

Frequently Asked Questions November 2020

Question: How do I handle HPT supervision for telehealth encounters during a national emergency when the supervisor and HPT are not co-located?

Answer: The HPT telehealth encounter supervision guidance during a national emergency offers increased flexibility related to HPT and supervisor co-location requirement (right side of the algorithm). Please note that when feasible, co-location is still the preferred option.

Question: The Veteran is temporarily located in a state different from their permanent residence listed in Electronic Health Record (EHR). Which state is considered the site of their care for the telehealth encounter?

Answer: For care delivered across state lines, the physical location of the patient during the delivery of care is the determining factor, not the permanent patient address listed in EHR.

Question: It appears that it is permissible for supervisors and HPTs not to be co-located if the HPT is delivering care to the Veteran’s home, but not permissible if the Veteran is located at another VA facility. Why is that?

Answer: Current homecare policy (VHA Handbooks 1400.01 and 1400.04, “Home Telehealth”) allows flexibility regarding the co-location of supervisor and HPT when care is provided in the Veteran’s home. This flexibility has not been established by policy for facility-to-facility telehealth.

Question: Past guidance has indicated that the delivery of care by HPTs across state lines requires the clinical supervisor’s presence for the duration of the *entire* telehealth encounter. Is this guidance changing?

Answer: Yes, OAA has determined that real time supervision during *key portions* of the encounter (review of data collected, diagnostic and treatment decision making, and/or implementation of intervention(s)) is adequate for safe patient care delivery across state lines and is in line with the Anywhere-to-Anywhere provisions of the Mission Act. Please note that the supervising practitioner must provide the type of supervision commensurate with the HPT’s assigned Graduated Level of Responsibility (GLR).

Question: During a national emergency, given that there are allowances for telesupervision, does this mean that HPTs can deliver care without a supervisor’s co-location?

Answer: In situations where GLR requires the co-location of the clinical supervisor, the telehealth guidelines equate virtual presence as physical presence. The delivery of telehealth sessions by HPTs must always include an appropriate level of supervision based on assigned GLR.

AHE and Nursing Trainee Telehealth GLRs	
GLR	DEFINITION
ROOM	Supervisor must be in telehealth visit for the <i>entire</i> visit
AREA	Supervisor must be in telehealth visit for the <i>key portions</i> of the visit
AVAILABLE	Supervisor must be <i>immediately available</i> and able to join the telehealth visit <i>within a 15 minute response time</i>