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BRIEF / 05-19-25

## States' Use of Telehealth to Support Children with Chronic and Complex Needs

 by [Robin Buskey](https://nashp.org/author/rbuskey/) (https://nashp.org/author/rbuskey/)

Approximately 20 percent of all [children and youth in the U.S. have chronic and complex needs](https://mchb.hrsa.gov/programs-impact/focus-areas/children-youth-special-health-care-needs-cyshcn) (https://mchb.hrsa.gov/programs-impact/focus-areas/children-youth-special-health-care-needs-cyshcn), including physical, mental, and behavioral health conditions. These children have greater needs and require more specialized care than children without special needs, yet [they experience significant challenges to accessing quality care](https://www.macpac.gov/wp-content/uploads/2024/08/Access-in-Brief-Children-and-Youth-with-Special-Health-Care-Needs.pdf) (https://www.macpac.gov/wp-content/uploads/2024/08/Access-in-Brief-Children-and-Youth-with-Special-Health-Care-Needs.pdf) and many do not receive the care and services needed. Families of children with chronic and complex needs [experience a higher cost burden](https://pmc.ncbi.nlm.nih.gov/articles/PMC2872488/#:~:text=Children%20with%20special%20health%20care%20needs) (https://pmc.ncbi.nlm.nih.gov/articles/PMC2872488/#:~:text=Children%20with%20special%20health%20care%20needs) and [greater financial challenges](https://publications.aap.org/pediatrics/article/149/Supplement%207/e2021056150/188221/Financing-Care-for-CYSHCN-in-the-Next-Decade?autologincheck=redirected) (https://publications.aap.org/pediatrics/article/149/Supplement%207/e2021056150/188221/Financing-Care-for-CYSHCN-in-the-Next-Decade?autologincheck=redirected) (e.g., difficulty paying medical bills, reduced employment, missed time from work) to accessing care than other families due to their increased use of health services. When children with chronic and complex needs are not able to access timely care, [they can experience adverse health outcomes](https://www.macpac.gov/wp-content/uploads/2024/08/Access-in-Brief-Children-and-Youth-with-Special-Health-Care-Needs.pdf) (https://www.macpac.gov/wp-content/uploads/2024/08/Access-in-Brief-Children-and-Youth-with-Special-Health-Care-Needs.pdf).

Telehealth has been a critical [tool to improving access to care for children with chronic and complex needs](https://pmc.ncbi.nlm.nih.gov/articles/PMC9633975/#:~:text=Telehealth%20is%20particularly%20important%20for,barrier) (https://pmc.ncbi.nlm.nih.gov/articles/PMC9633975/#:~:text=Telehealth%20is%20particularly%20important%20for,barrier) who experience significant barriers to receiving necessary care, particularly for those who may not have access to local pediatric specialty care. Over one-third (36.7 percent) of children with chronic and complex needs [had health care visits by video or phone during the past 12 months](https://www.childhealthdata.org/browse/survey/results?q=10242&r=1&g=1085) (https://www.childhealthdata.org/browse/survey/results?q=10242&r=1&g=1085), compared to 11.7 percent of children without chronic and complex needs. [Evidence shows](https://publications.aap.org/pediatrics/article/148/3/e2021050400/181148/Telemedicine-for-Children-With-Medical-Complexity) (https://publications.aap.org/pediatrics/article/148/3/e2021050400/181148/Telemedicine-for-Children-With-Medical-Complexity) that the addition of telehealth to comprehensive care can reduce care days outside the home (such as in a clinic or hospital), serious illnesses, other adverse outcomes, and health care costs for medically complex children. Telehealth has been [shown to have a positive effect](https://translationalsciencebenefits.wustl.edu/case-) (https://translationalsciencebenefits.wustl.edu/case-)

[study/telehealth-use-and-access-to-services-for-children-with-special-healthcare-needs/](#)) on health outcomes and improved access to pediatric specialty care, reduced disparities in access, and decreased financial burden among families.

The use of [telehealth](https://www.hhs.gov/hipaa/for-professionals/faq/3015/what-is-telehealth/index.html) (<https://www.hhs.gov/hipaa/for-professionals/faq/3015/what-is-telehealth/index.html>) has increased exponentially due to advancing technology and out of necessity during the COVID-19 public health emergency (PHE). Many states implemented policies to allow telehealth flexibilities during the PHE. This brief highlights state innovations and considerations for delivering care and services via telehealth to children with chronic and complex needs moving forward.

