



Document No. 4:
OT and Telehealth Amid COVID-19

Title	Reference	Quote	Reason/Support Use
Department of Health Care Services	Department of Health Care Services. (2020). Medical Therapy Programs. Retrieved March 17, 2020 from dhcs.ca.gov/services/ccs/Pages/MT_P.aspx	Medi-Cal's telehealth policy gives providers flexibility to determine if a particular service or benefit is clinically appropriate based upon evidence-based medicine and/or best practices to be delivered via audio-visual, two-way, real time communication or store and forward. Services must meet the procedural definitions and components of the CPT or HCPCS code	How does it work/reimbursement/benefits of telehealth/Medi-Cal
Department of Health Care Services	Department of Health Care Services. (2020). Medical Therapy Programs. Retrieved March 17, 2020 from dhcs.ca.gov/services/ccs/Pages/MT_P.aspx	Medi-Cal pays the same rate for professional medical services provided by telehealth as it pays for services provided in-person.	How does it work/reimbursement/benefits of telehealth/Medi-Cal
Department of Health Care Services	Department of Health Care Services. (2020). Medical Therapy Programs. Retrieved March 17, 2020 from dhcs.ca.gov/services/ccs/Pages/MT_P.aspx	The health care provider determines if a benefit or service is clinically appropriate to be provided via a telehealth modality, subject to consent by the patient.	When do we use telehealth/Medi-Cal
Department of Health Care Services	Department of Health Care Services. (2020). Medical Therapy Programs. Retrieved March 17, 2020 from dhcs.ca.gov/services/ccs/Pages/MT_P.aspx	State law requires the health care provider initiating the use of telehealth to inform the beneficiary, obtain consent, and maintain appropriate documentation. Providers at both the originating and distant site should maintain documentation in the beneficiary's medical record in the event health records are not shared. If a health care provider or health care group/organization has a general consent protocol that specifically references use of telehealth as a modality, then this would satisfy the consent requirement.	How does it work/Medi-Cal

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Department of Health Care Services - Medical Therapy Programs	Department of Health Care Services. (2020). Medical Therapy Programs. Retrieved March 17, 2020 from dhcs.ca.gov/services/ccs/Pages/MT_P.aspx	The Medical Therapy Program (MTP) is a special program within California Children's Services that provides physical therapy (PT), occupational therapy (OT) and medical therapy conference (MTC) services for children who have disabling conditions, generally due to neurological or musculoskeletal disorders. Cerebral palsy, Spina bifida, Muscular dystrophy, Rheumatoid arthritis, Spinal cord injuries, Arthrogyrosis, Osteogenesis imperfecta, Head injuries	How does it work/Medi-Cal
Department of Health Care Services - Medical Therapy Programs	Department of Health Care Services. (2020). Medical Therapy Programs. Retrieved March 17, 2020 from dhcs.ca.gov/services/ccs/Pages/MT_P.aspx	<p>Physical Therapy (PT) and Occupational Therapy (OT) services are provided at Medical Therapy Units (MTUs). MTUs are outpatient clinics located in designated public schools. OT is primarily provided to address self help skills or Activities of Daily Living (ADLs). OT is provided by a trained Occupational Therapist who has at least a Bachelors degree, graduated from an approved School of Occupational Therapy, and has a license to provide Occupational Therapy in California.</p> <p>The MTC is an interdisciplinary team meeting where the child's medical case management regarding the MTP eligible condition is determined. This includes PT, OT and recommendations for specialized equipment, such as orthotics/braces, wheelchairs and other assistive devices.</p> <p>Comprehensive evaluations are completed by MTP staff and findings and recommendations are discussed with the parents. This evaluation includes physical assessment and may include home, classroom and community access assessment.</p> <p>MTP staff attends Individualized Educational Plan (IEP) meetings, when requested, to make sure school staff is aware of the child's participation and current status in the MTP.</p>	How does it work/Medi-Cal

