



pennsylvania
DEPARTMENT OF HUMAN SERVICES

**OFFICE OF MENTAL HEALTH
AND SUBSTANCE ABUSE
SERVICES BULLETIN**

ISSUE DATE

EFFECTIVE DATE:

NUMBER:

SUBJECT:

OMHSAS Guidelines for the Provision of
Tele-Behavioral Health Services

BY:

Lynn Kovich
Deputy Secretary
Office of Mental Health and Substance Abuse Services

SCOPE:

This Bulletin applies to Psychiatrists, Physician Assistants (PAs) and Certified Registered Nurse Practitioners (CRNPs) with a mental health certification, Licensed Psychologists, Licensed Clinical Social Workers (LCSWs), Licensed Professional Counselors (LPCs), Licensed Marriage and Family Therapists (LMFTs), and other licensed independent behavioral health practitioners within their scope of practice. The scope of this bulletin encompasses all tele-behavioral health services provided by these practitioners both under the HealthChoices Behavioral Health Managed Care programs and Medicaid Fee for Service, as well as in state psychiatric hospitals.

PURPOSE:

The purpose of this bulletin is to clarify, update, and reissue guidelines that the Department uses to authorize the delivery of behavioral health services using audio-visual telecommunications equipment for real-time interaction. This mode of delivery of behavioral health services will be referred to as Tele-Behavioral Health. Tele-Behavioral Health is intended to enhance accessibility to behavioral health services for individuals, where direct, in-person service is difficult to access.

This issuance of this bulletin shall render the Office of Mental Health and Substance Abuse Services' bulletin, "OMHSAS Guidelines for the Approval of Telepsych in HealthChoices" (OMHSAS-14-01) obsolete.

BACKGROUND:

Tele-Behavioral Health is the use of electronic communication and information technologies to provide or support clinical behavioral health care at a distance. Tele-Behavioral Health is appropriate in situations where on-site services are not available due to distance, location, time of day, or availability of resources.

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:
Office of Mental Health and Substance Abuse Services, Bureau of Policy, Planning & Program Development, P.O. Box 2675, Harrisburg, PA 17105. General Office Number 717-772-7900.

Tele-Behavioral Health services, as defined by these guidelines, are services provided by licensed behavioral health practitioners listed in the "Scope" section of this bulletin using real-time, two-way interactive audio-video transmission. They 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.

GENERAL PROVISIONS

Individual Rights and Safeguards

1. The individual receiving services must provide informed consent to participate in any services utilizing tele-behavioral health. The individual (including the parent/guardian for a child under 18 years of age) has the right to choose the form of service delivery, which includes the right to refuse tele-behavioral health services without jeopardizing his or her access to other available services within the agency and without being required to receive another service as a stipulation for receiving a tele-behavioral health service. The individual must also be made aware of any alternatives available and any challenges that such alternatives will pose, including delays in service, need to travel etc.
2. Confidentiality must be maintained as required by the laws of the Commonwealth and Health Insurance Portability and Accountability Act (HIPAA) without jeopardizing individual access to other available services. Written confidentiality guidelines must be maintained and be available for review upon request by OMHSAS. All existing confidentiality requirements and protections that apply to written medical records shall apply to services delivered by telecommunications, including the actual transmission of the service, any recordings made during the time of transmission, and any other electronic records.
3. The individual receiving services must be informed and fully aware of the role of the licensed practitioners, or other staff who are going to be responsible for follow-up or on-going care.
4. The individual receiving services must be informed and be aware of the location of the practitioners providing the care and all questions regarding the equipment, the technology, and the service must be addressed.
5. The individual receiving services has the right to be informed of all parties who will be present at each end of the tele-behavioral health transmission and has the right to exclude anyone from either site (see bullet 6 regarding emergencies).
6. The individual receiving services has the right to have appropriately trained behavioral health staff immediately available to them while they are receiving the tele-behavioral

health service, to attend to emergencies or other needs. While the presence of another person raises the issue of confidentiality, certain psychiatric emergencies may require the presence of others if, for instance, an individual is suicidal, homicidal, dissociated, or acutely psychotic

Technology Requirements

1. The technology utilized to provide the service must conform to the industry-wide compressed audio-video communication standards for real-time, two-way interactive audio-video transmission.
2. All tele-behavioral health transmissions must be performed on a dedicated secure line and/or must utilize an acceptable method of encryption adequate to protect the confidentiality and integrity of the information being transmitted. Transmissions must employ acceptable authentication and identification procedures by both the sender and the receiver.

