APPLYING TELEPSCHOLOGY

Brought to you by the Indiana Psychological Association

May 6, 2020
Welcome!

➢ We hope everyone is well. Thank you for your endurance over recent weeks.
➢ IPA is proud to host this webinar at no charge for all members.
➢ We sincerely hope we have been supportive throughout this anxious time.
➢ Thank you for participation on the Message Board, an effective resource to stay connected with colleagues.

❑ A timely webinar topic today
❑ Added to our monthly IPA presentations
❑ May 15 = “Strategies for Developing a Therapeutic Alliance with African Americans” by IABPsi members
❑ May 29 = Annual Ethics Conference – all virtual
❑ Recorded webinars always available to IPA members at no cost
❑ Will find on the Members Only portion of the IPA website

✓ Today’s Webinar will be recorded and available later
✓ Not Category I, but may be Category II
✓ We hope to answer the many questions submitted
✓ You may use the “Questions” feature on the webinar
✓ And, of course, contact us after the webinar with questions
A PANEL OF YOUR COLLEAGUES
APPLYING TELEPSCHOLOGY

Jenifer L Vohs, PhD HSPP
Where were we before COVID?
Where are we now?
What will telepsychology look like going forward?

John Gallagher, PhD HSPP
The Nuts and Bolts of the Technology of Telepsychology

Maria P. Hanzlik, PsyD HSPP
Telepsychology Tips

Jillian Wise, PhD HSPP
Testing by Telepsychology: Key Points for Practice
Telepsychology:

Where were we before COVID?
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What will telepsychology look like going forward?

Jenifer L Vohs, PhD HSPP
Associate Professor of Clinical Psychology
Department of Psychiatry
Telepsychology:

Where were we before COVID?  
Where are we now?  
What will telepsychology look like going forward?

Jenifer L Vohs, PhD HSPP  
Associate Professor of Clinical Psychology  
Department of Psychiatry
Defining Telepsychology and its role in practice

Telepsychology

“...the provision of psychological services using telecommunication technologies. Telecommunications is the preparation, transmission, communication, or related processing of information by electrical, electromagnetic, electromechanical, electrooptical, or electronic means.”

2013 APA Joint Task Force for the Development of Telepsychology Guidelines for Psychologists, pg 792
Range of Technologies

→ Asynchronous: e-mail, online bulletin boards...

← Synchronous: interactive videoconferencing, phone...

**AUGMENT or STAND-ALONE** Psychological services

Within or between regions, states, countries
ADVANTAGES of Telepsychology

• Access
• Reduced cost
• Research generally suggests non-inferiority (at least in some populations, with some dx)
Even before the crisis – there was an expanding role of “Tele” in the practice of Psychology

- Development of new technologies
  - Doxy.Me, Thera-LINK, Amwell, Google Duo, Vidyo, WebEx, Zoom Health...

- Telehealth becoming more mainstream (other disciplines)

- APA provided guidelines in 2013

- Increasing reimbursement opportunities
  - CMS support, particularly in rural areas
  - Development of GT modifier

- Increasing regulation across many states, including Indiana
  - Ind. Code Ann. §§ 27-8-34, 27-13-1-34, 27-13-7-22
Even before the crisis – there was an expanding role of “Tele” in the practice of Psychology

- Increased evidence to support its use for multiple conditions (depression, anxiety, PTSD, SMI) and populations (children, adolescents and their families, prisoners, VA patients, rural populations, and older adults)
- Some evidence of increased client and provider satisfaction
- See provided reference sheet
Where are we now?

“The past decade has been an incubation period for virtual healthcare services, and suddenly we need them to reach full maturity to address pervasive needs” - Ed Jones, PhD
Where are we now?