Title	Reference	Quote	Reason/Support Use
AOTA - OT and Telehealth in the Age of COVID-19	American Occupational Therapy Association. (2020). OT and Telehealth in the Age of COVID-19. Retrieved March 17, 2020 from https://www.aota.org/Practice/Management/telehealth/coronavirus.aspx	<p>While it may seem an easy fix and an obvious solution, there are still some obstacles surrounding providing OT via telehealth.</p> <p>Although Congress recently passed legislation providing additional money and loosening the restrictions on telehealth in Medicare, this legislation only serves to ease access to existing telehealth services—it does not expand the definition of who can provide telehealth services. Currently, the statutory definition of a telehealth-eligible provider does not include occupational therapy practitioners.</p>	Medicare
AOTA - OT and Telehealth in the Age of COVID-19	American Occupational Therapy Association. (2020). OT and Telehealth in the Age of COVID-19. Retrieved March 17, 2020 from https://www.aota.org/Practice/Management/telehealth/coronavirus.aspx	For Medicare Advantage plans, CMS has also released a memorandum that outlines the requirements, obligations, and flexibilities afforded to the Medicare Advantage organizations during the outbreak. For example, Medicare Advantage plans may expand their coverage of telehealth services during the outbreak without penalty or enforcement actions from CMS.	Medicare/Medicare advantage
AOTA - OT and Telehealth in the Age of COVID-19	American Occupational Therapy Association. (2020). OT and Telehealth in the Age of COVID-19. Retrieved March 17, 2020 from https://www.aota.org/Practice/Management/telehealth/coronavirus.aspx	or Medicaid and CHIP programs, many OT services are already reimbursable via telehealth. However, there is variation from state to state. In those circumstances, practitioners are urged to contact their state Medicaid agency with any questions.	Medicaid/Medi-Cal
AOTA - OT and Telehealth in the Age of COVID-19	American Occupational Therapy Association. (2020). OT and Telehealth in the Age of COVID-19. Retrieved March 17, 2020 from https://www.aota.org/Practice/Management/telehealth/coronavirus.aspx	<p>Members can check AOTA's chart of telehealth laws and regulations, as well as other AOTA telehealth documents on the members only section of the website. Practitioners should be aware that this situation is very fluid, and guidance and policies are issued daily if not more frequently.</p> <p>AOTA will update resources as they become available at www.aota.org/coronavirus.</p>	Summary

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AOTA - OT and Telehealth in the Age of COVID-19	American Occupational Therapy Association. (2020). OT and Telehealth in the Age of COVID-19. Retrieved March 17, 2020 from https://www.aota.org/Practice/Management/telehealth/coronavirus.aspx	Likewise, with private/commercial payers, coverage for OT services provided via telehealth will vary by plan. Many plans are electing to waive cost-sharing (co-payments, deductibles, and co-insurance) or otherwise expanding access for telehealth services—for example, CVS/Aetna is waiving co-payments for telemedicine visits for any reason under certain circumstances, and Blue Cross and Blue Shield is encouraging its member plans to provide expanded access to telehealth services. Some plans are implementing this just for services provided to individuals diagnosed with COVID-19, but some are doing so for all currently covered telehealth services, no matter the diagnosis. Whether OT is included depends in part on whether the state scope of practice allows for OT to be provided via telehealth and also on the plan policies and benefits structure. Practitioners are encouraged to contact the plans directly to determine the plans' current policy and approach to the provision of OT telehealth services.	Private insurances on telehealth
Center for Disease Control - CDC - Telehealth and Telemedicine	Center for Disease Control. (2020). Public Health Professionals Gateway Public Health Law, The Use of Telehealth and Telemedicine in Public Health. Retrieved March 17, 2020 from https://www.cdc.gov/phlp/publications/topic/telehealth.html	increasingly widespread implementation of telehealth is due, in large part, to the belief that it will reduce costs and improve access to care, especially for underserved populations and residents of rural areas. Telehealth is a promising public health tool because of its 1) potentially significant impact on medically underserved populations through increased access, 2) increasing prevalence as a recognized standard of care, 3) influence on the provider-patient relationship, and 4) potential to save billions of dollars in healthcare expenditures.	Benefits of telehealth

Title	Reference	Quote	Reason/Support Use
AOTA - Occupational Therapy and Telehealth: State Statutes, Regulations, Regulatory Board Statements - March 2020	American Occupational Therapy Association. (2020). Occupational Therapy and Telehealth: State Statutes, Regulations, Regulatory Board Statements. Retrieved March 17, 2020 from https://www.aota.org/~media/Corporate/Files/Secure/Advocacy/State/Telehealth-State-Statutes-Regulations-Regulatory-Board-Statements.pdf	Regulation: California Code of Regulations Title 16, Division 39, Article 8, Section 4172 (a) In order to provide occupational therapy services via telehealth as defined in Section 2290.5 of the Code, an occupational therapist or occupational therapy assistant providing services to a patient or client in this State must have a valid and current license issued by the Board. (b) An occupational therapist shall inform the patient or client about occupational therapy services via telehealth and obtain consent prior to delivering those services, consistent with Section 2290.5 of the Code. (c) An occupational therapist shall determine whether an in-person evaluation or in-person interventions are necessary considering: the complexity of the patient's/client's condition; his or her own knowledge, skills, and abilities; the nature and complexity of the intervention; the requirements of the practice setting; and the patient's/client's context and environment. (d) An occupational therapist or occupational therapy assistant providing occupational therapy services via telehealth must: (1) Exercise the same standard of care when providing occupational therapy services via telehealth as with any other mode of delivery of occupational therapy services; (2) Provide services consistent with section 2570.2(k) of the Code; and (3) Comply with all other provisions of the Occupational Therapy Practice Act and its attending regulations, including the ethical standards of practice set forth in section 4170, as well as any other applicable provisions of law. e) Failure to comply with these regulations shall be considered unprofessional conduct as set forth in the	CA state regulation

