

Chapter Title	Section #	Subject #	
Clinical	C	320.9	
Subject Title	Adopted	Last Revised	Reviewed
Telehealth	9/5/17	1/6/26	9/4/18; 9/3/19; 6/30/2020; 8/16/21; 2/10/22; 6/24/22;6/14/23; 2/1/24; 3/17/25; 1/6/26

PROCEDURE

Application

This procedure shall apply to The Right Door for Hope, Recovery and Wellness. The purpose of this procedure is to ensure the proper use of technology and define the processes for telehealth services.

1. Intention

- 1.1.The intention of telehealth services is to provide an alternative venue for provision of services to persons served when the person expresses the preference for use of telehealth in service provision.
- 1.2.Telehealth can also be offered if there is weather or illness that prevents in person meeting at the person served' s home or preferred place of meeting.
- 1.3.Clinician preference is not a valid reason for telehealth service provision.
- 1.4.The Right Door for Hope, Recovery and Wellness prefers for assessments and person-centered plans to occur face to face after a pre-planning session. Supervisors must be consulted prior to providing a telehealth assessment or person-centered plan.

2. Consent

2.1.Medication services:

- 2.1.1. Prior to beginning any telepsychiatry services a consent must be completed with the persons served, confirming they agree to the use of telehealth.

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2.1.1.1. Not all medication services appointments can be held using telehealth. Per medical standards and protocols, in person appointments will need to take place periodically for the following:

2.1.1.1.1. To obtain vital signs, aims testing and other “eyes on” measures that cannot be seen over telehealth.

2.1.1.1.2. To obtain medication consents.

2.1.1.1.3. When the prescriber orders that an appointment needs to be in the office.

2.1.1.1.4. Other reasons that, if not listed above, will be explained to the person served.

2.1.2. The Right Door medical staff will obtain a consent from the person served for permission.

2.2. All other programs/services:

2.2.1. If telehealth is being provided, verbal consent is obtained and documented EACH time telehealth is provided.

2.2.2. Document verbal consent at the beginning of your progress note.

2.2.3. If telehealth will be used ongoing for provision of service(s), this must be documented in the person-centered plan under service and should include frequency of use and preference of person served.

2.3. Guardianship

2.3.1. If the person has a guardian and their guardian has consented to telehealth in the past, and the person consents during the session, you

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can provide telehealth. If ongoing service provision will occur via telehealth it will need to be documented in the person centered plan.

3. Deciding when to use telehealth

3.1.Telehealth can be utilized for the following reasons when requested by the person served:

- 3.1.1. When Providers are not available on site to perform a psychiatric evaluation and/or medication review.
- 3.1.2. Due to illness.
- 3.1.3. Poor weather.
- 3.1.4. Complication that does not allow a provider on sight.
- 3.1.5. When contracted services decrees this method.
- 3.1.6. Other situations as necessary and discussed with supervisor for clinical appropriateness.

3.2.There may be times when the Behavioral Health and Developmental Disabilities Administration (BHDDA) or the Centers for Medicare/Medicaid (CMS) does or does not allow the use of Telehealth for certain services or certain service locations. The Right Door will remain in compliance with the direction from CMS and BHDDA.

4. Expectations and Assisting persons served in understanding telehealth

4.1.The Right Door staff will discuss expectations and help people learn about the use of telehealth services prior to using telehealth.

4.2.Staff will cover:

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4.2.1. Acceptable locations for the telehealth meeting

4.2.2. Lighting that allows you to see the person

4.2.3. Internet connection

4.2.4. Which device will be used

4.2.5. How the telehealth platform works

4.2.6. How eating can be distracting

4.2.7. How headphones or a quiet space can be helpful

4.2.8. Practicing logging on

4.2.9. How the camera, microphone and speakers work

4.3.Staff will:

4.3.1. Use professional backgrounds

4.3.2. Be in a private location

4.3.3. Refrain from eating during the session

4.3.4. Attempt to use good lighting that allows the person clear view

4.3.5. Attempt to decrease background noise

5. Ensuring Equipment maintenance and functionality

5.1.Equipment will be maintained according to manufacture instructions and tested monthly.

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5.2.The IT Department must be notified as soon as possible if equipment is not functioning properly.