## Medicaid Flexibilities and Coverage for Telehealth Services

[More than half of the children with chronic and complex needs](#)

([https://www.kff.org/medicaid/issue-brief/children-with-special-health-care-needs-coverage-affordability-and-hcbs-](https://www.kff.org/medicaid/issue-brief/children-with-special-health-care-needs-coverage-affordability-and-hcbs-access/#:~:text=Medicaid%2FCHIP%20covers%20almost%20half,covered%20by%20private%20insurance%20alone,)

[access/#:~:text=Medicaid%2FCHIP%20covers%20almost%20half,covered%20by%20private%20insurance%20alone,](https://www.kff.org/medicaid/issue-brief/children-with-special-health-care-needs-coverage-affordability-and-hcbs-access/#:~:text=Medicaid%2FCHIP%20covers%20almost%20half,covered%20by%20private%20insurance%20alone,)

in the U.S. are covered by Medicaid and the Children's Health Insurance Program (CHIP). Many [telehealth flexibilities were implemented](#)

(<https://www.medicaid.gov/medicaid/benefits/downloads/medicaid-chip-telehealth-toolkit-supplement1.pdf>) for these programs during the PHE. Changes to federal and state telehealth

regulations — such as expanded service availability and relaxed originating site requirements — allow health care providers to deliver a wide range of services via telehealth. States are

actively considering ways to maintain and improve the established flexibilities, such as including telehealth as reimbursable services under Medicaid managed care and specialty

plans. Some states have adopted permanent telehealth flexibilities, and many [states](#)

[established telehealth parity laws](#) (<https://www.cchpca.org/topic/parity/>) to ensure that services provided via telehealth are reimbursed at the same rate as traditional in-person medical

appointments. In addition, the 2025 Child, Adult, and Health Home Core Sets [include](#)

[telehealth measures](#) ([https://www.medicaid.gov/medicaid/quality-of-](https://www.medicaid.gov/medicaid/quality-of-care/downloads/telehealth-ta-resource.pdf)

[care/downloads/telehealth-ta-resource.pdf](https://www.medicaid.gov/medicaid/quality-of-care/downloads/telehealth-ta-resource.pdf)), providing data on the care provided to Medicaid

and CHIP beneficiaries through telehealth, along with data on services provided through other care settings such as hospitals, emergency departments, primary care, and dental offices.

## Benefits of Telehealth for Children with Chronic and Complex Needs and Their Families

There are potential benefits of telehealth, including improving provider access, cost savings, and convenience for caregivers and their children.

- **Access to a broader network of providers or health care services.** For children and their caregivers who find it difficult to travel to appointments due to mobility challenges, or those living in remote areas, telehealth can provide more access to pediatric providers and specialized services.
- **Greater reliability and accessibility.** Families living in rural areas may experience transportation challenges (e.g., lack of reliable transportation, limited medical transport service options), and telehealth can provide critical access to services and specialty care that may otherwise be difficult to obtain.
- **Increased convenience.** [Telehealth offers convenience](#) (<https://pmc.ncbi.nlm.nih.gov/articles/PMC8590973/#:~:text=Telemedicine%20enables%20patients%20to%20>) by allowing virtual appointments to be scheduled at times that work best for families, reducing the time spent traveling and waiting in clinics, as well as missed time from work and school.

- **Provision of consistent and continuous care.** Telehealth can support consistent follow-up appointments and care coordination efforts (<https://nashp.org/national-care-coordination-standards-for-children-and-youth-with-special-health-care-needs/>), which are critical to improving overall health outcomes of children with chronic and complex needs.
- **Reduced costs for patients and families.** Use of telehealth can cut costs associated with in-person visits, <sup>PRINT</sup> such as transportation and wage losses due to time off work (<https://pmc.ncbi.nlm.nih.gov/articles/PMC10121966/>). Children with chronic and complex needs can often have multiple appointments with different providers, so the cost consideration can be significant for some families.
- **Access to supports for critical child welfare services.** Telehealth can also be a valuable tool in the provision of child welfare services (<https://www.casey.org/telehealth-child-welfare/>), such as medical exams for suspected abuse or neglect, standardized screenings and behavioral health assessments, virtual home visits, and family engagement efforts (e.g., parent education, service plan development and updates, support groups).

## States use Telehealth Strategies to Support Providers and Improve Access to Care

High-quality telehealth is an important component in bridging gaps in care for children with chronic and complex needs. Telehealth can improve access to providers in rural and under-resourced areas, enabling timely and child-centered care where such specialized care is often unavailable. States are using a variety of telehealth strategies to improve access to care, including supporting primary care providers (PCPs), addressing the shortage of pediatric specialty care providers, and strengthening access to behavioral and mental health services.

