

## Catholic Charities, Diocese of Trenton

**Policy Name: Telepsychiatry    HIPAA Policy: New: 11/29/17**

(Reference State of New Jersey, Department of Human Services, Division of Medical Assistance and Health Services December 2013 volume 23 No21. COA RM standards, HIPAA-HITECH)

Policy: It is the policy of Catholic Charities, Diocese of Trenton to comply with all applicable federal, state and local regulations governing telepsychiatry.

Definitions:

Telepsychiatry:

- **Telepsychiatry** is defined as a psychiatric service provided by a psychiatrist or psychiatric advance practice nurse from a remote location over secure, two-way interactive, audiovisual equipment. Telepsychiatry may be utilized by mental health clinics and/or hospitals providers of outpatient mental health services to meet their physician related requirements including but not limited to:
  - Intake evaluations,
  - Periodic psychiatric evaluations
  - Medication management
  - Psychotherapy sessions for clients of any age.
  
- **Business Registration of Telepsychiatry:** Catholic Charities will register annually with the Department of Health and will submit annual reports on activity and encounters. The content of the reports will include such information as: consumer race, ethnicity, diagnostic codes, the evaluation management codes and the source of payment for the consult. Such information will be entered into the Department of Health statewide database.

- **Approval Process:** Before any Telepsychiatry services, all policies and procedures must be reviewed and approved by the Division of Medical Assistance and Health Services in consultation with the Division of Mental Health and Addiction Services or the Children System of Care depending on the program focus. In addition, the local Medical Assistance Customer Center should be contacted prior to providing Telepsychiatry services.

**Procedure:**

**1. Technical Services/Equipment/Environmental** requirements will include:

- Two cameras, two televisions of significant quality to support general web-based video communication.
- Electronic signals transmitted in a secured fashion (high speed internet) with Web access and applications protected by verified email address and password.
- Data transmitted via network that is protected using a unique Advanced Encryption Standard (AES) with a 256-bit key generated and securely distributed to all participants at the start of each session. (ZOOM HIPPA Compliant) Data transmission is protected using HMAC-SHA-256 message authentication codes. Minimum bandwidth of 384 kbps (kilobits per second)
- Evaluation and/or treatment performed in an environment where there is a reasonable expectation of privacy/absence of intrusion by individuals not involved in the consumer's direct care.
- An environment that is well lit, either natural or artificial light in order to provide clarity to the transmission.
- The physical presence or immediate availability (outside the door or within calling distance) of a mental health professional either during or after the session for consumers who may need the security or reassurance that such a presence provides.

- Phone number for IT staff who could trouble shoot problems with the video conferencing software/hardware.

## **2. Consent**

- Informed consent for Telepsychiatry will be obtained and documented in the consumer's record. Consumers have the right not to participate and if so, they are made aware of other face to face options and services.
- The consent must specifically state that the consumer has been provided with the options of Telepsychiatry face-to-face evaluation by a Psychiatrist/APNA at a later date.
- The consent should include the discussion of the structure and timing of services, privacy, potential risk and benefits of Telepsychiatry/Telemedicine/Telepsychiatry confidentiality, mandatory reporting, billing, an agreed upon emergency plan, procedures for coordination of care with other professionals, and conditions under Telepsychiatry will be conducted, the potential for technical failure and how the session will be documented and conditions under which Telepsychiatry may be terminated and a referral made to in-person care. At all times during the Telepsychiatry session the consumer has a right to stop his/her participation in the session.

## **3. Physical Environment for Telepsychiatry**

- The professional and consumer physical environment should be similar to the professional specification of a standard office/service room.
- Effort will be made to ensure privacy so clinical discussion cannot be overheard by others outside of the room where services is provided (both professional and consumer locations).
- If other staff/persons are in the room with the consumer or the professional office, both parties need to be informed and agree to their presence.

- Seating and lighting should allow maximum comfort for the consumer/professional.
- Both provider and consumer cameras/TV's are to be on a secure, stable platform to avoid wobbling and shaking during the videoconferencing session. Both professional and consumer will maximize clarity and visibility of person at the other end of the video session.
- TV/camera should have a clear picture with no "tiling, pixelization, freezing or blurring. Motion should appear natural and not slow motion. The audio and video should be synched so that a person's voice is heard when their lips move. Audio should cut in and out.
- Both consumer and professional will have phone numbers to call in case of technical difficulties.

#### **4. Confidentiality/Privacy**

- All reasonable efforts will be made to maintain consumer confidentiality. Effort will be made to ensure privacy so clinical discussion cannot be overheard by others outside of the room where services is provided (both professional and consumer locations).
- When necessary, physical measures will be taken to prevent Protected Health Information from being overheard. These measures may include: use of white noise machines placed outside the rooms at provider or consumer sites, soundproofing of doors/walls, use of "do not disturb signs" or "in session" signage on doors at provider or consumer site to prevent accidental intrusions into the clinical session.
- Telepsychiatry sessions will be documented in the consumer records and will be handled according to established medical record policies. (HIPAA/HIATECH)
- Video recording of sessions is prohibited.