Title	Reference	Quote	Reason/Support Use
Health Policy Perspectives—Telehealth and occupational therapy: Integral to the Triple Aim of health care reform.	Cason, J. (2015). Health Policy Perspectives—Telehealth and occupational therapy: Integral to the Triple Aim of health care reform. American Journal of Occupational Therapy, 69, 6902090010. http://dx.doi.org/10.5014/ajot.2015.69.2017	. This growth in telehealth is expected to continue as the ACA is fully implemented and its objectives are achieved. The establishment of this new health care environment creates opportunities for occupational therapy practitioners to integrate telehealth technologies when working with clients to increase access to services, improve health outcomes, promote health and wellness, enhance management of chronic diseases, and facilitate (p. 2)	Benefits of telehealth/keeping up with technology/relevance of telehealth today
Health Policy Perspectives—Telehealth and occupational therapy: Integral to the Triple Aim of health care reform.	Cason, J. (2015). Health Policy Perspectives—Telehealth and occupational therapy: Integral to the Triple Aim of health care reform. American Journal of Occupational Therapy, 69, 6902090010. http://dx.doi.org/10.5014/ajot.2015.69.2017	The profession must take advantage of these opportunities both to keep up with the changing health care system and to ensure the full and contemporary availability of occupational therapy. (p. 2)	Benefits of telehealth/keeping up with technology/relevance of telehealth today
Health Policy Perspectives—Telehealth and occupational therapy: Integral to the Triple Aim of health care reform.	Cason, J. (2015). Health Policy Perspectives—Telehealth and occupational therapy: Integral to the Triple Aim of health care reform. American Journal of Occupational Therapy, 69, 6902090010. http://dx.doi.org/10.5014/ajot.2015.69.2017	High levels of satisfaction have been reported among patients receiving services through telehealth technologies (p. 2)	Benefits of telehealth/patient satisfaction
Health Policy Perspectives—Telehealth and occupational therapy: Integral to the Triple Aim of health care reform.	Cason, J. (2015). Health Policy Perspectives—Telehealth and occupational therapy: Integral to the Triple Aim of health care reform. American Journal of Occupational Therapy, 69, 6902090010. http://dx.doi.org/10.5014/ajot.2015.69.2017	some patients even preferred videoconferencing to in-person contact (Steel et al., 2011). Factors that influenced patient and caregiver satisfaction with telehealth included positive perceived benefits, convenience, and usefulness of the telehealth program (p. 2)	Benefits of telehealth/patient satisfaction

Title	Reference	Quote	Reason/Support Use
Health Policy Perspectives—Telehealth and occupational therapy: Integral to the Triple Aim of health care reform.	Cason, J. (2015). Health Policy Perspectives—Telehealth and occupational therapy: Integral to the Triple Aim of health care reform. American Journal of Occupational Therapy, 69, 6902090010. http://dx.doi.org/10.5014/ajot.2015.69.2017	telerehabilitation studies revealed “consistently high” patient satisfaction with telerehabilitation and clinical outcomes comparable with in-person interventions. (p. 2)	Benefits of telehealth/patient satisfaction
Health Policy Perspectives—Telehealth and occupational therapy: Integral to the Triple Aim of health care reform.	Cason, J. (2015). Health Policy Perspectives—Telehealth and occupational therapy: Integral to the Triple Aim of health care reform. American Journal of Occupational Therapy, 69, 6902090010. http://dx.doi.org/10.5014/ajot.2015.69.2017	Telehealth improves access to care and specialists; prevents delays in care caused by personnel shortages, travel, and other barriers; facilitates care coordination and communication; reduces hospital admissions and readmissions through telehealth-delivered health and wellness services, chronic disease management, and prevention of secondary complications of chronic diseases; and fosters care in the community (p.2)	Benefits of telehealth
Health Policy Perspectives—Telehealth and occupational therapy: Integral to the Triple Aim of health care reform.	Cason, J. (2015). Health Policy Perspectives—Telehealth and occupational therapy: Integral to the Triple Aim of health care reform. American Journal of Occupational Therapy, 69, 6902090010. http://dx.doi.org/10.5014/ajot.2015.69.2017	The U.S. Department of Veterans Affairs (VA) has been at the forefront of the use of telehealth. A VA report noted a 22% annual increase in telehealth utilization and reported that 1,793,496 telehealth episodes of care took place in fiscal year 2013 (Darkins, 2014). Home telehealth services within the VA enabled 41,430 patients to live independently in their own homes rather than receiving care in a long-term institutional setting. Telehealth programming in the VA resulted in decreased hospital bed days of care, decreased hospital admissions, travel reduction savings of approximately \$35 per consultation, and high patient satisfaction (Darkins, 2014). Occupational therapy practitioners are involved in diverse VA telehealth programs that provide a variety of rehabilitation and health and wellness services (U.S. Department of Veterans Affairs, 2014). Studies demonstrate the effectiveness of telehealth for rehabilitation of veterans with traumatic brain (p. 3)	Telehealth as a Tool to Improve Population Health/VA/proven positive outcome of telehealth in OT

