

2019

# Telemental Health Standards



Quest Behavioral Health

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### *Telemental Health: Introduction*

Quest Behavioral Health (“Quest”) understands Telemental Health to be - *The use of electronic communication and information technologies to provide or support clinical psychiatric and psychological care at a distance, using real-time, two-way interactive audio-video transmission. Telemental Health services do not include a telephone conversation, electronic mail message, or facsimile transmission between a health care practitioner and a service recipient, or a consultation between two health care practitioners, although these activities may support Telemental Health services.*

While Telemental Health has many clinical applications, Quest Telemental Health is limited to the following outpatient services:

- Psychiatric diagnostic evaluations
- Psychological Evaluations
- Pharmacological management
- Consultations (with patient/family)
- Psychotherapy

Providers interested in billing for Telemental Health Services must submit a completed Telemental Health Attestation Form (see Appendix C).

The Attestation Form MUST be submitted, received, and approved prior to billing for Telemental Health services.

***\*Practitioners approved by the Office of Mental Health and Substance Abuse Services (OMHSAS)<sup>1</sup> to provide Telemental Health Services may provide proof of OMHSAS approval in lieu of the Attestation Form.***

Telemental Health services can be provided by actively licensed:

- Psychiatrists - Board Certified\*
- Certified Nurse Practitioners – Psychiatric/Mental Health\*
- Physician Assistant – CAQ in Psychiatry\*
- Licensed Psychologists
- Licensed Professional Counselors
- Licensed Clinical Social Workers
- Licensed Marriage and Family Therapists
- Licensed Social Workers –10+ years post-licensure

*\*Practitioners may submit claims for pharmacological management, as allowed by licensure and scope of practice.*

### *Best Practices Standards*

Providers are expected to adhere to Best Practices in Telemental Health. Quest recognizes the APA / ATA Best Practices in Videoconferencing-Based Telemental Health (2018)<sup>1</sup> as the industry standard.

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<sup>1</sup> American Psychological Association (APA) and American Telemedicine Association. (2018) Best Practices in Videoconferencing-Based Telemental Health. Retrieved from <https://www.psychiatry.org/File%20Library/Psychiatrists/Practice/Telepsychiatry/APA-ATA-Best-Practices-in-Videoconferencing-Based-Telemental-Health.pdf>

## *Administrative Guidelines*

### **LEGAL AND REGULATORY ISSUES**

Licensure and Malpractice: Providers are expected to comply with state licensure laws, holding an **active professional license issued by the state in which the patient is physically located** during a Telemental Health session, and shall have appropriate malpractice coverage.

Providers are expected to conduct their own due diligence to determine licensure requirements, and ensure they are in compliance with state licensing board regulations. Providers may utilize an Interstate Licensure Compact or special Telemedicine Licensures as offered by certain states - provided they comply with all individual state licensure and program requirements.

### **CONFLICTS WITH STATE AND FEDERAL GUIDELINES OR MANDATES**

Quest's Telemental Health Guidelines are intended as a guide for providers planning to bill for Telemental Health services. Should any portion of this document conflict with applicable state or federal regulations, compliance with the most restrictive guidelines is expected.

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) mandates standardized code sets for electronic transactions of healthcare data (e.g., electronic claims, clinical data, fax information). HIPAA also contains provisions to protect the privacy and confidentiality of any individually identifiable healthcare information, including behavioral health information. All providers are expected to comply with HIPAA.

### **SCOPE OF PRACTICE**

Providers are expected to ensure that the standard of care delivered via telemedicine is equivalent to in-person care. Persons engaged in Telemental Health services shall be aware of their professional organization's positions on Telemental Health and incorporate the professional association standards and clinical practice guidelines whenever possible. Providers should stay current with evolving technologies, Telemental Health research findings, and policies.

### **PRESCRIBING**

Providers are expected to be aware of both federal and state guidelines around the prescription of controlled substances, including the *Ryan Haight Online Pharmacy Consumer Protection Act of 2008*. Providers shall comply with federal and state regulations around the prescription of controlled substances based on the setting, model of care, scope of practice and locations in which they are practicing and where the patient is located at the time of treatment.

### **INFORMED CONSENT**

Local, state, and national laws regarding verbal or written consent shall be followed. If written consent is required, then electronic signatures, assuming these are allowed in the relevant jurisdiction, may be used. The provider shall document the provision of consent in the medical record.

### **BILLING AND REIMBURSEMENT**

The patient shall be made aware of any and all financial charges that may arise from the services to be provided prior to the commencement of initial services. Appropriate documentation and coding should be undertaken specifying when services are rendered via Telemental Health. Approved services codes (See Chart Below) should be submitted using a location code of **02** and/or **GT** or **95** modifier.

### **TELEMENTAL HEALTH APPROVED SERVICE CODES\***

99201-99205 99211-99215	Office / Other Outpatient Visits
90832 - 90834 90836 - 90838	Individual Psychotherapy
90791 90792	Psychiatric Diagnostic Interview Examination
96116	Neurobehavioral Status Examination
90846	Family Psychotherapy (Without Patient Present)
90847	Family Psychotherapy (Conjoint Psychotherapy with Patient)
90785	Complex Interactive Psychotherapy
90839-90840	Crisis Psychotherapy
96150-96154	Autism Services
99231-99233	Subsequent Psychiatric Hospital Care
99354-99355	Prolonged Psychiatric Assessment

\*Applicable as Contracted

### ***Standard Operating Procedures/Protocols***

Prior to initiating Telemental Health services, providers must have in place a set of Standard Operating Procedures or Protocols that should include (but are not limited to) the following administrative, clinical, and technical specifications:

- Roles, responsibilities (i.e., daytime and after-hours coverage), communication, and procedures around emergency issues.
- Agreements to assure licensing, credentialing, training, and authentication of practitioners as well as identity authentication of patients according to local, state, and national requirements.
- A systematic quality improvement and performance management process that complies with any organizational, regulatory, or accrediting requirements for outcomes management.