One strategy that states are using to improve access to care for children with chronic and complex needs is to use telehealth to support PCPs and improve efficiencies (<https://pmc.ncbi.nlm.nih.gov/articles/PMC8590973/>) through streamlining administrative processes, such as scheduling, follow-ups, and prescription refills. PCPs can provide enhanced patient monitoring of critical health markers such as blood pressure and glucose levels in real time. Telehealth can also facilitate regular check-ins and adjustments to care plans, which may lead to better management of health conditions and reduced hospitalizations.

Another approach states are taking is to implement telehealth to address workforce shortages ([https://www.childrenshospitals.org/-/media/files/public-policy/chgme\\_workforce/pediatric-workforce-shortages.pdf](https://www.childrenshospitals.org/-/media/files/public-policy/chgme_workforce/pediatric-workforce-shortages.pdf)) of pediatric specialty care providers. Telehealth can expand specialty care provider reach (<https://publications.aap.org/pediatrics/article/148/3/e2021053129/181044/Telehealth-Improving-Access-to-and-Quality-of?autologincheck=redirected>) and connect pediatric specialists with patients regardless of their geographical location, even across state lines. It can enhance communication and collaboration between PCPs and pediatric specialty providers, facilitate timely referrals, and ensure that children receive expert specialized care without extensive wait times to schedule a visit.

States are also using telehealth to strengthen access to behavioral and mental health services. Critical shortages of pediatric mental health professionals and increasing demand for care have led to long wait times for children with behavioral and mental health needs (<https://publications.aap.org/pediatrics/article/152/3/e2023063256/193700/The-Management->

of-Children-and-Youth-With?autologincheck=redirected), which can lead to delays in diagnosis and treatment and impact their development and well-being. Telehealth offers versatile platforms that can facilitate [developmental screening and assessments](https://www.aap.org/en/practice-management/care-delivery-approaches/telehealth/promising-practices/telehealth-for-neurodevelopmental-assessment-and-intervention/) (<https://www.aap.org/en/practice-management/care-delivery-approaches/telehealth/promising-practices/telehealth-for-neurodevelopmental-assessment-and-intervention/>) and different therapeutic modalities, including individual and group therapy sessions.

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## Challenges to Using Telehealth for Children with Chronic and Complex Needs

While telehealth can be beneficial for children with chronic and complex needs and their families (see text box), there are certain types of appointments or situations for which an [in-person visit is required and telehealth may not be suitable](https://healthlaw.org/telehealth-and-disability-challenges-and-opportunities-for-care/) (<https://healthlaw.org/telehealth-and-disability-challenges-and-opportunities-for-care/>). Some health care providers and caregivers of children with chronic and complex needs may prefer in-person visits and [feel telehealth may not be the most suitable or desirable option](https://effectivehealthcare.ahrq.gov/sites/default/files/related_files/use-telehealth-during-COVID-19-systematic-review.pdf) ([https://effectivehealthcare.ahrq.gov/sites/default/files/related\\_files/use-telehealth-during-COVID-19-systematic-review.pdf](https://effectivehealthcare.ahrq.gov/sites/default/files/related_files/use-telehealth-during-COVID-19-systematic-review.pdf)) for those with complex conditions. States may want to consider when telehealth may provide the greatest benefit or be most impactful to the family. Other unique considerations that may impact the comfort and feasibility of telehealth services include:

- Physical presence may be needed to support a comprehensive examination or provision of care, such as during physical or oral health examinations.
- [Communication supports may be necessary for an effective visit](https://pmc.ncbi.nlm.nih.gov/articles/PMC7346769/#:~:text=Abstract,outcomes%20for%20persons%20with%20di) (<https://pmc.ncbi.nlm.nih.gov/articles/PMC7346769/#:~:text=Abstract,outcomes%20for%20persons%20with%20di>) such as for individuals with language access issues or those with intellectual or developmental disabilities who may have difficulty communicating their needs verbally or using technology.
- Parents and caregivers may express interest in telehealth but [worry that all needs will not be adequately addressed](https://lpfch.org/wp-content/uploads/2024/02/tcp_telehealth_full_brief_v4.pdf) ([https://lpfch.org/wp-content/uploads/2024/02/tcp\\_telehealth\\_full\\_brief\\_v4.pdf](https://lpfch.org/wp-content/uploads/2024/02/tcp_telehealth_full_brief_v4.pdf)) and may need more time to establish trust with this service delivery method.
- Providers and caregivers may have [concerns about care quality and/or safety](https://psnet.ahrq.gov/primer/telehealth-and-patient-safety#:~:text=Several%20features%20of%20telehealth%20visits,5) (<https://psnet.ahrq.gov/primer/telehealth-and-patient-safety#:~:text=Several%20features%20of%20telehealth%20visits,5>) via telehealth.
- Families living in [rural or remote areas may experience limited broadband](https://www.ruralhealthinfo.org/toolkits/telehealth/1/barriers) (<https://www.ruralhealthinfo.org/toolkits/telehealth/1/barriers>) and poor connectivity, which may prohibit access to telehealth.