Title	Reference	Quote	Reason/Support Use
Health Policy Perspectives—Telehealth and occupational therapy: Integral to the Triple Aim of health care reform.	Cason, J. (2015). Health Policy Perspectives—Telehealth and occupational therapy: Integral to the Triple Aim of health care reform. American Journal of Occupational Therapy, 69, 6902090010. http://dx.doi.org/10.5014/ajot.2015.69.2017	may reduce health care costs overall and contribute to positive health outcomes and effective patient self-management of chronic disease (p. 3)	Benefits of telehealth/cost/patient satisfaction
Health Policy Perspectives—Telehealth and occupational therapy: Integral to the Triple Aim of health care reform.	Cason, J. (2015). Health Policy Perspectives—Telehealth and occupational therapy: Integral to the Triple Aim of health care reform. American Journal of Occupational Therapy, 69, 6902090010. http://dx.doi.org/10.5014/ajot.2015.69.2017	concluded that home telehealth was equivalent or superior to usual care (p.3)	Benefits of telehealth/patient satisfaction/relevance of telehealth today
Health Policy Perspectives—Telehealth and occupational therapy: Integral to the Triple Aim of health care reform.	Cason, J. (2015). Health Policy Perspectives—Telehealth and occupational therapy: Integral to the Triple Aim of health care reform. American Journal of Occupational Therapy, 69, 6902090010. http://dx.doi.org/10.5014/ajot.2015.69.2017	Providing services where people live, work, and play is a foundation of occupational therapy (p.3)	Benefits of telehealth/patient satisfaction/relevance of telehealth today
Health Policy Perspectives—Telehealth and occupational therapy: Integral to the Triple Aim of health care reform.	Cason, J. (2015). Health Policy Perspectives—Telehealth and occupational therapy: Integral to the Triple Aim of health care reform. American Journal of Occupational Therapy, 69, 6902090010. http://dx.doi.org/10.5014/ajot.2015.69.2017	using telehealth yield similar outcomes when compared with in-person services for treatment of chronic conditions (p.3)	Benefits of telehealth/patient satisfaction/relevance of telehealth today

Title	Reference	Quote	Reason/Support Use
Health Policy Perspectives—Telehealth and occupational therapy: Integral to the Triple Aim of health care reform.	Cason, J. (2015). Health Policy Perspectives—Telehealth and occupational therapy: Integral to the Triple Aim of health care reform. American Journal of Occupational Therapy, 69, 6902090010. http://dx.doi.org/10.5014/ajot.2015.69.2017	Occupational therapy practitioners could contribute to this study in the areas of prevention, lifestyle modification, and physical and psychosocial rehabilitation. Interventions may include assessment for fall risk and home modification to improve performance and safety; provision of home exercise programs, adaptive strategies, and assistive technology to enhance occupational performance and participation; and activity modification techniques and patient education on energy conservation. Additionally, occupational therapy practitioners may teach techniques to facilitate stress management, pain control, and coping skills to support physical and psychosocial health and well-being (AOTA, n.d.-a). (p. 5)	What do we do to deliver OT services
Health Policy Perspectives—Telehealth and occupational therapy: Integral to the Triple Aim of health care reform.	Cason, J. (2015). Health Policy Perspectives—Telehealth and occupational therapy: Integral to the Triple Aim of health care reform. American Journal of Occupational Therapy, 69, 6902090010. http://dx.doi.org/10.5014/ajot.2015.69.2017	Occupational therapists are trained to administer standardized balance, cognitive, and visual assessments and evaluate the interplay of intrinsic (person) and extrinsic (environment) factors contributing to fall risk (p. 5)	Balance, cog, visual assessment/what do we do to deliver OT services