Practitioner Requirements

1. All practitioners, including those practitioners providing tele-behavioral health services from a location in another state, must be licensed in the Commonwealth of Pennsylvania. A psychiatrist in a neighboring state providing services in Pennsylvania may maintain a reciprocal licensure as an extraterritorial. They must be credentialed, when appropriate, at the facilities where the individual is receiving the services. Ideally, they should be acquainted with the facility and staff involved, either by site visits or other means.
2. Practitioners and the site where the individual receives services must be enrolled in Pennsylvania's Medical Assistance Program in order to be reimbursed for eligible services provided in Medicaid fee-for-service or the HealthChoices Managed Care program.
3. The practitioners must abide by the laws, regulations and policies of the Commonwealth of Pennsylvania, including the Mental Health Procedures Act (MHPA), Act 147, Advance Directives, and any other law, regulation, or policy that guides the service being provided. Out-of-state practitioners providing tele-behavioral health services to Pennsylvania residents must meet the Commonwealth's licensing and other credentialing requirements and must also abide by all applicable laws, regulations, and policies.
4. Practitioners must have a process in place to screen individuals for appropriateness for tele-behavioral health.

Quality of Care

1. All tele-behavioral health sites shall have established written quality of care protocols to ensure that the services meet the requirements of state and federal laws and the provider's established patient care standards.
2. In HealthChoices, ongoing monitoring will be the responsibility of the Behavioral Health Managed Care Organizations (BH-MCOs). This includes the practice of continuous performance improvement monitoring, utilizing outcomes and consumer satisfaction surveys. The provider must have all performance improvement studies available for review by OMHSAS upon request.

Billing

1. Tele-behavioral health services shall follow the billing procedures and protocols established by the payors for the eligible services provided.
2. BH-MCOs may reimburse the providers for the cost of the mental health staff who is on site to attend to emergency or other needs (as discussed in bullet 6 of the "Individual Rights and Safeguards" section).
3. BH-MCOs may also pay a telehealth *originating site facility fee* for the technology services provided.

Other Requirements

1. Any provider, other than state hospitals, must have the documented endorsement of the county mental health program or the HealthChoices BH-MCO, as applicable, to use tele-behavioral health for the delivery of behavioral health services.
2. Interpretive services, including sign language, may be provided as necessary in the provision of a tele-behavioral health service.
3. All tele-behavioral health sites must have a written procedure detailing a contingency plan for a failure in transmission or other technical difficulties that render the service undeliverable.
4. A notation must be made in the medical record that indicates that the service was provided via tele-behavioral health and specifies the time the service was started and the time it ended.

AUTHORIZATION TO PROVIDE TELE-BEHAVIORAL HEALTH

In order to receive authorization for the provision of tele-behavioral health, the providers must complete and sign the "Tele-Behavioral Health Attestation Form" included as an attachment to this bulletin. The signed attestation form must be submitted to the following electronic resource account - RA-PWTBHS@pa.gov . Upon receipt of this attestation form, OMHSAS will verify the form for completeness and accuracy. Once OMHSAS determines that the attestation form is completed and signed as directed, OMHSAS will issue the authorization to provide tele-behavioral health. A revised attestation form must be submitted when any of the information provided on the form is changed such as expansion of sites or locations.

ATTACHMENT

OFFICE OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES

ATTESTATION FORM TO PROVIDE TELE-BEHAVIORAL HEALTH

Bulletin OMHSAS-##-##, **OMHSAS Guidelines for the Provision of Tele-Behavioral Health Services** permits the provision of Tele-Behavioral Health services as outlined therein. Authorization to provide tele-behavioral health shall be based upon the provider's agreement to follow the bulletin as attested to by signature to this document. This form, consisting of "Provider Information" and "Statement of Compliance and Signature" sections, must be completed and submitted to the appropriate OMHSAS Field Office at least 30 days prior to the anticipated start date of tele-behavioral health.

Provider Information

- I. Provider Name and Type of Provider (e.g. outpatient clinic, hospital, etc.):**

- II. Contact Person Name and Email ID:**

- III. Provider Addresses (Originating and Distant Sites):**

- IV. County/BH-MCO (if applicable) including attached documentation of support:**

- V. Provider/Facility/Individual License # (as applicable):**

- VI. PROMISe ID:**

- VII. List the services that will use tele-behavioral health:**

Statement of Compliance and Signature:

(To be signed by the Chief Executive Officer of the Agency)

I, [Print full name of the applicant] understand that tele-behavioral health can be provided only upon review and authorization by OMHSAS. I also understand that tele-behavioral health programs are subject to review as determined by the contracting BH-MCO and OMHSAS for the purpose of continuing authorization.

I hereby attest that tele-behavioral health services provided by _____ will be in accordance with all the requirements delineated in the bulletin OMHSAS -##-##. All documentations as required in this bulletin will be maintained and will be available for review by OMHSAS upon request. I further attest that representations made on this attestation form are true, accurate and complete to the best of my knowledge. I understand that any falsification, omission, or concealment of material fact may result in revocation of the authorization to provide tele-behavioral health services and/or may subject me to administrative, civil, or criminal liability.

Applicant Signature: _____ Date: _____

For OMHSAS:

This Attestation of Compliance has been reviewed for completeness. OMHSAS is accepting the written plan of this Applicant based upon the representations made in this Attestation.

OMHSAS Signature: _____ Date: _____

(Instructions for OMHSAS: Email a copy to the provider with a copy to the Field Office and retain a copy).