## State Telehealth Approaches to Improving Access to Care

The following state approaches highlight some of the ways in which states are using telehealth to support children with chronic and complex needs.

### Telehealth Approaches Supporting Primary and Integrated Care



#### Colorado

The [Colorado Pediatric Psychiatry Consultation & Access Program \(CoPPCAP\)](https://www.coppcap.org/) (<https://www.coppcap.org/>) was developed to assist Colorado pediatric primary care providers to assess and provide treatment for pediatric behavioral and mental health conditions presenting in the primary care setting. CoPPCAP serves the pediatric primary care community by providing peer consultation through telephone, email, and e-consultation services. CoPPCAP offers a one-time, face-to-face consultation either in person or through telehealth to support the primary care provider with diagnostic assessments and/or treatment recommendations. The program helps community providers find and access local mental health resources and provides education to primary care providers regarding mental and behavioral health concerns.



## Massachusetts

The Massachusetts Department of Health funds the [Massachusetts Technology Assistance Resource Team \(MASSTART\)](https://www.mass.gov/info-details/learn-about-masstart) (<https://www.mass.gov/info-details/learn-about-masstart>) program, which supports families who have children with a wide range of complex health conditions and technology needs (e.g., feeding tubes, tracheostomy, ventilator, oxygen, intravenous lines) or have a chronic illness. Given the constraints of years of limited level funding, MASSTART administrators explored ways to increase the capacity of their nurse consultants. By leveraging virtual platforms, they were able to significantly lower travel costs, increase nurse consultant utilization, and maintain the medical safety of the students and families they served. MASSTART providers work with families and schools to help them understand the special health care needs of children and resolve issues impacting the child's health while at school. They also support school personnel in the development of individual health care plans and provide educational programs about children with chronic and complex needs. MASSTART provides consultation, outreach, and training via virtual platforms to serve families without interruption. Services are provided to families, health care providers, school personnel, early intervention providers, and community organizations at no cost.

## Telehealth Approaches Addressing the Pediatric Specialty Care Workforce



## Alaska

The Alaska Department of Health (DOH) offers gap-filling pediatric specialty clinics across the state and serves children and their families through a combination of in-person and telehealth clinics. DOH provides [neurodevelopmental outreach clinics](https://health.alaska.gov/dph/wcfh/Pages/geneticspecialty/neurodevelopmental.aspx) (<https://health.alaska.gov/dph/wcfh/Pages/geneticspecialty/neurodevelopmental.aspx>) in rural areas of the state. A pediatric neurodevelopmental specialist works alongside a clinic coordinator and a parent navigator to conduct screenings and evaluations and provide diagnoses, patient education, and recommendations for early interventions and/or treatment services. DOH also supports the state's [metabolic clinic](https://health.alaska.gov/dph/wcfh/Pages/geneticspecialty/Metabolic.aspx) (<https://health.alaska.gov/dph/wcfh/Pages/geneticspecialty/Metabolic.aspx>), which contracts for an out-of-state physician consultant and part-time dietitian to offer metabolic clinical services. Patients are seen three times a year at in-person clinics in Anchorage or Fairbanks and through telehealth as needed. These providers also offer metabolic consultation services for abnormal metabolic results found through Alaska's Newborn Bloodspot Screening.



## California

The California Children's Services Medical Therapy Program (<https://www.dhcs.ca.gov/services/ccs/Pages/MTP.aspx>) operates a network of multidisciplinary school-based clinics called Medical Therapy Units (MTUs) to provide physical and occupational therapy services to children with disabling conditions, generally due to neurological or musculoskeletal disorders. MTUs provide medical care, durable medical equipment, orthotics, and therapy services to children with special health care needs, including virtual teletherapy services as an alternative to in-person visits when warranted or desired. Traditionally, patients and pediatric physiatrists traveled long distances to receive or provide care through the MTUs. This extensive travel has become unsustainable, so pediatric physiatrists are increasingly using telehealth to deliver care to children in these communities.

