

PRE-SUMMIT SESSION C

Expanding Access Through Comprehensive School-Based Telehealth Programs



Introduction by:
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Palmetto Care Connections



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AUGUST 31
2:00PM-4:00PM

REGENCY BALLROOM H

www.palmettocareconnections.org



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Bamberg Family Practice



Kristy Smith, MSW, LISW-CP
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South Carolina Department of
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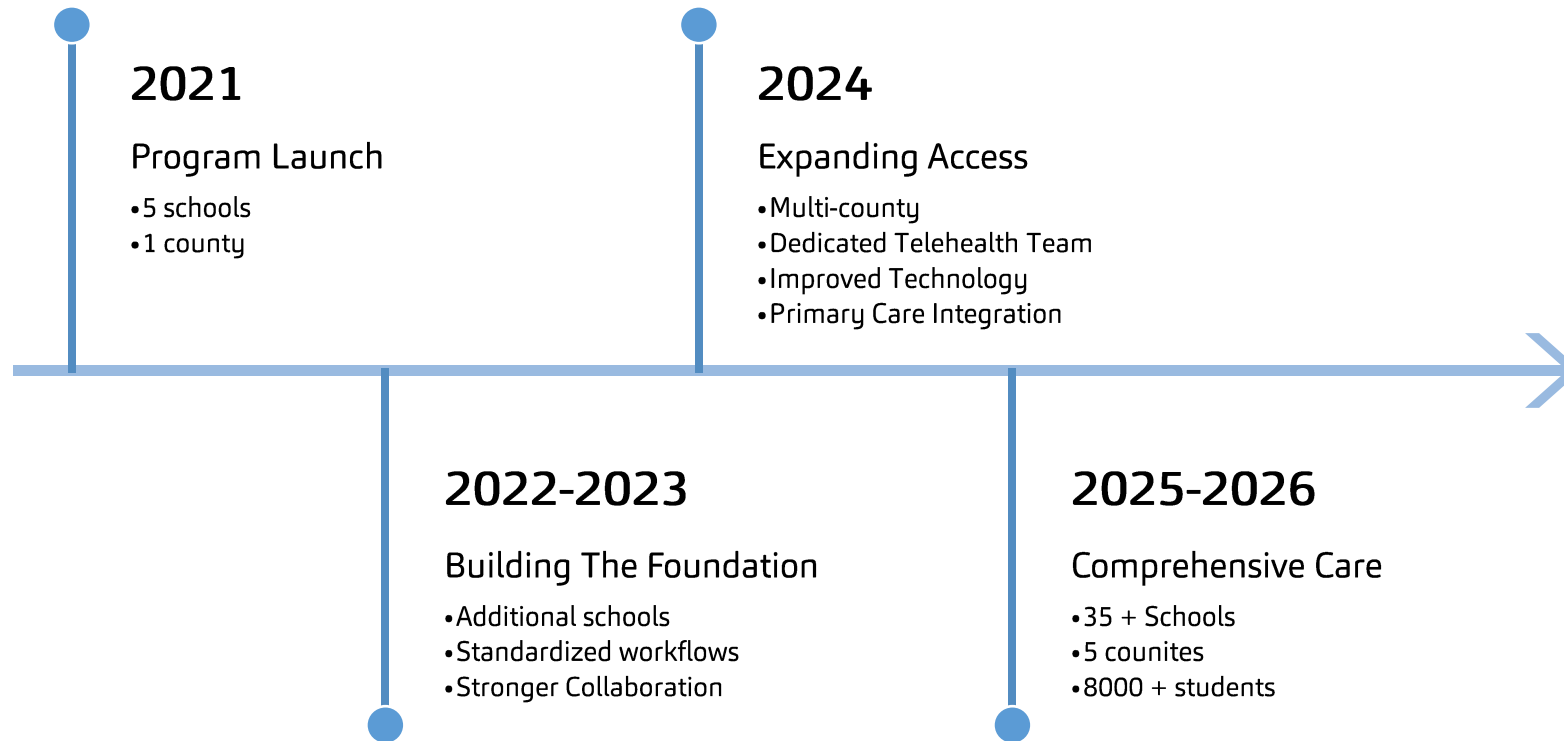
CareSouth Carolina

ROADS – School Based Telehealth Program

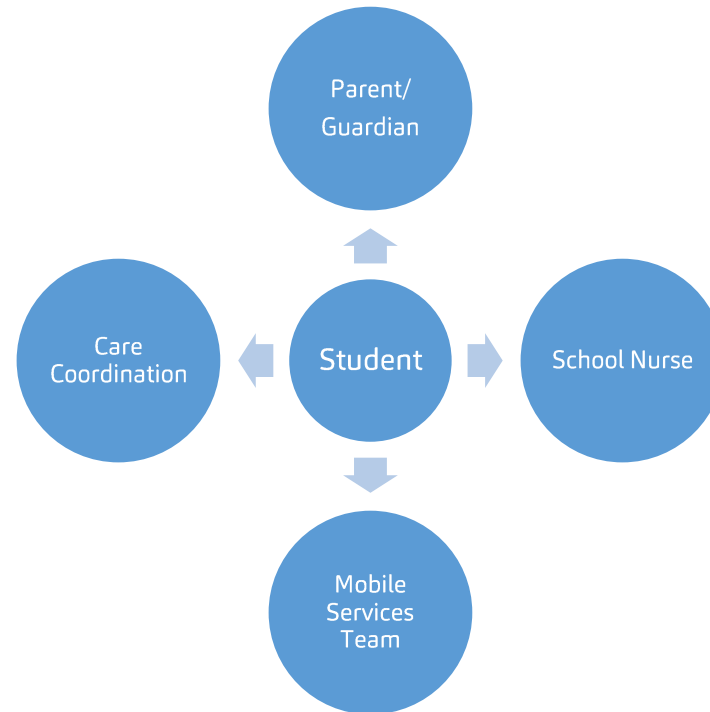
Improving Access. Transforming Care. Keeping Students Healthy.

