



POLICY & PROCEDURE (P&P) APPROVAL REQUEST FORM

I. P&P INFORMATION

Assigned Policy Name: Telehealth Policy for Psychiatry

Assigned Policy Number: BHSD 4600

Policy Area(s): Mark All That Apply

- | | |
|---|--|
| <input type="checkbox"/> Plan Administration and Organization | <input type="checkbox"/> Provider Network |
| <input checked="" type="checkbox"/> Scope of Services | <input type="checkbox"/> Documentation Requirements |
| <input type="checkbox"/> Financial Reporting Requirements | <input type="checkbox"/> Coordination and Continuity of Care |
| <input type="checkbox"/> Management Information Systems | <input type="checkbox"/> Beneficiary Rights |
| <input type="checkbox"/> Quality Improvement System | <input type="checkbox"/> Beneficiary Problem Resolution |
| <input type="checkbox"/> Utilization Management Program | <input type="checkbox"/> Program Integrity |
| <input type="checkbox"/> Access and Availability of Services | <input type="checkbox"/> Reporting Requirements |

Submitted by: victor Ibabao Date: 2/3/2020

Policy developed by: Dr. Tiffany Ho, Sherri Terao, Todd Landreneau, Bruce Copley,

Attach P&P Document For Review In this Section [Include Paperclip Icon Here]



II. APPROVAL

Section A: HHS Compliance and County Counsel

HHS Compliance: DocuSigned by: Victoria Phan Date: 2/3/2020
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County Counsel: DocuSigned by: Emily Fedman Date: 2/3/2020
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Section B: BHSD Executive Director

BHSD Executive Director: DocuSigned by: Dani Tullys Date: 2/4/2020
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Note - A copy of the Approved P&P Form will be emailed to: BHSD Compliance Unit



Policy & Procedure Number: BHSD # 4600

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|-------------------------------------|---|
| <input checked="" type="checkbox"/> | BHSD County Staff |
| <input checked="" type="checkbox"/> | Contract Providers |
| <input checked="" type="checkbox"/> | Specialty Mental Health |
| <input checked="" type="checkbox"/> | Specialty Substance Use Treatment Services |

Title: TELEHEALTH POLICY FOR PSYCHIATRY (OUTPATIENT SERVICES)

Approved/Issue Date: 11/14/2018	Behavioral Health Services Director:	
Last Review/Revision Date: 1/31/2020	Next Review Date:	Inactive Date:

<p><u>REFERENCE:</u></p> <ul style="list-style-type: none"> • HIPAA • Telehealth Advancement Act • California Confidentiality of Medical Information Act • California Welfare and Institutions Code 5328 • California Telehealth Advancement Act • 2016 Telehealth Reimbursement Guide for California • California Business & Professions Code § 2242 • Ryan Haight Online Pharmacy Consumer Protection Act
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<p><u>PURPOSE:</u></p> <p>To establish access to timely and appropriate outpatient telepsychiatry services by county and contract programs delivering services to clients of Santa Clara County Behavioral Health Services' Department (BHSD).</p> <p><u>POLICY:</u></p> <p>Upon approval by the BHSD System of Care Executive Director (or designee), telepsychiatric services (e.g. psychotherapy, pharmacologic management, consultations, etc.) may be provided to clients when equivalent in-person services are not available or when such services are deemed appropriate.</p> <p><u>A. Telepsychiatry activities:</u></p> <ol style="list-style-type: none"> 1. Comply with all applicable federal and state laws and regulations. 2. Be provided and billed under a written agreement and/or in accordance with state and federal requirements. 3. Use appropriate equipment that complies with the appropriate technological security standards. 4. Employ clinical workforce members that are licensed to provide services in the State of California, enrolled as Medi-Cal providers, and internally credentialed to conduct telepsychiatry activities.
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5. Be performed and located in an environment where there is a reasonable expectation of the absence of intrusion by individuals not involved in the client’s direct care.
 6. Be included in quality assurance and performance improvement activities.
 7. Be conducted in compliance with HIPAA and all other laws and regulations related to patient confidentiality and medical record retention.
 8. Before providing telepsychiatry services, the provider will:
 - a. Describe the risks, benefits, and consequences of telehealth.
 - b. Indicate the client has the right to withdraw from telehealth services at any time.
 - c. Describe that all confidentiality protections apply to telehealth services.
 - d. Explain that the client will have access to all transmitted medical information.
 - e. Explain that video and audio transmission will not be retained in any medium unless a specific policy related to retention exists and the client has signed written consent permitting retention of telehealth sessions within their records.
 9. If the psychiatrist will be prescribing controlled substances and has never conducted an in-person examination of the patient, the patient must be in the physical presence of a qualified practitioner who is:
 - a. treating the client;
 - b. acting in the usual course of professional practice;
 - c. licensed in the State of California; and
 - d. registered to dispense controlled substances in California.
- B. Telepsychiatry Consent**
1. Explicit informed consent for telepsychiatry must be obtained and documented.
 2. The consent form must explicitly state that the client has decided to receive telepsychiatry services rather than other alternatives.
 3. All consents for treatment and other procedures applicable to in-person encounters must be obtained for telepsychiatric encounters.
 4. Consents shall be documented in the client’s medical record and be available to BHSD upon request.
- C. Selection Criteria:**
 All selection criteria pertaining to in-person practice of psychiatry apply to the practice of telepsychiatry. Additionally:



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1. Prior to offering telehealth services, the client must be assessed for appropriate psychological, physiological, and medical stability, is conscious, and non-violent.
2. The client must be free of physical restraints during telepsychiatric encounters.
3. The client has sufficient self-control to remain safely in a room with telehealth equipment.
4. The client has sufficient sensory acuity to permit meaningful perception of audio/video linkage signals.
5. Elements of informed consent have been discussed verbally and the provider has noted in the client record.
6. Telepsychiatry will be used for clients who continue to meet medical necessity criteria and to provide a step-down service for clients who now require lower levels of care.

