

 <p style="text-align: center;">County of Sacramento Department of Health and Human Services Division of Behavioral Health Services Policy and Procedure</p>	Policy Issuer (Unit/Program)	QM
	Policy Number	QM-00-10
	Effective Date	02-15-2018
	Revision Date	2/01/2020
Title: Division Of Behavioral Health Services - Telepsychiatry	Functional Area: Administration	
Approved By: (Signature on File) Signed version available upon request		
Alexandra Rechs, LMFT Program Manager, Quality Management		
Ryan Quist, PsyD Deputy Director, Division of Behavioral Health Services		

BACKGROUND/CONTENT:

Sacramento County Mental Health Plan (MHP) is dedicated to providing timely and appropriate medication support services to individuals who consent and request medication support services. The Telehealth Advancement Act of 2011 defines telehealth as the mode of delivering health care services and public health utilizing information and communication technologies to facilitate the diagnosis, consultation, treatment, education, care management and self-management of a patient’s health care while the patient is at the originating site and the health care provider is at the distant site.

DEFINITIONS:

Telepsychiatry - The term typically describes the delivery of psychiatric assessments and on-going care through the use of two-way real time-interactive audio and video (webcam) communication between a client, located at a provider site, and a psychiatrist, located at an alternative provider site. It is intended to overcome geographical barriers, connecting users who are not in the same physical location.

Distant Site – The site at which the psychiatric practitioner delivering the service is located at the time the service is provided. This could be one of the following: A psychiatrist inpatient hospital; a crisis stabilization unit; an outpatient mental health clinic; the individual or group network provider’s office; or other setting. The federal term for the Distant Site is “hub”.

Originating Site – The location of the client at the time the service is being provided. This will in almost all cases be an outpatient settings. These sites must be Medi-cal certified by either the Department of Health Care Services or the Mental Health Plan, as indicated in DMH Letter 10-04, “Recertification/ Certification Procedures for County Owned and Operated Short-Doyle/ Medi-cal Providers.” The federal term for the Originating Site is “spoke”.

Gaze Angle - In the context of telepsychiatry service delivery is defined by two vectors, the first connecting the observer’s eye to the video teleconferencing camera and the second connecting the observer’s eye to the visual image on the video teleconferencing monitor. It is influenced by the distance from the observer to the video teleconferencing equipment.

**DETAILS:
POLICY:**

Upon approval by the agency Program Director and County Contract Monitor, telepsychiatric services may be provided to clients when equivalent in-person services are not available or if clients and providers have clinical preference for this modality.

PROCEDURE:

A. Psychiatrist Requirements:

1. All psychiatrists who provide telepsychiatric services must possess a valid California medical license and must be located within the United States.
2. Familiarity: A psychiatrist providing telepsychiatric services must have sufficient clinical familiarity with the client to provide those services requested but is not required to be immediately available on an ongoing basis to the client or treatment team.
3. Treatment Planning and Consultation: A psychiatrist providing telepsychiatric services must be reasonably available to members of the treatment team for consultation and planning regarding any specific evaluative or treatment services rendered during the telepsychiatric encounter but is not required to be immediately available on an ongoing basis to the treatment team

B. Technical Services/Equipment/Environmental requirements shall include:

1. Two cameras of sufficient quality to support general web-based video communications. One located at the Distant site, the other at the Originating site. Refer to (Attachment A) for specific requirements regarding transmission speed and bandwidth, security and protection of data transmission and information, encryption requirements as well as equipment.
2. Equipment used must offer remote control of pan, tilt, zoom by the Distant Site of the Originating Site's camera or can be adjusted by an originating site staff member at the psychiatrist's request.
3. Electronic signals transmitted in a secure fashion.
4. Evaluation and/or treatment performed in an environment where there is a reasonable expectation of absence of intrusion by individuals not involved in the client's direct care.
5. The physical presence or immediate availability (e.g., situated outside the office) of a Qualified Mental Health Professional during the session with clients who may need the security or reassurance that such presence provides.