• Demand for mental health care among [COVID] infected patients, their relatives, and healthcare providers will likely rise (Blumenstyk, 2020)

• Increased levels of distress and poor mental health
  • Direct causes: fears of contamination, stress, grief, and depression triggered by exposure to the virus
  • Indirect influences: social and economic damage that is occurring on individual and societal levels

(Wind et al., 2020)
Where are we now?
Since March 2020 – Changes to Telepsychology regulation in Indiana


- **Existing state telehealth coverage mandate?**
  YES for commercial health plans

- **Emergency state action on coverage of telehealth services?**
  Executive Order No. 20-05 dated 3/19/20 allows mental health professionals to practice via telehealth.

- **Executive Order No. 20-13 dated 3/30/20** authorizes the state Family and Social Services Administration to suspend restrictions to expanded telehealth services under Medicaid; instructs the state Department of Insurance to request health insurers to provide coverage for expanded telehealth services during the public health emergency.

- **Emergency state action on telehealth reimbursement parity?**
  CMS Section 1135 Medicaid Waiver approved 3/25/20 allows for reimbursement of payable claims by out of state licensed providers not enrolled in the state Medicaid program subject to certain conditions for the duration of the public health emergency.**

- **Emergency state action to include audio-only phone?**
  Executive Order No. 20-13 dated 3/30/20 allows audio-only phone to provide telehealth services.

- **Emergency licensure waiver?**
  Executive Order No. 20-05, No. 20-13 allow out-of-state providers to practice in Indiana if they are licensed in good standing elsewhere. Out-of-state licensed providers must register with the Indiana Professional Licensing Agency via its website.
National Council for Behavioral Health jointly conducted an online survey of 880 behavioral health organizations across the country in April 2020 to quantify the impact of COVID-19. Behavioral health organizations (along with many other businesses) are suffering financially and their future feels uncertain.
The good, the bad, and the surprising?

➢ Rapid process change, which would have normally taken years... completed for many government and private organizations in days to weeks 😊

➢ Uncertainty and added stress of major transition, compressed into a few weeks 😞

➢ “Zoom fatigue” and other unforeseen consequences :-/
What will our new normal look like?
What will our new normal look like?

It is unlikely that we’ll be able to close pandora’s box...

Telepsychology is likely here to stay, at least in some capacity, post-pandemic

• Especially if the regulations are permanently changed to make it easier and reimbursable
• Some clients may decide, “this really worked. I feel like it was convenient and beneficial,” Lynn Bufka, senior director at the American Psychological Association (https://drive.google.com/file/d/1Oggn-sCBBYRAwT1U41he7zpyA2TsZXaO/view)
The Nuts and Bolts of the Technology of Telepsychology

John Gallagher, PhD HSPP
Videoconferencing: The Physical Set-up

- Camera angle and height - horizontal and at eye level
- Eye contact (the camera vs. their image)
- Closeness - torso
- Lighting - distant and uniform
- Background – well lit but not distracting nor sterile
Coronavirus Precautions

In response to the Coronavirus contagion, I have suspended all in-person counseling sessions, and am offering psychological services exclusively by means of video conferencing.

Insurance generally pays for video conference-based counseling just as it does for in-person psychological services.

Please click below for further details.

Learn more
Frequently Asked Questions

Will my insurance pay for this?

In response to the Coronavirus outbreak the insurance industry has gone to great lengths to promote video conference-based counseling. I have selected a video conferencing platform called Doxy.me, recommended by the Indiana Psychological Association, which is compliant with insurance industry guidelines, HIPAA requirements and Indiana law.

Insurance generally pays for video conference-based counseling just as it does for in-person psychological services. Your insurance contract may specify that you are responsible to pay for some or all of the cost of your treatment. For example, you may have a copayment for each session, or an unmet deductible that must be paid down before your claims begin to be paid by insurance. I encourage you to contact a Customer Service Representative at your insurance company directly to determine the extent of your coverage for “tele-health mental health services.” Of course, you are responsible for paying any unreimbursed charges.

Can I access the video conference using my equipment?

If your cell phone, tablet or computer has a microphone and a webcam, and you know how to go to a website on the internet, you can use this service. No software downloads are required.

