

TELEHEALTH APPLICATION – INITIAL APPROVAL

By completing and submitting this application, the program/service affirms that it is in compliance with applicable program standards as required by state statutes and DHS telehealth policy as stated in DQA Memo 15-011, *Mental Health and Substance Abuse Telehealth – Criteria for Certification*.

INSTRUCTIONS

- Applicants must answer each question. Affirm “Yes” if the requirement was met. Check “No” if the requirement was not met. Attach additional narrative, status report, or plan for improvement for every “No” response.
- Attach a written plan for telehealth.
- Reference DQA Memo 15-011 at <https://www.dhs.wisconsin.gov/dqa/memos/15-011.pdf>.
- Return completed form and any additional materials to the DQA Central Office at: **DHS / DQA / Bureau of Health Services
 Behavioral Health Certification Section
 P.O. Box 2969
 Madison, WI 53701-2969**
- If you have questions regarding this form, contact your surveyor at the appropriate DQA Regional Office. Regional office contact information is available at <https://www.dhs.wisconsin.gov/regulations/mentalhealth/contactus.htm>.

AGENCY INFORMATION

Name – Agency				Certification No.		
Street Address		City	County		State	Zip Code
Telephone No.		Fax No.		Email Address – Agency Contact Person		

ORIGINATING SITE / CLIENT LOCATION(S)	PROGRAMS / SERVICES USING TELEHEALTH
<input type="checkbox"/> Main Site <input type="checkbox"/> Branch Location: _____ <input type="checkbox"/> Branch Location: _____ <input type="checkbox"/> Sheet with additional branch locations is attached.	<input type="checkbox"/> Outpatient Mental Health <input type="checkbox"/> Emergency / Crisis Services <input type="checkbox"/> Outpatient AODA <input type="checkbox"/> Supervision / Collaboration <input type="checkbox"/> Day Treatment <input type="checkbox"/> Professional Consultation <input type="checkbox"/> CCS <input type="checkbox"/> Other (<i>Specify.</i>) <input type="checkbox"/> CSP

DISTANT SITE / PROVIDER LOCATION (must be located within the United States)

Name – Provider				
Street Address		City	State	Zip Code
Telephone No.		Fax No.		

TELEHEALTH EQUIPMENT

Describe the hardware and software in use at each location. (Attach additional sheet, when necessary.)

Signed a HIPAA Business Associate Agreement with the software vendor. Yes No

ATTESTATION

I hereby attest that all statements and information provided in this application and in any attachments are correct to the best of my knowledge and that I will comply with all laws, rules, and regulations governing programs and services delivered via telehealth.

SIGNATURE – Agency Director 	Name – Agency Director (<i>Print or type.</i>)	Date Signed (<i>MM/dd/yyyy</i>)
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(1) APPLICABILITY

This request for approval applies only to mental health and substance abuse programs, currently certified or seeking certification under DHS subchapters, who are anticipating the use of telehealth as a means of service provision to increase access to services or for clinical supervision and collaboration.

- Yes No The agency is currently certified under DHS subchapters for the provision of mental health and / or substance abuse services.
- Yes No If not certified, has the agency submitted an application for certification to DHS?

Certification No.
Date Application Submitted (MM/dd/yyyy)

(2) GENERAL

The agency shall have in place a **written document** indicating how telehealth services are integrated into the overall plan for providing outpatient, community support services, comprehensive community services, day treatment, and crisis mental health and substance abuse services.

The plan shall identify the certified originating site where clients access telehealth services and the distant site where the provider is located. These sites may include: hospitals, emergency care centers, outpatient clinics and mental health and substance abuse facilities, skilled nursing homes, schools, county health and/or human/social service offices, and other county offices appropriate for private clinical evaluations and services.

- Yes No A copy of the agency's written plan is attached to this application.

The plan includes:

- Yes No Description of how interactive telehealth services will be used in the overall strategy for mental health and substance abuse services
- Yes No How using interactive telehealth services will address the specific needs and strengths of consumers
- Yes No Description of services that can be provided via telehealth services
- Yes No Criteria for selecting and identifying providers at the agencies to use telehealth services
- Yes No Criteria for selecting and identifying consumers appropriate for telehealth services
- Yes No Identification of the originating sites (client locations) and distant sites (provider location)

(3) PERSONNEL

Only health personnel who are qualified under DHS subchapters may conduct appropriate mental health and substance abuse services via telehealth technologies (hereafter referred to as interactive telehealth services) for the purposes of diagnosis, treatment, and evaluation.