C. Room Set Up:

1. The room should be well lit, as close to daylight at possible.
2. Room backdrops should be clean, light in color, and not full of distractions, such as clutter and objects that move.
3. In order to assure the most natural appearance of eye contact, the room should be of sufficient size to allow the gaze angle to be as small as possible. This can be facilitated by placing the camera lens as close to the screen image as possible, the participant as far from the lens as necessary and compensated by the appropriate zoom and placement of the screen image of the head as close to the top of the screen as practical, i.e., the video teleconferencing equipment should be set at an optimal distance as as close as possible to the eye level of the observer.
4. During the encounter, both rooms should assure appropriate privacy.

5. No Personal Health Information (PHI) that is not relevant to the client involved in the telepsychiatric appointment should be visible to either party.
 6. All persons in the treatment rooms at both the Distant Site and the Originating Site should be identified to all participants at the beginning of a telepsychiatry encounter.
- D. Signal Recovery:
1. In the event of a loss of the internet-based video telecommunications signal, the staff at the Originating Site and Distant Site provider should communicate by telephone.
 2. Both sides should attempt to make system corrections.
 3. If the video connection cannot be reestablished, the telephone may be used to continue the encounter only if this method is felt to be appropriate for the the given clinical situation and if the client is previously known to the telepsychiatry provider.
- E. Determining clinical appropriateness for telepsychiatry
1. The client's treating clinician may recommend to the supervisor a client not receive telepsychiatry services due to certain clinical features that are contraindicative for this type of service.
 2. Examples of clinical reasons clients may not be appropriate for telepsychiatry include: exceptional paranoia; delusions related to "electronic devices", reports of "being monitored" or similar schizoid or psychotic symptoms that might interfere with the therapeutic milieu; symptoms or issues with the invasiveness of the process that might aggravate or cause regression or de-compensation.
 3. Sensory Acuity: Clients must have sufficient sensory acuity to permit meaningful perception of audio/video linkage signals, except in specific situations approved by the Program or his/her designee.
 4. Because the client's mental health may change from session to session, clinical assessment of appropriateness for Telepsychiatry will be conducted prior to each session by the supporting clinician located at the Originating site. Telepsychiatry is not conducted if factors indicate that client is not appropriate for this service or if the client requests to discontinue Telepsychiatric services.
- F. Consent
1. Explicit informed consent for telepsychiatry must be obtained and documented. Reference (Attachment B) as an example.
 - a. The consent form must explicitly state that the client has been provided with the options of telepsychiatry, face-to-face assessment by a psychiatrist at a later date.
 - b. The consent must clearly indicate that, the client has decided to receive telepsychiatric services rather than the other alternatives.
 - c. Consent should include permission from the client to have others in the room when necessary for purposes of safety and/or health concerns.
 - d. The consent must clearly state that the client can terminate the agreement to receive telepsychiatry services at any time.
 - e. Prior to each session a review of service options must be provided and a verbal confirmation of the client's wish to receive Telepsychiatric services must be documented. The telepsychiatrist must document the verbal consent.
 2. Video and audio transmission shall not be retained in any medium, including the clinical record, prior to the establishment of a related Sacramento County MHP policy and procedure, unless there is the consent of the client or guardian. Specific mention of the retention of this transmission will be required on any consent form approved for

this purpose.

3. All consents for treatment and other procedures applicable to face-to-face encounters must be obtained for telepsychiatric encounters.

G. Responsibility and Workflow Requirements of Staff Involved with Telepsychiatry Encounter

1. Distant Site – Telepsychiatrist Responsibilities

- a. The telepsychiatrist should minimize distractions during the video teleconferencing encounters in order to facilitate trust and rapport with the client.
- b. The telepsychiatrist should speak the language of the client whenever possible. When not possible an interpreter should be utilized in the same manner as those used in face-to-face treatment.
- c. The Telepsychiatrist should participate in treatment planning and consultation regarding clients with members of the treatment team at the Originating Site to the same extent as the other psychiatrists.
- d. If medication is prescribed, the Telepsychiatrist should ensure timely transmission of prescriptions and verbal orders to pharmacies and/or Originating Staff, or input into the Electronic Medical Record if available.

