**State:** New Hampshire

**What is your team’s biggest strength around telehealth programs?**

NH is the home of the Dartmouth Center for Telehealth which is the hub for a variety of telehealth activities and the program lead, Sara Pletcher, MD, is nationally recognized for her pioneer work. Telehealth is considered to be accessible for NH with over 90% of the state having access to internet services. Under state statute telehealth services can be provided and reimbursed under standard Medicaid, Medicaid Managed Care and non ERISA private insurance plans for the same provider types as identified by Medicare. Currently, there are standard processes for telepsychiatry for pediatric care. Additionally, efforts for teleconsultation have been initiated in Part C Early Intervention for specialized Hearing and Vision services.

**Describe your team’s biggest challenge around telehealth programs.**

There are limitations related to the fact that provider types have been specifically identified and therefore limit expansion/flexibility. Additional limitations include:
- The ability to assure sites/security officers/families of the security of health information using teleinterventions.
- The Dartmouth Center for Telehealth is a valuable resource but costs can be high to partner with them and their services are in demand and therefore they choose with which projects they want to work with.
- Workforce comfort and skill with teleinterventions is limited and they are at times resistant.
- Limitations regarding which participants (in person vs. consultant) are able to bill and how to arrange for services from out of state consultants (some issues are licensing when clinicians are involved but many Early Intervention service providers of Autism Services are generally not licensed such as ABA providers, Behavior Specialists, Autism Specialists etc).

**Describe ONE current strategy that your state is using around telehealth.**

New England Part C Early Intervention programs have begun work to ready their state programs to be able to utilize Teleconsultation. NH’s program, called Family Centered Early Supports and Services (FCESS) has decided to create a series of trainings and guidance documents to facilitate this process. The effort will include the development of Training modules for FCESS staff, families and potential consultants. Each group will have both didactic and video tutorials to support a common understanding of how to begin to utilize teleconsultation, the potential benefits and how to monitor for effectiveness/satisfaction. FCESS already has a funding mechanism to cover consultations for hearing and vision issues utilizing State Funds and has piloted teleconsultation for these services. The pilot is designed to have FCESS staff present with the family/child and they facilitate the use of the technology for the consultation. Families and provider have provided positive feedback and NH FCESS has created a YouTube video demonstrating the process and highlighting the participants’ experiences.

**What’s one interesting thing about your state?**

Traditionally, teleintervention is identified and utilized for rural and frontier regions. NH projects interested in teleintervention have consistently identified a need to recognize the potential for teleintervention services in all areas of the state and last year NH legislation was changed to allow for statewide coverage. A feat because NH has 400 legislators and 26 senators, all volunteers making up the 3rd largest English speaking legislative body in the world.

**What does your team hope to gain from this meeting?**

NH would like to build upon our strategies to better engage providers and develop a sustainable process. Specifically, related to Autism Services, NH is very interested in research and approaches that facilitate teleintervention in order to make services more accessible while maintaining quality and fidelity to evidence based models. Additionally, techniques for accessing out of state providers will be a focus for the Peer to Peer Exchange.