

Telehealth Policies and Procedures

Definitions

1. Telehealth, Telebehavioral Health, Telemental Health and Telemedicine: These terms are used interchangeably at ABC Agency. Both describe the use of digital technologies to deliver medical services by connecting multiple users who are physically located in separate locations. Medical information is exchanged from one site to another via electronic communications to improve a client's health or medical status.
2. Originating Site: This is the location where the client is located at the time of service delivery. For psychiatry visits, the client will be located on the property of ABD Agency, in one of our office/site locations. For mental health visits, the client may be located anywhere in a private area.
3. Distant Site: This is the location where the health care provider is located at the time of service delivery. This could be an office location or another site that has been pre-approved. The requirements for this site will be that: the healthcare provider can attest to maintaining confidentiality and the privacy of the client as well as the security of client's PHI.

Procedures for Mental Health Service Delivery

1. Telehealth will be delivered through a pre-approved platform. Use of any other platform for clinical service delivery is strictly prohibited.
2. Clients will need to be informed of all the telehealth procedures clinicians will utilize, including those in this policy. Written informed consent must be obtained prior to any telehealth service delivery.
 - a. Initial sessions: If a client wishes to schedule an initial session via telehealth, intake paperwork including the "MH Telehealth Intake Tool" and the needs to be completed prior to the initiation of the session and reviewed by the clinician.
 - b. Clients may be asked to show a government-issued ID at the first telehealth session to verify identity
3. Originating Site: Telehealth sessions for mental health will be conducted in a private, confidential manner. Clinicians will be expected to ensure that at their site:
 - a. Internet connectivity is through a secured network, not an "open" network such as those found in coffee-shops, libraries, etc.
 - b. Sessions cannot be overheard by others such as family members, guests, colleagues, or others
 - c. The session is conducted in a quiet setting
 - d. The backdrop of the clinician's image will show a professional setting, free from clutter in the background, and have adequate lighting to ensure the clinician's image is broadcast clearly to the client
 - e. Clinician telepresence includes the following: leaning forward towards the camera, no leaning back in the chair, and to look into the camera not down or at other things in the room.
4. Distant Site: The client will be informed at the initial contact of the clinicians expectations regarding where the client is physically located during sessions. Lighting at the distant site should be assessed during the initial session to allow for full access to client facial expressions and body language. These locations are considered unsupervised settings and have an increased risk of confidentiality being breached. To minimize this risk:
 - a. At intake, the client will agree to conducting sessions in a reasonably private and quiet setting;
 - b. The client will understand the difference between secure versus open networks if using wireless capabilities; alternatively, the clinician may assess the network security by asking the client certain questions
5. Safety Protocols:

- a. Safety Plans: Each clinician is expected to review a plan for safety with their telehealth clients at the initial session and briefly at the outset of every session. A written safety plan must be in the medical record. Each session must contain a brief review of the safety plan and be documented. Items to include are:
 - i. Physical location of the client during the telehealth session;
 - ii. Verify the phone number of the client for use during a session;
 - iii. Verify the patient Support Person has not changed, if applicable
 - iv. Client Privacy: Reasonable assurance that the client is in a private setting. If necessary, you may conduct a room check with a 360-degree view with the camera on the client-side;
 - v. Access to firearms, risk assessment;
 - vi. Potential for domestic violence, risk assessment;
 - vii. City and nearest hospital to client location, emergency contact if applicable;
 - viii. Code word to stop the session;
 - ix. Access to drugs/alcohol, risk assessment;
 - x. Suicidal/Homicidal risk assessment, as necessary.
6. Emergency Procedures:
- a. De-escalation procedures: Each clinician will be trained on NorthStar Regional’s de-escalation procedures;
 - b. Medical emergencies: Clinicians will know the municipality of the client in case of emergency
 - c. Mandated reporting such as for vulnerable adults and child abuse and neglect: Clinicians have the same mandate for telehealth as they do for in-person settings
 - d. Aggressive or threatening behaviors: Clinicians will attempt to de-escalate the client. If another person is involved on the client-side, the clinician will notify the local police department
 - e. Physically intoxicated individuals who demonstrate signs of withdrawal: if medically necessary, the clinician may need to call 9-1-1 and send emergency personnel to the client location.
 - f. Uncooperative Clients during an emergency: If clients become uncooperative during emergencies, the clinician may need to contact the “Patient Support Person” identified in the intake paperwork. If both parties become uncooperative, the clinician may call the local authorities.
7. Actively Suicidal/Homicidal Clients: If a client expresses suicidal or homicidal ideation or intent during a telehealth session, the provider will assess the severity of the situation and determine next steps. If the assessment determines that an intervention is necessary:
- a. The provider will keep the client online, in a live, two-way interactive video
 - b. The provider will concurrently notify 9-1-1 and give the location of the client, if deemed appropriate
8. If the technology fails during the session, the clinician will call the client to explain the problem. Depending on the situation, the session may need to be rescheduled:
- a. If the technology failure happens in the first half of the session, the clinician may reschedule the client session and bill out the appropriate timed CPT code
 - b. If the session is more than 50% completed when the technology fails, the clinician may finish the session via telephone, or choose to bill the appropriate timed CPT code.
9. At any time, the clinician may determine that telehealth services are not benefiting the client, that the client is not a good candidate for telehealth or circumstances have arisen where a referral to face-to-face service delivery is warranted. The clinician will make this recommendation verbally to the client, put it in writing in the medical record, and provide arrangements or referrals upon request of the client.