### ***EMERGENCIES***

Providers must demonstrate technical and clinical competence in the management of mental health emergencies. *Provisions for management of mental health emergencies shall be included in any Telemental Health procedure or protocol.* Providers are expected to be familiar with local civil commitment regulations and should have arrangements to work with local staff to initiate/assist with civil commitments or other emergencies.

Providers are expected consult best practices ([APA / ATA Best Practices in Videoconferencing-Based Telemental Health \(2018\)](#), pgs. 4-5) when establishing mental health emergency procedure or protocol for both clinically supervised and clinically unsupervised settings.

### ***Technical Considerations***

#### **VIDEOCONFERENCING PLATFORM REQUIREMENTS**

Providers are required to utilize video conferencing applications that have the appropriate verification, confidentiality, and security parameters necessary for Federal, State, Local law, and HIPPA compliance. Providers are expected to have a realistic and attainable backup plan (e.g., telephone access) should there be a technological malfunction. Services are to be provided at a bandwidth and with sufficient resolutions to ensure the quality of the image and/or audio received is

appropriate to the services being delivered. All technology is expected to meet or exceed Federal, State and Local rules, regulations and Laws as pertaining to Telemental Health provision.

**INTEGRATION OF VIDEOCONFERENCING INTO OTHER TECHNOLOGY AND SYSTEMS**

Providers are responsible for ensuring technical readiness of the telehealth equipment and the clinical environment. Policies and procedures must be in place to ensure the physical security of telehealth equipment and the electronic security of data. Providers will ensure compliance with all relevant safety laws, regulations, and codes for technology and technical safety.

**PRIVACY, SECURITY, HIPAA**

For Telemental Health services provided within the United States, the United States Health Insurance Portability & Accountability Act (HIPAA) of 1996, and state privacy requirements, will be followed at all times to protect patient privacy. Privacy requirements in other countries shall be followed for Telemental Health services provided in those countries. *Patients receiving mental health and substance use disorder services are afforded a higher degree of patients’ rights as well as organizational responsibilities (e.g., need for specific consent from patients to release information around substance use).* Telemental Health providers must document processes for documentation, storage, and retrieval of Telemental Health records.

**PHYSICAL LOCATION/ROOM REQUIREMENTS**

Both locations utilized during a Telemental Health session are considered a patient examination rooms, regardless of the rooms’ intended use. Privacy will be ensured that clinical discussion cannot be overheard outside of either room. Whenever possible, patient and provider cameras should be at the same elevation as the eyes, allowing for the clear visible faces of both parties. Physical room features are to be adjusted so the physical space, to the degree possible, maximizes lighting, comfort and ambiance.

*Clinical Considerations*

**PATIENT / SETTING SELECTION**

Telemental Health use with any individual patient is at the discretion of the provider. For *clinically unsupervised settings* (e.g., home, office) where support staff is not immediately available, providers must consider appropriateness of fit for an individual patient. Provision of Telemental Health services in professionally unsupervised settings requires that the patient take a more active and cooperative role in the treatment process. Patients need to be able to set up the videoconferencing system, maintain the appropriate computer/device settings, establish a private space, and cooperate for effective safety management.

Consent processes must include specific statements regarding session management. It should be clearly stated that if a patient can no longer be safely managed through distance technology, the patient is aware that services may be modified or discontinued.

<b>Unsupervised Setting: Patient Consideration</b>	<b>Unsupervised Setting: Environmental Consideration</b>
Cognitive Capacity	Geographic Distance to nearest Emergency Facility
Compliance History with Treatment Professionals	Efficacy of patient’s support system
Current/Historical Difficulties with Chemical Dependency	Need for Physical Examination
History of Violence or Self-injurious Behavior	
Current Medical Status	

## **MANAGEMENT OF HYBRID PATIENT-PROVIDER RELATIONSHIPS**

Telemental Health interviews can be conducted as part of a wider, in-person and online clinical relationship, at times involving multiple technologies by individuals and/or teams. The Telemental Health interview may be used as an adjunct or sole means of contact.

Providers should have clear policies pertaining to communications with patients. Specific boundaries should be outlined regarding ways in which patients can communicate with a provider, which content is appropriate to share over different technology platforms, anticipated response times, and how and when to contact a provider. Providers should identify clearly which platforms are acceptable for communication of an emergency and expected response times. Providers should be attentive of the impact of different technology platforms on patient rapport and communication. All modes of communication of personal health history must be HIPAA compliant.

## **ETHICAL CONSIDERATIONS**

Providers are expected to maintain the same level of professional and ethical discipline and clinical practice standards as in person services. Additional Telemental Health related concerns such as consent processes, patient autonomy, and privacy must be accounted for as well.