Presenter: Kaitlin Hughes, Director of Mobile & Telehealth Services

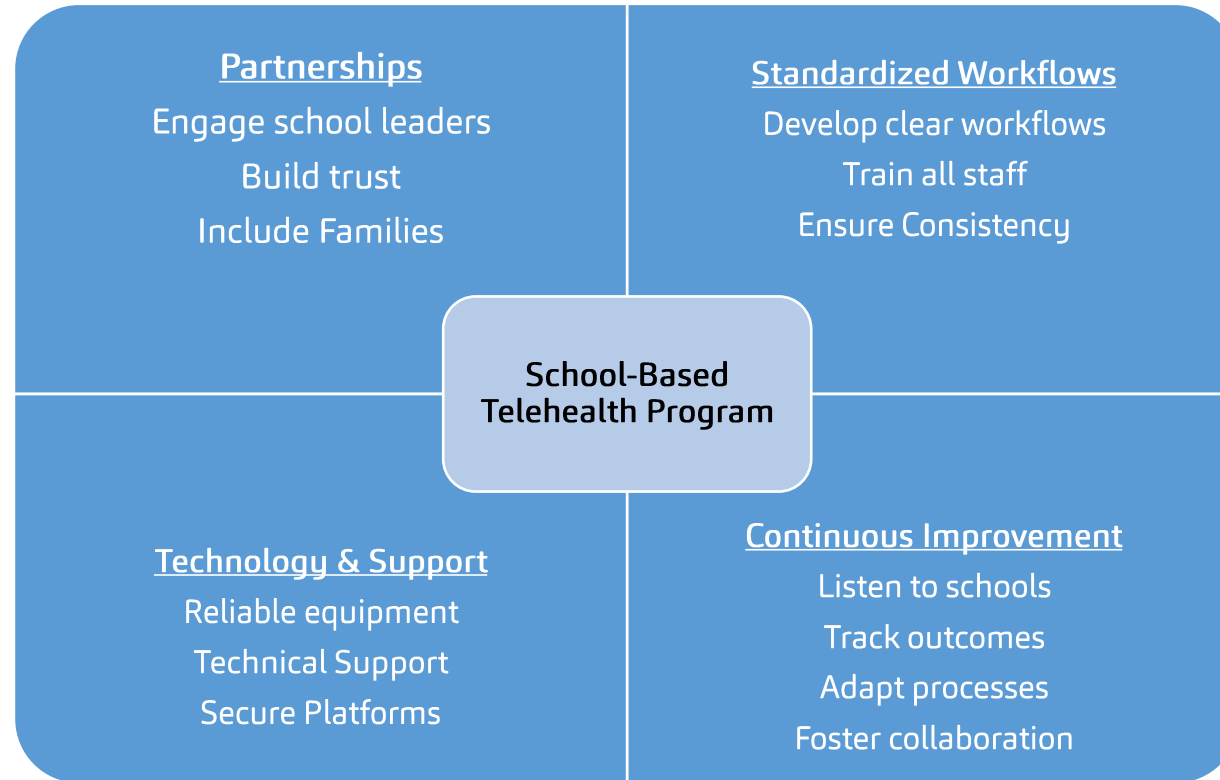
From a Pilot Program to a Regional Model of Care



Care Model – Delivering Connected Care Where Students Learn



Implementation Lesson – Building A Sustainable School-Based Telehealth Program



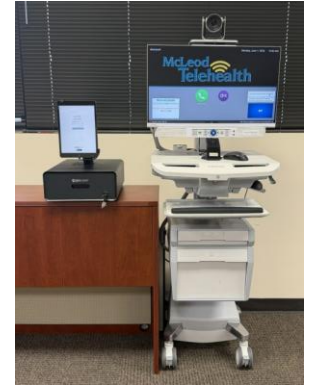
Outcomes & Impact – Transforming Access to Care for Students

Program Outcomes

-  35+ Participating Schools
-  5 Rural Counties Served
-  8,000+ Students & Faculty with Access to Care
-  Multiple Community & Healthcare Partnerships
-  Integrated Medical, Behavioral Health Services

Impact

- Improving Access
- Strengthening Schools
- Supporting Families
- Building Healthier Communities



School-Based Telehealth Program

Expanding Access to Care Where Students Already Are

Lauren Johnson, FNP-BC | McLeod Health

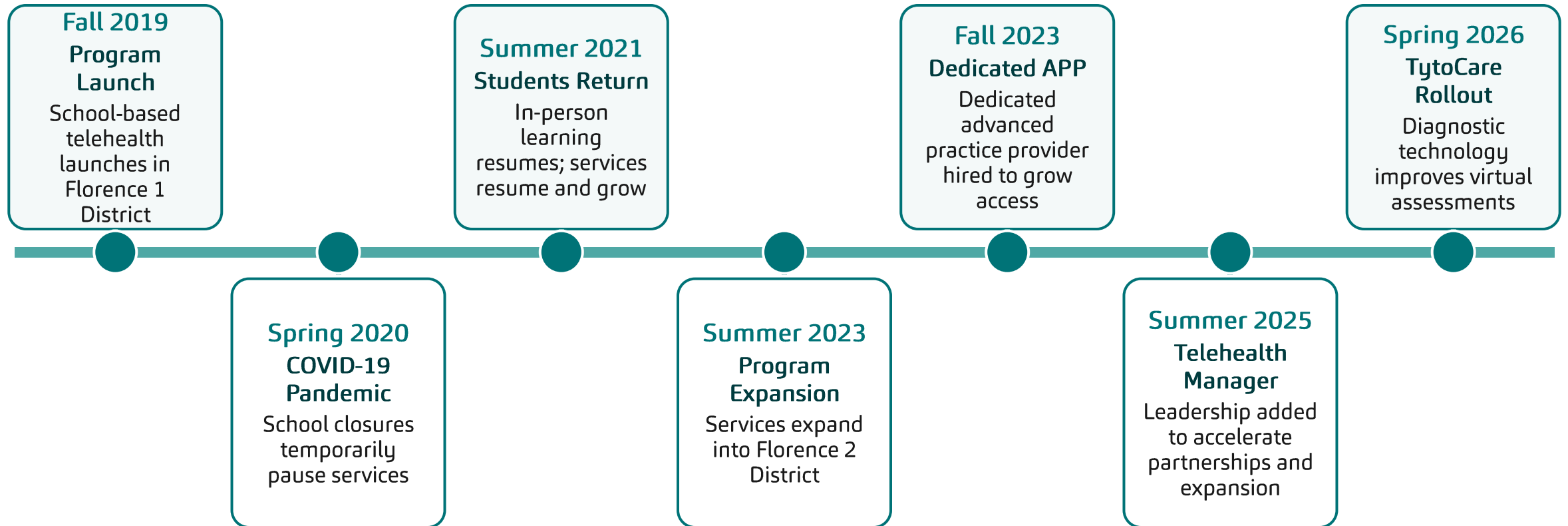
Palmetto Care Connections Pre-Summit Session | August 31, 2026



