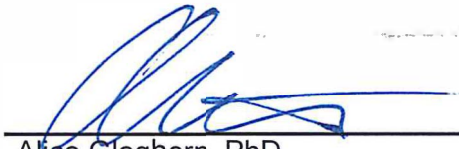





SANTA BARBARA COUNTY
DEPARTMENT OF
Behavioral Wellness
A System of Care and Recovery

Departmental Policy and Procedure

Section	Access to Quality Services	Effective:	5/4/2018
Sub-section		Version:	1.0
Policy	Telehealth Services	Last Revised:	New policy
Policy #	2.009		
Director's Approval	 _____ Alice Gleghorn, PhD	Date	5/4/18
Deputy Director's Approval	 _____ Pam Fisher, PsyD	Date	5/4/18
Supersedes:	New policy	Audit Date:	5/4/2021

1. PURPOSE

- 1.1. To provide timely and appropriate telehealth services to clients of the Santa Barbara County Department of Behavioral Wellness (hereafter "the Department") and its contracted providers.
- 1.2. To comply with all applicable federal and state laws and regulations pertaining to telehealth.

2. DEFINITIONS

The following terms are limited to the purposes of this policy:

- 2.1. Telehealth – the use of interactive telecommunications equipment to deliver health care services (e.g., diagnosis, consultation, treatment, and care management) using two-way, real-time, interactive communication between the client and practitioner.
- 2.2. Originating site – the site where the client is located at the time health care services are provided via a telecommunications system; the "client-side" site.
- 2.3. Distant site – the site where the health care provider is located while providing services via a telecommunication system; the "provider-side" site.

3. POLICY

- 3.1. The Department shall provide telehealth services in accordance with requirements set forth by the California Department of Health Care Services (DHCS) in order to fulfill network adequacy needs.

- 3.2. Telehealth services may be provided to clients as an option equivalent to face-to-face services. Telehealth services may also be provided when equivalent in-person services are not available. For example, a client may be provided the option of telehealth services if a face-to-face session would not be available until a later time, resulting in a delay in service.
- 3.3. All psychiatric and psychotherapy services provided via telehealth require that staff obtain explicit oral or written consent from the client.

4. **PROVISION OF TELEHEALTH SERVICES**

- 4.1. Telehealth equipment must consist of, at a minimum, two cameras and two microphones of sufficient quality to support clear video communication. To receive telehealth services, a client must visit a Department or contract provider site where telehealth equipment is available (an “originating site”).
- 4.2. Each telehealth provider must meet the following criteria:
 1. Licensed to practice in the State of California;
 2. Enrolled as a Medi-Cal provider; and
 3. Able to comply with state and federal requirements for the Medi-Cal program.
- 4.3. The telehealth provider may only provide telehealth services at that provider’s defined service site(s). For example, a contracted provider that operates at a certain site and that elects to provide telehealth services must use that site as the originating (client-side) site. This does not restrict the location of the distant (provider-side) site.

5. **INFORMED CONSENT FOR TELEHEALTH SERVICES**

- 5.1. Before telehealth services are provided, medical staff at the originating site must obtain explicit oral or written consent from the client. This consent must be documented in the client’s medical record, and should confirm that the client was provided with the following information:
 1. A description of the risks, benefits and consequences of telehealth;
 2. The client’s right to withdraw at any time;
 3. The client’s right to all confidentiality protections existing in face-to-face treatment;
 4. The client’s right to access all transmitted medical information; and
 5. That there shall be no dissemination of any client images or information to other entities without further written consent.
- 5.2. All consents for treatment applicable to face-to-face encounters must be obtained for telepsychiatric encounters. Medication consents may be obtained using the following process:
 1. Medical staff at the originating site will obtain the client signature on an electronic medication consent form;

2. Medical staff at the originating site will provide a witness signature; and
3. The health care provider will document the client’s verbal consent in the clinical note.

6. PRIVACY AND TELEHEALTH

- 6.1. In some situations, a session in which telehealth services are provided may be attended by the client alone. If the client requires additional support (e.g., if the client is in crisis), it may be more appropriate for the client to be joined at the originating site by treating professionals involved in the client’s care (e.g., a case worker). These determinations shall be made on a case-by-case basis, dependent on a client’s comfort level, level of acuity, and ability to provide critical information to the provider at the distant site.
- 6.2. When the Department or its contracted provider utilizes a space as an originating site, staff at the originating site must reasonably expect that space to be free of intrusion by individuals not involved in the client’s direct care.
- 6.3. The video and audio transmissions during a telehealth session shall not be recorded in any medium.

REFERENCE

California Department of Health Care Services (DHCS)
Mental Health and Substance Use Disorder Services (MHSUDS) Information Notice NO: 18-011, February 13, 2018. Federal Network Adequacy Standards For Mental Health Plans (MHPS) And Drug Medi-Cal Organized Delivery System (DMC-ODS) Pilot Counties

California Department of Health Care Services (DHCS)
DHCS Medi-Cal Provider Manual: Telehealth

Code of Federal Regulations
Title 42 Section 410.78

REVISION RECORD

DATE	VERSION	REVISION DESCRIPTION

Culturally and Linguistically Competent Policies

The Department of Behavioral Wellness is committed to the tenets of cultural competency and understands that culturally and linguistically appropriate services are respectful of and responsive to the health beliefs, practices and needs of diverse individuals. All policies and procedures are intended to reflect the integration of diversity and cultural literacy throughout the Department. To the fullest extent possible, information, services and treatments will be provided (in verbal and/or written form) in the individual’s preferred language or mode of communication (i.e. assistive devices for blind/deaf).