## **CULTURAL ISSUES**

Providers should be culturally competent to deliver services to the populations that they serve face to face or via Telemental Health. Providers should familiarize themselves with the cultures and environment where they are working. Providers should assess a patient's previous exposure, experience, and comfort with technology/video conferencing.<sup>6</sup> They are expected to be aware of how this might impact initial Telemental Health interactions. Providers should conduct ongoing assessment of the patient's level of comfort with technology over the course of treatment.

## ***Specific Populations and Settings***

Telemental Health procedures should consider and subsequently meet the needs of the specific population they are serving. Physical environment, supports, technology, and safety must all be well-thought-out. Providers are expected to consult Best Practices for guidance when treating specific populations such as, but not limited to:

- Child/Adolescent Populations
- Geriatric
- Military, Veteran and other federal populations
- Substance Use Disorder Treatment
- Primary Care Settings
- Rural



## **Key References**

*American Psychological Association (APA) and American Telemedicine Association (ATA). (2018) Best Practices in Videoconferencing-Based Telemental Health. Retrieved from <https://www.psychiatry.org/File%20Library/Psychiatrists/Practice/Telepsychiatry/APA-ATA-Best-Practices-in-Videoconferencing-Based-Telemental-Health.pdf>.*

*Pennsylvania Department of Public Welfare – Office of Mental Health and Substance Abuse Services (March 18, 2014). OMHSAS Guidelines for the Approval of Telepsych Services in HealthChoices. Bulletin Number OMHSAS-14-01. [http://www.dhs.pa.gov/cs/groups/webcontent/documents/bulletin\\_admin/c\\_075601.pdf](http://www.dhs.pa.gov/cs/groups/webcontent/documents/bulletin_admin/c_075601.pdf).*

*Ryan Haight Online Pharmacy Consumer Protection Act of 2008. Controlled Substances Act, Section 309, 21 8 U.S.C. 829, (2008). <https://www.justice.gov/archive/olp/pdf/hr-6353-enrolled-bill.pdf>.*



# Best Practices in Videoconferencing-Based Telemental Health (April 2018)



The American Psychiatric Association

*and*



The American Telemedicine Association

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## INTRODUCTION

This document represents a collaboration between the American Psychiatric Association (APA) and the American Telemedicine Association (ATA) to create a consolidated update of the previous APA and ATA official documents and resources in telemental health to provide a single guide on best practices in clinical videoconferencing in mental health. The APA is the main professional organization of psychiatrists and trainee psychiatrists in the United States, and the largest psychiatric organization in the world. The ATA, with members from throughout the United States and the world, is the principal organization bringing together telemedicine practitioners, healthcare institutions, government agencies, vendors and others involved in providing remote healthcare using telecommunications.

Telemental health in the form of interactive videoconferencing has become a critical tool in the delivery of mental health care. It has demonstrated its ability to increase access and quality of care, and in some settings to do so more effectively than treatment delivered in-person.

The APA and the ATA have recognized the importance of telemental health with each individual association undertaking efforts to educate and provide guidance to their members in the development, implementation, administration and provision of telemental health services. It is recommended that this guide be read in conjunction with the other APA and ATA resources that provide more detail.

<b>OFFICIAL APA AND ATA GUIDELINES, RESOURCES AND TELEMENTAL HEALTH TRAININGS</b>	
<b>APA</b>	<b>ATA</b>
<ol style="list-style-type: none"> <li>1) APA Web-based Telepsychiatry Toolkit (2016)</li> <li>2) Resource Document on Telepsychiatry and Related Technologies in Clinical Psychiatry, Council on Law and Psychiatry (2014)</li> <li>3) American Psychiatric Association. Telepsychiatry via Videoconferencing. (1998)</li> </ol>	<ol style="list-style-type: none"> <li>4) Practice Guidelines for Telemental Health with Children and Adolescents (2017)</li> <li>5) Telemental Health Resource Toolbox (2017)</li> <li>6) Online Training for Video-Based Online Mental Health Service (2014)</li> <li>7) A Lexicon of Assessment and Outcome Measures for Telemental health (2013)</li> <li>8) Practice Guidelines for Video-Based Online Mental Health Service (2013)</li> <li>9) Practice Guidelines for Videoconferencing-Based Telemental Health (2009)</li> <li>10) Evidence-Based Practice for Telemental Health (2009)</li> </ol>

These guidelines focus on interactive videoconferencing-based mental health services (a.k.a., telemental health). The use of other technologies such as virtual reality, electronic mail, electronic health records, telephony, remote monitoring devices, chat rooms, or social networks

are not a focus of this document except where these technologies interface with videoconferencing services.

The document was created by a joint writing committee drawn from the APA Committee on Telepsychiatry and the ATA Telemental Health Special Interest Group (TMH SIG). This document draws directly from ATA's three previous guidelines, selecting from key statements/guidelines, consolidating them across documents and then updating them where indicated. Following internal review processes within the APA and the ATA, the Board of Directors of the ATA and the Joint Reference Committee (JRC) of the APA, have given approval to its publication.

The reference list includes several detailed reviews providing justification and documentation of the scientific evidence supporting telemental health. Following ATA guideline writing convention, this document contains requirements, recommendations, or actions that are identified by text containing the keywords "**shall**," "**should**," or "**may**." "Shall" indicates that it is required whenever feasible and practical under local conditions. "Should" indicates an optimal recommended action that is particularly suitable, without mentioning or excluding others. "May" indicates additional points that may be considered to further optimize the telemental health care process.

It should be recognized that compliance with these recommendations will not guarantee accurate diagnoses or successful outcomes. The purpose of this guide is to assist providers in providing effective and safe medical care founded on expert consensus, research evidence, available resources, and patient needs.