2. Procedural steps for staff at the Originating Site engaged in delivering Telepsychiatry services:

- a. Personnel assignments and workflow with regards to the Telepsychiatry operation will depend on the Originating Site Provider. However, the nature of the workflow for effective delivery of telepsychiatry services at the Originating Site requires the following:
 - i. Staff to escort clients to and from the telepsychiatry assessment room.
 - ii. Staff that should be available to the Telepsychiatry provider by phone call before, during and after each telepsychiatry encounter.
 - iii. Staff assigned to serve as the primary contact for the client and the telepsychiatrist – the telepsychiatry coordinator.
 - iv. Staff to maintain the Telepsychiatry schedule, with follow up appointments as deemed necessary by the telepsychiatrist.

3. Medically trained personnel shall be available at the Originating Site to assist with the Telepsychiatry encounter during any of the following circumstances

- a. When the adequate assessment of physical signs and symptoms requires an onsite practitioner.
- b. When a significant degree of physiologic instability is present.
- c. When there is a significant change in the client's mental status that is of an uncertain origin.
- d. When the immediate administration of medication requiring subsequent onsite monitoring is required.

4. Emergency General Medical Treatment:

- a. Both staff at the Originating Site and Distant Site should evaluate the need for emergency psychiatric and medical care.
- b. When indicated by results of telepsychiatric medical examination, the Originating Site must have the capacity to signal for paramedical support and to transport to a general medical emergency room.

H. Service Requirements:

1. Assessment:

- a. Review of Records: Applicable records from a remote site should be sent in advance of telepsychiatric encounters.
- b. History: Relevant updates to psychiatric, developmental, social, medical, and substance use/abuse histories may be obtained during the telepsychiatric encounter.

- c. Mental Status: Relevant mental status exam may be obtained via the telepsychiatric encounter.
 - d. Physical Examination: A qualified clinician may be available at the treatment site to perform and transmit results of the examination for routine vital signs including heart rate, standing and sitting blood pressure, and temperature. Side effects of medication and/or Abnormal Involuntary Movement Scale (AIMS) results must be included as part of this review.
 - e. Laboratory Examination: The telepsychiatrist should have access to all laboratory examinations and results necessary for assessment of the client.
2. Psychopharmacology:
 - a. The telepsychiatrist should ensure the availability of electronic or physical transmission of prescription to a dispensing pharmacy.
 - b. The telepsychiatrist should ensure the availability of electronic or physical transmission of orders and results related to necessary laboratory examination.
 - c. Based upon the telepsychiatrist's orders, sample medications available at the clinic where the client is being seen may be dispensed.
 - d. Clinic policies related to storage and dispensing of medication are applicable in such cases.
 3. Psychotherapy: The telepsychiatrist should ensure that proper conditions exist for the engagement of the client and significant others in any form of psychotherapy that is undertaken during the telepsychiatric encounter.
 4. Emergency General Medical Treatment: When indicated by results of telepsychiatric medical examination, the clinic must have the capacity to signal for paramedical support and to transport to a general medical emergency room. This requirement necessitates the presence or immediate availability of a clinician where the client is being seen.