For more information on video conferencing, see the Appointments page.
Video Conference Based-Counseling

In keeping with calls for social distancing in response to the Coronavirus pandemic, I am now offering psychological services exclusively by means of video conferencing. Taking such steps to prevent infections helps to save the lives of the most vulnerable in our community.

Here’s how it works

- At the time of our first telephone conversation or email exchange I will ask you about the nature of your concerns and determine what scheduling constraints you may have. I will then email you a link to an electronically-secured site for patient registration. There you will be able to complete, electronically sign and submit this documentation to me.

    I will be using DocHub.com for sending and receiving these documents which provides the electronic security appropriate for handling HIPAA and financial information (See DocHub.com). If you prefer, I would be happy to send you a copy of the patient registration packet by email, however I suggest that you return the packet to me by U.S. Mail or fax, as unencrypted email is not an entirely secure form of communication.

- Once I receive these documents, I will contact you to schedule an appointment time. I see patients between 1:00 PM and 6:00 PM, Tuesday through Friday. When the appointment has been scheduled, I will send you an email or text with a URL link to my on-line “waiting room.” I have selected a video conferencing platform recommended by the Indiana Psychological Association, which is compliant with insurance industry guidelines, HIPAA requirements and Indiana law.

- At the time of your appointment, you will click on the URL link I sent you and sign in with your name, which will notify me that you are available online. I will finalize the connection, allowing video and audio communication.

- In the event of technical difficulties, you will be able to reach me on the office phone (317-781-1917).

I appreciate your patience during these challenging times.
Appointments

Contacting Me

Unless otherwise occupied, I answer the phone and schedule my appointments personally. If I happen to be on the phone or with a client when you call, you’ll be asked to leave a message. Outside of office hours, you can always leave a phone message for me in the same way by dialing the office phone number (317-701-1917).

You can also email me at johnpaulgallagher@gmail.com, or use our convenient Contact Form.

In the event of an emergency, please call one of my two after-hours numbers: (217-703-2259) or (317-902-9435). I would request that you do not use these emergency contact methods for routine rescheduling matters.

Registration and Scheduling

- At the time of our first telephone conversation or email exchange I will ask you about the nature of your concerns and determine what scheduling constraints you may have. I will then email you a link to an electronically-secured site for patient registration. There you will be able to complete, electronically sign and send this documentation to me.
- I will be using DocHub.com for sending and receiving these documents, which provides the electronic security appropriate for handling HIPAA and financial information (see DocHub.com). If you prefer, I would be happy to send you a copy of the patient registration packet by email. However, I suggest that you return the packet to me by U.S. mail or fax, as unencrypted email is not an entirely secure form of communication.
- Once I receive these documents, I will contact you to schedule an appointment time. I see patients between 1:30 PM and 6:30 PM, Tuesday through Friday. Appointments typically last 45 to 50 minutes. I can generally be counted on to start and end on time.
- When the appointment has been scheduled, I will send you an email or text with a URL link to my on-line “waiting room.” I have selected a video conferencing platform recommended by the Indiana Psychological Association, which is compliant with insurance industry guidelines, HIPAA requirements and Indiana law.
- At the time of your appointment, you will click on the URL link I sent you and sign in with your name, which will notify me that you are available on-line. I will finalize the connection, enabling video and audio communication.
Video Conferencing Technical Requirements

There are a number of technical requirements that must be met in order for the video conferencing platform that I am using to function properly. If you are experienced with using other video conferencing platforms successfully, then it is likely that none of the requirements listed below will present us any difficulty.