5.3.The Right Door for Hope, Recovery and Wellness does not ensure nor provide support for internet connectivity when tele-health is provided using non-agency equipment.

5.4.Due to tele-health internet connection requirements, The Right Door for Hope, Recovery and Wellness cannot guarantee proper and stable connection for tele-health if using an internet connection that is not located at one of our sites (i.e., hotspot connections, public Wi-Fi connection, personal internet service provider connections).

5.5.If a proper connection to tele-health cannot be started the appointments of the person served will be re-scheduled.

5.6.If at any time during the telehealth session the connection between the prescriber should be severed, the prescriber will contact The Right Door for Hope, Recovery and Wellness IT Department for technical support. If the severed connection is due to equipment failure, the IT Department will work to either fix the equipment or replace the equipment. If the connection is due to an outage, the appointment of the person served shall be rescheduled.

6. Training on Equipment

6.1.Staff will be trained by annual telehealth training that tests comprehension.

6.2. IT Staff will train on how to properly use the equipment. Questions or concerns about functionality of equipment should be directed to the IT Department.

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6.3. Medical staff and clinical staff will provide very basic training to persons served as needed.

6.4. If additional training is required, IT Staff will be consulted and provide this training.

7. Emergency

7.1. Agency facilities emergency

7.1.1. In the case of an emergency, agency emergency procedures will be followed and the session will be terminated until the emergency is resolved.

7.1.2. All sessions that end prior to completion due to an emergency will be rescheduled by primary clinician or medical staff for in-person or another telehealth session.

7.2. Person served emergency

7.2.1. Prior to a session with a person served, discuss what to do in the case they have an emergency during the session or the staff have an emergency during the session.

7.2.2. Make sure persons served have the crisis line number in the case they cannot reach their clinician or provider.

7.2.3. Know where the person served is located at the beginning of the session.

8. In Office Sessions with Providers Offsite

8.1. The medical/IT staff will orient the person served to the telehealth technologies. Medical staff will orient users of this technology at the beginning of each

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appointment and explain and answer any questions the person served may have with this process.

8.2.The medical staff will leave the room when the appointment begins and remain in the area to be available should problems arise.

8.3.At the end of the appointment, medical staff will enter again for any orders from the providers or questions the person served may have.

8.4.The Medical staff will escort the person served back to the reception area.

8.5.Before the next person served comes back for an appointment, the medical staff will ensure office is clean and no material is left behind that may contain protected health information.

8.6.The Right Door IT staff shall assist the clinician should technical difficulties arise with the equipment.

8.7.If at any time during the telehealth activities the connection should be severed, IT will be requested to assist with repairing the connection. If the connection cannot be repaired, then medical staff will contact the provider by phone and finish the session.

9. Documentation

9.1.Each telehealth session will be documented in the electronic medical record.

9.2.The provider must document who requested the telehealth service: person served, staff.

9.3.Then the provider must state reason for telehealth

9.3.1. Person served quarantined.

9.3.2. Staff quarantined.

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9.3.3. Inclement weather

9.3.4. Other person served illness.

9.3.5. Person served preference.

10. Obtaining Signature during a Telehealth Appointment

10.1. Occasionally you may need to obtain a verbal consent over telehealth (emergency care coordination or medication change).

10.2. You can obtain consent by having a witness available during the verbal consent and documenting who the witness was in your progress note.

10.3. Once the session has ended a request should be sent to medical records for mailing out to obtain the physical signature.

11. Monitoring

11.1. Telehealth use will be monitored by the Compliance Officer and IS Director and the Compliance Committee.

11.2.

12. Allowable Codes

12.1 Allowable codes are available on the MDHHS website linked in references or by searching for Bureau of Specialty Behavioral Health Services Telemedicine Database

12.2 Telehealth and audio only service codes should be reviewed with a supervisor PRIOR to being used by a clinician.

12.3 Any services billed that do not comply with the allowable service codes will be remediated and will not count towards direct service provision hours.

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References:

CARF Section 2.I – Service Delivery Using Information and Communication Technologies.

[Bureau of Specialty Behavioral Health Services Telemedicine Database](#)

Kerry Possehn, CEO	Date		