Title	Reference	Quote	Reason/Support Use
Health Policy Perspectives—Telehealth and occupational therapy: Integral to the Triple Aim of health care reform.	Cason, J. (2015). Health Policy Perspectives—Telehealth and occupational therapy: Integral to the Triple Aim of health care reform. American Journal of Occupational Therapy, 69, 6902090010. http://dx.doi.org/10.5014/ajot.2015.692016	Occupational therapy interventions including environmental modification, exercise programs, and patient education promote safety during daily routines and activities and reduce fall risks. The distinct skills of occupational therapy practitioners would be of great value in this fall intervention study, yet nurses and nurse practitioners are the “falls care managers” identified in the study. ...identified fall prevention programming as an area in which evidence supports the value of occupational therapy; occupational therapy practitioners can use this evidence for “assertive and focused actions to ensure that the new system and all its components fully use the skills and benefits of occupational therapy” (p. 13). The ACA created opportunities for expanded roles for occupational therapy in primary care, patient-centered medical homes, ACOs, behavioral health, prevention, and wellness. Unfortunately, the role (and value) of occupational therapy in these nontraditional practice settings is not well understood by stakeholders (p.5)	Fall prevention/OT role/how can we deliver OT services
Health Policy Perspectives—Telehealth and occupational therapy: Integral to the Triple Aim of health care reform.	Cason, J. (2015). Health Policy Perspectives—Telehealth and occupational therapy: Integral to the Triple Aim of health care reform. American Journal of Occupational Therapy, 69, 6902090010. http://dx.doi.org/10.5014/ajot.2015.692017	Occupational therapy practitioners must be prepared to embrace technologies and service delivery models valued in the new health care environment. Telehealth will be valued for its effectiveness and cost-efficiency. (p. 6)	Relevance of telehealth today/keeping up with technology

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Health Policy Perspectives—Telehealth and occupational therapy: Integral to the Triple Aim of health care reform.	Cason, J. (2015). Health Policy Perspectives—Telehealth and occupational therapy: Integral to the Triple Aim of health care reform. American Journal of Occupational Therapy, 69, 6902090010. http://dx.doi.org/10.5014/ajot.2015.69.2017	empower people to be active participants in improving their own health and thus are an integral component in achieving the Triple Aim. The CMMI- and PCORI-funded research studies outlined in this article demonstrate the important role telehealth will play in the delivery of health care services. These studies will provide evidence to inform future health care policy and practice. Occupational therapy practitioners must advocate for inclusion in future studies and articulate the distinct value of occupational therapy in primary care, behavioral health, chronic disease management, health promotion, and other areas of keen interest to health reformers. We must engage in research to validate the efficacy and cost-effectiveness of occupational therapy assessments and interventions delivered through telehealth technologies. Most importantly, we must continue to be consistent and clear champions of our profession in this rapidly evolving health care environment. (p.6)	What do we do to deliver OT services/keep up with technology/relevance of telehealth today
Telehealth in Occupational Therapy	American Occupational Therapy Association. (2018). Telehealth in occupational therapy. American Journal of Occupational Therapy, 72(Suppl. 2), 7212410059. https://doi.org/10.5014/ajot.2018.72S219	Telehealth may ameliorate the impact of personnel shortages, overcome transportation challenges, and be beneficial in situations where service to clients may be best served during nontraditional work hours of some traditional care models. By removing barriers to accessing care, including social stigma, travel, and socioeconomic and language barriers, the use of telehealth as a service delivery model within occupational therapy leads to improved access to care (Gardner, Bundy, & Dew, 2016; Hinton, Sheffield, Sanders, & Sofronoff, 2017; Levy et al., 2018).	Benefits/relevance
Telehealth in Occupational Therapy	American Occupational Therapy Association. (2018). Telehealth in occupational therapy. American Journal of Occupational Therapy, 72(Suppl. 2), 7212410059. https://doi.org/10.5014/ajot.2018.72S219	evaluation and consultative services for cognitive screening, orthopedic (hand) assessment, lymphedema assessment, wheelchair prescription, home assessment, adaptive equipment prescription and home modification, and ergonomic assessment (p.2)	How

Title	Reference	Quote	Reason/Support Use
Telehealth in Occupational Therapy	American Occupational Therapy Association. (2018). Telehealth in occupational therapy. American Journal of Occupational Therapy, 72(Suppl. 2), 7212410059. https://doi.org/10.5014/ajot.2018.72S219	Clinical reasoning guides the selection and application of appropriate ICT necessary to evaluate clients' occupations, client factors, performance skills and patterns, contexts and environments. Occupational therapists should consider the reliability and validity of specific assessment tools when administered remotely. (p.2)	How
Telehealth in Occupational Therapy	American Occupational Therapy Association. (2018). Telehealth in occupational therapy. American Journal of Occupational Therapy, 72(Suppl. 2), 7212410059. https://doi.org/10.5014/ajot.2018.72S219	In some cases, an in-person assistant, such as a caregiver or other health professional, may be used to relay assessment tool measurements or other measures (e.g., environmental, wheelchair and seating) to the remote therapist during the evaluation process. (p.3)	
Telehealth in Occupational Therapy	American Occupational Therapy Association. (2018). Telehealth in occupational therapy. American Journal of Occupational Therapy, 72(Suppl. 2), 7212410059. https://doi.org/10.5014/ajot.2018.72S219	When using a telehealth model for conducting an evaluation, occupational therapists must consider the client's health care needs, client's preference, access to technology, and ability to measure outcomes. Practitioners should adhere to all copyright laws and requirements when administering assessments (AOTA, 2015a). If assessment materials or the administration protocol requires modification when used via telehealth, this should be documented and factored into the scoring and interpretation of the assessment.	How
Telehealth in Occupational Therapy	American Occupational Therapy Association. (2018). Telehealth in occupational therapy. American Journal of Occupational Therapy, 72(Suppl. 2), 7212410059. https://doi.org/10.5014/ajot.2018.72S219	physically located in the same state as the client to use telehealth technologies denies access to services and specialists unavailable to the client. Similarly, a requirement that a client must first be seen in person by the practitioner before receiving services via telehealth is not appropriate and should be determined by the practitioner based on clinical reasoning and ethical judgment (Cason, 2014). This requirement denies access to services and specialists unavailable to the client and negates the benefits of a telehealth service delivery model.	How