This document is not meant to establish a legal standard of care.

## ADMINISTRATIVE CONSIDERATIONS

### PROGRAM DEVELOPMENT

Providers or organizations delivering mental health services **should** conduct a telehealth needs assessment prior to initiating services. This needs assessment **should** include, at a minimum, the following components: program overview statement, services to be delivered, proposed patient population, provider resources, technology needs, staffing needs, quality and safety protocols, business and regulatory processes, space requirements, training needs, evaluation plan, and sustainability.

### LEGAL AND REGULATORY ISSUES

#### *Licensure and Malpractice*

Health care services have been defined as delivered in the state where the patient is located. Providers of telemental health services **shall** comply with state licensure laws, which typically entail holding an active professional license issued by the state in which the patient is physically located during a telemental health session, and **shall** have appropriate malpractice coverage. Providers **shall** conduct their own due diligence to determine the type of licensure required, and ensure they are in compliance with state licensing board regulations. If providing care within a federal healthcare system (e.g., Department of Veterans Affairs, Department of Defense, Indian Health Service), providers **shall** follow the specific organization guidelines around licensure, which may allow for a single state licensure across multiple jurisdictions. Providers **may** utilize

the interstate licensure compact or special telemedicine licensures offered by certain states provided they comply with all individual state licensure and program requirements.

### ***Scope of Practice***

Providers or organizations offering telemental health services **shall** ensure that the standard of care delivered via telemedicine is equivalent to in-person care. Persons engaged in telemental health services **shall** be aware of their professional organization's positions on telemental health and incorporate the professional association standards and clinical practice guidelines whenever possible. Providers in practice and trainees **should** stay current with evolving technologies, telemental health research findings, and policies.

### ***Prescribing***

Providers **shall** be aware of both federal and state guidelines around the prescription of controlled substances, including the [Ryan Haight Online Pharmacy Consumer Protection Act of 2008](#). Providers **shall** comply with federal and state regulations around the prescription of controlled substances based on the setting, model of care, scope of practice and locations in which they are practicing and where the patient is located at the time of treatment.

### ***Informed Consent***

Local, state, and national laws regarding verbal or written consent **shall** be followed. If written consent is required, then electronic signatures, assuming these are allowed in the relevant jurisdiction, may be used. The provider **shall** document the provision of consent in the medical record.

### ***Billing and Reimbursement***

The patient **shall** be made aware of any and all financial charges that may arise from the services to be provided prior to the commencement of initial services. Appropriate documentation and coding **should** be undertaken specifying when services are rendered via telemental health.

## **STANDARD OPERATING PROCEDURES/PROTOCOLS**

Prior to initiating telemental health services, any organization or provider **shall** have in place a set of Standard Operating Procedures or Protocols that **should** include (but are not limited to) the following administrative, clinical, and technical specifications:

- Roles, responsibilities (i.e., daytime and after-hours coverage), communication, and procedures around emergency issues.
- Agreements to assure licensing, credentialing, training, and authentication of practitioners as well as identity authentication of patients according to local, state, and national requirements.
- A systematic quality improvement and performance management process that complies with any organizational, regulatory, or accrediting, requirements for outcomes management.

### ***Patient-Provider Identification***

All persons at both sites of the videoconference **shall** be identified to all participants at the beginning of a telemental health session. Permission from the patient **should not** be required if safety concerns mandate the presence of another individual or if the patient is being legally detained.

At the beginning of a video-based mental health treatment with a patient, the following information **shall** be verified and documented:

- The name and credentials of the provider and the name of the patient.
- The location(s) of the patient during the session.
- Immediate contact information for both provider and patient (phone, text message, or email), and contact information for other relevant support people, both professional and family.
- Expectations about contact between sessions shall be discussed and verified with the patient, including a discussion of emergency management between sessions.

### ***Emergencies***

#### ***General Considerations***

Professionals **shall** maintain both technical and clinical competence in the management of mental health emergencies. Provisions for management of mental health emergencies **shall** be included in any telemental health procedure or protocol. Clinicians **shall** be familiar with local civil commitment regulations and **should** have arrangements to work with local staff to initiate/assist with civil commitments or other emergencies.

#### ***Clinically supervised settings***

Clinically supervised settings are patient locations where other medical or support staff are available in real-time to support the telemental health sessions. Emergency protocols **shall** be created with clear explanation of roles and responsibilities in emergency situations. These include determination of outside clinic hours emergency coverage and guidelines for determining when other staff and resources should be brought in to help manage emergency situations. Clinicians **shall** be aware of safety issues with patients displaying strong affective or behavioral states upon conclusion of a session and how patients may then interact with remote site staff.

#### ***Clinically unsupervised settings***

In instances where the mental health provider is providing services to patients in settings without clinical staff immediately available:

- Providers **should** discuss the importance of having consistency in where the patient is located for sessions and knowing a patient's location at the time of care, as it impacts emergency management and local available resources.



- As patients change locations, providers **shall** be aware of the impact of location on emergency management protocols. These include emergency regulations, resources (e.g., police, emergency rooms, crisis teams), and contacts. These **should** be documented and available to providers.
- For treatment occurring in a setting where the patient is seen without access to clinical staff, the provider **should** consider the use of a “Patient Support Person” (PSP) as clinically indicated. A PSP is a family, friend or community member selected by the patient who could be called upon for support in the case of an emergency. The provider **may** contact the Patient Support Person to request assistance in evaluating the nature of emergency and/or initiating 9-1-1 from the patient’s home.
- If a patient and/or a PSP will not cooperate in his or her own emergency management, providers **shall** be prepared to work with local emergency personnel in case the patient needs emergency services and/or involuntary hospitalization.

