Work setting
Private practice = 157, 42.2%
VA = 28, 7.5%
Community Mental Health Center = 7, 1.9%
Medical Center = 171, 46.0%
Private General Hospital = 12, 3.2%
General Hospital = 21, 5.6%
Private Psych Hospital = 3, 0.8%
State/Country Hospital = 8, 2.2%
Medical School = 37, 9.9%
University Training Clinic = 10, 2.7%
Other = 32, 8.6% (e.g., rehab center, group practice, retired, consultant to IME, correctional facility, military medical center, school district)

Population
Preschool and younger = 81, 21.8%
Elementary school aged children = 128, 34.4%
Adolescents = 160, 43.0%
Young Adults = 260, 69.9%
Adults = 277, 74.5%
Older Adults = 272, 73.1%

Reimbursement
Private Pay = 253, 68.0%
Medicaid = 193, 51.9%
Medicare = 246, 66.1%
CMS = 196, 52.7%
Insurance = 308, 82.8%
Other = 62, 16.7% (e.g., attorneys, state/gov-funded, worker’s comp, courts, schools)

Additional Source of Income
Therapy = 41, 11.0%
Consulting = 37, 9.9%
Teaching/supervision/training = 52, 14.0%
Other = 44, 11.8% (e.g., research, IT, IMEs, administration)

As of Monday March 23, are you conducting in-person neuropsych assessments?
Yes = 79, 21.2%
No = 291, 78.2%

Are you – or do you plan to – conduct telemental health or teleneuropsychology services?
Yes = 248, 66.7%
No = 36, 9.7%
Undecided = 86, 23.1%

Undecided comments
Unsure of validity of teleservices
Unsure about reimbursement
Waiting for administration to make decision
Depends how long remote services will be only option
Want to, but site not allowing it
Waiting for guidance from professional organizations
Reservations outweigh benefits at this time
Lack telehealth infrastructure
Depends on demand
Rural population lack access to internet

If yes, which tele-services?
Interviews = 272, 73.1%
Questionnaires/rating forms = 153, 41.1%
Treatment = 75, 20.2%
Rehabilitation = 15, 4.0%
Consulting = 79, 21.2%
Test Administration = 114, 30.6%
Feedback = 247, 66.4%
Other = 12, 3.2%

Examples of most frequent teleservices
Screening tests = 26, 7.0%
Verbally administered tests = 22, 5.9%
Brief battery (many mention the Cullum paper) = 16, 4.3%
Full or near-full neurpsych battery = 16, 4.3%
Consults = 15, 4.0%
Interview, mental status exam = 10, 2.7%
Record review = 6, 1.6%
Dementia battery = 5, 1.3%
Capacity evals = 3, 0.8%
Academic testing = 3, 0.8%

Open response questions: If you are engaged in the provision of remote services, how are you billing?
Insurance and/or medicare/medicaid with modifiers for telemedicine, N = 163, 43.8%
[Many mentioned billing only limited services, N = 59 (intakes, therapy)]
Self-pay, school-pay, forensics, N = 49, 13.2%
Need guidance, N = 40, 10.8%
Code as normal/billing dept sorts it out/waiting for guidance from billing department, N = 28, 7.5%
Pro bono services and/or not expecting to be reimbursed for feedbacks, N = 9, 2.4%

Please tell us about your most pressing concerns and questions for the next several weeks with regard to the provision of clinical neuropsychological services.

Most common responses
Validity/reliability/normative data for teleneuropsychology, N = 84, 22.6%
Reimbursement/billing for teleneuropsychology, N = 73, 19.6%
Job/financial security, N = 54, 14.5%
Vulnerable patients (e.g., older adults, children with disabilities) and inability to serve them, N = 43, 11.6%
Safety of self/staff = 40, 10.8%
Long waitlists for services will accumulate, N = 36, 9.7%
Neuropsychology test security, N = 35, 9.4%
Safety of patients (during in-person testing) = 32, 8.6%
Can we develop a reliable and valid battery that can be administered remotely/please develop a reliable and valid battery that can be administered remotely, N = 32, 8.6%
Adverse effects on trainees/technicians/staff (e.g., being re-assigned to screen persons coming into ER, losing job, losing training hours), N = 23, 6.2%
Ethics/privacy issues for remote assessments, N = 23, 6.2%
Concerns that patients will not have access to technology for remote assessments, N = 18, 4.8%

What are your biggest priorities in the coming weeks (e.g., conducting neuropsychological assessments in-person or via telehealth, finding another source of income, securing short-term loans to pay business expenses like creditors, rent, employee salaries, and healthcare)?

Most common responses
Income/paying bills/loans, N = 120, 32.3%
Learning if/how to conduct neuropsychological testing remotely, N = 96, 25.8%
Engaging in non-neuropsychology practices (e.g. interviews, therapy) remotely, N = 62, 16.7%
Job security of staff/training needs of students, N = 54, 14.5%
Health of patients, staff, self, family, N = 39, 10.5%
How to continue to serve patients, N = 33, 8.9%
Childcare, N = 15, 0.3%

What would be most useful for the leadership of AACN to do in the next several weeks?

Most common responses
Clear guidance/statement on the teleneuropsychology practices in which we should and should not engage; with consideration of specific populations (e.g., children), example consent forms, test security, and advice on HIPPA-compliant technology, N = 158, 42.5%
Reimbursement/billing, N = 91, 24.5%
Work with other neuropsychology organizations, APA, etc to advocate for reimbursement and development consensus statement on best practices and how to navigate all the challenges with remote service delivery, N = 23, 6.2%
Make a statement if/how/when/where in-person neuropsychological assessments can be conducted safely, N = 21, 5.6%
Keep doing what you are doing, N = 19, 5.1%