I. Documentation

1. General Documentation: All documentation applicable to face-to-face encounters and telephone calls must be maintained for telepsychiatric encounters and in accordance with established documentation standards set forth by Sacramento County MHP, Quality Management.
2. The psychiatrist providing telepsychiatry must complete the required initial and annual clinical bundles in accordance with Sacramento County MHP requirements.
3. The psychiatrist should document that this is a "telepsychiatry consultation" and name all individuals involved at both ends. They must document that verbal consent was obtained at the start of each visit, and state whether this was at the originating or distant site.
4. Necessary elements of the Clinical Record must be transmitted between the facility in which the client is being treated and at the location from which the telepsychiatrist delivers services. The specific components that comprise the appropriately completed Clinical Record must be explicitly specified by agreement between the linked sites.
5. The provider at the Distance Site should receive the elements of the medical record deemed necessary by the agreement between linked sites with adequate time to review prior to the telepsychiatric encounter.
6. When the service is completed, the supporting documentation should be transmitted via entry directly to the Electronic Health Record, via secured email, or fax from the psychiatrist to the clinic where the Client Record

is maintained. Transmission must occur as quickly as possible, but in no case should be postmarked or date-stamped more than 24 hours after the encounter.

J. Quality Improvement

1. General Quality Improvement: All quality improvement activities related to psychiatric treatment may be conducted in the same manner for telepsychiatric encounters.
2. Special Quality Improvement: Special quality improvement activities, including process and outcome studies may be conducted to assess specific questions related to the telepsychiatric encounter and situation.
3. Use of Quality Improvement Investigation Results: Results of quality improvement activities may be used to change on an ongoing basis policies and procedures related to telepsychiatric treatment.

REFERENCE(S)/ATTACHMENTS:

- Title 42, Code of Federal Regulations, Section 438.608
- California Administrative Code Title 9, Section 1840.112
- Attachment A – Technical Guidelines Checklist and Attestations for Providers
- Attachment B – Sample Consent for Telepsychiatry Services – The American Telemedicine Association

RELATED POLICIES:

- Medication Support Staff Electronic Documentation Requirements QM-00-06
- Informed Consent for Psychotropic Medication QM-10-32
- Dispensing Sample Medication QM-07-03
- Vital Sign Training for Unlicensed Staff QM-07-05

DISTRIBUTION:

Enter X	DL Name	Enter X	DL Name
X	Mental Health Staff	X	Children’s Contract Providers
X	Mental Health Treatment Center	X	Alcohol and Drug Services
X	Adult Contract Providers	X	County Counsel
X	County Compliance Oversight Committee	X	County of Sacramento Privacy & Compliance Officer

CONTACT INFORMATION:

- Quality Management Information
QMInformation@SacCounty.net

Telepsychiatry Services

Technical Guidelines Checklist and Attestation for Local Providers

Telehealth Advancement Act of 2011 facilitate the advancement of telehealth as a service delivery mode in managed care and the Medi-Cal program. Approval of telepsychiatry services for Sacramento County's Mental Health Plan Providers will be based upon approval of a written plan that meets a variety of standards. Included in these standards is the following: "(i) All telepsychiatry services must be performed on dedicated service transmission linkages that meet minimum Federal and State requirements, including but not limited to 45 CFR Parts 160 and 164 (HIPAA Security Rules) and which are consistent with guidelines of the Office."

The following checklist is designed to ensure plans developed by Mental Health Plan Providers are consistent with the Sacramento County Mental Health Plan's Technical Specifications guidelines with respect to videoconferencing. Videoconferencing can be characterized by key features: the videoconferencing application, device characteristics, including their mobility, network or connectivity features, and how privacy and security are maintained. A check mark indicates the plan contains provisions that conform to the standard.

Videoconferencing Applications:

- Applications include appropriate verification, confidentiality, and security parameters necessary to ensure its utilization for this purpose
- Video Software platforms are not in use when they include social media functions or allow others to enter sessions at will

Security and Protection of Data Transmission and Information:

