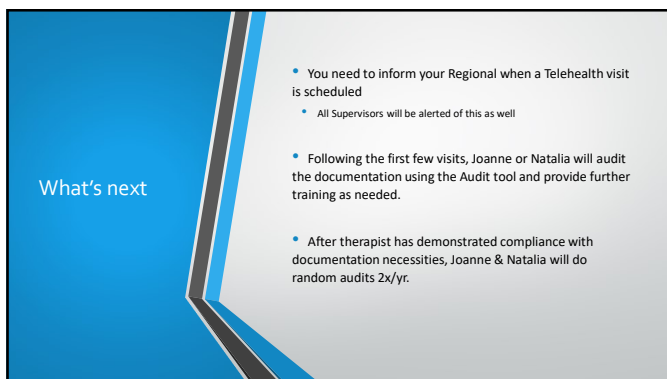
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**What's next**

- You need to inform your Regional when a Telehealth visit is scheduled
  - All Supervisors will be alerted of this as well
- Following the first few visits, Joanne or Natalia will audit the documentation using the Audit tool and provide further training as needed.
- After therapist has demonstrated compliance with documentation necessities, Joanne & Natalia will do random audits 2x/yr.

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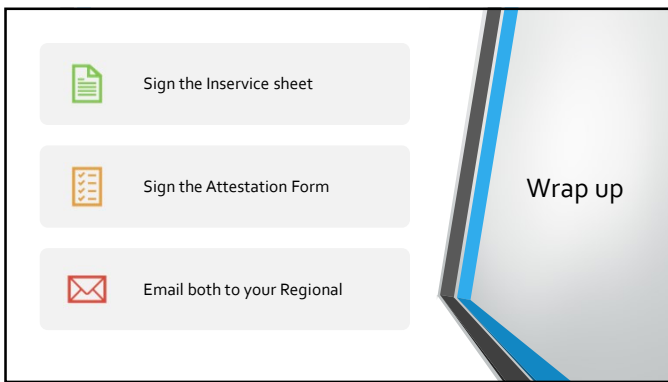
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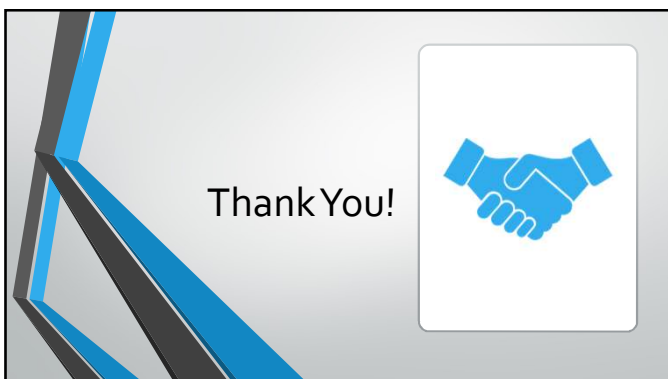
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