### **Care Coordination**

With consent from the patient and in accordance with privacy guidelines, telemental health providers **should** arrange for appropriate and regular communication with other professionals and organizations involved in the care of the patient.

## **TECHNICAL CONSIDERATIONS**

### **VIDEOCONFERENCING PLATFORM REQUIREMENTS**

Providers and organizations **should** select video conferencing applications that have the appropriate verification, confidentiality, and security parameters necessary to be properly utilized for this purpose. In the event of a technology breakdown, causing a disruption of the session, the professional shall have a backup plan in place (e.g., telephone access). Telemental health **shall** provide services at a bandwidth and with sufficient resolutions to ensure the quality of the image and/or audio received is appropriate to the services being delivered.

### **INTEGRATION OF VIDEOCONFERENCING INTO OTHER TECHNOLOGY AND SYSTEMS**

Organizations **shall** ensure the technical readiness of the telehealth equipment and the clinical environment. They **shall** have policies and procedures in place to ensure the physical security of telehealth equipment and the electronic security of data. Organizations **shall** ensure compliance with all relevant safety laws, regulations, and codes for technology and technical safety.

### **Privacy, Security, HIPAA**

For telemental health services provided within the United States, the United States Health Insurance Portability & Accountability Act (HIPAA) of 1996, and state privacy requirements, **shall** be followed at all times to protect patient privacy. Privacy requirements in other countries **shall** be followed for telemental health services provided in those countries.

Patients receiving mental health and substance use disorder services are afforded a higher degree of patients’ rights as well as organizational responsibilities (e.g., need for specific consent from patients to release information around substance use). Telemental health organizations

**shall** be aware of these additional responsibilities and ensure that they are achieved. Telemental health organizations and providers **shall** determine processes for documentation, storage, and retrieval of telemental health records.

### PHYSICAL LOCATION/ROOM REQUIREMENTS

During a telemental health session, both locations **shall** be considered a patient examination room regardless of a room's intended use. Providers **shall** ensure privacy so clinical discussion cannot be overheard by others outside of the room where the service is provided. To the extent possible, the patient and provider cameras **should** be placed at the same elevation as the eyes with the face clearly visible to the other person. The features of the physical environment for both **shall** be adjusted so the physical space, to the degree possible, maximizes lighting, comfort and ambiance.

When asynchronous telemental health consultations are occurring, the interviewer **should** be appropriately trained, and the digital recording of the interview **shall** be shared and stored in accordance with HIPAA regulations.

### CLINICAL CONSIDERATIONS

#### PATIENT AND SETTING SELECTION

There are no absolute contraindications to patients being assessed or treated using telemental health. The use of telemental health with any individual patient is at the discretion of the provider. For clinically unsupervised settings (e.g., home, office) where support staff is not immediately available, providers **shall** consider appropriateness of fit for an individual patient. Provision of telemental health services in professionally unsupervised settings requires that the patient take a more active and cooperative role in the treatment process than would be the case for in-person locales. Patients need to be able to set up the videoconferencing system, maintain the appropriate computer/device settings, establish a private space, and cooperate for effective safety management. Factors to consider include:

- Providers **should** consider such things as patient's cognitive capacity, history regarding cooperativeness with treatment professionals, current and past difficulties with substance abuse, and history of violence or self-injurious behavior.
- Providers **shall** consider geographic distance to the nearest emergency medical facility, efficacy of patient's support system, and current medical status.
- The consent process **shall** include discussion of circumstances around session management so that if a patient can no longer be safely managed through distance technology, the patient is aware that services may be discontinued.
- Providers **should** consider whether there are any medical aspects of care that would require in-person examination including physical exams. If the provider cannot manage the medical aspects for the patient without being able to conduct initial or recurrent physical exams, this shall be documented in the record, and arrangements **shall** be made to perform physical exams onsite as clinically indicated.

### MANAGEMENT OF HYBRID PATIENT-PROVIDER RELATIONSHIPS

Telemental health interviews can be conducted as part of a wider, in-person and online clinical relationship using multiple technologies by providers working individually or in teams. The telemental health interview can be an adjunct to periodic face-to-face in person contact or can be the only contact. It is typically supported by additional communications technologies such as faxed or emailed consultation information, patient portals, telephone, mobile devices, and electronic health records. Providers **should** have clear policies pertaining to communications with patients. These **should** describe the boundaries around ways in which patients can communicate with a provider, which content is appropriate to share over different technology platforms, anticipated response times, and how and when to contact a provider. Providers **should** identify clearly which platforms are acceptable for communication of an emergency and expected response times. Providers **should** be attentive of the impact of different technology platforms on patient rapport and communication. All modes of communication of personal health history **shall** be HIPAA compliant.

### ETHICAL CONSIDERATIONS

Health professionals **shall** be responsible for maintaining the same level of professional and ethical discipline and clinical practice principles and guidelines as in person care in the delivery of care in telemental health, as well as additional telemental health related concerns such as consent processes, patient autonomy, and privacy.