- Steps taken to ensure security measures are in place to protect data and information related to clients/patients from unintended access or disclosure
- Unauthorized users are not allowed to access sensitive information stored on the device or use the device to access sensitive applications or network resources
- Videoconferencing software does not allow multiple concurrent sessions to be opened by a single user. If this occurs first session will be logged off or second session blocked
- HIPAA and state privacy requirements will be followed at all times to protect the patient's privacy
- Confidential client/patient data will be encrypted for storage or transmission, and other secure methods shall be utilized, such as safe hardware and software and robust passwords to protect electronically stored or transmitted data
- Network and software security protocols to protect privacy and confidentiality are provided, as well as appropriate user accessibility and authentication protocols
- Measures to safeguard data against intentional and unintentional corruption are in place during storage and transmission
- Security measures are in place to protect and maintain the confidentiality of the data and information relating to clients/patients
- Videoconferencing software capable of blocking provider's caller ID at the request of the provider is utilized

Transmission Speed and Bandwidth:

- Transmission speed is the minimum necessary to allow adequate communications necessary for clinical encounters – (Most protocols use systems that transmit data at a minimum of 384 Kbps)
- Services provide a minimum of 640X360 resolution at 30 frames per second
- Each end point uses bandwidth sufficient to achieve at least the minimum quality shown above during normal operation
- Videoconferencing software should be able to adapt to changes in bandwidth environments without losing connection
- When possible, each party should use the most reliable connection to access the Internet and use wired connections if available

Encryption:

- Encryption of a minimum of (128 bit) of electronic PHI is addressed and video sessions secured consistent with HIPAA and good practices
- Audio and video transmission is secured by using point to point encryption that meets recognized standards (Federal Information processing Standard 140-2 is the US Government security standard used to accredit encryption standards of software and list encryption such as AES as providing acceptable levels of security)
- If data is stored on the hard drive, whole disk encryption to the FIPS standard is used to ensure security and privacy. Re-boot authentication shall also be used
- Recording of services is discussed with patient and encrypted for maximum security. Access is available to authorized personnel only and stored in a secure location

Equipment:

- Videoconferencing with Personal Computers utilized for VTC complies with all facility state and federal regulations
- Personal Computers have up to date antivirus software and a personal firewall installed. Ensure Personal Computers have the latest security patches and updates applied to operating system and third party applications that may be utilized for this purpose
- When feasible, Personal Computers use professional grade or high quality cameras and audio equipment
- In the event of disruption, there is an appropriate backup plan in place
- Processes are in place to ensure physical security of equipment and electronic security of data
- The hub site has remote control of the spoke site camera to ensure the ability to pan, tilt, and zoom (PTZ) as needed.

Do you certify:

1. that your organization has read, understands, and will follow Telepsychiatry equipment best practices as outlined by the American Telemedicine Association;
2. that the information submitted on this form is complete and accurate;
3. that you have the equipment installed and operable on site and that testing has been conducted and successful; and
4. that you understand that failure to follow these practices could result in removal of approval of your organization to offer telepsychiatry services? Yes No

Program Name: _____

Signature and Title: _____

Date: _____

Attachment B

SAMPLE - CONSENT FOR TELEPSYCHIATRY HEALTH SERVICES Telepsychiatry Health Services Information

What are Telepsychiatry health services and when are they used?

Telepsychiatry is a type of mental health service conducted in real-time interactive audio and video (webcam) and a computer at the provider site between you and your psychiatrist, who is located at an alternative provider site. Telepsychiatry typically describes the delivery of psychiatric evaluation, on-going care and, if appropriate, prescribe medications through electronic technology such as video-conferencing. It is intended to overcome geographical barriers, connecting users who are not in the same physical location. Telepsychiatry is approved and used by the county to provide services.

How do Telepsychiatry health services work?

You will be in a private room either by yourself, with a friend, family member, and a medically trained staff person. The room will have a computer with a video camera. The psychiatrist will also be in a private room but at another location with the same type of equipment. When the session is ready to begin, clinic staff will start the computer and camera so that you and the psychiatrist can see and hear each other and talk together. When the session is over, clinic staff will shut off the equipment.

How is it different than a regular session with a psychiatrist?