- A strong Wi-Fi signal is required to support video conferencing. A weak or marginal Wi-Fi connection can result in interruptions.
- You will need a relatively fast internet connection. You can test your network speed at the following website: Internet Speed Test
- It may be necessary to update your browser in order for you to connect with me in a video session. My video conferencing platform, Doxy.me, does not work with Microsoft Edge or Internet Explorer. You will need to use the latest version of one of the following browsers:
  - Google Chrome (download Google Chrome here)
  - Mozilla Firefox (download Mozilla Firefox here)
  - Safari 11+ for Mac (download Safari here)
- It is best for you to have the latest version of your operating system on your device, such as Windows 10 or MacOS Catalina.

Technology does not always do what it is supposed to do. I would like to schedule a brief video conversation before your first appointment to be sure that your counseling session goes as smoothly as possible. And if anything goes wrong with our connection during the session, please call my office (317-781-1917) to get things straightened out.
Forms, Insurance and Fees

Forms
At the time of our first telephone conversation or email exchange I will ask you about the nature of your concerns and determine what scheduling constraints you may have. I will then email you a link to an electronically-secured site for patient registration. There you will be able to complete, electronically sign and submit this documentation to me. Once I have received your registration information, I will contact you by phone, text or email according to your preference to schedule an appointment.

I will be using DocHub.com for sending and receiving these documents which provides the electronic security, appropriate for handling HIPAA and financial information.

If you prefer, I would be happy to send you a copy of the patient registration packet by email; however, I suggest that you return the packet to me by U.S. mail or fax as an unencrypted email is not an entirely secure form of communication.

Insurance and Fees
I routinely file insurance claims on behalf of my patients; collecting a co-payment, coinsurance or deductible only when directed to do so by the insurance company. For example you may have an unmet deductible that must be paid by you before your claims begin to be paid by your insurance company. In most cases my fees are set according to existing contracts I have with any of dozens of insurance companies. Your cost will depend, in turn, on the terms of your insurance policy.

Insurance generally pays for video conference-based counseling just as it does for in-person psychological services. I encourage you to call the customer service phone number on your insurance card directly to determine the extent of your coverage for “telehealth mental health services.” Of course, you are responsible for paying any unreimbursed charges.
The Video Conferencing Platform

Doxy.me
• https://doxy.me/JohnGallagherPhD

Zoom
• https://us04web.zoom.us/j/74601735681?pwd=S2Iyb2pwSW1OaUZvaDRUdHBWUkRDUT09
• Meeting ID: 746 0173 5681
• Password: 6jduyA
The simple, free, and secure telemedicine solution.

We've made telemedicine simple and easy for you. Create your personal room and start practicing telemedicine today.

Get Started - For Free  Watch our Video
Welcome, Dr. Gallagher!

To invite someone to your waiting room, share this link:

https://doxy.me/johngallagherphd

[Copy] [Invite via]

Upgrade to Professional or Clinic account, starting at $29/mo
Welcome, Dr. Gallagher!

To invite someone to your waiting room, share this link:

https://doxy.me/johngallagherphd

Copy

Invite via

Upgrade to Professional or Clinic account, starting at $29/mo
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<th>Free</th>
<th>Current plan</th>
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<td>- Unlimited audio and video</td>
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<td>- HIPAA compliant</td>
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<td>- Business Associates Agreement</td>
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<td>- Personalized room URL</td>
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<td>- Virtual waiting room</td>
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<td>- Patient queue</td>
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<td>- Real-time messaging</td>
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<td>- Email and community support</td>
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24/7 Support:
Need Professional features just for one day?
Get Day Pass - $10

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<td>- HD/SD quality</td>
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<td>- Personalize waiting room</td>
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<td>- Text and email alerts</td>
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<td>- Group call</td>
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<td>+ Everything in Professional</td>
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<td>- Custom subdomain</td>
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<td>- Shared rooms</td>
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<td>- Grant room access</td>
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<td>- Teleconsent</td>
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<td>- Add ons and customization</td>
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Upgrade to Professional
Upgrade to Clinic
Electronically Secure Remote Documentation

- Consent to treatment and acknowledgment of policies and limits on confidentiality
- Consent for the release of medical information to insurance company
- Consent to have the insurance company pay the provider
- Acknowledgment of financial responsibility
- Provision of bank card information and authorization to collect fees using it.
Authorization to Bill Insurance

Insurance generally pays for video-teleconferencing counseling services just as it does for in-person psychological services. However, your insurance may not pay all or even any of these claims due to copayments or annual deductible. I encourage you to call the customer service number on your insurance card to determine the extent of your coverage for "telemental health services."