A regular staff member of the program must be available to present the consumer during clinical visits via telehealth unless another county public safety, public health, or human/social service presenter trained in the use of telehealth is available. Telehealth staff must be readily available if the consumer needs any assistance during the telehealth visit.

Consultants, presenters, and any staff involved in interactions via telehealth with consumers present shall have training in the psychodynamics, legalities, and patient rights pertaining to the use of telehealth technologies.

- Yes No Persons providing consultations via telehealth are employed by or contracted with the agency and qualified under DHS subchapters.
- Yes No All persons presenting during telehealth services are adequately identified in the agency's plan. These persons are identified by position, not by name.
- Yes No Telehealth Staff Listing is attached. (See page 7.)

(4) PROGRAM OPERATION AND CONTENT

Programs shall meet the requirements for their applicable regulatory requirements under Wis. Admin. Code chs. DHS 34, 35, 36, 40, 61. 63, and 75, including requirements related to clinical supervision/collaboration requirements for program staff who provide treatment services via telehealth, background checks, maintenance of professional liability insurance, documentation into the consumer's record in a timely manner, etc.

Telehealth technologies are used to provide access to services as outlined in DHS subchapters in:

- Yes No Outpatient
- Yes No Crisis
- Yes No CCS
- Yes No CSP
- Yes No Day Treatment
- Yes No Other (*Specify.*) _____

Yes No Services are available 24 hours/day.

Yes No If services at the agency are required 24 hours/day and not available via telehealth, are written guidelines available in the agencies plan for obtaining in-person services?

Yes No If access by interactive telehealth services is the primary method for providing outpatient, CSP, CCS, day treatment, or crisis mental health and substance abuse services, are trained staff available at all times for services?

Yes No Telehealth technologies are used for the purpose of clinical supervision and collaboration consistent with requirements of the Department of Safety and Professional Services (DSPS) or other regulatory body.

(5) ORIENTATION AND ONGOING TRAINING

All program staff using telehealth for service provision shall receive orientation and ongoing training on the use of the telehealth equipment, the clinical application of telehealth, safety and security during telehealth visits, privacy and confidentiality, backup procedures if there is equipment failure, and consumer preparation for telehealth.

An orientation for staff using telehealth must include the following components in addition to any required clinically oriented mental health and substance abuse orientation:

- Historical Uses of telehealth
- History of telehealth
- Clinical Applications in telehealth
- Telecommunications Technology
- Technology
 - Codecs
 - Cameras
 - Consumer Peripherals
 - Transmission equipment
 - Audio Equipment
- Presenting Techniques
- Clinical Services
 - Safety and Security During Service Provision
- Privacy and Confidentiality
- Documentation
- Consumer Rights
- Backup Procedures
- Patient Preparation for telehealth

Yes No The required training elements are in place.

Yes No At a minimum, annual in-service is conducted regarding any changes or updates in telehealth applications, including state legislative or regulatory changes.

(6) CLINICAL POLICIES AND PROCEDURES

Each program must have in place clinical policies and procedures that address the following operational components of conducting mental health and substance abuse services via telehealth:

Preparation of Videoconference System and Cameras

Purpose

To serve as a guide for setting up videoconferencing system and cameras for a telehealth visit. The intent of this guideline is to provide direction to the visit to improve efficiencies for the consumer, provider, and the telehealth presenter.

Policy

- Yes No Describes what is needed to prepare the room so everything is ready when the consult begins to avoid any technical problems.
- Yes No Describes the equipment needed and how it works.
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Telehealth Operations – Preparing for a Telehealth Consult

Purpose

To serve as a guide for obtaining and setting up equipment for any telehealth visit. The intent of this guideline is to provide direction to the visit in order to improve efficiencies for the consumer, provider and the teleHealth presenter.

Policy

- Yes No Describes the process for preparing charts and forms, room, and equipment.
- Yes No Describes what is needed to ensure the consumer chart and any other forms that may be needed for the consult, i.e. appointment forms, technology reports, medication consents, etc. are available and accessible.
- Yes No Details what is needed to prepare the room, positioning the chair, lighting that may be needed, privacy signage.
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Consumer Information, Security Policy

Program staff shall verify for the consumer the identity of the staff member who is providing the treatment services via telehealth and verify for the staff member providing the treatment services the consumer's identity.

Purpose

To indicate the clinic respects and will protect every consumer's right to have all information they share with health professionals kept confidential.