DEFINITIONS:

Distant Site - The site at which the practitioner delivering services is located at the time the service is provided via the telecommunication system. The distant site for purpose of telehealth can be different from the administration location.

Originating Site - The location of a telepsychiatry client at the time the service is being furnished.

Telehealth- The mode of delivering health care service via information and communication technologies to facilitate the diagnosis, consultant, treatment, education, care management and self-management of a client’s health care.

Telepsychiatry - The two-way, real-time interactive audio and video between a psychiatrist and a client in order to provide psychiatric care when distance separates participants that are in different geographic locations, or when equivalent in-person services are not available.

PROCEDURES:

Responsible Party	Action Required
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<p>Providers Prior to Operation</p>	<ol style="list-style-type: none"> 1. Contact BHSD System of Care Executive Director in writing requesting approval to provide telepsychiatry services. 2. Submit provider policies and workflows related to the use of telepsychiatry. Policies include but are not limited to: <ol style="list-style-type: none"> a. Client confidentiality b. Referrals c. Process to handle client or family distress if it occurs within a telepsychiatry session d. Staff training e. Client orientation to equipment f. Process for psychiatrists to access records and view the client's signed consent from the distant site g. Procedure to maintain and release records h. Physician orders i. Managing prescriptions j. Storage and dispensing of medications k. Physical examination of routine vital signs prior to telepsychiatry session l. Non-English language capabilities to provide telepsychiatry and /or interpretation process m. Appointment scheduling n. Emergency general medical treatment o. Back-up plans if equipment fails during a session p. Originating and Distant site billing for telepsychiatry sessions and client support. q. Quality Assurance and Performance Improvement processes. 3. Include a copy of the client consent for telepsychiatry services. Consent readability level should be no higher than a 6th-grade level and needs to include all of the requirements under the "Telepsychiatry Consent" section.
<p>Provider Internet Security (IS) and Compliance</p>	<ol style="list-style-type: none"> 1. Work with provider IS to implement technical security measures to guard against unauthorized access to electronic protected health information that is being transmitted over an electronic communications network. 2. Use up-to-date equipment with anti-virus software, firewalls, and two cameras of sufficient quality to support web-based video communications. 3. Have systems to store and back up PHI on secure data storage



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	<p>locations.</p> <ol style="list-style-type: none"> 4. Determine whether there are site-specific credentialing requirements at the originating site where the individual is located. 5. Provide telepsychiatry clinical workforce members clinical, legal, and ethical training of proper conduct when video conferencing and interacting with originating sites. 6. Develop a backup plan for times when technology fails.
BHSD Medical Director	<ol style="list-style-type: none"> 1. Review provider request and supporting materials related to telepsychiatry activities. 2. Forward request and supporting materials to BHSD Utilization Management Program to determine if submission meets the standards outlined and referenced in this policy. 3. Confers with BHSD Director to make the final determination regarding whether provider request will be granted. 4. Respond to provider requests in writing within a reasonable timeline.
BHSD Utilization Management Program	<ol style="list-style-type: none"> 1. Review provider materials to determine if policies meet all applicable requirements such as <ol style="list-style-type: none"> a. Confidentiality and Security b. Licensing and Credentialing c. Billing and Documentation d. Health and Safety 2. Give the Medical Director recommendations regarding submitted application materials. 3. For approved providers, notify Contracts Department to identify if contract revisions will be required. 5. Provide ongoing monitoring of telepsychiatry activities, and recommend changes as warranted based on revised policies, procedures, unique situations, etc.
Clinical and Medical Workforce Members at Originating Site	<ol style="list-style-type: none"> 1. Screen participants to determine if they have interest in participation and would be appropriate for this method of service delivery. 2. Describe the risks, benefits, and consequences of telepsychiatry to participating clients. 3. Notify individuals of their rights related to telepsychiatry: <ol style="list-style-type: none"> a. All existing confidentiality protections apply. b. Telepsychiatry images or information will not be stored or shared with other entities without individual authorization. c. The individual's right to withdraw from telepsychiatry



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	<p>services at any time.</p> <p>d. The individual has decided to receive telepsychiatry services rather than the other alternatives.</p> <ol style="list-style-type: none"> 4. If the client agrees to participate in telepsychiatry, document telepsychiatry participation consent in the individual’s record. 5. Schedule a telepsychiatry appointment. 6. Provide a “face to face” orientation at client’s first appointment. 7. Continue to assess the appropriateness of telepsychiatry for a client at follow-up appointments. 8. Appropriately document telepsychiatry activities. 9. A qualified clinician must be available at the originating site to perform and transmit results of a physical examination. 10. A qualified clinician must be available to confirm findings of a neurological exam, as visually performed by the telepsychiatrist, including presence of tremor, ataxia, and other dyskinesia. 11. All prescribers for controlled substances must follow all requirements under the policy section above.
<p>Psychiatrist at Distant Site</p>	<ol style="list-style-type: none"> 1. A prescriber providing telepsychiatric services must have sufficient familiarity with the client to provide those services requested. 2. A psychiatrist providing telepsychiatry services must be reasonably available to the treatment team for consultation and planning regarding any specific services rendered during the telepsychiatric encounter, but is not required to be immediately available on an ongoing basis to the client or treatment team. 3. Clinical familiarity may be obtained remotely. An in-person evaluation is not required. 4. All prescribers for controlled substances must follow all requirements under the policy section above.