The Power of Connection
August 31, September 1, and September 2, 2026



Program Background



AT A GLANCE — 2 districts • 7 schools • 1,396 students eligible • 406 visits since 2019 (75% since 2023)

Implementation: Challenges & Solutions

Challenge	Solution
Manual outcome tracking made it difficult to consistently measure program impact.	Repurposed the Provider Satisfaction Survey to capture Student Disposition data, creating a more efficient and standardized outcome tracking process.
Multiple applications and logins created workflow inefficiencies — and one core application was being sunset, forcing a migration on the program's timeline.	Used the forced migration to consolidate onto a single platform and optimize EpicLink workflows, reducing the software footprint, simplifying access, and cutting training time.
Flexing provider resources across school and primary care blurred billing and program-specific reporting.	Created a dedicated EHR visit type separating School Telehealth from Primary Care Telehealth — the billing and reporting foundation the flex model runs on.
School nurses often sent students home instead of initiating telehealth visits due to time constraints and workflow familiarity.	Conducted hands-on, on-site training with district nurses and nurse leadership to establish expectations, share best practices, and reinforce the impact of school attendance on student success.

Partnership proof point

Both districts now protect dedicated nurse training time before the school year starts, and each district's Lead Nurse actively advocates for the program.

Outcomes & Impact

School Year	School Name	Attendance Mode	Telehealth Visits	Possible Student Days	Total Absences	Absence Rate
2024-2025						
	HP Elem/Middle	Daily	64	140,327	12,455	8.88%
	HP High School	Period	52	60,073	20,751	34.54%
2025-2026						
	HP Elem/Middle	Daily	50	146,970	11,962	8.14%
	HP High School	Period	43	57,812	17,378	30.06%

Utilization

Avg 16 visits per month;
Respiratory/Upper Respiratory Complaint,
EENT, GI related

Satisfaction

"I love being a part of the Telehealth Family that has been formed!! I'm able to reach out any time I have a question or need assistance"

"I like that it allows students to be seen by a practitioner that would otherwise probably not go to the doctor."

Health Outcomes

Return to class rate 70%
Relative reduction 20% decrease in
absenteeism rates
60+ hours instruction time saved

Takeaway: Absence rates fell year over year at both schools

Key Takeaways

1. Lead with the why to drive enrollment and utilization

Hands-on, on-site training that ties telehealth to attendance and learning is what moved busy nurses from sending students home to initiating visits.

2. A dedicated provider starts the program — a shared model sustains it

Most organizations use a dedicated APP. Ours proved demand; the goal is a pooled capacity model where APPs see students between their scheduled patients — which only works if a visit fits in the gaps.

3. Nurse workflow is the program

Consolidating to a single platform cut training time and made visits fast enough for a flexible provider model.

4. Build for usability — and let the data decide

Usage tracks usability. Where utilization stays flat over several years despite change management, we pivot resources to schools ready to grow.

Questions? Lauren Johnson, FNP-BC • McLeod Health • lauren.johnson1@mcleodhealth.org • 843-632-0817

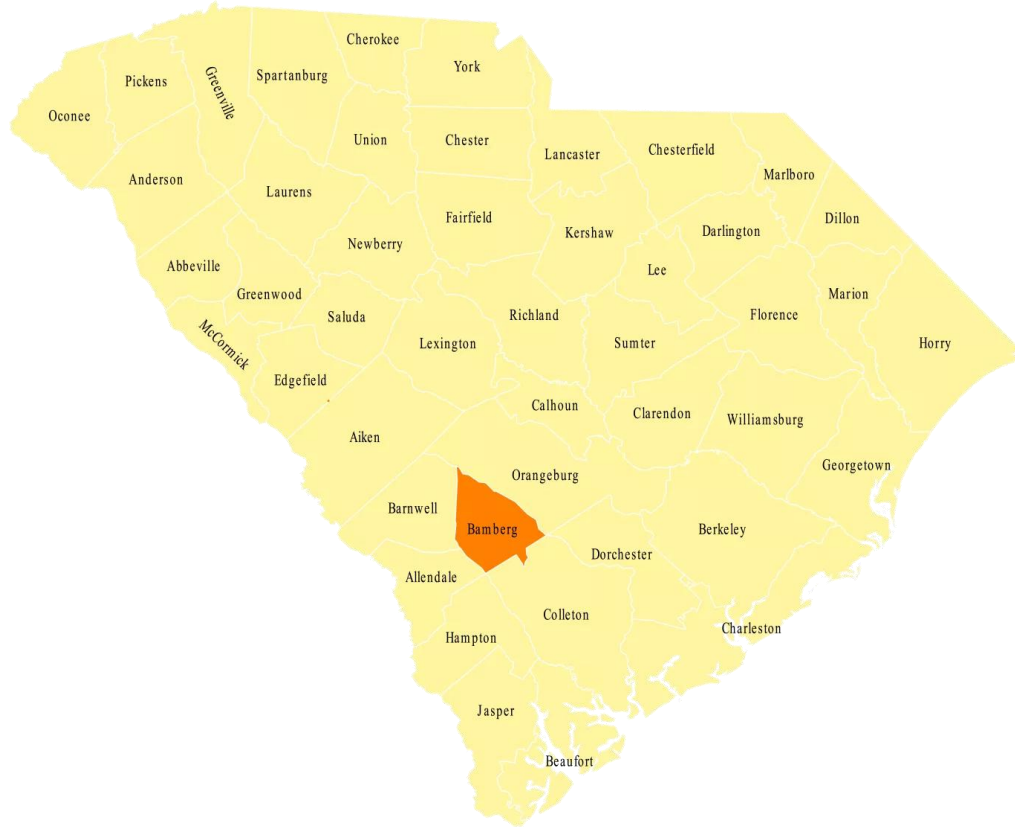
Building a Sustainable Rural School-Based Telehealth Program

A partnership with Bamberg County School District and Palmetto Care Connections



Bretta Kittrell, MSN, APRN, FNP-C
Bamberg Family Practice

Bamberg County



- Population: 12,796 (17.9% <18 y.o)
- School Enrollment (K4-12th Grade)- approximately 1,800 students in BCSD
- Poverty Rate: 24.2%
- Median Travel Time to Work: 28 Min.