Policy

- Yes No Explains the confidentiality policy.
- Yes No Explains how technological problems are addressed before and during the telehealth consult.
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Documentation During a Telehealth Visit

Purpose

To serve as a guide for documentation during a telehealth visit. The intent of this guideline is to ensure compliance with documentation requirements for clinical consultations.

Policy

- Yes No Documents telehealth consumer care in a clinical or medical record, including prescriptions ordered.
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Maintaining Technical Integrity During the Interactive Telehealth Consult

The certified program shall develop and implement a policy/procedure to address steps to be taken in the event of a technology breakdown, causing a disruption of the session. If the technical issue cannot be resolved, the program staff may elect to complete the session via a voice-based telecommunication system on a one-time basis. Document the disruption of the session and change in service delivery in progress note and report the disruption to technical support for resolution.

Purpose

The purpose of this guideline is to ensure that video and audio quality is maintained at a level sufficient for clinical care during interactive telehealth consultations.

Policy

- Yes No Defines the staff and their roles and responsibilities, including the role of the telehealth presenter.
- Yes No Describes how to address technical failures.

Yes No Describes how to report failures.

Conducting a Telehealth Service

Consumers shall be informed about the provision of services provided through telehealth, the history of telehealth, success rate of telehealth services, how telehealth sessions are conducted, and the extent to which the program is able to provide treatment services face-to-face versus via telehealth. The information shall be provided in language that can be easily understood by the patient. This is particularly important when discussing technical issues, such as encryption or the potential for technical failure.

Purpose

To serve as a guide for conducting a telehealth service. The intent is to provide direction to the visit to improve efficiencies for the consumer, provider, and the presenter (this could be a nurse clinician or other agency staff trained to assist the consumer with the telehealth consult).

The policy addresses:

- Procedures for starting the consult, including written agreement for use of telehealth.
 - Documentation of any medications ordered and the treatment provided
 - Reasons for the use of telehealth
 - Explanation of what occurs with new consumers, established consumers, charts, treatment plans, grievance policy, medication consents, etc.
 - Medication consent procedures
 - Conducting the visit
 - Procedure for responding to urgent or emergency needs of a consumer during sessions
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Minimum Transmission Standards

Purpose

To establish the minimum standards acceptable for a real-time, interactive videoconference telehealth services.

Programs shall meet the current minimum transmission standards established by the American Telemedicine Association and the telehealth hardware/software vendor's requirements to ensure that the telehealth service is of high quality and as close to a face-to-face visit as possible. See: <http://www.americantelemed.org/resources/telemedicine-practice-guidelines/telemedicine-practice-guidelines>

Equipment (Check as applicable.)

- PolyCom equipment used for each party participating in a transmission
 - Computers with webcams and microphones using Microsoft Lync
 - Other (Describe.): _____
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If using a vendor other than PolyCom or Microsoft Lync, attach documentation that indicates the above technical requirements are met.

Telehealth Hardware and/or Software Vendor

- Yes No Ensures that the upload from one computer to the vendor's server and the download from the vendor's server to another computer is secure. This assurance is provided by utilizing at least 128 bit encryption software.
 - Yes No Attests that no information from a transmission of a telehealth services is stored on the vendor's servers.
 - Yes No A signed HIPAA Business Associate Agreement with the DHS-certified program, if information is transmitted via the vendor's servers.
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(7) CONFIDENTIALITY

- Yes No Maintenance, release, retention, and disposition of consumer service records are kept confidential as required under Wis. Stat. § 51.30, Wis. Admin. Code ch. DHS 92, where applicable, 42 CFR Part 2, and federal HIPAA requirements.
 - Yes No Telehealth areas are secure, private, reasonably soundproof, and have a lockable door to prevent unexpected entry.
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(8) CONSUMER RIGHTS

All programs using interactive telehealth services shall comply with Wis. Stat. § Chapter 51.61, Wis. Admin. Code ch. DHS 94, WAC, on the rights of consumers, and federal HIPAA requirements.

- Yes No Consumers are given the choice of having a face-to-face visit with a professional or seeing this person via telehealth to the extent feasible.
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(9) CONSUMER SATISFACTION

The agency shall have an ongoing method for obtaining consumer satisfaction on telehealth visits and evaluating the results of this survey process.

- Yes No The agency/program has a satisfaction survey tool specific to interactive telehealth services.
- Yes No The results are disseminated to provider, presenter and administrative staff.
- Yes No There is evidence of program changes and improvements in response to satisfaction feedback.
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