### CULTURAL ISSUES

Telemental health providers **should** be culturally competent to deliver services to the populations that they serve. Providers **should** familiarize themselves with the cultures and environment where they are working and **may** use site visits and cultural facilitators to enhance their local knowledge when appropriate and practical. Providers **should** assess a patient's previous exposure, experience, and comfort with technology/video conferencing. They **shall** be aware of how this might impact initial telemental health interactions. Providers **should** conduct ongoing assessment of the patient's level of comfort with technology over the course of treatment.

### SPECIFIC POPULATIONS AND SETTINGS

#### ***Child/Adolescent Populations***

Telemental health procedures for the evaluation and treatment of youth **shall** follow the same guidelines presented for adults with modifications to consider the developmental status of youth such as motor functioning, speech and language capabilities, relatedness, and relevant regulatory issues. When working with younger children the environment **should** facilitate the assessment by providing an adequate room size, furniture arrangement, toys, and activities that allow the youth to engage with the accompanying parent, presenter, and provider and demonstrate age-appropriate skills.

Extended participation of family members or other relevant adults is typical of mental health treatment of children and adolescents. Providers **should** adhere to usual in-person practices for including relevant adults with appropriate modifications for delivering service through videoconferencing in the context of resources at the patient site. Extended participation **may** include a "presenter" who **may** facilitate sessions (e.g., vital signs, assistance with rating

scales, managing active children, assisting with any urgent interventions) Providers **should** consider how the presenter's involvement can affect service delivery (e.g., social familiarity with the family, perceived confidentiality, sharing information with other team members).

When telemental services are delivered outside of traditional clinic settings (e.g., schools) providers **should** work with staff to ensure safety, privacy, appropriate setting, and accommodations. This is particularly true if multiple staff participate in sessions. Appropriateness for telemental care **shall** consider safety of the youth, the availability of supportive adults, the mental health status of those adults, and ability of the site to respond to any urgent or emergent situations.

### ***Forensic and Correctional***

Providers **shall** be aware of systems issues in working in forensic and correctional settings and follow applicable standard consent around both treatment and evaluation in terms of patient's legal status and rights. Provider **shall** have clear site-specific protocols about working with patients and staff in forensic and correctional settings.

### ***Geriatric***

The geriatric patient often has multiple medical problems and the inclusion of family members **should** be undertaken as clinically appropriate and with the permission of the patient. Interviewing techniques **shall** be adapted for patients who may be cognitively impaired, find it difficult to adapt to the technology, or have visual or auditory impairment. Cognitive testing may be provided via videoconferencing but might need to be modified for use via video. Organizations administering cognitive testing via videoconferencing **shall** be aware of the properties of the individual test instrument, how it may be impacted by videoconferencing, and any potentially needed modifications.

### ***Military, Veteran and Other Federal Populations***

Providers **shall** be familiar with the federal and specific organizational structures and guidelines for patients related to the location of care. Providers **should** familiarize themselves with the culture of the patients (e.g., military cultural competency) and the organizational systems in which they practice.

### ***Substance Use Disorder Treatment***

Providers **shall** be aware of and comply with federal, state and local regulations around prescription of controlled substances involved in Substance Use Disorder treatment. Providers **shall** coordinate with onsite staff to provide appropriate standard of care including care coordination and monitoring of physiological parameters for monitoring of ongoing treatment as clinically indicated.

### ***Inpatient and Residential Settings***

Providers **should** work to integrate themselves into inpatient and residential care settings where they practice through virtual participation in administration and organizational meetings including clinical case staffing on a routine/regular basis. Remote providers **should** optimize use of patient site staff for help with telemental health consultations and case coordination as clinically indicated. Inpatient units should provide the telemental health provider with adequate

access to patients, members of the interdisciplinary treatment team, and primary medical providers and nursing support when appropriate.

### ***Primary Care Settings***

Providers ***should*** be aware of best practice in leveraging telepsychiatry to support integrated care across a continuum of models including direct patient assessment, consultative models, (e.g., asynchronous) and team-based models of care. Providers practicing integrated care telepsychiatry should attend to the impact of virtual interactions on team processes, dynamics, and patient outcomes in the delivery of integrated care.

### ***Rural***

Providers ***should*** be familiar with the impact of rural environments on treatment including firearm ownership, kinship in small communities, local geographic barriers to care and general availability of healthcare resources.

## KEY REFERENCES

### Foundational Documents

1. APA Web-based Telemental health Toolkit (2016)  
[https://www.psychiatry.org/psychiatrists/practice/telemental health](https://www.psychiatry.org/psychiatrists/practice/telemental%20health)
2. Recupero, P., & Fisher, J. C. E. (2014). Resource Document on Telemental health and Related Technologies in Clinical Psychiatry.
3. American Psychiatric Association. Telemental health via Videoconferencing. (1998)
4. Myers, K., Nelson, E. L., Rabinowitz, T., Hilty, D., Baker, D., Barnwell, S. S., & Comer, J. S. (2017). American Telemedicine Association Practice Guidelines for Telemental Health with Children and Adolescents. *Telemedicine and e-Health*.
5. Turvey C, Yellowlees P, Shore JH, Shore P. Delivering Online Video Based Mental Health Services. American Telemedicine Association Learning Center, 2014.  
(<http://learn.americantelemed.org/diweb/catalog/item/id/241193;jsessionid=811FB256406248FFC1A45D3835DF3A99.worker1>)
6. Turvey C, Coleman M, Dennison O, Drude K, Goldenson M, Hirsch P, Jueneman R, Kramer GM, Luxton DD, Maheu MM, Malik TS, Mishkind MC, Rabinowitz T, Roberts LJ, Sheeran T, Shore JH, Shore P, van Heeswyk F, Wregglesworth B, Yellowlees P, Zucker ML, Krupinski EA, Bernard J.(2013). ATA practice guidelines for video-based online mental health services. *Telemedicine Journal and E Health*, 19(9),722-30. doi: 10.1089/tmj.2013.9989
7. American Telemedicine Association. (2013). Practice guidelines for video-based online mental health services. Washington, DC, USA.
8. Yellowlees, P., Shore, J., & Roberts, L. (2010). Practice guidelines for videoconferencing-based telemental health—October 2009. *Telemedicine and e- Health*, 16(10), 1074-1089.
9. Grady, B., Myers, K. M., Nelson, E. L., Belz, N., Bennett, L., Carnahan, L., ... & Rowe, N. (2011). Evidence-based practice for telemental health. *Telemedicine and e-Health*, 17(2), 131-148.

