

Telehealth Basics for Supportive Housing Providers and their Health Center Partners

Guidance for Providers Looking to Support Residents Getting Connected to Telehealth



Implementing protective measures for both staff and service participants to reduce physical contact during the COVID-19 pandemic includes limiting in-home visits and facility visits. This presents a critical challenge for ensuring service participants receive the health care they need. This shift in location can also create significant financial hardship on healthcare providers who rely on an in-person visit financing model which requires face-to-face contacts between staff and service recipients. The health center field is quickly adapting to telehealth models and financing flexibility as the federal government is putting that process on the fast track.

The public health emergency related to the COVID-19 pandemic has required the health care sector including Community Health Centers and supportive housing providers to work in new ways to support their service participants (i.e. health center patients who are also supportive housing tenants). Providers of housing and health centers who serve vulnerable populations are working to adapt to using technology-based solutions to ensure service provision continues, both those normally required and those now necessitated by the COVID-19 pandemic. The capacity of providers and service participants to use technology is of critical importance now and into the future as the pandemic unfolds given the uncertainty of when effective treatment options and vaccines will be widely available.

This brief considers the basics regarding telehealth for collaborations between health centers and the supportive housing field to consider as they adapt to provide services in a manner that protects both the client and staff. It also provides definitions and resources to help supportive housing providers and health centers build their capacity and knowledge on how to speak the same language, collaborate effectively and leverage telehealth resources to support their service participants. Specifically, the following will be covered:

- An understanding of the basics of telehealth that includes options such as tele-case management, telemedicine, and tele psychiatry and the four primary types of telehealth communications.
- Key considerations for referring to telemedicine or tele psychiatry services.
- Utilizing telehealth for care coordination in supportive housing and partnerships with health centers.
- Getting Supportive Housing Providers and their residents ready to use telehealth as a means of accessing health care services including primary care, specialty behavioral health and other services.



For more resources on creating partnerships between health centers and supportive housing visit www.csh.org/HRSA.

Basics of Telehealth

Telehealth refers to a broad scope of remote services that can be delivered to individuals via a range of technologies. These services can include clinical services as well as case management services, coordination, and other technology based supportive services. Telehealth can be considered as encompassing primary services that have historically been offered face to face and can now occur through the use of technology based communication platforms.

The four primary types of telecommunications technologies used for telehealth are listed below along with examples of how they can be applied.

Type	Definition	Service Example	Care Coordination Example
Synchronous	Two-way, real time communications (video conferencing, telephone).	Service participant meets with psychiatrist via video-conference.	Service participant meets with supportive housing case manager via video conference to discuss progress and service needs. Case manager asks service participant to show apartment via video to check unit conditions.
Asynchronous (AKA Store and Forward)	Electronic transmission of recorded videos, images, or other information.	Health Center sends an image to a specialist for diagnosis.	Service participant takes pictures of repair needs in apartment and sends to supportive housing case manager and/or property manager via email or text.
Remote Patient Monitoring (RPM)	Electronic devices that transmit patient health information to a provider.	Blood glucose meter that tracks, stores and sends patient data wirelessly to provider.	App to collect daily information on a service participant's well-being to monitor anxiety/depression.
Mobile Health (mHealth)	The use of mobile devices to support the practice of medicine and public health.	Text messaging platform to communicate and monitor patient health and stability.	This can be provided by a psychiatrist or mental health professional from a clinic, private practice, health center, hospital or via an online tele psychiatry or mental health provider not affiliated with a clinic.

Essentially, telehealth is the use of technology to deliver health care services by connecting users who are in separate locations. [The Originating Site is where the patient is located and the Distant Site is where the health care practitioner is located.](#)

During the public health emergency, Medicare and many states through their Medicaid program are expanding coverage of telehealth to deliver health care services options during the pandemic when physical distancing is the primary preventative measure available. During the public health emergency, [Medicare is paying the same rates for in-person visits as for telehealth visits.](#) Telehealth financing under Medicaid is at the discretion and direction of individual states. The Center for Connected Health Policy has a [searchable database](#) to determine the policies in your state.

This chart outlines key terms and information to assist supportive housing providers and health centers to communicate effectively.

Service Type

	Telemedicine	Tele Psychiatry / Tele Mental Health
Description of Service	Telemedicine involves the use of electronic communications and software to provide clinical services to individuals without an in-person visit.	Tele psychiatry involves the use of electronic communications and software to provide psychiatric/mental health services to individuals without an in-person visit.
Who provides this service?	Telemedicine is provided by a physician or other practitioner who is licensed to practice medicine.	Tele psychiatry is provided by psychiatrist or psychiatric Nurse Practitioner. Tele mental health, which is a subset of tele psychiatry, can be provided by licensed social workers, psychologists, and other licensed mental health professionals.
What is the nature of the service?	Assessment of acute medical symptoms Management of existing chronic conditions or symptoms Medication management	Psychiatric assessment Management of psychiatric symptoms Medication management Ongoing supportive counseling Mental health crisis support
Where is the service being provided?	This can be provided by a PCP office, FQHC, hospital, health center or via an online telemedicine provider not affiliated with a clinic.	This can be provided by a psychiatrist or mental health professional from a clinic, private practice, health center, hospital or via an online tele psychiatry or mental health provider not affiliated with a clinic.
When	The service is provided in real time (i.e. live). Some telemedicine platforms allow you to communicate with the doctor via an inbox.	The service is provided in real time (i.e. live). Some platforms allow you to communicate with the psychiatric or mental health professional via certified applications.
How is the service being delivered?	Via phone Online virtual platform	Via phone Online virtual platform

Getting Your Tenants Started with Telehealth

Supportive housing tenants need to be effectively connected to health care services now more than ever in this public health emergency. Fortunately, telehealth services can be used to continue to support our most vulnerable tenants. There are a few things health centers and supportive housing providers need to do to get started.