Bamberg Family Practice

- A Rural Health Clinic (RHC) and designated Patient-Centered Medical Home
- Services:
 - Primary & Preventive Care
 - Chronic Care Management (CCM)
 - Remote Patient Monitoring (RPM)
 - Telehealth
 - Healthy Living/Weight Loss Consultation Care
 - Hormone Management
 - In-house Lab services
 - Imaging (Xray, Ultrasound, DEXA, & Mammography)
- Employees
 - 37 staff members
 - 7 providers (1 MDs and 6 NPs)
 - 2 Full-Time Telehealth Nurse Practitioners



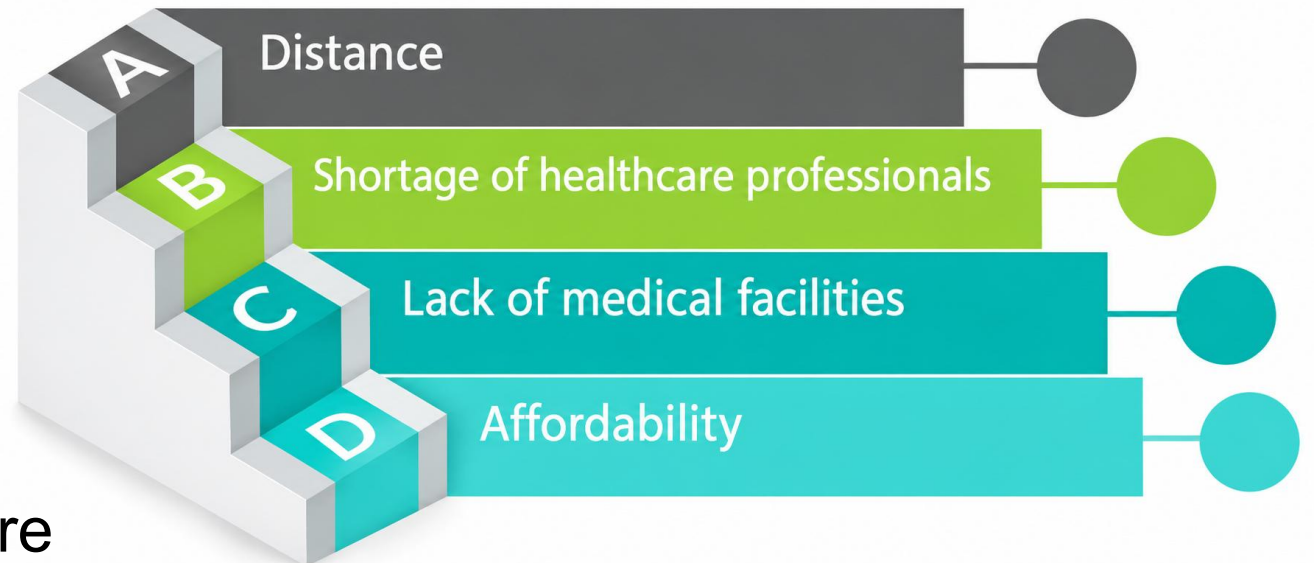
Our Mission

Our mission at Bamberg Family Practice is to provide comprehensive, compassionate, and personalized healthcare to our rural community. As a patient-centered medical home, we are committed to fostering long-term healing relationships with our patients and their families. We strive to integrate all aspects of healthcare, coordinating care across all settings, and empowering our patients to be active participants in their health. We are dedicated to improving the health and well-being of our community, one patient at a time.

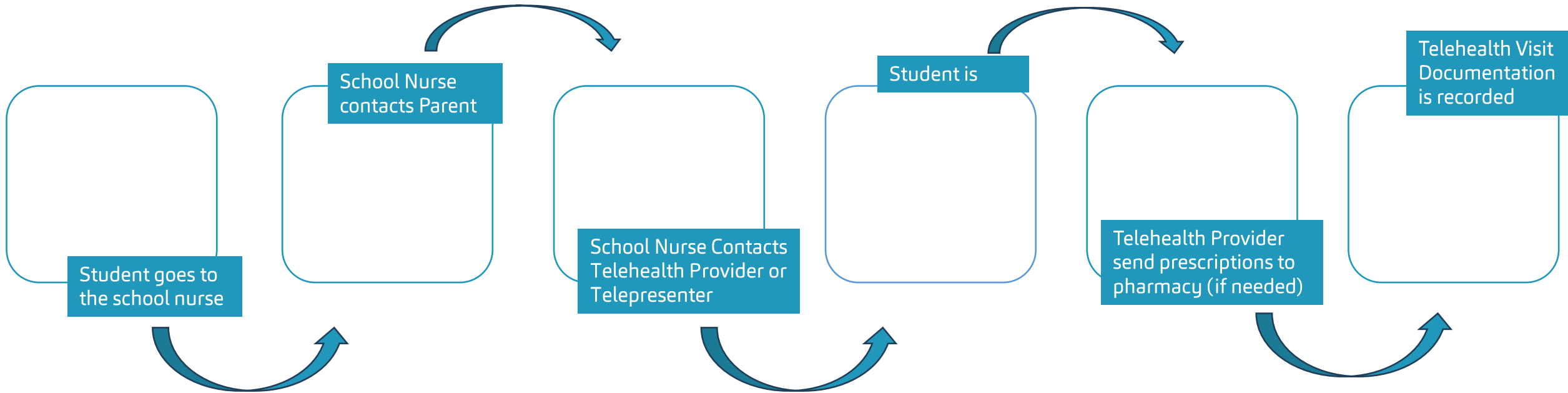
Why School-Based Telehealth?

Rural Challenges

- Provider Shortages/School Nurse Shortages
- Transportation Barriers
- Parents missing work
- Students missing class
- Limited access to same-day care



Our Care Model



Building the Program

Then

- Paper Consents
- Nurse Scheduled Visits
- Limited Provider Time
- Few Referrals
- Minimal Awareness



Now

- Digital consent
- Telehealth Coordinator
- Dedicated Telehealth Providers
- Streamlined workflow
- Community outreach