Title	Reference	Quote	Reason/Support Use
Telehealth in Occupational Therapy	American Occupational Therapy Association. (2018). Telehealth in occupational therapy. American Journal of Occupational Therapy, 72(Suppl. 2), 7212410059. https://doi.org/10.5014/ajot.2018.72S219	Factors to consider when planning and providing interventions delivered with ICT include <ul style="list-style-type: none"> • Technology availability and options for the occupational therapy practitioner and the client; • The safety, effectiveness, and quality of interventions provided exclusively through telehealth or a hybrid model; • The client's choice about receiving interventions by means of telehealth; • The client's desired outcomes, including their perception of services provided; • Reimbursement; and • Compliance with federal and state laws, regulation, and policy, including licensurer (p.3) 	How
Telehealth in Occupational Therapy	American Occupational Therapy Association. (2018). Telehealth in occupational therapy. American Journal of Occupational Therapy, 72(Suppl. 2), 7212410059. https://doi.org/10.5014/ajot.2018.72S219	Remote provider and client, with caregiver as appropriate; <ul style="list-style-type: none"> • Remote provider and local provider (e.g., therapist, durable medical equipment vendor, prosthetist, physician) with the client and caregiver, as appropriate; or • Remote provider and local provider without the client present. (p.3) 	How to do it/remote providers, clients, support, caregivers
Telehealth in Occupational Therapy	American Occupational Therapy Association. (2018). Telehealth in occupational therapy. American Journal of Occupational Therapy, 72(Suppl. 2), 7212410059. https://doi.org/10.5014/ajot.2018.72S219	may be used to conduct home safety and home modification evaluations (Romero, Lee, Simic, Levy, & Sanford, 2017), prevention and wellness services (Parmanto, Pramana, Yu, Fairman, & Dicianno, 2015), ergonomic consultation (Baker & Jacobs, 2012), preadmission consultation for patients undergoing total hip and total knee replacement (Hoffman & Russell, 2008), and to facilitate support groups for people with chronic conditions (Lauckner & Hutchinson, 2016). In the area of pediatrics, teleconsultation has been used to treat children with complex pediatric feeding disorders (Clawson et al., 2008), facilitate coordination and motor control in children with cerebral palsy (Reifenberg et al., 2017), support school-based services for children with complex medical needs (Cormack et al., 2016), and provide occupation-based coaching for caregivers of young children with autism	What do we do to deliver OT services/main areas

Title	Reference	Quote	Reason/Support Use
Telehealth in Occupational Therapy	American Occupational Therapy Association. (2018). Telehealth in occupational therapy. American Journal of Occupational Therapy, 72(Suppl. 2), 7212410059. https://doi.org/10.5014/ajot.2018.72S219	may work on interprofessional teams using telemonitoring for chronic disease management, for instance. Practitioners may use ICT to monitor a client's <ul style="list-style-type: none"> • Adherence to an intervention program (Paneroni et al., 2014), • ADLs (Gokalp & Clarke, 2013), • Cognitive changes (Stillerova et al., 2016), and • Fall risk (p. 4) 	What do we do to deliver OT services/main areas
Telehealth in Occupational Therapy	American Occupational Therapy Association. (2018). Telehealth in occupational therapy. American Journal of Occupational Therapy, 72(Suppl. 2), 7212410059. https://doi.org/10.5014/ajot.2018.72S219	Due to the intimate nature of some occupational therapy services (e.g., inter- ventions related to dressing, bathing, toileting), special consideration should be made to avoid exposure of the client on camera in an undressed or otherwise compromised state (p.5)	How to do it/ethical considerations
Telehealth in Occupational Therapy	American Occupational Therapy Association. (2018). Telehealth in occupational therapy. American Journal of Occupational Therapy, 72(Suppl. 2), 7212410059. https://doi.org/10.5014/ajot.2018.72S219	Occupational therapy practitioners are to abide by Health Insurance Portability and Accountability Act (HIPAA, 1996; Pub. L. 104–191) regulations to maintain security, privacy, and confidentiality of all records and interactions. Additional safeguards inherent in the use of technology to deliver occupational therapy services must be considered to ensure privacy and security of confidential information	How to do it/HIPAA