## 5. Telepsychiatry

- The Telepsychiatry Psychiatrist or APN must be a practitioner currently licensed to practice with the State of New Jersey. When consumer received Telepsychiatry services, the Psychiatrist/APN will have regular communication with the treatment team and be available for consultation.
- All services provided by practitioners operating under an affiliation agreement between providers and the program must have the practitioners roles and responsibilities, as well as how Telepsychiatry services will be coordinated. When the provider is acting as the Medical Director, they must be contracted to provide these services.
- In the event that the Psychiatrist or APN requires a physical evaluation as part of their clinical assessment, the program will have an RN available to complete and share the results of the physical evaluation.
- A valid “provider-patient” relationship may be established via Telepsychiatry without an in-person exam.
- Properly identifying the consumer using, at a minimum the consumers, name, date of birth, phone number and address. The provider may also use social security number or other consumer identifier.
- Disclosing and validating the provider’s identity and credentials, such as the provider’s license, title and if applicable specialty and board certification must be done for the consumer before and after each provision of service. The contact information must be shared to enable the consumer to contact the provider for at least 72 hours following the provision of services.
- After the consultation, the consumer’s medical information must be made available to the consumer upon his/her request. If consumer consents, the information will be forwarded directly to

the consumer's primary care provider or health care provider (s) of record.

- The provider must refer the consumer to appropriate follow up care where necessary, including making appropriate referrals for emergency or complimentary care, if needed.
- For an initial consult of a new consumer, the provider must review the consumer's medical history and any available records before initiating the consult.

## **6. Standard of Care:**

- Health care providers providing Telepsychiatry services must have the necessary education, training/orientation and continuing education/professional development to insure they possess the necessary competencies for the provision of quality health services.
- The Telepsychiatry operation and its health care provider will ensure that the standard of care delivered via Telepsychiatry is equivalent to any other type of care that can be delivered to the consumer.
- Health Care providers are responsible for maintaining professional discipline and clinical practice guidelines in the delivery of care in the Telepsychiatry setting, recognizing that certain modifications may need to be made to accommodate specific circumstances. Such modifications will be documented but will be within standard practice guidelines.
- Prior to the Telepsychiatry visit, the health care provider will have access to the consumer records and will review notes, treatment plans and assessments in order to provide continuity of care.
- All documentation is completed as if the consumer was present on-site for an office visit.
- The extent of services provided via telepsychiatry modality includes:
  - consultation
  - medication review
  - psychiatric evaluation
  - and/or psychotherapy sessions

- Counseling

## **7. Safety Plans**

- Providing Telepsychiatry services involves consideration regarding consumer safety. Provider and staff members must complete education and training in suicide prevention.
- Provider and staff members must be aware of the programs emergency procedures, contacts, crisis center etc., and have such numbers readily available. Family members contact information and/or support contact information is to be available to the provider and support staff during the teleconferencing visit.
- Consumer safety plan should be developed with the consumer but providers/staff will need to be prepared if the consumer does not cooperate with their emergency plan. Staff will utilize 9-1-1 and/or the local crisis response team.
- In case of medication side effects, elevation in symptom's and/or issues related to medication non-compliance, the provider needs to be familiar with all consumers prescription, OTC, and non-prescription drugs and medication dispensation options.

## **8. Prescriptions**

- Prescribing medications, in person or via telepsychiatry is at the professional discretion of the Physician/APN. The indication, appropriateness and safety considerations for each Telepsychiatry visit prescription must be evaluated by the Physician/APN in accordance with current standards of practice and consequently carry the same professional accountability as prescriptions delivered during an encounter in person. Such prescribing must be done via the Cerner E-Prescribing system.
- Schedule II controlled dangerous substance cannot be prescribed via Telepsychiatry. (Ryan Haight Act)

## **9. Billing:**

In accordance with State of New Jersey Department of Human Services Division of Medical Assistance and Health Services guidance Volume 23 No.21, issued December 2013, telepsychiatry may be utilized by mental health clinics and/or hospital providers of outpatient mental health services to meet their physician related requirements including but not limited to intake evaluations, periodic psychiatric evaluations, medication management and psychotherapy sessions for clients of any age. The following requirements will be met by Catholic Charities Diocese of Trenton:

- The Medicaid client must receive services at the mental health clinic and the mental health clinic must bill for all services under the Medicaid Provider Number. The clinician cannot bill for services directly.
- The provider codes for Telepsychiatry encounters will use the “GT” modifier to indicate what particular services were provided via telemedicine.
- All services will be clearly documented to show the provision of Telepsychiatry.