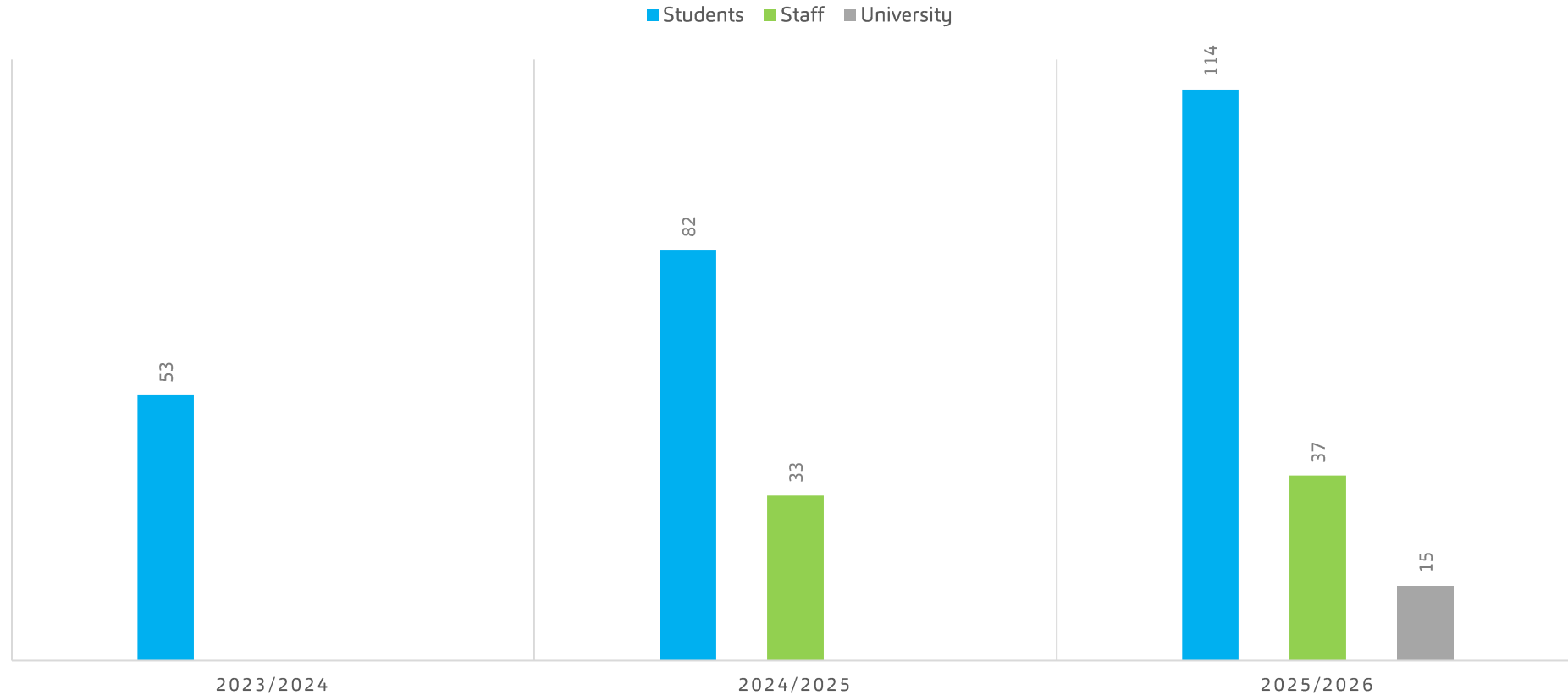
Implementation Tips and Lessons Learned

1. Build Relationships
2. Participate in Events and Be a Part of School Committees
3. Telepresenter Training
4. Dedicated Telehealth Provider
5. Ensure a strong Telehealth Infrastructure is in place



School-Based Telehealth Growth

SCHOOL-BASED TELEHEALTH VISITS



RESULTS THAT MATTER

Strong Utilization. High Satisfaction. Meaningful Impact.



SCHOOL-BASED TELEHEALTH UTILIZATION



167

SCHOOL-BASED
TELEHEALTH VISITS

2025-2026 SCHOOL YEAR
(August 2025 – May 2026)



114 STUDENTS



37 STAFF



15 COLLEGE
STUDENTS



PARTICIPATION BY SCHOOL



RCES	47	(47%)
BEHS	37	(37%)
BEMS	14	(14%)
DOES	2	(2%)



**Real Results.
Real Difference.**

School-based telehealth improves access to care, reduces barriers, and keeps students healthy so they can stay in class and thrive.



PARENT & CAREGIVER SURVEY RESULTS



99%

SATISFIED OR
EXTREMELY SATISFIED



100%

WOULD USE
TELEHEALTH AGAIN



95%

WOULD HAVE SEEN
A DOCTOR ANYWAY



24%

POSSIBLE EMERGENCY
ROOM VISITS AVOIDED

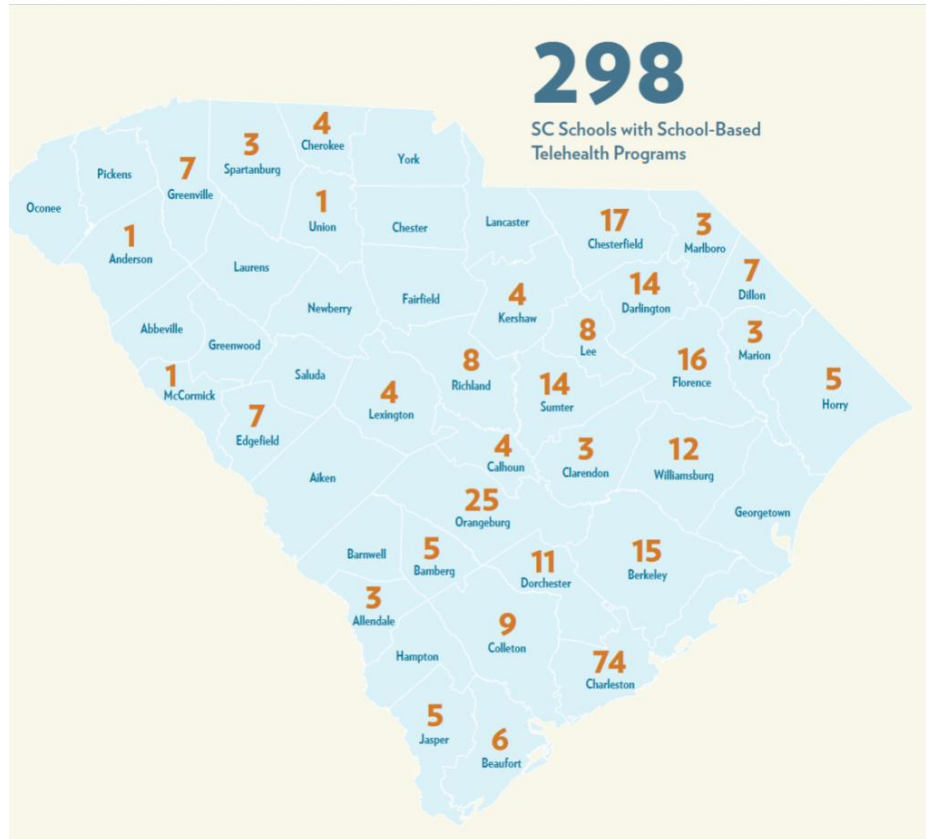


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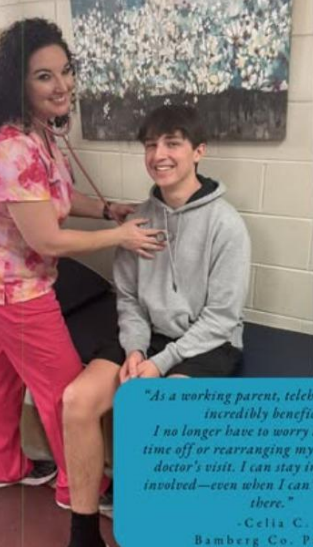
SURVEY RESPONSES