Title	Reference	Quote	Reason/Support Use
<p>medicaid.gov - telemedicine</p>	<p>Centers for Medicare and Medicaid Services. (2020). Telemedicine. Retrieved March 17, 2020 from https://www.medicare.gov/medicare/benefits/telemedicine/index.html</p>	<p>Distant or Hub site: Site at which the physician or other licensed practitioner delivering the service is located at the time the service is provided via telecommunications system.</p> <p>Originating or Spoke site: Location of the Medicaid patient at the time the service being furnished via a telecommunications system occurs. Telepresenters may be needed to facilitate the delivery of this service.</p> <p>Asynchronous or "Store and Forward": Transfer of data from one site to another through the use of a camera or similar device that records (stores) an image that is sent (forwarded) via telecommunication to another site for consultation. Asynchronous or "store and forward" applications would not be considered telemedicine but may be utilized to deliver services.</p> <p>Medical Codes: States may select from a variety of HCPCS codes (T1014 and Q3014), CPT codes and modifiers (GT, U1-UD) in order to identify, track and reimburse for telemedicine services.</p> <p>Telehealth (or Telemonitoring) is the use of telecommunications and information technology to provide access to health assessment, diagnosis, intervention, consultation, supervision and information across distance. Telehealth includes such technologies as telephones, facsimile machines, electronic mail systems, and remote patient monitoring devices, which are used to collect and transmit patient data for monitoring and interpretation. While they do not meet the Medicaid</p>	<p>How to do it/terms</p>

Title	Reference	Quote	Reason/Support Use
<p>cms.gov - newsroom President Trump Expands Telehealth Benefits for Medicare Beneficiaries During COVID-19 Outbreak</p>	<p>Centers for Medicare & Medicaid Services. (2020). Newroom: President Trump Expands Telehealth Benefits for Medicare Beneficiaries During COVID-19 Outbreak Retrieved March 17, 2020 from https://www.cms.gov/newsroom/press-releases/president-trump-expands-telehealth-benefits-medicare-beneficiaries-during-covid-19-outbreak</p>	<p>The Trump Administration today announced expanded Medicare telehealth coverage that will enable beneficiaries to receive a wider range of healthcare services from their doctors without having to travel to a healthcare facility. Beginning on March 6, 2020, Medicare—administered by the Centers for Medicare & Medicaid Services (CMS)—will temporarily pay clinicians to provide telehealth services for beneficiaries residing across the entire country.</p> <p>“The Trump Administration is taking swift and bold action to give patients greater access to care through telehealth during the COVID-19 outbreak,” said Administrator Seema Verma. “These changes allow seniors to communicate with their doctors without having to travel to a healthcare facility so that they can limit risk of exposure and spread of this virus. Clinicians on the frontlines will now have greater flexibility to safely treat our beneficiaries.”</p>	<p>Increased telehealth benefits/flexibility for Medicare Beneficiaries during COVID-19 Outbreak - however, OT still not included in these services</p>

Title	Reference	Quote	Reason/Support Use
Medicare Telehealth Frequently Asked Questions (FAQs)	Centers for Medicare & Medicaid Services. (2020). Medicare Telehealth Frequently Asked Questions (FAQs) Retrieved March 17, 2020 from https://www.cms.gov/files/document/medicare-telehealth-frequently-asked-questions-faqs-31720.pdf	The Coronavirus Preparedness and Response Supplemental Appropriations Act, as signed into law by the President on March 6, 2020, includes a provision allowing the Secretary of the Department of Health and Human Services to waive certain Medicare telehealth payment requirements during the Public Health Emergency (PHE) declared by the Secretary of Health and Human Services January 31, 2020 to allow beneficiaries in all areas of the country to receive telehealth services, including at their home. Under the waiver, limitations on where Medicare patients are eligible for telehealth will be removed during the emergency. In particular, patients outside of rural areas, and patients in their homes will be eligible for telehealth services, effective for services starting March 6, 2020. Qualified providers who are permitted to furnish Medicare telehealth services during the Public Health Emergency include physicians and certain non-physician practitioners such as nurse practitioners, physician assistants and certified nurse midwives. Other practitioners, such as certified nurse anesthetists, licensed clinical social workers, clinical psychologists, and registered dietitians or nutrition professionals may also furnish services within their scope of practice and consistent with Medicare benefit rules that apply to all services. This is not changed by the waiver. The telehealth waiver will be effective until the PHE declared by the Secretary of HHS on January 31, 2020 ends. States have broad flexibility to cover telehealth through Medicaid. No federal approval is needed	Law signed for all Medicare recipients during COVID-19 until declared otherwise, however, the medical services do not include OT.