I authorize Dr. Gallagher to submit health insurance claims on my behalf. Yes [x] No [ ]

All items in this section must be completed to allow insurance claim authorization.

Policy Holder Name

Provider services please #

Insurance company

Claims Address:

Employer of the policy holder

Present's relationship to the member: [ ] Self [ ] Spouse [ ] Child [ ] Stepchild [ ] Other [ ]

Financial Responsibility

By providing the following bank card information and signing below, I acknowledge that:

- I have read and accept the policies outlined above.
- I authorize Dr. Gallagher to release to my insurance company all information necessary to process claims on my behalf, and to receive payment from my insurance company for this service (if applicable).
- I accept financial responsibility for the services provided by Dr. Gallagher for which my insurance does not pay. If I am not using insurance, I accept financial responsibility for the full cost of services rendered.
- I authorize Dr. Gallagher to collect any residual amount owed using the following bank card information.

Cardholder Name:

Type of card: [ ] Credit [ ] Debit [ ] HSA [ ]

Card #: ____________________________

Expires (MM/YY): ____________ Security code ________

Responsible Party Name (printed):

Signature of Responsible Party: ____________________________ Date: ____________

Received: 6/20/2020

C:\User\john\ConDrit\TelepsychologyPatientRegistration - Adult.doc

Page 5 of 5
Financial Responsibility

By providing the following bank card information and signing below, I acknowledge that:

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- I accept financial responsibility for the services provided by Dr. Gallagher for which my insurance does not pay. If I am not using insurance, I accept financial responsibility for the full cost of services received.
- I authorize Dr. Gallagher to collect any residual amount owed using the following bank card information.

Cardholder Name: __________________________________________

Type of card: Credit □, Debit □, HSA □

Card #: _________________-_______________-_______________-_______________

Expires (Mo./Yr.) __/____ Security code ________

Responsible Party Name (printed): __________________________________________

Signature of Responsible Party: ___________________________________________ Date: ______________
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<th>Software</th>
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<td>DocHub.com</td>
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<tr>
<td>Pandadoc.com</td>
<td>$9/mo.</td>
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<td>Docusign.com</td>
<td>$10/mo.</td>
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<td>Approveme.com</td>
<td>$13/mo.</td>
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<td>Hellosign.com</td>
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Plans Vary on Several Parameters

- Number of senders permitted
- Number of documents per month that may be sent
- Number of different documents that may be maintained
- Mobile device compatibility
- Notifications and reminders options
- Built-in payment processing
Edit, send & sign PDF documents online for free.

Document workflow, simplified.

DocHub streamlines document signing, distribution and form completion.
How to Send a Patient Registration Packet to a Patient via DocHub

1. Log in to dochub.com — username JohnGallagherPhD@gmail.com
2. The website opens on your Dashboard page, which shows all the completed forms along with the Templates. To avoid confusion, you want to go to the Templates page. You get there by clicking on the Templates link in the list on the left of the Dashboard page, under your picture.
3. The right-side portion of the Templates page contains a list of your active templates. Find the one you want to send and click the New Copy button.

**Templates**

- **Patient Registration-Child**
  - New copy
  - View copies

- **Patient Registration-Couple**
  - New copy
  - View copies

- **Patient Registration-Adult**
4. This will open the Create Copy dialog page. The **Fill a Copy (only you)** option will be set by default, but you want to change that to **Send a copy as a sign request (you and/or others)**.
How to Print a Patient Registration Packet from Dochub

When a patient registration packet is finalized, the icon that appears with the packet in the Dochub Dashboard changes from a clock to a green checkmark.