REPRESENTING PARENTS & CAREGIVERS
ACROSS ALL SCHOOLS

Future Direction



- More Schools
- More Communities
- More Community Resource Connections
- More Students and Families Positively Impacted



Stay Healthy This Cold & Flu Season!

- Wash Hands
- Cover coughs and sneezes
- Make sure your student is enrolled in School-Based Telehealth Program so care is available when symptoms arise

Scan the QR Code to sign up

For more information, questions, or to schedule an appointment, contact Telehealth Coordinator **Caroline Warren** at 803.956.6070 or **Bretta Kittrell, FNP** at 803.245.5168.



Bamberg School District School-Based Telehealth

Step 1: Student goes to nurse for assessment and nurse decides student can do telehealth visit. Nurse then contacts parent/guardian for consent.

Step 2: Nurse or telehealth coordinator contacts Bamberg Family Practice to confirm consent is received. Nurse or telehealth coordinator schedules visit with provider and student.

Step 3: BFP sends appointment link to school nurse or telehealth coordinator. Student's parent can receive link if requested. Nurse or telehealth coordinator assists student with visit.

Step 4: If prescription medication is needed, it will be called into the student's preferred pharmacy. A note will be sent to the student's primary care provider.

For more information contact:
Bretta Kittrell, FNP-C
Bamberg Family Practice 803.245.5168 ext. 152
Faren Stroman, FNP-C
Bamberg Family Practice
Caroline Warren
Telehealth Coordinator 803.956.6070
Palmetto Care Connections

What can telehealth be used for?

■ Allergies	■ Anxiety/Depression
■ Asthma	■ Pink Eye
■ Bladder Infections	■ Rashes
■ Colds and Flu	■ Respiratory Infections
■ ADHD	■ Sinusitis
■ Diarrhea	■ Skin Inflammations
■ Ear Ache	■ Sore Throat
■ Infections	■ UTIs
■ Insect Bites	■ Vomiting



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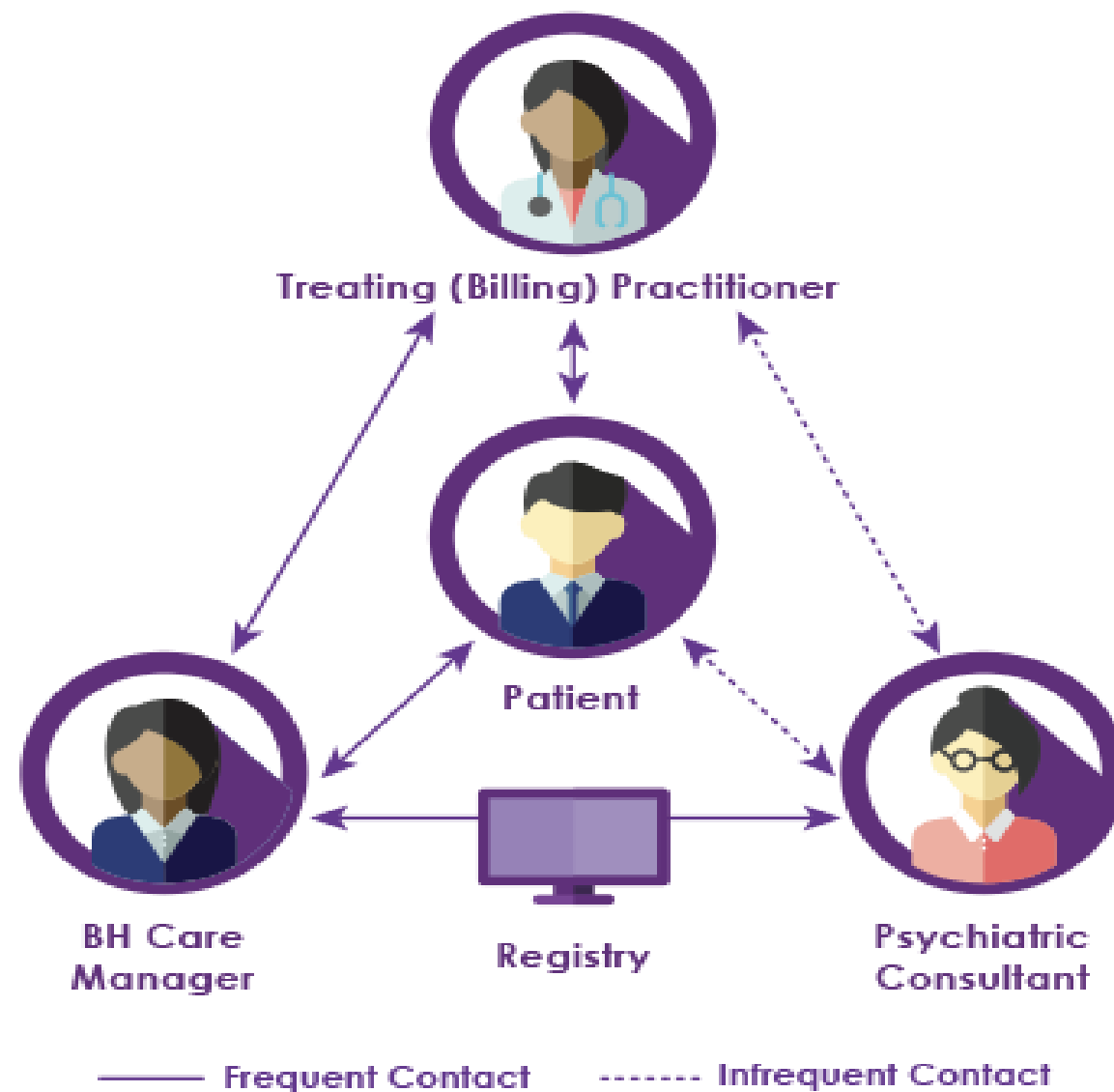
MUSC School-Based Collaborative Care Model (CoCM)

What is Collaborative Care?