### Telehealth Approaches to Strengthen Access to Behavioral and Mental Health Services



## California

The California Department of Health Care Services launched two behavioral health virtual service platforms in 2024 as part of the state's CalHOPE program (<https://www.calhope.org/>), which provides mental health support and crisis services to children, youth, and families. These platforms — BrightLife Kids ([https://www.hellobrightline.com/brightlifekids/?utm\\_medium=referral&utm\\_source=calhopewebsite](https://www.hellobrightline.com/brightlifekids/?utm_medium=referral&utm_source=calhopewebsite)) and Soluna (<https://solunaapp.com/>) — complement existing services offered by health plans, counties, and schools by providing additional care options and resources for parents and caregivers, children, youth, and young adults. Both platforms offer free one-on-one support with a live coach, a library of educational multimedia resources, wellness exercises, navigational services, and peer communities moderated by trained behavioral health professionals. BrightLife Kids provides services to parents with kids ages 0–12, and Soluna provides services to teens and young adults ages 13–25. These platforms are a part of the Children and Youth Behavioral Health Initiative (<https://www.dhcs.ca.gov/cybhi>).



## Kansas

The Kansas University Medical Center (KUMC) administers a multi-agency project, KanAWARE (<https://www.telehealthrocks.org/kanaware>), to address the escalating student behavioral health needs in 11 counties in Southeast Kansas, representing the state's communities most at risk for poverty, violence, trauma, substance use, and mental health concerns. KanAWARE integrates school-based community health workers into the behavioral health system to support students and their families. KanAWARE is an expansion of the Telehealth ROCKS Together program (<https://www.telehealthrocks.org/telehealth-rocks-together>), a school-based telebehavioral health program that provides a comprehensive approach to children's needs, including education, health, and social services, focusing on pediatric populations with longstanding developmental and behavioral health needs. KUMC partners with schools and school-based health centers to support services and training focused on behavioral health.



## Oklahoma

The Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) has equipped its Certified Community Behavioral Health Clinics (<https://www.samhsa.gov/certified-community-behavioral-health-clinics>) (CCBHCs) with mobile technology that enables them to connect with law enforcement to support crisis intervention efforts. GRAND Mental Health (<https://www.grandmh.com/>) is a CCBHC that serves several counties in largely rural areas in Oklahoma. GRAND developed an application that gives clients access to a calendar of available appointments and relevant patient records or documents, the ability to request a call-back from a member of the treatment team, and a crisis call button for immediate assistance. The mobile technology is intended to improve access to timely outpatient treatment and reduce emergency department hospital admissions, helping clients when and where they need it. The technology enables police and first responders to communicate with one of three local mental health care providers to assist people in need.



## Texas

Texas Child Health Access Through Telemedicine (TCHAT) (<https://tcmhcc.utsystem.edu/tchatt/>) provides students with teletherapy and telepsychiatry services in school. In 2019, the Texas legislature passed Senate Bill 11 (<https://legiscan.com/TX/text/SB11/2019?>) to provide telehealth services for primary and secondary students across the state. TCHAT is a component of the Texas Children's Mental Health Care Consortium (TCMHCC), which administers TCHAT through several institutions of higher education throughout the state. TCMHCC works with schools to identify and provide services to K–12 at-risk students, and TCHAT provides consultation, risk assessment, medication evaluation and management, counseling, community referrals, and training through telehealth. There is no cost to schools that participate in TCHAT or families that access services.

## Summary

States continue to address barriers and challenges for children with chronic and complex needs in accessing the care they need, and ongoing efforts are needed to ensure telehealth is equitable for these children and their caregivers. As states prioritize using telehealth strategies to support primary care providers, address pediatric specialty care provider workforce shortages, and strengthen access to behavioral and mental health services, states may want to assess the unique considerations for children with chronic and complex conditions, particularly those in rural and frontier areas and those with limited access to the necessary equipment or resources to engage in telehealth (e.g., internet, wireless service, computers, routers, smart phones). States may want to consider establishing clear guidelines for telehealth delivery to ensure quality care and adequate access for children with chronic and complex needs and their families. NASHP will continue to support states in their efforts to advance telehealth policies.

## Acknowledgments

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the Foundation's website (<https://pfch.org/program-for-children-and-youth-with-special-health-care-needs/>).

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