Other than you and psychiatrist not being in a room together, there is very little difference in the session. A qualified staff on site will perform and transmit results of the examination for routine vital signs. An onsite medically trained staff will be present or immediately available. The psychiatrist will ask and document clinical information that you share with him/her, send any prescriptions that are ordered to the pharmacy for you to pick up if medications are prescribed, document the service that is provided, and ensure that documentation is included in your clinical record for future reference.

What happens if I choose not to consent to Telepsychiatry services?

If you choose not to consent to Telepsychiatry health services, we may be unable to provide you with convenient and readily available services. You may receive face to face services by a psychiatrist that will be rescheduled for a later date.

This confidential information is provided to you in accord with State and Federal laws and regulations including but not limited to applicable Welfare and Institutions code, Civil Code and HIPAA Privacy Standards. Duplication of this information for further disclosure is prohibited without prior written authorization of the client/authorized representative to whom it pertains unless otherwise permitted by law. Destruction of this information is required after the stated purpose of the original request is fulfilled.

Client Name: _____ Avatar ID: _____

Agency: _____

Sacramento County - Division of Behavioral Health

SAMPLE- CONSENT FOR TELEPSYCHIATRIC HEALTH SERVICES

I understand that:

1. I have the option to withhold consent at this time or to withdraw this consent at any time, including any time during a session, without affecting the right to future care, treatment, or risking the loss or withdrawal of any program benefits to which I would otherwise be entitled.
2. The potential benefit of Telepsychiatry services is that I will be able to talk with mental health staff today from this local setting for an evaluation of my needs. When appropriate, I will be able to receive psychiatric services, potentially receive a prescription for prescribed medications and / or continue my current medications uninterrupted.
3. The potential risk of Telepsychiatry services is that there could be a partial or complete failure of the equipment being used which could result in psychiatrist's inability to complete the evaluation, mental health and psychiatric services, and/or prescription process.
4. There is no permanent video or voice recording kept of the Telepsychiatry health service's session.
5. All existing confidentiality protections apply.
6. All existing laws regarding client access to mental health information and copies of mental health records apply.
7. Dissemination of client identifiable images or information from the Telepsychiatry interaction to researchers or other entities shall not occur without the consent of the client.

I, _____, consent to Telepsychiatry services in circumstances in which psychiatric staff appropriate to my needs are not immediately available at my site. My mental health care provider has discussed with me the information provided above. I have had an opportunity to ask questions about this information, and all of my questions have been answered. I understand the written information provided above.

Signature of Client*

Date

Signature of Responsible Adult**

Relationship to Client

Date

Signature of Witness/Interpreter ***

Date

This Consent was interpreted in _____ for the client and/or responsible adult.

If a translated version of this Consent was signed by the client and/or responsible adult, the translated version must be attached to the English version.

Signator was given declined a copy of this Consent on _____ by _____.
Date Initials

This section must be completed by Staff if signed by Minor or if there is no signature by client and/or responsible adult.

Client is willing to accept Telepsychiatry services, but unwilling to sign this Consent.

I have completed or have caused to be completed the Consent of Minor form for any client between the ages of 12-18 signing above without parental/guardian consent and I affirm the client meets all eligibility criteria as noted on the Consent of Minor form to receive medication without legal representative consent.

Signature of Staff

Date

* A minor client receiving services under his/her own signature must have the signed Consent of Minor form on file in the clinical record.

** Responsible Adult = Guardian, Conservator, or Parent of minor when required.

*** Witness/Interpreter = Person who either witnessed the signing of the form (may be staff or other person) or the person who interpreted this form into another language for the client (must include the language it was interpreted into).

This confidential information is provided to you in accord with State and Federal laws and regulations including but not limited to applicable Welfare and Institutions code, Civil Code and HIPAA Privacy Standards. Duplication of this information for further disclosure is prohibited without prior written authorization of the client/authorized representative to whom it pertains unless otherwise permitted by law. Destruction of this information is required after the stated purpose of the original request is fulfilled.

Client Name: _____ Avatar ID: _____

Agency: _____

Sacramento County - Division of Behavioral Health