Title	Reference	Quote	Reason/Support Use
The American Occupational Therapy Association Advisory Opinion for the Ethics Commission Telehealth	American Occupational Therapy Association. (2017). Advisory opinion for the ethics commission: Telehealth. Retrieved March 17, 2020 from https://www.aota.org/~/media/Corporate/Files/Practice/Ethics/Advisory/telehealth-advisory.pdf	umbrella term of telehealth, which is “the use of electronic information and telecommunications technologies to support and promote long distance clinical health care, patient and professional health-related education, public health, and health administration” (Health Resources and Services Administration, n.d., para. 3).Telerehabilitation, a rapidly growing branch of telehealth, “is the application of telecommunication and information technologies for the delivery of rehabilitation services” (American Occupational Therapy Association [AOTA], 2013, p. S69).	Term definition of Telehealth
The American Occupational Therapy Association Advisory Opinion for the Ethics Commission Telehealth	American Occupational Therapy Association. (2017). Advisory opinion for the ethics commission: Telehealth. Retrieved March 17, 2020 from https://www.aota.org/~/media/Corporate/Files/Practice/Ethics/Advisory/telehealth-advisory.pdf	In telehealth, various types of services can be delivered and typically include client evaluation, treatment intervention and monitoring, consultation, education, and training (Russell, 2009). Synchronous videoconferencing is a common form of service delivery and can be provided using a variety of forms of technology (e.g., voice over the Internet protocol, or VoIP; mobile videoconferencing; consumer HDTV videoconferencing; plain old telephone service, or POTS; and telehealth network with commercial videoconferencing system; Cason, 2011). Other modes of delivery include text-based (e.g., e-mail, cell phone text messaging), audio-based (e.g., teleconferencing), virtual reality (e.g., video games), Web-based (e.g., real-time chat rooms), and wireless (e.g., personal digital assistants, or PDAs) technologies	Types of OT services in telehealth
The American Occupational Therapy Association Advisory Opinion for the Ethics Commission Telehealth	American Occupational Therapy Association. (2017). Advisory opinion for the ethics commission: Telehealth. Retrieved March 17, 2020 from https://www.aota.org/~media/Corporate/Files/Practice/Ethics/Advisory/telehealth-advisory.pdf	must consider the unique features of service delivery using telecommunication methods. These issues can relate to the client or client extenders receiving services or to the technology used to provide services. A major advantage of telehealth is that it can provide access to services for those clients who live in rural areas and who have difficulty traveling. Without the use of telehealth delivery methods, some may not receive services at all.	Ethical considerations

Title	Reference	Quote	Reason/Support Use
The American Occupational Therapy Association Advisory Opinion for the Ethics Commission Telehealth	American Occupational Therapy Association. (2017). Advisory opinion for the ethics commission: Telehealth. Retrieved March 17, 2020 from https://www.aota.org/~media/Corporate/Files/Practice/Ethics/Advisory/telehealth-advisory.pdf	Several issues could arise because the site of service is physically distant from the client (AOTA, 2013), and extenders (e.g., family members, support staff) may need to be present during the session. Presence of a third party may affect client comfort or be problematic due to privacy and confidentiality issues, especially if the same third party would not necessarily be present during in- person treatment sessions. For example, an occupational therapist may need to discuss issues of bathing or toileting during a videoconference, possibly creating a sense of discomfort or feelings of intrusiveness for the client. clients or extenders must be comfortable with and competent in using the technology	Client comfort and competence
The American Occupational Therapy Association Advisory Opinion for the Ethics Commission Telehealth	American Occupational Therapy Association. (2017). Advisory opinion for the ethics commission: Telehealth. Retrieved March 17, 2020 from https://www.aota.org/~media/Corporate/Files/Practice/Ethics/Advisory/telehealth-advisory.pdf	must be competent in the use of the technology to ensure effective service delivery, and the equipment or technology must be of sufficient quality and in dependable working order. Lapses in sound or picture transmission can impede the therapeutic encounter (Denton, 2003; Grosch, Gottlieb, & Cullum, 2011). To avoid disruption of services, facilities and private practitioners should have a sound plan of action in the event of equipment malfunction	OT's competence
The American Occupational Therapy Association Advisory Opinion for the Ethics Commission Telehealth	American Occupational Therapy Association. (2017). Advisory opinion for the ethics commission: Telehealth. Retrieved March 17, 2020 from https://www.aota.org/~media/Corporate/Files/Practice/Ethics/Advisory/telehealth-advisory.pdf	Consent to Treat , Privacy and Confidentiality , Quality Care and Adherence to Standards, practitioners must be knowledgeable about the implications of providing these services using technology as opposed to in person, as modifications in materials, techniques, or instructions may be required (Brennan et al., 2010). Similarly, they must keep informed of and apply current evidence (Principle 1C) related to telehealth service delivery into their practice (AOTA, 2015). Practitioners also must gain and maintain competency in the use of all relevant technology to provide safe and effective services	OT ethics to consider, technology, best practice