## **10. Training**

- All staff will be trained on the use of Telepsychiatry as well as benefits and risks.
- The use of the teleconferencing equipment – hardware and software including set up, features, maintenance, safety and security measures and troubleshooting of equipment/software(RPM 11.06 COA)
- All staff will receive training on suicide recognition and prevention and emergency procedures.



- Privacy and confidentiality issues specific to the service delivery model
- Recognizing and responding to emergency or crisis situation from a remote location.
- Engaging and building rapport with service recipients when communicating electronically
- See attached copy of the training curriculum and PowerPoint.

## **11. Quality Improvement Monitoring**

- Programs utilizing Telepsychiatry technology will monitor the effectiveness of such process and look for opportunities for improvement. Please see agency Quality Improvement Policy.
- Programs will utilize QI/PDSA methodology to monitor:
  - Staff training: Percentage of staff trained (Thres. 100%)
  - Consumer satisfaction with Telepsychiatry (Thres: 90%)
  - Provider/staff satisfaction with Telepsychiatry (Thres: 90%)
  - Statistical data as follows:
    - # of encounters completed via Telepsychiatry
    - % of encounters via Telepsychiatry
    - Type of service(s) provided by telepsychiatry by provider
    - # of encounters that utilized the nursing staff within the visit
    - Number of Telepsychiatry visits scheduled but not completed due to:
      - Provider not available
      - Consumer failed to show
      - Consumer cancelled
      - Provider cancelled
      - Consumer refused services
      - Provider stopped visit due to the inability to obtain sufficient information to assist consumer
      - Consumer was uncomfortable with visit and requested to stop

- Other : explain
- Fiscal monitor: Revenue generated via Telepsychiatry
  - Other QI/PDSA studies as appropriate

### TELEPSYCHIATRY ENCOUNTER CHECKLIST

	Program Site	Provider Site
<b>Before Clinical Encounter</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Schedule consumer for a Telepsychiatry Visit</li> <li><input type="checkbox"/> Insure that room is private, turn on white noise machine, turn on videoconference equipment</li> <li><input type="checkbox"/> Have pertinent assessments, notes, treatment plans available for provider to review</li> <li><input type="checkbox"/> Nurse/Staff Explain how teleconferencing works, what to expect and prepare consumer for the visit</li> <li><input type="checkbox"/> Nurse reviews consent form with consumer and request consent for Telepsychiatry visit.</li> <li><input type="checkbox"/> Nurse collects pertinent information, vital signs, signs/symptoms, chief complaint etc.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Prepare for consumer visit by reviewing progress notes, assessments, treatment plans etc.</li> <li><input type="checkbox"/> Insure that room is private, turn on videoconferencing equipment.</li> <li><input type="checkbox"/> Insure there is no one in the room and room is quiet and conducive to an office visit.</li> </ul>
<b>During the Clinical Encounter</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Consumer introduces self to provider and provides pertinent self-identifying information (name, date of birth, address) etc., to ensure identification.</li> <li><input type="checkbox"/> Consumer may ask any questions and understands that the visit is interactive.           <ul style="list-style-type: none"> <li><input type="checkbox"/> Consumer participates in visit.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Provider introduces self to consumer with name, credentials and board specialty.</li> <li><input type="checkbox"/> Provider informs consumer on how the visit will be conducted and that the technology is safe and their confidentiality will be respected.</li> <li><input type="checkbox"/> Provider guides the consumer</li> </ul>

		<p>through the visit.</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Providers also notes that if either party is uncomfortable then the session can be discontinued after appropriate aftercare recommendations are made.</li> <li><input type="checkbox"/> Provider and consumer discuss safety plan.</li> <li><input type="checkbox"/> Provider holds session</li> </ul>
<p><b>After the Clinical Encounter</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Consumer may request documentation of visit.</li> <li><input type="checkbox"/> Nurse processes with consumer and answers any questions, concerns or may implement referral or safety plan as indicated.</li> <li><input type="checkbox"/> Recommendations from the visit are coordinated and next visit is scheduled.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Provider documents in Cerner as if provider was in the program office</li> <li><input type="checkbox"/> Referral information is coordinated if applicable.</li> <li><input type="checkbox"/> Provider will document billing using the appropriate GT modifier to designate the encounter used telepsychiatry technology.</li> </ul>

## Telepsychiatry Consent Form

**Consumer Name:**

**Date of Birth:**

**Consumer Address:**

**Site where consumer is seen via telepsychiatry:**

**Consulting Telepsychiatry Provider Name:**

**Providers Credentials:**

**Providers Contact Phone number:**

**Provider Location:**

---

**Introduction:** You are going to have a clinical visit using videoconferencing technology. This means that you and your health care provider will have an interactive video connection where you will be able to see and hear each other, as if you were in the same room. This information gained during this visit will be used for diagnosis, therapy, follow-up and/or education. Your provider or designee will explain how the video conferencing technology will be used and will assist you if there are any technical problems.