Procedures with the Originating Site: Office Location #1 and Office Location #2 Psychiatry

- 1. Telehealth sessions for psychiatric visits are limited to those who are already-established and current ABC Agency clients.

2. Telehealth sessions for psychiatry will be conducted at an originating site that is located on the property of ABC Agency and that is set up to provide secure telehealth service delivery.
3. Telehealth will be delivered through a pre-approved platform. Use of any other platform for clinical service delivery is strictly prohibited.
4. Front Desk staff will check clients in for their telehealth session and set the client up in the designated Telehealth office on-site.
 - a. First time telehealth appointments: Front Desk staff will walk each client through the consent form, registrations, office procedures, and process for participating in ABC Agency telehealth services.
 - b. Ongoing telehealth sessions: Clients will check in at the Front Desk then follow the instructions given by office staff for their appointment.
5. Front Desk staff will check the client in, assist the client in logging in to the session, and preparing them to participate in their session. Front Desk staff will also secure the computer when the client has finished their session.
6. Emergency Procedures: All Emergency policies and procedures for the Location #1, Location #2 and ABC Agency will be followed. These include, but are not limited to:
 - a. De-escalation procedures
 - b. Medical emergencies
 - c. Mandated reporting such as for vulnerable adults and child abuse and neglect,
 - d. Aggressive or threatening behaviors, and
 - e. Physically intoxicated individuals who demonstrate signs of withdrawal.
7. Actively Suicidal/Homicidal Clients: If a client expresses suicidal or homicidal ideation or intent during a telehealth session, the provider will assess the severity of the situation and determine next steps. If the assessment determines that an intervention is necessary:
 - a. The provider will keep the client online, in a live, two-way interactive video
 - b. The provider will concurrently notify the Front Desk at the location where the client is located
 - c. The Front Desk will find a mental health provider or the Program Director on-site while the healthcare provider continues to keep the client live, online
 - d. The mental health provider or Program Director will enter the room where the client is and begin an in-person assessment and intervention
 - e. The mental health provider or Program Director will confer with the telehealth provider and will then give directions for next steps, up to and including calling 9-1-1
 - f. Once the room is cleared, the Front Desk personnel will enter the room and secure the telehealth platform.
8. If the technology fails during the session, the clinician will call the Front Desk to explain the problem. The Front Desk will then inform the client of the problem and assist the client in rescheduling. If the technology fails on the client's end, the Front Desk will notify the clinician at a designated phone number.
9. Follow-up appointments will be scheduled through the Front Desk or by calling the Nursing Line
10. No medications or samples for distribution will be kept on site at the X or Y locations
11. At any time, the clinician may determine that telehealth services are not benefiting the client, that the client is not a good candidate for telehealth or circumstances have arisen where a referral to face-to-face service delivery is warranted. The clinician will make this recommendation verbally to the client, put it in writing in the medical record, and provide referrals upon request of the client.

Doxy.me Mobile Health Service Delivery

The Doxy.me does have a mobile feature that may be used on smartphones, tablets, laptops, and iPads. If a clinician chooses to use one of these devices, the device must have the following security features installed and operational on them:

1. Password protected, preferably two-factor authentication is to be used
2. Device has been had updates and security patches installed at least once/month
3. Software updates are conducted quarterly
4. Please refer to the ABC Agency Mobile Device Management Policy and Procedure in the HIPAA Policy and Procedures Manual
5. All HIPAA Administrative, Technical and Security Standards are met and followed