- (1) If your supportive housing case managers are helping residents move to virtual or telephonic visits, be sure to implement a workflow or protocol for those that need an office visit and are not able to use telecommunication. Some organizations have implemented guidance and criteria for their staff to determine when it's best to use an office visit instead of telecommunications. There might be some tenants that have no access to a phone or computer, therefore, they might need an office visit. However, you can check with your local cell phone providers to see if they can provide low-cost or free phones during this time.
- (2) Develop clear guidance on telephonic case management supports for tenants, and how to determine their health care need and connections. For example, how often should service participants be contacted, is there a list of standard questions that need to be addressed, and where should interactions be documented. Many agencies are including [health screening questions related to COVID symptoms](#) before scheduling any in-person interactions.
- (3) Lastly, pay special attention to tenants with behavioral health challenges who might be especially isolated in this time and need unique supports and specialized behavioral health care. It is extremely important to [increase supports and communications](#), especially for those who are aging or have complex needs.

Ensure that your residents are connected to the health services they need and are able to engage with those services. If those services are not sufficient, adapt a service or recovery plan as frequently as needed.

Referring to a Telemedicine or Tele Psychiatry Service

A few key considerations should be considered for supportive housing providers and health centers, as they work toward increased adoption of telehealth strategies for their service participants and staff.

- Ensure the service participant has the technology available to them before considering the telehealth service they need. This includes hardware such as a phone, smartphone or tablet as well as internet access, Wi-Fi and/or a data plan necessary to connect with their service providers. The [Federal Communications Commission \(FCC\) has a program](#) to support health care providers connect to their service participants.
- Before engaging in new telemedicine or tele psychiatry services, check if the service participant is already connected to a primary care provider (PCP), clinic, health center, or psychiatrist to see if their health care providers are offering these services to their existing patients.
- Determine whether the service participant is enrolled in a managed care plan. Health plan staff should assist in coordinating telemedicine/psychiatry services as well as determining if their insurance will pay for the service.
- If you are delivering this service yourself, determine how are you paying to deliver the services and if those services are billable via Medicaid, Medicare or private insurance.

For those service participants who do not have insurance, you need to determine who will pay for their telemedicine/psychiatry service. Consultation and ongoing management can be costly.

Utilizing Technology Based Options for Care Coordination

Whenever engaging tenants via telehealth, supportive housing (SH) case managers have an essential care coordination role. The case manager can decide whether they can resolve the issues themselves, such as telehealth services or other services that address the social determinants of health such as a food service, social events via technology or other supports. If an appointment with a clinical or other service provider is needed, the case manager can “accompany” the tenant by a possible three-way conference call. Lastly, routine check-ins or “visits” via phone or another method of communication is critical between the SH case manager and tenant. The case manager should plan the calls with tenant and always end the call by scheduling the next call. This will ensure that the tenant feels supported and it gives them a sense of routine and control in the situation.

Care coordination is a critical component of providing supportive services to tenants in supportive housing. Technology solutions can allow service providers to provide supportive services and access to care when in-person options are not available. There are several ways a Supportive Housing (SH) case manager can facilitate and support telehealth access for their residents. Once the service participant has the hardware and needed tools, work with them to ensure their comfort and ease with technology. This new form of care coordination will be new to many service participants so it is best to make sure they are feeling comfortable with the kind of technology being leveraged. Younger persons may find technology easier to manage, while older or more disabled residents may need more support, such as simpler directions, a guide or roadmap to sign onto the service and how to ensure that they receive the help or care needed from the service. One of the most critical pieces in providing support is understanding the tenant's best mode of communication – do they prefer phone, text, face time, or another mode. Additionally, consider if the client has any visual or hearing impairments as that may impact their ability to use or modify telecommunication. Finally, be aware that not all service participants may wish to receive services in this manner and service participant choice remains one of the most important factors to consider. Some persons may need to be engaged for services and non-obtrusive methods, such as texting may be the easiest technology option to further this engagement.

Utilizing Telehealth to Partner with Community Health Centers

During this time, many community health centers have transitioned to providing telemedicine and/or tele psychiatry visits. For those tenants who are not already connected to a community health center or PCP, supportive housing case managers can work with their local health centers to set up visits with health care providers. Case managers can work with both the tenant and health center to determine best mode of communication. As mentioned above, health center providers can “visit” their service participant in many ways – through conference calls, video chats, platform visits, etc. When the appointment is scheduled, the case manager can “accompany” the tenant to the visit by engaging in the telecommunication mode. In continuing to support the tenant in managing their care, the case manager can help set up follow-up appointments with the provider.

More Information and Resources

CSH launched a [community platform](#) through our training center. The goal is to have a space for supportive housing providers and health centers to easily access materials, resources and guidance from CSH and their peers in the field from across the country. There are several resources and guidance on utilizing telehealth services, billing, and current policies. Telehealth and technology-based solutions can offer new and exciting opportunities for partnerships during the COVID-19 pandemic. With the right partners and processes in place, health centers and supportive housing providers can work together to provide supportive services and health care solutions for their vulnerable service participants. This brief offers some initial considerations to start that process to provide safe and effective services during these challenging times.

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