**Expected Benefits:**

- Improved access to care by enabling you to remain within the facility and obtain services from providers not on site.
- Consumer remains closer to home where local healthcare providers can maintain continuity of care.

**The Process:**

You will be introduced to the provider, his/her credentials and anyone else in the room with the provider. In turn, the provider will ask you to identify yourself, your date of birth and address just to verify who you are before the provider starts the session. You will consent to have others in the provider room or in the

room with you. You may decline to have others present. You may ask questions of the provider or any of the staff in the room with you, if you are unsure of what is happening. If you are not comfortable with seeing a provider on videoconference technology, you may reject the use of the technology **and** schedule a traditional face-to-face encounter at any time. Safety measures are being implemented to insure that the videoconference is secure and no part of the encounter will be recorded.

### **Possible Risks**

There are potential risks associated with the use of Telepsychiatry which may include but not limited to:

- A provider may determine that the telepsychiatry encounter is not yielding sufficient information to make an appropriate decision.
- Technology problems (equipment failure or disconnection) may delay medical reevaluation and treatment for today's encounter.
- When communicating via teleconferencing there is a risk of miscommunication or misunderstanding between the provider and the consumer.
- You may feel uncomfortable with the session and withdraw your consent.

### **Emergency and/or Safety Plan:**

- Prior to your Telepsychiatry visit, your health care provider will discuss an emergency/safety plan in case you need additional services or need referrals for care.

### **By signing this form, I understand the following:**

- I understand that laws protect confidentiality of protected health information (HIPAA/HITECH) also apply to Telepsychiatry.
- I understand that the equipment will be shown to me and I will see how it works before the consultation.

- I understand that I have the right to withdraw my consent to use Telepsychiatry at any time without affecting my right to future care or treatment.
- I understand that in place of the Telepsychiatry session, I may seek face-to-face consultation with a health care provider.
- I also understand that if provider believes that I would be better served by a traditional face-to-face encounter, they may at any time stop the session and schedule a face- to-face session.
- I also understand that if I am receiving services related to alcohol and other drugs that no materials may be re-disclosed unless I authorize it. (42 CFR Part 2)

**Consumer Consent:**

I have read and understand this consent and the information provided to me about Telepsychiatry and all of my questions have been answered to my satisfaction. I understand the risks, benefits and alternatives of the Telepsychiatry consultation and hereby consent for the use of this in my care.

I hereby authorize \_\_\_\_\_ (MD/APN) \_ to use Telepsychiatry in the course of my diagnosis and treatment.

Signature of consumer: \_\_\_\_\_

Date: \_\_\_\_\_

Witness Name – Print \_\_\_\_\_

Witness Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**ATTACHMENT:**

## **Training Curriculum:**

All staff participating in telepsychiatry will receive training on the following:

1. Defining Telepsychiatry
2. Why are we embracing this technology now?
3. New Jersey Law, COA and Department of Health/DMHAS licensing
4. Benefits and Risks of Telepsychiatry
5. Quality of Care
6. Consent – components and importance of
7. Teleconferencing Equipment: use, maintenance and troubleshooting
8. Questions and Answers
9. Competency Test

***See attached PowerPoint Presentation Training Module and post test***

## Telepsychiatry Post Test

Please answer the following questions by circling the correct response(s):

1. Telepsychiatry is permitted in the State of New Jersey. True  
False
2. Telepsychiatry is done with videoconferencing equipment and is an interactive session between the provider and the consumer. True  
False
3. It is not necessary to obtain consent for Telepsychiatry as it is just another service we provide. True  
False
4. The provider and staff are required to follow the same guidelines for Telepsychiatry as they would for an office visit. True  
False
5. One of the potential risks of Telepsychiatry is that there may be miscommunication or misunderstanding during the session. True  
False
6. If the consumer is feeling uncomfortable with the Telepsychiatry session, he or she is able to voice their concern and end the session. True  
False
7. Emergency-Safety Plans are developed and reviewed during the beginning of the Telepsychiatry session just in case additional crisis interventions are needed. True False
8. The agency and the program are required to have policies and procedures governing Telepsychiatry to ensure compliance with confidentiality/HIPAA. True False
9. The teleconferencing system, ZOOM, is HIPAA compliant as the information shared is encrypted and decrypted and password protected to ensure confidentiality and security of information. True False
10. The office where teleconferencing is done needs to be in a private location where conversations cannot be overheard. True False



---

Print Staff Name

---

Program Name

---

Staff Signature

---

Date

Grade: \_\_\_\_\_

Reviewers Name: \_\_\_\_\_

---

Reviewer Signature

\*Please forward completed test to Human Resource Department for inclusion into the personnel file. Thank you.