# Peerstar- Telehealth Policies

**Policy**

In accordance with OHMSAS Bulletin 22-02, it is Peerstar’s policy to utilize telehealth when clinically appropriate to do so.

**Procedure**

The following are the criteria necessary to determine clinical appropriateness

**Technology**

Technology used for telehealth, whether fixed or mobile, should be capable of presenting sound and image in real-time and without delay. Telehealth equipment should clearly display the practitioners’ and participants’ faces to facilitate clinical interactions. The telehealth equipment must meet all state and federal requirements for the transmission or security of health information and comply with the Health Insurance Portability and Accountability Act (HIPAA). Audio-only refers to the delivery of behavioral health services at a distance using real-time, two-way interactive audio only transmission. Audio-only does not include text messaging, electronic mail messaging or facsimile (fax) transmissions. Staff may utilize audio-only when the individual served does not have access to video capability or for an urgent medical situation.

**Determining Appropriateness for Telehealth Delivery of Services**

Peerstar developed a policy and criteria for providing Telehealth services. Services are to be delivered using telehealth only when it is clinically appropriate to do so. The preference of the peer should be given high priority when making determinations of the appropriateness of telehealth delivery. However, no service should be provided through telehealth when it is not clinically appropriate. Telehealth is NEVER provided at the choice or convenience of the staff. Peers may opt into in person services at any time. For a client to receive their peer support services via Telehealth, the following factors should be considered, but not limited to:

* **Peer prefers Telehealth services over In-person services**
* **Peer has barriers to in-person service delivery**
* **Peer must have an established relationship with Peerstar and length of time peer has been in treatment.**
* **Level of acuity needed for care**
* **Peer must be able to communicate, either independently or with accommodation, such as an interpreter or electronic communication device**
* **Peer must have access to technology**
* **Whether the service relies on social cueing and fluency.**
* **Peer cannot be at risk of harm to themselves or others. For example,**
	+ Peer cannot be actively suicidal
	+ Peer cannot be actively homicidal
	+ Peer cannot be dissociated
	+ Peer cannot be demented
	+ Peer cannot be acutely psychotic
* **Peer must have**
	+ Appropriate cognitive capacity
	+ Cooperative with staff
	+ A private place to conduct the services with no distractions
	+ Two-way audio/video capabilities or audio only
	+ Ability to communicate, either independently or with accommodation, such as an interpreter or electronic communication device.

**Consent for Telehealth services**

Consent must be obtained from the individual receiving services, prior to rendering a service via telehealth

**Definitions**

**Informed Consent-**Permission granted in knowledge of the possible consequences, typically that which is given by a patient to a provider for treatment with full knowledge of the possible risks and benefits.

**Verbal Consent**- A verbal consent is where a patient states their consent to a service verbally but does not sign any written form.  The individual obtaining consent reads and explains a verbal version of a consent form, the patient provides verbal consent in place of written consent, which is documented in the chart and includes a second employee hearing the verbal consent and sign and date a witness of consent statement.

In accordance with PA Bulletin OMHSAS-22-02, Peerstar will follow the guidelines listed below for verbal consents during Telehealth services:

A telehealth consent form will be completed by Intake and/or during the IRP obtaining informed consent prior to rendering telehealth services.

**Conduct During Telehealth Appointments**

**Peers**

Peers are asked that they prepare for the telehealth appointment as if they were having an in-person appointment with the following:

1. Ensure video or telephone equipment is working properly
2. Be available on time
3. Dress as if you are meeting in person
4. Be seated in a private location, preventing interruptions and distractions such as from children or other family members, visitors in the household and from other communication or bandwidth reducing services

Staff have the right to end the telehealth visit if they are uncomfortable with any behaviors witnessed during the visit.

**Employees**

Employees are asked that they prepare for the telehealth appointment as if they were conducting the appointment in person with the following:

**Environment**

1. Ensure environment (background) is devoid of distracting images
2. Ensure environment is private and devoid of distractions such as children or others
3. Ensure video equipment, telephone equipment is charged, adequately powered and ready for use

**Appearance/behavior**

1. Ensure that you appear on screen as you would in person: professionally dressed
2. Avoid wearing distracting jewelry
3. Avoid grooming, primping while on screen
4. Behave as if you were present with the peer. If you would not be conducting the behavior in front of the Peer, then you should not be conducting the behavior during the telehealth visit
5. Confirm if the peer can see/hear you
6. Make good eye contact, use reflexive statements, demonstrate empathy
7. Ensure that no conversation/commentary is being held during transitions (e.g., when hanging up or disconnecting from the Peer) with an “open mic.”

**Emergencies**

While the presence of another person raises issues of confidentiality, certain mental health emergencies may require another person if, for instance, a Peer is suicidal, homicidal, dissociated, demented or acutely psychotic. In general, such Peers should not be managed via Telehealth without support staff or responsible family members present at the remote site unless there are no adequate alternatives and immediate intervention is deemed essential for peer safety. In such instances, telehealth intervention can be considered while other options are aggressively pursued. At a minimum, resources available in the Peer’s immediate area should be identified and documented and the peer so informed. Peer Specialist Staff should attempt to have an emergency number (e.g., family member, emergency contact person) in the event of an emergency situation. Ensure your peer’s physical location in the event of an emergency and 911/Crisis needs to be called.

If a peer misses an appointment and a crisis situation is suspected, staff will attempt call the per so the staff knows the person is safe. If they are unable to reach the peer and a crisis is suspected, contact police or crisis to do an emergency safety check.

**Technology Failure**

In the event that the video/audio conferencing technology fails, technical support should be available. Procedures for dealing with equipment failure should be anticipated. If the staff initiates the conference, s/he is responsible for attempting to reestablish an adequate 2-way audio-video link, or phone the peer. Staff are responsible for ensuring that the peer is aware that if there is a video/audio failure that the staff will initiate contact using other means of technology such as a cell phone or land line. The failure will be documented in the peer chart.

**Training**

Training should include familiarity with the equipment, the technology, its operation and limitations, and means of safeguarding confidentiality and security. Staff have an obligation to stay current with the technology and its uses through continuing education. The staff will be provided an orientation to examine the equipment and become familiar with how it works.