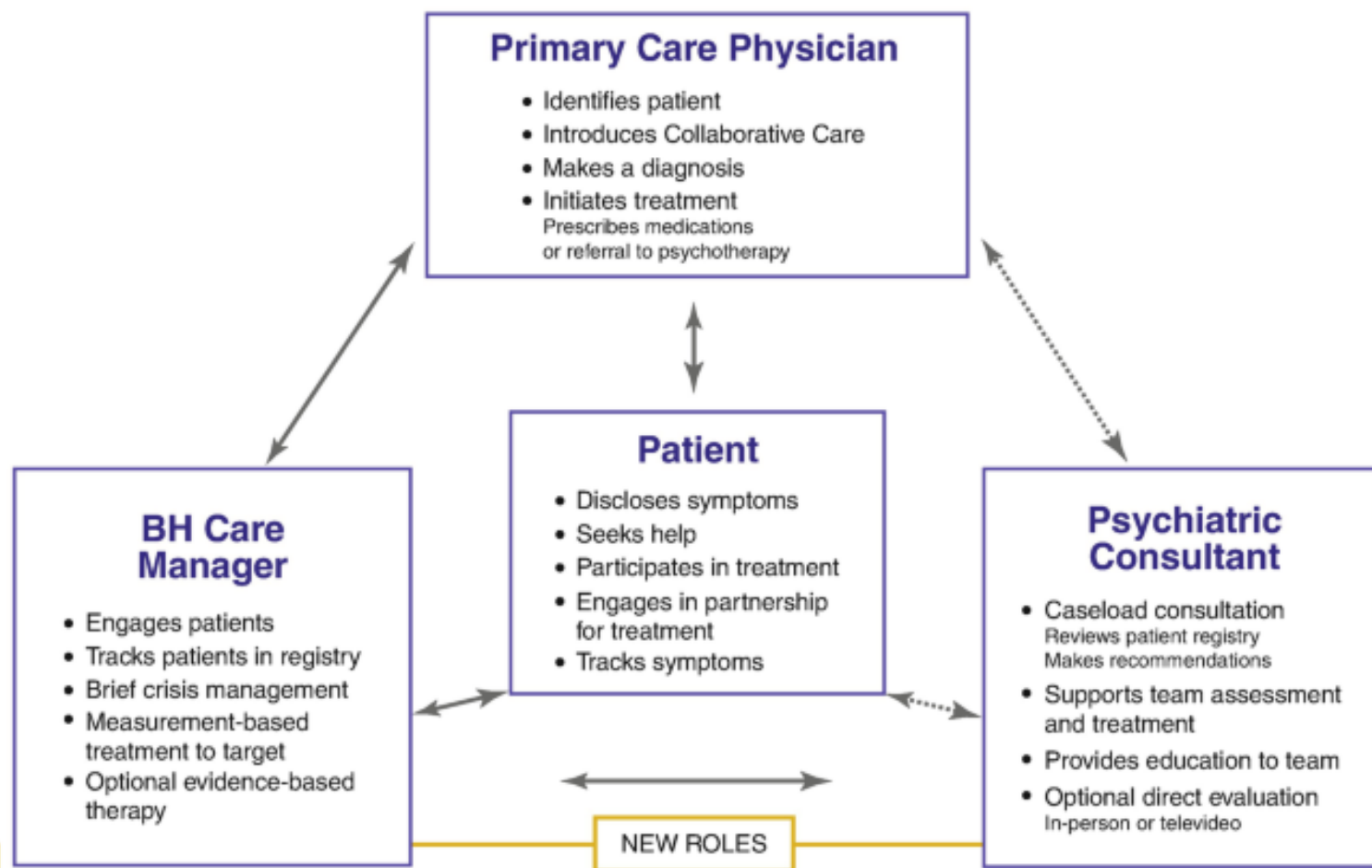
- The Collaborative Care Program (CoCM) is a team-based approach to helping patients address their behavioral health needs. The program is based on research that demonstrates improved patient outcomes and satisfaction.
- Collaborative Care offers many benefits like helping patients better navigate care options and resources
- Key components include a comprehensive screening, diagnosis and treatment; care coordination to ensure seamless care; regular monitoring and treatment using validated clinical rating scales and data registry; and systematic psychiatric caseload reviews and consultation available for patients who do not show improvement under the model.
- CoCM is beneficial for low to medium acuity patients with behavioral health diagnoses including ADHD, depression, anxiety, etc. Therapeutic treatment is broader and shorter in span in comparison to traditional therapy.

CoCM vs Traditional Mental Health Referral

CoCM	Traditional Referral
Delivered within primary care	Requires separate mental health provider
Team-based	One-on-one clinician model
Measurement-based	Often subjective
Shorter wait times	Longer access delays



Collaborative Care Team Structure



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Process currently in place for CoCM

- Referrals from Primary Providers/Physical Health Team to CoCM are made in RedCap
- BHCM contacts guardian/school to schedule intake
- BHCM conducts intake and screeners with patient/guardian
- BHCM meets with Psychiatrist for medication management/consultation
- BHCM follow-ups with Primary Provider/Physical Health Team via Teams meeting/email in relation to medication management, consultation, intake, etc.
- BHCM meets with patients as needed (once a monthly minimum) to administer screeners, motivational interviewing, brief evidenced based strategies, etc.

Questions?

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Manager of School Based Telehealth

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School Based Telehealth Services Overview

**South Carolina Department of Education (SCDE)
Office of Health and Nutrition (OHN) - Medicaid Services Program**



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General Telehealth Overview

- The Centers for Medicare and Medicaid Services (CMS) defines telehealth as the use of electronic information and telecommunications technologies to extend care when a provider and a patient are not in the same place at the same time.
- Services rendered via telehealth are not an addition to Medicaid-covered services but an option for the delivery of certain covered services.
- Quality of health care must be maintained regardless of the mode of delivery (i.e., telehealth).
- Medical care must be individualized, specific, and consistent with symptoms or confirmed diagnosis of the illness or injury under treatment.
- The beneficiary must be present and participating in the telehealth visit.

Telehealth Technology

- Services must be provided synchronously (i.e., real-time, audio-video communication that connects physicians and patients in different locations), using both audio and video components.
- Medicaid does not reimburse for services provided asynchronously (i.e., allows providers and patients to share clinical information without real-time, audio-video communication- emails, messages, and recorded videos, where responses can be given at a later time).
- Providers must utilize a telecommunication system (interactive audio/video) that permits encrypted communications between the provider and student.
- Technology and activities must comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) to adequately protect the confidentiality and integrity of the telehealth information transmitted.

