Telehealth Best Practices for Behavioral Health Providers During the COVID-19 Pandemic

During the COVID-19 pandemic, many behavioral health providers have made a rapid shift to provide telehealth services. This document includes best practices described by the American Psychiatric Association and the American Telemedicine Association, the Community Technical Assistance Center of New York (CTAC) and the Managed Care Technical Assistance Center of New York (MCTAC), and the Addiction Technology Transfer Center that behavioral health providers can consider adopting to make sure that the remote care they provide meets the same standards as in-person care.

General Best Practices

Administrative Practices

- Become familiar with New York State (NYS) Office of Mental Health (OMH), Office of Addiction Services and Supports (OASAS) and NYS Department of Health requirements related to telehealth practice, and regularly check for updates. These requirements include rules around:
  - Licensure and professional liability
  - Scope of practice
  - Prescribing
  - Informed consent
  - Billing and reimbursement, including rate code changes
- Consider revising your standard operating procedures or protocols to reflect the shift to telehealth for behavioral health service delivery. Telehealth procedures or protocols should include:
  - Roles, responsibilities, availability (daytime and after-hours coverage), communication and procedures around emergency issues
  - Protocols for obtaining informed consent
  - Protocols for maintaining privacy and confidentiality
  - Protocols for confirming the identity of the client
  - A systematic performance management process that complies with any organizational, regulatory or accrediting requirements
- Prepare in advance for emergencies.
  - Create provisions for management of behavioral health crises that include clear explanation of roles and responsibilities in emergency situations.
  - Ensure clinicians can initiate and assist with civil commitments or other emergencies.
  - Make sure clinicians are prepared to work with local emergency personnel in case the client needs emergency services or involuntary hospitalization.

- o Ensure clinicians are aware of client location and how that may impact emergency management plans.
  - o Consider encouraging clients to identify a support person as clinically indicated. A support person can be a family, friend or community member selected by the client who can be called upon for support in the case of an emergency.
- Technical/IT requirements
  - o Review OMH, OASAS and federal guidance around privacy, confidentiality and security specific to the COVID-19 pandemic, and assign someone to monitor these requirements for updates and to share the latest requirements with all clinicians.

Service Delivery

- Before the session:
  - o Test out the platform that you plan to use to deliver services ahead of time. Refer to U.S. Department of Health and Human Services letter for guidance on what types of technology can be used.
  - o Confirm with the client what audio or video platform they would like to use to receive services.
  - o Send the client information on what to expect from and how to prepare for a telehealth session.
  - o Find a quiet place and limit distractions such as items in the background and ringing phones. Be mindful of confidentiality and use headphones or a noise machine if other people can hear your conversation.
  - o Ensure clients are able to use telehealth services (working phone with sufficient minutes; access to Wi-Fi or data; familiarity with using technology; privacy to have a session). You can help clients obtain access to technology and find solutions for space and privacy by sharing this information:
    - i. Households with K-12 and college students, and those who qualify as low-income, may receive free Wi-Fi/internet. The client can call the internet service provider to see if they qualify for free or reduced cost internet/Wi-Fi service.
    - ii. Many cell phone and internet companies are offering unlimited data plans at no additional charge. The client can call their service provider for more information.
    - iii. If the client subscribes to SafeLink Wireless, they may be eligible to receive up to 350 minutes and 3GB of data. They can call 800-SafeLink (800-723-3546) for enrollment and support for changing plans.
    - iv. Clients may qualify for Lifeline, a federal program that helps lower the cost of your monthly phone or internet bill. They may qualify if they participate in a government benefit program or their income is at or below 135% of the federal poverty guidelines. To learn more about Lifeline and to see if they qualify, clients can visit lifelinesupport.org or call 800-234-9473.

    More information on ways to help clients get access to technology can be found here.

- Confirm the following details at the beginning of a telephone or video call with a client:
  - Name, credentials and contact information of the provider and any other providers on the telephone or video call
  - Name and contact information of the client and any other parties in either physical location or on the telephone or video call
  - Names and contact information for person or people that the client may rely on for support
  - Location of the client during the session
  - Expectations about contact between sessions, including a discussion of emergency management between sessions, as needed
  - Plan for reconnection in case of technological failure
- During the consent process, make sure that the client has a basic understanding of, and agrees to the use of telehealth for behavioral health services, including any relevant privacy and security considerations.
- If using video, provider and client should attempt to aim their cameras at their faces by placing the camera at the same elevation as the eyes. Provider and client should ensure proper lighting before the call or adjust lighting as needed during the call.
- Give the client time to become familiar with the technology and receiving services in this way; answer questions and be responsive to the client's concerns.
- Make sure that the client understands that both locations (where they are and where the provider is) are considered extensions of the provider's office. Describe steps the provider is taking to prevent the conversation from being overheard. Clients should be reminded that if they are home with others, they may want to take steps to ensure privacy (e.g., using a white noise app on their phone or computer). Unless video or audio recording is part of the provider's normal practice, confirm to the client that the conversation will not be recorded.
- Make sure that the client is able to participate and, if not, ensure there are procedures in place for clinicians to support the client appropriately.
- Coordinate care.
  - Provide support to help the client maintain regular communication with other care providers, including through appropriate joint teleconferencing.
  - Have lists of resources and know how to refer people remotely to social services.

Additional Best Practices for Providers of Services to Children and Adolescents
The following best practices account for the unique needs of children and adolescents when receiving telehealth services. These best practices were developed in part using best practices described by the American Telemedicine Association and the Community Technical Assistance Center of New York (CTAC) and the Managed Care Technical Assistance Center of New York (MCTAC).

- During the first telehealth session:
  - If the treatment plan includes family sessions, discuss with both caregiver and child who will be present.

- o If the treatment plan includes individual sessions with the child or adolescent, establish the expectations concerning caregiver participation, as the caregiver's involvement can affect service delivery (e.g., family dynamics, perceived confidentiality).
- o Take proper steps to facilitate confidentiality for older children. Discuss expectations for when a caregiver will join the child and when the child will need privacy. If appropriate and when needed, ask the caregiver to help ensure that the child has privacy. As needed, consider whether text and chat with child clients may be appropriate. Note that text and chat may not be billable as telehealth.
- Get creative by using whiteboards and screens shares, create art projects or PowerPoints together that explore emotions and resilience framing, and integrate movement breaks.
- For young children, telehealth sessions can be used to guide a caregiver in playing with the child. The provider can focus on attachment and attunement through directing play or giving feedback after observing play.
- If a child is concerned about being overheard (this is particularly common for teens), recommend they download a white noise app on another device to put near the door. When appropriate, explicitly ask caregivers to give the child privacy by leaving the room.

The NYC Health Department may change recommendations as the situation evolves.　　　　6.16.20