### Key Reviews and Updates

10. Hubley, S., Lynch, S. B., Schneck, C., Thomas, M., & Shore, J. (2016). Review of keytelemental health outcomes. *World journal of psychiatry*, 6(2), 269.
11. Bashshur, R. L., Shannon, G. W., Bashshur, N., & Yellowlees, P. M. (2016). The empirical evidence for telemedicine interventions in mental disorders. *Telemedicine and e-Health*, 22(2), 87-113.
12. Hilty, D. M., Ferrer, D. C., Parish, M. B., Johnston, B., Callahan, E. J., & Yellowlees, P. M. (2013). The effectiveness of telemental health. *Telemedicine and e-Health*, 19(6), 444- 454
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# H.R. 6353 (110<sup>th</sup>): Ryan Haight Online Pharmacy Consumer Protection Act of 2008

The summary below was written by the Congressional Research Service, which is a nonpartisan division of the Library of Congress.

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10/15/2008--Public Law. Ryan Haight Online Pharmacy Consumer Protection Act of 2008 - Amends the Controlled Substances Act to prohibit the delivery, distribution, or dispensing of a controlled substance that is a prescription drug over the Internet without a valid prescription. Exempts telemedicine practitioners.

Defines "valid prescription" as a prescription that is issued for a legitimate medical purpose in the usual course of professional practice by a practitioner who has conducted at least one in-person medical evaluation of a patient.

Defines "online pharmacy" as a person, entity, or Internet site, whether in the United States or abroad, that knowingly or intentionally delivers, distributes, or dispenses a controlled substance by means of the Internet. Excludes from such definition: (1) manufacturers or distributors who do not dispense controlled substances to an unregistered individual or entity; (2) nonpharmacy practitioners; (3) certain hospitals or medical facilities operated by the federal government or by an Indian tribe or tribal organization; (4) mere advertisements that do not attempt to facilitate an actual transaction involving a controlled substance; and (5) other persons or entities the exclusion of which the Attorney General and the Secretary of Health and Human Services find to be consistent with effective controls against diversion and with the public health and safety.

Imposes registration and reporting requirements on online pharmacies that dispense 100 or more prescriptions, or 5,000 or more dosage units of all controlled substances combined in one month.

Requires an online pharmacy to: (1) display specified information on its Internet home page, including a statement that it complies with the requirements of this Act, its name, address, and telephone number, the qualifications of its pharmacist-in-charge, and a certification of its registration under this Act; (2) comply with state laws for the licensure of pharmacies in each state in which it operates or sells controlled substances; and (3) notify the Attorney General and applicable state boards of pharmacy 30 days prior to offering to sell, deliver, distribute, or dispense controlled substances over the Internet.

Authorizes the Attorney General to issue a special registration under this Act for telemedicine practitioners. Requires practitioners who issue a prescription for a controlled substance under the authorization to conduct telemedicine during a medical emergency to report to the Secretary of Veterans Affairs the authorization of that emergency prescription.

Increases criminal penalties involving controlled substances in Schedules III, IV, and V of the Controlled Substances Act.

Authorizes states to apply for injunctions or obtain damages and other civil remedies against online pharmacies that are deemed a threat to state residents.

Requires the Drug Enforcement Administration (DEA) to report to Congress not later than 180 days after the enactment of this Act and annually for two years after such initial report on: (1) the foreign supply chains and sources of controlled substances offered for sale without a valid prescription on the Internet; (2) DEA efforts and strategy to decrease such foreign supply chains; and (3) DEA efforts to work with domestic and multinational pharmaceutical companies and others in combating the sale of controlled substances over the Internet without a valid prescription.



**A PDF version of the full Act H.R. 6353 (110<sup>th</sup>) is available online at <https://www.justice.gov/archive/olp/pdf/hr-6353-enrolled-bill.pdf>.**

**Quest Behavioral Health is also available to provide full document copies.**

## References

Ryan Haight Online Pharmacy Consumer Protection Act of 2008. Controlled Substances Act, Section 309, 21 U.S.C. 829, (2008). <https://www.justice.gov/archive/olp/pdf/hr-6353-enrolled-bill.pdf>.

*United States Library of Congress: Congressional Research Service (2008).* H.R. 6353 (110th): Ryan Haight Online Pharmacy Consumer Protection Act of 2008. Retrieved from <https://www.govtrack.us/congress/bills/110/hr6353/summary>.