To print a Finalized packet, click on the packet name on the Dashboard to open the document.
1. Click the **Manage and Audit** button at the top of the page.
2. On the Manage and Audit page, click the Document Actions button to open a pull-down menu.
Summary

- Changes to your website or other internet postings announcing and explaining procedures
- Changes to your patient registration forms
- Development of a patient-onboarding process
- Selection of a platform for handling confidential and financial information securely and that is legally recognized.
- Selection of a video conferencing platform
- Setting up your studio.
Telepsychology Tips

Maria P. Hanzlik, PsyD, HSPP
IPA Past-President
Integrated Psychological Center of Indiana
General Considerations

Set the frame

- Room with a closed door for privacy (other enclosed space if don’t live alone, parked car, garage, large closet, basement)
- No driving
- Keep the camera on
- Come to session as you would in-person (fully clothed, not impaired)
- Add a white noise mechanism to enhance privacy (white noise machine, portable fan, music, white noise app)
Therapy Modalities/Populations

• Children
  • For play therapy work, ask parents to provide materials at the beginning of session (Whiteboard, Legos, Jenga, Play doh)
  • Various permutations
    • Effective meeting with parents initially, then child alone, then altogether at the end of session, depending on clinical presentation

• Couples
  • If in same room, ensure both are in the same video frame
  • Effective if either in the same room or in different locations
    • De-escalation and moments of connection/enactments
Therapist Considerations

• Patients can hear your background even if you have headphones on.

• Consider if you are too close vs. too far away in the screen.

• Closing open tabs and restarting your computer can help with connectivity issues.
**Observations**

- Challenging the notion of in-office therapy as “the most effective” or “preferred”

- For some, increased safety at home allows for therapeutic work to progress more quickly

- Engages our problem-solving skills as psychologists
Virtual Tools

- Interactive whiteboard apps:
  - Google Jamboard (jamboard.google.com) - Collaborative
  - Chrome Canvas (canvas.apps.chrome) - Not collaborative

- EMDR
  - Only if appropriately trained
  - Emdrremote.com
  - remotemdr.com
    - Visual and auditory bilateral stimulation
Supervising Trainees Conducting Teletherapy

- Ensure supervisees have attended a telepsychology training
- Review protocols for engaging in telepsychology
  - Dress professionally
  - Neutral background
  - Close all other windows
  - Verify location of client/patient and document
  - Obtain written release for telepsych with a trainee
- Record sessions and review
- Having students be in Indiana (my preference)
- Be on call when supervisees are scheduled to see patients
- Ensure same documentation procedures are adhered to
Testing by Telepsychology: Key Points for Practice

Jillian Wise, PhD HSPP
Primary Considerations

- Client factors
- Testing process
- Testing setting
- Technology
- Measures to be administered
- Follow-up
Testing via telepsychology will not be suitable for all clients, need to consider:

- Client age
- Cognitive and developmental level
- Knowledge and comfort level of technology
- Personal risk factors

Testing will not be appropriate for all patients and other options should also be considered:

- Consultations
- Treatment considerations
- Brief battery
If client is determined to be appropriate to move forward with potentially completing testing via telepsychology, the process can be 4 steps:

1. Intake
2. Pre-testing session (send necessary materials if testing is determined to be appropriate)
3. Testing via telepsychology
4. Feedback
Testing Setting

If client is determined to be appropriate to consider testing will need to have an adequate testing environment

- Quiet room with ability to close a door
- If individual under 18, parent/guardian to serve as a facilitator
  - [https://www.pearsonassessments.com/content/dam/school/global/clinical/us/assets/telepractice/facilitators-role-w-telepractice.pdf](https://www.pearsonassessments.com/content/dam/school/global/clinical/us/assets/telepractice/facilitators-role-w-telepractice.pdf)
  - Parent/facilitator will open the testing envelope while on camera with the examiner and will then be asked to leave the room while testing is in progress. They may be called in during the day to help with management of testing materials.
- Plan to eliminate distractions (e.g., no pets in the room, no other devices other than those for testing, mute all notification alerts during testing).
- Typical items used during a testing day available (e.g., pencils, snacks, water, etc.).
- Appropriate technology (described in following slide)