Provider Eligibility

- **Eligible providers must:**

- Be currently enrolled in the SC Medicaid program.
- Render services in accordance with the appropriate SCDHHS (South Carolina Department of Health and Human Services) coverage policies.
- Meet the appropriate Medicaid credentialing requirements.
- Render services in accordance with the provider's scope of practice.

Referring Site

- The referring site (also called the patient site or originating site) is the location (i.e., school or patient home) of the student at the time that the telehealth service is being rendered.
- Telehealth services must be presented from a referring site located in the South Carolina Medicaid Service Area (SCMSA).
- A trained healthcare professional at the referring site (patient site presenter) is required to present the student to the provider at the consulting site and remain available as clinically appropriate.
- The referring site presenter must be trained in the use of the equipment.

Covered Referring Sites

- For LEA's, covered referring sites are:
 - Public Schools
 - Patient home

Consent to Treat & Bill

- Both the referring and consulting provider must have documentation of consent to treat.
- Both the referring and consulting provider must have a signed Release of Information prior to billing.
- Third-party healthcare providers may have consent requirements in addition to those of SC Medicaid.
- The South Carolina Labor, Licensing, and Regulation (SCLLR) may have additional requirements regarding written telehealth consent. SCLLR requires that some licensed professionals obtain a written consent form for telehealth services. Please refer to the appropriate licensing boards for guidance.

Allowable Telehealth Services

Referring Provider

- Only eligible to receive a facility fee for telehealth services.
- Q3014 is the procedure code that represents the telehealth originating site facility fee.
- This code is used to bill for facilitating the service when a student is receiving telehealth services at an approved originating/referral site.

Consulting Provider- External District Staff

- Services allowed to be delivered via telehealth:
 - Individual Occupational Therapy (97530)
 - Individual Speech Therapy (92507)
 - Comprehensive Diagnostic Assessment (90791)
 - Individual Psychotherapy (90832, 90834, 90837)
 - Family Psychotherapy (90846 & 90847)

Consulting Provider- Third-Party Healthcare Provider

- Determined by Medicaid's allowance of the third-party healthcare provider
- Prior to contracting with a third-party healthcare provider, the district should discuss the services that will be made available via telehealth to students within the district.

Telehealth Reimbursement

- School districts can be reimbursed by Medicaid for facilitating services provided by third-party providers per service encounter at \$20.92.
- Q3014 is the procedure code that represents the telehealth originating site facility fee.

Procedure Code	Procedure Code Description	Modifier	Modifier Description	Unit of Service	Frequency	Reimbursement
Q3014	Telehealth Originating or Referring Site* Facility Fee	GT	Denotes that the encounter occurred via telehealth	Per Encounter	Per Encounter	\$20.92

*Originating or Referring site is the location of the student (i.e. the LEA/school or, in some instances, the student's home). LEAs can bill for Q3014.

Why School-Based Telehealth Matters



Access

- Connects students to services that may otherwise be difficult to obtain.
- Can enhance overall well-being of school environment.



Time

- Reduces missed classroom time.
- Reduces parents' need to leave work for appointments.

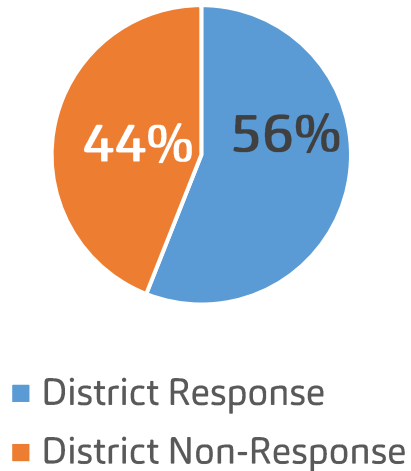


Sustainability

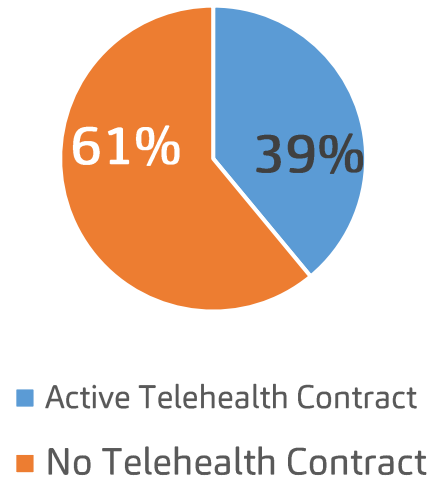
- Districts may receive Medicaid reimbursement for facilitating services.
- Can save time and money for families, schools, and healthcare systems.

What We Are Seeing Across School Districts

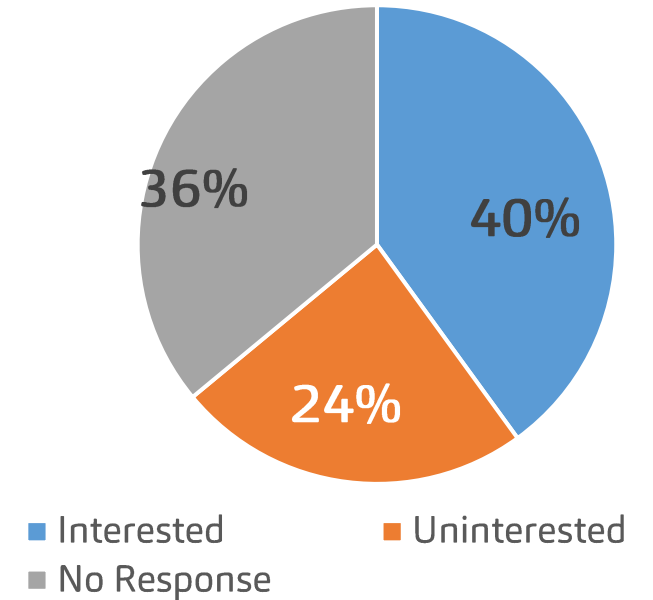
Survey Participation



Telehealth Contracts



District Interest



*Data Source: SCDE District Survey July 2025

The Future of School-Based Telehealth

- Continue educating districts on telehealth opportunities.
- Support implementation and compliance.
- Promote partnerships between schools and healthcare providers.
- Improve access to care while keeping students engaged in school.
- Help districts leverage available Medicaid reimbursement opportunities.



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