**Telemental Health Attestation Form**  
**Terms and Conditions for Recognition as a Telemental Health Provider**

**This Telemental Health Attestation must be submitted to Quest Behavioral Health (“Quest”) in order to be reimbursed, as contracted, for Telemental Health services.** Telemental Health is the use of electronic information and communication technology to deliver psychiatric services, including without limitation the assessment, diagnosis, consultation, treatment, medication prescription and/or management of a patient. It includes store and forward technology and remote patient monitoring. Store and forward technology is the asynchronous transmission of a patient’s medical information from a healthcare professional at an originating Site(s) to a healthcare professional at the distant Site(s).

Use of audio-only communication, including without limitation interactive audio, a facsimile transmission, text messaging or electronic mail is not considered a Telemental Health service.

Benefits are provided for Telemental Health services when meeting the definition of Telemental Health as stated in the Quest Telemental Health Policy and when provided in accordance with the guidelines therein. Initials next to the specific policy requirements (below) indicate understanding of and adherence to these guidelines. A final signature indicates understanding of and adherence to both the Quest Telemental Health Policy and the APA/ATA Best Practices in Videoconferencing-Based Telemental Health in full.

Random or targeted audits and Site(s) visits may be performed to verify adherence. Deductibles, copayments or coinsurances will apply to Telemental Health services the same as face-to-face diagnosis, consultation or treatment services.

By signing this form, you are attesting to an intention to deliver Telemental Health Services, current credentialing with Quest, and an adherence to the attestation as delineated below.

**Attestation:**

I \_\_\_\_\_ (print name), making application as the duly authorized representative of \_\_\_\_\_ (Site(s)Name), warrant and represent that I am an officer of the Site(s) identified herein, having full power and authority to execute this document on its behalf, and to bind the Site(s) to the commitments, representations and warranties herein expressed. Both I and the Site(s) identified herein warrant and represent to all health plans administered by Quest Behavioral Health and those insured by Quest to which application for recognition is being made that the Site(s) all the requirements and fulfills all terms and conditions as outlined within Quest Telemental Health Policy. In the event a Site(s) fails to maintain ongoing compliance with any of the requirements and/or terms and conditions outlined within Quest Telemental Health Policy, the Site(s) representative will provide immediate notification in writing to Quest Behavioral Health.

1. I have confirmed the videoconferencing technology that will be used to deliver Telemental Health is compliant with HIPAA requirements as well as current American Telemedicine Association (ATA) minimum standards including: a minimum Internet connection bandwidth of 384 kilobits per second, a minimum live video display resolution of 640 x 360 pixels at 30 frames per second. The videoconference equipment conforms with applicable federal and state regulations. ***I intend to utilize the following HIPPA compliant platform(s):***

\_\_\_\_\_ *Attestation Initials:* \_\_\_\_\_

2. I understand that Quest Behavioral Health may require documentation to verify that I meet all criteria as outlined within Quest Telemental Health Policy. I agree to cooperate with a documentation or Site(s) audit, if requested, to verify the required criteria are met. *Attestation Initials:* \_\_\_\_\_
3. I am and will remain in compliance with all applicable laws, rules, regulations and state board requirements applicable to the delivery of Telemental Health, prescribing, coding requirements, and documented protocols (e.g., informed consent, crisis management, emergency contact information). *Attestation Initials:* \_\_\_\_\_
4. I will provide Telemental Health in a private and secure environment. Rooms to be used for Telemental Health will have adequate lighting and will be reasonably soundproof for patient privacy. *Attestation Initials:* \_\_\_\_\_
5. I will ensure that all clinical records of Telemental Health encounters contain at least the same elements as are included in a face-to-face encounter; in addition, the location of the Site(s), along with the date and time of the connection, must be recorded in the note. All documents containing protected health information or personal health information, including prescriptions, are transmitted securely in accordance with all privacy rules including State, Federal and HIPAA guidelines. *Attestation Initials:* \_\_\_\_\_
6. I have the appropriate protocols in place and have trained staff (where appropriate) on protocols and procedures related to technical or other types of failure that may disrupt service delivery. I have developed policy and procedure surrounding potential failures, including, but not limited to development of a backup plan. *Attestation Initials:* \_\_\_\_\_
7. I understand and agree that ***I must be licensed according to state requirements of the state where the member is physically located*** at the time of the services. *Attestation Initials:* \_\_\_\_\_
8. I and my staff are appropriately trained in, and will comply with, proper claim submission procedures, including use of location code 02 and/or GT modifier for Telemental Health. *Attestation Initials:* \_\_\_\_\_
9. My malpractice insurance carrier has been notified and has delivered the appropriate rider or proof of coverage for Telemental Health, as applicable to my scope of practice. *Attestation Initials:* \_\_\_\_\_
10. I have completed Telemental Health education, training/orientation, and continuing education/professional development to insure I possess the necessary competencies for the provision of quality, ethical Telemental Health services. *Attestation Initials:* \_\_\_\_\_

### **Single Provider/Independent/Subcontractor Applicants**

*Provider Name:* \_\_\_\_\_

*Group / Practice Name (if different):* \_\_\_\_\_

Group / Practice Address:

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Provider Phone Number:

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Provider Email:

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Name (Print): \_\_\_\_\_ Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

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

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

**Fax completed attestations to:** Quest Behavioral Health  
Fax: 717-851-1414

**Email completed attestations to:** Provider@QuestBH.com

**Mail completed attestations to:** Quest Behavioral Health  
PO Box 1032  
York, PA 17405-0132