Provider will also need to be in a setting free of distractions and able to maintain client confidentiality
Technology requirements may vary provider to provider, but in general the client will need:

- Two electronic devices with cameras and internet connection
  - One device must be the size of a standard iPad or larger (e.g., desktop computer, laptop, iPad, etc.). An iPad mini or smartphone cannot be used to receive testing stimuli.
  - Second device will be set up as an external camera and can be any size (e.g., iPad, smartphone, etc.). This device will be used throughout testing to look at what the client is doing as well as to scan the testing environment
- Reliable internet connection

Technology requirements for providers:

- Computer with webcam
- iPad if using Q-interactive
- Access to approved testing materials that can be utilized (e.g., Q-global through Pearson, rating scales, etc.)
- Reliable internet connection
What can be administered via telepsychology?

• Rating scales
  • Can be administered during session to ensure client is the one completing the rating scale
• Verbal tasks
• Visual-spatial tasks on the WISC-V and WAIS-IV
• Academic tests
• Attention-based tasks
• Check with test provider to see what is available for remote testing
  • Pearson has a great deal available through June 30th through Q-Global

❖ Just because a measure is available does not mean it is the best option. It is important to keep in mind not to compromise your own testing practices. Limitations to testing via telehealth should be outlined at the outset so the client can determine if he/she decides to move forward with testing
Documentation for Testing

- Platform testing was administered
- Use of a facilitator
- Technology glitches
- Was there confusion on the end of the client
- Limitation of behavioral observations, but document what was observed
Follow-up after testing

• Feedback via telehealth
• Plan for interventions
  • Therapy
  • Tutoring
  • School supports

• Additional testing if some could not be completed (e.g., motor tasks, Block Design, etc.)
APA Principles for Testing via Telepsychology

• **Principle 1**: Do not jeopardize test security
• **Principle 2**: Do the best you can with what is available to you
• **Principle 3**: Be rigorously mindful of data quality
• **Principle 4**: Think critically about test and subtest substitutions
• **Principle 5**: Widen confidence intervals when making conclusions and clinical decisions
• **Principle 6**: Maintain the same ethical standards as standard of care as in traditional psychological assessment services

Resources for Testing via Telepsychology

- https://iopc.online
- https://www.apaservices.org/practice/reimbursement/health-codes/testing/psychological-telehealth
# Telepsychology Regulation - Returning to “Normal” -

## When Emergency Orders are lifted -

<table>
<thead>
<tr>
<th>Telepsychology Licensing Regulation</th>
<th>Emergency Expiration</th>
<th>Out-of-State</th>
<th>In-State</th>
<th>Telephone</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIPAA Inspections Return</td>
<td></td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Medicare / Medicaid</td>
<td>Generally 60 to 90 Days Post-Emergency</td>
<td>Need Temporary License</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Indiana</td>
<td>Generally 60 to 90 Days Post-Emergency</td>
<td>Need Temporary License</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Other States</td>
<td></td>
<td>Varies</td>
<td>Varies</td>
<td>Varies</td>
</tr>
<tr>
<td>Payers</td>
<td></td>
<td>Varies</td>
<td>Varies</td>
<td>Varies</td>
</tr>
</tbody>
</table>

## Future Actions

- PSYPACT for Indiana
- Continued flexibility from CMS
- Private payers =
  - A Challenge, but
  - Much pressure
- Expect continued flexibility for most states
- Will continue to require licensing and notification
- IPA will continue to monitor & communicate
Your Questions

Now or
Send to: execdirector@indianapsychology.org
Thank You!

For Joining Us