

TELEHEALTH POLICIES

When services are provided via information and communication technologies:

- Informed consent to use telehealth services must be obtained. (CARF 2022 BH 2.I.1.a.(1)) Use APS' Consent for Treatment
- If photographing, audio recording or video recording of a client is being conducted, additional consent must be given by the client or legally responsible person. How that image or recording is going to be used must be explained and consented to. (CARF 2022 BH 2.I.1.a.(2)) Use APS' Informed Consent for Video Recording
- The decision to use information and communication technologies to deliver services versus in-person services needs to be assessed prior to services starting and throughout the course of services. (CARF 2022 BH 2.I.1.a.(3)) Providers must consider an individual's behavioral, physical, and cognitive abilities to participate in services provided using telehealth interventions. This decision can be re-evaluated at any time, if it appears that it is no longer appropriate for the client to receive services via information and communication technologies. The platform should be re-evaluated:
 - If a client is not responding or making progress
 - o If the client's risk assessment change
- The individual's safety must be carefully considered for the complexity of the services provided. In situations where caregivers or facilitators are necessary to assist with the delivery of telehealth services, their ability to assist and their safety should also be considered when the individual needs physical assistance.
- Telehealth may only be used when it is clinically indicated for the individual, the individual needs only verbal cueing or prompting to complete tasks and there are no other health and safety issues.
- Delivery of services using telehealth or telephonic interventions must conform to professional standards including, but not limited to, service definition, ethical practice, scope of practice, and other relevant federal, state and institutional policies and requirements including relevant Practice Acts and Licensing Board rules.
- Staff will confirm that necessary technology and/or equipment is available at the originating site and the remote site. Staff will confirm that equipment functions, prior to the start of services and as needed throughout services. (CARF 2022 BH 2.I.1.b)
- Staff providing services via information and communication technologies will receive competency-based training on how to effectively deliver services on that platform and how to operate the equipment. (CARF 2022 BH 2.I.2.a-b) Staff will complete Relias' Best Practices for Delivering Telehealth https://www.relias.com/topic/coronavirus#telehealth-courses
- If needed, the person served and members of their support team will be trained on the equipment. (CARF 2022 BH 2.I.3) Provide your client with "Patient Instructions for a Successful Telehealth Visit," which includes user guides to all platforms used.

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- Staff will provide technical assistance, answer any questions, and address any specific need of the person served (accessibility, privacy, or equipment) when accessing services via information and communication technologies. (CARF 2022 BH 2.I.4.a-d)
- Prior to the start of each session, all participants will be identified and the timing of services, scheduling, safety considerations, and any other relevant information will be addressed (CARF 2022 BH 2.I.5.a-b).
- All equipment used by the agency will be maintain in accordance with manufactures' recommendations (CARF 2022 BH 2.I.6).
- Emergency procedures for services provided via information and communication technologies will include emergency procedures of the remote site, if any, as well as local emergency resources and phone numbers. The address of where the person served is receiving the service will be provided at the beginning of each session, in case of an emergency. In the case of an emergency local responders will be called for the person served and their emergency contact (CARF 2022 BH 2.I.7. a-b). *Use APS' Safety Plan for Telehealth*

This form meets these standards

Authority: NC Div. of Medical Assistance, Medicaid and Health Choice Manual, Clinical Coverage Policy No: 1H, Telehealth, Virtual Communications and Remote Patient Monitoring; NC Div. of Medical Assistance, Medicaid and Health Choice Manual, Clinical Coverage Policy No: 8C, Outpatient Behavioral Health Services; CARF 2022 ECS 2.F.1-7; CARF 2022 BH 2.I.1-7

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